



<b>MEETING TITLE</b> Public Trust Board		<b>MEETING DATE</b> 20/05/2014	
<b>TITLE of PAPER</b>	Trust Executive Group Report & Integrated Performance Report (IPR)	<b>PAPER REF</b>	7.1
<b>STRATEGIC OBJECTIVE</b>	All All		
<b>PURPOSE OF THE PAPER</b>	This report is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 18 March 2014 to 13 May 2014, and the opportunity for TEG to highlight the key variances / movements contained within the March / year end and April 2014 Integrated Performance Reports (IPR)		
<b>For Approval</b>	<input type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input checked="" type="checkbox"/>
<b>AUTHOR / LEAD</b>	David Whiting Chief Executive	<b>ACCOUNTABLE DIRECTOR</b>	Chief Executive
Performance indicators contained within the IPR (March) have been discussed and reviewed at Senior Management Group (SMG) meetings and specific indicators reviewed and discussed at Trust Executive Group (TEG) meetings			
<b>PREVIOUSLY AGREED AT:</b>	<b>Committee/Group:</b> Review of IPR information at SMG / TEG	<b>Date:</b> SMG 23 April 2014	
<b>RECOMMENDATION</b>	It is recommended that the Board; <ol style="list-style-type: none"> <li>1. Agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.</li> <li>2. Notes and discusses the variances contained within the March / year end and April 2014 IPR reports, highlighted in the Executive Directors reports.</li> </ol>		
<b>RISK ASSESSMENT</b>		<b>Yes</b>	<b>No</b>
<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Resource Implications (Financial, Workforce, other - specify)</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Quality and Diversity Implications</b> <i>If 'Yes' – please attach to the back of this paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>			
<b>Care Quality Commission Registration Outcome(s)</b>		All	
<b>NHSLA Risk Management Standards for Ambulance Trusts</b>		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 18 March 2014 to 13 May 2014, and the opportunity for TEG to highlight the key variances / movements contained within the March / year end and April 2014 Integrated Performance Reports (IPR)

### 2. External Environment

- 2.1 A recent national Director of Finance meeting highlighted the difficulty ambulance trusts have faced in delivering planned financial surpluses. The collective surplus position was £7m nationally, with YAS delivering its surplus in full at £2.6m.
- 2.2 Following allegations by Unite the Union and anonymous sources regarding data quality and the alleged false reporting of performance statistics, a number of independent reviews have been undertaken during quarter 4. A comprehensive review was undertaken by the Commissioning Support Unit (CSU) on behalf of YAS commissioners, which found that processes were robust for performance reporting and they complimented and supported the Clinical Triage processes in place for both Red and Green 999 calls. This review followed a review of the Clinical Triage service last year by the Care Quality Commission (CQC).
- 2.3 A further independent peer review was undertaken on behalf of the Association of Ambulance Chief Executives (AACE) by a team formed from three ambulance services, with oversight from the Care Quality Commission (CQC) and Trust Development Authority (TDA). The trust has received a clean bill of health regarding its clinical triage services, performance 'clock start' and 'clock stop' processes, and recording of performance statistics. The main findings from the independent review are (extracts from the report);
- *Control room processes were found to meet or exceed the requirements both of AQIs and the supplementary NDOG guidance.*
  - *No issues of substance were discovered by the NAIG auditors. Overall, the system of production of AQIs at YAS is robust and key ambulance indicators; Red 1, Red 2 and A19 response performance are all reported in line with national guidance.*
  - *YAS were found to have a well-run EOC with robust arrangements in place for data capture and performance reporting. All observed behaviours, protocols and policies were found to meet or in many cases to exceed the standards required by AQI systems indicators and NDOG guidance.*

2.4 Hull Clinical Commissioning Group (CCG) are undertaking a comprehensive programme of change within Hull involving all health, social care, local authority and 'blue light' services to tackle the challenges facing all public services over the next 6 years. YAS is fully integrated within key work streams and is a member of the strategic programme board.

### **3. Business Planning & Delivery**

3.1 The business priority areas for quarter 4 / beginning of quarter 1 were;

- Achieve overall Red 1 and Red 2 response targets for 2013/14.
- Deliver all financial targets including above 95% delivery of the Cost Improvement Plan (CIP).
- Implement key elements of the Patient Transport Service (PTS) transformation programme.
- Finalise the two year trust operating plans, and submit board approved plans in April 2014.
- Complete and sign off on all core operational contracts for 2014/15.
- Embed A&E roster and rest break arrangements as part of the A&E redesign changes.

3.2 The trust submitted the final two-year operational plans in April, and the TDA has subsequently approved the plans.

3.3 The trust reviewed progress against the 2013/14 improvement priorities agreed with the Trust Development Authority (TDA) as part of the planning round for 2013/14. Progress has been made against all five priorities for improvement. The review is attached as an appendix to this report – appendix A

3.4 Trust priorities;

Delivery of Red response times for 2013/14 remained a priority for the Operations Directorate and wider organisation. All annual Red targets were achieved for 2013/14, despite not achieving the monthly targets in February and March 2014. The 2013/14 out turn position was;

- Red 1 – 8 minutes – 77.37%
- Red 2 – 8 minutes – 75.08%
- Red 19 minutes – 97.3%

Yorkshire ambulance service was one of a small number of ambulance trusts to deliver all three Red targets in 2013/14, and has delivered the core response targets for the last three consecutive years.

The 111 service continued to deliver consistent performance through the final quarter of the year and delivered 94.9% Call Answer within 60 secs (principle indicator).

The final quarter also saw improvements in PTS operational performance indicators in most areas of the trust. There are further rota changes and changes to booking and planning, to improve productivity and performance in the next quarter.

## **4. Executive Team Reports**

### **4.1 Chief Executive**

- The Chief Executive and Chairman appointed Rod Barnes, Executive Director of Finance & Performance to the role of Deputy Chief Executive.
- The Chief Executive attended the latest College of Paramedics / Yorkshire Ambulance service Best Practice event held in Wakefield on the 4 April. The Chief Executive also attended a staff meeting in Bridlington followed by a clinical 'ride out' shift from Bridlington ambulance station.
- The Chief Executive on behalf of the Association of Ambulance Chief Executives (AACE) gave a presentation at a national Transforming Urgent Care event at the Royal College of Surgeons, to promote the ambulance services role and contribution to the development of emergency & urgent care.
- A meeting was organised by the Chief Executive and Director of People & Engagement with ACAS and Unite the Union to explore how the current relationship could be improved. A condition of these exploratory talks was a cessation of Unite strike action.
- The Chief Executive, the Director of People & Engagement, and senior YAS staff held an evening with Student Paramedics from Sheffield Hallam University (SHU) to discuss their future employment opportunities with YAS. The evening was a great success, and will be included in the induction programme for students attending SHU.
- The Chief Executive has met with a range of partners during the last quarter including the CEOs of Hull and Vale of York Clinical Commissioning Groups (CCGs); Hilary Benn – MP for Leeds Central; Andy Buck, NHS England; and meetings of the Mid Yorkshire Acute Trust, 'Meeting the Challenge' programme board and the Hull 2020 programme board.

## **4.2 Operations Directorate**

The Operations Director was, along with other Executives was heavily involved in negotiations with Unison during March following the implementation of the Operational Redesign proposals.

During March there were 6 separate days of industrial action by Unite the Union which were all managed appropriately.

The Operations Director visited sites in Bradford, Keighley, Skipton and Settle. The monthly Team Brief was delivered alongside other Executives and a best practice event organised by the Royal College of Paramedics was attended.

A review was commissioned in the North East of the region following the introduction of the Operational Redesign package.

Data following implementation was reviewed to ensure patient safety and actions taken to extend the meal break window.

### **IPR section 2 (A&E performance)**

Red 1 performance in March was 71.71%

Red 2 performance in March was 73.68%

Red 1 performance in April was 69.78%

Red 2 performance in April was 70.65%

Performance for the year was achieved at 77.37% Red 1 and 75.08% Red 2

The implementation of the revised arrangements has not seen the benefits as envisaged and a recovery plan has been developed to improve performance.

A review of the programme is underway to ensure learning and include all necessary items in the recovery plan.

### **Clinical Leadership Framework**

Further progress was made on the Clinical Leadership Framework. Further clarity was given to supervisors with a clear framework being issued which provides clarity in writing of their role. Positive feedback has been received regarding this.

Detailed work has also been conducted regarding the process for ensuring all necessary competencies are observed and recorded in an accurate and timely manner. The outcome of this will ensure more consistency and removal of obstacles in the process.

### 4.3 Clinical Directorate

- Medicines Management –Due to changes in the licencing processes for supplying controlled drugs, the current system of morphine procurement from local hospitals is at risk and a pilot system has been developed in Hull and East, and working towards a full roll out to the Yorkshire region. Morphine supply and storage will become more consistent and adaptive to local needs, with improved safety and assurance. The group is trialling the use of intravenous Paracetamol to provide effective analgesia to those patients unable to receive morphine. Positive results have been seen from the changes made to the Medicines Management policy and procedures in the recent CQC visit.
- Public Health – YAS has continued to work with a range of providers and commissioners to further the work on the Alcohol Pathways. Public Health students are working in YAS exploring the effectiveness of the alcohol pathways and YAS have presented a poster on the Alcohol Pathway to the NICE public health conference. Other work has continued on outcomes from cardiac arrest and effectiveness of basic Life Support.
- Clinical Audit – The National Hypoglycaemic CPI cycle has been completed with YAS demonstrating excellent results and this has been shared with front line clinicians through the Operational Update. An audit into the management of Febrile Illness in Children demonstrates some improvements are required in the knowledge of the traffic light system for assessing children and work is underway with an education package.
- Acute Hospital Reconfiguration – Work continues with the Mid Yorkshire and Calderdale hospitals NHS Trust in their reconfiguration work and the impact on Pre Hospital Care. As part of reconfiguration a Regional Maternity Pathway has been produced to help front line clinicians decide on the most appropriate care for pregnant women. Other projects on Acute Care Pathways has seen a Presentation on Fractured Neck of Femur management and joint working with acute hospitals to the Orthopaedic Society conference.

- Major Trauma – YAS represented at the Leeds General Infirmary and Sheffield Children’s Hospital Major Trauma Peer Reviews with positive feedback received for the ambulance service. YAS has been involved in the development and delivery of the York University trauma module.
- Cardiac Arrest – Roll out of phase 2 of the Improving Outcomes from Cardiac Arrest in the Hull and East, Harrogate, Doncaster, Leeds and Bradford areas, with the delivery of support packages for Clinical Supervisors to attend cardiac arrests as a senior team leader, development of real time and post event feedback and CPR performance to clinicians and evaluating the use of automated CPR devices.
- Research –Publication of articles in the Journal of Paramedic Practice “Developing Leadership in the UKs ambulance service: A review of the Consultant Paramedic role” and an abstract published in the Annals of Emergency Dispatch and Response “Continuous Dispatch Education”
- Urgent Care - Work continues on the evaluation of Paramedic Pathfinder in the Rotherham area and plans are underway to roll out the scheme across West Yorkshire. YAS is continuing its work to support ECP development and usage across Yorkshire. The first Urgent Care Practitioner Forum has been held this month with excellent attendance and positive feedback.

#### **4.4 Standards and Compliance Directorate**

- Hillsborough – The inquests commenced on 31 March and to date the jury has been selected. The initial weeks have focused on the Coroner’s opening and background statements of the deceased, largely read in court by family members.
- CQC – the Trust has received a follow up inspection by CQC in relation to Outcome 9 – Management of Medicines. Initial feedback from the inspection is positive, although the final written report has not yet been received. The Trust has contributed to early stages of the CQC consultation on the proposed new regime for inspection of ambulance services.
- Patient safety – the Trust has now launched the Patient Safety Thermometer, which focuses on reduction of falls and other injuries whilst in YAS care, and in medication related incidents. This initiative was developed by YAS to mirror the learning from a national patient safety project focused on acute hospital Trusts. The focus is on ensuring ‘harm free’ care, on feed back to managers and staff on key

learning points from specific incidents, and on action to reduce the risk of recurrence in the future.

- NHS 111 - 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. The Trust is also involved in two national NHS 111 pilots: the Smart Call pilot focused on patients calling NHS 111 before attending an Emergency Department and in a second phase on possible booking of timed Emergency Department appointments, and an Early Intervention pilot, focused on the potential contribution of GPs working in the NHS 111 call centre. These national pilots will inform the development of the new NHS 111 national service specification.

### **IPR section 3 – Quality**

- NHS 111 – Call answer performance has continued to exceed the national target. 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 on-going with regard to appropriate KPIs and performance targets for this element of the service.
- Health and safety - The number of RIDDOR reports in April was higher than in previous months, with moving and handling injuries being the most common theme. Work is continuing to roll out the new carry chair and to complete the final stage of the new response bag roll out. There is an on-going focus on additional training for the new carry chair. The next stage of the risk reduction plan is the roll out of AEDs and portable ECG monitors to Rapid Response Vehicles over coming quarter. It is envisaged that this significant investment in new equipment should begin to deliver a measurable reduction in related incidents over the coming months.
- Complaints - The number of complaint responses exceeding the internal Trust standard of 25 days is higher than the desired level in EOC and the A&E localities. The issue will be highlighted in the Senior Management Group and will be the subject of focused attention and support with managers over the coming quarter to streamline the process and reduce unnecessary delays.



## 4.5 People & Engagement Directorate

- Detailed workforce planning continues in conjunction with Operational services. As a result, recruitment remains a key priority for the Directorate with two further Assessment Centres being held in May for A&E Operations. The first Assessment Centre (May 17<sup>th</sup>) is dedicated to the recruitment of paramedics. The aim is to recruit a further 82 A&E staff over the next two months. This is in addition to normal recruitment business.
- Following further discussions with ACAS and Unite the Union on March 26<sup>th</sup>, a course of action was agreed which we hoped would go some way to resolving the on-going dispute. This included holding meetings with local Unite representatives, (3 meetings have taken place so far), an offer to hold shadow JNC meetings with Unite (an offer not taken up) and ACAS facilitating a meeting with Unison and the Trust to formerly establish their position in relation to re-recognition (in progress). Quite separately interventions have been put in place to address the safety concerns expressed by Unite. These have included revised protocols to manage meal break arrangements and end of shift overruns. Meal breaks are now protected. We have also put in place local, station level reviews to review shift arrangements. It was therefore our view that the dispute on which the Unite ballot was based (“imposition of new shifts and withdrawal of protected meal breaks”), no longer exists. Despite this, and with no indication from local Unite representatives that they were unhappy with progress, Unite have called a further day of action to run from 15:00 hours on Saturday May 17 to 07:00 hours on May 18, and needless to say, we are extremely disappointed with this renewed industrial action.
- The Senior Management Leadership Program has now commenced with the initial workshops being held for Directors on May 13<sup>th</sup> and 14<sup>th</sup>. Workshops are being held for Associate Directors commencing on June 2<sup>nd</sup>.
- The review of the Corporate Communications Team is now complete and consultation is now underway with a view to implementing the results of that review.

### IPR Section 4 - Workforce

#### Workforce

- Sickness absence levels within the Trust for April were at 6.69%, significantly above the Trust’s 5% target. It is also higher than the same period last year when absence was at 5.71%. High levels of

absence continue in NHS 111 (9.39%), Clinical Directorate (7.76%) and A&E Operations (6.94%)

- The delivery of Performance Development Reviews (PDRs) remains slightly below the 75% target at 72.81%. This has been significantly influenced by the high numbers of new starters coming into the Trust (132 FTE in the 3 Months to April) and it is expected that this will improve quickly.

#### **4.6 Finance & Performance Directorate**

- The Trust has received formal approval from the NHS Trust Development Authority of its 2 Year Operating Plan from Dean Spencer (Portfolio Director).
- Estates and Finance Teams have begun work on the work on the Strategic Outline Business Case (SOC) for the development and roll out of the 'Hub and Spoke' estate model and 'Make Ready'. This work should be completed to come back to the Board in September. A further visit for staff to see the SECAM hub at Ashford has been arranged for the 19<sup>th</sup> May.
- The Estates Team working with contractors to are complete the final stages of work on the Manor Mill Lane site and completing the purchase of additional land adjacent to the site.
- The ICT Team have completed the migration of Trust PCs from Windows XP to Windows 7 following the decision by Microsoft to withdraw support to Windows XP from 1st April.
- The Team have also completed the deployment of 300 thin client terminals across all the stations. These have replaced the old PCs that were located at stations and are part of the programme to improve the station IT access. The move to thin client devices also supports delivery of the Trust's carbon reduction plan and associated savings plan.
- ICT are working with the clinical team to develop the clinical website and paramedic pathfinder mobile application. This intranet site will serve as the single point of access for all clinical information across the Trust. The Team are working with support functions to assess the wider commercial potential to market this application to other ambulance services.
- A new voice recorder system has been commissioned to replace the existing ageing hardware with modern technology. The upgrade will ensure a robust Voice Communication (VC) Infrastructure for the Trust.
- Chris Dodd (Commercial Director) and Business Development have begun work scoping out a gateway process to assess and prioritise new service developments. This will ensure new ideas are taken forward in a timely manner with appropriate input from support

functions. The proposed methodology is being discussed at the Senior Management Team in May. The first scheme to use this methodology are likely to be Resweb

- Within Finance key areas of focus have been completion of the first draft of the 2013/14 Accounts which were submitted on the 23<sup>rd</sup> April. The submission was in line with the planned £2.6m surplus and £13.7m Capital Resource Limit.
- Key staffing changes within the Directorate management team are the appointment of Alex Crickmar as Interim Associate Director of Finance replacing Anna Rispin who left on 23<sup>rd</sup> April and the appointment of Malcolm Littlewood as Interim Head of Procurement.
- The Procurement team is currently developing an action plan based on the recommendations from the North of England Commercial Procurement Collaborative (CPC) report into Procurement arrangements at YAS.

#### **IPR Section 2b (PTS)**

- Performance information for April 2014 reflects the introduction of new contractual performance measures:
  - Patients arriving on time for their appointment
  - Patients collected within 90 minutes
  - Patients collected within 120
  - Calls answered within 30 seconds

#### **IPR Section 2d – Support Services (Fleet)**

- The number of medical devices overdue servicing has reduced by 37% (92 units) in month with all equipment categories except Microvents within acceptable tolerances. The Fleet Team remain on track to eliminate overdue services by July 2014.
- A&E fleet Vehicles Off Road (VOR's) have improved by 2% in month moving from 9% to 7%. PTS VOR performance is expected to improve in year as c120 new purchased and leased vehicles enter the fleet to replace those aged over 10 years.
- Very strong performance has also been maintained in scheduling of vehicle cleaning, servicing and safety checks.

#### **IPR Section 5 (Finance)**

- The surplus at the end of April is £0.3m an adverse variance of £25k against plan.
- Activity in A&E is 1.9% above contracted levels and therefore running below the planned trajectory of 3% growth.

**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 March / year end and April 2014 IPR reports, highlighted in the Executive Directors reports.

## Appendix A

### 2013/14 Improvement Priorities (Annexe A 2013/14 planning submissions) Update

No.	Improvement Priority	Improvement Plan
1	<b>Hear and Treat/Conveyance – lower levels of calls are completed with telephone advice and higher levels of conveyance than other Trusts.</b>	Better identification of alternative pathways, links with NHS 111, introduction of the DoS, implementation of training and development plan for all Clinical Hub staff. Continuation of work plans around conveyance rates including staff performance management, alternative pathways development.
<p><b>Progress</b></p> <p>Non A&amp;E YAS ranked 9<sup>th</sup> @ 29.6% in Feb 2014 against 10<sup>th</sup> @ 25.2% in Feb 2013            Resolved by telephone YAS ranked 7<sup>th</sup> @ 4.4% in Feb 2014 against 9<sup>th</sup> @ 4.9% in Feb 2013</p> <p><b>Development of alternative pathways of care has improved the opportunities for clinicians, either face to face or over the phone, to refer patients to dispositions other than conveyance to A&amp;E.</b></p>		
2	<b>Reference costs have reduced from 111 (2010-11) to 109 (2011-12) but are 9% above the national average.</b>	Improve utilisation of clinical hub. Reduce workforce costs through the implementation of the new A&E workforce plan, a Trust wide rota review and improve efficiency of corporate and support services.
<p><b>Progress</b></p> <p>Reference costs reduced to 103 in 2012-13; expected to further improve in 2013/14</p> <p><b>New workforce model implemented in-year introducing new Band 3 ECA role. Additional 3% demand met through internal efficiencies and more treatment at scene.</b></p>		
3	<b>Stroke: care bundle and response due to inconsistent completion of FAST documentation. STEMI 150: reporting by PPCI centres not accurate.</b>	Stroke: Clinical managers managing area specific action plans to ensure FAST documentation is completed correctly and blood sugar levels recorded. STEMI 150: Correct the reporting of STEMI by using MINAP.
<p><b>Progress</b></p> <p>Stemi Care YAS ranked 4<sup>th</sup> @ 84.3% in Nov 2013 against 6<sup>th</sup> @ 77.8% in Nov 2012            Stemi 150 YAS ranked 9<sup>th</sup> @ 88.0% in Nov 2013 against 11<sup>th</sup> @ 82.9% in Nov 2012            Stroke Care YAS ranked 6<sup>th</sup> @ 97.2% in Nov 2013 against 8<sup>th</sup> @95.1% in Nov 2012            Stroke 60 YAS ranked 5<sup>th</sup> @ 64.9% in Nov 2013 against 4<sup>th</sup> @66.0% in Nov 2012</p> <p><b>Local action plans, developed by the Clinical Managers, have been developed and implemented to improve acute Care Bundle compliance. YAS has engaged in the development of a region-wide cardiac network which investigates the cause of all STEMI 150 breaches.</b></p>		

4	<p><b>ROSC: Trust scoring low on ACQI care bundles, due to information recording and clinical practice.</b></p>	<p>Implement action plans with clinical managers to address clinical delivery and documentation. Implementation of the resuscitation plan.</p>
<p><b>Progress</b></p> <p>YAS ranked 8<sup>th</sup> @ 22.3% in Nov 2013 against 10<sup>th</sup> @ 25.9% in Nov 2012</p> <p><b>Commentary: The YAS resuscitation policy focuses on Survival to Discharge rather than ROSC at hospital. Survival to Discharge is a more meaningful indicator of successful resuscitation from cardiac arrest.</b></p>		
5	<p><b>Sickness absence.</b></p>	<p>Implementation of improvement initiatives aimed at reducing sickness absence across the organisation.</p>
<p><b>Progress</b></p> <p>Trust Sickness rate: <b>6.4%</b> in 2011/12 reduced to <b>6.29%</b> in 2012/13 reduced to <b>5.92%</b> in 2013/14</p> <p><b>Commentary: The Trust has taken a range of steps to improve the management of sickness absence and attendance during 2013/14, including the establishment of a Board Absence Turnaround Group, with Executive leadership and Non-Executive involvement. This group undertook a number of deep dive sessions during the year and provides focus, challenge and support to senior managers and HR Business Partners with the management of absence issues. In addition, the mobilisation and implementation of a single provider for Occupational Health &amp; Wellbeing services across the whole Trust, is now complete with a single-provider now in operation from April 2014. Organisation-wide sickness levels include a high level of musculo-skeletal related absences and consequently fast-track physiotherapy access has been introduced in response to this issue as part of the new occupational health provision arrangements.</b></p> <p><b>In terms of ongoing developments, in February 2014 the Trust introduced a new Absence Management policy for the Trust following consultation with the Trust’s staff-side representatives and briefing engagement sessions for managers across all localities. Whilst it is too soon to report on the impact of the new policy, this is monitored monthly by the People and Engagement directorate management team.”</b></p>		