



MEETING TITLE Trust Board Meeting		MEETING DATE 28/01/2014	
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 26 November 2013 to the 20 January 2014, and to highlight the key variances / movements contained within the November and December 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 November and December 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)

1. Purpose

- 1.1 This report is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 26 November 2013 to the 20 January 2014, and to highlight the key variances / movements contained within the November and December 2013 Integrated Performance Reports (IPR)

2. External Environment

- 2.1 A further £150m winter pressures funding was allocated to support those health systems that did not benefit from the initial £250m funding for challenged trusts and systems. Ambulance services were allocated £14.7m, allocated on an activity basis. Yorkshire Ambulance service will received £1.272m. Additionally discussions have been on-going with commissioners regarding support for the 111 service through the winter period, and it expected that additional funding will be committed to ensure consistent delivery of service standards through the remainder of the winter period.
- 2.2 The trust has managed well through the first half of the winter period in all core services. Patient Transport Services have provided effective, reliable and high quality services throughout the period, and the interface between our 999 and 111 services has worked particularly well. As predicted, the busiest period for both service areas was the weekend before Christmas, Christmas Day / Boxing Day and the 36hours around New Year's Eve / Day. We saw improved 999 response performance compared with the previous year, and 111 delivered 30 days out of 31 days above their key call answer target. The feedback from NHS England indicated that our 111 service was one of the highest performing services in the country during December.
- 2.3 NHS England figures showed that 95.5% and 96.4% of hospitals met the four-hour A&E target during the Christmas and New Year weeks respectively. Locally we saw less pressure and waits at hospitals in the region when compared to December 2012, although at a small number of acute trusts we experienced ambulance delays on a number of days.
- 2.4 Recent media reports have suggested that the move to seven day working in the NHS will require an additional 20,000 Doctors, Nurses and other staff. Other reports highlight a shortage in A&E Doctors, leading to excessive agency spending on Locum Doctors. The daily Mail in its report identifies that two out of three emergency departments have one fewer Consultant than they require and 14 trusts have one third or more consultant posts unfilled in their A&E unit. Through the established Turnaround Collaborative, YAS continue to work locally with acute trusts to track handover and crew 'wrap up' performance and work collaboratively on local solutions.

We have provided feedback to the Association of Ambulance Chief Executives (AACE) on the allocation process of winter monies and winter pressures, including A&E turnaround delivery. This will be shared with the Department of Health.

- 2.5 An agreement has been reached with Humberside Fire & Rescue service (HFRS) to establish 10 Fire co responder schemes across the East Riding as part of our drive to improve survival from pre-hospital cardiac arrests. The model will involve a Fire service responder operating in a response car during the evening period and weekends, attending Red 1 and Red 2 calls. The schemes will be rolled out between March and June 2014, and is fully supported by local commissioners, and MPs. The Hull and East Riding patch is operating a new response model to cardiac arrest calls led by the Clinical Supervisor teams, and this collaboration with HFRS will compliment other initiatives including Community First Responders and placement of Public Access Defibrillators (PADs) in rural areas.

3. Business Planning & Delivery

- 3.1 The business priority areas for quarter 3 were;
- Achieve overall Red 1 and Red 2 response targets.
 - Implement key elements of the PTS Transformation programme.
 - Recruitment to the Executive Director of Operations post.
 - Progress annual business planning for 2014/15.
 - Validate A&E rosters and rest break arrangements, and begin implementation phase during January 2014.
 - Securing additional winter funding for 999 and 111 services.
 - Development of key strategies and plans including ICT, estate plans, & Training & Education plans.
 - Operational priorities include delivery of winter plans and contingency plans for 999, 111, and PTS over the festive and New Year period.
- 3.2 Planning for 2014/15 was formally launched in December, requiring trusts to produce two-year operational plans and five year strategic plans. The trust is required to submit a number of checklists / returns culminating in the final plans, approved by the Trust Board and submitted on the 31 March 2014. We will be further developing our vision and strategy alongside the planning process, and developing a revised version of our Integrated Business Plan, as part of the Foundation Trust application process.
- 3.3 The new Care Quality Commission (CQC) inspection regime is underway, with wave 1 and 2 inspections being undertaken, and preparation for a third wave. Specific inspection guidance for Ambulance trusts should be available around October 2014, with the first formal inspections likely to take place at the end of this calendar year onwards. We will be having a further follow up inspection around

springtime to follow up on progress in resolving the two minor concerns from last year.

3.4 When the new NHS provider licence was introduced in February 2013 the expectation was that all NHS providers would require a licence from April 2014, with NHS Foundation Trusts being licenced from April 2013. Until YAS is authorised as a Foundation trust, the National Health Service Regulations 2013 state that we are exempt from requiring a provider licence, under section 25 of the 2006 Act. However, we will remain part of the NHS Trust Development Authority (NHSTDA) oversight and escalation regime, and as a Board will be required to self-certify against specific licence conditions on a monthly basis as part of the Accountability Framework for NHS Boards.

3.5 Trust priorities;

- Delivery of Red response times have remained a priority for the Operations Directorate and wider organisation. Although both Red 1 and Red 2 targets for December were not achieved, the year to date position has remained stable and above 75% for all three targets (Red 1, Red 2 and Red 19minutes). The December out turn is reported in the Integrated Performance Report (IPR) and the Executive Director of Operations exception reporting, however, the year to date position is (at the close of December 2013) Red 1 – 78.3%, Red 2 - 75.4% and Red 19 - 97.3%.
- A key enabler to sustaining improvements in both the responsiveness of 999 services and quality of care is the A&E Re-design programme of change, including changes to crew rosters, rest breaks and improved management of abstraction planning. The plan is on track to deliver these changes from the 10 February 2014.
- This is our first winter operating the 111 service, and service performance has remained strong through December, the festive period and in to the New Year. The service exceeded its primary call answer target for 30 of the 31 days in December, and other key indicators remained stable. Additional winter support funding is expected, and discussions have commenced regarding the remainder of the contract period.
- The key programme of change continues within the patient Transport Service (PTS), with plans developed to introduce new rosters, changes to meal breaks and implementation of changes to the booking and planning functions.

4. Executive Team Reports

4.1 Chief Executive

- Russell Hobbs was appointed as the new Executive Director of Operations on the 27 November, and started his new role on the 9 December 2013.
- A number of station visits were conducted in the West and North / East to discuss A&E re design and Foundation trust application – Halifax, Selby, York, Goole, Haxby, Richmond and Northallerton. Future visits will take place in the West and South.
- The Chief Executive along with board colleagues visited the Manor Mill Lane site, where the HART will be located from April 2014. This will provide a first class base for HART. The refurbishment work is well underway, and will be completed within the next few weeks.
- The Chief Executive and Executive Director of Operations visited the new Yorkshire Air Ambulance (YAA) base at Nostell Priory and met with representatives of the charity and Air Paramedics and the Chief Pilot.
- The Chief Executive and senior YAS representatives met with the Chief Fire Officer and colleagues from Humberside Fire & Rescue service to discuss implementing a number of Fire Service co responder schemes across the East Riding.
- The Chief Executive along with the Chairman and Executive Directors undertook some specific training in 111 (non-patient care systems), and then spent some time working in one of the 111 call centres over the festive period. It was a privilege to see first-hand the great work undertaken by 111 staff over the most challenging period for the new service.
- The Chief Executive has met with a number of partners during the last quarter including Anne Radmore, CEO of London Ambulance Service; Phil Storr & John Develling from NHS England; and Andrew Percy, MP for Goole.
- In addition the Chief Executive was involved in a meeting with Jeremy Hunt, Secretary of State for Health, along with local councillors and representatives from the East Riding Clinical Commissioning Group (CCG).

4.2 Operations Directorate

- The Director of Operations has conducted one to one interviews with a variety of HQ and operational staff.

- Visits have also been made to Magna Rotherham, 'Fairfields' York, 'Fairfields' Rotherham, Emergency Operations Centres (EOCs) – Wakefield and York, and Elm Bank Training centre.
- Visits including 'ride outs' with operational staff will commence during the next few weeks.
- Helen Hugill was appointed into the role of Head of Service Planning and Development and commenced her role on the 1st January 2014.

A & E Redesign

- Yorkshire Ambulance Service continues to work with a specialist company to look at our current operational model.
- Extensive staff consultation has taken place across A&E Operations.
- Negotiations have been concluded with Unison and revised policies agreed for rota allocation and meal breaks.
- Detailed rotas have been supplied to stations and comments received and employees have been allocated to rota lines.
- New rota's are planned to be implemented from the 10th February 2014.
- There has been full involvement at all stages with our Unison colleagues. This has involved meetings with staff at all stations, including the opportunity for one to one meetings with individuals. Follow up meetings have been conducted during the first two weeks of January to answer any queries.

Community First Responders & Public Access Defibrillators (PADs)

- There has been increased focus on the recruitment of Community First Responders (CFRs) across the Yorkshire Ambulance area, with the plan to roll out a further 24 in 2014.
- Allied to this, and as part of the Red Performance Plan there will be a roll out of 100 public access defibrillators, primarily across North and East Yorkshire. Thirty-nine potential locations have already been identified and are being actively pursued. This is part of the overall strategy to place defibrillators in prominent locations within villages, for access by the public when a 999 call is made, to improve outcomes from cardiac arrest. In total this will bring our PAD sites to over 300 across the region.

Winter Performance

- Plans for the winter period are working well with no major concerns and operations performed well over the key periods of Christmas and New Year.
- Monthly workshops from November with the full operational management team took place initially to finalise operational and EOC plans, update on national and local NHS requirements for winter, and review competing priorities over the period. NHS 111 attended meetings updating on NHS 111 plans whilst nurturing a shared understanding of the wider pressures on the service.
- Any issues encountered at individual Acute Trusts as a result of pressures have been proactively managed as part of the plan.
- The operational teams including EOC worked very hard to meet the additional activity and pressure of the festive period.
- The plans put in place by NHS111 and their performance over the winter period so far reduced the potential impact of NHS111 activity migrating to the A&E Service.
- Information for NHS partners on performance of PTS, NHS111 and A&E services has been posted daily on RESWEB (resilience portal) for YAS and NHS partners to access. Other information posted includes REAP (pressure and escalation indicator) Level, risk assessments for hospital divers, information re Fire service industrial action, and daily hospital turnaround information.
- The Executive Directors attended a half-day session on resilience structures, command and control and contingency plans as part of their preparation for winter.
- The contingency plans for the three Fire service strikes over the Christmas and New Year period were enacted and no impact on our service delivery.

Resilience & Business Continuity

- YAS is designated as Category 1 Responders under the Civil Contingencies Act (2004) and is required to undertake a self-assessment against the core standards during November/December 2013.
- The Associate Director of Resilience and Special Services and the Head of Resilience have carried out a self-assessment against the matrix and an action plan has been developed. Statements of Compliance will be submitted once approved (to be circulated to Board members, for information).
- YAS has also commenced the process of certification to the International Standard for Business Continuity: ISO22301 for all its

critical service delivery areas starting with Emergency Preparedness Response and Recovery function of the organisation. The Trust has been continuously improving its Business Continuity plans and arrangements over many years; certification to the standard will provide further assurance to the Board, Commissioners, Patients and the Public on the robust plans in place designed to protect its most critical patient focussed activities.

IPR section 2 (A&E performance)

Performance

- Red 1 performance for December was 72.7% (64.9% previous year).
- Red 2 performance for December was 71.8% (68.8% previous year).
- Combined performance for December was 71.9% (68.5% previous year).

Although below the national target for Red, the trust remained in the upper quartile of all ambulance trusts throughout this period, and the out turn was a significant improvement on the previous December.

4.3 Clinical Directorate

- The Clinical Governance Group have received presentations from the Director of the Yorkshire and Humber Collaboration for Leadership in Applied Health Research (CLAHRC) and the Chief Operating Officer of the Yorkshire and Humber Academic Health Sciences Network (AHSN), the latter resulting in a workshop to explore collaborative working with YAS. We are already committed to working with the CLAHRC to research the alternatives to hospital admission for long-term conditions and also the development of tele-health to support this research. The output from this research will be used to help inform the AHSN for its future direction.
- The Yorkshire and Humber regional mental health improvement group has been set up, hosted by YAS and chaired by the Lead Nurse for Urgent Care Angela Harris, supported by NHS England. This group has the support of all four Police Forces in the region and has overseen the successful implementation of a process to manage patients detained by the Police under s136 of the Mental Health Act.
- The Associate Medical Director for Urgent Care and 111, Dr Philip Foster, has been asked to chair the national ambulance services Urgent Care Group and will be working with the National Ambulance Services Medical Directors Group (NASMeD) to draw up a work plan to be agreed by AACE for 2014/15.
- In collaboration with the University of Leeds the Medical Governance Lead, Dr Andrew Pountney, has developed and implemented a

Research, Evaluation and Special Studies (RESS) module in pre-hospital care. Currently six medical students have completed the module, generating income for the Trust, and Dr Pountney is developing further placements for more senior students.

- YAS participation in research has also generated income for the Trust. Two large national studies Decision Making in Emergency Care Transitions and The Head Injury Transportation Straight to Neurosurgery (HITS-NS) trials are both nearing completion and YAS staff will be named as co-authors.
- Implementation of the new Controlled Drug Standard Operating Procedure (SOP) and drugs management protocols is now complete and should satisfy the actions required by the Care Quality Commission (CQC).
- Clinical Directorate staff supported Emergency Operations Centre (EOC) and 111 delivery of safe patient care throughout the festive period by providing senior clinical support in the call centres.

IPR section 3 - Quality

- The health records management system has been stabilised with limited functionality but, with continued internal overtime and support from managers within the directorate, the backlog in processing Patient Report Forms (PRFs) has been reduced to six weeks, however reporting of local Clinical Performance Indicators (CPI) data to inform local level action plans remains suspended due to the reduced functionality of the health records management system. Options for a more sustainable and effective solution to paper health records management are being explored for implementation in the next financial year.
- The quality of MINAP data, used to inform the STEMI 150 ACQI (clinical quality indicator for heart attacks) continues to be challenged at the regional cardiac network meetings.

4.4 Standards and Compliance Directorate

- Patient experience – the Trust has been shortlisted for a national Patient Experience Network (PEN) award in recognition of the positive developments led by the YAS team in measuring, reporting and acting on patient feedback over the last year. Trust representatives will be attending the Awards Day and Best Practice Conference in Birmingham on Wednesday February 5th 2014, where the award winners will be announced.
- Hillsborough – Planning has continued for the new inquest proceedings due to start in April 2014. Intensive activity has focused on facilitating police interviews with ambulance service witnesses, on review of

expert witness reports commissioned by the coroner and planning for the Trust contribution to the 9-month inquest process.

- CQUINs (commissioning for quality) – Work is continuing with commissioners to agree the quality improvement schemes for 2014/15.
- Care Quality Commission (CQC) – good progress has been made against the recommendations arising from the CQC inspection report. Issues relating to Outcome 9 – Management of Medicines have been fully addressed, with work continuing to progress in relation to Outcome 14 – Supporting Workers. A review has been held with CQC inspectors to review progress and agree next steps.
- Service Transformation Programme – details of the programme for 2014/15 onwards are currently being planned, aligned to the Trust's wider business planning process.

IPR section 3 - Quality

- NHS 111 – Additional measures were put in place to ensure the delivery of a safe and effective service over the festive period, where significant peaks of activity were anticipated. Call answer performance exceeded the national target and the Trust delivered one of the top performing NHS 111 services over the challenging festive period. The KPI relating to 'warm transfer' of calls to a Clinical Adviser remains challenging. The service optimisation programme is continuing and there are on-going discussions with commissioners about the clinical model within the NHS 111 service. These discussions are informed by the recently published national report on urgent and emergency care.
- Hygiene audits conducted in December highlighted issues relating to tagging and securing of waste and clutter in station buildings in Calderdale, Wakefield and Kirklees area. Feedback from audits is provided to the local manager for action.

4.5 Workforce & Strategy Directorate

- The new Head of Human Resources, Kate Sims will start with the Trust on 17 February 2014.
- The Directorate continues to work closely with the Operations directorate to progress the A&E Redesign. Significant recruitment and training challenges remain to ensure that the revised establishment of 2,164 is delivered as soon as possible.
- A review of the Communications function has been commissioned. The purpose of the review is to consider how the YAS brand can be developed to achieve greater public awareness and pride in the service and suggest communications activities that will lead to greater staff engagement. Additionally there will be a review of communications delivery against the Stakeholder Communications and Engagement Strategy, taking a broad view to see where other opportunities may be exploited. Based on this analysis the review will identify the resources required and recommend an action

plan that will deliver a first rate communications service for YAS. Specifically, the communications functions to be addressed are media relations (plus social media), event management, corporate publications, stakeholder engagement and internal communications.

The Review is being undertaken by Erica Smith, a PR & communications professional who has built on a successful radio and television career to provide media services and training to broadcasters, universities and corporate clients nationally and internationally. Her report is expected at the end of February 2014.

IPR Section 4 - Workforce

- Sickness absence levels within the Trust for December were at 6.37%, still above the Trust's 5% target. This is a significant improvement when compared with the same period last year. On-going national uncertainty regarding Unsocial Hours deductions and sick pay may detrimentally affect the ability to deliver the year-end target. Negotiations continue with a view to reaching agreement by February.

The new absence management policy has been discussed at length with the Trade Unions. The meeting planned for January 8th was postponed due to Union commitment to the A&E Redesign. It is hoped that agreement will be reached in early February, but in the absence of that, consideration will be given to implementation in the absence of agreement.

- The delivery of Performance Development Reviews (PDRs) has continued to improve with 75.21% of staff now having up to date PDRs and a further 20.66% of staff having PDRs but which are now overdue. Work continues to remedy this, and meet planned targets by 31 March 2014.

4.6 Finance & Performance Directorate

- ICT presented a well-received update to SMG on the work being done to develop and commercialise the resilience Resweb application and the in-house development of apps for smart mobile devices, including performance updates, clinical policy guidance and Trust news, video conferencing and the data warehouse.
- In addition the ICT Team are continuing the deployment of WiFi across the Trust and are to be working to increase the capacity of the network in South Yorkshire.
- Work has also begun to upgrade the PTS and Fleet CLERIC systems. The first phases of this work include SMS text messaging to patients to

check to remind them of booked journey times and update them on expected arrival times. Other areas being scoped include the use of CLERIC for vehicle telematics, auto-planning, real-time information on vehicle availability and more user friendly e-booking.

- The Business Development and Finance teams are continuing work to develop the 2014/15 annual plan and capital and revenue budget priorities. The TDA Planning Checklist issued on 23rd December was completed and submitted for the 13th January deadline. Board approved plan is due for submission on the 4th April following the March Board. This work reflects the emerging themes from contract negotiations taking place for A&E, PTS and NHS 111. The Finance Team have completed contract profitability analysis for all PTS contracts and the recurrent baseline for NHS 111 as part of this process.
- Following the board approval of the HART internal works tender on 12 November 2013 the Estates team are working with colleagues in Resilience and contractors to ensure building work is completed by April to allow staff moves to take place in April and May. Aligned to this work the team are also working on the business case for full roll out of the Hub and Spoke and Make Ready concepts. First stage interviews have taken place for the permanent Head of Estates and Head of Fleet Services roles required to support delivery of this programme with appointments expected to be made in the second half of January.
- The Fleet team have also been working with PTS managers to finalise their future vehicle requirement, based upon a simplified and more flexible specification.
- Formal consultation has now finished on the new structure for the PTS planning and control function. Implementation has begun to divide the planning between 4 regional teams and to combine the previously separate roles of scheduling and on day planners. These changes will support increasing the loading profile to reduce single patient journeys.
- Efforts are continuing to increase PTS volunteer driver numbers from the current c70 to over 200. As well as improving service flexibility this measure will help reduce expenditure with third party providers.

IPR Section 2b (PTS)

- PTS performance for patients arriving and being collected on time for their appointment has improved again in December in South Yorkshire where new rotas have been implemented (IPR page 2.13) where all but 5 of the 32 contractual KPI's were delivered. Further work is being undertaken to remove meal break run backs and improve contractual performance in Sheffield.

- Performance in West and North Yorkshire has continued recent improvements on prior years (IPR page 2.10) but sustained improvements in East are dependent upon the implementation of new rotas. Consultation is due to begin on the 17th February for East and 17th March for West with North following soon after.

IPR Section 2d – Support Services (Fleet)

- The number of medical devices overdue servicing fell by 38 to 251 (an in month improvement of 13%). Within these figures no defibrillators were outside of their 12 month service interval.
- Efforts to maximise vehicle availability over the Christmas and New Year periods had a detrimental impact on routine servicing and safety checks. Plans are in place to recover this position in January.

IPR Section 2d – Support Services (ICT)

- The Trust experienced two short periods of CAD unplanned down time (2.17b) on the 27th and 28th of December caused by excessive system capacity being tied up running ROC reports. Report scripts are being reviewed and rewritten to avoid future repetition.

IPR Section 5 (Finance)

- The surplus at the end of December is £1.922m an adverse variance of £330k against plan. This represents an improvement of £111k on November's position.
- Activity in A&E is 3.4% above contracted levels and in line with planned levels.
- The forecast surplus remains at £2.6m; however, the Trust has recently entered into dispute with the lead commissioner in relation to year to date 111 activity and associated income. A meeting between the Trust and commissioners was held on the 17th January to escalate the issue.

5. Recommendation

- 5.1 Agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.
- 5.2 Notes and discusses the variances contained within the November and December 2013 IPR reports, highlighted in the Executive Directors reports.