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24 June 2024

Hannah Berry
H.M Assistant Coroner for South Yorkshire West
Via email: [REDACTED]

Dear Ms Berry,

Thank you for your letter of 29 April 2024 in relation to the Regulation 28 report to prevent future deaths, following the inquest into the death of Sophie Hindmarsh. This was issued to:

1. The Department of Health and Social Care, 39 Victoria Street, London, SW1H 0EU
2. The West Yorkshire Integrated Care Board, White Rose House, West Parade, Wakefield, WF1 1LT

I would like to start by offering condolences to the family of Sophie on behalf of the Yorkshire Ambulance Service, NHS West Yorkshire Integrated Care Board as the lead commissioner, and our partners across the region. I am sorry for their loss and the circumstances surrounding the death of Sophie.

I hope this letter provides reassurance of our joint commitment to delivering services that meet the needs of the population within Yorkshire and the Humber, and that the actions we have taken reflect the lessons learnt and the investment and changes made.

You asked for a response from the NHS West Yorkshire Integrated Care Board (WYICB) as the lead commissioner of services from the Yorkshire Ambulance Service (YAS) regarding the following areas of identified concern, as well as the actions and timelines that are being taken with our system partners to put in place improvements. My response covers the following:

- *The ambulance service was called at 0245 on 21 July 2022 and the call was coded as a Category 2 at 0251 call requiring a response within 40 minutes. The ambulance finally arrived at 0731 on 21 July 2022, 4 hours and 46 minutes after the call.*



- *There was a significant delay in handing over patients at hospitals which meant they were unable to respond to emergency calls.*

Background

During the financial year 2022/23 the ambulance services in the country were experiencing increased pressure, ultimately resulting in extended response times that did not meet national standards. During this period the average response time for Category 2 calls nationally (based on the mean) extended to 50 minutes and 0 seconds, with the July 2022 position being worse at 58 minutes 53 seconds.

The overall systemic pressure felt across the country impacted YAS, which had average Category 2 response times of 42 minutes and 4 seconds across the year and 44 minutes and 44 seconds in July 2022. Significant numbers of patients waited much longer than these average response times, as was the case with Sophie. I am sorry we were unable to provide a better service to Sophie and others at this time.

YAS operates within a broader system. Pressure was also experienced within this wider healthcare system, with associated difficulties in the timely discharge of patients to the most appropriate care settings, consequently reduced patient flow through acute hospitals, ultimately leading to extended handover delays with Emergency Departments.

NHS Recovery Plans

In January 2023, NHS England published its Delivery Plan for recovering Urgent and Emergency Care (UEC) services to respond to the challenges we had faced across the country. To support recovery, the plan set out two key ambitions:

- Patients being seen more quickly in Emergency Departments: with the ambition to improve to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulances getting to patients quicker: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

Since April 2023, the three Integrated Care Boards (ICBs) across Yorkshire and Humber have worked jointly through an Executive Leadership Board (ELB) with YAS to agree joint priorities and to improve performance and allocate additional investment. This investment is aimed at recruiting additional ambulance crews, developing new ways of working to avoid conveyance to hospital and investment in new vehicles, all of which are aimed at being able to provide a timelier response and meet increasing demand.

Within the Yorkshire and Humber region there have been improvements in response times subsequently with the average Category 2 times of 32 minutes and 26 seconds in 2023/24. In April 2024, YAS average Category 2 response times reduced



to 26 minutes and 3 seconds and in May 2024 the figure was 31 minutes and 21 seconds.

Hospital Handovers and Ambulance Turnaround Times

The correlation between handover delays at Emergency Departments and overall ambulance response times is widely acknowledged. Handover times vary amongst our acute trusts in the region. We seek to ensure the root causes are understood.

During the calendar month July 2022, the mean 'handover' time within South Yorkshire was 37 minutes and 32 seconds. The most recent calendar month of reporting (May 2024) showed that the mean 'handover' times within South Yorkshire were 29 minutes and 47 seconds. Further work continues to support other improvements. In collaboration with the acute trusts, YAS has implemented Quality Improvement initiatives to improve handovers. This helps further reduce the amount of 'lost ambulance handover time' and allow ambulances to return to the respond to emergency calls in a more timely manner.

As part of operational planning for 2024/25, South Yorkshire ICB has set out an improvement trajectory for hospital handover times to be reduced to an average of 19 minutes. This will require continued focus on quality improvement, operational management and leadership to support this improvement.

Further support measures

YAS and Sheffield Teaching Hospitals (including other South Yorkshire Hospitals) have agreed a **new Joint Escalation Action Plan (JEAP)**, for when system pressures increase. This plan provides specific actions that organisations must employ to support the improvement of ambulance handover.

Implementation of Duty to Rescue protocol - this protocol was introduced ahead of the winter period (2023/24) and is now enacted at times of significant operational pressure. On occasions when there are high number of ambulances waiting to handover patients, the protocol allows for senior clinical decision makers from YAS and our hospitals to agree to the rapid handover and timely release of an ambulance crew to attend to a specific 999 call, or one who has been awaiting conveyance and is deteriorating. The introduction of this protocol has been welcomed by all parties and allows for clinical risks to be better managed in the system.

Alternatives to Accident and Emergency (A&E) Departments – more alternative pathways of care are available for use by YAS Ambulance crews or staff within the Emergency Operations Centre (EOC) to safely and appropriately avoid conveyance to hospital.

YAS has worked with partners across the urgent and emergency care system to improve availability of these pathways, including through the development of **Urgent Community Response (UCR) services**. These respond to a patient in their own home within two hours of the call in an aim to meet people's needs and avoid hospital attendance where appropriate. This also gives direct access pathways to



clinicians for **Same Day Emergency Care (SDEC)** at local hospitals, which allow ambulance crews to bypass A&E for suitable patients and therefore meet people's needs and improve hospital flow and ambulance turnaround.

The EOC have continued to invest in the clinical workforce using clinical navigators to assist in the identification of incidents suitable for an alternative response or which can be clinically assessed and given self-care advice. General Practitioners (GPs) have also been employed to both assist with remote assessment and also to support clinical decision making more generally to improve outcomes and ensure patients are directed to appropriate care relevant to their needs.

The EOC continues to improve their referral processes to other services therefore appropriately diverting demand into alternative care pathways. A **System Coordination Centre (SCC)** has also been developed over the past year. The SCC exists to be a central co-ordination service to providers of care across the ICB footprint to enable a proactive system response to operational pressures and risks with the aim to support patient access to the safest and best quality of care possible.

Governance

This Regulation 28 has been discussed at the YAS Clinical Quality Oversight Group with senior clinical leaders of the constituent organisations to share the matters of concern raised across the Yorkshire and Humber region. This reports to the ELB which has oversight of the Ambulance Service in Yorkshire. Within South Yorkshire, this Regulation 28 report and matters of concern will be shared through the Urgent and Emergency Care Alliance Board made up of senior leaders from all of the constituent bodies.

As an ICB we maintain our shared commitment with both YAS and our partner ICBs within Yorkshire and Humber to ensure we are delivering safe, high-quality services for patients, carers and their families.

Thank you for bringing these concerns to my attention. I hope you can see that we are making progress on response times and striving to reduce handover times.

If you require any further information, please do not hesitate to contact me.

Yours faithfully,



Chief Executive

**NHS West Yorkshire Integrated Care Board
West Yorkshire Health and Care Partnership**

