



MEETING TITLE Trust Board Meeting		MEETING DATE 22/07/2014	
TITLE of PAPER	Trust Executive Group Report & Integrated Performance Report (IPR)	PAPER REF	5.4
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 14 May 2014 to 15 July 2014, and the opportunity for TEG to highlight the key variances / movements contained within the May and June 2014 Integrated Performance Reports (IPR)		
For Approval	<input type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>
For Decision	<input type="checkbox"/>	Discussion/Information	<input checked="" type="checkbox"/>
AUTHOR / LEAD	David Whiting Chief Executive	ACCOUNTABLE DIRECTOR	David Whiting Chief Executive
DISCUSSED AT / INFORMED BY – include date(s) as appropriate (free text – i.e. please provide an audit trail of the development(s)/proposal(s) subject of this paper): 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			
PREVIOUSLY AGREED AT:	Committee/Group: Senior Management Group	Date: 16/07/2014	
RECOMMENDATION	It is recommended that the Board; <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 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 If 'Yes' – expand in Section 2. / attached paper	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality 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 14 May 2014 to 15 July 2014, and the opportunity for TEG to highlight the key variances / movements contained within the May and June 2014 Integrated Performance Reports (IPR)

2. External Environment

- 2.1 To support operational resilience during 2014/15, additional funding is being made available to provider organisations. The focus of this non-recurrent support is for elective services, delivery of acute A&E targets and to support 111 and ambulance service providers. The majority of this funding will be allocated through local Urgent Care groups within health economies. Yorkshire Ambulance service (YAS) is linking in with Urgent Care Groups and local commissioners to help shape and develop solutions and to ensure there is specific support for 111 and ambulance services across Yorkshire & Humber.
- 2.2 A survey undertaken by the Care Quality Commission (CQC) of callers to all English ambulance 'Hear and Treat' services in 2013/14 has been published. This is where callers received telephone triage and advice from trained clinical support advisors when calling '999'. The results will be used by the external agencies as part of assessing quality of care. YAS came out with the top score for the Call Handling service and for the Call Advisor service and scored the highest overall when compared with the other ambulance services.
- 2.3 The Tour de France international cycle race hosted a Grand Depart in Yorkshire on the 5 & 6 July. YAS was responsible for keeping the public safe and providing A&E ambulance services along the 390km route for Stages 1 and 2 of the tour. In addition to normal business, YAS provided an additional 250 staff including volunteers and planned mutual aid from neighbouring NHS ambulance services. We treated 149 patients along the route. The two days were a huge success and our staff did the trust and the people of Yorkshire proud and everyone connected to the planning and delivery of services should be congratulated.
- 2.4 YAS and Humberside Fire & Rescue service launched the new Fire First Responder scheme in May. This comprises of 10 Fire responder cars operating from 10 sites across the East Riding, responding to Red calls in an attempt to improve survival from pre-hospital cardiac arrest. This is part of our Resuscitation strategy, and other local related initiatives across the region. The launch took place at Snaith Fire

station near Goole and was supported by local MP Andrew Percy, who operates a Community First Responder scheme in Goole.

3. Business Planning & Delivery

3.1 The business priority areas for quarter 1 include:-

- Deliver improvements in Red 1 and Red 2 response targets through the Performance Recovery plan.
- Deliver all financial targets including above 95% delivery of the Cost Improvement Plan (CIP).
- Finalise and submit the Integrated Business Plan (IBP) and latest version of the Long Term Financial Model (LTFM) to the Trust Development Authority (TDA).
- Further roll out of new Patient Transport Service rotas.
- Developing our range of urgent care offerings, as part of our Urgent care strategy.
- Continued roll out of community based initiatives including, Fire First Responder schemes, Community First Responder schemes, and Public Access Defibrillators.
- Completing the new staff facility in South Leeds.

3.2 Trust operational priorities:-

- Delivery of the Red response times for quarter 1 has remained challenging, and this is reflected nationally with a number of ambulance services not meeting the 75% target. Despite responding to over 600 more calls within 8 minutes when compared to April – June 2013, the quarter 1 / year to date position for 2014/15 was 69% for Red calls. Overall demand has been 4.5%, however, Red demand for June and quarter 1 has been 14% higher than the same period last year. The year to date position is outlined below, and the monthly out turns are covered in the Director of Operations section of the TEG report:-

Year to date;

- Red 1 – 8minutes – 69.11%
 - Red 2 – 8minutes – 69.51%
 - Red 19minutes – 95.88%
- The trust has developed a Performance Recovery Plan aimed at improving response times at a trust and local level. Where appropriate CCG level specific actions have been included in the Locality level action plans. The overall plan is focused on three main priorities:-

- Increasing operational hours
 - Managing demand
 - Improving operational efficiencies
- Central to these plans is the recruitment of additional A&E staff to resolve the current vacancy gap and in the interim to work with our urgent service partner, St Johns Ambulance, to provide urgent transport to free up emergency resources. Additional staff have been recruited in to the Clinical Hub and temporary clinical staff in to 111 to increase the advice and self-care options for patients with low acuity needs, thus releasing core emergency crews to deal with more serious emergencies. Many of the planned actions relating to staffing will be in place during July and August.
 - To ensure that the quality and safety of services is maintained, a comprehensive monitoring and review process has been implemented by the Executive Medical Director and Executive Director of Standards & Compliance. This includes a weekly review of early warning indicators and incidents, including clinical case reviews where appropriate.
 - Financial reserves have been allocated to fund elements of the Performance Recovery Plan, to ensure performance improvement. However, current performance presents a risk in terms of penalties being applied by commissioners for not meeting Red targets.
 - The 111 service has continued to deliver consistent performance through quarter 1 and is on track to deliver the 95% target for calls answered within 60seconds.
 - Quarter 1 saw improvements in PTS operational performance indicators in most areas of the trust.

4. Executive Team Reports

4.1 Chief Executive

- The Chief Executive and the Chief Fire Officer for Humberside Fire & Rescue were joined by Andrew Percy MP to launch the new Fire First Response Scheme in May. This comprises of 10 Fire First Response schemes operating across the East Riding, supporting our plans to improve survival rates from pre-hospital cardiac arrest.
- The Chief Executive undertook a 30 mile 'leg' of the charity cycle race – Tour de YAS, which took place a couple of weeks ahead of the Yorkshire Tour de France, Grand Depart, to raise money for the YAS Charitable Fund.

- Russell Hobbs, Executive Director of Operations will be leaving at the end of August to pursue other business interests. Interim arrangements are being put in place to ensure continuity in the operations directorate.
- The Chief Executive and Chairman, along with other board members celebrated the achievements of YAS staff at the 3rd annual WE CARE awards ceremony in York on the 11 July.
- The Chief Executive has met with a number of Clinical Commissioning Group (CCG) lead officers during this period to discuss opportunities for closer working, performance and service delivery. These have included Vale of York, Wakefield, Airedale, Wharfedale & Craven, Hull, Sheffield & East Riding.
- The Chief Executive also hosted a visit by Sarah Champion, MP for Rotherham, who visited the 111 call centre at Callflex, at Wath upon Dearne.

4.2 Operations Directorate

- The Operations Director has led work on formulating a Performance Recovery plan to address current Red delivery, and also facilitated an external review conducted by Bob Williams, CEO from North West Ambulance Service.
- During the period there were also a number of days of industrial action by Unite the Union which were all appropriately managed to ensure safe delivery of services.
- Specific actions contained within the Performance Recovery plan were actioned to minimise risk to safety and support performance delivery, including extending the meal break window, arrangements for split meal breaks and more flexible use of Emergency Care Assistants (ECA) within their scope of training to undertake urgent admission work and respond to some Red calls in line with how the trust utilises Community First Responders.
- The Operations Director attended the Community First Responder Awards on 9 May and the We Care Award Ceremony on 11 July.
- Visits were conducted to North West Ambulance Service, Elm Bank Training School, Todmorden, Huddersfield, Barnsley, Hoyland, Doncaster, Withernsea and Hornsea Ambulance Stations. A ride out day was also conducted with a Hazardous Area Response Team (HART) crew. The new HART site at Manor Mill Lane in Leeds was also visited.
- Specific interactive dialogue meetings were also conducted with senior operational managers in Beverley, York, Wakefield and

Rotherham. These were specifically to discuss performance improvement plans and developments.

- The Resilience Team were successful in achieving Certification to ISO02230.
- Meetings were held with senior representatives of Barnsley, Sheffield and Airedale, Wharfedale and Craven Clinical Commissioning Groups.

IPR Section 2 (A&E Performance)

- Red 1 performance in May was 69.57%
- Red 2 performance in May was 69.45%

- Red 1 performance in June was 68.01%
- Red 2 performance in June was 68.38%

Performance recovery plans are being continuously revised and reviewed to ensure performance is improved in line with the Performance Recovery plan and monthly trajectory.

Clinical Leadership Framework

Further work was progressed to continue to embed additional actions including the revision of the process for collecting competencies, agreeing the process and level for protected time for Clinical Supervisors to carry out PDRs and agreement on reporting lines for Clinical Development Managers.

4.3 Clinical Directorate

- Increasing demand on 999, coupled with a disproportionate rise in Red demand, has placed a significant strain on A&E performance. A process for weekly monitoring of all delayed responses and back-ups has been developed including individual case review where a potential for harm has been identified. Reporting will be shared with the Trust Board to include Serious Incidents related to delayed response or back-up as identified by the Standards and Compliance team. In the first week of monitoring one harm incident was identified which had not been reported as an incident and therefore not identified as a Serious Incident.
- Working with Medipex (NHS Innovation Hub Yorkshire & Humber) YAS has developed three Innovation Scouts who have recently completed courses in 'Essentials of Intellectual Property'. These champions will encourage innovation and signpost staff to the most appropriate source of action and intellectual property protection. The CLAHRC work stream 'Avoiding Attendance and

Admission in Long Term Conditions' has won £25,000 to fund a scoping study involving YAS and mental health presentations to the ambulance service. This is likely to inform the development of further funding applications.

- Work continues to improve the management of patients following cardiac arrest, including the evaluation of automated chest compression devices and software to facilitate immediate objective feedback of clinicians' performance. In February 2014, the latest ACQIs, YAS were ranked second for survival to discharge from all causes of pre-hospital cardiac arrest and first for the Utstein comparator group with 33.1% of this group surviving. CPD sessions continue to be run for all clinical staff covering major trauma and for Clinical Supervisors on team leadership, crew resource management and situational awareness.
- Mark Millins, Lead Paramedic for Clinical Development has been successful at competitive interview for the role as National Lead for Pre-Hospital Guideline Development and has been seconded to AACE for one day per week. The whole directorate were active in supporting the Trust and patients during the Tour de France Grand Depart in Yorkshire.

4.4 Standards and Compliance Directorate

- Hillsborough – The Trust has continued to contribute actively to the inquest process and to plan for the key stages ahead. The timetable for the inquests has now been extended to July 2015.
- NHS 111 – There has been positive feedback from the initial phase of the Single Point of Access (SPA) service pilot with York Teaching Hospitals NHS Foundation Trust. The national NHS 111 pilot of the Smart Call pilot focused on patients calling NHS 111 before attending an Emergency Department is continuing and the Early Intervention pilot, focused on the potential contribution of GPs working in the NHS 111 call centre has also now commenced. These national pilots will inform the development of the new NHS 111 national service specification.
- Urgent care – Following the appointment of an interim Urgent Care Manager, the Trust has made positive progress in taking forward key developments within the Urgent Care Development Plan. A number of proposals have been developed and these are being used to inform discussions with CCGs and via the new System Resilience Groups. Representation at System resilience Groups has been reviewed to ensure consistent and appropriate representation from the Trust at all meetings. Recruitment to the substantive Urgent Care Manager post has now been completed and it is anticipated that the new manager will take up post in September 2014.
- The Executive Director of Standards and Compliance and Associate Director of Quality and Nursing have attended workshop events on

the emerging process for nurse revalidation which is due to be introduced across the country in 2015. An internal communication and implementation plan is being developed to support nurses within the Trust.

- Patient experience – The results of the Care Quality Commission's first national survey of 'Hear and Treat' services were published in July 2014. 'Hear and Treat' care is provided via 999 for patients with less serious conditions, who are given appropriate healthcare advice based on what they tell the clinician over the phone. Some respondents to the survey reported that they did not understand the advice that was given to them, or disagreed with the decision not to send them an ambulance, the latter usually when they felt the reasons had not been explained well enough to them during the call. Overall, however, the survey found that the public are generally extremely positive about their experiences of the YAS service, have confidence in staff, and that they were treated with respect and dignity. The Trust results were very favourable when benchmarked with those of other English ambulance services.

IPR – Standards & Compliance

- NHS 111 – Call answer performance has continued to exceed the national target, although demand was higher than anticipated in the first quarter. The 'warm transfer' of calls to a Clinical Adviser remains challenging. The service optimisation programme is continuing and discussions with commissioners have been held to agree appropriate KPIs and annual performance targets for this element of the service.
- Incident reporting – Staff are able to report incidents, near misses and concerns via a web form or through a dedicated telephone line. The Trust has now extended the availability of the telephone line to 24/7, with support from the York based NHS 111 staff. This has supported a positive increase in use of the system by operational staff.
- Incidents and complaints – There has been an increase in the number of incidents reported by the Trust in May/June 2014, with delayed response being the primary underlying cause. There has also been a small corresponding increase in patient complaints and an increase in staff concerns highlighted through the Trust reporting system. Further work has been initiated to analyse the underlying causes and a proactive case review process in relation to delayed responses has been established. Information from incident and near miss reports is being used to inform the Operational Improvement Plan.

4.5 People & Engagement Directorate

- Work continues on developing a robust workforce plan that properly reflects all service developments detailed in the Integrated Business Plan. Recruitment remains a significant priority and the Directorate

continues to work in conjunction with Operations to ensure that the revised establishment 2164 is achieved. Some 40 people have started with the organisation over the last 8 weeks, with a similar number forecast to start over the next 2 months. Recruitment to full establishment forms an intrinsic part of the A&E Performance Recovery Plan.

- We have been notified by Unison that they intend to hold a ballot for industrial action. The ballot will run between 17 July and 6 August. Despite discussions to try and avert the ballot, we have been unable to persuade Unison to accept the necessary changes designed to provide sustainable performance within the Operations Directorate. Principle points of disagreement centre around meal break arrangements, work/life balance, shift length issues and staff development proposals, particularly in relation to Emergency Care Assistants. We are in discussion with ACAS regarding this.
- The We Care Awards were held on Friday 11 July 2014 at the Royal York Hotel. The event was attended by some 170 staff and it was a great opportunity to recognise those individuals and teams that had gone above and beyond the call of duty for the past year. Feedback from the event has been extremely positive.
- A further Leadership Best Practice event is being held on Friday 18 July. The guest speaker is Professor Michael West, Professor of Work and Organisational Psychology at Lancaster University Management School. He is also a Senior Research Fellow at the Work Foundation and Emeritus Professor at Aston University. His area of research interests are team and organisational innovation and effectiveness, particularly in relation to the organisation of health services. He has particular expertise around developing staff engagement and linking that engagement to the successful performance of healthcare organisations.
- Consultation on the review of the Corporate Communications Team is now complete and the first part of the review, the recruitment of the Associate Director, Corporate Communications is underway.

IPR Section 4 Workforce

- Sickness absence levels to June stood at 6.18%. It is the lowest level so far during this calendar year but it remains significantly above the trust target of 5%. Highest levels of absence continue in NHS111 (8.56%), the Clinical Directorate (7.08%) and the Operations Directorate (6.51%). The key reasons for sickness absence remain musculoskeletal injury and anxiety/depression related illness. It is worth noting that absence in PTS fell significantly from 7.48% last month to 5.55% in June.

- Managers are continuing to monitor completion of PDRs locally to ensure compliance. Overall compliance stands at 70.28%, a slight improvement on the previous month but still below the Trust target of 75%. The number of new people coming into the Organisation continues to have a detrimental effect on PDR completion rates, but it is anticipated that this will be remedied in the near future.

4.6 Finance & Performance Directorate

IPR Section 2b (PTS)

- Performance information from April 2014 reflects the introduction of new contractual performance measures:
 - KPI 1 Patient picked up within 120mins. of their appointment
 - KPI 2 Patients arriving on time for their appointment
 - KPI 3 Patients collected within 90mins
 - KPI 4 On day and short notice patients collected within 120mins
- Performance across all CCG areas is strong or improving for KPI 1 and 2. Delivery of KPI 3 remains strong for West CCG with East, South and North fractionally below target. KPI 4 delivery remains challenging in the North and South localities due to the more stringent performance targets of 99% and 98% of patients collected within 120mins.
- PTS is currently delivering against all three CQUIN schemes: Friends and Family Test, improving the experience of patients with complex needs and patient experience.
- Overall PTS YAS demand is 6.3% higher than planned activity for June the most significant increase in West followed by South and East CCGs.
- New Hull & East Yorkshire staff roster patterns commenced 7 July 2014 with no significant issues. PTS managers and staff worked the weekend prior sorting logistics with regard to vehicle and staff movements from four ambulance base stations (Withernsea, Hornsea, Driffield, & Brough). Following extensive modelling work these resources have been relocated to other stations to better match patient demand profiles.
- West Yorkshire rotas have been developed and commenced in staff consultation process with a planned implementation date of 6 October 2014.

IPR Section 2d – Support Services (ICT)

- Service Level Agreement response times missed the target 90% due to work required to upgrade Windows XP to Windows 7. Service

Level Agreement targets should return to normal next month.

IPR Section 2d (Section 2.19) – Support Services (Estates)

- The Fire, Health and Safety rating has been lowered to amber, reflecting asbestos and general conditions at Bentley station, South Yorkshire. The Estates management team are currently developing plans for corrective work for this site and to address backlog maintenance issues at a number of sites which requiring refurbishment/upgrade.

IPR Section 2d (Section 2.20) – Support Services (Fleet)

- The number of medical devices overdue servicing has reduced by 3% in month with all equipment categories except Microvents (ventilators) within acceptable tolerances.
- A&E fleet Vehicles Off Road (VOR's) have been adversely impacted by several accidents in month moving to 9% however year to date performance remains ahead of plan. PTS VOR performance is continuing to improve as older vehicles are removed from the Fleet. In June average VOR rates were 1% better than plan at 5%.
- Very strong performance has also been maintained in scheduling of vehicle cleaning, servicing and safety checks.
- The amber rating for A&E vehicle age is being addressed through the 43 new vehicles, currently entering service and plans to replace the South Yorkshire Emergency Care Practitioner (ECP) vehicle fleet in the current financial year. The Red rating for PTS fleet age profile will be addressed through the planned replacement of 120 lease vehicles in the current financial year.

IPR Section 5 (Finance)

- The surplus at the end of June is £0.817m against a plan of £0.667m apposite movement of £0.15m. This position does not reflect the potential imposition of penalties for Red 1 and Red 2 performance (£0.972m year to date) which would amend the position to a deficit of £0.156m.
- Activity in A&E is 4.45% above contracted levels and therefore running 1.45% above the planned trajectory of 3% growth.
- CIP schemes have 88% of the year to date target against the original plan, a deficit of £280k. Reserve schemes have been utilised to bring the programme back in line with plan.

- In June the PTS locality management teams spent a week working from Wakefield control to focus on improving resource utilisation. This has started to drive out reductions in taxi spend which will be seen in July figures.

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 May and June 2014 IPR reports, highlighted in the Executive Directors reports.