

**Board of Directors (in Public)**  
**24 July 2025**  
**Agenda Item: 12**



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>We continue to operate at <b>REAP Level 2</b> (Resource Escalation Action Plan). This reflects the reduced pressure on the service and our improved response times. We currently do not meet the triggers to de-escalate to level 1.</p> <p>The average response to <b>Category 2</b> calls for 2025/26 Q1 was 25 minutes and 49 seconds which was 4 minutes below the NHS revised standard of 30 minutes. In June we achieved 26 minutes and 33 seconds against a plan of 30 minutes and 42 seconds.</p> <p><b>'Transfer of Care'</b> (W45) has continued to be implemented during June with Northern General Hospital (Sheffield), Pinderfields (Wakefield) and Airedale now joining the list of successful implementations of (no more than) 45 minutes release. Doncaster, Rotherham Barnsley are planned to implement during July and August.</p> <p>The impact has been significant with average <b>Handover</b> reducing from 21 minutes in May to 19 minutes and 50 seconds in June. This was significantly lower than our plan of 24 minutes and 23 seconds. This significantly contributed to us providing a timely response to our patients.</p> <p><b>Crew clear</b> has also continued to improve month on month in 2025/26. This is directly a result of the focus through our 2025/26 business planning priorities. In June the average crew clear time was exactly 22 minutes compared to nearly 24 minutes in May.</p> <p><b>Relationships</b> with the wider system continue to be maintained and YAS continues to work with partners in the delivery of each ICB UEC plan.</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. Average 999 call answer time in June was 7 seconds against our plan of 6 seconds. For a 111 call it was 34 seconds which was also ahead of plan.</p>	

Our focus remains on the implementation of **NHS Pathways**. Phase 2 was successfully implemented on Tuesday 8 July. This means around 50% of our Emergency Health Advisors (ex-EMD) are now handling 999 calls through NHS Pathways.

Finally, PTS have successfully implemented **Eligibility** across all areas of YAS on behalf of our commissioners. As expected, this has reduced the number of taxi journeys we use.

Recommendation(s)	<b>Note</b> 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>The average response to <b>Category 2</b> calls for 2025/26 Q1 was 25 minutes and 49 seconds which was 4 minutes below the NHS revised standard of 30 minutes. In June we achieved 26 minutes and 33 seconds against a plan of 30 minutes and 42 seconds.</p> <p><b>West Yorkshire area</b></p> <p>The average <b>Category 2</b> response time in June was 3 minutes lower than plan at 29 minutes.</p> <p><b>Transfer of Care</b> at 45 minutes has been implemented successfully at Pinderfields and Airedale and there has been a positive impact. Dates have not yet been agreed for the other key hospitals within West Yorkshire.</p> <p>There has been good progress with reducing <b>crew clear</b> times in West Yorkshire, specifically Leeds. The average crew clear time in West Yorkshire reduced by nearly 2 minutes between May and June to 25 minutes and 32 seconds.</p> <p>We continue to be deeply involved in 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>Local <b>winter debrief</b> sessions for the West Yorkshire system took place on 11 June in preparation for the 2025/26 plan.</p> <p><b>South Yorkshire area</b></p> <p>South Yorkshire has continued to consistently deliver good patient response standards, achieving 24 minutes for <b>Category 2</b> responses in June.</p> <p>In June YAS and Sheffield Teaching Hospitals implemented <b>Transfer of Care</b> following significant partnership working. This has been highly successful and is sustaining well, seeing no patient wait over 45 minutes for a handover, and a handover average of 14 minutes.</p> <p>In addition, Category 2 response times were improved in Sheffield and the national performance standard for <b>Category 1</b> was achieved in Sheffield as a result.</p>	<p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b></p> <p><b>Regional</b></p> <p>Although our Category2 response time are ahead of our plan and the national standard of 30 minutes, response times for all other standards (including C2) deteriorated between May and June.</p> <p><b>Sickness</b> for A&amp;E Operations is in concern as it remains consistently high. It continues to run around 7% against the plan of 5.7%. This continues to be monitored closely, and the leadership team are moving to HR case manager and preparing to switch from 'Empactis' to GRS to provide a more person-centred approach to attendance management.</p> <p><b>West Yorkshire area</b></p> <p><b>Category 2</b> response times, specifically within Bradford and Craven, are the longest in YAS at over 31 minutes. This is a focus for the operational leadership team.</p> <p>Despite positive progress, work to reduce <b>crew clear</b> times in West Yorkshire needs to go further and be sustainable.</p> <p><b>South Yorkshire area</b></p> <p><b>Responses at Scene</b> were 1.8% higher than forecast, meaning an increased workload to frontline staff and requiring more ambulances to respond to patients, due to the challenges of Hear and Treat.</p> <p>A big focus for the SY leadership team has been to continue work on <b>culture</b> 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>Although <b>sickness</b> is a challenge across all operational areas South Yorkshire is the highest with 7.9% of staff sick during June, slight down from 8.1% in May. This is significantly higher than plan, 4.8%.</p> <p><b>Humber and North Yorkshire area</b></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>

Preparations are proceeding well, in strong partnership with Doncaster and Bassetlaw Teaching Hospitals, to launch W45/Transfer of Care at Doncaster Royal Infirmary on 16 July, and with The Rotherham Hospitals for 11 August, and Barnsley Hospitals for 18 August.

The mobile x-ray initiative, led in collaboration under Project Chronos, has been successfully implemented and already demonstrated significant improvements in reducing conveyances, reducing ambulance attendances, and ensuring patients remain at their residence.

In area we are advocating a trusted assessor model where 'clinical confidence is shared' to enable our clinicians to book patients directly into appropriate community or urgent care pathways, where Single Point of Access are facilitators rather than gatekeepers.

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

Although **Category 2** response time in June were 2 minutes higher than 25 minutes and 30 seconds which is 2 minutes higher than May. However, this is over 5 minutes ahead of plan and a significant improvement on this time last year.

Since the introduction of Transfer of Care HNY have increased the management presence at each hospital site with a focus on **crew clear**. Although the reduction is less dramatic than other areas in June it reduced to 18 minutes and 48 seconds.

The Control Drug competency framework has been signed now by all staff.

We are working closely with CHCP and HUTH to look at alternative models for care home residents. The aim is to reduce these cohorts of patients attending ED, promoting right care first time.

**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.

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.

### **Remote Patient Care**

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

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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.

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 *partly* mitigated through confirmed support from other Trusts, but we are expecting extended call answer times during July and August.

Hear & Treat reduced in June to 13.8%, a 0.2% reduction from May. This is a result of some outsourcing calls and reduced clinical capacity. June was significantly below the plan of 16.9% This has resulted in more ambulances arriving and referring from scene.

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

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.

IUC has the highest **sickness** in YAS (it always has). In June this was 11.1%, in line with May. Unfortunately, this is 2% higher than plan.

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

The impact of introducing Eligibility has increased the number of complaints we receive, although less than was anticipated.

There has been interest from local councillors and MP's, but we expect this to reduce as eligibility becomes embedded.

Great progress has been made around the implementation of **NHS Pathways** into EOC. We have now gone live with 2 of the 4 cohorts of Emergency Health Advisors. We now have approximately 50% of staff taking calls through NHS Pathways.

We are on track to go live with 3<sup>rd</sup> cohort on 27 August be fully live with NHS Pathways on 14 October.

In June our average call answer time for 999 calls was 7 seconds against a plan of 6 seconds. This was up from 3 seconds in May. This is expected and we know that our call answer time will increase in July and August as we move into the final phases of training for our Emergency Health Advisors.

**Integrated Urgent Care (IUC)**

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.

In June **turnover** of 22.8%, the lowest in the history of YAS IUC. This is over 12% lower than the plan of 35.6%.

**Patient Transport Service (PTS)**

The implementation of the revised Eligibility Criteria on behalf of commissioners commenced is now fully implemented.

Currently, the positive impact on demand has been in line with expectation. The overall number of patient journeys was 18% less than June 2025. For taxi suitable patient journeys this has reduced by 50% when comparing the same period.

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

Good progress continues to be made with the EPRR Core and Interoperability Standards.

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>We need to reduce sickness</p> <p><b><u>Accident &amp; Emergency Operations (A&amp;E)</u></b></p> <p>We need to continue to meet or exceed the ambitions for Category 2 response times.</p> <p>Although improved Crew Clear times are too high at specific hospitals.</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><b>Integrated Urgent Care (IUC)</b></p> <p>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 and reduce cost.</p> <p>Eligibility implemented.</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 Autumn 2025.</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>Embed eligibility.</p> <p>Implement the PTS efficiency schemes of PTS.</p>