



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&amp;E Operations, Remote Patient Care, Integrated Urgent Care, Patient Transport Services and Emergency Planning, Resilience and Response (EPRR).</p>
Recommendation(s)	<b>Note</b> the content of this assurance report

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

Following the system pressure and subsequent operational challenges in Quarter 3, January and February have seen significant improvement across most measures.

YAS reduced from REAP level 4 to level 3 on the 20<sup>th</sup> January 2025 and this was followed by further escalation to REAP level 2 on the 3<sup>rd</sup> February, where we are still operating.

Both our response demand (including Hear & Treat) and responses to scene were generally in line with our operating plan in January and February 2025. This, together with a significant reduction in average handover time from December helped improve our Category 2 response time performance from 41 minutes in December down to 28 minutes in January and just under 30 minutes in February. This is in line with the revised national standard.

Improvements in handover and response times were significant in Humber and North Yorkshire as a result in the implementation of the 'transfer of care' handover model. Category 2 in the area was 12 minutes lower than plan in January and 4 minutes in February.

999 average (mean) answer times for 999 remained consistent at 3 and 4 seconds in January and February respectively. The percentage of 111 calls answered within 2 minutes was also consistent at above 90% for both months with an average call answer wait of around 32 seconds.

Patient Transport Service continued to perform well against KPIs, with 96% (T=90%) arriving within 120 minutes of their appointment and around 87% (T=90%) of planned patient journeys picked up within 90 minutes.

<b>Trust Strategy Bold Ambitions</b> 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 out-of-hospital care.
	Our Planet and Pounds	Use our resources wisely and ensure value for money.
<b>Link to Board Assurance Framework Risks</b> (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
<p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b></p> <p><b>Regional</b></p> <p>The Trust de-escalated to REAP level 3 on the 20<sup>th</sup> January and then further de-escalated to REAP 2 on the 3<sup>rd</sup> February. This reflected the reduced pressure in the system and allowed a return to business as usual.</p> <p>Overall response time performance across all categories improved. The average Category 2 response time decreased from 41m 18s in December to 28m 27s and 29m 55s in January and February respectively.</p> <p>This was primarily due to demand returning to operating plan levels and reductions in handover times compared to December 2024.</p> <p><b>West Yorkshire area</b></p> <p>Plans to implement Transfer of Care at 45 minutes are progressing with Pinderfields, Airedale and Bradford with a view to implementing in at least 1 in Quarter 1 of 25/26 financial year.</p> <p>YAS is collaborating with West Yorkshire Providers to refine aspects of Single Point of Access models using a PDSA approach for improvements.</p> <p>The Community Services Provider Collaborative has commissioned the development of a low acuity Falls Business Case.</p> <p>Collaboration with Calderdale and Huddersfield NHS Foundation Trust is progressing to identify missed opportunities to direct refer or convey patients to a more appropriate service than ED.</p> <p>A visit to the University of Huddersfield Health Innovation Campus has identified exciting opportunities for YAS. There is opportunity to utilise state of the art training facilities, potential estate options for future and co-location of remote clinical care teams.</p> <p><b>South Yorkshire area</b></p> <p>The average Category 2 response time in February was just under 27 minutes, under the relaxed national standard of 30 minutes.</p>	<p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b></p> <p><b>Regional</b></p> <p>The average crew clear time continued to significantly exceed operating plan by around 4 minutes in January and February 2025. In West Yorkshire the gap is 8 minutes with an average crew clear time of around 30 minutes.</p> <p>Sickness absence reduced from a high of 8.3% in December to 7.5% in February. This is against a plan of 5.9%. The higher than plan sickness absence has increased abstraction rate to 37% in February, 2% higher than plan. This impacts operationally and financially.</p> <p><b>West Yorkshire area</b></p> <p>Although operational performance for Category 2 in January was in line with the operating plan, the average Category 2 response in February was 7 minutes above plan at 32 minutes.</p> <p>Although handover delays in West Yorkshire area are the lowest across YAS, the area continues to have the highest <b>crew clear</b> times. In January and February average crew clear was around 30 minutes both months. Hospitals in Leeds and Bradford remain the highest. . A Quality Improvement (QI) project in the area is focussed on the issue and issues causes of the extended delays are multi-factorial.</p> <p>We will require wider commitment from the wider organisation to maximise the opportunities presented by the University of Huddersfield Innovation Campus.</p> <p><b>South Yorkshire area</b></p> <p>Demand in South Yorkshire is higher than forecast, c5% higher than plan. This equates to around 30 to 40 extra patient responses per day.</p> <p>Handovers delays are significantly higher than plan. 8 minutes higher in January reducing to 7 minutes in February.</p> <p>Bed occupancy rates are very high in South Yorkshire with 'No Criteria to Reside' levels being high.</p>

Innovation work, which YAS led across the system through Project Chronos, this will allow YAS clinicians to access community services mobile Xray, which will go live before end of March.

The 'Speedy Trial' for patients requiring thrombectomy has commenced, ensuring patients are rapidly transported to the best facility for their care needs.

The area is continuing progress with the wider system on reducing Health Care Professional calls to YAS. This has lots of attention from other ambulance services facing similar challenges.

YAS funded Streaming Nurse at Northern General Hospital as part of Weitner Initiatives has been highly successful and will continue without YAS funding.

Focus on Anti-Racism in SY is progressing well and will include personal objective for every person in SY as part of 25/26 appraisals.

#### **Humber and North Yorkshire area**

The Category 2 average (mean) response time in January and February 2025 was 28 and 30 minutes respectively. Both months were significantly below plan and reflect the improvement in hospital handover.

The average handover in February was 30 minutes and 29 seconds which was nearly 7 minutes below trajectory. This is a significant achievement.

Transfer of Care continues to work well at Hull and the plan is to reduce it to 30 minutes on the 1<sup>st</sup> April 2025. Transfer of Care was implemented at 80 minutes at York Hospital on the 5<sup>th</sup> March. It will be reduced to 45 minutes on the 2<sup>nd</sup> April 2025.

Data from a cardiac arrest trial conducted by critical care clinicians in the area indicates that approximately one-third of all calls presenting as cardiac arrests were identified as non-viable through further remote triage. This has saved approximately 52 resource hours between December and February. The trial continues.

The care coordination hubs in HNY will be coming to an end in its current format at the end of March. The evaluation report is in draft and will be shared with key stakeholders to determine the model going forward.

#### **Humber and North Yorkshire area**

None.

#### **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)**

Despite meeting the plan in January and February the recruitment into Clinical Assessor roles across the year has continued to be challenging 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 will be mitigated through confirmed support from other Trusts.

#### **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 significantly 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.

### **Remote Patient Care**

#### **Emergency Operations Centre (EOC)**

Despite the pressure in the urgent and emergency care system our average 999 call answer remained around 3 seconds during January and February.

This was helped by call demand was 5% below plan in February.

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

During January and February EOC in Wakefield we changed the layout and took the opportunity implement ergonomic desks for call handlers and dispatchers.

We also undertook significant cabling work and replaced historic telephony switches. This was achieved with minimal impact on patients or staff.

#### **Integrated Urgent Care (IUC)**

Despite the reduction in the use of agency, incentives and overtime call answer performance has remained very good, significantly above operating plan. Performance has been supported by call demand.

The 'Case for Change' continues to progress well. New, more attractive, rotas went live without any impact on performance, more career opportunities are available.

Of note is the reduction in staff turnover. Although high, continues to reduce. Month by month reductions have been seen from a high of 34.1% in October 2024 down to 26% in February 2025.

#### **Patient Transport Service (PTS)**

The implementation of the revised Eligibility Criteria on behalf of commissioners is progressing well and is on track for implementation on the 21<sup>st</sup> April 2025.

#### **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.

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 to improve Hear and Treat.</p> <p>Turnover is still high for 999 Call Handlers despite month-on-month reductions.</p> <p><b>Integrated Urgent Care (IUC)</b></p> <p>Turnover is high for Health Advisors despite significant month-on-month reductions.</p> <p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b></p> <p>Category 2 response times across Yorkshire are still too long. There is also variation across and within 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><b><u>Patient Transport Service (PTS)</u></b></p> <p>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><b><u>Remote Patient Care</u></b></p> <p><b>Emergency Operations Centre (EOC)</b> 14 additional clinicians (not all full time) were recruited during January and February, in line with plan.</p> <p>Majority of band 7 Clinical Navigator posts advertised and now filled.</p> <p>Remote Clinical Hubs in place across many areas of YAS including Hull, Leeds, Keighley, Sheffield and York.</p> <p>Implemented Band 3-4 pathway.</p> <p>EOC re-structure implemented</p> <p><b>Integrated Urgent Care (IUC)</b> Stopped use of agency for call handlers.</p> <p>New rotas in place.</p> <p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b></p> <p>Peak of new staff released from training leading to a reduced reliance on overtime.</p> <p>Implemented 'Transfer of Care' in Hull and York</p> <p>Maximised operation hours through annual profiling.</p> <p><b><u>Patient Transport Service (PTS)</u></b></p> <p>Options provided to ICB, ELB and Acute Trusts to manage increase in PTS demand.</p> <p>Eligibility approved for implementation on the 1<sup>st</sup> April.</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 remains a limiting factor.</p> <p><b>Integrated Urgent Care (IUC)</b> Continue next stages of the implementation of IUC Transformation Programme (Case for Change)</p> <p>Continue to reduce agency for clinicians in IUC through direct recruitment.</p> <p>Implement Band 3-4 pathway from April.</p> <p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b></p> <p>Continue the roll out of 'Transfer of Care' across Yorkshire.</p> <p>Further work around the resource hour distribution.</p> <p><b><u>Patient Transport Service (PTS)</u></b></p> <p>Continue to progress Eligibility on behalf of commissioners for delivery from 1<sup>st</sup> April 2025.</p> <p>Implement the PTS efficiency schemes of PTS.</p>