



<b>MEETING TITLE</b>		<b>MEETING DATE</b>	
Trust Board Meeting In Public		25/11/2014	
<b>TITLE of PAPER</b>	Trust Executive Group Report & Integrated Performance Report (IPR)	<b>PAPER REF</b>	5.4
<b>STRATEGIC OBJECTIVE</b>	All N/A		
<b>PURPOSE OF THE PAPER</b>	To give the Board assurance on the activity of the Trust Executive Group (TEG) from 22 September 2014 to 16 November 2014, and the opportunity for TEG to highlight the key variances / movements contained within the October 2014 Integrated Performance Report (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>	Rod Barnes, Interim Chief Executive	<b>ACCOUNTABLE DIRECTOR</b>	Rod Barnes, Interim 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 Choose an item.	<b>Date:</b> Click to enter date Click to enter date	
<b>RECOMMENDATION</b>	That the Board agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.  That the Board notes and discusses the variances contained within the October 2014 IPR report, highlighted in the Executive Directors reports.		
<b>RISK ASSESSMENT</b>	<b>Yes</b>		<b>No</b>

		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>		<input checked="" type="checkbox"/>	<input 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 Not Applicable Not Applicable		
<b>Monitor Quality Governance Framework</b> <b>Choose a DOMAIN</b>	All Not Applicable Not Applicable		

## **Report from the Trust Executive Group (TEG)**

### **1. Purpose**

To give the Board assurance on the activity of the Trust Executive Group (TEG) from 22 September 2014 to 16 November 2014, and the opportunity for TEG to highlight the key variances / movements contained within the October 2014 Integrated Performance Report (IPR).

### **2. External Environment**

- 2.1 Derbyshire Community Services NHS Trust, Bridgewater Community Healthcare NHS Trust and Royal United Hospital Bath NHS Trust were authorised as Foundation Trusts by Monitor on 1 November 2014. This is significant as these are the first authorisations since 2013. These decisions mean there are now 149 NHS Foundation Trusts. Bridgewater and Derbyshire are also the first community health trusts to achieve foundation trust status.
- 2.2 The NHS Trust Development Authority (TDA) have appointed Stephen Brown as the Trusts' new advisor, he replaces Fiona Hibbitts who has moved to another role within the TDA. Gaynor Hales has also taken up post as the new Associate Nurse Director North.
- 2.3 Stephen Eames, Chief Executive of Mid Yorkshire Hospitals NHS Trust's has announced the appointment of Dr Karen Stone (consultant paediatrician) to the position of Interim Medical Director following Dr Richard Jenkins decision to take up the post of Medical Director/Deputy Chief Executive at Barnsley Hospital NHS Foundation Trust.
- 2.4 On the 17 and 20 November the Trust welcomed a team of managers and paramedics from St John Ambulance Western Australia to the Trust to spend time with staff at our Headquarters and Control Centre in Wakefield. The two paramedic members of the party also spent time meeting and observing front line clinicians in West Yorkshire. The delegation were visiting Yorkshire to attend the Ambulance Leadership Forum being held in Leeds. Covering an area of 2.5 million square kilometres St John has a significant challenge providing services throughout rural and remote regions and it was interesting to get an insight into their models of clinical practice and use of volunteers.
- 2.5 Unison wrote to the Trust on 12 November 2014 informing that members will be taking part in industrial action between 7am and 11am on 24 November. Subsequent correspondence on 17 November states that from 25 to 30 November 2014 members will be taking further action in the form of only responding to life threatening Red 1 and Red 2 calls in the last hour of a shift.

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

#### **3.1 The business priority areas for quarter 3 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).
- Ongoing development of proposals for changes to the A&E workforce plan.
- Further roll out of Patient Transport Service developments including scheduling and new rotas in West Yorkshire.
- Developing and implementing Urgent Care Practitioner (UCP) and related urgent care developments agreed through local resilience forums.
- Continued roll out of community based initiatives including Fire First Responder schemes, Community First Responder schemes, and Public Access Defibrillators.
- Roll out of the Paramedic Pathfinder decision support tool and Electronic Patient Report Forms (ePRF) in West Yorkshire.

#### **3.2 Trust operational priorities:-**

- Following disappointing Red response delivery in quarter 1 and quarter 2, a range of key actions are being implemented as part of the A&E Performance Recovery plan including introduction of urgent tier crews, use of incentivised overtime and improved on-day resource management. These measures have delivered a significant improvement in response times during September and October, although performance during October was adversely impacted by industrial action and Computer Aided Dispatch (CAD) disruption w/c 13 October 2014.
- The North Clinical Commissioning Groups CCGs are performing well against trajectory as is Airedale Wharfedale Craven. Improvement efforts in South Yorkshire have started to deliver improved response times during October.
- Delivery of the A&E Performance Recovery plan actions are monitored weekly by the Trust Executive Group, with regular reviews by the Trust Board.

#### **October:-**

- Red 1 – 8 minutes – 73.1%
- Red 2 – 8 minutes – 73.9%
- Red 19 minutes – 96.8%

#### **Year to date:-**

- Red 1 – 8 minutes – 70.0%
  - Red 2 – 8 minutes – 70.2%
  - Red 19 minutes – 96.0%
- 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 the last two months, in line with improved Red and Green response performance. Our approach and monitoring process has been shared with and adopted by a number of other ambulance trusts.
  - The 111 service has continued to deliver consistent performance throughout the year however higher than expected demand in October, particularly at weekends and high vacancy levels combined to impact on call answering performance with 93.3% of calls answered in 60 seconds against a target of 95% .

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

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

- The Chief Executive and Executive Team met with Jane Hawcard Chief Operating Officer (COO), East Riding CCG, Jo Webster (COO, Wakefield CCG) and Jane Brown and David Cockayne from Good Governance Institute (GGI) on 13 November to have an initial briefing on the findings of the GGI report on the A&E Improvement Plan. Overall the meeting was positive. Several areas for improvement were identified and we have agreed to work with our lead commissioner, Wakefield CCG to develop a joint plan.
- David Flory CBE, Chief Executive of the NHS TDA, met with the Chief Executives of YAS and NWAS in Leeds on 4 November to discuss winter resilience and agree short term priorities.
- On 16 October the Chief Executive attended Fulford School in York, one of the venues for the 'Restart a Heart Day' in collaboration the British Heart Foundation (BHF) and Resuscitation Council (UK). The initiative seeks to train more than 11,800 school children in CPR skills across 51 schools in Yorkshire.

## 4.2 Operations Directorate

- The major priority for the Directorate continues to be the delivery of the Performance Improvement Plan. Positive progress continues to be made but significant challenges remain.
- We have worked positively with our HR colleagues to close the vacancy gap and at November 1, vacancies were down to 62 posts, a vacancy factor of 2.86%. Overall, there are some 30 more staff in post than at the same period last year.
- To supplement the improvement plan, Associate Directors from across the Trust developed the concept of “7 Days to Make a Difference”. By putting a focus on the 999 service line the key aim was to improve the service to patients with an ambition to aim towards achievement of the service target level of 75%.
- Other aims that have significant value in their own right included:-
  - Shared understanding across the Trust of the 999 service;
  - Team working across directorates with managers and frontline staff;
  - A re-energised belief in what is possible – ‘can do’ culture;
  - Highlighting everyday barriers and create a desire to remove unnecessary blockages.
- This was put into place during week commencing October 6. Performance during the week improved across all areas (YAS overall increased by +0.23%) Red Combined Performance met 75% during the week, and although it fell slightly on Saturday and Sunday, performance was much improved.
- The key conclusions as a result of the exercise were:-
  - Most issues concerned fleet availability and we need to develop a business as usual solution;
  - Positives included breaking down departmental boundaries, working together more and trying new things;
  - Suggestion around building a permanent trouble shooting team / building on fleet and performance cell;
  - Getting managers across the Trust in a formal way to spend time in front line services to see the issues first hand ;

- Seven days seemed to be seen as ‘us taking action’ rather than saying why we couldn’t . Developed a real “can do mentality”.

Work is now underway to operationalise the key benefits identified.

- Sickness absence across the department remains a concern although October did show a modest improvement with absence down from 7.07% to 6.88%. Management of absence remains a significant priority for managers.
- Disappointingly, appraisal completion rates dropped from 69% to 65% over the last month. Some of this can be explained by the need to respond supervisors at Level 1 to deal with some of the issues detailed below but, nevertheless, managers are aware of the need to remedy this quickly.
- Much of the time of the Resilience Team has been spent in developing contingency plans for Industrial Action and ensuring that the organisation is appropriately prepared in the event of any outbreak of Ebola. We are ensuring compliance with all NHS England recommendations.
- Efforts to fill the post of Director of Operations have been unsuccessful to date and the Board will consider next steps in relation to this.

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

### Monthly Red Performance

	July	August	September	October
Red 1	69.2	71.3	68.7	73.1
Red 2	68.0	70.3	70.7	73.9
Combined	68.0	70.4	70.6	73.8

- Whilst incremental improvement in Red performance has occurred, progress has been significantly curtailed by a number of events.
- Industrial action took was taken by the Trade Unions in response to the national pay dispute. This took the form of a four hour strike on Monday October 13 followed by an overtime ban lasting four days. Whilst we had good levels of co-operation from our Trade Unions, performance was detrimentally affected, with the impact for the week being circa 2%.

- Between October 17 and October 30, our CAD system developed faults on five separate occasions. Although the downtime on each occasion was relatively short, switching to manual dispatch of ambulances again impairs performance. Our estimate is that around 1.5% was lost over the period. The problems with the software were escalated to the directors of the software company and whilst there have been no further incidents since the end of October, the problem remains undiagnosed.
- As we go into November, there have been significant handover delays at Hull Royal Infirmary caused in the main by building alterations. Some ambulances experienced delays of up to two hours. We are working constructively with commissioners, the TDA and the hospital management to mitigate this problem.

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

### **4.3 Clinical Directorate**

#### Research & Development:-

- Progress has been made with the Collaboration for Leadership in Applied Health Research & Care (CLAHRC) projects in Mental Health, attracting £16,000 of income, and regional Data Linkage.
- We have recruited paramedic Richard Pilberry as full time Research Paramedic to the AIRWAYS-2 study for the next 15 months, researching the effectiveness of different airway management strategies in out of hospital cardiac arrest.

#### External recognition:-

- Mark Millins, Lead Paramedic, was a finalist at the British Medical Journal (BMJ) Book Awards for his work on the current Ambulance Service Clinical Guidelines (JRCALC 2013).
- Jacqui Crossley, Head of Clinical Effectiveness, presented on pathways of care for patients with fractured neck of femur at the (Royal College of Nursing (RCN) Society of Orthopaedic and Trauma Nursing International conference and exhibition.
- Richard Pilberry also won a Medipex Innovation Award for his smartphone app. The £1,000 prize will allow further development and evaluation of his app during his time as a Research Paramedic.

#### External engagement:-

- We are working with the Improvement Academy of the Academic Health Science Network to map existing Public Access Defibrillators (PADs) and identify the most appropriate locations for future deployment.

Professionalism and clinical development:-

- We delivered sessions on clinical professionalism at the Clinical Supervisors' update days.
- A further emergency care forum was held in York.
- Work continues to roll out Paramedic Pathfinder in conjunction with ePRF across West Yorkshire. Unfortunately Airedale CCG has elected not to engage with this development.
- The Wakefield Urgent Care Practitioner programme went live at the beginning of November. This complements the existing schemes in Sheffield and York.

#### **IPR Exceptions**

- Stroke 60 performance remains poor at 56.7% (national range = 77.2 – 54.9) but remains a challenge due to availability and location of hyper-acute stroke units. Likely reconfiguration of acute stroke services will only serve to make this a greater challenge. The issue continues to be raised at a national level.
- STeMI 150 performance at 83.5% (national range = 92.7 – 81.8) is stable from the previous month. YAS was responsible for two of the 16 delays to treatment in June 2014.
- Survival to discharge from out of hospital cardiac arrest was 41.7% in the Utstein comparator group in June 2014. This was highest survival rate across the English ambulance services for the second consecutive month.

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

- Care Quality Commission – the CQC have confirmed that a full inspection of the service under the new ambulance inspection methodology, will be undertaken between 13 and 16 January 2015. Preparations for the inspection have commenced, with a request for advance information from the Trust and external stakeholders and initial liaison with CQC on the requirements for the visit itself.
- 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. The period from end of November

to end of January will include key evidence and testimony focused on the role of the ambulance service.

- NHS 111 – 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 and funding of the West Yorkshire Urgent Care model. The Trust is implementing a pilot to enhance referral processes from NHS 111 to other community services, supported by development of the Directory of Services. Discussions are continuing about participation in a further round of national NHS 111 pilots.
- The Trust is continuing its investigation into matters relating to Jimmy Savile, in liaison with the Department of Health Savile Legacy Unit. The background to the investigation is Savile's known association with the former West Yorkshire Metropolitan Ambulance service. To date no specific allegations have been highlighted relating to Savile's activities in the ambulance service. The scope of the investigation has been extended to enable the review of additional archive material and further interviews with individuals and publication of all reports under the Savile Legacy Unit umbrella is now scheduled for January 2015.

### **IPR Exceptions**

- NHS 111 – Call answer performance has been below the national target in the last month. Call volumes have increased, particularly at weekends and call handler staffing levels are lower than planned, with a larger than anticipated number of leavers in September and additional staff for winter still working through the training process. Short term measures have been taken to strengthen rota cover and it is anticipated that the situation will be resolved when new staff complete training and become operational in the coming weeks. The 'warm transfer' of calls to a Clinical Adviser remains challenging and it is recognised that this will not be resolved within the current contract arrangements. The service optimisation programme is continuing and revised KPIs and annual performance targets have been agreed with commissioners for this element of the service.
- The volume of complaints and concerns in respect of EOC - management of/response to Green calls, continue at a higher than average level. Actions within the Performance Improvement Plan will support improved patient experience in this area over the coming months. The last two months have seen a significant increase in the number of PTS complaints and concerns. These relate mainly to late collection of patients from home and from clinics. Actions to address this are integral to the PTS service transformation plan.

- Patient experience – The Friends and Family test score remains amber for A&E CBU's. There is no discernible pattern in the results to-date. The new design of Friends and Family Test will include a narrative question to explain respondents' reasons for the rating and this will support analysis and action on key themes.

#### **4.5 People & Engagement Directorate**

- The Human Resources (HR) team continues to experience high levels of workload due in the main, to continued recruitment efforts to support the key operational directorates, namely A&E operations, PTS and 111. During the last two months there have been 188 new starters in these directorates and a further 56 people are planned to start before the end of the calendar year. In response to this sustained recruitment activity, the education and training requirements have significantly increased, particularly for A&E operations and PTS with additional training courses being provided.
- In response to the audit regarding the Clinical Leadership Framework, a review of the clinical competencies is underway involving the Operations Clinical Supervisors. This has included building improvements into the PDR process, focussed on improving quality.
- As part of the work to improve staff engagement across the organisation, the steering group with Zeal Associates to develop a cultural barometer has commenced and the following objectives confirmed:-
  - 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 focussed and ongoing leadership and management development.

Activity to collate evidence will include:-

- A dedicated breakout session for managers to contribute to at the Management Conference on 9 December.

- Numerous focus groups across the region for mixed staff groups to attend commencing in December.
- The running of a cultural survey for all staff to complete – activity to be complete in February 2015.
- The Employee Wellbeing group was launched on 11 November with representatives from service areas across the Trust. In addition to finalising the draft wellbeing strategy before its launch in the New Year, the group have identified mental wellbeing as a key initial focus for the activities of the group and will be planning a range of health promotion activities and proposed actions to support this theme.
- The new Associate Director of Communications Lorna Thornley commenced with the Trust on 12 November 2014. Lorna will be working closely with colleagues within the Executive team and Trust Management Group on both the external and internal communication and engagement priorities. She will also ensure that the recommendations contained within the external review of communications are fully implemented.

#### **IPR Section 4 Workforce**

- The overall level of absence within the Trust has decreased increased 6.71% for the month of October. The Year To Date Absence figure is 6.57%.
- In addition to working closely with managers in localities to ensure that all staff are at the appropriate stage within the Attendance at Work Policy, the HR team are reviewing the impact of the policy, introduced in February 2014. As well as identifying any proposed areas of change within the policy, the team are identifying areas of good practice across the Trust where managers are proactively addressing high levels of absence, to ensure any effective approaches are shared more widely.
- In areas where sickness absence is high the Associate Director responsible for each area has been tasked with producing and implementing an action plan including developing an improvement trajectory. Details are shown below:

<b>Service Line Forecast</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Clinical					
NHS 111	7.45%	7.36%	7.41%	7.85%	8.65%
Ancillary Division	7%	7%	7%	7%	6%
A&E ABL	7%	6.46%	6.01%	6.30%	6.30%
A&E East Yorkshire & Hull	6.55%	5.90%	5.28%	6.12%	
EOC	8%	7%	6.50%	6.00%	6.50%
A&E South Yorkshire	9.50%	9.25%	9.00%	8.00%	7.50%

<b>Actuals</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Clinical					
NHS 111	13.07	7.80%	4.30%		
Ancillary Division	7.90%	7.73%	8.26%		
A&E ABL	7.72%	9.68%	10.81%		
A&E East Yorkshire & Hull	7.46%	5.81%	6.69%		
EOC	7.04%	6.39%	6.96%		
A&E South Yorkshire	9.47%	10.39%	9.43%		
	8.98%	8.73%	8.52%		

<b>Variance</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Clinical					
NHS 111	-0.45%	-0.37%	-0.85%		
Ancillary Division	-0.72%	-2.68%	-3.81%		
A&E ABL	-0.71%	0.65%	-0.68%		
A&E East Yorkshire & Hull	-0.49%	-0.49%	-1.68%		
EOC	-1.47%	-3.39%	-2.93%		
A&E South Yorkshire	0.52%	0.52%	0.48%		

- These action plans are being monitored by the Executive Team and Associate Directors are being held to account at Service Line Quality and Performance Review Meetings.
- The PDR completion rate remains below the 75% target. Senior managers whose teams currently remain below 75% have been tasked with addressing this reduction in complete rates, but ensure this is balanced with the provision for quality performance review.

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

- Staff from PTS and Business Development have attended a number of commissioning events in connection with a recent tender for Derbyshire PTS services and are working towards a final tender submission in December and preparing for the “Go Live” of new rotas in West Yorkshire.
- Contract negotiations have begun with A&E, PTS and NHS 111 commissioners. Focus to date has been to agree joint priorities for commissioning intentions and preparing for the implementation of Payment by Results contract currencies from 1 April 2015 for A&E services.
- The ICT team are continuing to support the roll out of ePRF and Paramedic Pathfinder clinical decision support applications across West Yorkshire and commissioning infrastructure for the new HART and A&E Resource Centre at Manor Mill Lane Leeds and new PTS Planning Centre at CallFlex Wath on Dearne.
- Procurement are finalising the Trusts’ new Procurement Strategy aligned to the NHS national e-procurement strategy and developing an e-requisitioning solution for pilot implementation within the Resilience Dept. during Quarter 4.
- Estates Department staff are supporting the completion of the Strategic Outline Case (SOC) for the proposed move to a Hub and Spoke station model and finalising plans for work to begin in January on the Springhill 2 reception alterations. Work has also begun to strengthen management of Planned Preventative Maintenance (PPM) and reactive work across the Trust including implementation of an estates software planning tool.
- The Fleet Team have been fully engaged in the “7 Days to Make a Difference” in early October specifically focused on improving availability of A&E vehicles through workshop maintenance efficiencies and improved tracking of vehicles.

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

- Patient arrival times have seen some improvement in October following actions to recruit into vacancies and embed in rotas in East Yorkshire. Improvement efforts are continuing on East and South Yorkshire whilst new rotas are in the process of being implemented in West.

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

- System availability suffered during October due to unexpected outage of our (CAD) system w/c 13 October. The system supplier has implemented 24/7 support arrangements to minimise future disruption.

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

- The Trust surplus at the end of October is £1.528m against a plan of £1.717m.
- Cost Improvement delivery for the year to October was 86% of plan (a variance of £852k). The forecast year end delivery is £10.390m which is 100% of plan utilising a number of reserve schemes.
- The full year financial outturn will potentially be adversely impacted by the application of penalties for Red 1 and Red 2 performance should the performance trajectory not be achieved in November, January, February and March.

## **5. Recommendation**

- 5.1 That the Trust Board has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.