



Update from Yorkshire Ambulance Service NHS Trust

Date	25 February 2025
Forum	West Yorkshire Joint Health Overview and Scrutiny Committee

1.0 Purpose

The purpose of this paper is to provide an update for the West Yorkshire Joint Health Overview and Scrutiny Committee on the delivery of services and recent developments from Yorkshire Ambulance Service (YAS) across the West Yorkshire area.

2.0 Demand and performance

2.1 As a key part of the urgent and emergency care system, YAS continues to see high levels of operational demand, with particular pressures during the current winter season. NHS England has reported that 2024 was the busiest year ever for A&E and ambulance services in England, with December recording the highest number of ambulance incidents ever in one month. Response times in A&E Operations (the emergency ambulance service) are seeing some challenges, particularly for category 1 and 2 patients, who are the most seriously ill. The national target for 2024/25 was for all English ambulance services to achieve a category 2 average mean response time of under 30 minutes (although the national response target is usually 18 minutes). Nationally category two ambulance response times have deteriorated during 2024 and for December, the average national response time was an average of 47 minutes 26 seconds (the longest for two years).

2.2 The average category 2 response time for YAS for the year to date (1 April 2024 to 31 January 2025) is 33 minutes and 10 seconds. The response times for West Yorkshire for the year to date are:

- Category 1 – 7 minutes 37 seconds (against a national standard of 7 minutes)
- Category 2 – 31 minutes 34 seconds (against the current national of standard 30 minutes)

Response times vary across the five places within West Yorkshire and in the Harrogate and Craven areas of North Yorkshire.

2.3 Another key measure of performance in urgent and emergency care is the time taken to handover patients at hospital Emergency Departments (ED) from the ambulance service. The national target for patient handovers at Emergency Departments is 15 minutes. Pressures across the health and social care system contribute to the hospital handover delays, and the Trust and its partners remain concerned about the impact of the delays on patients and their care. In particular, YAS is focused on reducing the significant impact these delays can have on the availability of emergency ambulances to respond to patients in the community.

2.4 There are challenges at hospitals across the Yorkshire and Humber region and we are working closely with our system partners to resolve these. The average handover time Trust wide for the year to date (1 April to 31 January 2025) is 30 minutes 18 seconds

and an average of 363 ambulance hours per day were lost due to delayed ED handovers, which is the equivalent of 30 ambulances on a 12-hour shift per day.

- 2.5 In West Yorkshire, the average handover time for the year to date is 22 minutes and 44 seconds and an average of 93 ambulance hours per day were lost due to delayed handovers. In West Yorkshire handover times are good compared to other areas within the Trust. However, winter pressures have affected performance and there is variation across hospitals, with some recent challenges with turnaround times at Pinderfields General Infirmary and Airedale General Hospital.
- 2.6 In our Emergency Operations Centre, (taking emergency 999 calls), YAS took 87,555 calls in January 2025, which was a decrease 4.7% on January 2024. Our 999 call handling remains very good with an average call answer time of 3 seconds during January, the same as January 2024. This is against a national performance target of an average of 10 seconds.

3.0 Improvement initiatives

- 3.1 There are a number of initiatives to support the improvement of ambulance service performance, including the key measure of the category 2 response target and reducing delays in handing over patients at hospital and ensuring crews are available for the next patient as quickly as possible. In West Yorkshire these include:
- Strategic deployment of Hospital Ambulance Liaison Officers (HALOs) across acute sites, who play a key role in coordinating patient flow, facilitating timely handovers, and ensuring ambulance resources are freed up as quickly as possible. These YAS staff support hospital flow and help to reduce overall turnaround times.
 - Expanding the range of alternative clinical pathways, ensuring more patients can access appropriate care without the need for emergency department attendance. This not only improves patient outcomes but also alleviates pressure on hospitals by directing patients to the most suitable service for their needs.
 - Enhancing mental health response with the introduction of mental health response vehicles across West Yorkshire in collaboration with partners, providing specialist support to patients experiencing a mental health crisis and investing in specialist paramedics in mental health to enhance care and improve clinical decision-making for patients presenting in a mental health crisis.
 - Improving handover and crew clearance processes through involving staff at all levels in using quality improvement methodology to enhance efficiency.
 - Increase 'hear and treat' rates, (where a clinician is able to provide treatment and advice over the phone and an alternative, more appropriate service is identified). The hear and treat rate has improved from 14.1% in January 2024 to 16% in January 2025.
 - Our conveyance rate in West Yorkshire is 52.8% (between 1 April 2024 to 31 January 2025) which is an improvement from the same period in 2023/24, reducing from 57.3%, ensuring patient pathways are optimised for patients.
 - Increase in staffing from April 2024 to January 2025, with 49 additional paramedics, and 18 additional Ambulance Support Workers/Ambulance Care Assistants in West Yorkshire. YAS works closely with local universities, including Bradford and Huddersfield, where the majority of our paramedics in West Yorkshire are trained.

4.0 Partnership working

- 4.1 The Trust works in partnership with the wider NHS and social care partners across West Yorkshire to improve patient care. Working with groups such as the West Yorkshire Community Services Provider Collaborative, we support the strengthening

of care coordination and optimising of community pathways. Examples include projects in Bradford (using the pre-dispatch 'push' model) and in Mid-Yorkshire (with the 'call before conveying' for care homes). As part of our work with West Yorkshire Association of Acute Trusts (WYAAT), the Trust is working on handover performance and overall hospital flow, as well as supporting the Right Person, Right Care work with West Yorkshire Police (specifically around missing persons cases).

- 4.2 Working in partnership, our pathways team has focused on identifying new clinical pathways for our staff to use as alternatives to transporting patients to Emergency Departments. This includes reviewing and improving established pathways and identifying clinical pathways suitable for 'Hear and Treat' by our clinicians within our Emergency Operations Centres (EOCs), where a clinician is able to provide treatment and advice over the phone and an alternative, more appropriate service is identified.
- 4.3 Optimising alternative pathways improves hospital flow by ensuring only those patients who need hospital care are treated there. Improved flow in turn improves hospital handover times, releasing further ambulances to reach patients in the community. Accessing alternative clinical pathways further improves ambulance availability by ensuring the right community service is sent to patients.
- 4.4 We are focused on identifying clinical pathways for our crews to utilise as an alternative to transporting patients to Emergency Departments.

Across the area, we have been working on specific initiatives and these include; **Bradford and Craven** – working with acute partners to enhance the handover process and support initiatives around single point of access, which involves collaborative work with the community provider, ensuring more efficient patient care pathways.

Wakefield – collaborating with Mid Yorkshire Hospitals Trust to improve utilisation of resource and explore specialist paramedics in urgent care placements to enhance patient care.

Calderdale and Kirklees – supporting the newly implemented clinical reconfiguration, by working closely with partners to review challenges and streamline processes, ensuring smoother access to appropriate care.

Leeds – working to enhance referral rates into key services, (e.g. the Primary Care Access Line, which facilitates referrals to in-hospital services like Same Day Emergency Care) and improving referrals into respiratory pathways, (a priority throughout winter).

5.0 Ambulance Fleet and Estates

- 5.1 Across Yorkshire Ambulance Service we have invested in our ambulances and increased the number of ambulances in West Yorkshire from 180 to 223. Alongside an increase in clinicians, this enables us to meet the demands of the public as quickly as possible.
- 5.2 Ambulance stations across West Yorkshire are complemented by a network of strategically placed 'standby points', from which ambulance crews are dispatched, ensuring timely responses to patients. As part of our estates strategy, we are reviewing our facilities to ensure they are fit for purpose and will meet future needs. A number of stations have been identified as priorities for future development, should capital funding become available, including Wakefield.

6.0 Integrated Urgent Care (IUC) service, NHS 111

- 6.1 Our Integrated Urgent Care (IUC) service, which provides our NHS 111 service, has seen sustained improvements across all the key indicators during 2024/25. In every month from April 2024 to January 2025, we have seen calls answered within two minutes for over 80% of calls and the average speed to answer during that time has been 24 seconds (against a national target of 20 seconds). The busiest day during the recent holiday period was Saturday 28 December, with over 9,900 calls received and on New Year's Day, over 6,000 calls taken and all were answered within 60 seconds. The service experiences increased pressure during public holidays due to limited availability of primary care services.
- 6.2 Over 64% of our contacts into NHS 111 result in a primary care, self-care or an alternative pathway for our patients; 13.1% of contacts resulted in an ambulance dispatch, and 15.1% resulted in a recommendation to attend an Emergency Department.
- 6.3 NHS 111 demand patterns continue to be significantly different from previous years despite the end of the COVID-19 pandemic which initially triggered the change, with demand now experienced throughout the day, rather than peaking at key times out of hours (such as evening and weekends). The increases are reflective of challenges in primary care as patients find access to other parts of the health system more difficult and changes have been made to workforce patterns in order to meet this demand.
- 6.4 In NHS 111, the Trust continues to recruit into our call centres across both clinical and health advisor positions, with a transformation programme in progress to improve working patterns, leadership, education and training opportunities and a clear career structure. This transformation plan includes integration across the 999 and 111 service lines to offer a more coordinated response for our communities.
- 6.5 In 2024, NHS 111 was extended to provide additional help to those in mental health crisis. This development means that patients are now able to access urgent mental health support directly by contacting NHS 111, and by selecting the mental health option, can be put through to a local mental health crisis line, managed by partners. The extension to the NHS 111 service is for those people who are experiencing a mental health crisis and require urgent medical advice.

7.0 Non-Emergency Patient Transport Service (PTS)

- 7.1 In our non-emergency patient transport service, (PTS) we continue to see high demand. Our timeliness of response remains good, with 84% of calls answered within 3 minutes, a 7.5% improvement on the same time last year. We provided 74,630 journeys in December, with our busiest period being the run up to Christmas, with over 400 discharges on Christmas Eve, just slightly under last year's figures. In West Yorkshire in December, 32,250 journeys were undertaken, with 2,743 patient discharge journeys from West Yorkshire Healthcare Providers. Pre-planned inwards journeys for arrival before appointment time continue to perform above target.
- 7.2 Patients using PTS in Leeds have benefitted from improvements in their service, following the introduction of an initiative developed with partners, to ensure every patient is given more information about their journey, advising them on the likely length, the route to be taken and confirming appointment times and any further pick-ups on the way. The improvements for patients and their experience is being rolled out across the rest of the Trust.

- 7.3 In a further example of partnership working, the Trust is working with West Yorkshire Fire and Rescue Service and Bradford District Care Foundation Trust to enable patients at the end of their life to die at home, surrounded by loved ones, ensuring they receive safe care. With a 'fast track' of risk assessments, where possible, resources needed to move patients are identified on the day. Over the last 12 months, PTS have undertaken 22 end of life bed moves for patients and their families in Bradford, and the approach is being recommended for adoption across the whole of West Yorkshire.
- 7.4 Following a national review in 2021, NHS England launched the new national framework for non-emergency Patient Transport Services requiring them to become consistently more responsive, fair, and sustainable when providing transport for those with a medical or mobility need but reminded systems that patients should travel independently when able to do so. The three Yorkshire and Humber Integrated Care Boards (ICBs), as commissioners of this service, are leading this implementation, and plans are being put in place for implementation from 1 April 2025. YAS are preparing for implementation of the national criteria, as the provider of this service and the West Yorkshire Joint Health Overview and Scrutiny Committee and being provided with information and updates by the ICB, supported by YAS.

8.0 Recommendation

This paper provides an update for the Scrutiny committee on operational performance and recent developments from Yorkshire Ambulance Service. It is recommended that the update is noted for comment and consideration.