



MEETING TITLE Trust Board Meeting held in Public		MEETING DATE 28/01/2021	
TITLE of PAPER	Trust Executive Report & Integrated Performance Report (IPR)	PAPER REF	TB20.065
KEY PRIORITIES	All		
PURPOSE OF THE PAPER	The purpose of the report is to provide an updated on the activities of the Trust Executive Group (TEG) and present the 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	ACCOUNTABLE DIRECTOR	Rod Barnes Chief Executive
DISCUSSED AT / INFORMED BY: Key performance indicators discussed at Trust Executive Group (TEG), Trust Management Group (TMG) and the Operational Delivery team meetings.			
PREVIOUSLY AGREED AT:	Committee/Group: N/A	Date:	
RECOMMENDATION(S)	The Board is asked to: <ul style="list-style-type: none"> • Receive assurance on the activities of the Executive Team. • Receive the Integrated Performance Report 		
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 REPORT & INTEGRATED PERFORMANCE REPORT (IPR)

1. PURPOSE/AIM

- 1.1 The purpose of the report is to provide an updated on the activities of the Trust Executive Group (TEG) and present the Integrated Performance Report.

2. NATIONAL AND REGIONAL UPDATE

2.1 COVID-19 Pandemic

On 4th January 2021, the Prime Minister announced a national lockdown in England and once again instructed people to stay at home to control the virus, protect the NHS and save lives. The decision reflected the rapid rise in infections, hospital admissions and case rates across the country during the autumn, with many regions, particularly in the South and East under more pressure than at any other point throughout the pandemic.

The new (Kent) variant of the virus has caused dramatic increases in other regions, but, as of yet, has not been as virulent in Yorkshire, however the new variant, which is stronger and causes greater impact in outbreaks is likely to evolve posing a significant ongoing risk until vaccination programmes have been completed.

Ambulance services across the Country are seeing significant challenges due to higher levels of demand, higher rates of staff absence due to COVID symptoms or vulnerable groups having to shield. In addition, similar pressures in the acute sector have impacted on handover delays and volumes of short notice discharges and inter-facility transfers. During the last month this has especially impacted on London Ambulance Service (LAS), South East Coast Ambulance Service (SECamb) and the North East Ambulance Service (NEAS) and during the January Mutual Aid arrangements have been in place with YAS providing call taking support for LAS and for NEAS.

Although LAS, through the NACC, have not requested physical Mutual Aid from ambulance services they have had support from London Fire Brigade (LFB), the Metropolitan Police and St John Ambulance supplemented by other private providers. Interestingly the LFB have been providing blue light driver support since April.

2.2 COVID-19 Vaccination Programme

The Pfizer/BioNTech vaccine was awarded 'authorisation for temporary supply' by the Department of Health and Social Care (DHSC) and the Medicines and Healthcare Regulatory Authority (MHRA) on 02 December 2020 with the Oxford/Astra Zeneca vaccine authorised on 30 December.

The national COVID-19 vaccination programme was launched follow the Pfizer/BioNTech vaccine approval, with the announcement of 50 hospital vaccination hubs across the country and the following week, the community roll-out phase, led by Primary Care Networks, began at designated Community

Vaccination Centres sites. Epidemiological evidence demonstrates that the elderly, particularly those above 65 years old, are significantly more at risk of being severely ill, and dying, than other age groups. Therefore, Care Homes, the elderly, and those most at risk of repeated exposure to the virus (i.e. health and social care workers) have been prioritised to receive the vaccine.

YAS has been engaged with the regional NHSE vaccination programme since October last year, with the intention that YAS would conduct its own in-house vaccination programme rather than being purely reliant on Hospital Hubs or Community Vaccination Centres run by Primary Care Networks. Due to these specific conditions, in particular related to storage and transport of the Pfizer vaccine, the YAS vaccination programme utilises the Oxford/Astra Zeneca vaccine. However, we have been supported by a number of acute vaccination hubs including Bradford and Sheffield Hospitals to facilitate early vaccination of YAS staff as stocks allow.

The Trust received its first batches of the Oxford vaccine w/c 11 January with vaccination clinics operating across four site, Springhill in Wakefield, Magna in Rotherham, Beverley and York.

2.3 NHS Phase 4 Planning Letter

Amanda Pritchard NHSE Chief Operating Officer published the Phase Four COVID Planning letter on 23 December. The letter provides further clarity on operational priorities for the remainder of the year; this includes the rapid roll-out of the COVID-19 vaccination programme given the approval of the Oxford-AstraZeneca vaccine (30 December) and the continued development NHS 111 as the first point of triage for urgent care services and maximising community pathways for ambulance services to protect hospital ED capacity. Looking forward to priorities for 2021/12 the document highlights the need to:

- **Recover non-COVID-19 services:** addressing treatment backlogs and long waits.
- Strengthen delivery of local **People Plans**, and make ongoing improvements on: equality, diversity and inclusion of the workforce; growing the workforce; and ensuring staff wellbeing and support.
- Address the **health inequalities** that COVID-19 has exposed.
- Accelerate the planned expansion in **mental health** services through delivery of the Mental Health Investment Standard together with the additional funding provided in the Spending Review for tackling the surge in mental health cases.
- Prioritise investment in **primary and community care**, to deal with the backlog and likely increase in care required for people with ongoing health conditions, as well as support prevention through vaccinations and immunisations.

2.4 Outcome of UK negotiations with the European Union (EU Exit)

A paper was shared with Board on the 26 November 2020 that set out the position of YAS with regard to preparations for EU Exit. This letter provided assurance to members of Board that YAS was prepared for any know issues relating to EU Exit. There is no change in that position.

A letter was published on 30 December 2020 by Professor Keith Willett (National Director for Emergency Planning and Incident Response) outlining the impact on the NHS. The letter identified that:

- the continuation of supply preparations will remain in place to mitigate any potential customs disruption,
- reciprocal healthcare arrangements (e.g., EHIC) will continue,
- the free flow of personal data between the EU and European Economic Area (EEA) European Free Trade Association (EFTA) States for a period of six months.

The Department for Health and Social Care (DHSC) have supplied a list of consumables with anticipated extended lead times and our Procurement Team have identified critical products and ordered additional stock, where appropriate to ensure a small buffer stock. In addition, the Team have reviewed critical Trust suppliers of products and services not on the DHSC list and have made contact to ensure business continuity plans are in place.

Regular updates are being provided by NHSE and any key changes or future implications will be shared with Trust Board as and when they arise.

2.5 Integrating Care Consultation.

The NHS England and Improvement publication, Integrating Care: Next steps to building strong and effective integrated care systems across England consultation closed on Friday 8 January 2021. All three Yorkshire Integrated Care Systems provided feedback and as a Trust YAS have contributed to feedback via ICS submissions, the Association of Ambulance Chief Executives (AACE) and as well as in our own right. This is the subject of a separate paper on today's agenda.

2.6 The Ockenden Report: Emerging Findings and Recommendations from the Independent Review of Maternity Services at The Shrewsbury and Telford Hospital NHS Trust

The initial Ockenden report into failings in maternity services in the Shrewsbury and Telford Hospitals NHS Trust was published in December 2020. The report sets out a number of 'immediate and essential actions' under 7 broad headings:

- 1) Enhanced Safety
- 2) Listening to Women and their Families
- 3) Staff training and working together
- 4) Managing complex pregnancy
- 5) Risk Assessment throughout pregnancy
- 6) Monitoring Foetal Wellbeing
- 7) Informed Consent

The recommendations are focused specifically on providers of maternity services and therefore have little direct application to ambulance services. However, a number of the actions have a broad relevance in terms of good governance and learning from serious adverse events, the ambulance Trust contribution to wider multi-agency care and provision of education and support for ambulance service staff in the context of broader multi-professional teams. Information about emergency responses might also be used to inform risk assessments regarding place of birth and it will be useful to consider the potential impact of potential changes to admission pathways on our overall service provision. The Trust Clinical Governance Group will consider the broad implications of the recommendations for our services and will provide a further update to the next meeting of the Quality Committee.

2.7 Launch of NHS 111 First

The NHS 111 First programme was developed nationally to establish NHS111 as the first point of triage for urgent care services, maximising the use of community and direct access pathways, ensuring patients receive the right care and protecting hospital ED capacity. The Trust worked closely with its Lead Commissioner, Wakefield CCG and partners across the three Integrated Care Systems to support successful preparations for the go-live date of 1 December 2020.

Internally, the Trust recruited and trained an additional 31 FTE Health Advisers and 10 FTE Clinical Advisers (against a plan of 13 FTE), and collaborated through the regional Integrated Urgent and Emergency Care Programme Oversight Group (POG) to agree and implement further clinical capacity across the wider system through local Clinical Advice Services (CASs). Additional clinical capacity is now in place in each ICS.

In addition, the Trust worked closely with partners to plan and support the rollout of email notifications from NHS 111 to all Emergency Departments across Y&H for all patient referrals to EDs. Subsequently this approach has been replaced by the NHS Digital Emergency Department Digital Integration (EDDI) system. This system has been developed over the past few months by NHS Digital to enable the transfer of patient information between NHS 111 and EDs and also to book patients into a time slot for arrival so that patient flows can be safely and effectively managed within Covid19 infection control guidelines.

The Trust Communications Team has also collaborated on a regional and national level to support the development of a public information campaign which will underpin the aims of NHS 111 First. The TV campaign went live on 1 December 2020 as planned.

The next steps currently under way are:

- Weekly national and local monitoring of impact
- A planned evaluation of impact to identify trends in patient behaviour.
- The development of a plan to attract and retain clinicians who specialise in remote clinical assessment.

- Further patient journey and service delivery modelling work across Y&H to ensure that patients receive an early clinical assessment and are directed to the right care first time.
- Work with commissioners to embed NHS 111 First into the 2021/22 contract.

2.8 Yorkshire and Humber Integrated Commissioning Framework

Building upon the regional partnership established to develop 111 First meetings have been taking place to establish a Yorkshire and Humber Integrated Commissioning Framework for 999, NHS111 and NEPTS. The Framework seeks to establish a shared vision for the collaborative and integrated commissioning of services, agreeing a shared strategic direction and priorities for delivery, whilst ensuring a focus upon a whole pathway approach to delivering improved outcomes and managing clinical risk. Work is expected to be completed by Quarter 1 2021/22 and align to recently published national proposals Integrating Care: Next steps to building strong and effective integrated care systems across England.

2.9 WY&H Health & Care Partnership: Tackling health inequalities for Black, Asian and minority ethnic communities and colleagues review.

In October 2020 the WY&H Health and Care Partnership published *Tackling health inequalities for Black, Asian and minority ethnic communities and colleagues Report*. The Report identifies a number of actions needed to understand and tackle deep-seated and longstanding health inequalities facing communities. Since its publication actions have progressed, in a number of areas, including recruitment to the WY&H BAME Fellows programme, relaunch of the WY&H shadow board, the upcoming launch of the WY&H Inequalities Academy on 5 February 2021. Other priority areas of work include a review of recruitment and selection pathways across the system.

2.10 Northern Ambulance Alliance (NAA)

The NAA, formed by YAS, NWAS, NEAS and EMAS to enable increased collaboration, particularly on strategic issues across the trusts and to deliver more resilient, high quality, cost effective services for the populations served, launched a dedicated website in November 2020. The website has been developed to support wider awareness, engagement and involvement in NAA work across the member trusts: the website can be viewed via this link.

<https://northernambulancealliance.nhs.uk/>

In addition to the NAA website, the 2020 Annual Report has also now been published. The report is delivered via a short film and highlights some of the NAA's achievements. The Annual Report can be viewed via this link.

<https://www.youtube.com/watch?v=3FP6-moeP2I>

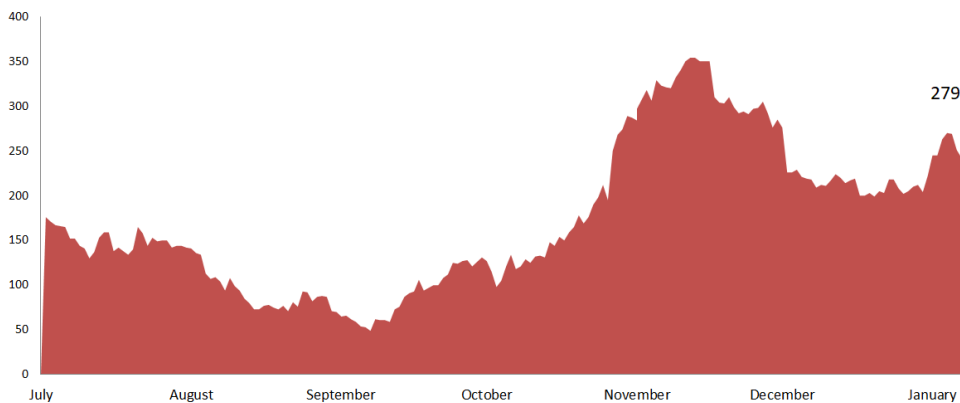
3. DIRECTORATE UPDATES (INCLUDING KEY SERVICE RISKS)

3.1 Operations Directorate

October was an extremely challenging month for the Accident & Emergency (A&E) Service and the pressure has continued during November and December due to the impact of Covid-19 on staff absence.

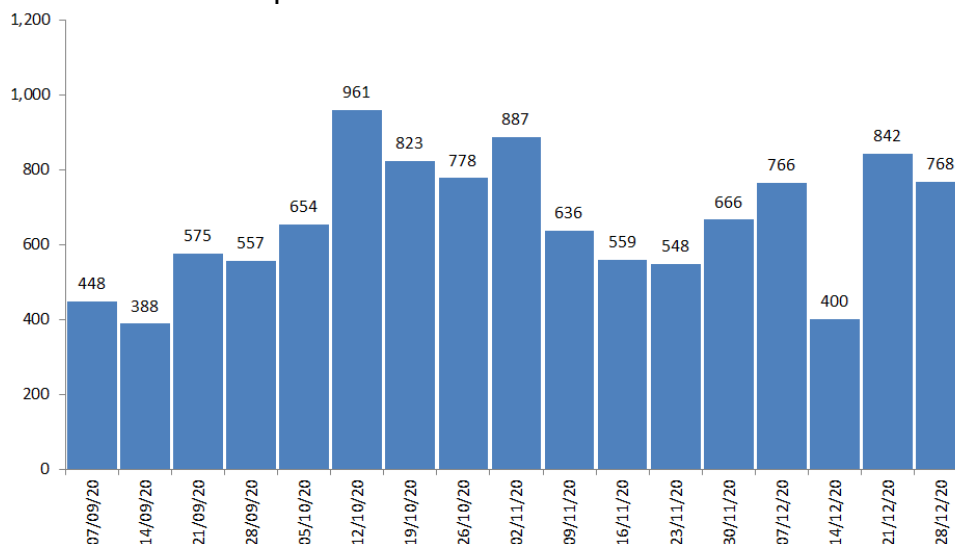
3.1.1 Capacity

Operational staff absence due to sickness and isolation has continued to cause challenges for our operational capacity. The graph below shows the levels of absence over the last six months and shows the specific challenges faced in November that have continued through the festive period.



3.1.2 Handover

Staffing challenges within the Acute Trusts have also resulted in increased handover delays at some hospitals, specifically Pinderfields, Hull and the South Yorkshire Hospitals. The chart below shows weekly hours lost to delayed handover since September.



3.1.3 Demand

Demand increased during November and December but still remained below last year's levels. The year-to-date figure remains around 6.4% below last year's demand.

Although demand was down in comparison to last year some days over the Festive period were still busy for YAS, especially when the reduced capacity was factored in.

The 28 and 29th December 2020 were busy nationally but our demand on New Year's Eve/Day was surprisingly in line with last year demand with the busiest time occurring at 3am.

	2019/20	2020/21	Reduction
21/12/2020	2,244	2,014	-10.20%
22/12/2020	2,148	1,926	-10.30%
23/12/2020	2,087	1,832	-12.20%
24/12/2020	2,261	1,829	-19.10%
25/12/2020	2,345	1,939	-17.30%
26/12/2020	2,280	2,077	-8.90%
27/12/2020	2,202	2,023	-8.10%
28/12/2020	2,270	2,138	-5.80%
29/12/2020	2,129	2,025	-4.90%
30/12/2020	2,460	2,002	-18.60%
31/12/2020	2,252	2,075	-7.90%
01/01/2021	2,294	2,276	-0.80%
02/01/2021	2,214	2,047	-7.50%

3.1.4 Performance

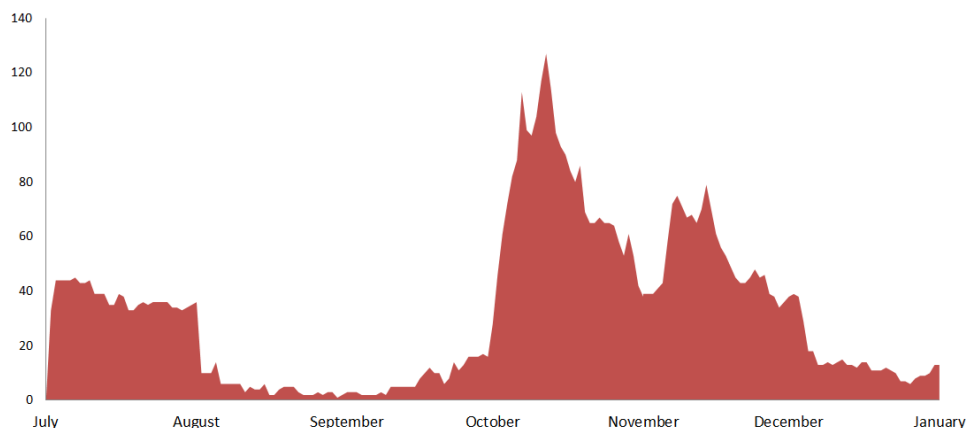
Response time performance for November and December can be seen in the Integrated Performance Report (IPR) but at a high level YAS performed below the national standard, as did the vast majority of other ambulance services.

	Responses	Mean	90th
Cat1	5,253	00:08:03	00:13:54
Cat1T	3,427	00:09:04	00:16:18
Cat2	37,438	00:24:03	00:50:47
Cat3	13,076	01:02:28	02:34:31
Cat4	226	01:32:25	03:45:37
Cat5	115	00:31:02	01:19:53
HCP Level 3	2,375	01:18:21	02:49:26
HCP Level 4	1,693	01:57:10	04:17:41
IFT Level 3	1,413	01:16:06	02:43:42
IFT Level 4	810	01:50:49	04:40:18

December 2020

3.1.5 Emergency Operations Centre (EOC)

Following on from the EOC Covid outbreak in October 2020 we have seen a return to normal abstraction levels. The Covid related absence can be seen below.



Additional call takers became operational in December which has resulted in an improvement in the Service Level Agreement (SLA) for call taking. This can be seen in the IPR.

Over recent weeks YAS has been supporting call taking for the London Ambulance Service (LAS) and the North East Ambulance Service (NEAS).

A number of workshops have been set up to allow YAS to learn from the events of October and allow us to progress some of the developments that were paused during 2020.

3.1.6 Team Based Working

Consultation with Clinical Supervisors, Locality Managers and Group Station Managers has continued and will end on the 13 January 2021.

Overall, there has been positivity around the changes through the one-to-one sessions and there are a number of areas that need review as a result of feedback captured through the consultation. This demonstrates that we have listened to individuals and helps ensure a smooth implementation during 2021.

The final proposal will be shared with the Trust Board once the consultation has completed.

3.2 Integrated Urgent Care (IUC)

3.2.1 Overview

The national NHS 111 First programme was launched 1st December 2020. This was significant given that December is always the busiest month of the year with winter seasonal illness and the festive period. There was an assumption

therefore that there would be a significant rise in patient calls to the service in December.

However, the pandemic and tier restrictions have changed the normal winter profile of illness; with NHS England reporting a significant reduction year-on-year since the start of November and for w/e 27 December 2020, down 79%, for the five key winter symptoms (cough, breathing problems, D&V, Cold & Flu and fever).

Overall, December was a quieter month than expected, with 150,578 patient calls answered, 96.3% answered within 60 seconds. This is 14.7% below expected for contract ceiling (increased to include the new 111 First demand). For context last year's calls answered in December was 160,403 calls.

3.2.2 Festive Period

The festive period included a four-day and three-day holiday period when primary care was largely closed. YAS IUC did see an increase in patient calls. Some of this was linked to the requirement to support IUC providers in the South of England, who have seen a rapid increase in Covid-19 infections, and the subsequent implications on extra demand and staffing capacity challenges.

A summary of the festive period key points is included below:

	Christmas 4 day				New Year 3 day			Total
	25/12/2020	26/12/2020	27/12/2020	28/12/2020	01/01/2021	02/01/2021	03/01/2021	
Calls Answered	4,008	7,419	7,578	8,752	7,097	8,008	6,139	49,001
Calls Answered in 60 seconds	99.6%	99.7%	95.2%	77.1%	95.7%	88.6%	97.1%	92.20%
National Average call answer performance	92.0%	74.6%	58.9%	54.8%	61.4%	49.5%	74.6%	
Variance to National Average	7.6%	25.1%	36.3%	22.4%	34.3%	39.1%	22.4%	
Clinical call back in 1 hour	72.4%	38.4%	45.3%	51.3%	38.9%	45.6%	50.2%	47.50%
National Contingency Call Answered	142	378	420	357	311	573	326	2507

Throughout this period, YAS IUC was consistently a top performer nationally for calls answered in 60 seconds. Clinical performance is always more challenging, and work will continue in the New Year to review the key clinical metrics and to understand what further improvements can be made.

3.2.3 Key Risks

In line with the ongoing rise in Covid-19 infections and the national lockdown, the main risks to the service continue to be excess demand and staffing levels, in particular clinical staffing. To mitigate this several things are underway at the start of the New Year:

- New intake of staff on 4 January, 37 health advisors / 2 clinical advisors started training, to support with any winter attrition.
- Review of recruitment & training for the coming months will be reviewed and assessed in line with financial position/ priorities letter for NHS
- Considering what additional resilience / business continuity measures both locally and nationally could be developed
- Full support and involvement in the vaccination programme across the Trust
- People plan development to support clinical recruitment this year and the optimisation of clinical resources in telephone triage across YAS

There are two wider Trust risks associated with

- The new telephone switch implementation: during this quarter the IUC team will be supporting with the Unified Comms project to successfully implement the change, early in March 2021.
- Call centre space: Ongoing work to understand any additional requirements to the call centre footprint for IUC. This will be reviewed in light of the vaccination programme and wider estates review.

3.2.4 Urgent Care and Integration Team (UC&I).

The UC&I team is well established internally and externally with the System Support and Delivery Managers (SSDM) working at ICS and place level, acting as a conduit between stakeholders, systems and YAS. Current priorities include progress updates and escalations relating to system pressures due to the pandemic and winter. SSDM's liaise with all YAS operational service lines to ensure a complete and consistent picture is communicated to ICS and place leads and providers.

The regional general manager has been released to NHSE/I on secondment to support the national vaccination programme and the Lead Nurse has taken over leadership of the team in the interim.

The team is also contributing to the delivery of both the YAS and regional IUEC programmes including mental health, patient pathways and the clinical people plan. The YAS Mental Health programme is developing at pace following approval at Trust Board. Engagement with commissioners continues, including for plans for 2021/22. Key posts have been recruited to including a project manager, a dementia project coordinator, a clinical pathways manager and an audit facilitator. Work has also already begun on the operationalisation of the Mental Health vehicle pilot in Hull and rotational mental health nurse pilot. Whilst there is an expected impact of the current wave of Covid19, it is anticipated this year's work will be valuable in providing testing and learning, which will inform and prepare future plans for implementation next year.

3.3 Patient Transport Services (PTS)

PTS demand continues to be closely monitored. The activity reached 83% of pre-Covid business levels in November, reducing slightly in December to 80%. There was a further increase during Christmas week, reaching 105% of the same week in the previous year. This was mainly essential activity, renal and oncology with a significant increase in on day discharge. Weekend activity, and on-day discharge (7 days per week) continue to grow, although nationally NHSE are reporting total discharge numbers have reduced. YAS continues to move people in single patient journeys only.

PTS have undertaken over 14,000 patient journeys for people either Covid positive or with suspected Covid since March 2020.

Numbers of Covid positive and suspect journeys was at its highest ever level during November. This included an outbreak at a major renal unit where all patients had to be transported to an alternative site. Capacity was adversely impacted during this period.

Performance and quality standards for patients remained strong, with positive feedback coming from external stakeholders including acute hospitals and commissioners. Cost pressures have been discussed in the Trust Executive Group (TEG) predominantly attributed to additional private providers.

3.3.1 NHSE/I PTS Guidance:

Updated national guidance was published in September 2020 and is in place to ensure patients are moved safely. A stronger national PTS providers network is emerging under the leadership of YAS to enable regular updates and sharing of practice. A pilot to “cohort” a small number of patients was considered but has been paused in light of the new Covid variants and national lockdown.

26 volunteers from PTS supported A&E operations between November 2020 and January 2021, providing low acuity transport. This provided an opportunity to test and learn about a possible new model for future development. This will form part of the transformation programme going forward. Project support is in place to progress this.

Escalation and system engagement continue, and the PTS leadership team continue to model, where possible, future activity and resource requirements for outpatient and discharge demand. New activity is also emerging with pre-operative Covid screening and transport to vaccination hubs. YAS continue to use the eligibility criteria to assess those most in need and is engaging with commissioners regarding funding for new activity.

NHS England continue to request submissions for anticipated trajectory for elective and planned care. However, it is understood that with current Covid pressures, original plans are behind.

Pre-Covid, the PTS service delivery model was that YAS employed resource and owned fleet for 60% of all patient journeys, with alternate, assured, and appropriate resources moving the remaining 40%. The current proportion of journeys is 40% transported by YAS resource, and 60% by alternate resources. This demonstrates the flexibility of the service model to ensure the service is resilient.

PTS have been very well supported by ICT during the pandemic and now have 61 control room and booking staff working from home. This further minimises the “on-site” staffing requirement, and transmission risks within YAS HQ and footprint. It also provides an excellent PTS Business Continuity position, whilst also providing additional footprint for other service lines to improve distancing between HQ based employees.

PTS have recruited a further cohort of 79 volunteers in November and December. This will enable a review and reduction of the high proportion of taxi's in some areas. Community First Responders have been mobilised to support the training of the new volunteers. There has been some delay to completing their recruitment with the new lockdown, DVSA guidance and access to driver assessments. It is anticipated these can be overcome in the coming months.

As has happened across the Trust, PTS has successfully rolled asymptomatic testing kits to all appropriate staff. In addition, by w/c 28th December 120 kits were distributed to our Volunteer Car Service drivers; and to support the wider system and our resilience, 1188 kits have been distributed to the private providers.

3.4 Clinical Directorate

Incidents relating to inappropriate non-conveyance of patients are being reported with increasing frequency, the reasons for which are multi-factorial and include patients' reluctance to attend hospital. For patients to make an informed decision regarding their ongoing care it is important that the Montgomery principles, ensuring information given to a patient is adequate and that patients are aware of 'material risks', are applied, and that health systems don't simply regard increased non-conveyance or referral to alternative sources of ongoing care as successful outcomes. The Safer Right Care Right Place programme, as an operational component of the clinical strategy, seeks to address these issues. It has now been recognised as a vital component of the broader IUEC transformation programme and progress will be reported to Board through that route.

3.5 Quality, Governance and Performance Assurance Directorate

3.5.1 Infection Prevention and Control

The Infection Prevention and Control (IPC) team have continued to provide intensive support for the Trust response through the third wave of the pandemic, including review and implementation of updated national guidance, the management of internal test and trace processes, implementation of Lateral Flow Testing and contribution to the vaccine roll out team. The IPC team has led on proactive management of localised clusters and outbreaks in Trust services. Outbreaks in both the Emergency Operations Centre and Integrated Care Service contact centre have been successfully managed to closure.

The risk assessments of covid-safe working environments in Trust contact centres were substantially revisited during November and December in light of the increased incidence of covid in the general population and prolonged nature of the pandemic. Further measures approved by the Board have now been implemented to support further improvement to the safe working environment for staff.

Work is continuing to support the ongoing internal inspection process for all Trust premises and actions arising from the latest round of inspections are being supported through the operational and support service management teams.

3.5.2 CQC update

As part of the CQC transitional monitoring approach, the Trust completed an assurance process during December in relation to the organisation's response to covid-19 pressures and broader compliance issues aligned to the inspection domains. No specific concerns or recommendations were raised with the Trust arising from this process.

3.6 Workforce & Organisational Development Directorate

The Workforce and OD Directorate are progressing activities aligned to the strategic aims of the Trust's People Strategy with action plans reaching through to 2022 and with action expectations from the NHS People Plan incorporated. Currently priority is being given to activities, which support the Trust's response to the COVID-19 pandemic. The key activities undertaken are set out below:

3.6.1 Health and Wellbeing and Organisational Development

The Trust has developed a short-term health and wellbeing and organisational development plan, which sets out a few key priority combined development activities aimed at supporting staff welfare and maintaining positive staff engagement.

Example activity includes specific wellbeing facilitated conversations using the NHSEI Facilitated Conversations model, supporting line managers' wellness to support their teams (e.g. shielding risk assessments, absence management, morale, and mental wellbeing), personal resiliency, and continued delivery of Post Incident Care sessions.

3.6.2 Recruitment

Following TEG approval in December 2020 to increase Emergency Care Assistant (ECA) training, the first cohort commenced, in COVID secure environments, on 4 January 2021. There is a priority focus on pre-employment checks for those ECAs due to commence later in January and February 2021.

To recruit further ECAs, virtual assessments and interviews took place through November and December 2020 and resulted in 63 offers, giving good resilience in the recruitment pipeline in anticipation of the 2021/2022 training plan approval.

A specific campaign for recruitment of 120 volunteers for the PTS Voluntary Car Service has commenced with the target of commencement in March 2021.

The NHS People Plan priority of overhauling our recruitment and selection processes, to ensure they are inclusive, with the aim of increasing the diversity of the NHS workforce are complete. An action plan will be presented to TEG and TMG in February 2021 with the proposals for change.

3.6.3 Diversity and Inclusion

Stakeholder sessions have taken place to inform the development of the Diversity & Inclusion Action Plan 2020/22. The finalised action plan will be presented to Board on the 28 January 2021 for approval. The plan is linked to the Trust's People Strategy and the action expectations from the NHS People Plan. Work has already commenced on some of the work streams including an initial meeting to take forward the LGBT+ Friendly Workplace initiative.

A new Head of Diversity and Inclusion has been appointed and will join the Trust in the next month.

3.6.6 Employee Relations

The HR Improvement Plan is under review in light of COVID and priorities will be realigned to reflect the current capacity to continue the improvement work. The reprioritisation will be completed in partnership with Trade Union colleagues.

The Employee Relations team are supporting managers with the increased range of Health, Wellbeing and absence issues highlighted through the COVID pandemic i.e., staff with 'long COVID'.

Team Based Working continues for A&E Operations Directorate with a number of additional organisational change activities also being prepared to commence in the next quarter.

The project implementation plan for Empactis case manager (the Trust absence reporting system) is currently being developed. To ensure the successful implementation and integration of multiple systems into the organisation, a collaborative working group including representatives from service lines, Scheduling and Empactis technical teams has been formed.

3.7 Finance Directorate

3.7.1 Estates, Fleet & Facilities

Medical Devices

The Trusts programme of Lifepak15 to Corpuls conversions is nearing completion on operational vehicles as we enter the final six weeks and 30 A&E DCA vehicles. We will then extend the rollout to 17 Private and Events, and 10 Resilience Vehicles to complete the operational fleet.

Estates

The Estates team are continuing to upgrade the infrastructure at all our contact centres, including additional screens and resilient power supplies, and have set up the temporary vaccination centres at Springhill, Fairfields, Beverley and Magna.

The six-month project to replace the Bradford Roof and install an array of solar panels has commenced, as has the refurbishment at Skipton Ambulance station. Works to Leeds Ambulance Station will commence at the end of the month.

Energy & Environmental

The Trust is awaiting confirmation that its National heating decarbonisation application submitted post-Christmas has been successful. This will fund the removal of oil heating from Preston and Bainbridge ambulance stations in line with the NHS requirement to remove all oil heating by 2023. This will also fund the replacement of the oil heating with a series of heat pumps which will give rise to both a reduction in carbon and in operating costs for the sites.

Cleaning Teams

The cleaning teams have restructured their service provision in December, they will now provide cleaning at eight Emergency departments covering 70% of our fleet and operate a mobile team to provide additional "Covid" cleaning to the remaining 30% of the Fleet. We have also re-introduced the vehicle deep clean programme.

We have increased cleaning provision to service the additional seating capacity at Callflex and Springhill and the Springhill additional temporary toilet and welfare facilities installed adjacent to the building.

3.7.2 Fleet

Unfortunately, Covid-19 and EU exit have slowed down delivery of DCAs and PTS vehicles. The Fleet Department have worked with our convertors to free up the blockages within the upstream supply chain and have re-profiled the delivery schedule to ensure vehicles are aligned with the funding available within year. Vehicles delivery is scheduled to start week commencing 18 January 2020.

Hybrid / Electric trials have gone well within A&E and PTS. The results will be reflected in future vehicle procurements, this supports the Trust's ambition to achieve its net zero emissions target.

In mitigation of a capital underspend the Fleet department have brought forward a number of vehicles from the 2021/22 replacement programme, Private Events, Driver Training and Special Ops will all see replacement vehicles within Q4. This will further reduce the trusts emissions as Euro 3 vehicles are replaced with Euro 6.

In terms of future vehicle developments, the Trust is working with one of the world leading vehicle manufacturers and our current convertor in the design of a true 3.5 tonne Double Crew Ambulance; this is the first step towards a sustainable alternate fuelled vehicle. The 3.5T Ambulance will be launched in April with the electric variant following later in 2021. This collaborative working is a first within the ambulance vehicle sector and offers significant benefits. This process has been based on a revolutionary approach to designing a vehicle around the working needs of the service and its patients instead of fitting our needs within our production vehicle.

3.7.2 Procurement & Logistics

Personal Protective Equipment (PPE)

There are no immediate challenges in relation to critical PPE supplies within the Trust. In all cases the Trust holds a minimum of 14 days stock (and in most cases significantly more) in line with national requirements. The national Inventory Management System - 'Foundry' is working effectively and is demonstrating its agility when the Trust sees spikes or reductions in usage rates.

Warehouse Facility

The Trust has secured a new interim warehouse facility with a view to moving stock from its limited warehouse space at the West Yorkshire police site at Unit 1D Wakefield 41 Business Park, (former) Bentley Ambulance Station and

storage space in Thirsk, Castleford and Sherburn stations by the end of January. Occupation at the West Yorkshire police site at Unit 1D Wakefield 41 will end, the move to larger premises will also facilitate the sale of Bentley Ambulance station (currently only used as temporary storage).

The new warehouse will support the effective storage and distribution of: additional pandemic PPE, Brexit contingency stock of critical supply; and additional winter pressure stock.

3.7.3 Finance

As previously reported the Trust is operating within a temporary “COVID” finance regime (in place from 1 October 2020 to 31 March 2021). This is similar to the regime in place for the first half of the year, with the exception that YAS is now part of the WY ICS in terms of the requirement to deliver a system level balanced financial position by 31 March 2021. Organisational and system financial plans for this period are based on an assumption that R<1. This is clearly not the case and given the sickness in our workforce and increases in demand the Trust is incurring significant additional expenditure relating to overtime in all services and additional private providers in PTS. Currently the Trust is on target to deliver the agreed financial plan, however there is heightened to achieving this. The position continues to be monitored closely and reported to the ICS who share this risk.

3.8 ICT Projects

EPR Development, Unified Comms and N365 continue to be the priority project activities for the department.

- 3.8.1 The EPR team delivered the Neptune release that included the Universal receipt at any location of the EPR record. The upcoming Oberon release delivers functionality that enables, via the Yorkshire and Humberside Care Record (Y&HCR), access to the Mental Health Crisis plan, and EOL care plan as well as GP Post Event Messaging. Dates for this release are dependent on Y&HCR resolving some underlying issues to allow YAS to connect to the data source. The Transfer of CARE (TOC) functionality to Leeds and Rotherham is concluding its pilot to enable a wider rollout to regional acutes. TOC is heavily dependent on ED systems being able to receive the data and thus far no confirmed dates are scheduled for the other regional ED's.
- 3.8.2 The Unified Comms project is approaching trust-wide delivery in February subject to final UAT at the beginning of January. Outstanding technical issues have been resolved. As this is a project that includes NEAS and NWAS, YAS agreed to step back to enable both of these trusts to complete their work as a priority due to operational constraints in enabling their increased capacity for 111 First. NEAS went live in November and NWAS completed their 111 migration on 6th January 2021.
- 3.8.3 The N365 delivery plan is due to be presented for approval at the Infrastructure Board on January 11th and TMG on January 13th 2021. The plan assumes a start date in January and an end in May. This will convert all users to the new N365 environment and upgrade the SharePoint infrastructure that support Pulse. The plan is designed to allow the UC project to deliver in February and

the prolonged implementation period recognises the potential for external operational pressures on YAS.

3.8.4 ICT have continued to deliver enabling support to the 111 First programme, the vaccination programme and the agile working project.

3.8.5 System availability KPI's were exceeded in the month with the exception of the national Airwave outage of 8hrs affecting EOC and Operations on December 8th. IT Incidents and service requests continue to climb recognising the increase in overall staffing. Password resets dealt with by the service desk and on-call technicians continue to fall based on the self-service functionality introduced in June 2020. Current levels are now at 40% of those in May 2020. With the exception of P2 incidents, all service-related SLA's have been hit for the last 2 months.

4. UPDATES ON KEY ACTIVITIES

4.1 Memorial for staff who have died from Covid -19

To commemorate those YAS colleagues who have died from COVID-19 this year, we have commissioned a plaque to remember them, which will be placed in YAS Headquarters.

In addition, work has started on a memorial garden and patio area at Halifax Ambulance Station in commemoration of all of our colleagues who sadly lost their lives to COVID-19 this year. The garden, part of the Trust's outdoor spaces project, is being funded by our facilities management provider Mitie. Mitie staff along with several members of the local senior management team are working together on this project to create a space to remember colleagues.

4.2 Christmas Virtual Thank you

We held a Teambrief Live Christmas Special for all staff on 22 December, where both myself and our Chairman were able to thank staff for all that they have done during this most challenging of years. We were able to thank staff and share with them a video of thank you messages from colleagues across the Trust and staff were able to add their own messages of thanks during the session. In conjunction with the YAS Charity, we also sent a thank you card to all staff and volunteers, to thank them for everything that they have done for our patients and communities during 2020. In addition, to recognise their efforts, we are providing an additional day's leave for all staff, available for staff to take now or next year, to go some way to recognising the contributions staff have made to the communities of Yorkshire.

4.3 Queen's New Years Honours List

Cathryn James, Paramedic and Clinical Pathways Manager at Yorkshire Ambulance Service NHS Trust, has been awarded the Queen's Ambulance Medal for Distinguished Service (QAM) in the Queen's New Year's Honours List.

Cathryn is a long-serving and highly respected member of staff not only within the Yorkshire Ambulance Service but also regionally and nationally, having

worked on and supported programmes to improve the standards of care of patients across the UK.

Mike Shanahan, former YAS Head of Emergency Preparedness, Resilience and Response (EPRR) and currently Deputy National Head of EPRR at NHS England, has received an OBE for his services during the pandemic.

4.4 Learning Awards 2021

Our ASW apprenticeship programme was shortlisted for the prestigious Learning Awards 2021 in the category of Apprenticeship Programme of the Year. The Learning and Performance Institute announce the winners on 18 February 2021 in a virtual awards ceremony.

The three apprenticeships that make up the Paramedic Career Development pathway are now all operational. The newest addition is the BSc (Hons) Paramedic Apprenticeship which commenced in September 2020.

4.5 YAS ePR work commended at 2020 Health Business Awards

YAS and Leeds Teaching Hospitals NHS Trust were commended in the Patient Data Award category of this year's Health Business Awards for their electronic Patient Record (ePR) related partnership working. This category recognises the most innovative introduction of new technology for secure storage, retrieval and distribution of data throughout the NHS.

The 2020 Health Business Awards took place virtually on 10 December and the 18 awards were presented by GP, TV presenter, medical broadcaster and author Dr Hilary Jones. Further information is available at: <https://healthbusinessuk.net/features/recognising-excellence-national-health-service>

5. RECOMMENDATIONS

5.1 The Board is asked to:

- **Receive assurance** on the activities of the Executive Team.
- **Receive** the Integrated Performance Report

6. APPENDICES/ANNEXES

6.1 Appendix A: Integrated Performance Report (Link)