Board of Directors (in Public)
27 November 2025

Report Title	Operational Assurance Report
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

YAS continues to operate at **REAP** (Resource Escalation Action Plan) **Level 2.** This continues to be reviewed weekly and despite rising system pressures we have not yet triggered escalation to Level 3. As at 18 November six Trusts were at Level 3 and four (including us) were at Level 2.

Our average response time to **Category 2** calls in October was 28 minutes and one second, this is over *10 minutes less* than October last year. The year-to-date figure is 26 minutes and six seconds which is four minutes *less* than the NHS revised standard of 30 minutes and one of the best in the UK. We are currently ahead of our plan and are forecasting 27 minutes and 44 seconds by the end of April 2026 against the plan 28 minutes 48 second.

The **Transfer of Care** model has now been fully implemented across Yorkshire with significant successes. The year-to-date average handover time is **19 minutes and 37 seconds**. This is *10 minutes less* than at the same period in 2024/25. Occasional challenges remain at Airedale, Hull and Scarborough hospitals and these remain a focus for the local leadership teams and NHSE.

The **average hospital handover** is now significantly lower than our plan but is likely to increase over the next 2 months. We estimate that we will achieve 22 minutes and 32 seconds against a plan of 25 minutes and 12 seconds. This significantly contributed to us providing a timely response to our patients.

Crew clear in quarter 2 was better than quarter 1 and achieved plan. However, crew clear increased in October to **21 minutes and 46 seconds**, around 1 minute higher than plan. This is disappointing but the focus remains on our 2025/26 business planning priorities.

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 year to date is **9 seconds** which is

slightly better than plan. September was especially challenging with variance between days. This was as a result of the withdrawal of commissioned call answer support from a neighbouring Trust.

NHS111 call answer performance has remailed high with 92% of calls answered within 2 minutes.

NHS Pathways was fully implemented during October, and all YAS calls are now answered on NHS Pathways. Benefits have been seen around the reduction of Category 1 calls but the % of Hear & Treat has been impacted by the use of external call handers, a reduction in available clinical capacity and changes to reporting.

We formally completed our **Emergency Preparedness, Resilience and Response (EPRR)** Core Standards self-assessment to NHS England after peer review and ICB check and challenge. As last year we scored as Substantially Compliant against both core and interoperability standards.

Finally, PTS continue to support **Eligibility** across all areas of YAS on behalf of our commissioners. As expected, this has reduced the number of taxi journeys commissioned.

Recommendation(s)	The Board are asked to **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
Accident & Emergency Operations (A&E) **Regional** Our average response time to **Category 2** calls in October was 28 minutes and one second, this is over 10 minutes *lower* than October last year. The year-to-date figure is 26 minutes and six seconds which is four minutes better than the NHS revised standard of 30 minutes. Long Term A&E Operations **sickness** has reduced significantly since August, reducing from 4.6% to 3.2% in October. However overall sickness remains high at 6.6%. **Transfer of care** has now been implemented at all ED departments across Yorkshire and Humber. As a result of its successful implementation the Trust wide **average hospital handover** time is now significantly lower than plan. We currently forecast that we will achieve 22 minutes and 32 seconds against a plan of 25 minutes and 12 seconds by year end. This significantly contributed to us providing a timely response to our patients. **West Yorkshire area** **Transfer of Care** has now been successfully implemented in all hospitals although challenges are being experienced at Airedale General Hospital. This has reduced handover delays in West Yorkshire by 3 and a half minutes since April. There continues to be progress with reducing **crew clear** times in West Yorkshire, specifically Leeds. The average crew clear time in West Yorkshire reduced by over 2 minutes between April and October. However, at 25 minutes, it is above of plan. **South Yorkshire area** During October the average response time to **Category 2** calls in South Yorkshire was 26 and a half minutes, the lowest within YAS. The **Transfer of Care** model has now been successfully implemented in all hospitals. This has reduced handover delays 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. **Crew clear** in quarter 2 was better than quarter 1 and achieved plan but increased in October to **21 minutes and 46 seconds**, around 1 minute higher than plan. This is disappointing but the focus remains on our 2025/26 business planning priorities. We have seen an increase in **responses to scene** since August across all areas compared to plan, nearly 5% in October. This is primarily due to a reduction in 'Hear and Treat' and utilisation of PUSH models. **Conveyances to ED** remained high across all areas and the proportion has slightly increased since July 2025. **Sickness** is higher than 6.1% plan but at 6.6% in October it is in line with the average over the last 3 years. **West Yorkshire area** During October the average response time to **Category 2** calls in West Yorkshire was 3 minutes above plan at 28 minutes and 19 seconds. The area of concern continues to be Bradford and Craven at 32 minutes for October. 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. **Humber and North Yorkshire area** 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.

Humber and North Yorkshire area

During October the average response time to **Category 2** calls in Humber and North Yorkshire increased to 29 minutes and 19 seconds, around 4 minutes above plan.

Although we have seen a slight increase in September and October **average handover times** have significantly reduced from 29 minutes in April to 22 minutes in October, 7 minutes ahead of plan.

Remote Patient Care

Emergency Operations Centre (EOC)

We now take **all 999 calls** through **NHS Pathways,** rather than AMPDS. We are now seeing a significant reduction in the proportion of calls correctly identified as Category 1 in comparison to AMPDS.

Sickness in EOC continues to be very good in relation to historic trends. In October sickness was 7.7%, down from 11.1% in October 2024.

Integrated Urgent Care (IUC)

Once again **Turnover** within IUC continues to run significantly better than plan, exceeding the expectations within the Case for Change. In October 2025 the turnover was 22%, 12% below plan.

Patient Transport Service (PTS)

The implementation of the revised **Eligibility Criteria** on behalf of commissioners commenced is now fully implemented and has embedded well. Currently, the positive impact on demand has been in line with expectation.

Good progress has been made with West Yorkshire and South Yorkshire ICBs around the commissioning of PTS services through the Provider Selection Regime (PSR) process.

Emergency Planning Resilience and Response (EPRR)

YAS has submitted our EPRR **Core Standard self-assessment** for 2025 as Substantially Compliant at 93%. This has been peer reviewed and checked and challenge by other providers and the West Yorkshire ICB and supported.

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. The number of vacancies will reduce as we move towards 2026/27 but will not achieve the plan.

We forecasted an increase in average **call answer times** for September and October as a result of reduced capacity. However, September was worse than plan by 9 seconds at 17 seconds, but October was much more stable being 1 second under plan at 12 seconds.

Hear & Treat continued to track below plan and in October was 13.6% against a plan of 19%. The reasons for this are understood and related to capacity, lack of opportunity due outsourced calls and reporting. Remote care have plan to improve but will not achieve the original plan.

Integrated Urgent Care (IUC)

IUC has the highest **sickness** in YAS (and has historically). In August this was 12.9%, nearly 5% higher than plan. This has since reduced to 11.1% in October, mainly due to a reduction in Long Term Sickness. A proposal to implement the welfare model used in EOC has been approved by TEG. EOC is currently at 7.7%.

Patient Transport Service (PTS)

Commissioning discussions are still taking place with HNY ICB and there remains several items still outstanding for agreement.

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 fill the majority of vacancies for Emergency Health Advisors in EOC. **Integrated Urgent Care (IUC)** We need to continue to reduce the turnover of Health Advisors despite the significant month-on-month improvements already seen. We need to reduce sickness within IUC **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 remain too high at specific hospitals within West Yorkshire **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 20 FTE additional Senior Clinical Assessors since April. We now have 134 FTE, which is 2 FTE below plan. 34 of the 36 Clinical Navigator roles are now filled. NHS Pathways was fully live for all 999 calls in October as planned, and the project will be completed by the end of March 2026. **Integrated Urgent Care (IUC)** Completed the implementation of the Band 3-4 pathway. Welfare support used in EOC shared with IUC and business case approved by TEG. **Accident & Emergency Operations (A&E)** Maximised the number of substantive staff leading to a reduced reliance on overtime. Successfully implemented ‘Transfer of Care’ at all hospitals. 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 and review completed.	**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. Complete the delivery of NHS Pathways project and progress clinical integration project. **Integrated Urgent Care (IUC)** Continue next stages of the implementation of IUC Transformation Programme (Case for Change) Continued focus on sickness **Accident & Emergency Operations (A&E)** Further work around the resource hour distribution. Continued focus on reducing sickness and crew clear times specifically. **Patient Transport Service (PTS)** Implement agreed recommendations of the eligibility review.