



MEETING TITLE Trust Board Meeting in Public		MEETING DATE 30/07/2020	
TITLE of PAPER	Chief Executive Report & Integrated Performance Report (IPR)	PAPER REF	TB20.026
KEY PRIORITIES	All		
PURPOSE OF THE PAPER	The purpose of the paper is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 27 March 2020 to 23 July 2020 and the opportunity for TEG to highlight the key variances/movements contained within the June 2020 Integrated Performance Report.		
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, Chief Executive and TEG	ACCOUNTABLE DIRECTOR	Rod Barnes, Chief Executive
DISCUSSED AT / INFORMED BY – include date(s) as appropriate [free text - please provide an audit trail of the development(s) / proposal(s) subject of this paper: see also guidance 3 overleaf]: Key performance indicators discussed at TEG, TMG and the Operational Delivery team meetings			
PREVIOUSLY AGREED AT:	Committee/Group:	Date:	
RECOMMENDATION(S)	The Board is asked to: <ul style="list-style-type: none"> • Receive assurance on the activities of the Executive Team • Note the variances contained within the June 2020 IPR report, 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"/>
Equality Impact Assessment <i>If 'Yes' – expand in Section 2. / 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 <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASSURANCE/COMPLIANCE			
Care Quality Commission Choose a DOMAIN(s)	All		
NHSI Single Oversight Framework Choose a THEME(s)	1. All		

Trust Executive Group Report

1. PURPOSE/AIM

The purpose of the paper is to give the Board assurance on the activity of the Trust Executive Group (TEG) from 27 March 2020 to 18 July 2020 and the opportunity for TEG to highlight the key variances/movements contained within the June 2020 Integrated Performance Report.

2. EXTERNAL ENVIRONMENT

In May the Humber, Coast and Vale Health and Care Partnership became an Integrated Care System (ICS), after their application was ratified by NHS England and NHS Improvement. To become an ICS, the system has had to demonstrate that its partners have a shared vision to improve services for its whole population now and in future, backed up by robust planning and strong collective leadership and accountability.

On 11 May, the Government published 'Our Plan to Rebuild: The UK Government's Covid-19 recovery strategy' - a detailed 50-page plan which sets out guidance for Phase Two of the Coronavirus pandemic. The Plan sets out the importance of innovative operating models for health and care settings, strengthening them for the long term and ensuring they are safe for patients and staff in a world where Covid-19 continues to be a significant risk. This will likely include using more digital consultations and remote monitoring, bolstering capacity in community care and step-down services to steps to mitigate against the longer-term impacts of delayed and paused medical procedures and screenings.

The Three Integrated Care Systems (ICSs) in Yorkshire are currently designing and planning for the local response in support of the recovery and restoration of local health and care services following the Covid-19 outbreak. Each ICS footprint forms the core basis of these plans being put in place. Further national guidance in relation to recovery and restoration is expected at the end of June. As a first step in relation to the above, each ICS has been asked to complete a base case forecast of activity for the remainder of the year, taking Covid-related limiting factors into account by 19 June. A second forecast of resources required to bring activity levels into line with 'normal' activity is scheduled to be completed by 23 June.

As a result of the first wave of Covid-19 in the UK in spring 2020 and how this was experienced across the urgent and emergency care system nationally, NHS England/Improvement (NHSE/I) are supporting recovery through the adoption of the 'Talk Before You Walk' concept. The approach is being piloted in four health systems in England (London, Hampshire, Cornwall and the North East) with the intention of supporting restoration and recovery by encouraging patients with lower acuity health care needs to ring NHS111 before self-presenting at acute hospitals.

Our own regional mobilisation focused on Emergency Department, primary and community pathways and mental health crisis is progressing quickly with the joint YAS and Y&H ICS oversight group meeting weekly to develop proposals for final

approval by YAS and system partners later in the summer. Our regional programme has been awarded 'fast follower status' by NHSE/I.

HRH The Duke of Cambridge has written to all UK ambulance services expressing his *"personal thanks for the truly remarkable work that the Ambulance Services of the United Kingdom are doing, day in day out, to keep us all safe and keep the country going during these extraordinarily difficult times"*. The letter also highlights the work of the charity *Our Frontline*, which It brings together support from leading mental health charities working in partnership with The Ambulance Staff Charity (TASC) and similar charities for fire fighters and the police to support the mental wellbeing of those working on the frontline.

In June Public Health England (PHE) published a review of disparities in the risk and outcomes of COVID-19, *Beyond the data: Understanding the impact of COVID-19 on BAME groups*. The report clearly identifies that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. It is increasingly clear that COVID-19 does not affect all population groups equally. Many analyses have shown that older age, ethnicity, male sex and geographical area are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death.

Increased understanding that COVID-19 is having a disproportionate impact on black, Asian and minority ethnic (BAME) patients and staff across the NHS, combined with the death of George Floyd in Minneapolis has heightened national support for the Black Lives Matter campaign. This month NHS England launched the NHS Race and Health Observatory, a new independent centre to stimulate understanding and action. A large number of NHS organisations, including ourselves, London Ambulance Service and the Association of Ambulance Chief Executives have issued statements in support of the Black Lives Matter campaign, reiterating the importance of diversity and inclusion.

NHS England and St John Ambulance are joining forces to recruit and train thousands of 'NHS cadets'. The cadets will offer a route into health service employment for up to 10,000 young people. The programme funded equally by NHS England and the charity will provide 14 to 18-year-olds with first aid training, courses to develop their leadership skills, and volunteering opportunities across the NHS. The NHS Cadet programme is being piloted across Colchester, Hull and London and will be rolled out across England with Liverpool, Bradford, Hertfordshire and Wirral in the coming months, with the aim of enrolling 10,000 young people by 2023.

The programme is seeking young people from marginalised backgrounds, including teenagers from BAME communities, young people not in employment, education or training and others who might not have previously considered a career in the NHS.

An online memorial service was held on Monday 11 May 2020, to remember the 56 football fans who died in the Bradford City fire 35 years. The service, featuring readings and prayers, was moved online due to the coronavirus pandemic. Bradford City were playing Lincoln City at Valley Parade when the fire killed 54 Bradford fans and two Lincoln supporters on 11 May 1985. Tributes to those who

died and were injured were paid on social media ahead of the service. Andy Simpson, YAS's Sector Commander in Calderdale represented the Trust.

3. EXECUTIVE TEAM REPORTS

3.1 Chief Executive

COVID-19

The Government is continuing to ease lockdown measures in line with a slow but steady decline in the number of new COVID-19 cases being admitted to hospital over recent weeks, with easing of staff shielding and restrictions on care home visits amongst the latest announcements. Regionally the reproduction rate of the pandemic (the 'r' rate) is currently estimated to be around 0.8 with in line with the average across England with efforts focused on containing outbreaks in specific areas. According to the latest data from Public Health England (PHE) the areas with the highest rates of infection are contained within East Lancashire, the East Midlands, West and South Yorkshire and the West Midlands, with inflection rates between 21 people per 100,000 (Calderdale) and 79 (Blackburn and Darwen).

There have been widespread discussions about the risks and potential timing of a second peak of the virus. The SAGE Scientific Pandemic Modelling Group have identified the importance of effective contact tracing (80% and above of contacts identified in 48 hours) and public behavioural change as the most important factors if we are to avoid a second increase in cases in later this year.

In addition to existing measures to support our staff such as enhanced Wellbeing and Personal Protective Equipment, we have completed site risk assessments across the YAS estate to ensure we can maintain appropriate social distancing measures in line with recently issued Guidance for Ambulance services - Working Safely in Non-Clinical Areas. We have conducted antibody testing for staff in-line with the national programme that concluded earlier this month and we are currently undertaking individual risk based assessments for staff.

A 'Recovery Cell' has been established within the Trust to oversees the development of our COVID recovery programme plan, providing reporting and assurance routes through to TMG and TEG. Work is organised over four themes:

- Our Patients
- Our People
- Our Organisation
- Our Systems

The work of the Cell will ensure we continue to support the safety and wellbeing of patients, that our plan is aligned to system partners and that we capture learning and innovation.

To mark Volunteers' Week (1- 7 June 2020), we turned the spotlight on the invaluable contribution our volunteers have made during this unprecedented period. We used social media, *Team Brief Live and other communications to*

highlight not only the valued support we receive from our community first responders (CFRs), Patient Transport Service (PTS) volunteers, Critical Friends Network and BASICS doctors but also the additional roles taken on by volunteers to support our response to COVID-19. New roles our volunteers have taken on in recent months include cleaning ambulance stations, transporting waste, taking NHS 111 calls and PTS bookings, working in our Emergency Operations Centre as call handlers and resource dispatchers, working as ambulance care assistants within PTS, and fitting passenger bulkheads in PTS vehicles to support social distancing and minimise the risk of infection.

Tragically we lost four very valued colleagues from our A&E operations and NHS111/ IUC service, to Coronavirus between April and July. Families and colleagues have been provided with welfare support. Condolences were received from Lord Lieutenant Offices across Yorkshire, NHS Trusts, ambulance services and wider stakeholders.

3.2 Staff Engagement Platform - Simply Do Ideas QI platform

Over the last few months, the QI team, with cross-directorate support, has completed a competitive tender exercise to procure a new QI staff ideas software platform as part of the QI strategy. This is on an initial one-year licence to enable an evaluation of its use in practice, with the potential to extend if successful. The platform was launched to all staff on Friday 29 May.

The platform is designed to support easy access for staff to contribute ideas for improvement - on any topic, or in relation to specific challenges posed by the Trust or for specific teams or staff groups.

The software enables full visibility for all staff of the ideas generated, will allow real time interaction and voting on ideas and supports tracking, feedback and transparency on follow up action. This will replace the current Bright Ideas scheme, which is very limited in terms of staff interaction and highly labour intensive to manage.

The platform is being launched with a focus on two challenges:

- Health and Wellbeing – Taking care of yourself during the pandemic
- Bright Ideas

The potential to introduce a staff challenge relating to the job cycle efficiency improvement project is also being considered and discussions are ongoing with a number of management teams on the potential for challenges on more locally specific issues.

We also recognise the potential opportunity to use the platform to hear staff ideas in relation to the COVID-19 pandemic. YAS haven't set a specific challenge about this yet but are thinking more about how we might potentially use the platform to enable staff to share their ideas arising from the COVID-19 experience in the coming weeks, as we move forward with our wider organisational learning and recovery plan.

Going forward, the platform has the potential to be a core component in the next stage of the Trust QI strategy and will support the work of the QI Fellows and Rapid Process Improvement Workshops. The procurement also encompassed the potential to broaden implementation to other Northern Ambulance Alliance Trusts if successful, as part of the development of the NAA Virtual QI Academy which was approved by the NAA Board earlier this year.

3.3 National Charity Fund Update

YAS Charity has been extremely active during the Covid-19 pandemic, primarily to ensure that our colleagues and volunteers receive additional support as they deal with the many issues that the pandemic has brought. This support has taken many forms and includes initiatives to get supplies out to all sites, such as toiletries, items of food and drink, hand-cream etc. It also became apparent from the outset of the pandemic that many families were being hit hard financially, through no fault of their own, as a result of the Covid-19 situation. As a result, to date, the Charity has issued over 60 emergency hardship payments, usually in the sum of £250, to YAS colleagues and volunteers, and provided signposting to other organisations who may be able to help them, such as The Ambulance Service Charity.

YAS Charity has now allocated further colleague support, with funding of around £40,000 to be spent at a more local level by the relevant business units, dependent on the needs they identify within their teams. This support is being funded from two sources. Firstly, an early decision was made to allocate some designated funding from YAS Charity's existing general funds, in recognition of the need to support our people through an exceptional set of circumstances. Secondly, no-one could have missed the exploits of Captain Tom, plus the numerous other people who have donated to, and fundraised for, the national NHS Urgent Covid Appeal. The appeal organised by YAS Charity's membership body, NHS Charities Together (NHSCT), has been incredibly successful, reaching its £100m target in just a few weeks and continuing to grow even further. YAS Charity has received two grants so far from phase one of this appeal, totalling £73,500, which have also been designated for staff support.

We have also used the "Simply Do" online platform to seek feedback on how we might spend a potential third and final tranche of funding under phase one, which may be used to specifically tackle issues related to Covid which disproportionately affect our BAME colleagues' volunteers and communities.

We will shortly move into phase two, where YAS Charity will be invited to bid for funding to support partnership projects aimed at helping patients to return home from hospital more quickly, and/or reduce admissions in the first place. Then, later in the year, we also expect to receive further funding in phase three, which will be to support recovery projects, such as mental wellbeing initiatives or respite and rehabilitation for colleagues and their families.

All of this activity is taking place in addition to the "business as usual" of YAS Charity, which continues to accept applications for grants in our three priority areas of engaging communities, Supporting Colleagues & Volunteers and Saving Lives. We are very much aware of the ongoing need for YAS Charity to be active in all three of these grant making areas long after life returns to normal and we

are therefore adopting a prudent approach to ensure that this will be possible. At the Charity Committee meeting on 9th July, a draft Business Plan with associated strategies was presented for comments and feedback. The Interim Charity Fund Manager will now make some edits and additions to this document, along with an analysis of the resource implications, in the expectation that this plan can be approved and ready for implementation when Danielle Norman (Substantive Charity Fund Manager) returns from Maternity Leave in September. The funding received, and subsequent ongoing grant-making from the NHSCT appeal plays a vital part in this business plan, and there is a strong feeling that it has presented a growth opportunity to enhance our existing aspirations for YAS Charity.

3.4 Doncaster “Hub and Spoke” Ambulance Station & Ambulance Vehicle Preparation Roll-out

The Trust’s first Hub and Spoke facility opened in Doncaster at the end of February 2020. This included the remodelling of the current Doncaster Ambulance Station to the new state-of-the-art Hub design on the existing site at Clay Lane West, incorporating staff and resources previously based at Bentley Ambulance Station. The scheme also includes five spoke facilities sited within the local community in areas of highest demand (local ambulance response points), Ambulance Vehicle Preparation (AVP), a fleet workshop, the replacement of 16 double crewed ambulances and consolidation of training premises.

Four of the Local Area Response Points are operational: Bentley (temporary site on the closed Ambulance Station site); Edlington (co-located with South Yorkshire Fire & Rescue, SYFR); and, Hatfield, and Adwick (co-located with SYFR). Rossington (co-located with SYFR) has been delayed due to Covid restrictions.

The programme of rolling out AVP has been progressing in support of the Trust’s response to COVID-19, ensuring ambulances are thoroughly cleaned, re-stocked and equipment checked by a dedicated support team, freeing our clinicians to focus their time on patient care.

AVP teams at Leeds and Huddersfield ambulance stations have been expanded to provide a station cluster AVP model across Leeds (Leeds, Bramley, Manor Mill and Seacroft stations) and Huddersfield (to include Honley station) to allow surrounding smaller stations to benefit from AVP, with vehicles ring fenced to the cluster. Huddersfield cluster is operational, and the Leeds cluster is due to fully go-live at the end of June. York station is also being supported with consumables packs prepared by Leeds based AVP staff.

Additional staff have been recruited to expand AVP into Bradford Station, with staff training and ambulance reconfiguration beginning in July to support full go-live in September. The Trust is also progressing plans to introduce AVP at Harrogate Station.

Detailed evaluations of pilots in Wakefield and Leeds established AVP significantly improves vehicle cleanliness compared to traditional cleaning methods (Mackenzie & Pilbery 2019). The Trust’s Clinical Governance Group have overseen a ‘deep clean’ pilot, which has recently concluded confirming the effective cleanliness of AVP vehicles and supporting safely extending ambulance deep clean cycles from 5 to 12 weeks.

3.5 Operations Directorate

The following describes the key issues and exceptions from the Operations teams.

As a result of COVID-19 it has been very difficult to draw comparisons with previous periods although June has generally been in line with April and May.

Demand

YAS, in line with other UK ambulance services are currently experiencing demand around 10-15% below the same period last year. This has been constant for the last three months although demand started to gradually increase towards the end of June and into July as we lockdown rules were relaxed.

The proportion of calls between categories has also continued to change over recent months as a result of the introduction of Protocol 36 which has increased the number of calls categorised as Category 3 and reduced the number of Category 1 and 2 calls.

Protocol 36 remains in place but is reviewed nationally on a weekly basis and is currently subject to national evaluation.

Conveyance Rates

As we have seen lockdown ease across Yorkshire, we have started to experience an increase in the proportion of patients conveyed to hospital.

Historically we convey approximately 67% of patients to hospitals however during the peak of COVID-19 in April 2020 this reduced to 51%. In June we conveyed just less than 62% of patients to hospital.

This is likely to be an area of intense scrutiny over coming months, especially as YAS has historically been at the higher end of conveyance rates across the UK. However, we believe that the continued practice of basing experienced senior clinicians in our Emergency Operations Centre (EOC) will help maintain the conveyance rates in below 60%

Hear and Treat

Linked closely with conveyance rate is the use of Hear and Treat within EOC. Having senior clinicians within EOC has allowed our existing clinical team to focus on Hear and Treat. This has increased Hear and Treat from a baseline of 7% of incidents closed with advice over previous months to a peak of 11% incidents closed in April 2020. This has since fallen during June but remains one of the highest across the UK ambulance services.

Response Performance

Since the beginning of April 2020 YAS has significantly exceeded all ARP standards with the notable exception of the Category 1 mean standard. Although the standard was achieved in June with 6 minutes 59 seconds it still remains an

area of concern. We have experienced between 5-20 seconds increase in the average Cat 1 mean standard.

The challenge around Category 1 mean was frustrating as we were experiencing lower demand and had good levels of resource availability. Having low demand and high availability has allowed us to significantly achieve in all other category's (including Category 1 90%)

Upon investigation it was identified that the additional time on Category 1 calls was due to increased mobilisation time.

Further analysis showed this was due to the ambulance crew being mobilised from an ambulance station rather than, in normal circumstances, mobilising from a lower category call while moving. This is known as 'rolling wheels' mobilisation.

Actions were taken during late May and early June to re-focus on the roadside standby process and increase the opportunity for 'rolling wheels'. Following discussions with EOC staff and Trade Unions this has now been implemented and we have now seen all ARP standards being achieved.

Hospital Turnaround Delays

Turnaround times at hospitals have remained fairly constant during COVID. Despite experiencing handover times reducing by an average of 3 minutes the handover to clear times have increased by the same amount.

This is understandable due to the need to doff PPE, rehydrate and decontaminate equipment. YAS have attempted to mitigate some delay through the use of 'cleaning teams' outside Emergency Departments (ED's) but there remains a risk to YAS if the handover delays start to increase at ED's due to social distancing and increased attendances.

Job Cycle Time Improvement

In conjunction with the QI team the operational management team have commenced work around reducing the job cycle time including handover times. The total cycle time has been broken down into constituent parts with focussed QI work being undertaken around each part. The benefits of this will be increased efficiency and increased available operational hours.

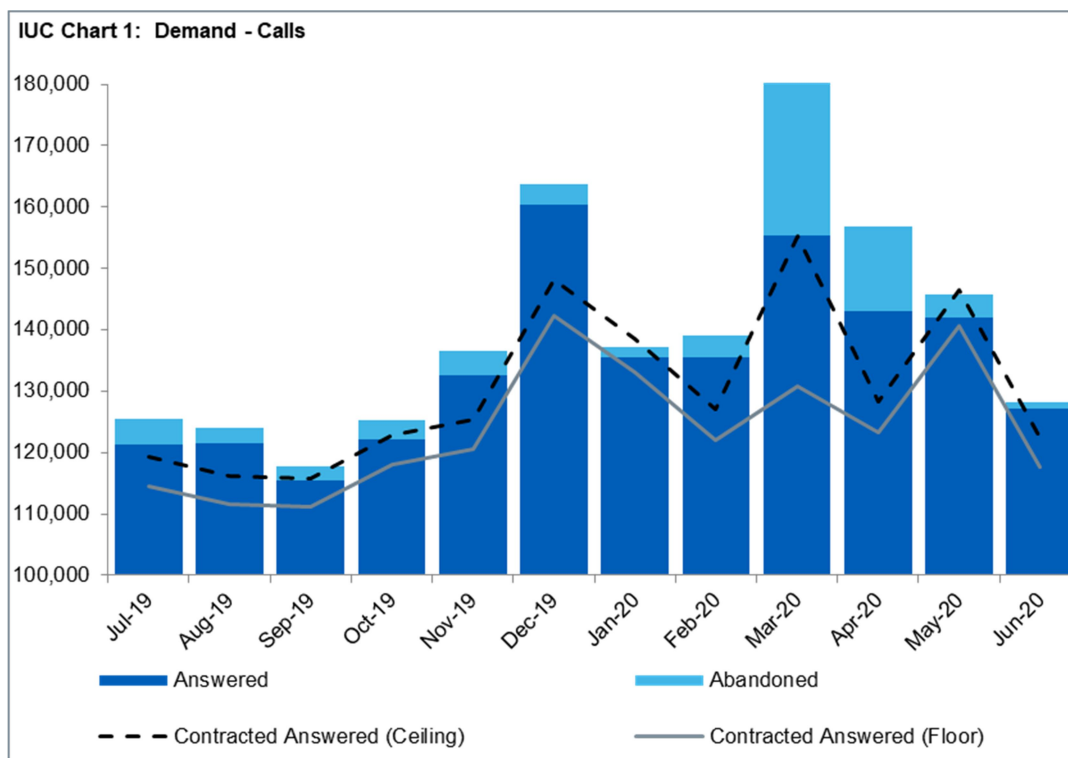
Yorkshire Air Ambulance (YAA)

The Yorkshire Air Ambulance is now back operational after the training to support the Nightingale Hospital Harrogate.

3.6 IUC General Update

Demand and Performance

Demand (Calls offered) in June once again saw a reduction; down 12.2% on May. Despite this, call levels are still above the typical June, with an increase of 4.3% on last June.



Recruitment in May and June has seen an increase in health advisors, taking staffing levels above those normally required for the current volumes being received, and which has had a positive impact on performance.

Therefore call performance has continued to improve; up 7% on May's figure, with the proportion of calls answered in 60 seconds in June above target at 94.8%. Clinical Advice has also increased back above target for the 2nd month running, bringing the YTD figure above target. Proportion of Call Backs made within 1 hour has reduced below the target for the month but still on track year to date.

ED and Ambulance validations have both improved to above target levels during June, however the YTD figure for both are still below target.

Last month the ED referral rate was noted as an exception c15% and this has been reviewed. The following is a summary of key aspects noted:

- Data problems initially identified now resolved.
- All data backdated and reports corrected.
- ED referral rate still remains high.
- YAS ED referral rate matches national trend, which has also increased.
- Daily audit in place in July to understand further.
- NHS Pathways, NHS England and other providers have been contacted for their insight.

Referral rates have been amended in the data as noted in the table one below:

Figures	April 20	May 20	June 20
Original ED referral rate	10.9%	13.9%	14.9%
New ED referral rate	10.4%	13.2%	14.1%

Table one ED referral rate changes

Further information will be provided in August associated with any understanding over the cause of the rise and if there are multiple factors i.e. patient acuity/ mix, NHS Pathways changes, new staffing.

Covid Response and Recovery

The IUC team continue to support the Covid 19 response and recovery within the Trust including

- Support for our staff shielding at home to return to the call centres from August
- Rollout of video consultation across the call centres
- Development calls with NHS England associated with booking interface to support a mixed model of face to face and telephone call bookings
- Planning for NHS Pathways release version 21 in August
- Additional training and recruitment, with another 22 health advisors, 4 clinical advisors commenced training on 13 July 2020.
- Further scoping/ development of a home working solution for health advisors to support options for staff deployment in future waves / peaks.
- Scoping internally and externally IUC support for patients that currently 'walk in' to ED departments
- Involvement in the wider Trust recovery process to ensure learning from pandemic taken forward into future service models.

3.7 Patient Transport Service (PTS)

In line with the national guidance on social distancing, all patient journeys have been single occupancy since 28th March. Essential patient transport only was provided as lockdown was initiated, an increase in planned care transport bookings should be noted and as of w/c 8th June YAS were delivering 50% planned activity patient journeys. Short notice patient discharge & transfer activity has shown a slow and continuous increase during April and May, 270-300 per day; of note, continued increased short notice bookings on weekends. The Covid suspect and positive patient numbers being transported by PTS crews have declined since 4th May.

In addition:

- To date, 218 of our PTS vehicles have been fitted with bespoke-fit temporary passenger bulkheads, exceeding national guidance for PTS

vehicles. Also preparing the Service should a second peak occur or future outbreaks in years to come.

- As demand has increased, all PTS staff are now conveying suspect and positive patients – (end of May) 4,932 COVID positive/suspect patients conveyed by PTS staff wearing Level 2 personal protective equipment (PPE).
- YAS PTS Leadership have a proactive role in overseeing and supporting all of the Yorkshire and Humber PTS contracts delivered by other PTS providers; this has ensured that there is full and assured oversight for all patients requiring transport for NHS services.
- Sickness levels have stabilised at just under 20%.

The PTS leadership team from YAS have contributed to the development of the latest guidance being developed by NHSE/I on the PTS COVID response. New guidance continues to be expected soon.

Recovery and planned care “Restart”

Regionally, we are working with Acute Trusts, regional system partners and NHS England guidance to manage elective care appointments re-starting. This includes system scenario-based modelling, for a phased increase in demand for PTS services. This will be managed in accordance to the scale and speed of that happening, alongside social distancing measures. It is anticipated this will be the greater challenge in the forthcoming 4-6 months.

The PTS Managing Director is a member a newly formed WY&H Planned Care Alliance (Senior/Exec level group), who will recommend to ICS CEO's and Accountable Officers recovery plans agreed in principle.

With the ongoing support of PTS commissioners, over the coming weeks YAS will continue to engage with stakeholders to communicate the changes to booking processes.

North Lincolnshire Contract update.

In February 2020, the Extraordinary Meeting of the Board of Directors in Private approved a proposal to enter a contract with North Lincolnshire CCG for the provision of the Non-Emergency Patient Transport Service. This included mobilisation from 6th March 2020, and entering a 5-year contract for the services

Since that time, mobilisation has been completed, estate has been leased and following consultation during May, all but one TUPE transferred staff have been assimilated on to YAS Agenda for Change terms and conditions.

The required estate works on the ambulance station have now been completed, and a Service Delivery Manager, Justine Cockerham has been appointed.

As part of the costings, the Trust Board approved the procurement of 23 new ambulances for the Contract, however at the time the full costs for these had not been finally quantified. The full cost of these is covered in the emergency contractual agreement and indemnity is with North Lincolnshire CCG. For completeness, and Board awareness an order has been placed for 23 vehicles in line with the approved Board paper.

Hull Contract Update.

The new contract has embedded really well; the staff have a new base known as “Hamburg Road Ambulance Station”; which has also got some capacity for local training.

Recovery of planned care in Hull and East Riding is underway, with PTS and YAS fully involved.

3.8 ICT / Digital

NHSE/I have approved the business case to use PA Consulting to assist in the development of a Target Operating Model (TOM) for ICT, as a follow on from last year’s work related to capacity and skills to deliver the strategy. PA Consulting will commence their engagement on 8th June and this design work will take approximately 4 weeks with implementation of the TOM expected to be complete by the end of 2020.

The latest version of ePR (the Luna sprint) was released earlier this month (9 June). The Luna version includes functionality to match and retrieve patient NHS numbers and a number of clinical pathways enhancements including the ability to access the Making Every Contact Count MECC Link website to provide access to information on wider health and wellbeing support available to patients.

- The Trust continues to work with partners as part of the Yorkshire & Humber Care Record (YHCR) programme. YAS and Leeds Teaching Hospitals are the first organisations to go live across the UK with the electronic transfer of ambulance care records into the hospital record system. Automated transfer of ambulance data into hospital patient records allows for a more rapid and smoother process in administration when receiving a patient into acute care. It also assists in ensuring that clinical and care staff are provided with up-to-date information to improve patient safety and care.

A number of measures and innovations have been adopted to support the Trust’s COVID-19 response including:

- C3 Remote workers module deployed to facilitate call handlers and clinicians working from home.
- Trialling 2 Video conferencing products over 2 months, with 43 operational staff registered from EOC/A&E and 111 making overall contribution of over 330 live video triages with patients.

There have been several major incidents during May and June as a result of a telephony outage due to server problems. BT have been assisting the local ICT team in addressing the issues and an action taken to replace one of the affected servers.

A fifth outage related to a network failure also affected Callflex in Rotherham on Mon 18th May. Virgin media experienced a widespread outage affecting almost 1000 connections in and around Rotherham when a contractor undertaking maintenance work inadvertently cut through several power and fibre optic cables close to the exchange in Rotherham.

3.9 Clinical Pathways and Outcomes

New pathways and access to services have been developed as part of the Covid-19 response, most notably the Frailty Response Line in Hull and east Riding, and access to the digital care hub in Airedale (covering Bradford and Airedale areas). These services additionally provide support to care homes and aim to be the first point of access for health for care home residents. YAS clinicians have had access as part of the pandemic response with good results so this will continue.

A new process has been developed within EOC whereby the Community Resilience Desk now tasks support services across Yorkshire and the Humber to low acuity (non-injured) fallers requiring assistance only. This is proving to be successful and is linked with the dispatch and utilisation of Community First Responders to fallers.

The portal for the submission of the Clinical Quality Indicators (CQIs) was re-opened on 01 July, including submission of data to the Out of Hospital Cardiac Arrest registry at Warwick University with the aim of the registry having a completed data set for publishing later in the year. In addition the national audit programme has re-commenced with any gaps in data due to Covid -19 being retrospectively included in the coming months.

We are working with the cardiac networks to understand the longer term health impact of the reduction in the number of patients presenting with myocardial infarction during the lockdown. This, and other population behaviour changes, are being identified through the Patient theme of the Recovery programme.

4. RECOMMENDATIONS

It is recommended that The Trust Board

- Receive assurance on the activities of the Executive Team
- Note the variances contained within the May 2020 IPR report, highlighted in the Executive Directors' reports.

6. APPENDICES/BACKGROUND INFORMATION

Appendix A - Integrated Performance Report