



Report Title	Assurance Report of the Chief Operating Officer
Author	Nick Smith, Chief Operating Officer
Accountable Director	Nick Smith, Chief Operating Officer
Previous committees/groups	None
Recommended action(s)	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>
Executive Summary	
<p>YAS has continued to operate at <b>REAP</b> (Resource Escalation Action Plan) level 2 since we de-escalated on 3 February 2025. This reflects the reduced pressure on the service and the improved response times.</p> <p>Response times for <b>Category 2</b> calls for the 2024/25 financial year was 31 minutes and 57 minutes, which was a 35 second improvement from 2023/24. However, this was 2 minutes and 30 seconds below our plan of 29 minutes 27 seconds.</p> <p><b>'Transfer of Care'</b> (W45) has been implemented successfully at Hull, York and Scarborough with further confirmed implementation plans and dates for Airedale, Pinderfields, Northern General and Doncaster by the end of July. The impact for Hull has been significant around the speed of response to our patients waiting in the community.</p> <p><b>Crew clear</b> continues to be a concern, especially with West Yorkshire. This will be addressed through the 2025/26 business planning priorities.</p> <p><b>Relationships</b> with the wider system continue to be maintained and YAS has influenced the content of ICB UEC plans.</p> <p><b>Remote Care</b> continues to deliver high levels of service, especially in IUC where they have improved performance and reduced reliance on agency, incentives and overtime.</p> <p><b>NHS Pathways</b> is the main priority over the coming 6 months as the programme of go lives rolls out.</p>	

Finally, PTS have successfully rolled out **Eligibility** into South and West Yorkshire on behalf of commissioners. Humber and North Yorkshire will be implemented at the end of May 2025.

Recommendation(s)

**Note** the content of this assurance report

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
<p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b></p> <p><b>Regional</b></p> <p>YAS has continued to operate at REAP level 2 since we de-escalated on 3 February 2025. This reflects the reduced pressure on the service and the improved response times.</p> <p>Response times for <b>Category 2</b> calls for the 2024/25 financial year was 31 minutes and 57 minutes which was a 35 second improvement from 2023/24. However, this was 2 minutes and 30 seconds below our plan of 29 minutes 27 seconds.</p> <p>In April 2025 our Category 2 response time was 25 minutes 33 seconds, 45 seconds better than plan but 29 seconds higher than April 2024.</p> <p>Response times for <b>all other categories</b> also improved between March and April 2025.</p> <p><b>West Yorkshire area</b></p> <p>Plans to implement <b>Transfer of Care</b> at 45 minutes are progressing with Pinderfields and Airedale implementing in quarter 1.</p> <p>YAS remains heavily integrated into the <b>West Yorkshire Urgent and Emergency Care Board</b> and at each of the places across West Yorkshire, ensuring that system-wide developments align with YAS operational priorities.</p> <p>Contributed to the discussion at West Yorkshire UEC Board on its <b>programme priorities</b>, these are likely to be Single Point of Access, Same Day Emergency Care, Hospital Turnaround Times.</p> <p>The Community Services Provider Collaborative has commissioned the development of a low acuity <b>Falls Business Case</b> due to be completed in Q1 of 25/26 this should support YAS use of community services.</p> <p>The Director of Partnerships and Operations has been asked to <b>co-chair the 'Pre-Hospital' workstream</b> across the Mid Yorkshire Hospitals NHS Trust footprint, focusing on improving access to community-based services and Same Day Emergency Care (SDEC), and reducing unnecessary ED conveyance. Similar conversations are underway across Calderdale and Huddersfield Foundation Trust</p>	<p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b></p> <p><b>Regional</b></p> <p>The <b>average crew clear</b> time for the 2024/25 financial year was 23 minutes and 48 seconds which was just over 3 minutes higher than plan.</p> <p>For April 2025 the average crew clear time was 24 minutes and 8 seconds, this was a 24 second deterioration from March. Significant work has been undertaken in West Yorkshire but has had limited impact so far.</p> <p><b>Sickness</b> for April 2025 was 6.1%. This is 1% percentage points higher than plan but 1% lower than March 2025.</p> <p><b>West Yorkshire area</b></p> <p>'Maximising the use of clinical pathways' didn't make the short list of priorities for the WY <b>UEC Board</b>, although expectation is that this work will remain a priority for each place.</p> <p>Service Development funding to <b>West Yorkshire Community Services Provider Collaborative</b> reduced and likely to have negative impact on progressing vision and plans for Single Point of Access.</p> <p>The average <b>Category 2</b> response time in April was 26 minutes and 9 seconds which is 3 minutes 29 seconds higher than April 2024 but 4 minutes 21 seconds lower than March 2025.</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. Crew clear times for WY in April 2025 was just short of 28 minutes which was 1 minute higher than March 2025 and 2 minutes 26 seconds higher than April 2024.</p> <p><b>South Yorkshire area</b></p> <p>Demand in South Yorkshire for 2024-25 was higher than forecast of 4.6% overall. Demand for April 2025 is in line with plan.</p>

<p>(CHFT), where a workshop is planned for early June focused on “Right Patient, Right Place” and reducing avoidable conveyances.</p> <p>Director of Partnerships and Operations and AOM (Wakefield) joined Mid Yorkshire Teaching Hospital NHS Trust colleagues at their <b>improvement workshop</b> with NHS England’s Emergency Care Intensive Support Team (ECIST).</p> <p>Successful internal summit held internally on C2 excessive responses within West Yorkshire. An action plan has been developed for 30, 60, 90-day implementation.</p> <p>Tests of Change based on the principles of a <b>Single Point of Access (SPoA)</b> have concluded, providing valuable insight to inform future plans with local areas exploring how YAS resources such as SPUCs could interface with emerging models.</p> <p>Local <b>winter debrief</b> sessions continue at place level with a West Yorkshire-wide session taking place on the 11 June.</p> <p><b>South Yorkshire area</b></p> <p>Transfer of Care (W45) work is progressing well with Northern General Hospital implementing on 2 June followed by Doncaster Royal Infirmary on 6 July. Discussions ongoing with other partners in SY.</p> <p>The 2024/25 year concluded with a 28-minute Category 2 average response time which was the best in YAS. In April 2025 the area achieved 24 minutes and 32 seconds.</p> <p>Learning has been taken from the actions in 2024/25, including Integrated Care Co-ordination Centre models, to determine the best system approach for 2025/26 and beyond.</p> <p>South Yorkshire has the highest number of accessible pathways with 73% of PUSH accepted into system partners.</p> <p>A big focus for the SY leadership team has been to continue work on culture across leadership and our Anti-Racist journey. This will include personal objective for every person in SY as part of 2025/26 appraisals</p> <p>The SY team have developed an Operational Booklet for guidance for staff that is being adopted by all three operational areas.</p>	<p><b>Humber and North Yorkshire area</b></p> <p>HNY UEC Programme has including learning from the Care Coordination Hubs piloted in 2024-25, (report finalised and shared with system partners) and identified clinical triage of lower acuity calls, increasing EOC Push Partners and reducing ED conveyances as priorities.</p> <p>However, this will be challenging in area due to the removal of the non-recurrently funded Clinical Pathway Manager posts. Where possible, priority workloads have been re-distributed to the area leadership team.</p> <p>The HNY system remains in Tier 1 for Urgent and Emergency Care with national support from NHS England and the Emergency Care Improvement Support Team.</p> <p><b>Remote Patient Care</b></p> <p><b>Emergency Operations Centre (EOC)</b></p> <p>The recruitment into Clinical Assessor roles across the year has continued to be challenging despite significant focus by the team. The challenge will continue into 2025/26.</p> <p>Recruitment to 999 Call Handler remains good but the stopping of AMPDS training to prepare for NHS Pathways has identified risks at specific weeks across the summer. These risks are being mitigated through confirmed support from other Trusts.</p> <p>The NHSE procured ‘Intelligent Routing Platform’ (IRP) is being withdrawn at the end of June 2025. This will provide additional risk in our NHS Pathways go live. Discussions at a national level are currently taking place.</p> <p>Hear &amp; Treat was 15.3% for 2024/25 and has plateaued at around 15%. This is a concern and is due to clinical capacity in EOC rather than a lack of opportunity.</p> <p><b>Integrated Urgent Care (IUC)</b></p> <p>Although there has been month on month improvements in turnover it continues to be high in comparison to other areas of YAS but lower than most other 111 providers.</p> <p>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.</p>
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## Humber and North Yorkshire area

**Category 2** mean in HNY for the last financial year finished at 36 minutes and 52 seconds. This was below the trajectory set in operating plan of 37 minutes and 34 seconds. This was influenced by the improvements in Arrival to Handover.

The **average handover** for the year was 41 minutes and 52 seconds. The trajectory was for 37 minutes and 34 seconds. However, there was a significant improvement within the last 3 months of the year as Transfer of Care was introduced at Hull Royal and then at York Acute Hospitals. In April the average handover in HNY was 27 minutes and 34 seconds compared to *49 minutes* in April 2024. The area team presented at YAS's Quality Improvement Webinar on 18 March 2025 and NHS UEC Webinar on the 8 May to share best practice around transfer of care.

Handover to Clear was 19 minutes and 18 seconds for the. Although this was slightly above trajectory, it remains the best in the Trust and continues to be an area of focus with both Transfer of Care and in local operational plans.

Conveyance into emergency departments for HNY in April was 52.9%. Clinical leaders have been spending time at the emergency departments during the implementation of Transfer of Care to discuss with crews when patients could have been better suited to an alternative pathway.

Controlled Drug competency framework compliance has improved to North at 87% and East at 95%. Those clinicians outstanding are mainly bank staff or on long term sick.

The leadership team are working closely with commissioned GP home visiting service in Northallerton to improve resilience with the current service model by utilising wider Specialist Paramedic Urgent Care team. This will prevent unnecessary dispatch of an ambulance and conveyance to the emergency department.

Winter reviews have been completed with HNY ICB and system partners. Collective learning reflected similar findings to the YAS winter review, and we expect winter planning to commence earlier in 2025-26 than previous years.

The HNY UEC Programme for 2024-25 has been reviewed and revised workstreams proposed. For YAS, this focusses on access and utilisation of alternative clinical pathways, learning from the Care Coordination Hubs piloted in 2024-25, (report finalised and shared with system partners) and clinical triage of lower acuity calls, increasing EOC Push Partners and reducing ED conveyances where appropriate.

## 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.

The impact of introducing Eligibility on the number of complaints we receive is currently unknown as we have only implemented in South Yorkshire and HNY. There has been interest from local councillors and an MP and we expect this to continue with the further out of eligibility in May 2025.

The new £47m Urgent and Emergency Care Centre (UECC) at Scarborough Hospital is open and operational. As well as improving outcomes for the frail and elderly. The area team have worked closely with the hospital to ensure a smooth transition, and we have the availability to handover patients in a timely manner.

The HNY system remains in Tier 1 for Urgent and Emergency Care with national support from NHS England and the Emergency Care Improvement Support Team.

The national team have undertaken two site visits at Hull Royal and York hospital and was supported by local system partners, including YAS to check and challenge the improvement taking place in HNY. The implementation of Transfer of Care was noted and commended for the positive impact this has had for patients, staff morale, and system partnership.

#### **Remote Patient Care**

Great progress has been made around the implementation of **NHS Pathways** into EOC. We are on track to go live with NHS Pathways at York EOC on Tuesday 20<sup>th</sup> May 2025. This will be followed (after incorporating learning) by further go live dates at Wakefield EOC on 8 July, 27 August and finally 14 October.

Additional training capacity has been acquired to support internal training with NWAS, NEAS and LAS supporting our call taking capacity at key times (cost).

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

We ended 2024/25 with a 4 second **average call answer time**.

Despite the pressure around release of staff for NHS Pathways training our average 999 call answer remained around 6 seconds for April 2025. This was 3 seconds higher than April 2024 and 2 seconds worse than March 2025.

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

IUC have been able to maintain average call answer performance despite planned reductions in the use of agency, incentives and overtime. 89% of all 111 calls were answered within 60 seconds which was a significant improvement of the 68% achieved in 2023/24. In April 2025 IUC achieved 91% of calls answered in 60 seconds.

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 significant reduction in staff turnover which was the main expected outcome of the 'case for change'. As can be seen in the table below turnover started to reduce in November 2024 and has continued to reduce month on month. As reduction of over 8 percentage points in 5 months, a 25% reduction.

		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
IUC	Operating Plan	30.5%	29.8%	30.6%	28.5%	28.1%	27.5%	27.5%	27.5%	27.5%	27.5%	27.5%	27.5%
IUC	Actual	30.3%	30.2%	35.4%	34.6%	34.1%	32.9%	34.1%	32.2%	29.1%	28.3%	26.0%	25.7%
		-0.2%	0.4%	4.8%	6.1%	6.0%	5.4%	6.6%	4.7%	1.6%	0.8%	-1.5%	-1.8%

**Patient Transport Service (PTS)**

The implementation of the revised Eligibility Criteria on behalf of commissioners commenced with South Yorkshire going live on 1April and West Yorkshire on 1 May. HNY will go live on 29 May 2025.

Currently, the positive impact on demand has been in line with expectation.

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

Good progress continues to be 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.

YAS are actively involved in numerous multi-agency exercises to test our internal capability and interoperability.

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 must continue to maximise our remote clinical assessment capacity to improve Hear &amp; Treat.</p> <p>We must implement NHS Pathways before November 2026.</p> <p><b>Integrated Urgent Care (IUC)</b></p> <p>We need to continue to reduce the turnover of Health Advisors despite the significant month-on-month reductions already seen.</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 areas.</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 to be fully implemented across all ICB areas.</p>	<p><b><u>Remote Patient Care</u></b></p> <p><b>Emergency Operations Centre (EOC)</b> 69 Senior Clinical Assessors (including part time) were recruited in 2024/25, 9 more than plan. This resulted in 92 FTE in total.</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 completed.</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>Maximised the number of substantive staff leading to a reduced reliance on overtime.</p> <p>Successfully implemented 'Transfer of Care' in Hull, York and Scarborough.</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 implemented in South and West Yorkshire.</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 but is improving.</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 in early 2025/26</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>Implement Eligibility in Humber and North Yorkshire ICB.</p> <p>Implement the PTS efficiency schemes of PTS.</p>