



MEETING TITLE Public Trust Board		MEETING DATE 25/03/2014	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	7.1
STRATEGIC OBJECTIVE			
PURPOSE OF THE PAPER	This report is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 21 January 2014 to 17 March 2014, and to highlight the key variances / movements contained within the January and February 2014 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
Performance indicators contained within the IPR have been discussed and reviewed at Senior Management Group (SMG) meetings and specific indicators reviewed and discussed at Trust Executive Group (TEG) meetings during January, February and March 2014			
PREVIOUSLY AGREED AT:	Committee/Group: Review of IPR information at SMG / TEG		Date:
RECOMMENDATION	It is recommended that the Board; 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 January and February 2014 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 If 'Yes' – please attach to the back of this paper		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Registration Outcome(s)	All		
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 21 January 2014 to 17 March 2014, and to highlight the key variances / movements contained within the January and February 2014 Integrated Performance Reports (IPR).

2. External Environment

- 2.1 A strategic outline case for transforming services in Greater Huddersfield and Calderdale has been developed, which would see services reconfigured across the two specialist hospitals at Huddersfield and Halifax. The SOC proposes that one site would manage emergency and acutely unwell patients, whilst the other site focuses on planned hospital treatments. These sites would be supported by Community hospitals and out-reach locality teams.
- 2.2 A similar transformational programme in Mid Yorkshire, called Meeting the Challenge is progressing, following a review by the Independent Panel (IRP), and approval by the Secretary of State for Health. Yorkshire Ambulance service is involved in both reconfigurations and developing plans.
- 2.3 The Health Service Journal (HSJ) reported that more than a third of hospital trusts are predicting deficits at the end of this financial year. The net total forecast deficit of the 141 hospital trusts for this year is £373.1m – a deterioration of nearly £700m from the net surplus recorded in the previous year. FTN chief executive Chris Hopson was reported as saying “this data confirms what our members have been telling us about the unprecedented financial challenge they are facing and how the number and scale of provider deficits is increasing”. He added, “there needs to be a whole system solution to NHS funding, including better sharing of risk between purchasers and providers of healthcare.”
- 2.4 A first wave of twelve CCG areas where the first GP practices will face the new-style CQC inspections have been announced, with the regulator aiming to visit a quarter of practices in these areas between April and June this year. These practices will be inspected over the next two years, with the CQC aiming to inspect 25% every six months. YAS has expressed an interest to be the first Ambulance trust to undergo the new style CQC inspections in the autumn / winter, and we are awaiting a formal response.
- 2.5 Research from the American Heart Association (AHA) has suggested that stroke survivors lose a month of healthy life for every 15minute delay in receiving anti-clotting drugs, reports the Daily Telegraph. The research found that every minute saved in delivering the treatment gave patients 1.8 days of disability-free life. The ambulance service

now transfers acute stroke victims to the nearest specialist centre, and on average a stroke victim in England has their treatment within 59 minutes, and the treatment should not be given after 4.5 hours after stroke symptoms begin. It was reported that Sir Bruce Keogh, Medical Director of the NHS, has previously called for paramedics to be trained to administer stroke drugs to speed up the process, but charities warn that it is difficult to tell an ischemic stroke from a brain haemorrhage, which in some cases could be made worse administration of these drugs.

3. Business Planning & Delivery

3.1 The business priority areas for quarter 4 were:-

- Achieve overall Red 1 and Red 2 response targets.
- Implement key elements of the PTS Transformation programme.
- Finalise two year trust operating plans for submission in April 2014, and finalise directorate business plans, budgets and cost improvement programme.
- Complete and sign off on all core operational contracts.
- Implementation of A&E rosters and rest break arrangements as part of the A&E redesign changes, from 10 February 2014.
- Finalising Training & Education plans for 2014/16.

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 has submitted two returns to the Trust Development Authority (TDA), with the final operating plan being submitted at the end of March, once approved by the trust board.

3.3 Trust priorities:-

- Delivery of Red response times have remained a priority for the Operations Directorate and wider organisation. All Red targets were achieved for January 2014; Red 1 – 76.3%, Red 2 – 76%, and Red 19 – 97.6%. The transition to new rotas did impact on Red performance in February; Red 1 – 73.3%, Red 2 – 72.5%, and Red 19 – 96.8%. Entering March, the rota changes and associated rest break changes are not bedding in and Red performance is improving.
- The 111 service continues to deliver consistent performance through the winter period. Negotiations have been on-going with commissioners regarding the in-year contract and the remainder of the 111 contract.
- 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. The next series of rota changes will be in the East and West localities. Changes to South rotas have contributed to an improvement in key performance indicators.

4. Executive Team Reports

4.1 Chief Executive

- The Chief Executive visited the Manor Mill Lane site, where the HART will be located from April 2014, to review progress with the refurbishment. The extensive work is progressing well, and this will provide a first class facility for HART and potentially other services.
- The Chief Executive is leading on a piece of work for the association of Ambulance Chief Executives (AACE) to review current performance standards and interface with outcome measures. This work involves both prioritisation system providers and leads from the national ambulance directors groups for operations and clinical. Proposals are being developed for the next AACE meeting in March.
- The Chief Executive hosted a teleconference with the CEOs from North East Ambulance service (NEAS) and North West Ambulance service (NWAS) to discuss areas for future collaboration in the North of England. This also included a briefing on preparations for the Tour de France in July and opportunities for NEAS and NWAS to support the operational plans.
- The Chief Executive has met with a range of partners during the last quarter including David Flory (TDA), Rakesh Marawaha (Chairman of the National Ambulance Commissioning Group), Mark Hayes (Chief Officer for Vale of York Clinical Commissioning Group), Mark Gilmore (Chief Constable – West Yorkshire Police), Kevan Taylor, (Sheffield Health & Social Care NHS FT), and contact with Simon Morrith (CEO Sheffield Children's Hospital) regarding the EMBRACE Paediatric Retrieval / Transfer service.

4.2 Operations Directorate

Overall, an extremely busy period which included:-

- Contract negotiations with commissioners for A&E contract.
- Annual business planning cycle.
- Positive meetings at Hull and York Hospital Trusts.
- Progress on the further embedding of the Clinical leadership Framework.

- At the time of writing six periods of industrial action by Unite the union.
- A period of intense negotiation following the rejection of redesign proposals by Unison.
- Visits to the South locality, West Yorkshire locality, new Hart facility in Leeds and working on shift at Middlewood station, Sheffield.
- Participation in Team brief with CEO and various proactive engagement events with staff.
- Very positive review with the Local Health Resilience Partnerships (LHRP) chairs from throughout Yorkshire to ensure consistency of practice and further co-operation.

A&E Redesign

- New rota's implemented as planned on 10th February.
- Feedback received and amendments made as necessary.
- Formal review of rotas planned and further agreed for April.
- Data being closely monitored both in patient care and performance.

Community First Responders and Community Defibrillators

- Plans are on track for the further recruitment of Community First Responders with an increase in the number of volunteers resulting in a further 24 recruited prior to the end of April.
- Introduction of 9 Fire co-responder teams in East Riding, starting with two new schemes by April.
- Success in achieving first place in the NHS England Excellence in Participation Awards.

IPR section 2 (A&E performance)

Performance

- Red 1 performance for January was 76.3%.
- Red 2 performance for January was 76%.
- Red 1 performance for February was 73.3%.
- Red 2 performance for February was 72.5%.

The key impact on February's performance was the transition on to new rota shift patterns, rest breaks, and associated changes under the A&E redesign programme. It is expected that performance will now improve as new rotas and working arrangements settle in.

4.3 Clinical Directorate

- Following the reorganisation of the clinical audit function, the improved capacity has facilitated the completion of clinical audits examining the use of Benzylpenicillin for sepsis, Tranexamic Acid for major haemorrhage, and the use of anti-emetics which have supported the demonstration of the successful implementation of JRACLC 2013 clinical guidelines. In addition, the use of Glucagon has been re-audited to measure the effect of an education campaign on the treatment of hypoglycaemia, and the first NICE Quality Standard audit examining the recognition and treatment of the febrile child have been completed.
- Two frontline clinicians who have completed research projects have been recognised for their successful contribution to research. Chris Harvey, Clinical Supervisor in Wakefield, has had a literature review on observational pain scoring tools, published in the Journal of Paramedic Practice. Richard Pilbery, a Paramedic in Middlewood (Sheffield), won the prestigious 'High Quality Research' Award from the University of Sheffield. He will be presenting his work into the recognition of ST-elevation myocardial infarction on 12-lead ECGs at the Paramedics Australasia International Conference later in the year. It is hoped that the funding allocation for the newly formed Yorkshire and Humber Local Clinical Research Network (YHLCRN) will provide for the continued staffing of our current research function in 2014/15.
- A pharmacy peer review has taken place, conducted by the South Central Ambulance Service pharmacist, and the report is awaited. In addition, the NHS Protect self-assessment tool for medicines security has been completed and will be added to the Medicines Management Group work plan to provide continued assurance. Patient Group Directive training for the use of morphine by nurse ECPs has now been completed allowing the process of withdrawal of Tramadol (an alternative, yet less effective analgesia than morphine) from the Trust to be commenced. Compliance with medicines management policies and procedures is monitored at Medicines Management Group and re-assessment by the Care Quality Commission (CQC) is expected soon.
- Further funding has been secured from Health Education England to support improvement in End of Life care, with YAS representation on the regional leadership board from the Associate Medical Director and Lead Nurse for Urgent Care.

- Reconfiguration of acute services across the region continue to provide challenges to the continued provision of acute care pathways. The Head of Clinical Effectiveness is working with South Tees, Mid Yorkshire and Calderdale & Huddersfield Trusts, and providing representation with Specialised Commissioners, to ensure that services remain safe and effective for patients.

4.4 Standards and Compliance Directorate

- Patient experience – the Trust was successful in winning 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.
- Hillsborough – Planning has continued for the new inquest proceedings due to start in Warrington in April 2014.
- Care Quality Commission (CQC) – the Trust is awaiting a follow up inspection by CQC in relation to Outcome 9 – Management of Medicines, to confirm our assessment that the issues highlighted in the previous inspection have been fully addressed. Work on Outcome 14 – Supporting Workers is progressing well although the action plan has been extended to June 2014 to allow for further work led by the Executive Director of Operations, to support the effective operation of the new Clinical Supervisor role.
- Planning for 2014/15 – details of the CQUIN schemes for A&E and PTS services are currently being finalised with commissioners, and work is also continuing to define the priorities and key milestones in the Trust Service Transformation Programme for 2014/15 onwards, aligned to the Trust's wider business planning process.
- Partnership - the Trust is working with York Teaching Hospitals NHS Foundation Trust to pilot the delivery of a Single Point of Access (SPA) service for community health care professionals, building on our NHS 111 call handling expertise and infrastructure.

IPR section 3 – Quality

- NHS 111 – Call answer performance has continued to exceed the national target during February 2014. The KPI relating to 'warm-transfer' of calls to a Clinical Adviser remains challenging. The service optimisation programme is continuing and discussions with commissioners are reaching a conclusion with regard to the financial settlement for 2014/15. The Trust is also engaging with commissioners and NHS England on development of the new NHS 111 enhanced clinical model and possible pilots of new ways of working.
- There has been a rise in staff incidents in February, which is primarily attributable to staff concerns relating to missed meal-breaks or allocation of meal-breaks late in the shift following introduction of new rotas in the A&E service on the 10 February. These issues are being actively addressed by managers and in

liaison with staff and their representatives as part of the process of bedding in and refining the new rotas.

- Hygiene audits conducted in February highlighted issues in a small number of locations relating to display of audit data on noticeboards, storage of consumables and vehicle upholstery damage. All issues highlighted in the audits have been fed back to managers for action and progress reviewed in the Clinical Governance Group.

4.5 People & Engagement Directorate

- The Directorate has worked with the Operations division to finalise agreement to the A&E Redesign with Unison. Significant recruitment and training challenges remain to ensure that the revised establishment of 2,164 is delivered as soon as possible. Detailed workforce planning continues in conjunction with Operations.
- Unite the Union continue their campaign of industrial action against the Trust. Discussions continue with ACAS but a final resolution appears remote. Unite continue to say that their campaign is based on the need for protected meal breaks and a general concern regarding safety of working arrangements. Protected meal breaks have always formed part of the revised working arrangements. A further meeting has been arranged with the Unite Regional Secretary at the end of March to discuss safety concerns. Previous discussions with Unite suggest that the real purpose of the industrial action is their desire to gain re-recognition, rather than the concerns stated on the ballot notification.
- On-going national uncertainty regarding Unsocial Hours deductions continues. Negotiations continue with a view to reaching agreement by the end of March 2014, although a national agreement appears increasingly unlikely.
- The Government responded to the NHS Pay Review Body (NHSPRB) and Doctors' and Dentists' Review Body (DDRB) on March 13th and set out their plans for a two year pay award for NHS staff. The Government has rejected the recommendation from the pay review bodies for a 1% uplift to all pay scales and has announced an annual increase of at least 1% for staff through either contractual incremental pay or a non-consolidated payments.

The main details of the announcement are:-

- All Agenda for Change staff and employed Doctors and Dentists, who are not eligible to receive incremental pay, will be given a 1%

non-consolidated payment in April 2014/15. Other staff will receive an increase of at least 1% through incremental progression.

- The 1% increase will be non-consolidated and non-pensionable and apply with effect from 1 April 2014. The consolidated pay scales remain unchanged and these will continue to be the basis for any additional earnings such as banding supplements, overtime and unsocial hours enhancements.
- All other staff will receive any incremental progression to which they are eligible during the year, subject to meeting requirements in their terms and conditions and where necessary local performance requirements.
- In addition the Government has also determined that in 2015/16 the same approach will apply and staff who are not eligible to receive incremental pay will receive a non-consolidated payment of 2% of pay (equivalent to an additional 1% non-consolidated in each of the two years concerned), while other staff receive incremental progression.
- As this will be a two year pay award, the NHSPRB and DDRB will not be asked to make recommendations on a pay award in the 2015 pay round.
- The Government also stated that if the NHS trade unions were prepared to agree to an incremental progression freeze for one year in 2015/16, then they would be prepared to consolidate the pay award.
- There will be no award to those staff on the VSM pay framework.

National Trade Unions have already registered their dissatisfaction with this course of action and indicated that they will seek mandates from their members to ballot for industrial action.

IPR Section 4 – Workforce

- Sickness absence levels within the Trust for December were at 6.37%, which is still above the Trust's 5% target, but this is a significant improvement when compared with the same period last year. The new absence management policy has been implemented with effect from February 2014 following agreement with Unison. The impact of the policy will be monitored.
- The delivery of Performance Development Reviews (PDRs) has dipped slightly below the 75% target. Regular update reports are sent to Directors with a request to ensure that the overall completion rate is maintained at >75%

4.6 Finance & Performance Directorate

- Work on phase 1 of the new Hazardous Area Response Team (HART) facility in South Leeds is nearing completion with major works expected to finish in April. The focus of planning work has now switched to developing co-location proposals and developing planning proposals for the land adjacent to the site.
- The installation of solar panels on Springhill 1 and 2 has been completed and the refurbishment of the canteen is also nearing completion. Jeremy Kidd (Head of Estates) is leading on planning for refurbishment of Springhill 1 reception and reconfiguration of desk space, with the departure of NHSD staff at the end of March.
- Ola Zahran has begun a review of the ICT staffing structure aligned to delivery of the new ICT strategy.
- ICT have had initial meetings with Local Care Direct (LCD) to discuss opportunities for YAS to take over provision of some infrastructure and development services from their local ICT team.
- The team are also working with procurement to review a number of existing contractual arrangements including mobile telephony and PTS PDA software. These reviews have identified a number of savings opportunities that can be realised over 2014/15 and 2015/16.
- The ICT team have also begun equipping work for the new HART facility.
- The Business Development and ICT teams are continuing to develop the commercial licencing arrangements for Resweb and further demonstrations to other ambulance and health services are taking place in March.
- Chris Dodd the new Commercial Director started in post on the 10th March, and as part of his induction he has begun reviewing existing internal commercial capabilities, and our Business Development function. This work will be incorporated into the developing Commercial Strategy which will be brought back to Board in early summer.
- The Business Development Team have completed work on contract agreements for A&E, PTS and NHS 111 for 2014/15 and a separate briefing paper has been prepared detailing precise contract terms. In addition to these contracts the team are also preparing tender responses for Leeds Teaching Hospitals inter-facility and discharge transport (currently provided in-house and by Emergency Medical Services - EMS) and for the upcoming tender of the Hull Logistics service provided by our Fleet Department.
- Within Finance key areas of focus have been completion of budgets for 2014/15 and assisting with income contract negotiations and development of the Trust's two year operational plan.

- Anna Rispin (Associate Director of Finance) has been appointed Director of Finance at Wyke College in Hull and will be leaving at the end of April to take up her new role.
- The Fleet team have been working with PTS managers to finalise their future vehicle requirement, based upon a simplified and more flexible specification.
- All PTS contracts for 2014/15 have been agreed with South and East Yorkshire moving to two and three year contracts respectively.
- Implementation of the revised locality based PTS planning functions is progressing with implementation due to complete in April. A presentation on the roll out of revised rotas in East and West Yorkshire was presented to the Board Development Meeting on 11th March and a paper proposing improvements to hospital based Patient Receiving Centres (PRCs) is being presented to TEG in mid-March.

IPR Section 2b (PTS)

- Performance for February 2014 has remained relatively consistent across all localities set against a backdrop of significant quarter four increases in the KPI trajectories. Hull and East performance has seen some improvement while South performance reduced slightly.
- CQUINS reports were submitted on time and with the exception of South Yorkshire are predicted to be achieved in full.
- Contract negotiations for 2014/15 will see a move to a single set of key performance indicators across the region and consistent CQUIN schemes for 2014-15. This will allow greater operational focus on key elements of performance delivery and more transparent benchmarking.

IPR Section 2d – Support Services (Fleet)

- The number of medical devices overdue servicing has remained stagnant in month due to staff leave.
- The SLA with Mid Yorkshire NHS Trust to provide management and engineer support has now been signed and this will help improved performance from April.

IPR Section 5 (Finance)

- The surplus at the end of December is £2.475m an adverse variance of £30k against plan. This represents an improvement of £46k on the previous month's position.
- Activity in A&E is 2.97% above contracted levels and in line with the planned trajectory of 3% growth.

- The forecast surplus remains at £2.6m for the year.

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 January and February 2014 IPR reports, highlighted in the Executive Directors reports.