



<b>MEETING TITLE</b> Trust Board Meeting		<b>MEETING DATE</b> 26/03/2013	
<b>TITLE of PAPER</b>	Trust Executive Group Report & Integrated Performance Report (IPR)	<b>PAPER REF</b>	7.1
<b>STRATEGIC OBJECTIVE</b>	All		
<b>PURPOSE OF THE PAPER</b>	This report is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 30 January 2013 to the 19 March 2013, and to highlight the key variances / movements contained within the February 2013 Integrated Performance Report (IPR)		
<b>For Approval</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input type="checkbox"/>
<b>AUTHOR / LEAD</b>	David Whiting, Chief Executive	<b>ACCOUNTABLE DIRECTOR</b>	Chief Executive
<b>PREVIOUSLY CONSIDERED BY</b>			
<b>RECOMMENDATION</b>	<p>It is recommended that the Board;</p> <ol style="list-style-type: none"> <li>1. Agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.</li> <li>2. Notes and discusses the variances contained within the February 2013 IPR report, highlighted in the Executive Directors reports.</li> </ol>		
<b>RISK ASSESSMENT</b>		<b>Yes</b>	<b>No</b>
<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Quality and Diversity Implications</b> <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission Registration Outcome(s)</b>		Not Applicable	
<b>NHSLA Risk Management Standards for Ambulance Trusts</b>		1: Governance	

## **Report from the Trust Executive Group (TEG)**

This report incorporates the activities of the Trust Executive Group (TEG) during Quarter 4 of 2013/14, 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 30 January 2013 to the 19 March 2013, and to highlight the key variances / movements contained within the February 2013 Integrated Performance Report (IPR)

1.2 The business priority areas for quarter 4 are as follows;

- Maintenance of service standards and delivery of year-end core targets.
- Delivery of the cost improvement plan and year-end financial targets.
- Development of annual plans and budgets for 2013/14 and submission of draft plans to the NHS Trust Development Authority (NHSTDA).
- Complete final NHSTDA Foundation Trust phase – Quality Visit and quality Challenge process.
- Planned 111 urgent care service ‘go live’ between 5 March and 19 March.
- Implementation of the A&E workforce changes, following the consultation phase.
- Continued work on PTS service improvement.

### **2. External Environment**

2.1 A consultation has started on proposals to change health services across NHS Kirklees and NHS Wakefield, which is the area covered by Mid Yorkshire Hospitals NHS trust. The proposals are to change how planned and unplanned care is delivered across the three sites of Pinderfields, Pontefract and Dewsbury hospitals. YAS is being consulted on the changes, and as a partner we are involved in the public meetings taking place between the 11 March and 21 May 2013.

2.2 The Trust is completing a stakeholder mapping exercise to ensure that effective relationships are established with the newly formed organisations as part of the NHS re-organisation. There are 15 Yorkshire and the Humber shadow Health and Wellbeing Boards (HWBs) that have been established and are at various stages of development. They will carry forward the function of the Local Involvement Networks (LINKs) and will have additional powers, and become operational on 1 April 2013.

There are also 23 Clinical Commissioning Groups (CCGs), most of which match up with upper tier local authorities and the associated HWBs, with a few crossing local authority boundaries. Through the development of emergency and urgent care services, the Trust has begun to work with many CCGs, and will ensure these working relationships are developed over the coming months.

- 2.3 Ambulance turnaround has continued to be a priority for both YAS and commissioners during this period. Increased turnarounds have been experienced at a number of acute sites, and YAS has been involved in a performance summit chaired by Clinical Commissioning Groups (CCGs) to review local acute handover performance. It is expected that penalties for delays in both the handover and wrap up phases of turnaround will operate in shadow form for the first six months of 2013/14, before being applied in quarters 3 and 4.

### **3. Service Delivery**

- 3.1 The significant increases in demand and in particularly Red activity continued in to first few days of January leading to an impact on both Red 1 and Red 2 targets. Following the seasonal fall in demand after this period, the trust performed above 75%, but delivery of the month was affected further by sporadic snow fall which caused widespread disruption across Yorkshire & Humber and the north of England. The January out turn for Red performance was 73.5%.
- 3.2 February continued to be a busy month, and as a consequence the trust fell below the target of 75%, delivering 73.9% Red performance. Entering the final month of the year, the trusts year to date position for Red 8minutes remained at 75.3%, and this is the expected out turn position for 2012/13. The Red 19minute remained strong, with an expectation that 97% will be achieved for 2012/13.
- 3.3 Red 1 performance was 72.3% for the year to date at the end of February 2013. This is below the 75% target that will be in place from 1 April 2013. The trust has a detailed Red 1 action plan based on learning and best practice from other ambulance services, and is designed to enable YAS to deliver the Red 1 target in 2013/14.

### **4. Foundation Trust / Business Planning**

- 4.1 The trust expected to take part in a review of quality in the form of a 'Quality Challenge' due to take place in February 2013. The revised date provided by the NHSTDA is for the beginning of April 2013, and YAS will be the first ambulance trust to take part in this part of the NHSTDA approvals process. The Quality Challenge, commencing with a Quality visit will take place over a 4-6 week process. We are aware that the NHSTDA has undertaken an initial review of the key Francis recommendations and is updating its guidance for applicants. The trust

is planning to meet TDA representatives to seek clarity regarding the next steps in the authorisation process.

- 4.2 The Trust Executive Group (TEG) and members of the Senior Management Group (SMG) are working with Unipart to review and revise the Service Transformation Programme (STP), and to utilise a new matrix that assists in linking organisational aims and programmes within the STP to the individual projects and results required from the overall change programme. This work will assist in the launching of the Annual Business Plan for 2013/14, revised STP and 5 year Integrated Business Plan to the organisation and stakeholders over the coming weeks.
- 4.3 The trust has been negotiating with current and future commissioners regarding the 2013/14 A&E contract. It is expected that a final agreement will be ready for approval by the time of the March Trust Board meeting. Final discussions are taking place with commissioners for Patient Transport Services (PTS), with an expectation that agreements will be in place by the end of March.
- 4.4 The above negotiation and subsequent settlement will inform the internal process of finalising our Annual Business Plan for 2013/14, Budgets / CIPs presented to the trust board for approval in the March trust board.
- 4.5 The 111 urgent care service has been launched in part of the region, with a plan to implement in full during March 2013.

## **5. Executive Team Reports**

### **5.1 Chief Executive**

- Dr Julian Mark has been appointed as the Executive Medical Director (Designate). The current Executive Medical Director, Dr Alison Walker leaves the trust at the end of March to take on the role of Executive Medical Director for South West Ambulance Service Foundation Trust.
- The Chief Executive took part in a job swap with a YAS Apprentice to support National Apprentice Week (11 – 17 March 2013). On the 25 February Daniel Watkin spent the morning learning about the role and responsibilities of the Chief Executive, and then Daniel and the Chief Executive spent the afternoon on Patient Transport Services. Daniel has only been an apprentice a few weeks, but was impressed the CE with his newly acquired skills and knowledge, and professional approach in dealing with the needs of his patients.
- The Chief Executive and Chairman attended the full MAJAX briefing following the major Incident YAS declared on the 14 December 2012 as a result of unprecedented demands for 999 services, due to huge

numbers of slips, falls and road accidents due to widespread ice. Learning from this event will be used to strengthen YAS resilience plans. It was acknowledged that the new Gold Command facility and functionality at Wakefield was a real asset to the incident commanders managing the MAJAX that day.

- During this period the Chief Executive visited locations in Hull and Sheffield as part of a regular 'listening watch'. This was to hear from staff their views regarding the A&E workforce changes, and also to see an example of how the new ambulance turnaround screens in hospital emergency departments were working in practice. These are designed to improve crew clinical handovers and ensure ambulances do not queue at A&E departments.
- The Chief Executive also visited the new 111 call centre (Callflex) in Rotherham with the Chairman and a range of health stakeholders to hear about the preparations for 111 go live, and to see the facilities and the NHS Pathways triage system, which is used to navigate patients to the most appropriate end point disposition and care.

## **5.2 Operations Directorate**

- Since the last Board meeting the Operations Directorate has been focused on the preparation for the implementation of the 111 service and the likely impact that this will have on the 999 service. Learning from other services has indicated to expect an increase in demand on the 999 service of between 9%-13%; critically however this demand arrives in the out of hour's period after 1700hrs on weekdays and throughout the weekend. The key actions that have been taken to mitigate the impact are as follows:-
  - Use of private providers focused in the out of hours periods.
  - Utilisation of overtime to strengthen key hours.
  - A&E managers supplementing frontline resource.
  - Actions to reduce planned abstraction.
- Consequently there has been a great deal of focus on ensuring that the Trust achieves the key national standards. Deliver of the 75% standard over the winter months has proved to be challenging with the standard not being met in December, January and February.
- The current performance achievement is:-
- RED 8 - YTD position of 75.3%. It is therefore expected that the final year end position will be approximately 75.2% to 75.3%. Within this figure is included RED1 performance which currently stands at 72.37%. From April 2013 these measures will be separated and delivery required at the 75% standard. A RED1 Improvement Plan will go to the March Board for approval.

- RED 19 - YTD position of 96.96%. This is expected to remain stable and this standard will be delivered.
- Within the PTS directorate there have been some significant changes to the management structure. A detailed plan to improve service delivery and to deliver the 2013/14 PTS cost improvement plan has now been constructed and the high level strategy was shared at a Board Development Meeting in February.

### **IPR Section 2 – A&E and PTS Performance**

- RED Performance - RED performance delivery in February was below the required standard at 73.9%. Throughout February RED performance was relatively stable and delivery standards consistent despite the backdrop of a 6.6% increase in demand. The reason the 75% standard was not met was due to three days of adverse events which significantly impact on delivery; two of which were due to spikes in demand of over 10% on the day and the third due to snowy weather conditions.
- PTS Performance – this has improved across all contracts in comparison to 2011/12, however, PTS did see performance deteriorate across December and January, although in most cases this was not to 2011/12 levels. This coincided with a number of changes to PTS management, a change in focus of the PTS Transformation team and demand pressures linked to adverse weather and highly variable demand patterns associated with the Christmas and New Year periods. February performance demonstrated indications of improvement with positive movements across a number of contracts, however, waiting times for patients following appointment times continue to be below standard across all contracts and remain an area of considerable focus.

### **5.3 Clinical Directorate**

- Recruitment of HEMS doctors to the Enhanced Care Team pilot has commenced following confirmation of the funding support by commissioners and the Yorkshire Air Ambulance (YAA) charity.
- Angela Harris, Lead Nurse for Urgent Care, has successfully completed the NHS Vanguard programme supported by Dr Julian Mark as sponsor coach. The programme coaches leadership development skills for major change initiatives which Angela has successfully used to support the End of Life Care project.
- Poster presentations on working with nursing homes to provide appropriate care for patients were presented at the Florence Nightingale Foundation Annual Conference by Angela Harris.

- Delegates from Northern Ireland (NI) Ambulance Service and NI Health Board visited the Clinical Hub, hosted by Lisa Pammen, ECP Team Leader and Angela Harris... A reciprocal visit was made by Angela Harris to speak at the NI Long Term Conditions Conference regarding right care.
- The soft 'go live' of 111 has been supported by Dr Dave Macklin and other key members of the Clinical Directorate to ensure patient safety.
- The DH-led peer review of the Yorkshire and Humber Major Trauma Network has taken place. Initial good feedback has been received from the reviewers regarding YAS involvement in the pre-hospital care components including the major trauma triage tool, the implementation and role of the Major Trauma Clinical Triage Co-ordinators and the introduction of additional equipment to improve the care of trauma patients.

#### **IPR Section 2 – Ambulance Clinical Quality Indicators (ACQIs)**

- Stroke care: Delivery of the stroke care bundle continues to be good at 94.8% although we are ranked 8<sup>th</sup> due to very little variation in performance across the ambulance services.
- STEMI 150: Clinical Audit is working with MINAP to gain assurance regarding data quality and completeness nationally as it is unlikely that the reported 82.9% for October 2012 represents our true performance. As part of our audit plan for 2013/14, Internal Audit will review our compliance to the national technical guidance for ACQIs and CPIs completion.

#### **5.4 Standards and Compliance Directorate**

- The 111 mobilisation process is continuing, with a plan now agreed with commissioners to phase implementation. West Yorkshire and Bassetlaw went live on 5 March 2013 and the intention is that additional NHS Direct Calls will be transferred to the NHS 111 service from 19 March. The remaining areas covered by the service will go live from 9 April 2013. Early indications from the daily monitoring reports are very positive. Work is continuing according to plan to complete staff recruitment, transfer and training. The Trust is also working closely with commissioners and other provider organisations to address operational issues both within the service and in the interface between NHS 111 and the wider urgent care system.
- Work is continuing in liaison with NHS North of England, in response to the Hillsborough Independent Panel report. The Health Care Professions Council review of registered ambulance personnel was completed at the end of January and this confirmed

that no fitness to practise investigations were warranted in relation to staff currently employed by the Trust. The Trust is awaiting confirmation of the process and timeline for the new inquest process.

- 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 reported that the Trust was fully compliant with all standards.
- Deloitte have completed a further external review of quality governance, and this has given positive assurances about compliance of the Trust's quality governance arrangement with Foundation Trust requirements.
- The Medical and Nurse Directors of the NHS Trust Development Authority will conduct a 'Quality Visit' to the Trust on 5 April, prior to completion of the Foundation Trust 'Quality Challenge'. These are key steps in the Foundation Trust pathway.
- Work has been progressing on review and re-focus of the Trust Service Transformation Programme. This is focusing on ensuring clarity of key objectives and measures of success aligned to the Trust's business plan, establishing new project group arrangements, and ensuring that appropriate resources are allocated to the key developments. A training provider has also been identified to support the Trust in developing service improvement skills amongst key leaders.

### **IPR Section 3 – Quality**

- Safeguarding referral rates have reduced February. The reason for the reduction is unclear based on one month data, but additional messages are being sent as part of Operational Update to ensure that awareness among staff remains at the normally high level.
- Service to service complaints remains at a high level for PTS East consortium area. This is being addressed through the PTS transformation programme.
- The patient satisfaction 'net promoter' score remains below our target level following the change to the way the score is calculated. Results are fed back to relevant departments for review and action and there is a continued focus on quality of patient experience through Trust level initiatives. Further work is continuing to ensure

consistency of process across the country and to enable accurate benchmarking of figures.

## **5.5 Workforce & Strategy Directorate**

- Following Trust Board approval of the 5 year workforce plan in September 2012, work has been underway to implement required workforce changes. The most significant element of the implementation of the 5 year workforce plan was the achievement of agreement to necessary changes to the A&E workforce Band/Skill mix.
- Since the last meeting of the Trust Board in public, implementation of the required workforce changes within A&E has advanced following the successful achievement of a collective agreement to the A&E elements of the plan with UNISON, as the largest trade union representing ambulance service employees in Yorkshire. Unfortunately, the behaviour and approach of Unite the Union during the extensive consultation and negotiation process undertaken since August 2012 was not conducive to effective partnership working. Compounded by previously dysfunctional relationships between the Trust and Unite the Union, as well as between Unite and UNISON, the Trust determined at the end of the A&E workforce plan consultation process to end the voluntary recognition of Unite the Union. This decision was conveyed to Unite officials on 4<sup>th</sup> February 2013. Unite the Union advised the Trust subsequently of its intention to ballot its membership for industrial action.
- The Directorate has been leading upon a new approach to recruitment, with the first such selection centre held on 9<sup>th</sup> March 2013, used to support the direct recruitment of Emergency Care Assistants as part of the reconfigured A&E workforce of the Trust. This assessment centre was the first deployment of the Trust's values based recruitment approach and has been highly successful in both driving up the quality and standard of applicants offered employment, but also in reducing the cost involved in managing high volume recruitment activity. This approach is being evaluated for further improvement, but is anticipated to be applied to all volume recruitment for key operational roles spanning A&E, the Emergency Operations Centres and Patient Transport Service in the future.
- The NHS Staff Survey for 2012 was completed with an overall response rate of 58%. This represented a 3% increase in response rates from 2011 and therefore increased the validity and accuracy of the feedback provided. The overall staff engagement score achieved from the survey improved slightly from 3.18 to 3.20 between 2011 and 2012. A more detailed report has been

submitted to the Trust Board for approval in respect of the staff survey results.

- The Directorate, supported by Finance & Procurement, has been reviewing its occupational health service provision, with a formal procurement process underway with the intended outcome of moving from 4 separate providers to a single provider for the whole Trust. This should enable the Trust to provide more consistent occupational health and wellbeing support to its employees. The new provider, assuming a successful procurement outcome, will work in partnership with the Trust to achieve a reduction in absence, and to improve the overall wellbeing of the workforce. A future report in respect of any procurement outcome and possible award of contract would be subject to formal Trust governance arrangements and approval by the Trust Board.
- The Annual Education and Training plan for 2013/14 is nearing finalisation with clear prioritisation and focus upon the delivery of activities to support the A&E workforce plan implementation, necessary delivery of statutory and mandatory training and the rollout of the new Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines for 2013.

#### **IPR Section 4 – Workforce**

- Sickness absence levels within the Trust currently remain above the target of 5.0%. As at the end of February 2013, sickness absence was recorded Trust wide as 6.29%, and consequently remains RAG rated as Red. Although the position remains above target, it does follow the expected seasonal trend and has demonstrated a reduction in the lost working time due to sickness absence compared to January, which was 7.24%. This reduction was experienced in both the short and long-term categories of absence.
- Performance Development Reviews (PDRs), or appraisals, experienced a further reduction in compliance to 63% at the end of February. This was a further reduction from the worsening position reported in January of 67% and remains a direct consequence of the number of staff due for their annual review meeting to take place. Improved compliance across all Localities / Departments needs to be addressed to enhance the year end position, although the achievement of the Trust's internal target by year-end is not now expected to be achieved, particularly as a result of the significant level of staff within the Operations Directorate that have not had a PDR undertaken. This indicator is therefore now RAG rated as Red for year-end achievement.

## 5.6 Finance & Performance Directorate

- The Estates function is continuing to work with Resilience and Operations to complete the Combined Outline and Full Business Case for HART for submission to NHS North of England in March. Meetings have also taken place during February to brief members of the Leeds Health Overview and Scrutiny Committee on the proposals. During January and February Estates and ICT have been leading work to improve power resilience at Callflex and Springhill 1 ahead of 111 go-live in March.
- The Fleet Department has completed the consultation on the re-structure the Sheffield Europa workshop in line with the Trust's five year workforce plan and following the downscaling of body shop staff numbers recruitment has begun to the new Fleet apprentice and trainee roles. The 21 new A&E van conversion ambulances and 14 new PTS vehicles are currently in build with expected delivery before the end of March. The PTS stretcher vehicles are being supplemented by 9 additional ex-lease vehicles in order to improve vehicle off road time and patient experience.
- Work within the Finance team during February has been focused on A&E and PTS contract negotiation, developing budgets and planning assumptions for 2013/14, progressing CIP reserve schemes to support delivery of year end performance targets and securing additional income to support the higher A&E demand levels envisaged in March due to 111.

### IPR Section 2d – Support Services

- Vehicle age within PTS is adversely affecting vehicle downtime. This has been compounded by staffing levels due to long term sickness. To overcome the low staffing levels overtime and external providers are being used, whilst recruitment is also taking place to fill vacancies and replace staff leaving the trust due to planned workshop changes.
- High VOR's in the North area have impacted on the vehicle availability and access to vehicles for routine maintenance, the high level of sickness with the same area and priority has been on vehicle availability rather than routine maintenance. The recruitment to the Area Team Leader (North) vacancy has been completed and the successful candidate will take up position in late March and this should improve operational performance within this area.
- The number of medical devices serviced outside of the appropriate service window has seen an improvement in January and February for all categories of equipment. Defibrillator servicing has moved from an Amber rating to Green, suction units have moved from Red to Green, whilst other categories of equipment have improved from

Red to Amber. This follows the use of a third party provider and actions taken to improve productivity of the in-house Medical Devices Team. The recruitment of a new Head of Medical Devices has begun, to drive further service improvements.

#### **IPR Section 5 – Finance**

- The Trust's Cost Improvement Programme has seen further slippage during February in relation to reduced sickness, meal break payments, PTS and A&E overtime. Delivery of the A&E overtime CIP has been impacted by sustained period of poor weather. Further delivery of overtime savings could also be impacted on demand pressures due to the implementation of 111 during March.
- Additional CIP reserve schemes including the use of bunkered fuel are being implemented in an attempt to mitigate CIP slippage. The Finance team have continued to work 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 February 2013 IPR report, highlighted in the Executive Directors reports.