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| 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 | <p>This paper is for Board assurance purposes regarding the YAS Operational Directorate overseen by the Chief Operating Officer.</p> <p>It covers system partnership activities across all three ICB areas and the operational delivery of A&E Operations, Remote Patient Care, Integrated Urgent Care, Patient Transport Services and Emergency Planning, Resilience and Response (EPRR).</p> |
| Recommendation(s) | Note the content of this assurance report |

Executive summary (overview of main points)

This report has been slightly expanded to include highlights, lowlights, issues and actions around system partnership working as well as operational delivery across all service lines.

During October and November there has been increasing pressure within the urgency and emergency care system within Yorkshire and Humber which is resulting in deterioration of service we provide to our patients across most parts of Yorkshire.

We have seen ambulance responses and hospital turnaround significantly exceed our business plan levels which has resulted in our response times, specifically Category 2, increase. The result being that our current forecast exceeds the revised national standard of a 30-minute average response to Category 2 calls.

There has also been additional pressure on our Patient Transport Service because of increased demand and higher mobility requirements of the patients we convey, specifically within the Humber and North Yorkshire ICB area.

Such pressures mean that good relationships with our system partners are more important than ever and this report highlights where partnership working has been effective and also where further improvement is still required.

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| Trust Strategy Bold Ambitions Select the most relevant points | Our Patients | <p>Deliver high-quality patient care and achieve the Ambulance Clinical Outcome measures.</p> <p>Deliver the national, regional and local performance targets for 999, NHS 111 and PTS.</p> |
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| from the bold ambitions. | 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) | | <ul style="list-style-type: none"> 1. Deliver a timely response to patients. 3. Support patient flow across the urgent and emergency care system. |

| Highlights | Lowlights |
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| <p><u>Accident & Emergency Operations (A&E)</u></p> <p>Regional</p> <p>Additional Double Crewed Ambulances (DCAs) have now been delivered across all areas and this has reduced the times when a crew commence duty without an ambulance. However, there is still requirement to undertake significant vehicle movements during the day to fully mitigate.</p> <p>West Yorkshire area</p> <p>A review of the variation across the five places within West Yorkshire identified one place with a significantly lower conveyance rate. This is likely to be explained by a crew 'Advice Line' that is now embedded in that area and is planned for expansion.</p> <p>West Yorkshire acute providers collectively accept the clinical risk to patients waiting in the community for an ambulance response and are committed to minimising the handover times to release crews to respond. This includes a joint commitment and partnership work between the West Yorkshire Association of Acute Trusts and YAS to focus on overall turnaround and reduce this to the national standard.</p> <p>South Yorkshire area</p> <p>Engagement with the system is very effective, particularly at place. Interesting opportunities are being identified within the Rotherham area through an joint initiative know as Operation Chronos. These opportunities are being scoped and after review by CQDF will be tested.</p> <p>Humber and North Yorkshire area</p> <p>The local leadership team have been engaged with the Acute Trust around the opening of the new Scarborough ED department on the 28th November 2024. It is expected that this will eliminate patients being held on vehicles outside ED.</p> | <p><u>Accident & Emergency Operations (A&E)</u></p> <p>Regional</p> <p>The Category 2 mean response time in October increased to 38½ minutes from 35½ minutes in September. The October Category 2 response time was 8 minutes above business plan</p> <p>The main drivers of this deterioration in response times were a 6.5% above plan increase in 'on scene responses' and a 6 minute above plan increase in hospital handover.</p> <p>We also continue to see high proportions of Category 1 demand across Yorkshire which results in multiple re-allocations of resource impacting in Category 2 calls.</p> <p>Medicines management is a concern and as such focus has been given in this with regards to senior support from all operational and clinical leaders, including adapting and embedding a simplified process. A letter has been issued to all clinical staff clarifying requirements and expectations and a video of expected practice is being developed.</p> <p>West Yorkshire area</p> <p>The area has traditionally had the best response times in YAS, especially within the Leeds and Wakefield areas. However, in October the Category 2 response time was 33½ minutes, 9 minutes above plan.</p> <p>The main drivers of this deterioration in October are a 3% increase in 'on scene responses', a 2% higher than planned staff abstraction (i.e. sickness) and being 3 minutes above plan for hospital handover.</p> <p>Although handover delays in West Yorkshire area are the lowest across YAS, the area also has the highest crew clear times. In October the West Yorkshire average was nearly 28 minutes, an increase of 2 minutes from the start of 2024/25. A Quality Improvement (QI) project in the area is focussed on the issue and issues causes of the extended delays are multi-factorial.</p> |

Area wide investment days have been re-introduced the support the engagement and development of operational staff in the area.

A high number of Paramedics and ASWs were recruitment into area during October that will allow the area to achieve its full establishment by the end of the year.

A theme of patient harm identified due to queues and patients with suspected stroke have contributed to the stroke video triage pilot which is now live in East Yorkshire, whereby all stroke patients are required to have a video consultation when enroute to hospital enable the patient getting the right care, first time.

Over 150 clinical supervision sessions have been undertaken since the launch in the region. These have been very well received by staff as a psychologically safe space to learn.

Remote Patient Care

The Remote Care Transformation Plan (incorporating the IUC Case for Change) continues to happen at pace.

Emergency Operations Centre (EOC)

Despite the pressure in the urgent and emergency care system our average 999 call answer remained within standard at 8 seconds. Although higher than earlier months the performance shows less variability which reflects the strong staffing, we now have in EOC.

The EOC re-structure is nearing completion which will support a stronger focus on the separate functions of dispatch and call handling together with more visible leadership at York EOC.

Local areas, specifically the Humber and North Yorkshire area, have advertised for additional remote clinicians and have redeployed a number of paramedics onto these duties to support remote triage.

Integrated Urgent Care (IUC)

Performance continues to be extremely good with over 90% of calls answered in 60s during October

There has been a marked reduction in overtime, incentives and agency use with further progress expected in Qtr3 to support the overall financial position of the Trust.

Review of operational performance in Bradford and Craven has identified a focussed piece of work to improve resource hour distribution across the week.

South Yorkshire area

Category 2 response times have been good in South Yorkshire but significantly increased in October to be 37½ minutes, which was 12 minutes higher than plan. The highest deterioration of all areas.

The causes of this deterioration appear to be a 5.5% increase in **on scene responses**, a sharp increase in staff **abstraction** and **hospital handovers** being 10 minutes higher than plan.

The availability and access of alternative pathways has mixed results, with some pathways, like Primary Care referrals, being relatively strong. Some improvements have been noted, but the performance varies across different clinical pathways. The leadership team are working closely with the system at place to reduce variation in access.

Humber and North Yorkshire area

This area has seen significantly extended response times for a number of years, caused by significantly high handover delays at Hull, Scarborough and York hospitals.

In October the mean average response time for a Category 2 patient in the areas was 47½ minutes. The NHSE interim standard is 30 minutes.

The key driver for these extended responses was a 51 minutes average **handover time**. There was also a 3% increase in **'on scene responses** and increased **abstraction**, this is linked to the introduction of area wide investments days.

The area leadership team implement escalation plans on a very regular basis that include cohorting but these are not sustainable actions. There is a YAS leadership presence 24/7 at Hull and York and this is to be expanded to include a senior nurse at York and Scarborough 10 hours per day to focus on handover. Its important to note that this is being funded by YAS.

The 'Case for Change' is progressing well. New, more attractive, rotas went live without any impact on performance. Green uniform for IUC staff is now in place with feedback being very good.

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)

After 'peer' and 'ICB' challenge we will achieve Substantial Compliance for the Core Standards for the first time in YAS history. This is a significant achievement.

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.

Remote Patient Care

Although there has been month on month reduction in turnover it continues to be higher than plan for both EOC and IUC.

Emergency Operations Centre (EOC)

Recruitment into Clinical Assessor roles continue to be challenging and slow despite significant focus by the team.

Recruitment to 999 Call Handler remains good but the stopping of AMPDS training to prepare for NHS Pathways has identified risks for April and May 2025 that is being worked through to mitigate.

Hear and Treat has increased to over 16% in October but is still stubbornly fixed below business plan.

Integrated Urgent Care (IUC)

The uptake of existing staff onto the 'new' 'improved' rota has been low which has delayed the benefits realisation of team-based working. However, all new staff are automatically allocated to the 'new' rota so benefits will be realised.

Patient Transport Service (PTS)

PTS is overspending against budget. This is linked to some ICBs being significantly above expected demand levels which is incurring additional cost. There is no process currently in place to compensate for the increased costs to YAS. This is escalated to the Executive Leadership Board made up of the three ICBs and YAS.

Despite good progress on preparations for implementing PTS Eligibility, HNY ICB have not yet undertaken public consultation.

| Key Issues to Address | Action Implemented | Further Actions to be Made |
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| <p><u>Remote Patient Care</u></p> <p>Emergency Operations Centre (EOC) We need to maximise our remote clinical assessment capacity to improve Hear and Treat.</p> <p>Turnover is high for 999 Call Handlers.</p> <p>Integrated Urgent Care (IUC) Turnover is exceptionally high for Health Advisors</p> <p><u>Accident & Emergency Operations (A&E)</u> Category 2 response times across Yorkshire are too long. There is also significant variation across ICB footprints.</p> <p>Hospital Handover and Crew Clear times are too high at specific hospitals.</p> <p>West Yorkshire crew clear times are high in comparison to other areas.</p> <p><u>Patient Transport Service (PTS)</u> 12% increase in demand (and cost) within the HNY area with no mechanism in place for compensation.</p> <p>PTS Eligibility needs implementing across all ICB areas.</p> <p><u>Emergency Planning Resilience and Response (EPRR)</u> The business case based upon the recommendations of the Manchester Arena Inquiry (MAI) still requires funding.</p> | <p><u>Remote Patient Care</u></p> <p>Emergency Operations Centre (EOC) Operations/EOC Task and Finish Group set up to drive forward the Clinical Assessor numbers.</p> <p>Majority of band 7 Clinical Navigator posts advertised and now filled.</p> <p>Remote Clinical Hubs in place in Hull, Leeds, Keighley, Sheffield for rotation.</p> <p>Integrated Urgent Care (IUC) Significantly reduce number of staff from agency.</p> <p>New rotas in place.</p> <p>Consultation around new roles ongoing.</p> <p>Uniforms issued.</p> <p><u>Accident & Emergency Operations (A&E)</u> Peak of new staff released from training leading to a reduced reliance on overtime.</p> <p>Implemented 'Duty to Rescue' process</p> <p>Maximised operation hours through annual profiling.</p> <p>Winter Plan completed.</p> <p><u>Emergency Planning Resilience and Response (EPRR)</u> MAI Business Case supported by ICBs subject to funding availability.</p> | <p><u>Remote Patient Care</u></p> <p>Continue discussions with stakeholders around Board Supported Band 3 to Band 4 career pathway,</p> <p>Emergency Operations Centre (EOC) Maximise the opportunities for preceptorship for recently trained remote clinical assessors. This is a limiting factor.</p> <p>Continue the implementation of the new EOC structure.</p> <p>Integrated Urgent Care (IUC) Continue next stages of the implementation of IUC Transformation Programme (Case for Change)</p> <p>Continue to reduce agency and increase direct recruitment.</p> <p><u>Accident & Emergency Operations (A&E)</u> Socialise YAS Winter Plan</p> <p>Complete the operationalising of the 'Duty to Rescue' and the 45-minute 'Transfer of Care' maximum wait model with NHSE and Partners</p> <p>The introduction of Hospital Ambulance Liaison Officer roles in late November/December across key sites The HALO's will be trained in QI methodology</p> <p>Further work around the resource hour distribution.</p> <p><u>Patient Transport Service (PTS)</u> Continue to progress Eligibility on behalf of commissioners for delivery from 1st April 2025.</p> <p>Implement the PTS efficiency schemes of PTS.</p> <p><u>Emergency Planning Resilience and Response (EPRR)</u> Secure ICB funding for the approved MAI Business Case.</p> |