Board of Directors (in Public)
Thursday 26 September 2024
Agenda Item: 2.2

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	None
Recommended action(s) Approval, Assurance, Information	Information
Purpose of the paper	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).
Recommendation(s)	**Note** the content of this assurance report

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.

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Trust Strategy Bold Ambitions Select the most relevant points from the bold ambitions.	Our Patients	Deliver high-quality patient care and achieve the Ambulance Clinical Outcome measures. Deliver the national, regional and local performance targets for 999, NHS 111 and 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. Deliver the most appropriate response to patients requiring of out-of-hospital care.
	Our Planet and Pounds	Use our resources wisely and ensure value for money.
Link to Board Assurance Framework Risks (board and level 2 committees only)		1. Deliver a timely response to patients. 3. Support patient flow across the urgent and emergency care system.

Highlights	Lowlights
Following confirmation in late June that the Trust had secured non-recurrent funding to improve Category 2 performance over the summer we implemented actions that targeted increasing Private Ambulance Crews for our Integrated Transport, bringing in GPs into EOC, and incentivising clinical shifts in EOC. This continued into August and impacted positively. Additional 'recurrent funding' has been made available and for 2024/25 several no-recurrent schemes will be implemented from October to support the Winter Period. From 2025/26 the additional funding will be used to support the implementation of NHS Pathways. **Remote Patient Care** The Remote Care Transformation Plan (incorporating the IUC Case for Change) is happening at pace. **Emergency Operations Centre (EOC)** We continue to answer around fifteen thousand 999 calls per week with an average call answer time of 4 seconds in August. The average call answer time also shows less variability which reflects the strong staffing, we now have in EOC. Recruitment to 999 Call Handler remains good at 239 FTE, aim is 240 at end of year. A re-structure is taking place with EOC to support a stronger focus on the separate functions of dispatch and call handling together with more visible leadership at York EOC. **Integrated Urgent Care (IUC)** Performance is extremely good with 97% of calls answered in 60s during August. However, this is against being 15% under planned demand. There has been a marked reduction in overtime, incentives and agency use with further progress expected in Qtr3. The 'Case for Change' is progressing well. New, more attractive, rotas went live in early June without any impact on performance. Green uniform for IUC staff is now in place with feedback being very good.	September performance is significantly challenging resulting in a Category 2 month to date (to the 18th September) of 33 minutes against a plan of 28 minutes. **Remote Patient Care** Although there has been slight improvement turnover continues to be higher than plan for both EOC and IUC. Actions taking in the first quarter are expected to impact in quarter 2. In August IUC turnover was 34.1%, down by 0.5% with EOC turnover 19.6%, down by 1.1%. **Emergency Operations Centre (EOC)** Recruitment into Clinical Assessor roles continue to be challenging and slow despite significant focus by the team. Hear and Treat is still stubbornly fixed around 15.3%, which is around 350 calls per day. **Integrated Urgent Care (IUC)** Recruitment pipeline is good, but we still have some reliance on agency for recruiting new call handlers. This is causing a significant financial overspend at Month 5, although the rate of overspend has reduced as mitigating actions are being taken. **Accident & Emergency Operations (A&E)** Although Category 2 performance between ICB areas is narrowing due to improved response times in HNY, there remains significant variation in response times to patients across Yorkshire. Handover delays continue to significantly impact on our ability to respond in a timely way. The average handover time YTD is 28 minutes, versus a standard of 15 minutes. Crew clear times are a concern in West Yorkshire as they are 26 minutes, versus a target of 15 minutes. Although the situation is improving vehicle availability is still impacting on the availability of crews at the start of a shift.

Accident & Emergency Operations (A&E)
The Category 2 mean response time improved further in August to 26 minutes and 11 seconds resulting in a year-to-date position of 28 minutes and 29 seconds. *West Yorkshire* Category 2 performance in August was 26 minutes, *South Yorkshire* was 23 minutes and Humber and North Yorkshire was 30 minutes.

Handover delays in August reduced by an average of 2 minutes from July to 26 minutes. The biggest drop was in Humber and North Yorkshire ICB are where there was a 4-minute reduction to 35 minutes. (note September in lowlights)

New DCAs are being delivered in line with the converters refreshed plan which is helping mitigate the high VOR rates.

Patient Transport Service (PTS)
Timeliness of response remains good, especially for our vulnerable renal patients. Of specific note is our call answer improvement which is now often exceeding the 90% target. This is over double the performance in the same period last year.

Emergency Planning Resilience and Response (EPRR)

Good progress is being made with the EPRR Core and Interoperability Standards and we continue to meet the HART (Hazardous Area Response Team) and SORT (Specialist Operational Response Team) availability standard. This ensures our capability to respond to significant incidents.

We are expecting to achieve 93%, which is Substantial Compliance for the Core Standards.

Patient Transport Service (PTS)
PTS is significantly overspending against budget.
Linked to this is NHY being 12% over activity compared to 23/24. There is no process currently in place to compensate for the increased costs to YAS.

Key Issues to Address	Action Implemented	Further Actions to be Made
Remote Patient Care **Emergency Operations Centre (EOC)** We need to maximise our remote clinical assessment capacity to improve Hear and Treat. Turnover is high for 999 Call Handlers. **Integrated Urgent Care (IUC)** Expenditure on Agency is still too high, leading to significant overspend. Turnover is exceptionally high for Health Advisors **Accident & Emergency Operations (A&E)** Category 2 response times across Yorkshire are too long. There is also significant variation across ICB footprints. Hospital Handover and Crew Clear times are too high at specific hospitals. Challenges in putting out the DCA required hours to meet forecast. Fleet numbers are now a limiting factor in the number of crews we can put out. **Patient Transport Service (PTS)** 12% increase in demand (and cost) within the HNY area with no mechanism in place for compensation. **Emergency Planning Resilience and Response (EPRR)** The business case based upon the recommendations of the Manchester Arena Inquiry (MAI) still requires funding.	**Remote Patient Care** **Emergency Operations Centre (EOC)** Operations/EOC Task and Finish Group set up to drive forward the Clinical Assessor numbers. Restructure consultation completed. Now implementing. Majority of band 7 Clinical Navigator posts advertised and now filled. Remote Clinical Hubs in place in Hull, Leeds, Keighley, Sheffield for rotation. **Integrated Urgent Care (IUC)** Stopped using agency for new clinical staff. Reduced use of agency for call handlers. New rotas in place. Consultation around new roles ongoing. Uniforms issued. **Accident & Emergency Operations (A&E)** Increased use of Private Ambulance Crews to support Integrated Transport during August Implemented 'Duty to Rescue' process Maximised operation hours through annual profiling. Winter Plan completed. **Emergency Planning Resilience and Response (EPRR)** MAI Business Case supported by ICBs subject to funding availability.	**Remote Patient Care** Continue discussions with stakeholders around Board Supported Band 3 to Band 4 career pathway, **Emergency Operations Centre (EOC)** Maximise the opportunities for preceptorship for recently trained remote clinical assessors. This is a limiting factor. Continue the implementation of the new EOC structure. **Integrated Urgent Care (IUC)** Continue next stages of the implementation of IUC Transformation Programme (Case for Change) Continue to reduce agency and increase direct recruitment. **Accident & Emergency Operations (A&E)** Socialise YAS Winter Plan Complete the operationalising of the 'Duty to Rescue' and the 45-minute maximum wait model with NHSE and Partners **Patient Transport Service (PTS)** Continue to progress Eligibility on behalf of commissioners for delivery from 1st April 2025. Implement the PTS efficiency schemes of PTS. **Emergency Planning Resilience and Response (EPRR)** Secure ICB funding for the approved MAI Business Case.