**Board of Directors (held in Public)**
**30 January 2025**
**Agenda Item: 3.3**

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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)<br>Approval, Assurance, Information | Information |
| Purpose of the paper | This paper is for Board assurance purposes regarding the YAS Operational Directorate overseen by the Chief Operating Officer.<br><br>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). |
| Recommendation(s) | **Note** the content of this assurance report |

Executive summary (overview of main points)


December was, as expected, a very challenging month for all operational service lines. YAS moved to REAP level 4 on the 2nd December 2024 only deescalating to level 3 on the 20th January 2025. This pressure has been seen across all ambulance services.

Long response times have been caused by increased demand (5,000 more responses in December than November) and a 6-minute increase in average patient handover to 37 minutes.

As a result, the Category 2 mean response time in December was over 41 minutes, against a plan of 39 minutes. This was significantly in excess of the interim NHS standard of 30 minutes and the statutory standard of 18 minutes.

Despite this YAS managed the festive period very well across all service lines, but specifically around 999 and 111 call answer times. The average call answer times were some of the lowest experienced by YAS, achieved by good staffing levels and less variable call demand.

As we entered the second week in January demand reduced and hospital handovers reduced which significantly improved average ambulance response times.

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| Trust Strategy Bold Ambitions<br>Select the most relevant points from the bold ambitions. | Our Patients | Deliver high-quality patient care and achieve the Ambulance Clinical Outcome measures.<br>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.<br>3. Support patient flow across the urgent and emergency care system. |

| Highlights | Lowlights |
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| **Accident & Emergency Operations (A&E)**<br><br>**Regional**<br><br>Overall, despite significant pressure across the health system YAS managed the normally challenging Christmas/New Year period well. The Trust escalated to REAP level 4 on the 2nd December 2024 as we experienced increasing operational pressures. This triggered the implementation of additional actions contained within the winter plan.<br><br>These pre-planned actions included the setting up a Strategic Command Cell at HQ supported by 3 area based Tactical Cells and a separate Corporate Cell. These cells were stood down on the 20th January when the Trust reverted to REAP level 3 as system pressures reduced.<br><br>For December the average Category 2 response time was 41 minutes and 19 seconds. This was 2 minutes 14 seconds above our business plan, yet 4 minutes 45 seconds lower than December 2023, despite experiencing significantly higher handover delays.<br><br>**West Yorkshire area**<br><br>As part of the West Yorkshire Community Services Provider Collaborative the West Yorkshire Director of Partnerships and Operations (DPO) is the SRO for optimising community pathways and achieveing national guidance on Single Point of Access (SPoA) and care co-ordination.<br><br>As part of this work two tests of change have been explored at Bradford place and in the Mid Yorkshire NHS Trust. This will result in a better understanding of capacity constraints and opportunities for the pre-dispatch 'push' model (Bradford) and the potential benefit of call before conveying to support patient needs in care homes (Wakefield).<br><br>We have supported the development of the West Yorkshire UEC Blueprint through sharing of YAS intelligence on health inequalities, demand profiles and in helping develop a high-performing urgent and emergency care framework. | **Accident & Emergency Operations (A&E)**<br><br>**Regional**<br><br>The Category 2 mean response time in December was 2 minutes 14 seconds above our business plan,11 minutes above the interim standard of 30 minutes and 23 minutes higher than the constitutional standard of 18 minutes.<br><br>The main drivers of this deterioration in response times were a 4.3% above plan increase in 'on scene responses' and a 5 minute above plan increase in hospital handover. In December the average handover time was over 37 minutes.<br><br>Sickness absence during December has been high at 8.5% against a plan of 6.5%. This was a pattern seen across all areas and all service lines.<br><br>**West Yorkshire area**<br><br>Discussions continue with Leeds Community Health regarding capacity to accept additional UCR referrals. The Leeds UCR is currently an outlier in terms of availability and acceptance and is currently taking less referrals than at any point since 2022.<br><br>The area has traditionally had the best response times in YAS, especially within the Leeds and Wakefield areas. However, in December the Category 2 response time was 39 minutes, 8 minutes above business plan.<br><br>The main drivers of this deterioration in October are a 3% higher than planned staff **abstraction** (i.e. sickness) and being 6 minutes above plan for **hospital handover**.<br><br>Although handover delays in West Yorkshire area are the lowest across YAS, the area also has the highest **crew clear** times. In December 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.<br><br>Review of operational performance in Bradford and Craven has identified a focussed piece of work to improve resource hour distribution across the week. |

We continue to work with acute providers via WYAAT on data quality and shared understanding of the extent of handover and turnaround improvement, handover performance and acute flow to enhance system performance.

As part of the emergency services tri-service collaborative we have been working in partnership and sharing data on a priority to reduce demand within Kirklees. Work also continues around Right Person, Right Care, specifically around absconder and missing persons in collaboration with WYP and WYAAT.

As a key member of UEC Boards at place we have strengthened collaboration with **Bradford, Airedale and Craven** to explore alternative pathways and developed the SPoA pilot in Bradford to support pre-dispatch referrals. **Leeds** has focussed on expanding CAPS and ARC respiratory service pathways and reviewed handover processes at St James's. In **Calderdale & Kirklees** a clinically led workshop will take place in quarter 4 to discuss further opportunities to improve patient outcomes by accessing appropriate services/pathways. Within **Kirklees** we have participated in a falls workshop to highlight best practices and align future improvements and continue to be part of the University of Huddersfield National Health Innovation Campus which will provide future opportunities. Finally in **Wakefield** we have been working closely with Mid Yorkshire Hospitals Trust and Place to align mutual priorities, enhance collaboration, and improved resource utilisation. This includes potential placements for SPUCs and we will be undertaking a post winter debrief, including improved communications between teams and the development of local escalation plans.

**South Yorkshire area**

Engagement with the system is very effective, particularly at place, with **c**lose working across the system on handover delays with specific interventions being co-ordinated at Place level, with improvements noted. This has been supported by continuous development of the Joint Escalation Action Plan (JEAP) to reflect the Operational Pressures and Escalation Level (OPEL) triggers and actions.

The SY team continue to work collaboratively across both NHS and blue light services in South Yorkshire. A specific focus with our emergency service colleagues has been to learn from interventions and share best practice around culture.

With regards to patient pathways in SY there continues to be high levels of acceptance (70.3%) from 'push' partners when a patient is referred from YAS. This results in 54% of all push referrals in Yorkshire taking place in SY. This is reflected in recent 'Missed Opportunity' review recently undertaken in each place

**South Yorkshire area**

Category 2 response times have been relatively good in South Yorkshire but significantly increased in December to be 36 minutes, however this was 2 minutes lower than plan.

The causes of this deterioration in Category 2 appear to be a significant 8.4% increase in **on scene responses** and **hospital handovers** being 10 minutes higher than plan.

**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 December the mean average response time for a Category 2 patient in the areas was 49 minutes, in line with the business plan.

The key driver for these extended responses was a 56 minutes average **handover time** which was 12 minutes above plan.

**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 across the year has continued 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. These risks have been mitigated.

**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.

demonstrating good process within YAS. The successful introduction of the Mental Health PUSH process is being presented as part of the South Yorkshire ICB Innovations Showcase.

In **Barnsley** YAS and Right Care Barnsley partnered to trial the co-location of a YAS Specialist Paramedic in Urgent Care for 6weeks (Sept-Nov 2024). The learning gathered from this trial is being used to guide future ICC work with Barnsley place, and other systems of care across YAS. As part of this, pathway referrals have been reviewed and improvements identified for the Barnsley single point of access. This has led to a review of the PUSH+ codeset used by YAS to improve acceptance rates which meet patient needs better than an ambulance response.

A comprehensive joint UEC workplan has been developed in **Sheffield** between YAS and Sheffield Teaching Hospitals. There are several joint initiatives including a temporary clinical role in the Initial Assessment Unit (funded through YAS non-recurrent funding) and Minor injury unit access at both the Royal Hallamshire and Northern General sites.

Collaborative work also continues with The **Rotherham** Hospitals NHS Foundation Trust (TRFT) on Urgent and Emergency Care through Project Chronos. Chronos aims to improve patient care by enabling better access to appropriate services thereby by reducing ambulance call outs, reducing ambulance conveyances, and reducing emergency department attendances.

Finally in **Doncaster** we have commenced an initiative with Doncaster and Bassetlaw NHS Foundation Trust to establish the first stage of an Integrated Care Co-ordination Centre. YAS have been instrumental in its development and is evaluating its impact over the first month's trial.

**Humber and North Yorkshire area**

The priority within the area has been the introduction of the Transfer of Care model at Hull Royal Infirmary. It was implemented initially on the 18th December and during the first month of implementation the outcome for patients and our teams has been extremely positive. This can be seen in the graph below. This has happened through strong leadership and excellent relationships and teamwork between YAS and the Acute Trust.

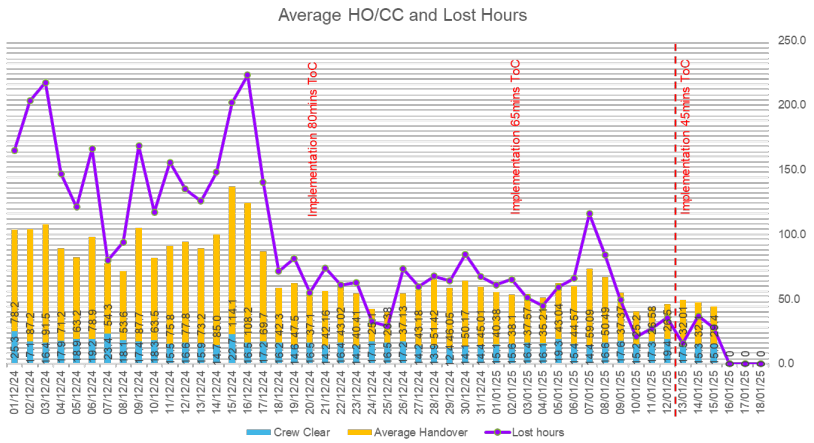
As agreed with HRI, the introduction of the SOP was on a gradual basis, and from the 13th January, the SOP moved from 65 minutes to a 45minutes handover process. The intention is to roll this out to York Hospital in February and we are

**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, YAS are still awaiting official confirmation to implement.

working closely with our partners in the Acute Trust to develop an implementation plan.




Good progress has also been made around patient pathway development. These have included  the introduction of the EOC “Push” model to Community Urgent Response teams in North Yorkshire, a falls level 1 and 2 in Harrogate for Falls Level 1 and 2 and access to Virtual Respiratory Ward beds in East Yorkshire.

We have been working closely with Nimbuscare around the Care Coordination Hub in North Yorkshire and a “call before convey” model for frailty. There has been an increase in usage and the service has expanded both in availability and geographical footprint.

From a tri-service perspective we have agreed a revised standard operating procedure (SOP) Humberside Police in relation to YAS attendance at deaths. This revised procedure seeks to provide a proportionate response to deaths in the community. We are also working with HMP Hull, YAS and Humber Health Partners on the process for transferring non-critical prisoners to A&E at Hull Royal Infirmary. A pilot aims to reduce the time spent in A&E by both prisoners and accompanying staff whilst waiting to be treated

The Care Coordination hubs in York and Hull have continued in the pilot phase. The hubs can now be contacted by crews on scene and provide a pre-conveyance service, reducing waiting times for crews on scene and providing a co-ordinated approach to accessing alternative care pathways including UCR, SDEC’s and other community services.

The hubs are currently in place until the end of March 2025. Evaluation is on-going and a full report with recommendations is expected in February by the HNY system

December saw the roll out of the Medicines Management App for Prescription Only Medicines in North Yorkshire CBU. The App has been well received by colleagues and compliance in the use of the App has increased from an initial 40% to 70%. An action plan is in place to increase compliance further and to roll out the controlled drugs section of the App. This will provide improved audit and governance of medicines management and compliance with witness signatures and CAD numbers for medicines use.

**Remote Patient Care**

**Emergency Operations Centre (EOC)**
Despite the pressure in the urgent and emergency care system our average 999 call answer remained at 3 seconds during December, with only the 5th December averaging more than 10 seconds. Historically New Years Day has long call answer delays but this year average call answer was 2 seconds. During January average 999 call answer has also been 2 seconds.

The Christmas and New Year period often provide short term spikes in call demand but this wasn't the year. Call demand was high but generally spread over the whole period rather than spikes on specific days. Having the right number of staff on specific days (i.e. Christmas Day) has historically been a challenge but this year the staffing levels were very good. In addition, no incentives were paid.

Hear and Treat increased to the highest ever level in both % (and number) achieving 17.3% in December, up from 16.4% in November.

The EOC re-structure has completed and the current focus is around re-configuration of Wakefield EOC. This is aligned with the implementation of a new telephony switch and cabling.

December and January have been successful in attracting new clinicians into EOC with the result of additional Senior Clinical Advisors being in post in February.

**Integrated Urgent Care (IUC)**

In line with EOC the performance of IUC during December was also very good. The number of 111 calls answered in 60 seconds was 84% for the month. In December 2023 this was 66%. In January 2025 to date the number of calls answered in 60 seconds is 92% compared to 68% in January 2024.

On Boxing Day, one of our busiest YAS answered over 7000 ‘111’ calls, answering 98% of these within 1 minute.

There has continued to be a reduction in overtime. No incentives were used in December unlike previous years.

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 whose treatment plans change significantly over the Christmas and New Year period.

**Emergency Planning Resilience and Response (EPRR)**

After further ‘peer’ and ‘ICB’ challenge we submitted a self-assessment of “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.

| Key Issues to Address | Action Implemented | Further Actions to be Made |
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| **Remote Patient Care**<br><br>**Emergency Operations Centre (EOC)**<br>We need to maximise our remote clinical assessment capacity to improve Hear and Treat.<br><br>Turnover is high for 999 Call Handlers.<br><br>**Integrated Urgent Care (IUC)**<br><br>Turnover is exceptionally high for Health Advisors<br><br>**Accident & Emergency Operations (A&E)**<br><br>Category 2 response times across Yorkshire are too long. There is also variation across ICB footprints.<br><br>Hospital Handover and Crew Clear times are too high at specific hospitals.<br><br>West Yorkshire crew clear times are high in comparison to other areas.<br><br>**Patient Transport Service (PTS)**<br><br>12% increase in demand (and cost) within the HNY area with no mechanism in place for compensation.<br><br>PTS Eligibility needs implementing across all ICB areas. | **Remote Patient Care**<br><br>**Emergency Operations Centre (EOC)**<br>Operations/EOC Task and Finish Group set up to drive forward the Clinical Assessor numbers.<br><br>Majority of band 7 Clinical Navigator posts advertised and now filled.<br><br>Remote Clinical Hubs in place across many areas of YAS including Hull, Leeds, Keighley, Sheffield and York.<br><br>Implemented Band 3-4 pathway.<br><br>EOC re-structure implemented<br><br>**Integrated Urgent Care (IUC)**<br>Significantly reduce number of staff from agency.<br><br>New rotas in place.<br><br>**Accident & Emergency Operations (A&E)**<br><br>Peak of new staff released from training leading to a reduced reliance on overtime.<br><br>Implemented ‘Duty to Rescue’ process<br><br>Implemented ‘Transfer of Care’ in Hull<br><br>Maximised operation hours through annual profiling.<br><br>Winter Plan implemented<br><br>**Patient Transport Service (PTS)**<br><br>Options provided to ICB, ELB and Acute Trusts to manage increase in PTS demand. | **Remote Patient Care**<br><br>**Emergency Operations Centre (EOC)**<br>Maximise the opportunities for preceptorship for recently trained remote clinical assessors. This is a limiting factor.<br><br>Continue the implementation of the new EOC structure.<br><br>**Integrated Urgent Care (IUC)**<br>Continue next stages of the implementation of IUC Transformation Programme (Case for Change)<br><br>Continue to reduce agency and increase direct recruitment.<br><br>Implement Band 3-4 pathway.<br><br>**Accident & Emergency Operations (A&E)**<br><br>Complete the operationalising of the ‘Duty to Rescue’ and the 45-minute ‘Transfer of Care’ maximum wait model with NHSE and Partners<br><br>Further work around the resource hour distribution.<br><br>**Patient Transport Service (PTS)**<br><br>Continue to progress Eligibility on behalf of commissioners for delivery from 1st April 2025.<br><br>Implement the PTS efficiency schemes of PTS. |