



<b>MEETING TITLE</b> Trust Board Meeting		<b>MEETING DATE</b> 30/09/2014	
<b>TITLE of PAPER</b>	Trust Executive Group Report & Integrated Performance Report (IPR)	<b>PAPER REF</b>	4.2
<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 16 July to 22 September 2014, and the opportunity for TEG to highlight the key variances / movements contained within the July and August 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>	David Whiting Chief Executive
<b>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):</b> Key performance indicators discussed at TEG, TMG and the Operational Delivery Team meetings			
<b>PREVIOUSLY AGREED AT:</b>	<b>Committee/Group:</b> Trust Executive Group Senior Management Group		<b>Date:</b>
<b>RECOMMENDATION</b>	Agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.  Notes and discusses the variances contained within the July and August 2014 IPR reports, highlighted in the Executive Directors reports.		
<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>Equality 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</b> <b>Choose a DOMAIN</b>	All Choose an item.		
<b>Monitor Quality Governance Framework</b> <b>Choose a DOMAIN</b>	All 1: Governance Choose an item.		

## **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 16 July to 22 September 2014, and the opportunity for TEG to highlight the key variances / movements contained within the July and August 2014 Integrated Performance Reports (IPR)

### **2. External Environment**

- 2.1 The subject of merging 'blue light' services was raised by the Home Secretary recently, and led to a position statement being made by the association of Ambulance Chief Executives (AACE). AACE welcomed a call for closer integration of blue light services, provided it supported better patient care. AACE pointed out the joint working that existed including the Joint Emergency Services Interoperability Programme (JESIP) and local joint working across many ambulance service regions, particularly in relation to first responders and co-location of sites. In Yorkshire we have examples of closer working including shared standby locations, work to review shared premises and the successful Emergency First Responder scheme in the East Riding, where Fire response cars are tasked to Red calls to assist in improving outcomes from pre hospital cardiac arrests. AACE also pointed out that the NHS ambulance service had already successfully led on a reduction in the numbers of ambulance services from 31 down to 10 regional services realising significant cost savings in back office costs and AACE was open to sharing those lessons with Fire and Police colleagues.
- 2.2 The Care Quality Commission (CQC) have commenced their 'pilot' inspections of ambulance services by undertaking inspections in the North West (NWAS) and South Central (SCAS) ambulance services. The NWAS is complete, and the SCAS due to complete shortly. The core services will be inspected (999 / urgent; access / call centres; and PTS) and each service scored separately based on the 4 levels of ratings and in line with the 5 domains of safe, effective, caring, responsive to needs and well-led. The Chief Inspector of Hospitals, Mike Richards has indicated that all 10 ambulance trust will receive a formal inspection by December 2015.
- 2.3 In response to the allocation of resilience funding to support urgent and emergency services, YAS submitted a number of proposed schemes to address local urgent care needs. The trust has been successful in securing over £2m of additional funding to supply a number of Urgent Care Practitioner (UCP) schemes, a frequent caller service and support for mental health crisis. The first UCP scheme will be mobilised in October in Wakefield and this is followed by 4 others during quarter 3.

The final stage of recruitment has taken place and Emergency Care Practitioners (ECPs) have been identified for each scheme.

- 2.4 Following a ballot for Industrial Action (IA) by the major trade unions, Unison announced that 68% of its NHS workers had voted for strike action. Other national health unions such as the Royal College of Nursing (RCN) are still running their ballot. The ballots will probably lead to national IA during October.

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

- 3.1 The business priority areas for quarter 2 include:-

- Deliver improvements in Red 1 and Red 2 response targets in line with agreed trajectories and actions included in the Performance Recovery plan.
- Deliver all financial targets including 95% delivery of the Cost Improvement Plan (CIP).
- Review and develop proposals for changes to the A&E workforce plan.
- Further roll out of Patient Transport Service developments including scheduling and new rotas.
- Developing and implementing Urgent Care Practitioner (UCP) and related urgent care developments through resilience funding.
- Continued roll out of community based initiatives including, Fire First Responder schemes, Community First Responder schemes, and Public Access Defibrillators.

- 3.2 Trust operational priorities:-

- Following on from a disappointing first quarter in relation to Red response delivery, a range of key actions are being implemented as part of the A&E Performance Recovery plan. Improvements in response times have been made during July and August and this trend has continued in to September.
- The North and East localities are performing well against all Red targets, with the improvement focus being applied to West and South Yorkshire.
- Delivery of the A&E Performance Recovery plan actions is monitored weekly by the Trust Executive Group (TEG), with regular reviews by the Trust Board.

August:-

- Red 1 – 8minutes – 71.33%
- Red 2 – 8minutes – 70.29%
- Red 19 minutes – 95.15%

Year to date:-

- Red 1 – 8minutes – 69.58%
  - Red 2 – 8minutes – 69.35%
  - Red 19minutes – 95.76%
- 
- Through the delivery of the additional key actions being delivered in September, the trust expects to be delivering the national target for Red calls from October 2014.
  - The quality and safety of services is reviewed formally on a weekly basis by TEG, and there is a 'live' process in place within the Emergency Operations Centre (EOC) to identify any delayed responses that could impact on quality and safety. There has been a marked improvement in quality over recent weeks, in line with improved Red and Green response performance. Our approach and monitoring process has been shared and adopted by a number of other ambulance trusts.
  - The 111 service has continued to deliver consistent performance through quarter 1 and quarter 2, and is maintaining achievement of the key call answer target of 95% of calls answered within 60seconds.
  - Improvements in key performance indicators for Patient Transport Services (PTS) have continued across all PTS operational areas.

#### **4. Executive Team Reports**

##### **4.1 Chief Executive**

- The Chief Executive and Chairman hosted the annual Long Service Awards in Harrogate celebrating over 2,500hrs of service
- The Chief Executive has personally involved himself in the extensive discussions with Unison, leading to an agreed settlement and strengthening of future working arrangements.
- The Good Governance Institute (GGI) is working with YAS and ambulance commissioners to review the A&E Performance Recovery plan to ensure key assumptions and actions reflect the forecasted performance delivery.
- The Chief Executive has met all Clinical Supervisors during September at their quarterly 'away days' to brief the teams on current issues including performance and developments in urgent care.
- The Chief Executive has met with a number of key stakeholders during this period, including Jane Hawkard – East Riding CCG, Wakefield CCG, West Yorkshire Police, Hull CCG (Hull 2020 transformation board), and Sheffield CCG.

## 4.2 Operations Directorate

- Much of the work of the last two months has been focussed on the performance recovery plan and as the IPR indicates, and there has been incremental improvement as a result. The plan has involved the development and introduction of an urgent tier, recruitment of additional staff into A&E, an increase in clinical triage resources, and some local adjustments to rotas. In addition a recent agreement with Unison will see some positive changes to workforce and meal breaks, which in turn will have a positive impact on operational performance.
- Short term workforce plans have been agreed with the HR department and recruitment plans are now in place to ensure the establishment is aligned to those workforce plans. A more fundamental review of medium term workforce plans will take place over the next four months.
- The post of Director of Operations has now been advertised and the closing date for expressions of interest is October 5<sup>th</sup>, 2014. The aim is to appoint a substantive person by the end of October 2014.
- Work has continued on reviewing and refining the Clinical Leadership Framework. In addition, it has been agreed to utilise 2-hours Performance Development Review (PDR) training abstraction at beginning of candidate observations shifts for not only undertaking PDRs but also Clinical Competency discussions and leadership
- At the onset of this work there was a recommendation to improve the layout and content of the current CLF Dashboard. However, it was soon apparent that the clinical leadership processes and related information that sat behind the Dashboard needed to be improved. Therefore, updating the Dashboard couldn't take place until the improvement work had been completed. On completion of that work, the following actions were taken:-
  - The new PDR/Observations shift process is designed to improve capture of data on the new dashboard.
  - Development of a suite of measures within the dashboard of CLF effectiveness.

### IPR Section 2 (A&E Performance)

- Red 1 performance in July was 69.17%

- Red 2 performance in July was 67.96%
- Red 1 performance in August 71.33%
- Red 2 performance in August was 70.29%

### **4.3 Clinical Directorate**

- A clinical professional forum meeting for Emergency care has been held in York with another planned for Bradford. This compliments the forums that have already been established in Urgent care and Critical care, promoting peer-led discussion on current clinical topics.
- Members of the Clinical Directorate have supported the Clinical Supervisor Away Days, emphasising the importance of ACQI and CPI delivery and promoting the use of alternative care pathways for suitable patients.
- Recruitment of Urgent Care Practitioners is underway to provide strengthened services in Sheffield and York and new services in Wakefield, Barnsley and Bradford.
- The contract with the Yorkshire & Humber Local Clinical Research Network (YHLCRN) has been agreed, providing £60,000 of funding for 2014/15. The contract with the Yorkshire & Humber Collaboration for Leadership in Applied Health Research and Care (YH CLAHRC) has been signed and a work plan to explore pre-hospital care for patients in Y&H region presenting to the Ambulance Service with issues related to mental health problems will commence in October.
- A paramedic, Richard Pilbery, has been selected as a finalist in the Software and Tele-health category of the Medipex Innovation Awards 2014 being run in partnership with the Yorkshire and Humber Academic Health Science Network (AHSN). The awards will be made on 09 October in Wakefield. Research has also supported York EOC EMD Supervisor, Jin Atwal, to study Health Research at Post Graduate Certificate level at the University of Leeds, continuing to strengthen our ties with local academic institutions.
- Approval has been given to introduce a new drug, misoprostol, to augment the treatment available to paramedics for postpartum haemorrhage in the pre-hospital setting. Misoprostol has the benefit over alternative drugs for the management of this condition in that it does not require storage in a refrigerated environment.
- The Deputy Medical Director has been recalled from supporting the Trust's representation at the Hillsborough Inquests to assist with the development and delivery of the Operational Improvement Plan addressing current performance issues. Weekly quality and safety

monitoring continues with real time identification of incidents by the newly introduced Clinical Duty Managers in the Emergency Operations Centre in Wakefield.

## **IPR section 2 – Performance (AQIs)**

- There was a significant increase in the proportion of STEMI 150 ACQI breaches related to YAS delays in April 2014 (42.1% compared with 18.8% for the previous month). This reflects the current issues related to resource availability which is being addressed by the A&E Performance Improvement Plan.

### **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, which will include evidence from employees of the former South Yorkshire Metropolitan Ambulance Service.
- NHS 111 – The Single Point of Access (SPA) service pilot with York Teaching Hospitals NHS Foundation Trust has been extended until March 2015. A video about the service has been produced and is available via the following link <http://youtu.be/gLthBU5YXE4>. The Trust is continuing to contribute to national discussions about the new NHS 111 service specification and discussions are continuing with commissioners and Local Care Direct on future development of the West Yorkshire urgent care model. Prior to winter the Trust is planning to implement a local funded pilot to enhance referral processes from NHS 111 to other community services, supported by development of the Directory of Services. It is anticipated that there may also be opportunities to participate in a further round of national NHS 111 pilots.
- Urgent care – A number of proposals submitted to System Resilience Groups have been accepted and this is enabling the co-ordinate development of Urgent Care Practitioner schemes in a number of CCG areas, in line with the Trust's longer term strategy. Several CCGs have also supported further development of the Frequent Callers service. Discussions will be held with commissioners over the coming months about longer term funding for these schemes, as part of the wider contract negotiations. From September 2014 leadership of the urgent care development agenda has transferred from the Standards and Compliance to the Clinical Directorate.
- The reports of the investigations into matters relating to Jimmy Savile at a number of health organisations within the United Kingdom were published in July 2014. Following this, the Department of Health Savile Legacy Unit has made contact with other NHS Trusts which were not involved in the key enquiries, to



conduct a final review of any contacts with Savile prior to closure of the national review process. As part of this exercise, the Trust is conducting an internal review of contacts between the Trust and its predecessor organisations with Savile, focused primarily on the years 1979-1984. It is anticipated that this review will be completed in October 2014 and a report will then be submitted to the Savile Legacy Unit.

- Inquests – the Trust and Secretary of State have received a Preventing Future Death letter from the South Yorkshire coroner, in relation to the death of a patient in Sheffield in April 2013. Whilst the coroner concluded that on balance of probabilities alternative action by the Trust would not have improved the patient's chance of survival, he has raised queries both with the Trust and nationally about the operation of procedures for managing the safety of lone responders during an emergency response.
- Patient experience – work has been progressing to support implementation of the nationally mandated patient and staff Friends and family test. The process for staff has commenced and the patient survey will start from October 2014, with an opportunity for all patients who have received an ambulance response and been treated at home being offered the opportunity to respond. Additional resources have been allocated to support the initial phase of implementation.

## **IPR**

- NHS 111 – Call answer performance has continued to exceed the national target. The 'warm transfer' of calls to a Clinical Adviser remains challenging. The service optimisation programme is continuing and revised KPIs and annual performance targets have been agreed with commissioners for this element of the service.
- Incident reporting – reporting of incidents, near misses and concerns has overall increased since June which reflects current issues within the A&E operational service, but is also a positive indicator of staff engagement with the reporting process. This has been supported by bulletins to staff encouraging reporting and the recently introduced 24/7 incident reporting telephone line. The rate of harm associated with reported incidents in August remained low and was consistent with previously reported rates.
- Patient experience – The Friends and Family question score has fallen in July for all A&E CBUs. There is considerable variation in monthly scores but it is likely that the July figures are influenced by the impact of operational performance issues on patient experience during May when the survey was issued.

## 4.5 People & Engagement Directorate

- The Human Resources team has continued to experience high levels of workload due, in the main to continued recruitment efforts to support the operations directorate. During the last 2 months there have been 60 new starters in that directorate along with a further 60 people planned to start before Christmas.
- Discussions are continuing with the LETBE to try and identify additional providers of paramedic training to compliment the provision already delivered through Sheffield Hallam University. We are hoping to identify a provider in the North of the region together with a provider to work in partnership with us to deliver a more flexible modular approach to training.
- Work continues on developing our approach to further improving staff engagement across the organisation. As part of our engagement approach previously agreed, we determined that we would work with an external partner to develop a Cultural Barometer. Following a procurement exercise, we have appointed Zeal Associates to assist with this work. The objectives of the project are:-
  - To provide a cultural barometer/audit to identify engagement issues and staff expectations of leaders/managers at team and departmental level.
  - The cultural barometer will provide a platform for the development of a new values and behavioural framework.
  - The values and behavioural framework should help identify the requirement for focused and ongoing leadership and management development.
- The evidence collected will enable us to:-
  - Take action to enhance employee health and wellbeing
  - Inform the development of the values and behavioural framework.
  - Inform the development of leadership behaviour.
  - Take targeted action to enhance/improve patient services.
  - Assess the success and impact of any action that is taken.
- Following the review of the communications function and the robust recruitment process, I am pleased to announce that Lorna Thornley has been appointed to the new post of Associate Director of Communication. Ms Thornley will join the Trust from Doncaster

Metropolitan Borough Council where she's been Head of Communications for the last 5 years.

**IPR Section 4 Workforce**

- The overall level of absence within the Trust has increased to a total of 6.54% for the month of July. The average figure for the last 12 months currently stands at 6.12%.
- The HR Business Partner team continues to work closely with managers in localities to ensure that all staff are at the appropriate stage within the Attendance at Work Policy, and that interventions are in place to ensure staff are supported to prevent absence where possible and manage absence where required. The HR team is currently reviewing a number of cases that have been managed under the Attendance at Work policy introduced in February 2014 to assess the impact of the policy on the management and outcome of these cases.
- Those areas with the highest sickness levels have been identified as follows:

Service Line	Rolling 12 Months	Apr	May	Jun	Jul
NHS 111	9.59%	9.39%	9.26%	8.56%	7.62%
Ancillary Division	8.48%	6.79%	9.47%	9.46%	7.94%
A&E ABL	7.33%	8.59%	7.25%	6.20%	7.13%
A&E East Yorks & Hull	6.84%	6.94%	6.26%	6.87%	8.08%
EOC	6.52%	7.99%	7.94%	7.04%	6.98%
A&E South Yorkshire	6.46%	8.55%	8.64%	9.58%	9.25%

- The Associate Director responsible for each area has been tasked with producing a further action plan and developing an improvement trajectory. These action plans are being reviewed by the Executive Director of People and Engagement and will be subject to further scrutiny by the Executive Group.
- The PDR completion rate shows a slight improvement compared to last month, but is still below 75% target. Senior managers whose teams

currently remain below 75% have been asked to provide an improvement trajectory.

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

- Following a bid to the Governments' Green Vehicle Technology Fund Yorkshire Ambulance Service has been awarded a £166,000 grant to install solar panels on 175 of its vehicles to power their electrical systems prevent their batteries going flat when stationary. Currently staff keep engines running whilst stationary to ensure electrical equipment remains charged. These vehicles will be the first solar-powered ambulances introduced in England and if the trial is successful other ambulances services are expected to follow in adopting this technology.
- Final issues relating to network cabling into the new HART facility have been resolved and the building is now ready for occupation. Arrangements are being made to move the HART team into the building ahead of formal opening in December. Aligned to this, the estates team are progressing the Strategic Outline Case (SOC) for the Hub and Spoke Estates model and Vehicle Make Ready to come to the Board in December.
- Andrew Sterling has been appointed to the Head of Estates vacancy. He currently holds a similar role at Shropshire County Council. Second round interviews for the Head of Procurement role are expected to be concluded week commencing 22/9/14.
- ICT are completing final stage testing of the Paramedic Pathfinder Clinical App, which is being implemented to clinical staff in Rotherham and West Yorkshire from mid-October. Fleet and ICT are also installing Toughbook computers and mounting kits to vehicles aligned to the ePRF / Paramedic Pathfinder roll out plan and finalising arrangements for the tender to supply vehicle telematics devices to the PTS fleet.
- The Business Development Team have been working on several new business opportunities including developing the commercial metrics and contract for the Single Point of Access (SPA) service pilot with York Teaching Hospitals NHS Foundation Trust which has been extended until March 2015 and the Trusts' response to the Hull Transport Service tender. Rachel McCafferty who currently holds a temporary position in Corporate Communications has been appointed to the Marketing vacancy within the Team.
- Procurement are finalising the Trusts' new Procurement Strategy aligned to the recently released NHS national e-procurement strategy and developing a new e-requisition solution for pilot implementation in the second half of this year.

- The Finance Team are currently engaged in the development of Service Line Reporting at a contract and activity type level in PTS and A&E and refreshing 5 year Cost Improvement Plans. The Team together with Finance, Fleet and Business Information are heavily involved in supporting the development and implantation of the A&E Operations Performance Improvement Plan.

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

- There has been a slight deterioration in performance particularly in South and North Yorkshire in August due to a combination of staff vacancies and actions to control use of external taxis.
- PTS have stepped up recruitment and brought some elements of the recruitment process within the directorate to ensure closure alignment to operational need.
- New rotas better aligned to demand have just gone live in East and will go live in West from November.

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

- Service Level Agreement response times missed the target 90% due to work required upgrading Windows XP to Windows 7. Service Level Agreement targets should return to normal next month.

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

- The surplus at the end of August is £1.258m against a plan of £1.176m appositve movement of £0.84m.
- The full year forecast outturn remains in line with last month at £2.504m against a plan of £2.913m mainly due to overspends in PTS, non-delivery of A&E CQUINs for Red performance and the cost of actions associated with delivery of the A&E Performance Improvement Plan.
- Potential imposition of penalties for Red 1 and Red 2 performance (£1.619m year to date) which would amend the position to a deficit of £0.361m.
- Activity in A&E is 2.99% above contracted levels and therefore running in line with the planned trajectory of 3% growth however the Trust is experiencing particular activity pressures are continuing in North and East Yorkshire.

**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 July and August 2014 IPR reports, highlighted in the Executive Directors reports.