



**Board of Directors (held in Public)**  
**27 July 2023**  
**Operational Report**  
**Report of the Chief Operating Officer**

**Item 4.2**

<b>Presented for:</b>	Information
<b>Accountable Director:</b>	Nick Smith, Interim Chief Operating Officer (Accountable Emergency Officer)
<b>Presented by:</b>	Nick Smith, Interim Chief Operating Officer (Accountable Emergency Officer)
<b>Author:</b>	Nick Smith, Interim Chief Operating Officer (Accountable Emergency Officer)
<b>Previous Committees:</b>	None
<b>Legal / Regulatory:</b>	None

<b>Key Priorities/Goals</b>	Deliver the best possible response for each patient, first time Attract, develop and retain a highly skilled, engaged and diverse workforce Generate resources to support patient care and the delivery of our long-term plans, by being as efficient as we can be and maximising opportunities for new funding
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<b>Strategic Ambition</b>	(✓)	<b>BAF Strategic Risk</b>
1. Patients and communities experience fully joined-up care responsive to their needs	✓	All
2. Our people feel empowered, valued, and engaged to perform at their best		2a Ability to ensure provision of sufficient clinical workforce capacity and capability
3. We achieve excellence in everything we do	✓	3a Capacity and capability to plan and deliver Trust strategy, transformation and change
4. We use resources wisely to invest in and sustain services		4c Ability to deliver key enabling infrastructure effectively (estates and fleet)

<b>Key points</b>	
1. All Operational Service Lines continue to deliver well in the face of ongoing pressures as indicated by the length of time the Trust has been operating at REAP 3 (Severe Pressure).	For information
2. The biggest risks facing all three service lines remains the recruitment and retention of the workforce.	

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**1. SUMMARY**

- 1.1 This report is presented to the Board of Directors for information regarding the Trust's performance in June 2023 against key operational performance metrics for the Accident & Emergency Service (A&E), Integrated Urgent Care (IUC) and the Non-Emergency Patient Transport Service (PTS) along with a high-level update on the key operational issues.
- 1.2 This report provides a summary of performance as the Finance and Performance Committee has received a more detailed update on each of these areas along with risks and the actions, we are taking to improve our performance and ensure delivery of the year-end targets and Operational Objectives.

**2. MAIN HEADLINES**

- 2.1 The Trust continues to be under severe operational pressure across all its service lines and remains at Resource Escalation Action Plan (REAP) Level 3 'Severe Pressure'. The Trust de-escalated from REAP Level 4, 'Extreme Pressure' on the 23 January 2023 and has remained at Level 3 since. The REAP provides the Trust with a national structured set of considerations and arrangements to assist in Business Continuity Management (BCM). As at the 10 July 2023 all other UK ambulance services were also operating at REAP Level 3.
- 2.2 Industrial action continues to impact the Trust both directly through action taken by 'Unite the Union' and indirectly from the Junior Doctors strikes. The impact of direct industrial action by 'Unite the Union' has so far been minimal, with the Trust experiencing a slight loss of 111 call handlers at Call-Flex on the 2 June. There was no impact on patients. No significant impact has been experienced by YAS as a result of the junior doctor strike or strikes in other areas of the NHS. This may change as the action escalates during July.
- 2.3 A&E continues to overachieve its trajectory for Category 2 mean response times. Currently it is 28 minutes and 3 seconds against the target of 30 minutes.
- 2.4 Call taking across all three service lines has remained challenging during June. Additional external capacity has now been secured for 999 call taking from the West Midlands Ambulance Service (WMAS) and through additional national capacity for 111. The Trust Executive Group (TEG) have also agreed additional PTS Call Handler posts to help improve call answer times.
- 2.5 As interim Chief Operating Officer my initial priority has been to bring the leadership of all three service lines together to identify synergies across all three service lines, get a consistency of approach (where appropriate) and prevent duplication of effort in the delivery of contractual requirements and the achievement of the Boards Operational Priorities.

### 3. ACCIDENT & EMERGENCY SERVICE (A&E)

#### 3.1 Overview

- 3.1.1 The first three weeks of June saw increased demand due to the high temperatures across the UK. This resulted in more high acuity calls leading to more poorly patients being conveyed to hospital. This led to longer handover times and therefore longer response times due to less available ambulances to respond.
- 3.1.2 Fortunately, we saw demand fall slightly during late June as temperatures reduced which led to less pressure in the health system and improved response times.

#### 3.2 Call Taking Performance

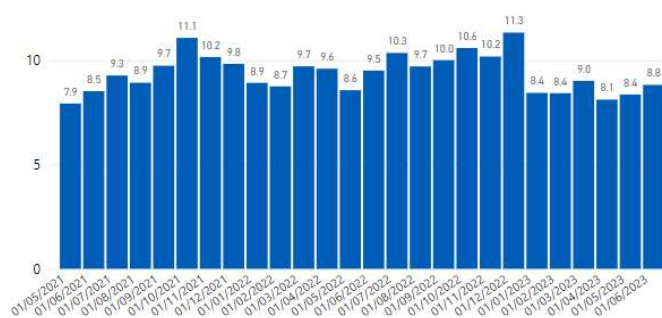
- 3.2.1 999 call answering performance deteriorated in June from April and May. From the 19 June YAS commissioned WMAS to answer 10% of our 999-call demand. The chart below shows the average call answer time per day in seconds with the sudden and significant deterioration from the 10 June. This returned to normal levels from the 19 June.



Average 999 call answer time per day in seconds

#### 3.3 Operational Response Performance

- 3.3.1 Response time performance to all categories of call was worse during June in comparison to April and May. As mentioned above this was impacted by the high temperature which also impacted all areas of the NHS. The IPR shows that Category 1 demand was especially high during June and this impacted on our response times to these life threatening calls with a deterioration in June to nearly 9 minutes.



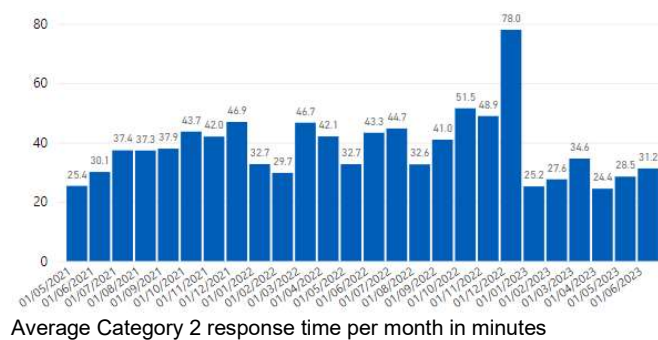
Average Category 1 response time per month in minutes

### 3.4 Operational Priority 2

- 3.4.1 Priority 2 is the achievement of a Category 2 average (mean) response time of 30 minutes. A monthly trajectory has been modelled to ensure achievement by the end of March 2023. This forecast is updated monthly and is closely monitored by the Finance and Investment Committee.
- 3.4.2 The current forecast undertaken at the end of June 2023 shows that YAS, based upon all our modelling assumptions, is expected to achieve 27 minutes and 24 seconds by March 2024 against our original business plan forecast of 29 minutes and eight seconds.
- 3.4.3 This priority has been ahead of trajectory for the first 3 months of 2023/24.
- 3.4.4 However, there are still a lot of risks inherent in the modelling, especially regarding winter demand and the impact of increased handover delays over that period.

Sub Section	Forecast/Actual	Actual			Forecast											
	Type	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year		
C2 Mean	Business Plan	00:31:07	00:29:34	00:31:27	00:29:24	00:27:46	00:29:01	00:28:41	00:28:46	00:33:17	00:26:23	00:26:32	00:27:30	00:29:08		
	Actual/Forecast	00:24:25	00:28:31	00:31:14	00:28:01	00:26:39	00:27:45	00:27:26	00:27:33	00:31:32	00:25:26	00:25:26	00:24:47	00:27:24		

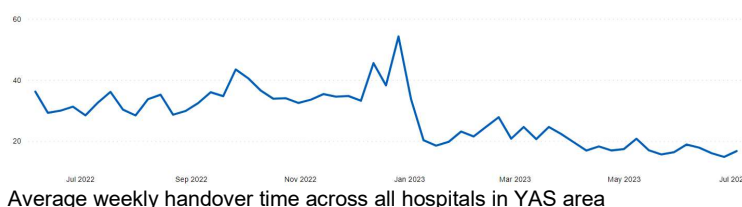
Monthly mean Category 2 response time against the original business plan forecast.



### 3.5 Key 999 Risks

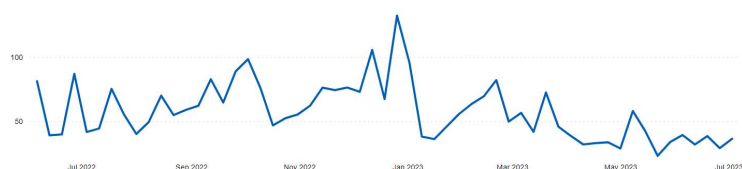
#### 3.5.1 Handover (CRR 35)

Delayed hospital handover remains the highest corporate risk to YAS (25) although this has decreased to good levels in most areas of Yorkshire except for hospitals within the Humber and North Yorkshire Integrated Care Board Area.



Please note that the scale on the Humber and North Yorkshire chart below is significantly different to the chart above and handovers remain in excess of double the standard handover time of 15 minutes, despite an improvement over recent months. Close working between YAS and both Yorks and Scarborough Teaching

Hospitals NHS Trust and the Hull University Teaching Hospitals NHS Trust is ongoing to continue to reduce the level of handover delays.



Average weekly handover time across Humber and North Yorkshire ICB area

### 3.5.2 999 Call Handling (CRR 433)

Another high corporate risk is around the EOC workforce (20). There is a detailed capacity plan in place and a clear trajectory of recruitment and training of 999 call handlers which is being overseen by the People Committee as part of Operational Priority 10. This is currently on track but remains high risk due to the ongoing difficulty in recruiting and retaining Band 3 call handlers across all contact centres.

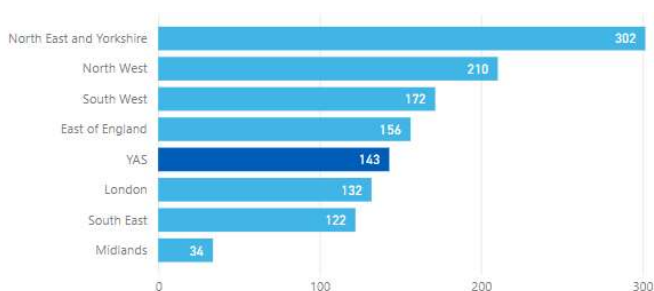
## 4. INTEGRATED URGENT CARE (IUC)

### 4.1 Overview

- 4.1.1 The biggest challenge within IUC remains workforce, specifically the recruitment of clinicians and the retention of 111 call handlers.
- 4.1.2 Recruitment levels are good against our planned level and this is being overseen by the People Committee, again through Operational Priority 10

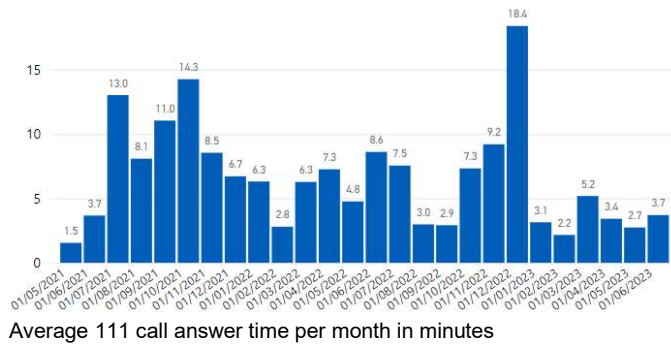
### 4.2 111 Call Taking Performance

- 4.2.1 Call answer times for 111 remain relatively consistent, with the mean answer time being mid table when compared to other IUC providers in England.



Average 111 call answer time by provider w/c 26 June 2023 in seconds

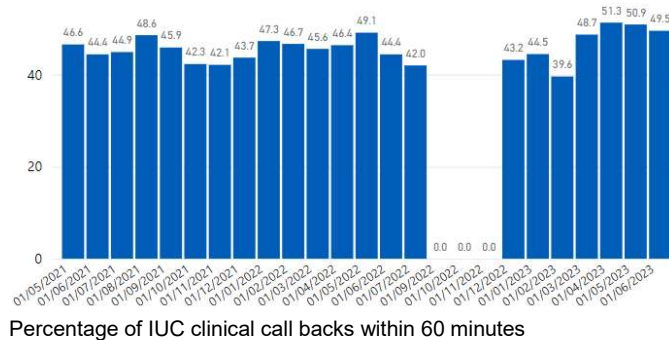
- 4.2.2 However, call handing did deteriorate in June from May but remains better from the same period last year.



### 4.3 Clinical Call Backs

4.3.1 One of the challenges facing IUC historically is the number of calls called back by a clinician within 60 minutes. Although this has been higher since February this is a very vulnerable area as the recruitment of clinicians remains challenging.

4.3.2 The gap in data is a result of the national outage of Adastra in late 2022.



### 4.4 Key IUC Risks

#### 4.4.1 Clinical Workforce (CRR 54)

Clinical Workforce remains the highest risk for IUC (20) due to the ongoing difficulty recruiting clinicians into IUC. Some mitigation has been achieved by international recruitment, but the main opportunity is the potential for a joint clinical queue with EOC as part of an Integrated Clinical Assessment Service using internal paramedics working remotely. This is still being progressed as a priority.

## 5. PATIENTS TRANSPORT SERVICE (PTS)

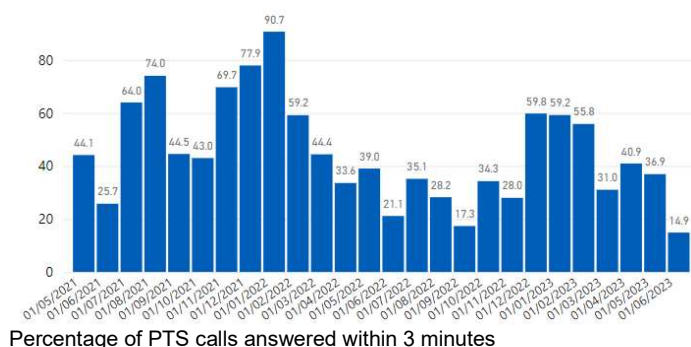
### 5.1 Overview

5.1.1 PTS continues to perform well against contractual Key Performance Indicators (KPIs) especially for our most vulnerable patients. However, call answer performance is poor and mitigations are being implemented to improve. Conversations are currently taking place with the wider system around the implementation of the national eligibility criteria for transport. This is likely to be a contentious area for each ICS.

5.1.2 On the horizon is the potential re-tendering of PTS contracts over the next two years. We continue to work with our commissioners to understand their commissioning intentions and the level of risk to YAS.

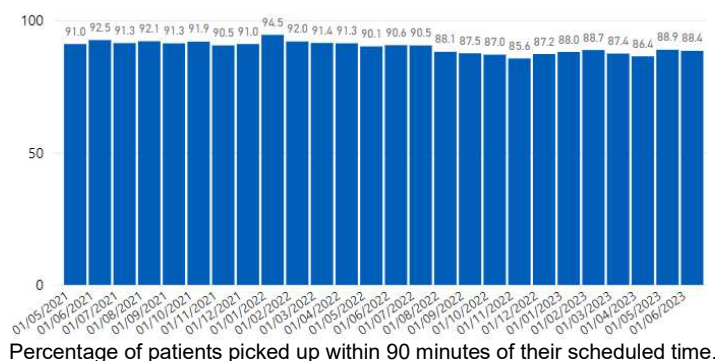
## 5.2 Call Taking Performance

- 5.2.1 The percentage of calls answered within 3 minutes dropped significantly in June as a result of reduced call taking capacity caused by sickness, annual leave and vacancies.
- 5.2.2 PTS call handlers are Band 2 and this is causing difficulty in recruiting to Wakefield when we are, at the same time, recruiting for Band 3 call handlers for 999 and PTS. Although there is a different profile of applicant, this is an area that will need a focus to explore alternatives. In the meantime additional recruitment is taking place to mitigate the shortfalls.



## 5.3 PTS Performance

- 5.3.1 Operation PTS performance continues to be delivered in line with contractual KPIs. The number of renal patients arriving within 60 minutes of their appointment was 99.6% and 96.9% for being picked up within 60 minutes. This is an excellent achievement for a vulnerable group of patients.
- 5.3.2 Performance against all other KPIs has remained consistently high over recent months.



## 5.4 Key PTS Risks

### 5.4.1 PTS Contracts (CRR 559)

As stated above there is currently a risk to YAS around the lack of clarity from our commissioners regarding their commissioning intentions over the next 2 years. The risk is currently 12 but requires re-assessment.

## **6. ALL OPERATIONAL RISKS**

- 6.1 All risks relating to the delivery of operational service lines are within the BAF and the Corporate Risk Register and are reviewed monthly.

## **7. COMMUNICATION AND INVOLVEMENT**

- 7.1 Not applicable for this report.

## **8. EQUALITY ANALYSIS**

- 8.1 Not applicable for this report.

## **9. PUBLICATION UNDER FREEDOM OF INFORMATION ACT**

- 9.1 This paper is available for publishing through the Freedom of Information Act.

## **10. NEXT STEPS**

- 10.1 This paper is presented to Trust Board for information and all actions relating to the report will be monitored through the appropriate Assurance Committee

## **11. RECOMMENDATION**

- 11.1 The Board are asked to receive the contents of the report.

## **12. SUPPORTING INFORMATION**

- 12.1 This paper is in support of the Integrated Performance Report.

Nick Smith  
**Chief Operating Officer (Interim)**