



MEETING TITLE Trust Board Meeting		MEETING DATE 21/05/2013	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	7.1
STRATEGIC OBJECTIVE	All		
PURPOSE OF THE PAPER	This report is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 20 March 2013 to the 14 May 2013, and to highlight the key variances / movements contained within the April 2013 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			
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 April 2013 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 March and April 2013, 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 20 March 2013 to the 14 May 2013, and to highlight the key variances / movements contained within the April 2013 Integrated Performance Report (IPR)
- 1.2 The business priority areas for quarter 4 were as follows;
 - Delivery of year-end core targets for the 999 and Patient Transport Service (PTS).
 - Delivery of the annual cost improvement plan, and year-end financial targets.
 - Finalise annual plans and budgets for 2013/14.
 - Mobilisation of the 111 urgent care service.
- 1.3 In addition, the business priorities for quarter 1 of the new financial year are as follows;
 - Delivery of Red 1 target, and monthly 999 KPIs.
 - Complete the Service Transformation Programme, adopting the Policy Deployment Matrix (PDM) methodology.
 - Delivery of the 111 urgent care service, and planning further roll-out.
 - PTS Transformation work.

2. External Environment

- 2.1 David Prior, chair of the Care Quality Commission (CQC) was reported to have said that NHS emergency care is unsustainable and 'out of control' in parts of England and that many patients receive emergency treatment when their condition should have been treated earlier. In addition a daily Telegraph article claimed that five out of ten ambulance trusts investigated had lost almost 14,000 operational hours in March or April.
- 2.2 Nationally the new 111 urgent care service received a lot of attention and criticism recently from both users of the service and professional groups, including some GPs. In early April a number of 111 services had not gone live, and in some cases 111 services were suspended, and others had roll-out plans put on hold by NHS England. However, the BBC reported that there were signs that the NHS non-emergency

helpline was getting better after the Easter bank holiday weekend passed by without major problems, despite more than 100,000 people calling the number for help.

- 2.3 The Independent newspaper reported that new figures revealed that the survival rate from heart attacks in Britain has more than doubled since the 1970s. Some 70% of women and 68% of men in England now survive their heart attack, however, improvements in healthy living, detection and treatments mean more people survive with heart disease at a cost of £900m a year to the NHS. Professor Peter Weissberg, Medical Director of the British Heart Foundation (BHF), said that with no cure, Britain faces a heart failure crisis, as more and more people are surviving heart attacks with damaged hearts. The BHF has launched its Mending Broken Hearts appeal to raise money for research into the condition.
- 2.4 The BBC also reported that figures released by Asthma UK highlighted the postcode lottery of asthma care in England, highlighting different approaches to the way in which Asthma care is provided, some areas providing care through GP surgeries, whilst others relying on hospitals to treat Asthma cases. The report claimed there was a 19-fold difference in children's emergency asthma admission rates across England, with only 12% of asthma patients receiving a written action plan from their Doctor or asthma nurse, while one in five has not been invited for an annual asthma review. From a YAS perspective, of all 999 chief complaints, breathing difficulties remains the area that shows a consistent increase in 999 responses.

3. Service Delivery

- 3.1 The trust did deliver on its core Red performance targets for 2012/13, delivering 75.3% for Red-8minutes, and 97.0% for Red-19minutes. Red 1 saw an out turn of 72.5% for the year, and from April this is a mandatory delivery target set at 75%.
- 3.2 The trust delivered all three core Red targets for April 2013, Red 1-75.3%, overall Red-8minutes at 77.9%, and Red 19-minute at 97.6%.
- 3.3 Following initial 'go live' of the 111 service on the 19 March 2013, overall service performance has improved, and compares positively with the best performers in England. Following a number of national concerns and challenges experienced in Y&H, immediate roll-out of this service was stopped, and subsequently YAS has agreed a phased roll-out plan with commissioners, which will see the 111 service implemented in full by the 2 July 2013.

4. Foundation Trust / Business Planning

- 4.1 The NHS Trust Development Authority (NHSTDA) has accepted the trusts 2013/14 Operating Plan, and the NHSTDA is now working

towards presenting the trusts application for Foundation Trust status to the NHS TDA Board. The trust meets monthly with the NHSTDA in line with the TDA's Accountability Framework, with the next meeting planned for the 16 May 2013.

- 4.2 The Trust has formally launched the 5 year Integrated Business Plan (IBP), the 2013/14 Annual Business Plan and the Service Transformation Programme (containing the key projects that will deliver the annual plan / objectives). In addition the trust has also launched a staff suggestion scheme, called 'Bright Ideas', and a formal monthly Team Brief – briefing mechanism, designed to brief leaders and staff on important changes, key projects and important corporate messages.
- 4.3 The trust is continuing to meet with commissioners to finalise the plan for full roll-out of the 111 service by 2 July 2013.

5. Executive Team Reports

5.1 Chief Executive

- Rob Parkinson, a YAS Clinical Supervisor and acting Locality Manager spent a day shadowing the Chief Executive in May. Rob is the only Clinical Supervisor from YAS on an NHS 'Accelerate' leadership development programme, and he wanted to gain an understanding of the role and accountabilities of the Chief Executive.
- The Chief Executive attended the quarterly Y&H Chief Fire officer meeting to present on areas for future partnership working. Local meetings are now being planned with both Fire and Police partners to progress initial ideas.
- The Chief Executive attended a number of 111 programme board meetings during March and April to discuss progress in mobilising the new service, and to agree future roll-out arrangements. In addition the Chief Executive visited both the Callflex (Wath upon Dearne, Rotherham) and Wakefield sites over Easter to see for himself the excellent work of 111 staff in meeting the increased demands over the bank holiday period.
- The Chief Executive has met a number of key stakeholders and partners during the last period including, Andrew Percy, MP for Goole, Ian Atkinson, Sheffield Clinical Commissioning Group [CCG], Carol McKenna, lead commissioner for the 111 service (NHS Greater Huddersfield), and Jamie Courtney, Chief Fire Officer (South Yorkshire FRS).

5.2 Operations Directorate

- Since the last Board meeting the Operations Directorate has successfully delivered all national targets for the period 2012/13. This

included all CBUs achieving the RED standard with the exception of the North CBU where there was an improvement from the 2011/12 position. This was a notable achievement within the context of CIP delivery and the significant workforce changes that the Trust implemented in during the final quarter of 2012/13.

- From April 2013 all ambulance services will be expected to achieve the RED1 standard and reach 75% of patients within 8 minutes on receipt of the 999 call. YAS struggled to achieve this level of performance in 2012/13, and therefore a detailed action plan to improve RED1 performance was submitted to Board in preparation of this new target with 9 key actions. Since the start of the new financial year achieving the RED1 standard has been a key priority for the Directorate and RED1 was achieved in April 2013 (75.3%) for the first time since the clock start changes in June 2012. The RED1 position in May is also strong as initial developments continue to be embedded.
- Since the beginning of the financial year the Trust has performed extremely well in all of the national targets (RED1, RED2 and A19) being one of the few ambulance Trusts to deliver all three standards. It is anticipated that a strong quarter 1 position will position the Trust well to meet the challenges associated with the full implementation of the 111 service from quarter 2.
- Within PTS there remain a number of issues primarily associated with the delivery of the planned £2.9m Cost Improvement Plan (CIP). A proportion of the overall PTS CIP remains red risk rated regarding delivery. The ability of the PTS business to conduct the transformation at the speed required is restricted and although significant progress has been made, management restructure and the implementation of new rotas in some areas the momentum needs to be increased. Further work is on-going and mitigations are being developed to offset CIP shortfall and continue the transformation of PTS.

IPR Section 2 – PTS Performance

- PTS performance has generically improved across a number of key performance indicators in April 2013. However, given the extremely high KPI trajectory requirements, a number of these are still red rated. A particular area of focus remains linked to patient waits' post appointment and work is on-going linked to the PTS Transformation Programme to improve performance in this key area.

5.3 Clinical Directorate

- Two CPD events on End of Life care have been held and also two informal sessions held on stations in Longley and Dewsbury.
- YAS have been invited to take the regional lead on DNACPR.
- We are supporting the regional Clinical Leadership and Health Research Collaboration (CLAHRC) application into reducing hospital attendance and admissions for long term conditions.
- We assisted and funded a pilot scheme in Hull to task a Clinical Supervisor to attend cardiac arrest calls, locally termed the 'RAT' (Red Action Team) car in order to provide team leadership skills and immediate feedback in the post-arrest period.
- We delivered the second regional Immediate Emergency Care (IEC) conference for the regional Fire & Rescue Services.

IPR Section 2 & 3 – Quality

- KPI 1: Loss of funding agreement from the Specialist Commissioning Board has halted the progression of the Enhanced Care Team pilot.
- Stroke care bundle ACQI: Ranked 8th with performance of 94.6% but very little inter-trust variability. Improvement in Stroke care ACQI is a Trust key objective for 2013/14.
- 2.7 STEMI 150: Continued issues with inaccurate and incomplete MINAP data submitted by acute trusts but being addressed by monthly attendance at regional cardiac network meetings providing two way feedback on performance.
- 2.7 ROSC: Small numbers of patients will produce inter-month variability that is not significant. The Trust is concentrating on improving resuscitation outcomes which is best measured by Survival to Discharge data.
- 3.12 Clinical Audit: Functionality issues with the Readsoft scanning and verification software has reduced efficiency and capacity to perform all but mandatory clinical audits. Introduction of the ECS and the Clinical Audit department reconfiguration will address the issue.

5.4 Standards and Compliance Directorate

- Hillsborough – the pre-inquest review was held in April and this has provided more clarity on the proposed arrangements. The new inquests will be held in the North West, with the final location still to be confirmed. The Trust is working with the coroner's team to manage the transfer of relevant documents. Internal work has commenced in preparation for the inquests. A further pre-inquest review is scheduled for June.
- Service transformation programme – work has continued through April and early May on the restructured programme and project

arrangements for 2013/14. Plans are almost complete for all project groups and positive progress is being made in recruiting to the Head of Service Transformation role and vacant Project Manager posts.

- NHS 111 – The service is approximately 60% live at present. A plan has been agreed with local commissioners and NHS England to complete the mobilisation process in phases by early July. Additional resources are being put in place to support further roll out and to ensure that the successful implementation in the initial phases is maintained. Discussions are continuing with commissioners on action to address a range of system challenges and risks impacting on the efficiency of the new service.
- Kevin Wynn, Associate Director of Risk and Safety retired in April after a long and distinguished service. His successor, Mark Hall took up post on 1 May.
- The Executive Director of Standards and Compliance and Executive Medical Director met with the Medical and Nurse Directors of the NHS Trust Development Authority in April, to discuss the new NHS TDA arrangements for monitoring and supporting the quality agenda in Trusts and the process for the forthcoming Foundation Trust quality challenge.

IPR Section 3 – Quality

- Specific projects within the service transformation programme are highlighted as requiring additional mitigating action to support delivery. Director led review and support is in place for each development and progress will be monitored closely via the Transformation Programme Management Group.
- The rate of complaints and concerns is slightly higher than the Trust average for the NHS 111. This is largely accounted for by the service to service complaints received from health care professionals - a process which has been set up as part of the 111 service specification to facilitate direct feedback from clinicians in local areas across the region. All feedback is being used by the internal 11 team and in collaboration with local clinical leads in CCGs, to support the embedding and continuous improvement of the new service.

5.5 Workforce & Strategy Directorate

- As a consequence of the Trust's decision to implement its workforce plan pertaining to A&E, Unite the Union members commenced a continuous ban on overtime working on 26th March 2013 and 90 of their members took part in 1 day of strike action on 2nd April 2013. These actions were well managed by the Trust and did not compromise patient safety or service delivery adversely. By contrast, during April 2013, further progress was achieved by the Trust in partnership with UNISON, as the recognised trade union for ambulance workers in Yorkshire, with agreement to the clinical and operational scope of

practice, including deployment levels, for the new role of Emergency Care Assistant.

- The second 'values based' assessment centre for A&E staff recruitment, led by the Human Resources (HR) Department was held on Saturday, 27th April 2013. This process again proved successfully with further improvements being adopted since the first such assessment centre. This approach creates a cost effective means of screening approximately 100 candidates per day and triangulating feedback from various assessments relating to the values of the Trust. 36 candidates were deemed suitable for conditional offers of employment to be made for the post of Emergency Care Assistant. The Chairman visited the last assessment centre and offered some valuable insights and feedback which the HR department are seeking to build into the future arrangements. The third such assessment centre took place on Saturday, 18th May 2013 and was extended to involve the assessment of prospective staff for the 999 Emergency Operations Centres.
- In addition to the delivery of the values based assessment centres and business as usual professional advice and support across the organisation, the HR Department continues to manage an extremely high volume of roles and job applications. This includes 20 adverts for roles at varying levels of seniority and for multiple vacancies. A total of 190 people are 'in progression', i.e. going through the various processes of completion of pre-employment checks before being eligible to take up their posts.
- During 2012, the Directorate led upon and supported the implementation of the Trust's first WE CARE Staff Awards Ceremony, i.e. recognising staff achievements aligned to the values of YAS. The 2013 WE CARE awards ceremony is scheduled to take place on 31st May 2013 in York. This followed the receipt of over 200 nominations of staff and teams for awards from across the whole organisation. The judging panel involving the Chairman, YAS Expert Patient and Deputy Chief Executive, supported by the Head of Corporate Communications, met and assessed the nominations on 2nd May 2013.
- The Education and Training plan for 2013/15 has now received formal approval from the Trust Executive Group and has been the subject of reporting, for assurance purposes, to the Quality Committee, including the completed formal quality impact assessment involving the Executive Director of Standards & Compliance and Executive Medical Director.
- In partnership with the North & East Yorkshire A&E Locality Management team, the Directorate has been instrumental in the development of collaboration between HM Army (via the Army Medical

Directorate), Cumbria University and the Trust to deliver Student Paramedic Foundation Degree practice placements for Army Medical Technicians. These placements are supernumerary to existing Trust staff, but have started a productive partnership that will support the longer term supply of placements and potential future employees for the Trust. This approach has been 'show cased' to the other ambulance trusts at a national conference hosted by the Army at the Royal Military Academy at Sandhurst in Surrey on 2nd May 2013.

- The Trust's Lesbian, Gay, Bisexual and Transgender (LGB&T) staff support network, aided by the Leadership & Learning Service, has successfully led upon improvements in the Trust's approach to this 'hard to reach group' culminating in the achievement of the Trust being ranked 17th in the first Stonewall Health Equality Index for the NHS in 2013. This is an excellent achievement and will be further built upon during 2013/14, including continued support for YAS staff attendance at and involvement in the 'Leeds Pride' event and the Trust formally joining the Stonewall Diversity Champions Programme, i.e. for employers' that wish to improve workplace equality.

IPR Section 4 – Workforce

- Sickness absence levels within the Trust currently remain above the target of 5.0%. As at the end of April 2013, sickness absence was recorded Trust wide as 5.71%, 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 March. This represents the third successive month of reduced absence within the Trust. Outliers in terms of performance include the Patient Transport Service (PTS) which has a worsening position during April 2013. By contrast, areas of the Trust that remain below target include Workforce & Strategy, Standards & Compliance, Resilience & Specialist Services and the NHS111 & Urgent Care Service. The work of the Board Absence Turnaround Group is considered to have made a positive impact in the Operations Directorate by introducing an additional level of scrutiny and focus both by and upon senior managers within the Operations Management Group in leading the reduction of sickness absence levels.
- Performance Development Reviews (PDRs), or appraisals, compliance levels are currently at 63% as at the end of April. Although this position has stabilised, further improvements are now required to move the Trust to a compliant position during Quarter 1. Improvement action to rectify this will need to be continued by relevant managers. This also relates to the review of the Clinical Leadership Framework led by the

Executive Director of Operations and the need for 'protected time' for Clinical Supervisors to undertake PDRs with their team members.

5.6 Finance & Performance Directorate

- Finance are working on completion of the 2012/13 Annual Accounts, undertaking financial modelling support for PTS and 111 and validating and assisting managers in development and implementation of CIP plans. Service Line Reporting information for the full year 2012/13 has been produced for all service lines to inform the roll out of Service Line Management which is now happening in Private and Events, Commercial Training and PTS. In April the Accounts Payable Team achieved the Better Payment Practice Code target of 95% of invoices paid within 30 days for the first time since the Trust came into being.
- Business Development have completed the summary IBP and begun work on the main IBP refresh. All contracts have now been agreed with the exception of South Yorkshire PTS. The Team have instigated Trust wide market intelligence sharing sessions with A&E, Private and Events, PTS, Commercial Training, 111, Clinical and Private and Events to share updates and information from external contacts and business opportunities and to pull together and overarching map of external stakeholders and issues. The team are also supporting developing a business proposal for a potential ECP development in Mid Yorkshire.
- ICT are continuing with EOC CAD upgrade work and the development of an EOC Disaster Recovery capability at Callflex, Rotherham, 111 intra-operability Service Developments and GP messaging has now been implemented for ECS and the project management team are engaging with commissioners and urgent care leads to engender support for ECS roll out.

IPR Section 2d Support services

- The Fleet team have instigated a number of actions to improve vehicle availability and repair turnaround times for both A&E and PTS through improved prioritisation and extending weekend workshop coverage. Actions have been taken to tackle long term sickness through case management and several long standing issues have now been resolved
- The recruitment to for a new Equipment Department manager took place last week and recruitment is underway to fill other vacancies within the team. An external contractor has been retained to ensure we sustain progress in equipment servicing whilst recruitment takes place.

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 April 2013 IPR report, highlighted in the Executive Directors reports.

