



MEETING TITLE Trust Board Meeting held in Public		MEETING DATE 27/04/2021	
TITLE of PAPER	Trust Executive Report & Integrated Performance Report (IPR)	PAPER REF	TB21.010
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	Chief Executive	ACCOUNTABLE DIRECTOR	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 for March 2021. 		
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	

Chief Executive Report

1. PURPOSE/AIM

The purpose of the report is to provide an updated on the activities of the Trust Executive Group (TEG) and present the March 2021 Integrated Performance Report.

2. CHIEF EXECUTIVE'S SUMMARY / EXTERNAL UPDATE

As we begin to emerge from what will hopefully be the biggest challenges of the pandemic, it is clear that there are going to be many changes to way our service traditionally operated. Patient demand is presenting in different ways and the implications of longer-term health complications and delays to elective care, as a result of the pandemic, are likely to be with us for some time. The pandemic has also exposed the health and wider inequalities across our region and the need to strengthen capacity in a number of key areas, including parts of our own service.

We have also seen the launch of a new Department of Health and Social Care white paper 'Integration and Innovation: working together to improve health and social care for all' (see 2.3) this sets out legislative proposals for a Health and Care Bill which will significantly change the NHS infrastructure and commissioning landscape.

For YAS, the white paper will undoubtedly require us to enhance our clinical and strategic leadership at a place and system level to further strengthen our relationships with health and care partners across the region, to support more integrated care delivery for our patients and address wider population health challenges faced by the communities we serve.

Working with our commissioners we are reshaping our approach to reflect this new environment. Last week we took the first steps in this direction with the first meetings of the newly established Yorkshire and Humber Urgent and Emergency Care Clinical Reference Group and a new regional Integrated Commissioning Forum for 999, NHS111 and Non-Emergency Patient Transport Services. These groups bring together partners from across our three Integrated Care Systems (ICS) to co-create and develop strategic priorities for YAS and the wider U&EC system. Four priority areas are being developed:

1. Paramedic rotation into primary care and the introduction of 'Specialist and Advance Paramedic' roles
2. A regional approach to Non-Emergency Patient Transport Service (NEPTS)
3. Pathways into Same Day Emergency Care (SDEC) services
4. Mental Health (MH) services; including enhancing clinical advice, front line staff training and dedicated MH response vehicles.

These areas together with enabling programmes related to enhanced use of digital technologies, estate transformation, greater service integration and

improvements, culture and people development will be at the core of our planning priorities for the year ahead.

2.1 National Ambulance Service Pressures

At the time of writing this report, the average number of new daily COVID-19 cases in the UK had fallen substantially since the start of the year, but the rate of decline has slowed in recent weeks as lock down measures are eased. It is clear there have been significant additional pressures faced by ambulance trusts and wider NHS partners in the North of England during the pandemic, with the top five local authority areas with the highest infection rates all located in Yorkshire.

As infection rates decline, hospital COVID activity continues to fall, with about 220 COVID positive patients occupying acute hospital beds across Yorkshire at 19 April 2021.

YAS, along with the majority of other services has struggled to consistently meet national ARP standards due to a combination of significant staff absence associated with COVID-19, adaptations to procedures and processes in response to the pandemic impacting on service efficiency and ambulance turnaround delays at hospital Emergency Departments.

The English ambulance services continue to operate at national escalation level 1 and are likely to do so until the end of July as the UK eases back into normality.

2.2 YAS Covid vaccination programme

The primary dose vaccination programme closed on 12 March 2021 with 80.4% of the workforce (including volunteers and subcontractors) receiving their first dose. The booster dose programme opened on 22 March 2021 with all previously vaccinated staff invited to book a vaccination slot between 9 and 12 weeks after their first dose. As of 16 April, 79% of YAS staff who had their first vaccination at the Trust are now fully vaccinated.

Following the Government's statement regarding the relative risks of receiving the Oxford Astra Zeneca vaccine in those under 30 years of age, we have seen an average of two missed appointments for booster doses every day.

2.3 NHS White Paper

On 11 February 2021, the Department of Health and Social Care published the [White Paper](#) Integration and innovation: working together to improve health and social care for all, which sets out legislative proposals for a health and care Bill. The White Paper brings together proposals that build on the recommendations made by NHS England and NHS Improvement in [Integrating care: next steps to building strong and effective integrated care systems across England](#)

The White Paper identifies key steps for the move to statutory arrangements from April 2022 including:

The establishment of the ICS body which will take on the commissioning functions of the CCGs and some of those of NHS England.

The establishment of an ICS Board responsible for:

- developing a plan to meet the health needs of the population;
- developing a capital plan for NHS providers;
- securing the provision of health services to meet the needs of the population

There is an expectation that ICS NHS bodies delegate 'significantly' to place level as well as to provider collaboratives. The development of place-based partnerships will be left to local determination, building on existing arrangements where these work well.

The three ICS's in Yorkshire and Humber are working with system partners to establish ICS governance arrangements aligned to Integrated Care Partnership (ICP) development arrangements in each place and the development of necessary financial architecture to oversee allocations and planning arrangements, future clinical and professional leadership models and future workforce strategy and planning functions aligned to HEE and NHS E and management of the HR transition process for commissioning functions being transferred to the new ICS bodies.

2.4 Planning Guidance

The national operational planning guidance was released by NHS England on 25 March 2021. The guidance reflects the specific challenges faced by the NHS during the COVID-19 pandemic, seeking to build on the positive practices and ways of working that were developed as part of the NHS response, alongside recognition of the health inequalities across population groups, highlighted by the virus. The guidance also sets expectations around supporting the health and wellbeing of NHS staff; focusing activity around recruitment and retention and supporting diversity.

The six key priority areas for planning during 2021-2022 are:

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- F. Working collaboratively across systems to deliver on these priorities.

Each Integrated Care System (ICS) is responsible for developing their system level plans, outlining how they will work towards achieving the six priorities, delivering planned activity, within a system level financial envelope. Yorkshire Ambulance Service (YAS) remain aligned to West Yorkshire and Harrogate ICS for the purposes of planning and finance submissions.

The planning guidance sets out broad expectations for financial planning across the first half of 2021/22 (H1), building upon financial allocations and methodologies used for the second half of 2020/21. YAS activity forecasts reflect an anticipated transition out of COVID levels of activity, into pre-COVID, typical levels of demand.

The Trust's Finance and Business Planning Teams are working closely with ICS partners to develop plans that support ICS priorities and their requirements to develop and submit a system level plan that works towards achieving the six priorities.

2.5 NHS Staff Survey Results

The national NHS Staff Survey is mandated for all NHS organisations and this year the Trust achieved a response rate of 37%, a drop of 19% on the previous year. Overall, the results indicate the Trust is maintaining the improvements secured in 2019, despite a challenging year operationally in 2020; we demonstrate average in five themes, above average in three themes, and below average in two themes.

Over the past 12 months, the Trust has focused on staff wellbeing and attendant engagement activities to support our workforce through the challenges of responding to the pandemic. Local leadership teams have received their data and a managers' toolkit and are being asked to work with their OD Business Partner(s) to develop appropriate action plans to continue to strengthen our workforce wellbeing and engagement levels. The full data is available via <https://www.nhsstaffsurveyresults.com/homepage/results-2020/#:~:text=Staff%20were%20eligible%20to%20take%20part%20if%20they,rate%20of%2047%25%20for%20the%202020%20Staff%20Survey.>

2.6 Workforce Race Equality Standards (WRES)

At the March NHS Providers Chairs and Chief Executives meeting Prerenal Issar, NHS Chief People Officer, provided an update on the latest NHS Staff Survey and Workforce Race Equality Standards (WRES). Prerana drew attention to the particular cultural challenges faced by the ambulance sector and said that the national team would be working with the sector over coming months to address some of the challenges faced.

Following this announcement Professor Anton Emmanuel (senior clinical lead for the NHS workforce race equality standard programme) spoke as the new lead appointed to support the ambulance sector at the April meeting of the Association of Ambulance Chief Executives Council. Professor Emmanuel highlighted that the experience of BAME staff in the ambulance sector had deteriorated during the pandemic and the sector needed to focus on a small number of evidence-based interventions.

2.7 Mind survey reveals toll of pandemic on ambulance workers' mental health

Data from a survey of almost 4,000 staff and volunteers across police, fire and ambulance services in the UK has highlighted the scale of poor mental health among emergency responders. The statistics come as Mind announces the relaunch of its Blue Light Programme of wellbeing support for the emergency services, which has been funded by The Royal Foundation of The Duke and Duchess of Cambridge.

The online survey found that the coronavirus pandemic has had a profound impact on the mental health of those working and volunteering across the emergency services. 69% of emergency responders said their mental health had got worse since the start of the pandemic and a quarter described their current mental health as 'poor' or 'very poor'. There was concern that levels of sickness absence will increase dramatically in the coming months as people who have been 'running on adrenaline' start to burn out and that some people will look to leave.

Recommendations include a call for employers to: make a clear and genuine commitment to prioritising mental health and wellbeing and ensure that this is communicated and embedded at all levels and easy to navigate, strengthening of peer support networks, collecting regular feedback through surveys and temperature checks and considering where the mental health of certain groups may have been more negatively impacted by the pandemic.

<https://www.mind.org.uk/news-campaigns/campaigns/blue-light-programme/our-blue-light-research/>

2.8 New CCG for Kirklees

NHS Kirklees CCG became the statutory organisation for health commissioning across the borough from 1 April 2021, following the merger of NHS Greater Huddersfield and NHS North Kirklees CCGs. Carol McKenna has been appointed Chief Officer of the new CCG and Dr Khalid Naeem, a GP and partner at Mount Pleasant Medical Centre in Batley, has been appointed as Clinical Chair of the new organisation

<https://www.kirkleesccg.nhs.uk/news/new-ccg-for-kirklees/>

2.9 National Announcement: Holiday Pay Settlement Agreement

The Board will be aware that an issue regarding the calculation of salary whilst on annual leave has been ongoing through the UK courts since 2015. The UK courts have been considering whether payments reflecting any overtime worked should be included in pay, whilst on annual leave, in order that staff are not at detriment whilst taking well-deserved rest and recuperation

On Friday 12 March 2021, the NHS Staff Council published a national agreement regarding this matter and have committed to making corrective payments for the period 1 April 2019 - 31 March 2021.

The Board may also recall that YAS had agreed to await clarification of the national position before any local arrangements could be made. Trust management will be discussing this issue with trade union colleagues in the

near future to address the implications of this agreement for our staff who regularly undertake overtime and our next steps. The Board will be kept up-to-date on any progress regarding this issue and any payments to be made.

2.10 NHS Charities Together Funding

NHS Charities Together has allocated over £510,000 to the Yorkshire Ambulance Service Charity to provide Yorkshire Ambulance Service community first responder volunteers with additional skills and equipment and facilitate additional support projects. The grant is part of £7m which has been allocated by population across all the ambulance services in the UK. The Trust currently has over 1,100 community first responders, helping to provide a vital 24-hour, seven-days-a-week emergency response. The funding will enable the expansion of the types of incidents volunteers can attend with a particular focus on patients who have fallen and are not injured but need help to get off the floor, freeing up ambulances to attend more serious calls, ultimately helping to save lives.

The funding will support Yorkshire Ambulance Service by providing:

- Emergency lifting chairs to community first responders so they can give early assistance to patients who have experienced a non-injury fall, reducing potential complications associated with being on the floor for an extended period of time.
- Dedicated community first responder cars to increase volunteer availability so they can attend more incidents across a wider geographical area.
- Cardiopulmonary resuscitation (CPR) training for community groups to improve out of hospital cardiac arrest survival rates.
- Training for care home staff with community first responders demonstrating lifting equipment and enabling them to better assess when an ambulance response may be required or when a different care pathway would be more appropriate.
- Monitoring of community public access defibrillators (CPADs) to ensure they are in full working order to help improve cardiac arrest survival rates. During 2020 CPADs in Yorkshire were activated 3,606 times.

NHS Charities Together is an independent national charity caring for the NHS. It helps provide additional support to patients, NHS staff and volunteers, working through its 241 member charities based with hospitals, ambulance trusts, community health trusts, mental health trusts and health boards across the UK. In total NHS Charities Together's COVID-19 Appeal raised £150 million thanks to the support from Captain Sir Tom and others. Over £118 million has already been made available to our 241 member charities to help patients, staff and volunteers on the ground.

3. DIRECTORATE UPDATES (including key service risks)

3.1 Operations Directorate

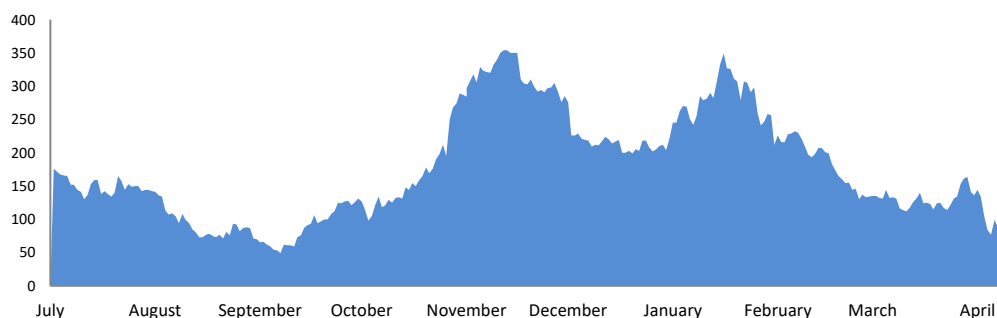
Pressure on the Accident & Emergency (A&E) Service has gradually eased since January 2021 as we have seen increased operational staff availability. Staff have worked tirelessly over the last 12 months during the pandemic and despite the reduction in community covid rates, our staff continue to respond to all cases in Personal Protective Equipment (PPE).

Although community Covid infection rates have reduced significantly across the UK, there are areas of Yorkshire that continue to be high with four of the five areas with highest infection rates being within the YAS operational area.

This means that we must continue to be vigilant and continue to be ready to escalate our operational response; especially as we follow the roadmap out of lockdown. This has significant risk for YAS.

3.1.1 Capacity

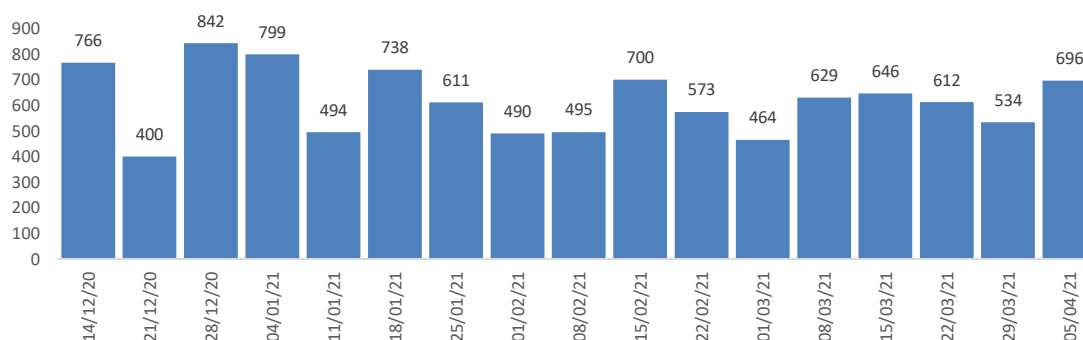
We have seen a steady reduction in operational staff covid absence since February 2021. This has helped increase our operational hours, and has allowed training to recommence in most areas.



Graph 1 - Number of frontline A&E staff absent from work due to COVID (sickness, isolation and shielding)

3.1.2 Handover

Handover delays across Yorkshire have remained constant. However specific issues have been seen in south Yorkshire and Bassetlaw (SYB) where over half of the total YAS delays (in excess of 15 minutes) have been lost. Handovers at Doncaster Royal Infirmary have been specifically challenging.

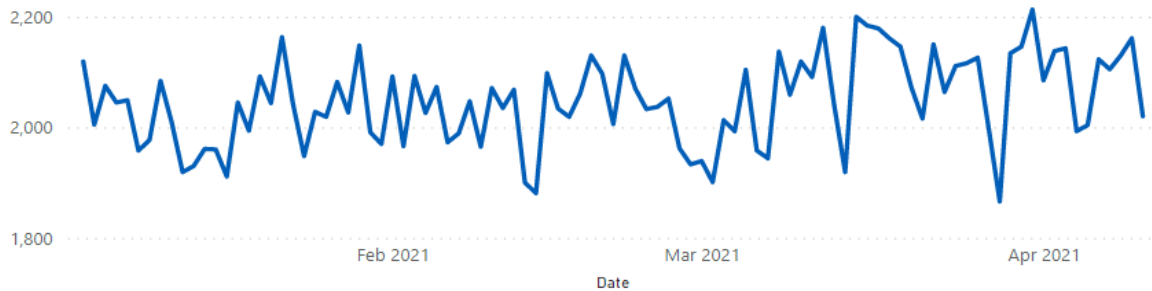


Graph 2 - number of hours lost per week due to delayed handover (in excess of 15 minutes)

3.1.3 Demand

Demand has continued to track under last year's levels by between 4% and 6%. Despite this during 2021 the demand has been gradually increasing and we are now regularly responding to over 2000 incidents per day.

The graph below shows the number of 999 on scene responses during 2021.

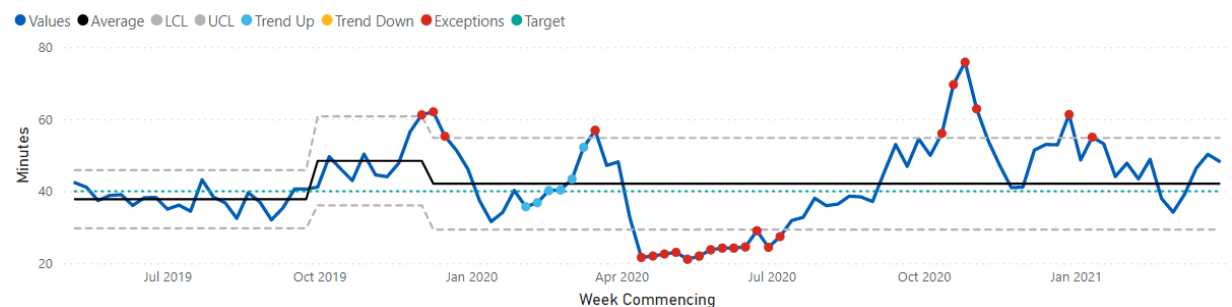


There is concern around the impact of licenced premises re-opening from 12 April 2021, which could cause spikes in demand, especially when warmer weather is experienced. The modelling and scheduling team plan for this when allocating hours each week.

3.1.4 Performance

2020/21 has been a very challenging year for YAS and other ambulance services in relation to the Ambulance Response Programme (ARP) standards. This has been due to significant variability in demand and staff availability throughout the year.

The graph below shows the Category 2 90th percentile for the past two years and shows significant variation.



Since January 2021 we have seen improvements in performance but are still not regularly achieving the Category 1 and Category 2 mean standard.

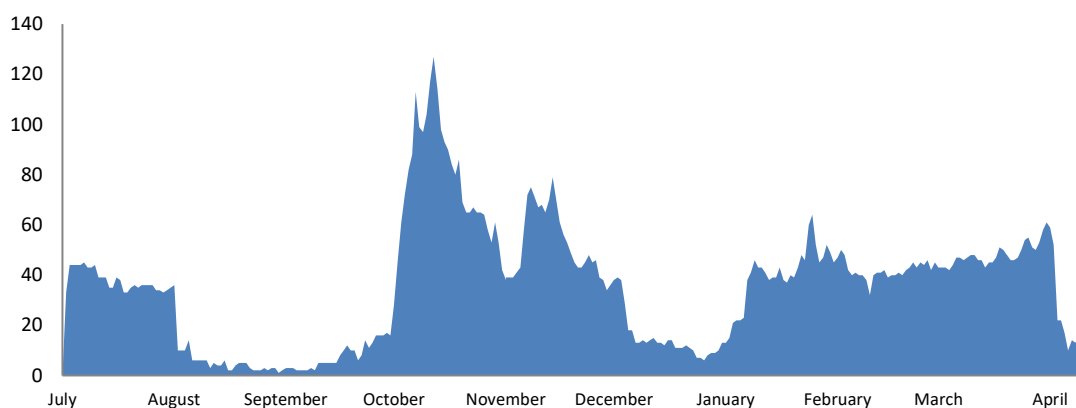
The end of year mean performance for Category 1 calls was 7 minutes and 37 seconds and 20 minutes 35 seconds for Category 2 calls. This is against targets of 7 minutes and 18 minutes, respectively.

The end-of-year 90th percentile was 13 minutes and 9 seconds for Category 1 and 43 minutes 30 seconds for Category 2. This is against targets of 15 minutes and 40 minutes, respectively.

3.1.5 Emergency Operations Centre (EOC)

Quarter 3 of 2020/21 was also a very challenging time for the EOC. This has previously been discussed in detail with the Board.

EOC is now in a significantly improved position in relation to staff numbers absent through Covid sickness, as can be seen below.



The recruitment of new call takers and the relaxation of shielding at the end of March 2021 has significantly increased the availability of staff. As a result, we have seen call taking performance reach pre-Covid levels.

Several workshops have been undertaken within YAS to learn from the events of October 2020 and allow us to progress some of the developments that were paused during 2020.

Following these workshops, the focus of EOC is now around the development of clinical roles and tools within the team and reviewing business continuity plans in response to the learning from 2020.

One area of concern is the increase in non-Covid sickness, although a reduction has been seen in the levels of Covid absence. This is currently under review.

3.1.6 Team Based Working

Consultation with Clinical Supervisors, Locality Managers and Group Station Managers ended on the 13 January 2021. Since then, the feedback has been reviewed and several changes made to the original proposal.

Although there is a desire to implement the Team Based Working model at pace, there remains an ongoing issue around the outstanding job evaluation review of the existing Clinical Supervisor role. As such progress has been delayed whilst issues are resolved.

The final proposal will be shared with Board once the process is ready to recommence.

3.1.7 YAA Clinical Model Review

In late 2020 a discussion was held with the Yorkshire Air Ambulance (YAA) Charity around the opportunity to undertake a full review of the clinical operating model of the YAA. The service has been in operation for over 20 years and it was felt that this would be a good opportunity to undertake the review.

It has been a challenge to identify the right person to undertake the review as we needed to find someone with significant experience of air ambulances but also with credibility and a clinical background.

We have been fortunate to secure the services of Mr Alastair Wilson OBE, a retired A&E Consultant who helped set up the original helicopter emergency medical service (HEMS) scheme in London. Mr Wilson and has for many years, until his recent retirement, been the Medical Director of the East of England Air Ambulance Charities. He will be reporting back to the YAS/YAA Partnership Board in the early summer 2021.

3.1.8 End of Shift and Meal Break Management

The Trust is working with the Trade Unions to explore ways to support staff welfare by allowing them to finish on time more often through having a protected period at the end of the shift. Currently many operational crews work in excess of 12 or 13 hours which is not ideal. To accommodate this, we are discussing with the Trade Unions to increase the meal break window from 2 to 3 hours. Once agreed this will support staff whilst maintaining operational cover at key time.

3.1.9 Local Vaccination Rates

YAS achieved staff vaccination rates 83% for operational front-line staff for the first dose. The second dose is currently being delivered and take up is very good. YAS took the decision to encourage staff to take their vaccinations in non-working time to ensure that operational services could be maintained during the very challenging time.

CFR vaccination has, understandably, been more of a challenge with rates of just over 50% being achieved. We know that many of those not vaccinated by YAS have been vaccinated elsewhere.

3.1.10 Key Operational Risks

Some of the key risks A&E operations face during the next few months include:

- The delay with the implementation of Team Based Working as described above.
- The potential impact of the easing of lockdown measures on demand and infection rates.
- Any potential escalation of national industrial action as a result of the 2021/22 pay settlement.

3.2 Urgent Care and Integration Directorate

The Urgent Care and Integration (UC&I) team continues to facilitate and progress delivery of internal and external project priorities both at ICS and Place. Current priorities include the development and delivery of Urgent Community Response (UCR) services to ensure they are accessible for YAS clinicians in 111, EOC and front-line crews.

The UC&I team is also representing YAS in a number of service reconfigurations which are in the planning stages for a number of acute trusts across the region. The most advanced reconfiguration currently is Calderdale and Huddersfield where YAS are working with the acute provider to model and articulate the ambulance service impact of the service changes. As changes start to be formulated in ICS and CCG's the UC&I remain an important conduit between these organisations and YAS co-ordinating with the operational teams.

The Mental Health programme continues to progress well, specifically in terms of engagement with mental health providers and the mobilisation of the first dedicated mental health response vehicle in Yorkshire. The pilot for this vehicle will run in Hull for a period of 16 weeks and will see a vehicle targeted at people with a primary mental health problem and those detained under the mental health act. The Trust is currently in discussions with Commissioners about the plans for the rest of 2021/22 and additional investment to achieve the ambitions for ambulance services mental health service delivery set out in the long-term plan. When funding is agreed, this will allow roll out of a further two mental health response vehicles and the development of rotational mental health nurses, working in collaboration with mental health providers across the region.

Tier-two training is in development for staff who have patient contact and is being developed in conjunction with staff who work in the operational service lines to ensure that training is co-produced and useful. Once funding is agreed a network of service line champions will be developed to support delivery of this training from July 2021 onwards. Mental health pathways are being reviewed and clinical audit is being used to support the mental health programme. The Trust's mental health steering group also now has a patient representative attending on a regular basis.

The YAS ageing well programme has recommenced following the second wave of the pandemic and is bringing together projects which are contributing to better outcomes for older people/those living with frailty. These include alternative response to falls, and care home liaison. YAS is represented at the regional Ageing Well Delivery Board and has good connections at ICS and Place with aligned ageing well priorities.

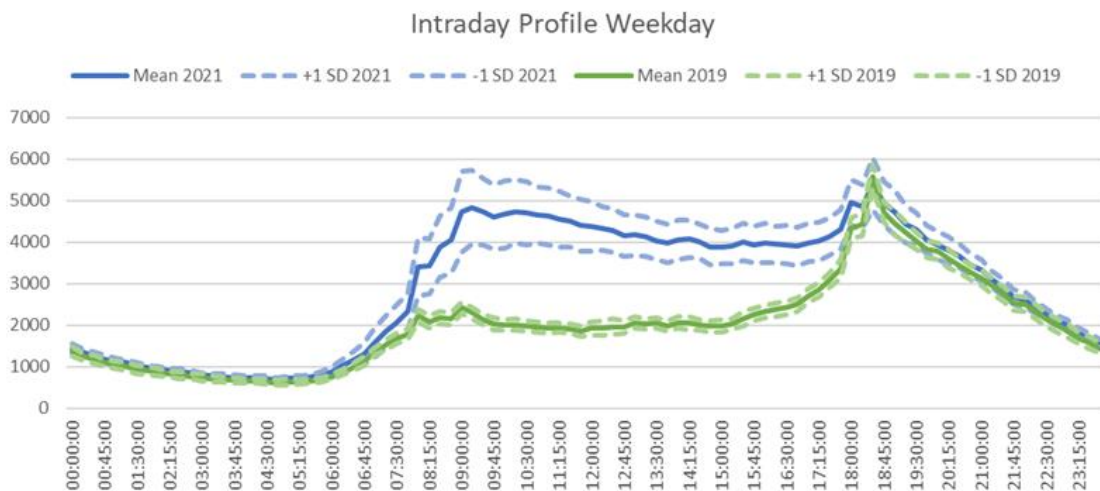
The Trust's commitment to being a dementia friendly organisation by March 2022 has started to see progress with the appointment of a dementia project coordinator and commitment from the Trust Chairman as the Trust Board Champion for Dementia-friendly. We now have nearly 2000 dementia friends in our organisation, more dementia friendly vehicles and further fleet developments such as printed blinds to aid reminiscence planned. Wider service user engagement has started and local voluntary and community organisations are involved in co-designing our plans, providing feedback and

undertaking joint communications. Tier two dementia training is also due to be tested in A&E operations at Doncaster and Patient Transport Service (PTS) team leader away days before full roll out (as above with MH) in July 2021. A research study is being planned which will explore the experiences of people living with dementia who use PTS.

3.2.1 NHS111/Integrated Urgent Care (IUC)

During the last two months of winter the IUC service overall experienced lower than expected call volumes. However, there have been some specific challenges with peaks of patient demand during the daytime, known as ‘in hours’ which has made it a difficult couple of months. The call answer performance dropped below the target of 90% in 60 seconds to 86.7% in February 2021 and 68.8% in March 2021; the latter month compounded by the unified communication system migration.

The change in patient demand profile towards ‘in hours’ has been one of the significant changes for all IUC providers during the pandemic, with access to primary care support now being sought through contacting NHS 111. NHS England shared ‘graph one’ (below) which demonstrates the overall impact on the national brand across all IUC providers, with a 22% fluctuation from the mean.



Graph one: NHS England graph on NHS 111 demand profile changes 8 April 2021

2020/21 year-end

The year-end final outturn figures are still being compiled for the IUC service in full. However, graph two (below) shows the overall demand picture. This shows the outturn with demand tracking 0.3% below the total contract ceiling volume and 9% above the contract floor for the full year; with 1,701,699 patient calls answered during the pandemic year. Graph two shows the peaks in demand linked to Coronavirus waves and also the drop in patient’ demand during the winter months where lockdown restrictions significantly reduced normal winter illness calls.



YAS Demand	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
Calls Answered	143,075	141,878	126,694	132,417	147,469	151,588	151,319	147,925	150,578	142,334	123,669	142,753	1,701,699
Contract Floor	123,284	140,724	117,566	122,838	126,846	116,488	128,426	132,877	150,793	143,011	122,615	135,814	1,561,282
Contract Ceiling	128,316	146,468	122,365	127,852	132,023	121,243	137,487	146,204	176,266	167,169	143,327	158,756	1,707,476

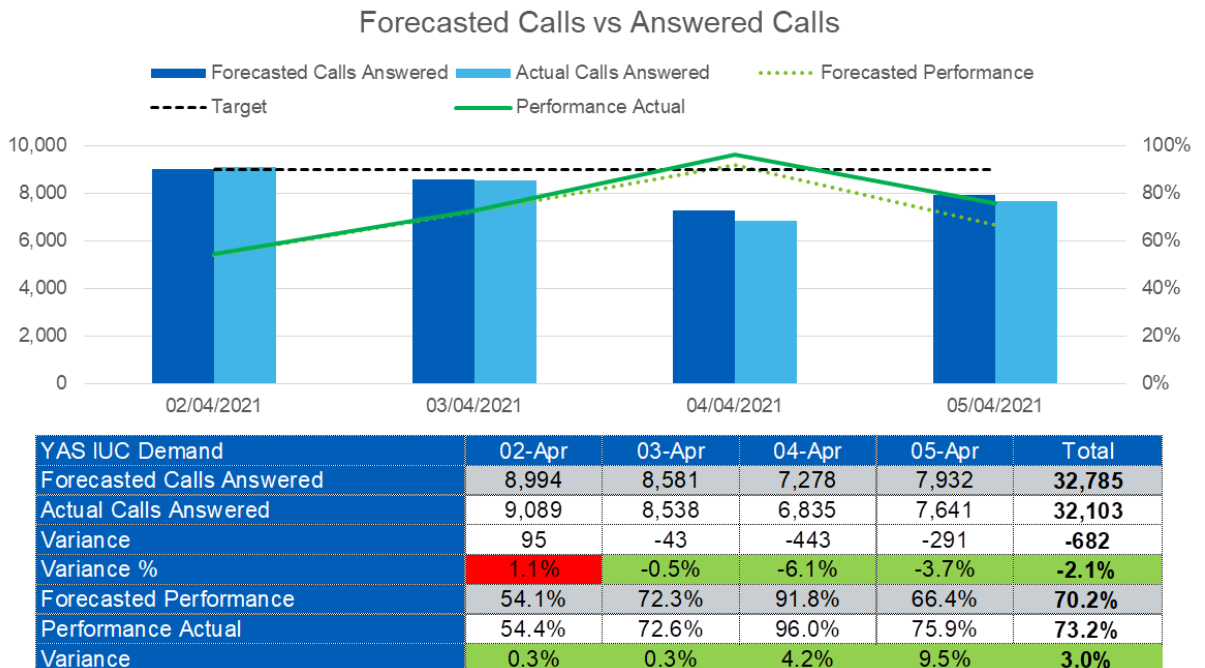
Graph two: IUC 2020/21 patient demand

Easter Period

Following the unified communication migration, the IUC service entered its traditionally second busiest period of the year with Easter in early April 2021.

The service continues to be supported in full by ICT teams and suppliers to embed the new telephony/unified communication system effectively. Extra capacity was in place for the Easter holiday weekend. Overall the service performed relatively well with 32,103 patients supported over the four day holiday.

A summary of the Easter period key performance metrics is included in table/graph three below:



Graph/ Table three: IUC Easter demand and call answer performance

2021/22

Looking ahead to 2021/22 the IUC service is focused on maximising the benefits of the unified communication system after a period of familiarisation and focusing on delivering services into the second year of the pandemic. This

will include establishing the new NHS England KPIs for IUC, continuing the work on supporting patients to alternative pathways of care instead of presenting at hospital Emergency Departments (111 First) and developing the service line business plan to focus on operationalising the Trusts priorities.

With the return of the staff who have been shielding to the IUC workforce and the completion of vaccination programme, the capacity will increase in April and May 2021 to support with improvements in service performance.

Key Risks

The risks remain similar as noted in previous updates around ensuring there are sufficient staff in place to meet changing patient demand. It is recognised that forecasting patient demand is extremely difficult in the current context and to this end the IUC team are working closely with NHS England who have established a national planning team to ensure best intelligence is in place within YAS IUC forecasting.

The emerging details of financial regime for the first two quarters will help to confirm the budget for IUC and the workforce numbers for the year. This will be assessed in line with expected demand and the new KPIs to understand if any risks to delivery emerge and how they can be best addressed. This will be the focus for the team during April 2021.

3.2.2 Patient Transport Services (PTS)

PTS demand continues to be closely monitored. The activity for February and March remained stable with outpatients at 76% of pre-Covid levels, discharges at 114% and an overall total activity 81% of that undertaken prior to the pandemic. There was some reduction during the Easter period as forecasted. Weekend activity, and on-day discharge activity continues to grow, despite NHSE nationally reporting total discharge numbers have reduced. YAS continues to move people in single patient journeys only and this is contributing to higher vehicle journey numbers.

PTS have undertaken over 20,690 patient journeys for people either Covid positive or with suspected Covid since March 2020.

Numbers of Covid positive and suspect journeys were at 854 week commencing 18 January 2021, the highest during the second wave of the pandemic, they have steadily decreased to 166 journeys week commencing 29 March 2021. 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. Cost pressures have been discussed in the Trust Executive Group (TEG), and with CCG Commissioners which are predominantly attributed to additional private providers.

Performance and quality standards for patient journeys remain at higher levels than prior to the pandemic for people requiring transport for renal dialysis. There has been a small reduction in on-day performance, which is being closely monitored with no issues being raised by acute trusts. Telephone bookings performance has been impacted by the measures which have been implemented due to Covid. In summary, the average call length has

significantly increased due to the introduction of additional questions at the point of booking to establish Covid status.

Due to increased journey numbers, the current proportion of PTS resource type for journeys is 40% transported by YAS resource, and 60% by alternate resources (Voluntary Car Scheme (VCS) /Private/Taxi). This demonstrates the flexibility of the service model to ensure the service is resilient.

PTS frontline control room and reservations staff have been very agile during the pandemic and 61 control room and booking staff are currently working from home. This further minimises the “on-site” staffing requirement, and transmission risks within YAS HQ. 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.

There has been some delay to completing the VCS recruitment with the current Driver and Vehicle Standards Agency (DVSA) guidance and access to driver assessments during lockdown. The 62 new VCS recruits will undertake driver assessment week commencing 12 April 2021; 39 have already started. A further 86 are in recruitment process.

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.

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. YAS continue to use the eligibility criteria to assess those most in need and is also engaging with commissioners regarding funding for this new activity. New “non contractual” activity is being undertaken with system changes – for example SDEC requests at Calderdale and Huddersfield NHS Foundation Trust.

NHS England continue to request submissions for anticipated trajectory for elective and planned care, there has been no update from systems to plan for increased resources should plans for increases in planned care be formalised.

The “Non-Emergency Patient Transport Services NHSE/I review” that was launched in October 2019 is progressing, with YAS and Association of Ambulance Chief Executives (AAACE) well represented in stakeholder engagement, workshops on Commissioning, KPI’s and Eligibility criteria. YAS are to work with the NHSE/I Strategic Review Team and west Yorkshire System leads on a desktop pilot from April 21 for a focussed four week period to allow for testing and impact analysis of some potential recommendations for the final review outcome.

3.4 Clinical Directorate

3.4.1 Clinical Development Activity

The Safer Right Care Right Place project is now underway, incorporating specific areas of development of clinical pathways across the region. There are now 12 teams providing an alternative response to non-injured fallers, which will provide coverage across the whole of Yorkshire if discussions with Barnsley are successful. In addition, following the success of direct referral into the Same Day Emergency Care (SDEC) service at Hull Royal Infirmary (which now accepts an average of 12 direct referrals each week), SDEC pathways are being developed in York, Harrogate and Barnsley.

As a contributor to the Urgent Public Health Research - Covid-19 portfolio of studies YAS recruited 66,000 patients into the Pandemic Respiratory Infection Emergency System Triage (PRIEST) study, becoming the largest recruiter of all NHS organisations in the country. A triage tool has been developed and YAS will support its evaluation in practice. The 'recovery and growth' phase of research not related to the pandemic has now begun and previously paused studies, such as Breathlessness Relief At Home (BREATHE) and Major Trauma Triage Tools (MATTs) studies have recommenced. New successful research proposals include a study to review the impact of ambulance service delivered public health interventions, a study to understand the process of ambulance clinicians' 'pre-alerts' to emergency departments, and a study to understand more about involving ambulance clinicians in research.

3.4.2 Integrated Performance Report Exceptions

The STEMI care bundle compliance remains low at 44% (January 2021) due to a historical decision by YAS not to include the administration of paracetamol as a valid analgesic in the management of cardiac chest pain, despite this being included as an option in the national Clinical Quality Indicator. Non-Executive Directors have challenged the validity of this approach and have requested a review of the evidence that led to the YAS decision. A rapid literature review is underway, and the Medical Director is to request a review of the validity of paracetamol as an analgesic for the management of cardiac chest pain with NASMeD.

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 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. Additional guidance was provided for staff in relation to lateral flow testing and entry to care homes and no significant operational issues have arisen since the introduction of this national policy. There have been no covid outbreaks or localised clusters of infection in Trust services for the last month.

The risk assessments of covid-safe working environments in Trust contact centres were substantially revisited during November and December 2020 in light of the increased incidence of covid in the general population and prolonged nature of the pandemic. The IPC team will continue to contribute to

consideration of options for post-covid work arrangements in line with national guidance.

3.5.2 Body Worn Video

The Trust has procured body worn video camera equipment to support the planned pilot which is planned to commence in May 2021. This initiative will be taken forward under the umbrella of the national ambulance service project led by NHSE.

3.5.3 Service transformation

A strategic review of the service transformation programme is under way via TEG. Discussion focusses on development of a single transformation programme with inter-dependent work streams and alignment with wider urgent and emergency care system development and the emerging Integrated Commissioning Framework. An updated model for delivery and assurance has also been agreed and a strengthened PMO role, which will support an increased focus on benefits realisation in line with strategic outcomes.

3.5.4 Health and Safety

A new post has been established to provide subject expertise to the Trust relating to moving and handling. Recruitment is currently under way to this new role which will lead the ongoing programme of work underpinning both patient and staff safety.

3.5.5 Paediatric Liaison role

Resources have been allocated to the Safeguarding team to enable the ongoing establishment of a paediatric liaison function, working closely with the Trust Frequent Callers team. This function builds on the successful pilot last year. Through this service the Trust will identify children and young people with complex needs who frequently access our services, and will work with the patient, their family and system partners to support effective ongoing care. It is envisaged that full recruitment to the new roles will be completed in Quarter 1 of 2021/22.

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. The key activities undertaken in the recent period are set out below:

3.6.1 Health and Wellbeing and Organisational Development

Covid Support

A successful staff COVID vaccination program began in January 2021, offering all staff a vaccination across a range of sites within the region. Some staff chose to have a vaccination with their GP or other vaccination centre. 83% of staff have taken up the offer of a first dose vaccination so far. Specific engagement has taken place with BAME staff to increase uptake in vaccination in this group; this rate currently sits at 61% with a first vaccine.

The second dose covid vaccination programme commenced in March 2021. To date, 77% of staff, who had a first dose with YAS, are now fully vaccinated. The second phase of this programme will remain operational for a further 5 weeks.

The team have been supporting and welcoming the return of shielding staff from 1st April 2021. The risk-based return to work 'road map' has been used to prepare for their safe return to their substantive roles.

Health and Wellbeing

We continue to work to priorities set out in the short-term health and wellbeing and organisational development plan, recognising that staff welfare and maintaining positive staff engagement are key areas of focus and need.

Facilitated Conversations continue together with a range of virtual facilitated wellbeing sessions available to staff. We are pilot testing a virtual module in compassionate self-care with 25 volunteers and a personal resiliency workshop with WRES network colleagues. To support staff with traumatic events, the new provider for Post Incident Care was launched at the beginning of April 2021.

The Trust's absence rates remain at a high level (March IPR 7.5%). The main impact is being seen in front line services and call centres. Although Covid related sickness has reduced in the past 3 months, the sickness related to non-Covid is increasing. The number of staff with long covid continues to increase and rehabilitation arrangements are being sought to support these staff to return to work.

3.6.2 Recruitment

The first Emergency Care Assistant (ECA) course for the 2021/2022 training plan will commence in April 2021, with further courses to follow from June. The ECA pipeline stands at 75 new starters, offering good resilience for the coming years' courses, with advertising for further ECAs planned in for early April.

A specific campaign for recruitment of 120 volunteers for the PTS Voluntary Car Service is in progress with 53 candidates ready to start. The Community First Responder (CFR) team are also running a campaign for a further 120 CFRs with 60 now ready to start and a further 60 working through pre-engagement checks.

The Trust has completed a number of workshops with the desired outcome from 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. An action plan was fully supported by the Joint Steering Group and TMG, when presented, during March 2021.

3.6.3 Diversity and Inclusion

Initial scoping work has taken place on becoming recognised as an LGBTQ+ Friendly Workplace through Stonewall. A working group has been established, work-plan developed. The initiative was launched at the Chief Executive's team brief in February 2021.

The Associate Non-Executive Director development role has been advertised and the recruitment arrangements are being put in place. The advertisement

has had a positive action approach and has aimed at attracting applicants from protected groups.

A pilot reverse mentoring scheme is scheduled to start first quarter 2021/22 with four volunteer BAME colleagues (mentors) partnering with four volunteer board members (mentees) to explore the Black Lives Matter theme through collaborative enquiry. Training is being provided for both mentors and mentees.

The Trust published its Gender Pay Gap data in accordance with this public sector reporting regulation. The data reported is a snapshot of a month's data as 31st March 2020, and positively shows that the average pay gap decreased (improved) by 1.3%, from 5.21% in 2019 to 3.91% in 2020. There remains a gap between male and female pay, even though YAS now employs more women than men; more men than women are in the upper and upper middle quartiles. Our Gender Pay Gap action plan is in place to reduce our pay gap further. The full data set is available on the Trust's website.

3.6.4 Employee Relations

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

The project implementation plan for Empactis case manager (the Trust absence reporting system) is progressing according to plan. Empactis are now building the software and aim to deliver a system for user acceptance testing in the first quarter of the next financial year.

3.6.5 Education and Learning

Our YAS Ambulance Support Worker programme won Gold at the prestigious Learning Awards 2021 and was awarded 'Apprenticeship Programme of the Year'. This came shortly after National Apprenticeship Week (08-14 February) celebrated the high numbers of apprentices in YAS attracting public interest in the career development 'pathway to paramedic'.

The Trust-wide Training Plan 2021/22 has been approved for COVID-secure delivery all year and sees an increase of over 30% in activity

A three-year phased plan to improve Statutory and Mandatory compliance rates for the face-to-face elements was also agreed, ensuring an increase year-on-year from the starting position. Clinical Refreshers and Statutory and Mandatory face-to-face training (manual handling and basic life support) is scheduled to recommence in April 2021.

87 of the Trust's registered paramedics have been selected (amongst 120 applicants through a rigorous assessment process) to enrol with one of three partner Universities to top-up their qualification to a BSc (Hons) degree funded by Health Education England.

3.7 Finance Directorate

3.7.1 Medical Devices

The Trusts programme of Lifepak15 to Corpuls conversions is ongoing; 17 new A&E DCA vehicles still to complete.

Private and Events vehicles are now in process with 5 completed and a further 12 to complete by the end of April. A project to complete the 10 Lifepak replacements on the Resilience vehicles (x2) is now also underway.

Over the next 3 months we will be replacing all Autopulse mechanical CPR devices with the new Corpuls CPR device. This represents a significant shift towards full technical integration of the Corpuls Defib, Corpuls CPR and the EPR systems. We are also expecting a major software upgrade which will allow full Wi-Fi connectivity of the Corpuls defibrillator in order to automatically download patient data from the device to a secure YAS server.

3.7.2 Cleaning Teams

The cleaning teams restructured their service provision in December; they 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 also increased cleaning provision at Callflex and Springhill.

3.7.3 Estates

The extensive roofing scheme continues at Bradford Ambulance Station. The roof now has solar panel power generation which along with the installation of Electric Vehicle charging points on the recently completed car parking scheme provides both energy saving and is in line with the Trust's commitment to the green agenda.

Recent refurbishment works have also completed at Leeds Ambulance; the fleet workshop and staff facilities having been upgraded. Skipton Ambulance Station has also been fully refurbished.

Investment in technology within the Estate includes the upgrade of the Building Management system within Springhill and Callflex which extends to sensing for overheating and leak detection in plantrooms and high risk areas such as Server and UPS rooms.

The Trust was unsuccessful in its initial Salix bid to support the removal of oil fired heating systems at Bainbridge and Preston Ambulance stations. A further application is being made for the recently announced Phase 2 funding for these two projects along with the proposals to extend the Leeds District heating system into Leeds Ambulance Station to attain benefit from this energy source.

3.7.4 Fleet

Unfortunately we have continued to experience supply issues in relation to materials required for vehicle conversions. As a result we have re-scheduled the DCA and PTS vehicle delivery programme.

Fleet have been liaising closely with the NHSI and colleagues from other English Ambulance Trusts on the procurement of the National DCA Vehicle Specification; this has been awarded to Fiat for the Ducato model, with the conversion specification out to tender in April. Fleet have been running sessions to consider the next RRV base vehicle. Several makes and models have been tested and staff feedback will be included in the upcoming procurement exercise.

3.7.5 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 in line with national requirements. The national Inventory Management System - 'Foundry' continues to work effectively and is demonstrating its agility when the Trust experiences spikes or reductions in usage rates. NHSEI has also confirmed that PPE will be centrally funded to March 2022.

Warehouse Facility

Procurement and Logistics moved to the new interim warehouse facility in January and has been moving stock from the limited warehouse space at the West Yorkshire police site at Unit 1D Wakefield 41 Business Park, (former) Bentley Ambulance Station and Thirsk, Castleford and Sherburn stations. The last delivery into Castleford station from NHS Supply Chain is expected to be the end of this month (April). The warehouse will support the effective storage and distribution of: additional pandemic PPE, Brexit contingency stock of critical supply; and additional winter pressure stock. This has already resulted in a reduction of stock held and unnecessary travel as our ability to work in a leaner and more agile way increases.

3.7.6 Finance

The Trust's finance team are currently working to close down the 2020/21 year end. As reported previously we expect to at least deliver against plan. The Trust's draft accounts are to be submitted by 4 May 2021, the audited accounts by 29 June 2021.

Work is ongoing to agree the financial plan for 2021/22. These are unusually late as NHSI/E has been developing central plans and guidance that recognise the need to continue to respond to the pressures COVID brings alongside a focus on recovery, particularly in the acute sector. This impacts on the Ambulance Sector and we are working through the implications with system partners in order to secure appropriate resource.

3.8 ICT Projects

3.8.1 YAS ePR Transfer of Care (eTOC):

YAS continue to work with partner health and social care organisations on the Yorkshire & Humber Care Record (YHCR) programme, which seeks to improve the sharing of patient information to support better patient safety, experience, and outcomes. On 10 March 2021 Rotherham NHS Foundation Trust joined Leeds Teaching Hospitals Trust in implementing the electronic transfer of ambulance care records into their hospital system. While paramedics are en-route to the hospital, the initial patient information is automatically pre-registered into the hospital ED system. On arrival to the hospital YAS Clinicians

can go straight to the clinical handover stage and the record will be automatically available on the ED system and the wider hospital.

Benefits

- Improved patient care and safety due to the availability of complete and accurate information and the patient record is accessible across the wider hospital.
- Receiving the eTOC has speeded up the process in ED by 6 mins, potentially improves YAS handover times and allows ED staff to deal effectively with patients.

YAS are also working with York & Scarborough Teaching Hospitals NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust to implement the YHCR transfer of care and to provide structured data for patient observations. This will allow the hospitals to more easily track changes in patient condition from pre-hospital arrival.

3.8.2 Unified Communications

The majority of YAS services (with the exception of EOC) have now migrated across to the new Unified Communications platform throughout March 2021. Services were planned to be migrated on a weekly incremental basis, commencing on 02/03/21, over a 4-week period as follows:

Phase 0	02/03/21	Service Desk	6 positions
Phase 1	09/03/21	73 Ambulance Stations & Support Services (inc. 50 home worker positions for Datix, Scheduling & Fleet)	
Phase 2	16/03/21	PTS 101 positions (inc. 61 home worker positions) IUC - 390 positions (inc. 130 remote workers)	
Phase 3	24/03/21	EOC	169 positions

Phases 0, 1 & 2 were successfully delivered. However, IUC performance issues identified during live operation of Phase 2, along with a national spike in demand for services, have required a pause prior to proceeding to the final service migration of Phase 3 EOC.

YAS is working with the supplier base, especially Capita, to resolve underlying issues with the PILOT call system and the wallboard reporting that has impacted on the NHS111 Service Level Agreement.

Current planning for EOC is a go live on 11 May 2021. However, this is subject to resolution of the underlying issues seen in NHS111.

4. UPDATES ON KEY ACTIVITIES

4.1 Stars Awards

Our STARS Awards 2020/21 virtual event was held on 30 March 2021 as part of a special Teambrief Live session. Congratulations go to all the winners, highly commended members of staff and volunteers and everyone who was nominated. The awards provided an opportunity for us all to reflect on what has been a challenging year like no other and the judging panel found deciding the winners particularly hard.

At the core of the YAS STARS Awards are the values' awards which are aligned to the Trust's values, One Team, Compassion, Integrity, Innovation, Empowerment (inspiring leadership) and Resilience. The Chief Executive's commendations also recognise those individuals who have excelled beyond what is expected of them.

The YAS Stars Awards provided us with the perfect opportunity to thank all our staff and volunteers for their extraordinary commitment and dedication over the last year as well as celebrating the achievements of teams and individuals across the Trust. This year, the One Team award went to all staff and volunteers, in recognition of everything that staff have done. As a small mark of appreciation, the YAS Charity has supported the award with a 'One Team' badge which is being sent to everyone. Along with the additional day of annual leave, the Trust hopes this goes some way to recognise the amazing contribution made by staff.

4.2 Prince's Trust - Get Started with the Ambulance Service course

The first YAS / Prince's Trust collaboration, Get Started with the Ambulance Service course went live in March 2021. A week-long pilot course was run virtually with a variety of workshops on different aspects of the ambulance service, roles within the services and employability skills including the job application process and interview skills. The sessions also involved talks and questions and answer sessions involving staff from different areas of the Trust. It was really great to be able to join participants to welcome them and thank them for their interest. Feedback from the event participants has been outstanding with the Prince's Trust keen to run more events in future.

4.3 999 Rescue Squad

Filming with our Hazardous Area Response Team (HART) resumed week ending 16 April 2021 after being suspended last year due to COVID-19. The Trust is working closely with the film production company Air TV to monitor the situation closely, ensure all necessary protocols are followed and risks are minimised.

5. RECOMMENDATIONS

5.1 The Board is asked to:

- **Receive assurance** on the activities of the Executive Team.
- **Receive** the Integrated Performance Report for March 2021.

6. APPENDICES

Integrated Performance Report for March 2021 - [LINK](#)