Board of Directors (in Public)
25 September 2025

Report Title	Operational 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	This paper is for Board assurance purposes regarding the YAS Operational Directorate which is overseen by the Chief Operating Officer. 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).

Executive Summary

We continue to operate at **REAP Level 2** (Resource Escalation Action Plan). We currently do not meet the triggers to de-escalate to level 1 and are unlikely to do so over the next few months as we enter autumn/winter.

Our average response time to **Category 2** calls over the first 5 months of 2025/26 was 25 minutes and 18 seconds, nearly five minutes better than the NHS revised standard of 30 minutes. We are currently ahead of plan and are forecasting 28 minutes and 44 seconds by the end of April 2026.

The **Transfer of Care** model has continued to be implemented during the summer. This is a process where no patient handover at hospital will take more than 45 minutes. Barnsley, Calderdale & Huddersfield, Leeds Teaching Hospitals and Bradford will implement in September. This will mean all hospitals in Yorkshire will have implemented.

The impact has been significant with the average **Handover** time significantly reducing from 24 minutes in April to under 18 minutes in August. This is significantly lower than our plan of 23 minutes and 23 seconds. This significantly contributed to us providing a timely response to our patients.

Crew clear 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 August the average crew clear time was 21 minutes compared to nearly 24 minutes in April. As a result, August is around 1 minute better than plan which means we are now forecasting to achieve the end of year target of 21 minutes.

Relationships with the wider system continue to be maintained and YAS continues to work with partners in the delivery of each ICB UEC plan.

Remote Care continues to deliver high levels of service whilst undertaking significant transformational change. Average 999 call answer time over the first 5 months of 2025/26 has been at, or better, than plan. However, due to unforeseen call handling capacity challenges in September and October we are forecasting to be 3 seconds above plan for the full year. Therefore, further action is required in quarter 3 to bring back into plan. In August the average 999 call answer was 9 seconds with a 111 average call answer of 21 seconds, also ahead of plan. Our focus remains on the full implementation of **NHS Pathways** by the end of October. The project is currently on track with 72% of Emergency Call Handlers now been trained and using NHS Pathways. Finally, PTS have successfully implemented **Eligibility** across all areas of YAS 2025 on behalf of our commissioners. As expected, this has reduced the number of taxi journeys we use.	
Recommendation(s)	The Board are asked to n**ote** 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
Accident & Emergency Operations (A&E) **Regional** Average response times to **Category 2** calls are currently better than plan at just over 25 minutes. This is also better than the interim national standard of 30 minutes. Average **handover times** have significantly reduced from 24 minutes in April to under 18 minutes in August. This is significantly lower than our plan of 23 minutes and 23 seconds. This has significantly contributed to improved response times and staff morale. Overall **crew clear** times have improved by 3 minutes since April and are also ahead of plan by around 1 minute at 21 minutes. **West Yorkshire area** During August the average response time to **Category 2** calls in West Yorkshire was 1 minute better than plan at 25 minutes. **Transfer of Care** has been implemented successfully at Pinderfields and Airedale with Leeds, Calderdale & Huddersfield and Bradford hospitals going live during September. There continues to be good progress with reducing **crew clear** times in West Yorkshire, specifically Leeds. The average crew clear time in West Yorkshire reduced by nearly 4 minutes between April and August. At 24 minutes, it is also ahead of plan. **South Yorkshire area** During August the average response time to **Category 2** calls in South Yorkshire was 1 minute better than plan at 22 minutes. All hospitals in South Yorkshire have now successfully implemented **Transfer of Care** following significant partnership working. This has reduced **handover delays** by over 6 minutes since April.	**Accident & Emergency Operations (A&E)** **Regional** Although our Category 2 response time are ahead of our plan our **response times** for all other categories exceed than national standards. **Sickness** for A&E Operations is in concern as it remains consistently high. It continues to run at around 7% against the plan of 5.8%. This continues to be monitored closely. During August we moved recording of sickness from 'Empactis' to 'GRS' to provide a more person-centred approach to attendance management. **West Yorkshire area** **Category 2** response times, specifically within Bradford and Craven, are the longest in YAS at 31 minutes (year to date). This is a focus for the operational leadership team. Despite positive progress, work to reduce **crew clear** times in West Yorkshire needs to go further and be sustainable. Long Term **sickness** in Leeds and Wakefield exceeded 5% in August, 7.5% overall. **South Yorkshire area** In August we had a 6.5% increase in responses on scene, primarily due to a reduction in 'Hear and Treat' and utilisation of PUSH models. We are aware of data quality issues in relation to handover times which are systematic and being explored for improvements. **Humber and North Yorkshire area** **Sickness** remains challenging in A&E across HNY. Absence reduction plans are in place and reporting is expecting to be improved following the transition to the GRS system for all absence management. 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.

Crew Clear has been a focus in SY with improvements made with an average time of 17 minutes in August, compared to 23 minutes in August 2024.

We have supported the Neighbourhood Bids for each place in South Yorkshire, and YAS will be an integral partner in the successful bid.

A deep dive into conveyance in Sheffield has demonstrated more in-hospital pathways available to YAS colleagues compared to other places, which gives a 47% conveyance rate into the Emergency Department.

Humber and North Yorkshire area

During August the average response time to **Category 2** calls in Humber and North Yorkshire were 2 minutes better than plan at 26 minutes.

All hospitals in Humber and North Yorkshire have successfully implemented **Transfer of Care**. Since April average handover times have significantly reduced from 29 minutes to 20 minutes, 6 minutes ahead of plan.

The **Controlled Drugs** competency framework has now been signed by all HNY staff, and the CD App has been rolled out across HNY providing greater assurance on CD compliance

HNY has seen a month-on-month reduction in ED **conveyances**, with the current percentage at 51.6%. This is an output of the focussed activity on improving access to SDEC's, utilising community provision to support Frail patients, and continued relationship building with the providers of UCR and UTC provision.

York and Scarborough system performance has now improved to a position where NHS England have moved them out of the **Tier 1** category where they required additional support.

Remote Patient Care

Emergency Operations Centre (EOC)

The implementation of **NHS Pathways** is on plan and we are now seeing a reduction in the proportion of calls correctly identified as Category 1 in comparison to AMPDS. 72% of Emergency Call Handers are now using NHS Pathways to take calls. We are on plan for all 999 calls to be managed through NHS Pathways by the 14 October.

Remote Patient Care

Emergency Operations Centre (EOC)

We currently have a significant number of **vacancies** within our EOC. By stopping AMPDS training to undertake NHS Pathways training we knew we would have call taking risks at specific weeks across the summer. We mitigated the risk by planned outsource a significant proportion of calls to another ambulance service.

Although our average **call answer** time for 999 calls in August was 9 seconds against a plan of 10 seconds. We know that our call answer time will increase in September and October because of the reduced outsource capacity.
Hear & Treat reduced to 13.5% in August, 3.7% behind plan. This is a result of reduced clinical capacity. This has resulted in more ambulances referring from scene and not more conveyances to hospital.

Integrated Urgent Care (IUC)

IUC has the highest **sickness** in YAS (it has historically). In August this was 12.9%, nearly 5% 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 this has reduced as eligibility has become embedded.

Integrated Urgent Care (IUC)

Turnover within IUC continues to run significantly better than plan, this was the expectation through the delivery 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 August the turnover was 23.6%, 11% below plan.

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.

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 multiagency exercises to test our internal capability and interoperability. A significant national exercise will be taking place during September, October and November where YAS will be significantly involved.

Key Issues to Address	Action Implemented	Further Actions to be Made
Remote Patient Care **Emergency Operations Centre (EOC)** We must continue to maximise our remote clinical assessment capacity to increase our Hear & Treat. We must implement NHS Pathways before winter 2025. **Integrated Urgent Care (IUC)** We need to continue to reduce the turnover of Health Advisors despite the significant month-on-month reductions already seen. We need to reduce sickness. **Accident & Emergency Operations (A&E)** We need to continue to meet or exceed the ambitions for Category 2 response times. Although improved, Crew Clear times are too high at specific hospitals. **Patient Transport Service (PTS)** We need to ensure that we are able to deliver high quality PTS within the financial envelope PTS Eligibility needs to be fully implemented consistently across all ICB areas.	**Remote Patient Care** **Emergency Operations Centre (EOC)** We have recruited 9 FTE (15 clinicians) as Senior Clinical Assessors since April. We now have 124 FTE, which is 2 FTE below plan. An additional 16 FTE will be in place by the end of October which will be 4 above plan. 32 of the 36 Clinical Navigator roles are now filled. NHS Pathways project nearing completion with 75% of staff trained. Completion expected on 14 October 2025. **Integrated Urgent Care (IUC)** Commenced the implementation of the Band 3-4 pathway. Welfare support used in EOC shared with IUC. **Accident & Emergency Operations (A&E)** Maximised the number of substantive staff leading to a reduced reliance on overtime. Successfully implemented ‘Transfer of Care’ in Hull, York and Scarborough. Priority workstream in place to oversee crew clear time reductions. **Patient Transport Service (PTS)** Options provided to ICB, ELB and Acute Trusts to manage increase in PTS demand and reduce cost. Eligibility implemented.	**Remote Patient Care** **Emergency Operations Centre (EOC)** Maximise the opportunities for preceptorship for recently trained remote clinical assessors. This remains a limiting factor but is improving. Maintain grip of the delivery of NHS Pathways project. **Integrated Urgent Care (IUC)** Continue next stages of the implementation of IUC Transformation Programme (Case for Change) Fully implement the Band 3-4 pathway by October 2025. Continued focus on sickness **Accident & Emergency Operations (A&E)** Continue the roll out of ‘Transfer of Care’ across Yorkshire. Further work around the resource hour distribution. **Patient Transport Service (PTS)** Review the implementation of ‘Eligibility’ with commissioners. Implement the PTS efficiency schemes of PTS.