

**Meeting Title: Board of Directors (held in Public)**  
**Meeting Date: 30 May 2024**  
**Agenda Item: 3.3**



Report Title	Assurance Report of the Chief Operating Officer
Author (name and title)	Nick Smith, Chief Operating Officer
Accountable Director	Nick Smith, Chief Operating Officer
Previous committees/groups	n/a
Recommended action(s) Approval, Assurance, Information	Assurance
Purpose of the paper	Assurance
Recommendation(s)	Note the content of the paper

**Executive summary (overview of main points)**

This paper identifies the key highlights, lowlights, issues, actions taken and planned actions regarding the YAS Operational Directorate overseen by the Chief Operating Officer.

This paper is for Board assurance purposes and covers Remote Patient Care, A&E Operations, Integrated Urgent Care and Emergency Planning, Resilience and Response (EPRR).

Strategic ambition(s) this supports Provide brief bullet point details of link to Trust strategy	Our Patients	Deliver the national, regional and local performance targets for 999, NHS 111 and Patient Transport Service (PTS).
	Our People	Invest in developing our people (staff and volunteers), ensuring they have the skills, support and resources they need to deliver high-quality care and services, now and in the future.
	Our Partners	Work collaboratively with all our partners to achieve better experiences and outcomes for patients, optimising all of our collective skills and valued resources. We will ensure we deliver the most appropriate response to patients requiring of out-of-hospital emergency or urgent care, and be an effective co-ordinator and navigator for access to urgent and emergency care, and supporting services.
	Our Planet and Pounds	Use our resources wisely and ensure value for money
Link with the BAF (board and level 2 committees only)	Include reference number	

Highlights	Lowlights
<p><b><u>Remote Patient Care</u></b></p> <p>As mentioned in the last report Mike Podder-Finch has been appointed as the Head of IUC and will commence in early June. Angharad Truelove who is currently seconded into this role has been appointed substantively into the Deputy Head of IUC role. We now have a full and substantive leadership team across remote care.</p> <p><b>Emergency Operations Centre (EOC)</b> Call answer times remain consistently sub-5 seconds, currently 4 seconds year to date.</p> <p>Hear and Treat performance has maintained at 15%. YAS was a national outlier during 2023 but is now in the upper quartile because of better integration between EOC and IUC.</p> <p><b>Integrated Urgent Care (IUC)</b> Despite the removal of national call taking support YAS remains in the top quartile nationally for call answering and clinical call back.</p> <p>The IUC Transformation Programme (Case for Change) is progressing well with new rotas to be in place during June 2024 and various consultation processes now concluded.</p> <p><b><u>Emergency Planning Resilience and Response (EPRR)</u></b> Good progress is being made with the EPRR Core and Interoperability Standards We also continue to continually meet the HART (Hazardous Area Response Team) and SORT (Specialist Operational Response Team) availability standard. This ensures our capability to respond to significant incidents.</p> <p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b> The Category 2 standard of 30 minutes was achieved in April (26m). The year-to-date position is 29 minutes. Both West Yorkshire and South Yorkshire YTD are below 30 minutes.</p> <p><b><u>Patient Transport Service (PTS)</u></b> Timeliness of response remains good, especially for our vulnerable renal patients.</p> <p>Call answer times for our PTS callers has improved significantly and in December achieved 77% answered in 3 minutes. This is the 5<sup>th</sup> month of continual improvement.</p>	<p><b><u>Remote Patient Care</u></b></p> <p><b>Emergency Operations Centre (EOC)</b> Turnover in April remains around 21% against a trajectory of 18% (rolling 12 month).</p> <p><b>Integrated Urgent Care (IUC)</b> Recruitment pipeline is good, but we still have high reliance on agency for recruiting new staff.</p> <p>As a result of the high number of agencies staff our IUC turnover continues to be a challenge. In April it was 30%, slightly below trajectory.</p> <p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b></p> <p>Demand and handover delays have increased during May.</p> <p>We failed to achieve the trajectory for May with a response time of 33 minutes against a trajectory of 29 minutes.</p> <p>There remains significant variation in response times to patients across Yorkshire. YTD is 27m for West Yorkshire, 25m for South Yorkshire but 38m for Humber and North Yorkshire.</p> <p>Turnaround delays continue to significantly impact on our ability to respond in a timely way. The average turnaround time is 53 minutes with variance between 46 in West Yorkshire, 52 in South Yorkshire and 71 minutes in Humber and North Yorkshire ICB.</p>

Key Issues to Address	Action Implemented	Further Actions to be Made
<p><b><u>Remote Patient Care</u></b></p> <p><b>Emergency Operations Centre (EOC)</b> We need to maximise our remote clinical assessment capacity. <b>(People Committee)</b></p> <p><b>Integrated Urgent Care (IUC)</b> Turnover is exceptionally high for Health Advisors <b>(People Committee)</b></p> <p>We have too much reliance on agency staff for IUC. <b>(People Committee)</b></p> <p>Working environment and rotas are not conducive to a high performing contact centre. <b>(Finance and Performance Committee)</b></p> <p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b> Category 2 response times across Yorkshire are too long. There is also significant variation across ICB footprints.</p> <p>Hospital Handover Times are excessive across HNY and SY ICB areas.</p> <p>Fleet numbers are now a limiting factor in the number of crews we can put out.</p> <p><b><u>Patient Transport Service (PTS)</u></b> Proposed implementation of Eligibility</p> <p><b><u>Emergency Planning Resilience and Response (EPRR)</u></b> The business case based upon the recommendations of the Manchester Arena Inquiry (MAI) still requires funding.</p>	<p><b><u>Remote Patient Care</u></b></p> <p><b>Emergency Operations Centre (EOC)</b> Visits undertaken at Ambulance Services with good numbers of clinicians in EOC.</p> <p>Majority of band 7 Clinical Navigator posts advertised and filled. C2 Segmentation+ implemented.</p> <p>Remote Clinical Hubs in place in Hull, Leeds, Keighley, Sheffield for rotation.</p> <p><b>Integrated Urgent Care (IUC)</b> IUC Transformation (Case for Change) is currently being implemented and recruited into key leadership roles.</p> <p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b></p> <p>Implemented 'Duty to Rescue' process during significant handover problems.</p> <p>Maximised operation hours through annual profiling.</p> <p>Increased fleet <u>from July 2024</u>, from 437 to 498</p> <p><b><u>Emergency Planning Resilience and Response (EPRR)</u></b> NARU contract has been novated from WMAS to LAS and increased capacity for training is expected.</p> <p>MAI Business Case supported by ICBs subject to funding availability.</p>	<p><b><u>Remote Patient Care</u></b></p> <p><b>Emergency Operations Centre (EOC)</b> Maximise the opportunities for preceptorship for recently trained remote clinical assessors. This is a limiting factor.</p> <p><b>Integrated Urgent Care (IUC)</b> Continue implementation of IUC Transformation Programme (Case for Change)</p> <p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b> Incorporate 'in extremis' actions into REAP 4.</p> <p>Complete the operationalising of the 'Duty to Rescue' and the 45-minute maximum wait model.</p> <p><b><u>Patient Transport Service (PTS)</u></b> Continue to progress Eligibility on behalf of commissioners for delivery from 1<sup>st</sup> April 2025.</p> <p>Explore opportunities to improve efficiency of PTS.</p> <p><b><u>Emergency Planning Resilience and Response (EPRR)</u></b> Secure ICB funding for the approved MAI Business Case.</p>