



MEETING TITLE Trust Board Meeting		MEETING DATE 23/07/2013	
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 15 May 2013 to the 16 July 2013, and to highlight the key variances / movements contained within the May and June 2013 Integrated Performance Reports (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 May and June 2013 IPR reports, 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 June and July 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 15 May 2013 to the 16 July 2013, and to highlight the key variances / movements contained within the May and June 2013 Integrated Performance Reports (IPR)
- 1.2 The business priority areas for quarter 1 were as follows;
 - Achieve overall Red and Red 1 response targets on a monthly basis and for quarter 1.
 - Implement key elements of the PTS Transformation programme – relating to Planning and revised roster implementation.
 - Preparation for full mobilisation of the 111 urgent care service from the 2 July 2013.
 - Complete the Service Transformation Programme, adopting the Policy Deployment Matrix (PDM) methodology.
 - Launch the Summary IBP, Annual business Plan, 'Bright Ideas' scheme and 'Team Brief' – monthly staff briefing process.

2. External Environment

- 2.1 Urgent Care Boards (UCB) have now been established in health communities across Yorkshire & Humber. Yorkshire Ambulance service (YAS) has provided executive directors or associate directors to represent YAS on these important urgent care forums. Initial focus will be on delayed handover and turnaround of ambulances at acute A&Es, and a focus on preparing for winter. In addition these forums will take on responsibility for developing urgent care solutions, and improving local services.
- 2.2 In addition to Urgent Care Boards, the Trust has also undertaken a review in to stakeholder engagement, through a mapping exercise, to ensure that YAS has the right linkages with the range of existing and new organisations. This exercise has also mapped the work of Non-Executive Directors with other trust stakeholder engagement activities.
- 2.3 The Chief Executive and Chairman met a range of MPs from across the region in June at Westminster to discuss current services provided by YAS, and our future plans. It was also an opportunity for local MPs to raise issues of interest or concerns. The event was positively received by MPs, and there are plans to repeat this on a regular basis.

- 2.4 NHS 111 nationally continues to attract criticism, the latest from GPs who work in the most 'troubled areas' for 111 roll out. The GP publication 'Pulse' reported that GPs had seen an increase in workload following roll out of the new service. However, in Y&H the service provided by YAS continues to improve, and the number of 111 calls passed to 999 remains the lowest in England at less than 8% and only 6% of the patient dispositions are for the patient to attend A&E. As planned, the majority of dispositions are for primary care, but feedback from health communities in our region does not suggest GP workload is increasing.
- 2.5 The Independent reported on a prediction that the NHS funding gap will increase to £30 billion by 2020. It suggests that an imminent report "will argue for significant changes, likely to mean fewer but bigger hospitals, and an increasing specialisation of services such as stroke and trauma". It quotes Tim Kelsey, NHS England director for patients and information as saying "We are about to run out of cash in a very serious fashion." In the report, the NHS Confederation Chief Executive Mike Farrar said: "The health service is facing challenges greater than any it has ever had to deal with in its lifetime."
- 2.6 The NHS Confederation Urgent and Emergency Care Forum Steering Group met in early July to review the challenges facing the system, and have taken the opportunity to feed their views to Professor Keith Willets, the emergency and urgent care lead for NHS England. The group identified the need to understand demand for unscheduled care at a local level; the need to immediately commence planning for winter; the importance of preventative work; alignment of financial incentives across the system [as an alternative to A&E]; supporting the skills development of acute & emergency workforce; and a focus on 'whole-person' care.

3. Service Delivery

- 3.1 The new Red 1 (8 minute) response target became a mandatory target from the 1 April 2013. In addition to delivering this new target for April, the trust also delivered the Red 1 target for both May and June, achieving 76.8% and 75.6% respectively.
- 3.2 Overall the trust delivered all three core Red targets (Red 1, Red 2 at 8 minutes and Red overall at 19 minutes) for Quarter 1 (April – June 2013), and delivered all Red targets for each of the first three months of the year. The detailed delivery is enclosed within the Director of Operations Integrated Performance Report (IPR) report.
- 3.3 The new 111 urgent care service was fully rolled out from the 2 July 2013, incorporating North Yorkshire and Sheffield comprising the final 24% of the service. The full roll went smoothly and passed without incident.

4. Foundation Trust / Business Planning

- 4.1 The Trust has updated and submitted its latest 5 year Integrated Business Plan (IBP), and Long Term Financial Model (LTFM) in preparation for the final stage of the NHS Trust Development Authority (NHSTDA) assessment process. The final phase will include a quality visit and 'quality challenge' in August, and a board to Board meeting with the NHSTDA in September.
- 4.2 It is anticipated that following the Board to Board meeting, the YAS application will be submitted to the NHSTDA Board meeting in early October, and if successful, the trust will go forward to the Monitor assessment stage. This is the final stage prior to authorisation as a Foundation Trust.

5. Executive Team Reports

5.1 Chief Executive

- The Chief Executive, supported by the operations directorate and Corporate Communications team has completed monthly Team Brief sessions across a number of YAS sites. Local Clinical Supervisors have also been included in the Team Briefings.
- The Chief Executive undertook a clinical 'ride out' with two crews in Hull to gain an insight in to A&E operations and to assist in maintaining his skills as a registered Paramedic.
- The Chief Executive has undertaken a series of meetings with individual Fire Brigades during the quarter, to explore areas of future joint working. Discussions have included discussions around estate opportunities, and medical co responding to Red 1 calls, where the Fire service can provide most benefit in the 'chain of survival' for pre-hospital cardiac arrests.
- Two interim Executive Directors have been appointed whilst the recruitment for permanent posts is underway. Nick Cook is the interim Director of Workforce & Strategy, and Michael Fox-Davies is the interim Director of Operations.
- The aim is to appoint a new Executive Director of Operations and an Executive Director of People & Engagement by mid-August, with anticipated start dates of mid to late October 2013.
- The Chief Executive attended a Council of Governors meeting of the Doncaster and Bassetlaw Foundation Trust.

5.2 Operations Directorate

- The Trust delivered all three of its key Red response targets for May 2013. Red 1 was 76.8%, combined Red was 78.6% and Red 19 (19 minute target) was 97.8%. This strong performance continued into June, and the trust again delivered on all three targets; Red 1 75.6%, combined Red 78.4% and Red 19 (19 minute target) 97.6%. Therefore, the trust delivered all Red targets for quarter 1, delivering Red 1 75.9%, combined Red 78.3% and Red 19 at 97.7%. Emergency activity was lower than predicted, and it is recognised that further work is required to deliver greater headroom in Red 1 above the 75% target, and to this end operations are reviewing and refreshing the Red 1 action plan for the remainder of the year.
- Recruitment has commenced to appoint Clinical Supervisors (CS) to vacant posts, to strengthen clinical leadership in operations. There are currently 98 substantive Clinical Supervisors, and the trust is seeking to recruit a further 26 clinicians by September. Currently these posts are filled by seconded CS staff. In addition, and in line with changes to the Clinical Leadership Framework, all localities will be targeting CS resources to all active cardiac arrests to support immediate resuscitation care and to coordinate post-resuscitation care with acute sites, to improve cardiac arrest outcomes. This is based on initial work undertaken by the Clinical Supervisor team in Hull and East Riding.
- In June the Emergency Operations Centres (EOCs) received Centre of Excellence accreditation for both the Wakefield and York EOC sites by the International Academy Emergency Medical Dispatch (IAEMD). There are 3,600 Emergency Medical Services (EMS) worldwide using the Advanced Medical Priority Dispatch System (AMPDS) for prioritisation of emergency calls and pre-arrival advice to the public. YAS joins an elite club of just 174 centres of excellence worldwide. Formal presentations have been made by YAS and the international academy to both EOCs.

5.3 Clinical Directorate

- We have supported three public events in Hull promoting hands-only CPR as part of our contribution to Public Health.
- Following the reconfiguration of the Clinical Audit department we have now successfully completed recruitment to the audit and document management teams improving capacity to promote and facilitate local clinical audit whilst preparing for the implementation of the electronic patient report form (ePRF).

- A Survival to Discharge following out of hospital cardiac arrest report has been developed to facilitate clinical management teams' feedback to frontline clinicians.
- A bespoke Controlled Drugs register for ambulance service use has been developed, and is being trialled at selected ambulance stations in the latter part of July.
- We have secured financial support from the West Yorkshire Comprehensive Local Research Network (WYCLRN) up to the end of 2013/14 and we are participating in the transition arrangements to a single regional research network working closely with the new Academic Health Science Network (AHSN).
- We continue to recruit patients to our on-going commercial drug trial in South Yorkshire. We are the third highest UK recruiter to the study and have been invited to continue recruitment to October 2013 whilst other sites have been closed down.

5.4 Standards and Compliance Directorate

- Hillsborough – a second pre-inquest review was held in June 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 and is also making initial contact with current and former staff who may be called as witnesses. A letter has been received on behalf of the IPCC team, to outline the process for interviewing of key witnesses. The Trust is in discussion with the IPCC team on practical steps to take this forward. An internal Trust team has been established, with legal advice, to manage the preparations for inquests and other national investigation processes.
- Service transformation programme – work has continued on the development of detailed implementation plans for all project areas and on ensuring the focus on cost improvement plans (CIPs), and commissioning for quality improvements (CQUIN) delivery as part of the transformation plans. Two new Trust Project Managers are now in post as part of the core transformation team and the Head of Service Transformation is due to take up post in September 2013.
- NHS 111 – The service is fully live across the region and is now taking calls for all GPOOH services. Additional resources have been put in place to support the 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. Discussions are also on-going with commissioners via a formal capacity review, to address the activity in this part of the service, which is significantly above the contracted levels. Call answer times in the NHS 111 service are marginally below target over the month but are continuing to improve following the initial mobilisation period.
- The Care Quality Commission conducted an unannounced visit between the 2-4th July 2013. Initial feedback from the inspectors on the six standards assessed was generally positive, although a small

number of issues were highlighted for further information and review, and the final outcome of the inspection is not yet known.

- The Health and Safety Executive visited the Trust to review the Trust's measures to prevent needle stick injuries to staff, and the aftercare received by staff who have sustained an injury. The feedback on preventative measures was generally positive, although further work has been agreed in relation to follow up and aftercare.
- The NHS Trust Development Authority (TDA) Quality Visit is now arranged for 6 August 2013. A programme for the day has been agreed with the TDA leads and will involve tours of a number of Trust facilities and opportunities for visitors to meet and talk directly with a wide cross section of staff from all departments and across the geographical areas. Information from the visit will be used to inform the overall quality assessment of the Trust as part of the Foundation Trust application process.

IPR Section 3 - Quality

- Rates of incidents reported this month are lower than previous months, as new processes are differentiating between incidents, near misses and concerns. In future reports, figures for all categories will be included, to supplement the view of emerging themes and an indication of overall staff engagement with reporting processes.
- Overall compliance levels in IPC audits remains high, although small number of areas had insufficient audit data to complete the return this month. The new Head of Safety is now in post and she will be focusing on IPC audits across the Trust to provide support to local teams and to provide additional positive assurance on the robustness of the audit process. Additional assessment of hygiene standards is undertaken through the Trust Inspection for Improvement programme.
- The rate of complaints and concerns in the NHS 111 service has reduced following the initial period after going live. The new monthly PTS patient survey process was introduced in June 2013 and will report from the August issue of the IPR.

5.5 Workforce & Strategy Directorate

- The Trust is continuing to progress its Workforce plan in partnership with Unison, and although the Agenda is challenging we remain on course to achieve our key aims.
- The Education and Training plan for the Trust was approved by the Trust Executive Group and reported to the Quality Committee. The plan prioritises the key elements of Education and Training activity required. In particular this year, there is a high level of demand due to the requirements of the Trusts 5 year Workforce Plan, which a number of key programmes were consequently developed to implement the changed band/skill mix.
- The Trust continues to strive to improve Staff Engagement. The We Care Awards ceremony took place on the 31 May 2013. This followed the receipt of over 200 nominations for awards from across the whole

organisation. The Long Service and Retirement Awards for 2013 are advanced with the event taking place on the 5 September 2013 in Harrogate.

- As part of the launch of the Integrated Business Plan and Service Transformation Programme to the Trust during May 2013, the Bright Ideas staff suggestion scheme has been launched. In addition a Staff Survey analysis tool has been developed which will allow service heads to analyse results from a departmental perspective.
- Work continues to ensure that our workforce policies and procedures meet Trust needs, are up to date and compliant with external requirements. Recent examples of policies which have been approved through the Trust Executive Group have included Employee wellbeing, Equal Opportunities, Raising concerns at work (Whistleblowing) and Recruitment and Selection.
- The Workforce & Strategy Directorate continues to review and improve its systems and procedures to better meet the needs of the Trust. We have a range of important developments planned including a review of Induction, new initiatives in Leadership development, further improvements to recruitment processes, and a planned new Occupational Health contract.
- Stephen Moir, the Directorate's Executive Director left the Trust in June to take up an appointment as Director of People at NHS England. Nick Cook has now been appointed as Interim Executive Director, and the recruitment process for the permanent replacement is now well underway.

IPR Section 4 – Workforce

- Sickness absence levels within the Trust currently are now meeting the target of 5.0%, representing a continuing improved position (May and June position). Further work needs to be done however to continue the positive impact on sickness levels in specific parts of the Trust.
- Performance Development Reviews (PDRs) compliance levels have increased, and are now at 66% as at the end of June. Further improvements are now required to improve our performance in quarter 2.

5.6 Finance & Performance Directorate

- The Management Accounts team have been working with operational managers to clarify risks in relation to CIP delivery and identify mitigating actions. Significant assurance has been provided in relation to delivery of the A&E skill mix and clinical leadership CIPs. Further work is ongoing in relation to PTS CIPs and sickness management savings. A new CIP tracking report has been introduced to improve clarity of delivery of CIP milestones and associated savings.

- The Finance team have been revising the Trust's Long Term Financial Model for the 2012/2013 outturn position for submission to the TDA on 17 July 2013.
- Work is ongoing to develop proposals for the new HART site. A&E, PTS and HART project staff have visited hub sites in South East Coast Ambulance Service and West Midlands Ambulance Service to inform development of the site specification and future operational practices. The contract for the purchase of the Manor Mill Lane site is due to be completed on 19 July 2013.

IPR Section 2b – PTS

- PTS performance for patients arriving early for appointments and waiting for collection has deteriorated in South Yorkshire due to high levels of sickness, vacancies and action to control use of private providers. New rotas have now been introduced into the locality and action is being taken to manage sickness down to an acceptable level. A review of the PTS transformation project undertaken in June identified that communication cells recommended as part of the Unipart diagnostic work were no longer being conducted on a regular basis. These have been reintroduced across South Yorkshire to ensure local teams have visibility of contractual KPI compliance, sickness absence and vehicle availability. This work is being rolled out across other localities and benefits are starting to be seen within the East Yorkshire locality. Additional HR resources have been identified to support increased sickness management and wider workforce transformation.

IPR Section 2d – Support Services (Fleet)

- The capital business case to purchase a further 31 PTS vehicles has been approved by the Finance & Investment Committee. Fleet are working with the PTS management team to clarify vehicles specifications and prepare the necessary tender documentation.
- Recruitment campaigns are underway to fill Mechanic and Equipment Engineer vacancies. Mike Crosby has been seconded from Fleet to lead the Medical Devices team whilst the Trust recruits to a permanent Head of Service and will lead of the development with an action plan to improve service and compliance within coming weeks.

IPR Section 5 – Finance

- The Trust is reporting a surplus at the end of quarter one of £51k against a budgeted surplus of just over £1m due to additional A&E overtime and agency use to deliver the Red 1 target, additional resources going into 111 to deliver a safe service and slippage in CIP

delivery. Action is now being taken to re-profile A&E resources to an affordable level and subject to activity the level of overspend is not expected to deteriorate further and should pull back by the year end. Meetings with 111 Commissioners have identified a potential risk of circa £1m to the Trust's forecast outturn position due to the costs of the additional staff and potential loss of income.

The Finance team will work with operational managers throughout July to address slippage within the CIP plan and identify mitigating actions to offset 111 cost pressures.

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 May & June 2013 IPR reports, highlighted in the Executive Directors reports.