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| MEETING TITLE | | MEETING DATE | |
| Trust Board Meeting In Public | | 27/01/2015 | |
| TITLE of PAPER | Trust Executive Group Report & Integrated Performance Report (IPR) | PAPER REF | 5.4 |
| STRATEGIC OBJECTIVE | All N/A | | |
| PURPOSE OF THE PAPER | To give the Board assurance on the activity of the Trust Executive Group (TEG) from 17 November 2014 to 19 January 2015, and the opportunity for TEG to highlight the key variances / movements contained within the December 2014 Integrated Performance Report (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 | Rod Barnes, Interim Chief Executive | ACCOUNTABLE DIRECTOR | Rod Barnes, Interim 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): | | | |
| Key performance indicators discussed at TEG, TMG and the Operational Delivery Team meetings | | | |
| PREVIOUSLY AGREED AT: | Committee/Group: | Date: | |
| | | | |
| RECOMMENDATION | <p>That the Board agrees it has sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.</p> <p>That the Board notes and discusses the variances contained within the December 2014 IPR report, highlighted in the Executive Directors reports.</p> | | |

| RISK ASSESSMENT | | Yes | No |
|--|---|-------------------------------------|-------------------------------------|
| Corporate Risk Register and/or Board Assurance Framework amended <i>If 'Yes' – expand in Section 4. / attached paper</i> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Resource Implications (Financial, Workforce, other - specify) <i>If 'Yes' – expand in Section 2. / attached paper</i> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Legal implications/Regulatory requirements <i>If 'Yes' – expand in Section 2. / attached paper</i> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Equality and Diversity Implications <i>If 'Yes' – please attach to the back of this paper</i> | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ASSURANCE/COMPLIANCE | | | |
| Care Quality Commission Choose a DOMAIN | All Not Applicable Not Applicable | | |
| Monitor Quality Governance Framework Choose a DOMAIN | 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 17 November 2014 to 19 January 2015, and the opportunity for TEG to highlight the key variances / movements contained within the December 2014 Integrated Performance Report (IPR).

2. External Environment

- 2.1 The NHS experienced unprecedented levels of demand over the Christmas period which placed severe pressure on ambulance and NHS 111 services, hospital Accident and Emergency Departments and community and social care. A number of services across the Country declared major incident status. Locally significant delays were experienced in ambulance patient handover times across the County with particular pressures at Hull Royal Infirmary, York Teaching Hospital, Scarborough Hospital and Sheffield Northern General Hospital. On a number of occasions over this period we activated activated local escalation plans in conjunction commissioners and other health partners.
- 2.2 Sir David Dalton has conducted a review for the government on new options for providers of NHS care. The review suggests that new organisational forms such as, learning and clinical networks, partnerships and joint ventures, managerial/operational franchise and mergers could help drive improvements in the quality of NHS services.
- 2.3 The Secretary of State for Health announced on 16 January 2015 that NHS England is to pilot giving ambulance call handlers extra assessment time to improve clinical outcomes. At present, ambulance services are allowed 60 seconds before the clock starts to decide what the right course of action before dispatching an ambulance or initiating another response. Two pilots have been announced where call handlers will be allowed up to a maximum of an additional 120 seconds for assessment, before the clock starts, for all 999 calls except immediately life threatening calls (Red 1). The two pilot sites are South Western Ambulance Service NHS Foundation Trust and London Ambulance Service NHS Trust. During the pilot, ambulance targets for all other providers will remain unchanged.
- 2.4 The Trust has received written notification of unions intention to take industrial action between 12 noon and midnight on 29 January 2015. During this period those taking part in the action will only respond to life threatening calls. This day of action forms part of an escalating national campaign ahead of the general election in May.

2.5 The NHS Trust Development Authority (TDA) published its planning guidance for 2015/16 'Delivering in a challenging environment' in December, requiring trusts to produce one year operational plans. The trust is required to submit a number of checklists / returns culminating in the final plans, approved by the Trust Board and submitted on the 31 March 2015. Key priorities within the guidance include enhancing access to appropriate End of Life and Mental Health services, patient safety and robust workforce planning.

3. Business Planning & Delivery

3.1 The business priority areas include:-

- Deliver improvements in Red 1 and Red 2 response targets in line with agreed trajectories and actions included in the Performance Recovery plan.
- Ongoing recruitment to paramedic and urgent care support vacancies.
- Development of proposals for changes to the A&E workforce plan.
- Implementation of Mental Health clinical roles with our Emergency Operations Centre.
- Further roll out of the Paramedic Pathfinder decision support application and Electronic Patient Report Form (ePRF) 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.
- Deliver all financial targets including 95% delivery of the Cost Improvement Plan (CIP).
- Submission of a formal capacity review to our lead commissioner Wakefield CCG to address the challenges due to growth in Red demand of c13% year to date and excessive ambulance handover delays.

3.2 Trust operational priorities:-

- Following disappointing Red response delivery in quarter 1 and quarter 2, a range of key actions have been 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 delivered a significant improvement in response times during September and October, however performance during November and December

growth in Red demand of 17% and lost operational hours due to delays at hospital.

- Additional improvement actions implemented over the Christmas period included the introduction of Mental Health nurses into EOC and recruiting locality logistics support roles to reduce time spent by clinical staff on non clinical duties.
- Delivery of the A&E Performance Recovery plan actions and Quality and Safety reports are monitored weekly by the Trust Executive Group, with regular reviews by the Trust Board.

December:-

- Red 1 – 8 minutes – 63.4%
- Red 2 – 8 minutes – 60.4%
- Red 19 minutes – 92.5%

Year to date:-

- Red 1 – 8 minutes – 69.3%
- Red 2 – 8 minutes – 69.2%
- Red 19 minutes – 95.6%

- The Executive Team are preparing a refresh of the Recovery Plan ahead of a Board to Board meeting with commissioners on 28 January 2015.
- The 111 service has continued to deliver strong performance throughout the year however growth in demand of 33% in December impacted adversely on call answering performance with 77.9% of calls answered in 60 seconds against a target of 95%.

4. Executive Team Reports

4.1 Chief Executive

- On 2 December 2014 the Chairman and Interim Chief Executive attended a Cross Party MP Briefing Event at Portcullis House London to present an overview of current initiatives and issues within the service and to respond MPs questions.
- The officially opening ceremony of Manor Mill Resource Centre in South Leeds took place on 18 December 2014. The Lord-Lieutenant of West Yorkshire Dr Ingrid Roscoe was in attendance to unveil a plaque commemorating the opening. The event was also attended by Pat Drake (YAS Deputy Chairman), staff and suppliers connected with the project, together with representatives from local emergency services and healthcare partners. Guests were given a live demonstration by Hazardous Area Response Team (HART).

- The Care Quality Commission (CQC) began a planned inspection 13 January 2015. The process began with Chairman and Executive Team meeting the CQC Inspection Team at the Holliday Inn Wakefield to present an overview of our strategic plans and challenge, which was well received. Over the course of three days CQC inspectors visited 15 stations across the County, the two Resilience bases at Magna and Manor Mill and A&E and 111 Control Centres at Springhill, York and Rotherham.

Inspectors clarified that this inspection would be the third ambulance trust pilot review and therefore we will not receive a formal rating. A draft report will be presented to the Trust to comment on factual accuracy within 6 to 8 weeks of the visit. We were thanked by the CQC Inspection Team for the welcome they had received during the visit and the openness displayed by YAS senior managers and staff and the good mix of staff met in terms of length of service and role.

- On 9 December senior managers attended the YAS Leadership and Management Conference in Barnsley. Attendees received presentations on Trust priorities, CQC preparedness and learning Inspections for Improvement and cultural audit being facilitated by Zeal Solutions.
- The Interim Chief Executive and Interim Director of Operations met with the Chairman and Vice Chairman of Yorkshire Air Ambulance at a meeting of the Joint Partnership Board. The Interim Chief Executive also met with Jo Webster Chief Operating Officer of Wakefield CCG to discuss a joint strategic review of ambulance services and the proposed application by the Wakefield health community as a vanguard site for piloting new models of care as described in NHS England's Forward View into Action guidance.
- A number of station visits and ride outs were conducted during December and January to discuss winter pressures and strategic plans including Leeds, Middlewood, Barnsley and Bentley ambulance stations. These visits underlined the commitment of staff to maintaining the highest standards of patient care but also highlighted the need to improve how support service are delivered at station level.

4.2 Operations Directorate

- The major priority for the Directorate continues to be the delivery of the Performance Improvement Plan. December has been an extremely challenging month with unprecedented levels of red demand on a number of days. An increase of over 13% in red activity has been seen with several days seeing over 1000 red calls per day.

- Our demand management plan has been used to address these demand spikes and on a number of days the directorate has operated with a full command and control structure across the Trust and co-ordinated in our Health Gold Cell.
- Paramedic vacancies remain an issue for the directorate and the skill mix is being carefully monitored in the weekly operational improvement meeting with executive colleagues.
- Sickness absence remains high across the departments. Total sickness is 7.16% at end of December. Long term sickness is at 4.55%. Management of absence remains a significant priority for managers.
- Much of the time of the Resilience Team continues to be spent 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
- Handover delays at hospitals continue to be a significant challenge for the Trust. A number of acute providers have had significant handover delays over December and the situation at Hull Royal Infirmary continues to require attention from the CBU and corporate management team. We are working constructively with commissioners, the TDA and the hospital management to find solutions to the problem.

IPR Section 2 (A&E Performance)

| | November | December |
|-----------------|----------|----------|
| Red1 | 72.15% | 63.35% |
| Red2 | 72.20% | 60.40% |
| Combined | 72.15% | 60.61% |

- November IPR Narrative

There was an increase in RED demand of 17% in November 2013. Actions being developed as part of the Operational Improvement Group focusing on Demand, Resources and Efficiency. Red demand remaining high. Abstractions remain high lowering base line operational hours. Performance cell now in place to give additional daily focus.

- December IPR Narrative

There was an increase in RED demand of 10.3% on December 2013. Actions being developed as part of the Operational Improvement Group focusing on Demand, Resources and Efficiency. Red demand remaining high. Abstractions remain high lowering base line operational hours. Large increase in the number of hours lost to Turnaround issue at many of the large Acute's across the region.

4.3 Clinical Directorate

Regional representation

- YAS were instrumental in the delivery of the Yorkshire & Humber Academic Health Sciences Network (YH AHSN) standing conference on Urgent and Emergency Care in November with the Associate Medical Director for Urgent Care being a major contributor.
- It is hoped that this conference will be the starting point for a regional Urgent and Emergency Care Network in line with the recommendations of the TDA's planning guidance.

National representation

- The YAS pharmacist represented the Trust at the NIHCE scoping meeting for the safe management of controlled drugs and has been registered as a specialist advisor for the subsequent development of the guideline.
- Andrew Hodge, UCP manager, presented at the King's Fund on the development of Urgent Care Practitioners.

Research

- Martin Parkinson, Research Fellow and Paramedic at Bentley Station, has had two papers accepted for publication in the Journal of Paramedic Practice; 'Palliative emergencies in the pre-hospital setting; the role of the paramedic and a critique of the evidence underpinning current treatments' and 'The evolution of pre-hospital pain management: a case for the use of intranasal fentanyl for severe pain'.
- Health Services and Delivery Research have also published 'A qualitative study of decision making and safety in ambulance care transitions'. YAS was a major contributor to the study led by Dr Rachel O'Hara from the University of Sheffield.

Awards

- Following the 'Restart a heart' scheme Jason Carlyon, Clinical Development Manager, has won the Yorkshire Post Health Awards 'Emergency response worker of the year' and the team won 'Team of the year'.
- The Associate Medical Director (Quality) and Lead Paramedic organised a regional workshop to review the recognition and immediate management of sepsis. The event was well attended and further workshops will be held.

Clinical Development

- New pharmacists for NHS 111 have been employed and pre-implementation training has begun.
- A pilot utilising Mental Health nurses in EOC to review and manage patients who have called in mental health crisis was successful over the Christmas period. In ten shifts 94 patients were triaged by the nurses who prevented 65 ambulance attendances by managing the patients with telephone advice or direct referral to their own Community Psychiatric Nurses or community-based mental health crisis teams. The pilot has been extended into the New Year.
- The Clinical Directorate has been put under immense pressure with the loss of the Deputy Medical Director to the post of Interim Executive Director of Operations. However, the increased demands related to the implementation of UCPs, the roll out of Paramedic Pathfinder, the continuing demands of the Hillsborough Inquests and the inability to secure outsourcing for the health care records management function have been absorbed into the current establishment.
- In addition, the team have continued to attract SRG funding for mental health and frequent caller solutions, deliver continuously improving outcomes from cardiac arrest, support the continuing improvements in major trauma care and maintain a comprehensive clinical audit function whilst providing ad hoc senior clinical support in EOC at times of unprecedented A&E demand. They also continue to make significant contributions to the development of the national ambulance services position in the provision of urgent and emergency care. Their efforts should be acknowledged by Board and the continuing pressures recognised as a risk to sustained delivery.

Service reconfigurations

- Stroke services at Airedale are planned to be stopped by summer 2015 with hyper-acute services centralised to Bradford;
- Three month review of paediatric service reconfiguration at Dewsbury has demonstrated very little impact on YAS;
- Continued issues with maternity transfers from Friarage Hospital Northallerton to James Cook University Hospital Middlesbrough with unrealistic expectations of locally-commissioned solution.

IPR Exceptions

- Stroke 60 remains a challenge to deliver nationally. The Stroke 60 ACQI has been raised at a national level and the national lead for stroke care has presented to NASMeD.

- The Trust's resuscitation strategy concentrates on improving survival to discharge from out of hospital cardiac arrest rather than the measure of Return of Spontaneous Circulation (ROSC) at hospital which is not an effective patient-centric measure of good practice. This is demonstrated by the Trust's survival to discharge rate for the Utstein Comparator group of 39.8% YTD which remains the highest in England for the fourth consecutive month.
- YAS achieved 87.2% in August for STEMI 150 with no exceptions due to YAS operational delays. Exceptions identified that are outside YAS control are discussed at the regional cardiac network meetings.

4.4 Standards and Compliance Directorate

- Care Quality Commission: Preparations for the planned CQC inspection between 13 and 16 January 2015 under the new ambulance inspection methodology continued, with submission of a substantial body of pre-inspection information. The Executive Director of Standards and Compliance and Executive Medical Director attended a Quality and Safety Desktop Review session with the Trust Development Authority as a precursor to the CQC inspection.
- Hillsborough: The Trust has continued to contribute actively to the inquest process and to plan for the key stages ahead, with witnesses from the former South Yorkshire Metropolitan Ambulance Service. The Trust is continuing to liaise with the Trust Development Authority, NHS England and commissioners to seek external support for the inquest costs.
- 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. YAS has also been successful in securing funding support for further pilot work to enhance the use of pharmacist and pharmacy support staff skills both within the NHS 111 call centres and as a referral end point, to supporting the increase of dental triage during winter period, and to improving the value that NHS 111 can provide to palliative care patients. The service will also continue to expand its successful pilot of home working for staff.
- 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. No specific allegations of abuse have been highlighted relating to Savile's activities in the ambulance service, but the report will focus on the nature of Savile's contacts with the service, how these were managed and lessons to be learned from this. It is anticipated that the report will be

published along with a number of other NHS reports in the near future, although a publication date has not yet been confirmed by the Department of Health.

- **Sign up for Safety:** The Trust has formally signed up to the new national patient safety programme and is in the process of developing a detailed action plan aligned to the wider Trust Clinical Quality Strategy.

IPR Exceptions

- **NHS 111:** Call volumes rose to 33% above the normal monthly rate in December, above the seasonal rise anticipated, creating significant pressures on response times. Additional staff to manage the demand were in the recruitment and training process and are now in post, with performance now stabilised at above 95%. During the periods of intense pressure additional clinical staff were rostered to support triage and management of patients and to ensure the continued delivery of a safe service.
- **Complaints and concerns:** The number of complaint responses taking longer than 25 days remains higher than desired, but there has been a marked improvement in the position in November, following changes to the complaints policy and procedures and integration of EOC complaint management into the Patient Relations Department.
- **Safeguarding Training:** The Safeguarding Children Level 2 Workbook was introduced 3 years ago. As a result, a number of staff are now due to complete the update, resulting in the 23% decrease in compliance since October. The issue has been highlighted to managers, together with the need to check the compliancy levels of their staff and ensure that training is completed where appropriate. The Safeguarding team is working with managers to prioritise the completion of refresher training.

4.5 People & Engagement Directorate

Human Resources

- Following the launch of the Employee Well-Being group in November with representatives from service areas across the Trust, the group have developed action plans for both physical and mental well-being to accompany the Employee Well-Being policy to be launched following a review at Quality Committee in February. A calendar of events is being developed to support the work identified within the action plans.
- Recruitment to core services continues to be a key focus of the Human Resources team. During the last two months (November – December 2014) there have been 135 (94.8 w.t.e.) new starters into the Trust.

- In addition the senior directorate team continues to support the development of the A&E five-year workforce model, working closely with the A&E operations senior management team and the local staff-side representatives.

Organisational Effectiveness and Education

- Progress against the Training and Education plan for the Trust continues with additional programmes being delivered to meet the recruitment demands. The additional paramedic programme is being recruited for on 16/1/2015 which commences in February aimed at Assistant practitioners. Additionally an alternative paramedic programme has been developed in conjunction with Teesside University aimed at Technicians. As part of the career pathway the level three Diploma in clinical healthcare is available for ECAs and there are a total of 234 completing the programme which is required for future progression onto paramedic education and is being developed as the national standard at this level.
- YAS have won a bid by the clinical skills network to introduce an immersive simulation suite. This would be based at Manor Mill site and will allow the use of simulation to enhance training provision.
- Work to improve staff engagement across the organisation continues. Focus groups have been held which will support the development of a cultural survey to be issued to all staff in February. Additionally the staff survey results are currently being finalised and will be published in February. The final quarter of the Friends and Family test will be issued in January.
- The Kouzes and Posner leadership development programme is due to be rolled out to the wider cohort of managers commencing in February. This includes the 360 degree feedback tool.

Corporate Communications

- Over the Christmas and New Year period we secured a large amount of coverage both in highlighting the levels of demand facing the organisation and people making sensible choices about their care. This coverage was in most cases very balanced and the media were supportive in getting positive messages to the public.
- Communications in the last few weeks have centred around Unite the Union's continued leverage campaign against the Trust and we have dealt with issues such as alleged downgrading of calls to meet targets, sending ECAs out without more experience staff and 2300 complaints by whistleblowers. These issues have been picked up widely by the

media and we have strongly rebutted them and in cases complained to certain media about the lines they have taken.

IPR Section 4 Workforce

- Lost working time due to sickness absence: The overall level of sickness absence sits at 7.21% showing an increase reduction from November. Long-term sickness absence is the greater proportion of sickness absence in operations, with the East Yorkshire CBU being of particular note. Anxiety, depression and associated mental health issues together with musculoskeletal problems are the main reasons for sickness absence across the Trust.
- Highest levels of absence were in NHS 111 (10.55%), A&E EY (9.55%) Ancillary Division (8.25%) and PTS (7.37%)
- Performance Development Reviews (PDRs) - The overall completion rates for PDRs has improved slightly in December to 69.3% against the Trust target of 75%. This reflects the overall number of PDRs scheduled to be undertaken during this stage of the year and the current necessary focus on operational performance. There are a number of measures in place to respond to the drop in completion rates, balanced against the work taking place to ensure that the quality of the appraisal process continues to be enhanced. Work will commence shortly to better align the PDR process to the business planning cycle.
- The most significant areas of concern are:-
 - Finance Division 32%
 - Fleet 67%
 - A&E NY 64%
 - A&E SY 49%
 - EOC 68%
 - NHS 111 68%

4.6 Finance & Performance Directorate

- Staff from PTS and Business Development have been working on the recent tender for Derbyshire PTS services and completed the final tender submission in December.
- 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.

- Business Intelligence are currently working with Iain Bell from IMAS on the development of the IPR and data warehouse.
- The ICT team are continuing to support the roll out of ePRF and Paramedic Pathfinder clinical decision support applications across West Yorkshire. The roll out of smartphones was completed in December along with the installation of new, state of the art EOC wallboard screens and system. ICT are also supporting implementation of the PTS Taxi Portal which is expected to go live in January.
- Procurement are finalising the Trusts' new Procurement Strategy aligned to the NHS national e-procurement strategy and the new Head of Procurement started in post in January.
- Estates Department staff have been supporting the completion of the Strategic Outline Case (SOC) for the proposed move to a Hub and Spoke station model. Work is also continuing on moving forward the Trust's sustainability programme in order to reduce the carbon footprint of the Trust and reduce energy costs (for example, replacement of old, inefficient boilers).
- The Fleet Team have been fully engaged with Operations colleagues in improving availability of A&E vehicles through workshop maintenance efficiencies and improved tracking of vehicles.
- The Finance Team are currently focused on 2015/16 budget setting and financial plans. The Finance team together with Business Development are heavily involved in supporting the current A&E, PTS and NHS 111 contract negotiations for 2015/16. The team continues to be engaged in the further development of Service Line Reporting and supporting Business Development with new business proposals and models of delivery.

IPR Section 2d (ICT)

- There has been no further outage of our (CAD) system since 25th October. The system supplier continues to implement 24/7 support arrangements to minimise future disruption.

IPR Section 5 (Finance)

- The Trust's forecast year end surplus is £2.9m against plan of £2.9m. However this may potentially be significantly impacted by the application of penalties for Red 1 and Red 2 performance and Hillsborough cost pressures.
- The cost improvement delivery for the year to December was 107% of plan (a positive variance of £741k). The forecast year end delivery is £11.05m which is 107% of plan (97% recurrent) through utilisation of a number of reserve schemes.

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.