Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

STRATEGIC REPORT

DIRECTORS' REPORT

QUALITY ACCOUNT

FINANCIAL SUMMARY

Saving lives, caring for you 2014-15

Contents

Our Mission, Vision and Values

Our Mission

Your Ambulance Service -
Saving lives, caring for you

Our Vision

Providing world class care for the local communities we serve

Our Values

W **Working together for patients**
We work with others to give the best care we can

E **Everyone counts**
We act with openness, honesty and integrity - listening to and acting on feedback from patients, staff and partners

C **Commitment to quality of care**
We always give the highest level of clinical care

A **Always compassionate**
Our staff are professional, dedicated and caring

R **Respect and dignity**
We treat everyone with dignity, courtesy and respect

E **Enhancing and improving lives**
We continuously seek out improvements


Whitby
Richmond
Northallerton
Scarborough
Thirsk
Filey
Ripon
North
Bridlington
Driffield
Harrogate
Skipton
York
Keighley
Wetherby
Beverley
East
Leeds
Bradford
Selby
Hull
Halifax
West
Castleford
Goole
Wakefield
Huddersfield
Dewsbury
North
Lincolnshire
Barnsley
Doncaster
South
North East
Lincolnshire
Rotherham
Sheffield
Bassetlaw

Introducing Yorkshire Ambulance Service

At Yorkshire Ambulance Service NHS Trust (YAS) we put our patients and their needs at the heart of everything we do so that they receive the right response, as quickly as possible, wherever they live. All of our staff are focused on providing high-quality care, excellent patient experiences and improved health outcomes, and our frontline A&E teams are highly skilled and ready to respond to emergencies day and night.

Our main roles are to:

- **receive 999 calls in our emergency operations centres, based at two sites in Wakefield and York, and arrange the most appropriate response to meet patients' needs**
- **respond to 999 calls by getting medical help to patients who have serious or life-threatening injuries or illnesses as quickly as possible, and arrange an appropriate response to routine requests from our NHS partners**
- **take eligible patients to and from their hospital appointments and treatments with our non-emergency Patient Transport Service (PTS)**
- **provide the region's NHS 111 urgent medical help and advice line, including the delivery of GP out-of-hours services in West Yorkshire through our partner Local Care Direct.**

In addition we:

- have a Resilience and Special Services Team which plans and leads our response to major and significant incidents such as those involving public transport, flooding, pandemic flu or chemical, biological, radiological or nuclear (CBRN)
- provide clinicians on secondment to work on the two helicopters operated by the Yorkshire Air Ambulance charity
- provide vehicles and drivers for the specialist Embrace transport service for critically-ill infants and children in Yorkshire and the Humber.

We are led by a Trust Board which meets in public every two months and comprises a non-executive chairman, five non-executive directors, a non-executive director (designate) and six executive directors, including the chief executive.

We are the only NHS trust that covers the whole of Yorkshire and the Humber and we work closely with our healthcare partners including hospitals, health trusts, healthcare professionals, clinical commissioning groups and other emergency services.

Since the Trust was formed we have demonstrated a strong track record of improving patient care across all of our services. We are committed to continuing this through our willingness to look forward, anticipate where changes are required and adapting our services to better match the needs of our patients.

Introducing Yorkshire Ambulance Service

We serve a population of more than five million people who live across the region from the Yorkshire Dales, North York Moors and the major cities of Bradford, Hull, Leeds, Sheffield, Wakefield and York to the busy East Coast tourist resorts which create extra seasonal demand upon our services. The catchment area for our NHS 111 service also extends to North Lincolnshire, North East Lincolnshire and Bassetlaw.

Our priorities for the year ahead include:

- **working with health and social care partners to help to shape future urgent care services**
- **improving outcomes for patients who suffer a stroke or cardiac arrest, mental health problems or major trauma**
- **improving operational efficiency and productivity, including greater use of technology, to ensure high quality care for patients and value for commissioners and taxpayers**
- **greater engagement with internal and external stakeholders to ensure we generate stronger relationships and capture feedback on which to base our decisions about future developments**
- **entering the final phase of our Foundation Trust journey in 2016.**

We employ 4,836* staff, who together with over 1,100 volunteers, enable us to provide a vital 24-hour emergency and healthcare service.

The largest proportion of staff, over 80%, are employed within operational areas which include Accident and Emergency, Patient Transport Service, NHS 111, Hazardous Area Response Team (HART), Yorkshire Air Ambulance clinicians, Emergency Operations Centre, Resilience and Special Services, Private and Events and the Embrace paediatric and neonatal transport service.

**4,836 is a headcount figure. It equates to 4,190 whole-time equivalents.*

Welcome from our Chairman and Chief Executive

Chairman
Della M Cannings QPM

Chief Executive
Rod Barnes

Welcome to our Annual Report for 2014-15. It is our opportunity to share information about the Trust and its services with our patients, residents in local communities, partners, commissioners and other external stakeholders and includes highlights from the last 12 months and outlines our priorities for 2015-16.

Firstly, we would like to thank David Whiting, who stood down as our Chief Executive in November 2014, for his four years of hard work at the Trust. During this time many improvements were made to existing services and great strides were taken in developing major trauma, stroke and heart attack care.
(Rod Barnes took on the role of Interim Chief Executive in November 2014 and secured the position on a permanent basis in May 2015.)

Like all other ambulance services across the country, it has been a challenging year with unprecedented levels of demand on our emergency service. This has placed extra pressure on our staff and it is to their credit that they have continued to provide the highest standards of clinical care to patients. We would like to formally acknowledge their commitment and dedication and thank each and every one of them for the care and compassion they show to our patients every day. You only have to read some of the many messages of thanks we receive to know what a difference our dedicated staff make to so many lives on a daily basis.

After three consecutive years of achieving national targets for reaching the most seriously ill and injured patients ('Red' calls) within the eight-minute target in 75% of cases, this year proved too much of a challenge for the majority of ambulance services.

As with many ambulance services, delivery of the A&E Red 1 and Red 2 performance standards was unattainable. Whilst this was disappointing, we are doing all that we can to improve our response times through recruiting extra staff, better matching resource levels to demand patterns and continuing to remind the public that ambulances are for patients who find themselves in a serious or life-threatening condition and need time-critical assistance.

Despite the challenges, we responded to 844,554 emergency and routine calls during 2014-15 which was 42,500 more calls than we received in 2013-14. We provided vital medical care to patients at 730,417 incidents - an increase of 23,750 on 2013-14.

In our non-emergency Patient Transport Service (PTS) considerable work has been completed over the past year to better match our operational capacity to demand through new working patterns for staff. Our PTS undertook over 1.1 million journeys, ensuring that patients eligible for this service reached vital hospital outpatient and treatment appointments and were taken home safely afterwards.

Our NHS 111 service also had a very busy year, receiving over 1.4 million calls – 300,000 more than 2013-14. It is the largest single NHS 111 contract in the country and continues to compare favourably with other NHS 111 services and is cited as a beacon of best practice.

Listening to feedback on our services is something we place great value on – both from patients and carers and our own staff. It allows us to see where improvements are needed and our success now and in the future is dependent on our willingness to look forward, anticipate change and adapt our services to best meet the needs of our patients.

Highlights for the year included:

The support we provided, along with healthcare and emergency service partners, to the Tour de France Grand Départ in Yorkshire at the beginning of July 2014

Our Restart a Heart campaign launched in October 2014 when we trained over 11,000 schoolchildren in basic life support skills in just one day.

Welcome from our Chairman and Chief Executive

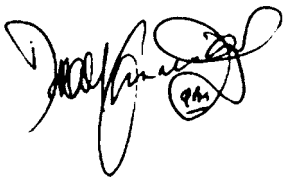
The YAS Restart a Heart initiative really captured the support of the region's schools. Its fantastic success was recognised in the 2014 *Yorkshire Evening Post* Best of Health Awards for both 'Team of the Year' and 'Emergency Response Worker of the Year' (Jason Carlyon - Clinical Development Manager and driving force of the campaign). You can read more about these stories on page 16.

Our commitment to provide world class clinical care is demonstrated through our good performance in the 'cardiac survival to discharge' and 'stroke care' Ambulance Quality Indicators (AQIs). The ability for a patient to leave hospital after a cardiac arrest is the most important indicator in cardiac arrest management and we are committed to improving survival rates further through a number of initiatives including the introduction of Red Arrest Teams where a team leader attends cardiac arrest cases to help manage treatment of these patients.

Effective engagement with staff and trade unions remains very important in delivering our services and developing them for the future. 2014-15 saw a resolution to the Trust's long-running dispute with Unite the Union which had led to numerous periods of industrial action throughout the year. In February 2015 both parties agreed to settle all outstanding issues and move their relationship forward on a more positive footing by working towards the formal re-recognition of Unite. In addition, the Trust is also looking to re-recognise GMB and recognise the Royal College of Nursing.

At YAS we work together in pursuit of a common aim – providing the most appropriate response and best possible care for patients. The Trust is already demonstrating its potential as the gateway to urgent and emergency care across the Yorkshire and Humber region. We will continue to focus on making improvements in everything we do and working tirelessly to ensure patients receive the high quality care and treatment they need.

Thank you to everyone for their continued support.



Della M Cannings QPM
Chairman

Rod Barnes
Chief Executive

'Technology is playing an increasingly important role in supporting seamless, more integrated care delivery and all of our emergency ambulances are being equipped with computer devices to allow clinicians to access patient records and clinical decision support applications'

Caring for our Patients

A&E Operations

In 2014-15, our staff received 844,554 emergency and routine calls, an average of over 2,310 calls a day. We responded to a total of 730,417 incidents by either a vehicle arriving on scene or by telephone advice. Of these 297,414 were categorised as immediately life-threatening.

In addition to our own A&E Operations staff, we are also supported by a team of volunteer Community First Responders and British Association for Immediate Care (BASICS) doctors, HM Coastguard, Mountain Rescue teams and the Yorkshire Air Ambulance which are all available to respond to serious and life-threatening calls in their communities all year round.

During 2014-15 the delivery of Red 1 and Red 2 emergency response standards presented a significant challenge for both Yorkshire Ambulance Service and our colleagues elsewhere across the country.

High Demand

We saw unprecedented levels of activity, with particularly high numbers of patients who were in a serious or life-threatening condition. This was particularly apparent during December 2014 when adverse weather, coupled with the busy festive season, saw a series of demand surges that were difficult to manage. Details of activity on the busiest days are provided below.

Overall response activity was up by 3.4% from 2013-14 to 2014-15 and Red activity was up by 11.1%. Although we were not able to achieve the Red 1 and Red 2 targets of reaching 75% of these calls within eight minutes, our response to Red calls (with a conveying vehicle) within 19 minutes achieved the national standard of 95%.

Date	Total Calls	Total Responses	'Red' Responses	Percentage of 'Red' Responses out of Total Responses*
13 December 2014	3,340	2,160	1,106	51.2%
26 December 2014	3,015	2,052	1,105	53.8%
27 December 2014	2,987	2,025	1,091	53.9%
1 January 2015	3,340	2,371	1,143	48.2%

** Average number of 'Red' responses per day in 2014-15 was 815 (40.7% of total responses)*

Caring for our Patients

Prolonged patient handovers at some hospitals continued to be an issue for us and we are working closely with acute trust colleagues to tackle the difficulties being experienced due to our staff being held up at busy emergency departments. In addition, we have continued to work with healthcare partners in clinical commissioning groups (CCGs) to address other issues in a collaborative way, including the challenge of responding to 999 calls in rural areas.

Unfortunately, the introduction of new rota patterns and rest break arrangements, as part of the A&E Redesign Programme, at the beginning of the financial year did not have the anticipated impact. They are being reviewed to try and better match staffing levels to activity levels and achieve optimum operational cover. Further diagnostic work is on-going to tackle the mis-match of resources against demand and we are trialling different operational protocols.

Making Improvements

We have also taken the following actions to try and improve response times and reach patients more quickly:

- Introduction of an A&E Operations taskforce to identify key areas for improvement and relevant actions
- A refreshed performance improvement plan with a series of short, medium and long-term actions
- An advanced dispatch module in the Emergency Operations Centre (EOC) to identify potential Red emergencies earlier in the call
- Closer working between the 999 and NHS 111 services to ensure more efficient transfer of appropriate calls between them.

2015-16

Technology is playing an increasingly important role in supporting seamless, more integrated care delivery and all of our emergency ambulances are being equipped with computer devices to allow clinicians to access patient records and clinical decision support applications. During 2015-16 we will complete implementation across Yorkshire and the Humber of the Paramedic Pathfinder decision-support tool to help direct patients to the most appropriate service for their needs, and the electronic patient report form (ePRF).

In addition, we are introducing Urgent Care Practitioner (UCP) schemes in a number of areas where paramedics with enhanced skills work alongside GPs and other primary care providers to support and manage patient care within their local communities and avoid unnecessary admissions to hospital.

We are committed to improving survival to discharge rates for cardiac arrest through the introduction of Red Arrest Teams to provide team leader support for our clinicians. In addition, we are doing all that we can to reduce deaths from major trauma, improving early recognition and immediate management of sepsis, and reducing harm from falls.

Caring for our Patients

Joint Emergency Services Interoperability Programme

The Joint Emergency Services Interoperability Programme (JESIP) was established to address the recommendations and findings from a number of major incident reports including the 2005 London bombings.

Started in 2013-14, it is a two-year programme that aims to improve the ways in which police, fire and rescue and ambulance services work together at major and complex incidents, through a better understanding of each other's expertise and ways of working.

Emergency First Responder Scheme in the East Riding

There was a further roll-out of our Emergency First Responder (EFR) scheme in the East Riding. More than 30 firefighters from Humberside Fire and Rescue Service (HFRS), across four fire stations at Beverley, Hornsea, Withernsea and Patrington, are now responding to selected emergency calls at the same time as an ambulance. The scheme is a joint initiative between the Trust and HFRS and was originally trialled at Pocklington Fire Station during 2013.

Each EFR has been trained in basic life support, cardiopulmonary resuscitation (CPR) and oxygen therapy. They are equipped with a kit which includes oxygen and an automated external defibrillator (AED) to help patients in a medical emergency such as a heart attack, collapse or breathing difficulties.
An EFR is dispatched at the same time as an ambulance and does not replace the usual emergency medical response from Yorkshire Ambulance Service.

Their location within local communities means that they may be nearer to the scene in those first critical minutes of a medical emergency, delivering life-saving care until an ambulance clinician arrives.

Caring for our Patients

Ambulance Leadership Forum Awards

Three members of staff were honoured at the 2014 Ambulance Leadership Forum (ALF) Awards.

Longley Paramedic **Darren Bailey**, Ripon Paramedic **Suzi Morris** and Business Information Analyst **Kieran Baker** received prestigious awards at a gala dinner at the Queens Hotel in Leeds on 18 November 2014.

Suzi won the Outstanding Paramedic Award in recognition of her "dedication to patient care and her professional standards and performance which are exemplary".

Darren won the Outstanding Mentor, Teacher or Tutor Award for his passion, extensive clinical knowledge and high levels of patient care and Kieran won the award for IT and Information Management Staff Systems Innovation for the work he has done to develop daily online data reports.

The Trust is extremely proud to have several members of staff recognised nationally for their contribution to patient care and delivering high-quality services.

Darren Bailey

Kieran Baker

Suzi Morris

Caring for our Patients

A&E Performance Against National Targets

Red calls are defined as those which are immediately life-threatening. The Trust is required to respond to 75% of these calls within eight minutes and 95% of these calls within 19 minutes.

	Target	2011-12	2012-13	2013-14	2014-15
Combined Red 8-minute response (previously Category A eight-minute response)	**75%**	75.72%	75.33%	N/A	N/A
Red 1 (calls for life-threatening conditions such as cardiac arrest)	**75%**	N/A	N/A	77.38%	69.92%
Red 2 (all other Red calls requiring a response in eight minutes)	**75%**	N/A	N/A	75.09%	69.35%
Red 19-minute response (previously Category A 19-minute response)	**95%**	97.94%	96.97%	97.29%	95.68%

Photo courtesy of David Gardner

Caring for our Patients

Clinical Developments

Cardiac Arrest

The management of patients suffering from out-of-hospital cardiac arrest remained our highest clinical priority in 2014-15. Focus on the advanced management of these patients on scene has resulted in YAS consistently producing the best Survival to Discharge rates in England for the Utstein comparator group (those patients who had a witnessed out-of-hospital cardiac arrest and a heart rhythm that was suitable for defibrillation).

Further initiatives to improve survival from cardiac arrest have included introducing adrenaline to maintain blood pressure following successful resuscitation and piloting external chest compression devices to assist in the safe transport of patients to hospital whilst in cardiac arrest.

In October 2014, we ran our first **Restart a Heart Day** when our staff and volunteers provided cardiopulmonary resuscitation (CPR) training to more than 11,000 children at 50 secondary schools across Yorkshire.

The event, which was run with support from the British Heart Foundation, the Resuscitation Council (UK) and Laerdal, was hugely successful in raising the profile of the importance of bystander CPR when someone suffers a cardiac arrest. The driving force behind the event, Clinical Development Manager Jason Carlyon, and the Restart a Heart Campaign Team won Yorkshire Evening Post Best of Health Awards in December 2014 for their efforts. This year's Restart a Heart Day on Friday 16 October 2015 promises to be even bigger than last year with more than 20,000 schoolchildren across Yorkshire set to receive CPR training in one day.

Caring for our Patients

Paramedic Pathfinder

Avoiding unnecessary attendance at an emergency department, when more appropriate alternative healthcare pathways may be available, is a key component of providing patients with the best possible experience. Paramedic Pathfinder, a decision support tool to assist in identifying patients who may be better suited to ongoing care other than at an emergency department, was implemented in West Yorkshire in 2014-15 following a successful pilot in Rotherham. A Clinical App for Paramedic Pathfinder has been developed by our IT Department to complement the implementation of the electronic patient report form (ePRF) across the Trust, further enhancing the decision-support tools available to assist our clinicians.

Urgent Care Practitioners

System Resilience Group (SRG) funding, totalling over £1.5 million, has allowed us to develop several Urgent Care Practitioner (UCP) schemes in York, Wakefield, Bradford, Barnsley and Rotherham, which complement the established Emergency Care Practitioner (ECP) scheme in Sheffield. These staff have additional clinical skills and can treat patients with non life-threatening conditions in their own home. Further development of a service to identify and manage the needs of those who contact us frequently has been very successful in a number of CCG areas that have commissioned us. Not only do these patients receive the care they require, but the reduction in ambulance journeys to A&E improves the availability of ambulance clinicians to provide care to others with potentially life-threatening emergencies.

Mental Health

A regional mental health concordat was signed in 2014-15 involving the four police forces in Yorkshire and the Humber, local mental healthcare providers and YAS. This concordat has initially focused on the joint management of patients, detained by the Police under Section 136 of the Mental Health Act, establishing working relations across agencies and improving the care received by this group of vulnerable patients.
In addition, mental health nurses were deployed in our Emergency Operations Centre (EOC) with great success over the Christmas period, managing patients' needs over the telephone in many cases where previously an ambulance clinician would have been sent. The success of this pilot has resulted in mental health nurses regularly working in our EOC at times of peak demand.

Caring for our Patients

Research and Development

YAS spent 2014-15 consolidating its Research and Development portfolio, as a member of the Yorkshire and Humber Clinical Research Network and the Collaboration for Leadership in Applied Health Research and Care (CLAHRC). We have also agreed to participate in AIRWAYS-2, with the successful appointment of Richard Pilbery to the position of Research Paramedic. The AIRWAYS-2 clinical trial aims to determine whether the i-gel or tracheal intubation is the most appropriate airway intervention in the initial management of out-of-hospital cardiac arrest.

Emergency Operations Centre

The first point of contact for patients needing to use our emergency 999 service is our Emergency Operations Centre (EOC), which is based at two sites in Wakefield and York.

999 calls are answered by our EOC staff who ask a series of carefully structured questions to determine the nature of the problem and deploy the most appropriate response to best meet patients' needs. Call handlers play a vital role in providing reassurance and advice over the telephone to people who are often anxious and distressed.

During 2014-15, one of our members of staff received a national award in recognition of the high standards of care they provide to patients. Emergency Medical Dispatcher (EMD) Fiona Dinkel was named Dispatcher of the Year at the Ambulance Service Institute Awards on 8 May 2014.

Fiona has worked as an EMD since 2007 and has proven herself to be an outstanding EMD with an exemplary audit history. During her time as an EMD, Fiona has dealt with several very traumatic calls and has demonstrated the highest standards of call-taking, offering the caller support and compassion in the most difficult of circumstances.

There have been a number of developments in our EOCs in 2014-15 including:

- the introduction of a senior clinical role within the Clinical Hub to support the EOC in delivering safe patient-centred services
- further improvements in the number of patients receiving help and advice over the telephone from our highly-skilled clinicians within the Clinical Hub, reducing the need for an emergency response
- a review of the team structure which saw a new team concept introduced in April 2015 giving more resilience to each team to support the delivery of our national performance standards
- the implementation of a new resilience site in the NHS 111 call centre at Wath-upon-Dearne.
- working with NHS 111 to develop a system to pass calls between the two services when an emergency response is not required
- on-going recruitment and training
- the continual development of our Computer Aided Dispatch (CAD) system to improve the use and efficiency of our frontline vehicles.

Patient Transport Service

Our Patient Transport Service (PTS) is the largest provider of non-emergency ambulance transport in Yorkshire and the Humber. It is an important part of our core services and provides safe assistance to patients and their carers.

We provide transport for people who are unable to use public or other transport due to their medical condition. This includes those:

- attending hospital outpatient clinics and community-based care
- being admitted to or discharged from hospital
- needing life-saving treatment such as chemotherapy or renal dialysis.

Unlike our other services, we have an on-going relationship with many of our patients and often transport the same patients regularly over a long period of time. We continue to seek and receive patient and stakeholder feedback on our performance and this is overwhelmingly positive. Our patient surveys continue to report very high levels of satisfaction in regard to our staff with over 90% of service-users saying that they would recommend our PTS to their friends and family.

2014-15 was another busy year for PTS and we undertook 1,112,549 non-emergency journeys.

Caring for our Patients

Considerable work has been completed over the past year in relation to better matching our demand and our operational capacity through a significant rota redesign programme. This has allowed us to maintain performance levels against our Key Performance Indicators (KPIs), despite some major changes in our demand profile linked to an increasing patient complexity and associated higher level of support being required to carry out these journeys safely.

We also completed a review of our communications and scheduling functions and have implemented a regional model of operations, with centres located in West, South and East Yorkshire.

Our achievements during the year included the following:

Expansion of our volunteer driver programme

Re-launched and refreshed in 2013-14, our volunteer programme attracted 40 new volunteer car drivers this year, giving us access to 130 people across the region. We more than doubled the number of miles covered during the year and ended 2014-15 with a grand total of 1.2 million miles driven by our volunteers.

For more information on joining the Volunteer Car Service, visit http://www.yas.nhs.uk/OurServices/Volunteering/VCS.html or contact the team, email PTSvolunteers@yas.nhs.uk or phone 01924 584019.

Aligning rotas more closely to periods of peak demand

Now rolled out across Yorkshire, we are continuing to monitor and refine rota patterns in conjunction with patients and colleagues to ensure we have staff and vehicles available when patients need us.

Investment in PTS fleet

Following feedback from patients on the comfort and ride of some of our vehicles we invested in 33 new Peugeot Boxer vehicles.

Caring for our Patients

Upgrading personal digital assistants (PDAs) by introducing smartphones and Apps

New technology continues to be introduced to help us manage our operations more effectively and enhance the services we provide to patients.

Introduction of telematics to our vehicles

In a move to improve vehicle safety and security for patients and staff, make the most of vehicle availability and inform driver training, we have invested in telematics devices for all of our PTS vehicles. They monitor the location, movements and status of vehicles and can help with route planning, fleet utilisation and driver behaviours. They are now widely used in emergency services and commercial transport companies.

***WE CARE* Staff Award Winners**

Ian Alvin and Nick Wareing from our PTS Palliative Care Team in West Yorkshire won the award for 'Respect and Dignity' at the awards ceremony in July 2014. Their nominator said of them: *"Both Ian and Nick are very friendly and caring members of staff. It takes special kind of people to look after end-of-life patients on a daily basis. Recently my mother's partner was taken ill and they transported him from the hospice to hospital. They ensured he received respect and dignity at all times."*

Other members of staff received 'highly commended' accolades:

- David Morritt and Eleanor Hayes in the 'Working Together for Patients' category.
- Andrew Vickers in the 'Everyone Counts' category.
- Sam Sutcliffe in the 'Always Compassionate' category.

Nick Wareing and Ian Alvin receive their award from Chairman Della M Cannings QPM

Caring for our Patients

2015-16

We fully acknowledge that we are operating in a more competitive and commercial environment and although we continue to deliver PTS across the Yorkshire and the Humber, we are aware of the need to modernise the way we operate and become more efficient and cost-effective whilst retaining a strong patient focus.

Our plans for 2015-16 will see PTS change significantly through a comprehensive service transformation programme. We are committed to improving our organisational effectiveness, optimising the planning and scheduling of patient journeys and improving our commercial capability. This will involve reviewing our structure and service delivery model to ensure we continue to provide a good quality service for our patients.

NHS 111 and Urgent Care

Launched in March 2013, the Yorkshire and Humber NHS 111 service has successfully completed year two of its five-year contract.

Having managed over two million patient contacts, the NHS 111 service is now well established within the region's urgent care system.

It is the largest single 111 service, covering 11% of the country. It continues to be recognised both locally and nationally, despite a more challenging year when service demand had some extreme spikes, similar to those seen across the emergency care system, resulting in a little more volatility in performance than the previous year.

Caring for our Patients

Key Performance Indicators

- 1,403,780 patient calls were answered (27% up on 2013-14).
- 92.7% call answer rate within 60 seconds against a target of 95%.
- 90.7% of clinical calls answered in two hours.
- Of all the calls answered 8.5% were referred to 999; 13.6% were given self-care advice and 6% signposted to A&E. The remainder were referred to attend a primary or community care service or attend another service such as dental.
- Patient satisfaction with the NHS 111 service has continued to be extremely positive with 125 compliments received in 2014-15.
- In an independent survey 95% agreed/strongly agreed that they were treated with dignity and respect with 93% of patients feeding back they followed the advice that they were given. 66% (based on the national Friends and Family Assessment Framework) would recommend the service to friends and family.

At the Forefront of National Developments

During 2014-15, the Yorkshire and the Humber NHS 111 service was selected for six pilots supporting NHS England's on-going development of the national NHS 111 Commissioning Standards.

These included:

- Phase one of the GP Early Intervention Pilot which focused on the potential contribution of GPs working in the NHS 111 call centre
- Phase one of the Smart Call Pilot which focused on patients calling NHS 111 before attending an emergency department
- Phase two of Home-working: understanding the benefit to staff and the service of clinical home-working
- Phase two of Dental: understanding the benefit of dental nurse intervention for patient care
- Phase two of Pharmacy: understanding the benefit of pharmacy intervention both within the call centre and through the utilisation of community pharmacies
- Phase two Palliative Care: creating a greater understanding of patients and their relatives who contact NHS 111 for end-of-life care and how we can support their requirements.

The formal evaluation of these will be completed by Newcastle University and will be made available by NHS England during 2015-16.

Caring for our Patients

West Yorkshire Urgent Care

Our sub-contractor Local Care Direct supported 260,902 patients through the West Yorkshire Urgent Care service, an increase of 12.4% compared to 2013-14. This demand is 70% above the contract base level and work with commissioners to reshape the service during 2015-16 will be a key priority for YAS and Local Care Direct.

Future Plans

As part of our core priorities for 2015-16, we hope to continue to enhance our clinical skill levels, subject to commissioners' support, in the NHS 111 service to enhance the care provided to patients, by ensuring they are given appropriate clinical advice and signposted to community-based services, avoiding unnecessary admission to hospital.

Caring for our Patients

Clinical service developments - We are working with commissioners and suppliers, including NHS Pathways, to enhance the service and referral pathways for patients calling NHS 111, with a particular focus on end-of-life care and mental health. We will be using the information available in NHS 111 to shape future commissioning decisions of services and linking to public health initiatives to support prevention and self-management. The Directory of Services will be developed; increasing the referral services available will be an important aspect of this to ensure the wider benefit of the NHS 111 service for patients and the urgent care system.

Urgent care developments - As the gateway to urgent care for the region, NHS 111 needs to be aligned to the YAS Urgent Care Strategy and the priorities of the System Resilience Groups. The main priority is the integration of the 999/111 services, which will initially focus on aspects of clinical triage in 2015-16. However, further work will be done on the potential for more extensive integration of the management and delivery of the services from 2016-17, taking into consideration the complex clinical pathway, technological and workforce implications. We will continue to support care coordination and develop single point of access services, building on the initial pilot with York Hospital Foundation Trust to provide a new call centre service for a single point of access to community services. We will work with out-of-hours providers and continue to develop the interface between NHS 111 and out-of-hours care, partially in relation to the West Yorkshire Urgent Care service provided by our partner Local Care Direct.

Workforce developments - Building on the work undertaken in 2014-15 with the introduction of new clinical skills into NHS 111, the Workforce Strategy will expand to include a wider multi-professional team over the next few years with commissioners' support. We will build effective career development pathways for clinical and non-clinical staff within NHS 111 and YAS which is aligned to the NHS England National Workforce Developments for NHS 111. Following formal evaluation of our Home-working Pilot by NHS England, due in summer 2015, we will introduce further opportunities to other clinical staff where appropriate.

The staffing profile during the year changed to include 12 dental nurses and 14 clinical advisors (nurses and paramedics).

NHS 111 Futures: Contributing to the national development of NHS 111 is pivotal as this will define the future of the Yorkshire and Humber service. YAS will continue to place itself at the forefront of any developments. Most recently, YAS is trying to secure involvement in the digital developments for NHS 111.

Resilience and Special Services

This year the Resilience and Special Services Department has continued to ensure that YAS has plans in place to respond to incidents and events that can affect how we deliver our service.

As a provider of NHS-funded care, YAS has to work towards meeting the requirements for Emergency Preparedness Response and Recovery (EPRR) as set out in the NHS England Core Standards Matrix, the NHS England Planning Framework, Everyone Counts: Planning for Patients 2013-14, and the 2013-14 NHS standard contract. As a designated Category 1 Responder under the Civil Contingencies Act (2004), YAS is required to undertake an annual self-assessment against the core standards following which the Accountable Emergency Officer (AEO) is required to submit a Statement of Compliance and any necessary improvement plan to their Trust Board before submission to the NHS England Area Team. The assessment and subsequent approvals process was undertaken in December 2014.

ResWeb

We have continued to develop ResWeb, which is the single access point for EPRR information and guidance, to support our incident/event commanders. Site specific and generic preparedness and business continuity information, as well as forthcoming events and exercises, can be obtained by navigating geographically and/or by subject type.

This year we have added a section on Continuing Professional Development (Commander CPD) which allows commanders to record their experiences and learning so we can ensure their skills are always being refreshed and updated.

Industrial Action

The department has invested time in planning for the periods of national and regional industrial action. This ensured that the service could continue to be delivered to patients despite any disruption.

Business Continuity

Our Business Continuity Team has continued to strengthen our business continuity management systems this year, aligning our performance to that of ISO 22301, the international standard for business continuity management. The YAS Special Services and Resilience Department was the first to undertake certification for the ISO standard in March 2014 and over the past year we have been preparing our NHS 111 service, Emergency Operations Centres, Information, Communications and Technology (ICT) Department and our PTS to undertake ISO assessment in May 2015.

The YAS Business Continuity Team has provided support to Calderdale and Huddersfield NHS Foundation Trust by sharing best practice and learning with them to support improvements to its business continuity systems. We are in discussions with other acute trusts which may also require this type of support.

Being Prepared

Tour de France Grand Départ

The Tour de France in July 2014 was the most challenging and most rewarding activity carried out by the Resilience and Special Services Team in 2014. It meant many months of planning for YAS and its partners to ensure that the event was run safely and effectively while ensuring the public had a great viewing experience. We had great support from our neighbouring ambulance services, North East Ambulance Service, North West Ambulance Service and West Midlands Ambulance Service which provided additional resource over the race weekend.

YAS Tour de France in numbers:

- 248 YAS staff and volunteers supported the 'Private and Events' team over the three days.
- 16 life-cycles and 8 motorcycle response units were on duty.
- 40 YAS 'Private and Events' ambulances were used to transport staff and volunteers around the region.
- 584 patients from within the crowd on the race route were treated by YAS staff.
- YAS dealt with 117 Red 1 and 2 calls during the race.
- 101 Community First Responders were on duty in their local communities to support business as usual. They attended 109 calls - double the average for a normal weekend.
- Our Static Medical Units treated 32 patients.
- Yorkshire Air Ambulance flew 31 missions over the weekend - making it the busiest weekend on record.

Being Prepared

New Base for Hazardous Area Response Team (HART)

On 18 December 2014, the Lord Lieutenant of West Yorkshire officially opened our new Hazardous Area Response Team base in Leeds. The state-of-the-art facility in Leeds has specialised training facilities including a 'training house', gym and equipment storage. The training facilities have already been used with partners to simulate adverse events and conditions, practising the types of incident they would be expected to respond to in real life.

Training

An extensive training programme has been delivered by the Resilience and Special Services Department. This includes internal training for YAS staff and multi-agency training in conjunction with our four police and fire and rescue services to deliver the national training package for commanders under the auspices of the Joint Emergency Services Interoperability Programme (JESIP).

The JESIP is now coming to an end nationally and to date the following commanders have been trained:

- 129 Operational Commanders (Bronze)
- 18 Tactical Commanders (Silver).

In addition, 13 Emergency Operations Centre managers and 57 team leaders have completed the JESIP Control Course.

The legacy arrangements for JESIP remain with the emergency services' JESIP strategic leads in Yorkshire and they will be working towards ensuring that all new staff have the opportunity to undertake JESIP training and that existing staff meet their refresher requirements.

Our multi-agency 'live' exercise was Exercise Jacketless in September 2014. Four internal business continuity exercises, under the name of Exercise Jackdaw, have also been completed to test various departments' business continuity plans and highlight any additional requirements.

Ebola Outbreak

In response to the outbreak of Ebola in a number of African countries, YAS revised all of its Infectious Disease Plans and prepared procedures and protocols for the transportation of potential Ebola patients to infectious disease units in the region and beyond. Thankfully the impact on YAS has been minimal to date but the plans remain in place for all eventualities.

Major Incident Plan

In January 2015, following a formal consultation process with partners, the YAS Trust Board approved the revised YAS Major Incident Plan. This plan is pivotal to all other resilience plans and guidance developed by YAS.

Our Fleet

Investing in our Vehicles

We are committed to exploring ways to reduce fuel consumption and introduce more efficient vehicles to our fleet.

We have continued with our Fleet Strategy to replace the large, fuel-inefficient traditional modular ambulances with the new lighter van conversion ambulances. They typically achieve fuel efficiencies of up to 26mpg with an average of 21.14mpg (compared to 16-18mpg with traditional box body ambulances).

We have introduced the following vehicles as part of our planned replacement cycle:

- 40 Mercedes Sprinter emergency ambulances
- 33 Peugeot PTS twin-wheelchair ambulances
- 20 Skoda Octavia Scout rapid response vehicles
- 9 Skoda Superb urgent care practitioner vehicles
- 3 Peugeot Bipper Vans for ancillary services.

Photo courtesy of David Gardner

New A&E Vehicles - Factory Visit

In March 2015, representatives from the Trust's Vehicle and Equipment Group visited the WAS factory in Germany where our next batch of A&E vehicles are being built following a national ambulance tender award.

The purpose of the factory visit was to:

- inspect the vehicles part-way through the build to ensure the quality, design and layout are in line with our specification
- agree on the final location of various items, such as warning stickers and fire extinguishers
- make any suggestions for improvements that could be made during the building stage (without significant amendments to the original specification)
- see if there are any improvements we could learn or benefit from in terms of other vehicles in build for other organisations in different countries, including France, Dubai, Germany and for the British Red Cross.

Estates

Our Strategy

Our Estates Programme Board was established in 2014 to oversee and manage the delivery of our five-year Estates Strategy.

This year we have continued working towards our strategy aims of releasing expenditure for reinvestment in patient care which includes:

- rationalising and replacing ageing buildings
- providing flexible and responsive accommodation
- reducing overall property running costs
- improving environmental standards of our estate
- creating value from redundant/surplus facilities.

Improving Workplaces

Work has continued to reduce our energy bills and improve working environments for staff.

Projects included:

- The development of a purpose-built facility in Leeds (Manor Mill Resource Centre) for staff including our Hazardous Area Response Team (HART), which was completed in June 2014 and was officially opened in December 2014 by Dr Ingrid Roscoe, the Lord Lieutenant of West Yorkshire.
- Installation of solar panels at Manor Mill Resource Centre and ambulance stations in Northallerton and York.
- A replacement roof at Middlewood Ambulance Station in Sheffield.

- Tarmac resurfacing to the frontage of Castleford Ambulance Station and the driveway of Harrogate Ambulance Station.
- Enhancements and upgrades to the critical electrical infrastructure at YAS Headquarters in Wakefield and the YAS Administration Centre in York.
- Installation of a bulk oil tank for the emergency generator at our NHS 111 Call Centre in Wath-upon-Dearne.
- Five-yearly replacement of Uninterruptable Power Supply (UPS) batteries at YAS HQ in Wakefield.
- Refurbishment of ambulance stations at Selby, Bramley, Menston and Rotherham, and the kitchen area at the YAS Administration Centre in York.
- Construction work started on the reception and meeting room extension at YAS Headquarters in Wakefield in March 2015.
- Installation of new efficient heating boilers at Brighouse, Thirsk, Menston and Honley ambulance stations and new heating pumps at Leeds Ambulance Station.
- Continued development of the 'Hub and Spoke' model for emergency response, with central facilities for vehicle preparation and more efficient use of the Trust's estate.

Technology

Our Information, Communications and Technology (ICT) Team continues to provide support to all key areas of our organisation and highlights from 2014-15 include the following:

Emergency Care Solution

The deployment of the Emergency Care Solution (ECS) system (electronic Patient Report Forms (ePRFs) and the supporting infrastructure) is a key enabler of integrated digital health and social care records within the Trust's area of influence. It is also a key component of our current strategy to ensure patients are treated in the most appropriate care setting. The system enables access to:

- Patients' Summary Care Records (SCRs)
- Pathways clinical assessment tool
- Local Directory of Services
- Other health and social care systems where permissible including:
  - GP systems
  - Electronic Palliative Care Coordination System (EPaCCS)
  - British National Formulary/ePrescribing systems

As a digital healthcare record, the system has the ability to integrate (using the NHS number) with all relevant health and social care systems. It uses the Personal Demographics Service (PDS) trace to automatically identify the patient's NHS number and consequently provide access to key personal medical data to tailor care provided to the individual patient's needs.

The roll-out of ECS ePRF software and the Paramedic Pathfinder decision-support tool started in West Yorkshire in September 2014 to give our clinicians access to Patient SCRs allowing for more informed clinical decisions to be made regarding the most appropriate pathways of care for patients in the community. During 2015-16 we will complete the roll-out of the Paramedic Pathfinder and the ePRF across East, North and South Yorkshire.

Clinical App

The ICT Team has developed phase one of an online Clinical App, which can be accessed by clinicians on scene and in our Clinical Hub. This technology will enhance frontline decision-making with patient and pathway information being made available through tablet and smartphone devices. This has included the development of the Paramedic Pathfinder clinical decision-making tool which uses algorithms to support the most appropriate patient pathway. Clinical updates, infection prevention and control information and a safety thermometer are also featured. Future links will include urgent and emergency pathways and medicine Patient Group Directions.

This tool will enhance patient safety and provide a robust data set for commissioners as part of the Commissioning for Quality and Innovation (CQUIN) process.

PTS Short Message Service (SMS) for Patients

Any journey booked in advance through our PTS can now be acknowledged and confirmed as booked via an SMS message. This helps us to improve the way in which our PTS communicates with patients and enhances their overall experience.

New YAS Intranet

Following extensive discussions and consultation with staff, a new state-of-the-art intranet called Pulse has been under development to support employees with timely and efficient access to the important information and tools they need to carry out their job. The site places an emphasis on having a main search facility that operates in a similar way to a search engine like Google and offers mobile, tablet and desktop interfaces to support access from any device.

Wireless Network

WiFi has been introduced across 10 main sites to support flexible and mobile working. Modern software is targeted at mobile devices which run over wireless networks so this is fundamental in delivering the Trust's business as it allows users to work freely, flexibly and efficiently. It will help to facilitate the introduction of mobile Apps as part of our plan to adopt new and innovative methods of service delivery. It will also improve the updating process for our mobile data terminals.

Being Prepared

EOC Wallboard Screens

The installation of a high-definition multi-media wallboard system in the Emergency Operations Centre (EOC) helps to manage, integrate and display mission-critical information for operational staff.

Business Continuity Standards

The ICT Team is working towards achieving ISO 22301 standards for business continuity. All its business continuity procedures have been updated with regular testing for verification. The external assessment for ISO 22301 will be held in May 2015.

Paperless Meetings

YAS is committed to achieving the recommendations of the NHS Paperless Strategy by 2018. Secure paperless board meetings (BoardPad) have been introduced for the Executive Team and Non-Executive Directors who use mobile tablet devices. The intention is to reduce the amount of paper and administration required to produce and distribute meeting documentation.

Smartphone Roll-out

YAS staff have transferred from 350 BlackBerry to Samsung/ Nokia Lumia smartphones which has resulted in significant savings on data tariffs and service charges, as well as improved flexibility for users.

To ensure continued service improvements in PTS, the ICT Team has also started the roll-out of smartphones to replace the existing ageing Personal Digital Assistants (PDAs). 530 devices will be replaced during 2015-16 and provide PTS with enhanced software to help with the day-to-day management of our non-emergency service. This will also provide staff with full access rights to Trust applications and eLearning.

Web Portal for External PTS Providers

The creation of a secure web portal allows a near real-time dynamic data exchange with external private providers and taxi companies for PTS journeys. The portal allows job queue information to be visible for external organisations so they can "pull" information on demand relating to current journey assignments. The system generates notifications on assignments and also facilitates feedback of progress times per journey.

PTS Communication Upgrade

A new PTS call centre has been commissioned at our CallFlex site in Wath-upon-Dearne to provide increased capacity and a resilience and disaster recovery site for PTS.

Pandemic Flu Control Project

The ICT Team has commissioned a pandemic flu control room at our call centre in the CallFlex building at Wath-upon-Dearne, which will function in the event of a pandemic. This area has also enabled further office space for YAS staff during normal operations.

SMS for NHS 111

An SMS has been introduced to provide NHS 111 patients with their appointment details. This will improve patient experience and reduce the number of calls to the NHS 111 service.

Corporate Communications

The Corporate Communications Team has continued to work with media organisations to highlight specific messages and campaigns, particularly to encourage a more appropriate use of the ambulance service.

The team has promoted various positive news stories over the year, including NHS 111 taking its two millionth call, praise for staff who have gone above and beyond the call of duty and thanking members of the public for their bravery and quick-thinking in life-threatening situations. There was extensive media interest in our Restart a Heart Day in October 2014 when we provided CPR training to more than 11,000 children at 50 schools across Yorkshire. As well as live broadcasts on Good Morning Britain, the event also featured on numerous other national and local television programmes, radio stations and newspapers.

The Corporate Communications Team has managed media relations for YAS on some high-profile national cases including the Hillsborough Inquests, Jimmy Savile's involvement with the NHS and a prolonged period of industrial action.

The Trust has continued to build a strong presence on the social media site Twitter. @YorksAmbulance had more than 6,000 followers up to the end of 2014-15 and had posted more than 2,000 'tweets' which were aimed at communicating key organisational messages, safety and public health information. A Twitter campaign to highlight our integral involvement in the Tour de France Grand Départ in July 2014 proved to be a great success.

As well as providing specialist communications support for a number of key initiatives, the team also continued to produce a wide range of regular internal bulletins for staff and external bulletins for key stakeholders to highlight the Trust's priorities, key developments and focus on patient care.

The team also played a key role in organising the Trust's third annual *WE CARE* Awards in July 2014, which celebrated the achievements of staff who inspire others, and our Long Service and Retirement Awards.

Our Staff

The Trust's workforce has continued to grow this year as we recruit more frontline staff in order to respond to increases in activity and reduce the ongoing reliance on overtime.

All of our staff are focused on the delivery of high-quality care, improving patient experiences and their health outcomes. This means that the way our staff are managed and their skills developed is of critical importance and this is demonstrated by our current focus on leadership development. This will help to ensure our senior leaders are equipped with the necessary skills to lead and develop their own teams and services.

We have experienced a challenging year from an industrial relations perspective, not least in terms of both local and national industrial action, the latter being in response to the national pay awards for NHS staff. Our decision to work towards re-recognising Unite the Union and GMB and to recognise the Royal College of Nursing, signals the commitment of the Trust to build and sustain improved industrial relations with the main unions which represent our staff. Together with our union colleagues, we have made clear inroads into improved partnership working.

Rugby referee Doug Skelton (fifth from left) meets with physiotherapist Hayley Brady (fourth from right) and off-duty special constable Neil Williams (third from right) and YAS staff who helped to save his life in April 2014 when he collapsed and stopped breathing on the pitch

Our Staff

We continue to be committed to providing equality of opportunity for our staff, valuing diversity across the workplace. As part of our commitment to building a workforce which reflects the communities we serve, we have this year re-energised the Trust's Black and Minority Ethnic (BME) Staff Network by launching a sub-group of BME colleagues. They work closely with senior managers to ensure that our policies and processes support the working lives and skills development of our BME staff.

Most notably within our A&E service, senior managers have worked closely with corporate departments and local trade union colleagues to develop a new workforce model. This ensures that, going forward, we will have the right number of suitably skilled staff, able to respond flexibly to changing service demands. Recognising the national skills shortages, most particularly with registered paramedics, our A&E workforce model is supported by a developed training programme. This will see the development and maintenance of an internal talent pipeline, where we will offer career progression to our own clinical support staff to attain paramedic qualifications and roles.

STAFF PROFILE (gender)	2007 (31 March 2007)	2012-13 (31 March 2013)	2013-14 (31 March 2014)	2014-15 (31 March 2015)
Male	1,869 (*58.13%*)	2,464 (*54.56%*)	2,516 (*54.03%*)	2,553 (*52.79%*)
Female	1,346 (*41.87%*)	2,052 (*45.44%*)	2,141 (*45.97%*)	2,283 (*47.21%*)

STAFF PROFILE (age)	2007 (31 March 2007)	2012-13 (31 March 2013)	2013-14 (31 March 2014)	2014-15 (31 March 2015)
Average Age - All Staff	40	44	43	42
Average Age - Male	42	46	45	44
Average Age - Female	37	42	41	40

Our Staff

STAFF PROFILE (role)	2007 (31 March 2007)	2012-13 (31 March 2013)	2013-14 (31 March 2014)	2014-15 (31 March 2015)
Paramedics (including student paramedics)	871	1,289	1,373	1,437
Emergency Medical Technicians	655	461	359	307
Emergency Care Assistants	nil	104	684	445
Other frontline staff (including Assistant Practitioners, A&E Support Assistants, Intermediate Care Assistants and Urgent Care Support Workers)	478	493	35	391
Patient Transport Service (Band 2, Band 3 and apprentices)	228	615	683	713
EOC staff	257	378	353	362
NHS 111	nil	343	385	401
Admin and Clerical staff	606	680	631	629
Managerial (including Associate Directors)	106	142	138	136
Other (Chief Executive, Directors and Non-Executive Directors)	14	11	16	15

Resourcing and Recruitment

Recruitment has continued to be a high activity area for the Trust this year.

Our values-based recruitment and assessment centre continues to provide high numbers of candidates for many of our frontline service roles, who essentially demonstrate the necessary skills and values to support our focus on the delivery of high-quality, patient-focused care and services. We continue to make a clear statement to applicants that we will only employ people who share the Trust's values, regardless of their role in the organisation.

In addition, this year we have introduced a standard requirement for all shortlisted candidates for our middle and senior leadership roles, to participate in online assessments and psychometric tests in order for us to identify the most suitable fit to key roles. A key aspect of this assessment is the requirement for the candidates to demonstrate essential leadership skills required within the services they will manage. We are committed to ensuring that we utilise the most effective recruitment methods rather than simply rely on the traditional interview processes.

In addition to working tirelessly to meet the recruitment needs of the Trust's A&E service, we continue to support significant recruitment campaigns to ensure other key service areas including NHS 111, our PTS and the Trust's successful apprenticeship schemes continue with the required resource levels.

Workforce Levels

Staff category	Establishment **31 March 2013** WTE and Headcount		Establishment **31 March 2014** WTE and Headcount		Establishment **31 March 2015** WTE and Headcount	
A&E frontline	2,120 WTE	2,321	2,107 WTE	2,327	2,158 WTE	2,440
PTS	530 WTE	725	654 WTE	782	681 WTE	812
EOC/NHS 111	639 WTE	751	635 WTE	779	651 WTE	810
Support staff	530 WTE	615	487 WTE	613	490 WTE	557
Management	163 WTE	171	154 WTE	163	151 WTE	160
Apprentices	29 WTE	29	54 WTE	54	57 WTE	57
Total	**4,013 WTE**	**4,612**	**4,093 WTE**	**4,657**	**4,190 WTE**	**4,836**

Recruitment Activity

Staff Category	Number of Advertising Campaigns	Number of Applications
A&E Frontline	47	1,368
Apprentice	27	503
EOC/NHS 111	45	1,690
Management	54	655
Patient Transport Service	38	1,302
Support	134	3,122
Grand Total	**345**	**8,640**

Our turnover was 12.15% (headcount) and 10.71% (WTE) and represents 109 staff who have retired, 40 staff who were dismissed, 349 staff who resigned, and sadly two staff who died in service.

Absence Management

The level of absence within the Trust remains above target and work continues to reduce absence in key service areas. The Absence Management Policy, introduced at the end of 2013-14 is now well-embedded, establishing clear targets for absence improvement for both periods of long and short-term absence. Management teams have developed clear action plans to address sickness absence levels within their service areas, however absence levels continue to be challenging.

Health and Wellbeing

The provision of a Trust-wide occupational health service has completed its first year with our new partners People Asset Management (PAM). Whilst there remain challenges, most notably with the response times to management referrals, we continue to develop a good working relationship with our service provider to ensure service needs are prioritised. PAM also provides support to the Trust with our proactive wellbeing agenda. All staff have access to counselling services and wellbeing information 24/7 via both online and telephone services, helping to treat mental health issues including stress, anxiety, depression and post-traumatic stress disorder.

The Trust's Employee Wellbeing Strategy has recently been launched, led by the Employee Wellbeing Advisor and the newly formed Employee Wellbeing Group. The latter is made up of Wellbeing Champions from across the service who are keen to promote the values of employee wellbeing in their own service areas and who are also actively developing physical and mental health action plans to deliver the aims of the strategy. Health promotion events and interventions supported by PAM will form a calendar of wellbeing activities going forward.

The 2014-15 flu vaccination campaign saw the Trust achieve a high uptake of staff vaccinations with a final figure of 50.34%. The use of vaccinators, including paramedics across service areas, has proved effective in ensuring a wider distribution and availability of vaccines.

Sickness Absence

Calendar Days Lost												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Total (2014-15)	8,901	8,360	8,307	8,973	9,367	8,760	8,735	8,905	9,900	10,084	8,700	8,877
Trust Total (2013-14)	7,429	6,815	6,637	7,242	7,636	7,111	7,981	7,599	9,016	9,300	8,148	9,591
Sickness Absence Percentage												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
2014-15	**6.57%**	**6.00%**	**6.07%**	**6.36%**	**6.71%**	**6.41%**	**6.14%**	**6.30%**	**6.72%**	**6.89%**	**6.66%**	**6.05%**
2013-14	6.06%	5.52%	5.55%	5.55%	5.70%	5.66%	5.43%	5.50%	6.25%	6.57%	6.48%	6.85%

Diversity and Inclusion

In line with the Equality Act 2010, YAS is legally required to have Equality Objectives to ensure we meet our general duty of:

- eliminating discrimination, harassment and victimisation
- advancing equality of opportunity between different groups
- fostering good relations between different groups.

The following progress has been made against our equality objectives 2012-16.

NHS Equality Delivery System 2 (EDS2)

We are using the newly-introduced EDS2 as a framework to drive equality improvements in terms of better health outcomes, improved patient access and experience, developing a supported workforce and inclusive leadership at all levels. Our lead commissioners have agreed an equality reporting mechanism and have taken some assurance from the fact that we are using EDS2 to support our compliance.

A key element of the EDS2 framework is to gain an improved understanding of the communities we serve. Therefore, an initial piece of work has taken place using census information and Health and Wellbeing Board data to develop a picture of the current health requirements and potential health inequalities in the Yorkshire region.

This information will enable YAS to work in partnership with local authorities, local NHS providers and commissioners and local communities to further inform service design and delivery. Internally this information has been shared with the Head of Stakeholder Engagement and at YAS engagement workshops.

Patient Data

The Health and Wellbeing Board data is proving to be very useful and helping YAS focus on key communities which potentially are more likely to experience health inequalities such as children, ageing communities, long-term conditions, mental health, behaviours (smoking and alcohol consumption) and poverty.

We are using this data to develop partnership working with communities in a number of areas making sure everyone counts but now with a much more evidence-based approach. Partnership working plans are in place to explore how information from diverse community groups can improve services using patient experience, compliments, concerns and complaints. This will involve further research and engagement to identify if any patient groups are more adversely affected in areas such as health outcomes, access or experience and the information will then be used to inform training and improve service delivery.

Education

An updated Diversity and Inclusion training resource has been designed for use and a number of operational staff have already received this training.

We took part in NHS Equality, Diversity and Human Rights Week which ran from 12-16 May 2014. During this week YAS held numerous events to promote diversity and inclusion including:

- recruitment of Personal, Fair and Diverse Champions
- promotion of Dr Kate Granger's #hellomynameis campaign which encourages staff to introduce themselves to every patient
- the introduction to British Sign Language (BSL) and deaf communication designed for ambulance staff
- promotion of the YAS Learning Disabilities Communication Guide and the YAS Dementia Awareness Guide.

In response to the proposed new NHS Equality standard on accessible information we are doing some proactive work and some examples of this are:

- Access to services for people who are deaf or hard of hearing' paper submitted to Wakefield, Kirklees and York Healthwatch groups in response to some of the work they have done.
- YAS was represented at Leeds and Barnsley Healthwatch BSL engagement events.
- YAS representatives attended an engagement event with the visually impaired.
- YAS is working with NHS England's Equality team on Equality Delivery System 2 (EDS2) developments. One crucial area in EDS2 Goal 2 - Improved Patient Access and Experience is capturing evidence of this new standard so EDS2 consistently drives and supports this change across the NHS.

YAS took the opportunity to showcase some of the diverse communications guides that have been developed for operational staff at the Ambulance Leadership Forum conference in Leeds (18/19 November 2014). The guides cover a range of areas such as; dementia, learning disabilities and different languages. As part of the NHS Dignity in Action Day, YAS focused on the dignity and respect aspect of treating our patients and underpinning the values around *'No decision about me, without me'* and giving everyone more say in decisions about their own care.

A number of events took place which included:

- End-of-Life Care
- Dementia Awareness
- Falls and the Older Person
- Learning Disability Awareness
- Advanced End-of-Life Care for A&E Staff

In addition clinical supervisors received an educational session on dignity and respect which is being reinforced with operational staff.

Reflective Workforce

The value of having a workforce that reflects the community we serve is recognised. Therefore, our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse individuals within the workforce is of great importance.

A new Workforce Race Equality Standard was introduced from April 2015 and in preparation YAS formed a working group to review recruitment and selection data and to develop actions which provide a proactive response to attracting and selecting a diverse set of candidates and also reviewing talent development for progression.

Staff Support Networks

The lesbian, gay, bi-sexual and transgender (LGBT) staff support network is now established. This staff support network was the first to be established within YAS; it has a membership drawn from across the Trust and is chaired by a group member. The terms of reference have been developed, and an action plan created which contains three key activities:

- The development of an online information resource portal.
- The collection of staff and patient experiences from the LGBT community.
- Involvement in community events eg Pride.

The black and minority ethnic (BME) staff support network has been in existence for 18 months and has regular meetings with its growing membership. Our Executive Director of People and Engagement is the Trust's lead on equality and diversity and chairs this group.

Staff Engagement

We are committed to engaging with and empowering our staff around their day-to-day work and the challenges we face. We want our workforce to be truly involved and motivated, working together towards a shared purpose which puts patients at the heart of all that we do.

There are a number of initiatives already in place and others being developed to ensure we communicate effectively with our staff and have lots of opportunities for two-way dialogue and providing feedback and ideas.

NHS Staff Survey

The 2014 NHS Staff Survey had an overall response rate of 42%, which is above average for ambulance trusts. The overall staff engagement score from the survey improved marginally from 3.21 to 3.22 between 2013 and 2014 which was slightly below the national average for ambulance services at 3.28.

The survey overall showed modest improvement with scores increasing in 14 questions, deteriorating in nine whilst six scores remained unchanged. However, it is recognised that more work is needed to analyse the results and develop action plans for further improvements in 2015-16.

Bright Ideas

The Bright Ideas staff suggestion scheme launched in 2013 has continued to enable our staff to make suggestions which can further improve patient care or the quality of our services, improve their working lives and also have the potential to increase efficiency.

229 Bright Ideas were submitted between 1 April 2014 and 31 March 2015 and a steady flow of submissions continues from staff in both frontline and support services.

Suggestions range from those which have been simple to implement on a local scale to larger, more complex ideas which have Trust-wide implications. Common themes include changes to vehicles, equipment and uniform, environmentally-friendly ideas around paper usage and operational and learning initiatives.

Some ideas are already underway as part of wider on-going work and staff are kept up-to-date on progress through the weekly staff newsletter.

Our staff said:
Have one or two stretcher-capable Patient Transport Service (PTS) crews on duty over the weekend to support A&E crews and Rapid Response Vehicle staff who are on scene with a patient who needs transporting to hospital but no definitive clinical care is needed.
What we did:
Our Head of Service Planning and Development agreed this was a good idea and has incorporated two stretcher-capable PTS crews to be on duty over the weekend as part of an overall improvement plan.

Our staff said:
Could we have motion-sensitive lights in the closed-off offices that will go off after no movement detected or a designated person to walk around and spot-check the offices (during security checks). Hopefully this would motivate staff to turn the lights off.
What we did:
All lights in the YAS HQ building have been replaced with LED lighting. These are extremely energy-efficient and long-lasting, as well as ecologically-friendly as the bulbs and diodes are 100% recyclable. They are proven to cut energy bills by up to a third, so it will certainly make a big difference. We are also looking into the option of motion sensors.

Long Service and Retirement Awards

A total of 232 staff from across the Trust, who have clocked up a combined 2,247 years' service, were honoured at our annual Long Service and Retirement Awards which took place on Thursday 4 September 2014 at The Pavilions of Harrogate, North Yorkshire.

Ninety members of staff, attended the ceremony to collect their awards from former Chief Executive David Whiting, Chairman Della M Cannings QPM, Baroness Masham of Ilton and Executive Director of People and Engagement Ian Brandwood.

The Long Service and Retirement Awards honoured service achieved in 2013.

In total, 60 individuals were congratulated for achieving 20 years' service and 38 individuals for reaching the 30 years' service milestone.

Fourteen staff were recognised for an incredible 40 years of service (eight of whom attended the ceremony) - Barry Davies, David Deaves, Andrew Dunn, John Elvin, Ray Flanagan, Stefan Frankowiak, Pete Hendry, Ian Horner, Chris Rollings, Richard Scorah, Brian Timbs, Peter Ward, John Westwick and Richard Wood.

The honours also included the Queen's Long Service and Good Conduct Medal, which was awarded to 22 staff for 20 years' exemplary frontline emergency service.

98 retirees were also recognised for their valuable contribution.

WE CARE Awards

The third annual WE CARE Awards ceremony was held in York on Friday 11 July 2014 when more than 38 staff and teams were honoured for their dedication, commitment and for going the extra mile for patients and colleagues.

At the special awards dinner at the Royal York Hotel, compered by Ian Brandwood, Executive Director of People and Engagement, congratulations went to the 210 members of staff who were nominated and the staff and teams who were named winners and highly commended in each category.

Chairman Della M Cannings QPM selected an individual to receive a Chairman's Award and former Chief Executive David Whiting presented commendations to three members of staff in recognition of exemplary actions at emergency incidents.

Three new awards were also created - Volunteer of the Year, Patient Partnership Award and Charitable Fund Award.

YAS Teambrief

We have continued with the YAS Teambrief initiative to encourage more face-to-face communication between managers and their staff. Initial briefings are provided by the Executive Team on a monthly basis to managers and supervisors across the Trust who are then tasked with cascading these key organisational messages to their staff.

YAS Management Conference

In June and November 2014, management conferences were held to provide managers, team leaders and supervisors with an update on developments at the Trust and develop good quality leadership to help the Trust achieve its objectives.

Leadership and Learning

Apprenticeships

The apprenticeship offering continues to grow with apprenticeship schemes now being offered in Information, Communication and Technology, Corporate Affairs, Patient Relations, Procurement and Estates. The established schemes continue within the Patient Transport Service (Operations and Communications), the Private and Events Team and the Finance Department. We are already looking at further growth and development next year with a mix of frontline and support role opportunities. This range of apprenticeships seeks to maximise the opportunities for learners to continue their career development with the ambulance service. A total of 50 apprentices started with YAS in the last year.

Find out more about our apprentices at:
http://www.yas.nhs.uk/Apprenticeships/index.html

Working to become Dementia Friendly

We have become the first ambulance trust in the country to receive 'Working to Become Dementia Friendly' recognition from the Dementia Action Alliance. This acknowledges the work that has been done to improve the awareness of dementia among our staff. In 2014-15 we built on our pledge to become Dementia Friendly by undertaking a number of improvements to the Transport/Reception Centre at Leeds General Infirmary using the Kings Fund 'Dementia Friendly Hospitals' checklist.
This includes new artwork, additional planting and a larger clock with both the day and date displayed. YAS has also developed a Little Book of Reminiscence for use within PTS. Staff training now integrates the Alzheimer's Society's 'Dementia Friends' training content for all new operational staff.

Leadership Essentials Programme

A Leadership Essentials Programme has been launched to support newly-promoted and recruited managers and leaders across the Trust. This introduction into leadership at YAS contains context and practical skills and support to start people on their leadership journey with us. The programme includes practical support around the Trust's annual appraisal system, risk management, investigation skills, coaching and service improvement tools and techniques.

A senior leader development initiative is also underway to support a greater focus on leadership skills and the empowerment of managers at all levels.

Community and Commercial Education

The YAS Community and Commercial Education Team offers a wide range of pre-hospital training for public and private businesses with any profits re-invested directly into public education and community engagement activities. The team has further developed its website (www.firstaid-yas.co.uk) to enable training bookings to be made on mobile tablets and smartphones as well as increasing the online educational resources available to the public. The site now contains access to our popular Junior Paramedic (Key Stage 1) and First Aid Heroes (Key Stage 2) school materials.

The team is actively involved with the following community projects:

- 'Biker Down' which is a first aid training session especially for motorcyclists. The initiative is a collaboration with the Safer Road Partnership Group, South Yorkshire.
- First aid training on an adult alcohol awareness course run by West Yorkshire Police. Since the start of this training in 2012, the police have reduced the reoffending rate from 54% to 11% (people charged compared to those attending the course) for being drunk and disorderly.
- Supports the British Heart Foundation's 'Heartstart' campaign by providing training to teachers to teach the primary survey, cardiopulmonary resuscitation, recovery position and what to do if someone is choking or bleeding to secondary schools and community groups throughout Yorkshire.
- Supports YAS's mass cardiopulmonary resuscitation (CPR) training event in schools as part of Restart a Heart Day.

In 2015-16 the Community and Commercial Education Team will be actively supporting a campaign to 'create a life-saving generation' by providing educational resources for YAS staff and volunteers to utilise as part of our commitment to supporting public health education across Yorkshire.

Patient and Public Engagement

Over the last year, our patient and carer engagement work has been focused on four areas:

- Learning disability
- Mental health crisis care
- Moving and transportation
- Visual impairment.

We have worked with the Leeds-based learning disability charity CHANGE to increase our understanding of the needs of this group of patients and to understand any potential barriers to them making 999 calls themselves.

We have used the learning from this work to inform the training received by our emergency medical dispatchers.

We listened to a wide range of experiences from people who had called 999 as a result of suffering a mental health crisis. This learning has been an important part of developing our response to the Mental Health Crisis Care Concordat.

One young person told us:

"Relationships are very important. The best experiences I've had are where people have used a bit of humour. Once the paramedics put on Pink Floyd for me and make the journey seem like an adventure rather than something scary."

We did a wide piece of patient and carer engagement looking at the experiences of people when being moved or carried in a YAS vehicle. This included:

- being assisted to move after a fall or injury
- use of carry chairs and stretchers
- the need to travel with wheelchairs and mobility aids
- supporting patients with complex needs during transit.

People told us that the most important thing was to be listened to, and that patients and carers often know best about how to stay safe when moving.

Partnership Working

Healthwatch Rotherham arranged an invitation to the Rotherham Blind and Partially Sighted Group. Members of this group asked about arrangements for taking guide dogs on ambulances in case of their owner should their owner need to be rushed to hospital. This resulted in YAS making contact with Guide Dogs for the Blind and arranging a learning and awareness day involving frontline staff from both A&E Operations and PTS.

We very much value the relationships that we have with the 13 Yorkshire Local Healthwatch organisations. Over the year we have worked in partnership, attended events and invited representatives to visit us and see our work in action.

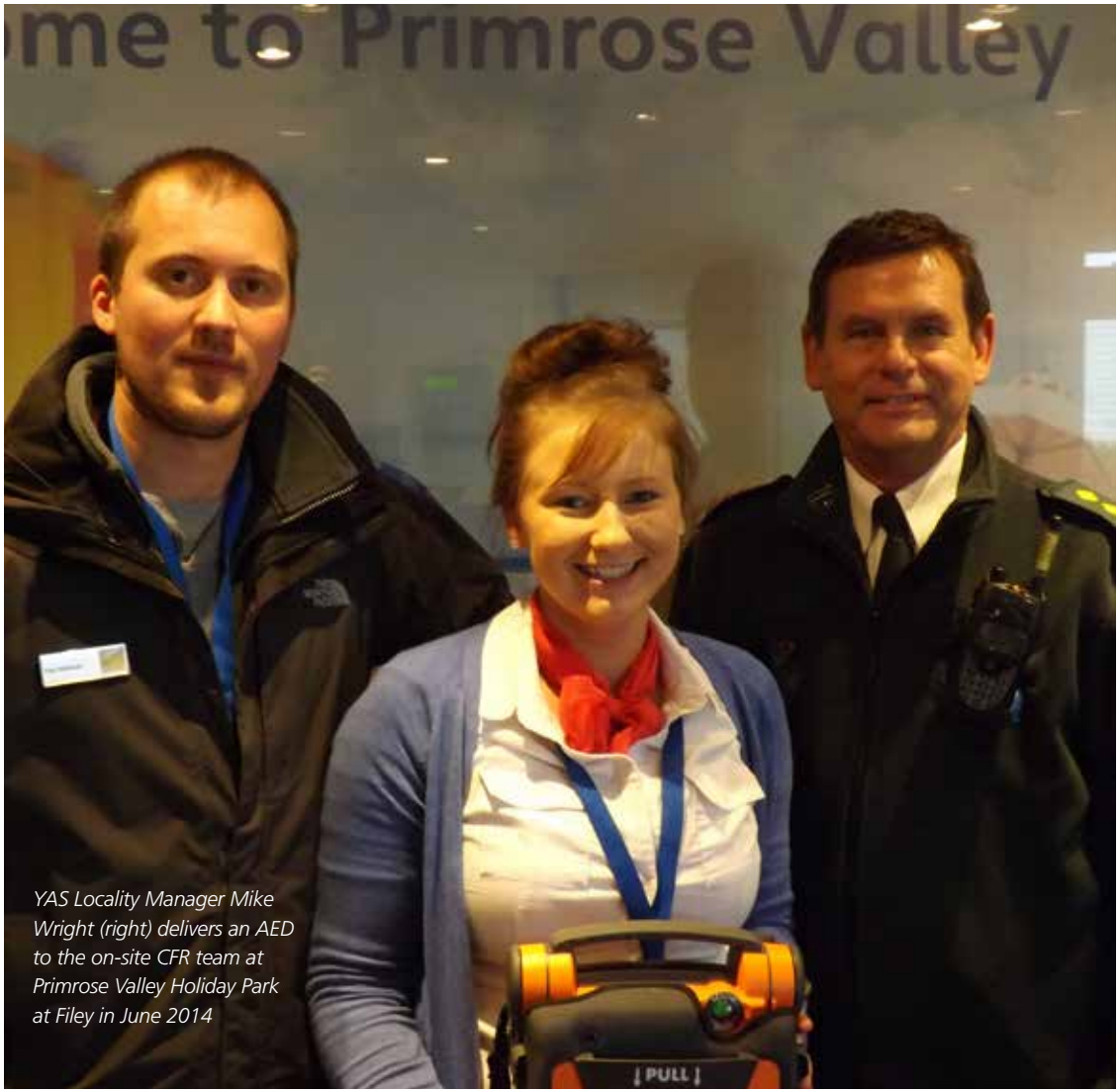
We are also privileged to have the on-going support of the YAS Expert Patient Andrea-Broadway Parkinson who represents patients and the public in many Trust committees and gives her unique perspective.

Community Resilience

Community First Responder Schemes

Our Community First Responder (CFR) Scheme is a partnership between YAS and groups of volunteers who are trained to respond to specific life-threatening emergencies such as heart conditions, breathing difficulties, stroke and cardiac arrest in their own communities.

We currently have 1,056 CFRs across Yorkshire and the Humber who belong to 285 CFR and co-responder schemes. There are also 1,752 static defibrillator sites in places such as railway stations, shopping centres, GP practices and police custody suites.



YAS Locality Manager Mike Wright (right) delivers an AED to the on-site CFR team at Primrose Valley Holiday Park at Filey in June 2014

In 2014-15, there was an increase in the number of life-threatening calls attended by our volunteers CFRs - 12,311 incidents, compared to 9,551 the previous year. Their quick response means they are on hand in the vital first few minutes of an emergency to provide life-saving treatment. This positively contributes to the Trust's Ambulance Quality Indicators, such as Return of Spontaneous Circulation (ROSC), stroke and out-of-hospital cardiac arrest survival to discharge data. CFRs have attended 617 cardiac arrests, which represents 7.5% of all cardiac arrests attended by the Trust in 2014-15. CFRs were involved in achieving ROSC with 35 patients in 2014-15 and on 13 of those occasions the CFR was the first on scene. Of the 35 patients, 16 have survived and been discharged from hospital.

Overall, the Community Resilience Team has contributed 5.2% to the Trust's eight-minute response time target to Red calls.

Community Public Access Defibrillators

Working in conjunction with parish councils, clinical commissioning groups, Rotary and Lions clubs and many more, there has been a significant increase in the number of Community Public Access Defibrillators (CPADs) at both busy and remote areas across Yorkshire. Almost 200 CPADs have been introduced at new locations in 2014-15, including a Yorkshire and Humber-wide initiative in partnership with ASDA where 80 automated external defibrillators were placed in their stores across the region.

Partnership Working

Success Stories

We aim to deliver the best care possible for the people of Yorkshire. Some achievements over the last year included:

- supporting the Tour De France event across Yorkshire by providing over 120 volunteers to support our frontline resources
- providing volunteers for Restart a Heart Day in October 2014 when hands-only cardiopulmonary resuscitation training was provided to more than 11,000 schoolchildren at 50 schools across Yorkshire
- working with Hambleton, Richmondshire and Whitby Clinical Commissioning Group, there has been an increase in the number of externally-funded CPAD sites in this area, with 37 already in place and an additional 25 scheduled for funding in 2015-16
- the Emergency First Responder (EFR) model now has 11 fire stations with over 90 retained firefighters providing additional life-saving cover across the East Riding and Humberside
- the introduction of CFRs working out of our five-star stand-by points in Leeds and Bradford, providing additional support in high-demand areas and using a trackable activation device to pinpoint their exact location, has been very successful and has now been introduced into York, Sheffield and Doncaster areas
- members of the Community Resilience Team being trained to dispatcher levels to assist the work and integration of new projects with the Alternative Response Desk (ARD) which dispatches our CFRs and co-responders.

2015-16

- Provision of volunteers to support the Tour De Yorkshire cycle event in May 2015 and Restart a Heart Day on 16 October 2015
- An externally-funded project in partnership with the British Heart Foundation and Bradford Academy will identify and map unknown Community Public Access Defibrillators across Yorkshire
- Blue light driver training will be provided for members of the Community Resilience Team so they can support colleagues in A&E Operations
- Access to new technology (tracking devices) will support proactive CFR schemes and other projects by allowing us to pinpoint the exact location of our alternative resources in order to better utilise them.

Foundation Trust Progress

Yorkshire Ambulance Service (YAS) has exceeded its public membership target and now has over 7,000 public members. Crucially, the membership is also representative of the diversity of each of the local populations comprising YAS's vast geographical area across Yorkshire and the Humber. Over 90% of our eligible staff (with over 12 months' service) are also members.

We are keen for our members to act as ambassadors for the Trust and engage with our local communities in raising awareness of our services and public health issues. The YAS Forum, which is made up of elected public, staff and appointed members, has been working hard to support this objective through its own engagement work with local groups.

The significant increase in public membership over the last year has been helped by the free first aid awareness courses we have been offering to members and numerous engagement activities undertaken with hard-to-reach groups. This course covers cardiopulmonary resuscitation (CPR) and also shows how to treat the most common emergencies such as a heart attack or stroke. Our expert trainers can tailor the session to meet the needs of a diverse range of audiences from university students to Brownie packs and Women's Institute groups to rugby clubs. We will continue to work with a wide range of community groups and stakeholders to promote first aid awareness and membership involvement opportunities.

Foundation Trust Progress

First aid awareness sessions have been provided to groups of YAS Foundation Trust Members across the region including:

- The York Gypsy Traveller Trust
- Roshni Ghar, Keighley (Bengali Women's Health Support Group)
- Aviation Academy and Business students at Craven College, Skipton
- ESOL (English for Speakers of Other Languages) students at Earl Marshall Campus, Sheffield
- Business students at City College, Sheffield
- Business students at Selby College
- Deepcar Medical Centre Patient Participation Group
- Thorne Older People's Network
- Church groups across West and North Yorkshire
- Darnall Forum, Sheffield
- Sheffield Mental Health Action Group
- Women's Institute, Ecclesall Road, Sheffield.

If anyone would like their community to benefit from this free training, or would like to find out more about membership, they should email foundationtrust@yas.nhs.uk or phone 01924 584567.

In the year ahead, the Foundation Trust programme will be helping to deliver public health messages as well as raising awareness of the work done by YAS in communities across Yorkshire. Representatives of the Trust will be attending events and summer shows across Yorkshire where we can meet with members of the public, provide information about our services and listen to their views.

The Trust continues to work closely with the NHS Trust Development Authority (TDA) to progress our Foundation Trust (FT) application. The TDA is currently reviewing the progress of all NHS trusts and we expect to be in the A1 category which is described as 'Organisations with a clear and credible plan for reaching Foundation Trust status and a timeline of less than two years for doing so'.

We anticipate we will be able to enter the final phase of our FT journey, the assessment by Monitor (the sector regulator for health services in England), early in 2016 with the expectation that FT authorisation will be achieved during spring/summer of that year.

Charitable Fund

Yorkshire Ambulance Service has its own Charitable Fund which receives donations and legacies from grateful patients, members of the public and fundraising initiatives throughout Yorkshire.

The Charitable Fund supports the work of the Trust and uses funds to provide additional training and equipment for services over and above the level that would normally be delivered as part of our core NHS funding.

The Trust, through the Board, is responsible for the management of these funds as Corporate Trustee. We ensure these funds are managed independently from our public funding by administering them through a separate Charitable Fund Committee.

A fundraiser supports this work and raises the profile of the YAS Charitable Fund.

Staff have supported the charity during the year with various initiatives, the main fund-raising event being a Tour de YAS in June 2014. A number of staff and their families completed part or all of a cycling route between our ambulance stations across the region before the Tour de France Grand Départ.

During 2014-15 the Charitable Fund continued to focus its efforts on raising money to support an additional community medical unit, purchasing a second vehicle, and providing more community public access defibrillators (cPADs).

If you would like to make a donation to the YAS Charitable Fund, or for more information, please email charitablefunds@yas.nhs.uk

To make a donation to the fund, simply text YCMU15 followed by the amount £1, £2, £3, £4, £5 or £10 to 70070. (Standard network message rates will apply.)

https://mydonate.bt.com/charities/yorkshireambulanceservicecharitablefund

http://www.yas.nhs.uk/charitablefund

Openness and Accountability Statement

The Trust complies with the NHS Code of Practice on Openness and has various channels through which the public can obtain information about its activities.

We are committed to sharing information within the framework of the Freedom of Information Act 2000 and all public documents are available on request.

We hold a Trust Board meeting in public every two months and our Annual General Meeting is held in September each year. They are open to the public with specific time set aside for questions.

We always welcome comments about our services so we can continue to improve.

If you have used our services and have a compliment, complaint or query, please do not hesitate to contact us, email patient.relations@yas.nhs.uk

Please note, our complaints procedure is based on the Principles for Remedy, which are set out by the Parliamentary and Health Service Ombudsman.

Environmental Policy

Yorkshire Ambulance Service aims to ensure that our buildings, fleet and all goods and services we buy are manufactured, delivered, used and managed at the end of their useful life in an environmentally and socially acceptable way. YAS is committed to reducing the carbon footprint of its buildings, fleet and staff whilst not compromising the core work of our services.

The Trust's Carbon Management Plan, which is consistent with local and national healthcare strategies, sets out our long-term commitment to sustainable reductions of our CO_2 emissions and carbon footprint.

This report is annually updated and the plan identifies CO_2 savings to be made within Estates, IT, Procurement and Fleet departments.

Many of the measures identified to reduce CO_2 emissions will deliver on-going financial savings from reduced costs associated with utilities, transport and waste.

These are being reinvested into YAS to support further carbon reduction measures and make additional long-term cost savings as well as maintain a more sustainable ambulance service for the future.

Looking Forward to 2015-16

In addition to our focus on carbon, we are also committed to reducing wider environmental and social impacts associated with the procurement of goods and services as well as our operations through our fleet and estate. This is set out in our policies on sustainable procurement.

We are looking to install more solar panels, increase the efficiency of our fleet and ensure that we continue to reduce our carbon footprint through a variety of different initiatives.

YAS Sustainability Report 2014-15	**2014-15** (tonnes)	2013-14 (tonnes)	2012-13 (tonnes)	2011-12 (tonnes)	2010-11 (tonnes)
Waste sent to landfill	**7.22***	8.35*	7.61*	363	534
Waste recycled/reused	**312**	275	282	322	320
Waste incinerated/energy from waste	**39.4**	35.5	34.93	0	10.5
Waste sent for fuel recovery	**125**	114	115	0	0
Security waste	**14.04**	63.3	10.63	-	-

** Please note: All our general waste is now sent to an RDF plant where it is used to produce fuel. This means that only a negligible amount of waste is being sent to landfill sites.*

Information Governance

Information governance ensures and provides assurance to the Trust and to individuals that information, in particular personal and sensitive information, is dealt with legally, securely, efficiently and effectively. This, in turn, helps the Trust to deliver the best possible care to patients and to meet legal and good practice responsibilities in relation to information.

YAS aims to ensure that all information it holds is processed in accordance with the Data Protection Act 1998, Freedom of Information Act 2000 and other related legislation.

Yearly self-assessments against the Information Governance Toolkit requirements enable the Trust to measure compliance against the law, best practice and NHS guidelines.

The Information Governance Toolkit is a continual improvement tool published and managed by the Health and Social Care Information Centre which draws together the legal rules and central guidance and presents them in one place as a set of information governance requirements (or standards).

A total of 35 Information Governance Toolkit requirements support the provision of good information governance within the Trust.

Over the last two financial years the Trust has increased its self-assessment submission score by 9% to a score of 82% (rated satisfactory).

In 2014-15 our internal auditors (East Coast Audit Consortium) audited the evidence in place to support the Information Governance Toolkit score, reporting 'significant assurance' against the overall completeness and adequacy of the Information Governance Toolkit prior to its end of year submission.

Over the last year, the Trust has again made further progress against its Information Governance work programme and this has contributed to the internal audit assurance given.

This year the process of improvements included:

- Continuing to make sure our staff are trained in the confidentiality, data protection and information security of personal information. During the year 87% of staff received annual refresher training
- Continuing to make sure our transfers of paper and electronic personal information are secure
- Reviewing our policies and strategies in relation to Information Governance
- Working with departmental Information Asset Owners to embed effective information risk management arrangements.

During 2014-15 we were invited to take part in a good practice advisory visit by the Information Commissioner's Office (ICO). A visit took place in December 2014 and the ICO provided a number of recommendations in relation to the organisation's information governance arrangements. The experience was positive and was part of an ICO initiative to work with the English ambulance trusts to understand and support their information governance arrangements.

Statement in Respect of Information Governance Serious Incidents Requiring Investigation

During 2014-15 there were two personal data-related incidents that met the Information Governance Serious Incidents Requiring Investigation (IG SIRI) criteria at level 2 severity or above. There is a requirement that this type of incident is detailed individually within NHS Trust annual reports.

Summary of serious incidents requiring investigation involving personal data as reported to the information commissioner's office in 2014-15

Date of incident (month)	Nature of incident	Nature of data involved	Number of data subjects potentially affected
July 2014	A sub-contractor to the Trust sent an email to an internal Trust data analysis team for wider distribution as part of a normal reporting system. The routine email communication contained within it, in error, a raw extract of patient identifiable data in an Excel document. This was then distributed, in error, to the normal email distribution list of internal Trust recipients as well as recipients within NHS commissioning organisations and other NHS partners.	Name, date of birth, address and minimal clinical information	555
August 2014	A password protected Excel file containing a data-set was sent by e-mail on five known occasions to four staff working within two partner NHS commissioning organisations. The file was expected to be received by the recipients, but should not have contained an item of data capable of identifying patients.	Private residence conveyance address and clinical information in an Excel data set.	940

Notification steps

On both occasions a risk assessment was conducted and a decision made not to contact individuals. This was based on the level of risk associated with the incident and also on the recipients contained within the distribution list, as well as reference to the ICO's guidance on data security breach management.

Further action on information risk

The Trust worked to contain the incidents by contacting recipients and asking them to positively confirm they had deleted the correspondence.

Both incidents were formally investigated using the Trust's established serious incident investigation procedures. Recommendations for changes and improvement to existing operational practices have been made as part of this process.

The ICO did not feel it necessary to take any further action in relation to these incidents. However, the Trust will continue to monitor its information related risks in order to identify and address any weaknesses and ensure continuous improvement of its information governance arrangements.

In addition, the Trust had a small number of personal data-related incidents of a lower level of severity (level 1) and these were:

Summary of other personal data-related incidents in 2014-15

Category	Breach Type	Total
A	Corruption or inability to recover electronic data	
B	Disclosed in Error	9
C	Lost in Transit	
D	Lost or stolen hardware	
E	Lost or stolen paperwork	7
F	Non-secure Disposal - hardware	
G	Non-secure Disposal - paperwork	
H	Uploaded to website in error	
I	Technical security failing (including hacking)	3
J	Unauthorised access/disclosure	
K	Other	

In compiling this report, we have considered breach incidents for data for which we were the data controller, as defined by the Data Protection Act (1998).

We take all incidents seriously and all are investigated to ensure that we improve our processes to prevent future incidents occurring.

Reports relating to any personal data-related incidents are analysed and presented to the Information Governance Working Group and Incident Review Group to ensure that the organisation learns from any incidents and puts supportive measures in place to prevent reoccurrence where required. All staff are proactively encouraged to report incidents relating to the loss or disclosure of personal data.

The Senior Information Risk Owner (SIRO) during 2014-15 was Steve Page, Executive Director of Standards and Compliance. The SIRO is an executive director or senior management board member who takes overall ownership of the organisation's Information Risk Policy, acts as champion for information risk on the Board and provides written advice to the Accounting Officer on the content of the organisation's Governance Statement in regard to information risk.

The Caldicott Guardian during 2014-15 was Dr Julian Mark, Executive Medical Director. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.

Fraud Prevention

Yorkshire Ambulance Service NHS Trust is committed to supporting NHS Protect which leads on work to identify and tackle crime across the health service and, ultimately, helps to ensure the proper use of valuable NHS resources and a safer, more secure environment in which to deliver and receive care.

Our local contact for reporting potential fraudulent activity or obtaining advice is East Coast Audit Consortium.

Going Concern Statement

After making enquiries the Board has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. In making this assessment the Board considered the following at the 2 June 2015 Audit Committee meeting:

- Current and future contracts
- Cash flow and ability to pay debts
- Identification of Cost Improvement Programmes (CIPs)
- Regulatory concerns regarding quality or finance
- Financial duties and ratios
- Delivery of operational performance standards.

As a result the Board is not aware of any material uncertainties in respect of events or conditions that cast significant doubt upon the going concern status of the Trust. For these reasons the Board continues to adopt a going concern basis in preparing the accounts.

Dr David Macklin, Executive Director of Operations, being interviewed by the media

Trust Board - Executive Directors

Chairman

Della M Cannings QPM

Chief Executive

Rod Barnes
(Interim from 17.11.14 - 6.5.15 until confirmed as permanent)

David Whiting, Chief Executive (1.4.14 - 16.11.14 (employed until 14 May 2015))

Executive Director of People and Engagement

Ian Brandwood

Also undertook the additional roles of Executive Director of Operations from 30.8.14 - 16.11.14 and Deputy Chief Executive from 17.11.14

Executive Director of Finance and Performance

Alex Crickmar
(Interim role from 17.11.14 - 11.08.15)

Rod Barnes, Executive Director of Finance and Performance and Deputy Chief Executive (1.4.14 - 16.11.14)

Executive Director of Standards and Compliance

Steve Page

Executive Medical Director

Dr Julian Mark

Executive Director of Operations

Dr David Macklin
(Interim role from 17.11.14 - 6.5.15 until confirmed as permanent)

Ian Brandwood (30.8.14 - 16.11.14)

Russell Hobbs (1.4.14 - 29.8.14)

Trust Board - Non-Executive Directors

Patricia Drake

Elaine Bond

(completed term on 4.6.15)

Erfana Mahmood

Barrie Senior

Mary Wareing

John Nutton

(designate up until 5.6.15)

Directors' Disclosure Statement

Each of the directors in post at the time of the Annual Report being approved can confirm that:

- so far as the directors are aware, there is no relevant audit information of which the Trust's auditor is unaware, and
- they have taken all the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

Trust Board and Committee Membership

The Trust Board and Committee membership at Tier 1 committees is as follows:

Committee	Membership
Quality Committee	Three Non-Executive Directors Executive Director of Standards and Compliance Executive Medical Director Executive Director of People and Engagement Executive Director of Operations
Audit Committee	Non-Executive Directors, excluding Chairman
Finance and Investment Committee	Three Non-Executive Directors Chief Executive Executive Director of Finance and Performance Executive Director of Operations Executive Director of People and Engagement
Charitable Funds Committee	Two Non-Executive Directors Executive Director of Finance and Performance
Remuneration and Terms of Service Committee	Five Non-Executive Directors plus Chairman

Declaration of Interests for the Financial Year 2014-15

Name	Paid Employment	Directorships of Commercial Companies	Share-holdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/ trade association or similar bodies
Non-Executive Directors							
Della M Cannings QPM Chairman *Joined May 2010*	Sole Trader Specialist Advisor - Care Quality Commission (CQC) Ministry of Defence	Director of Association of Ambulance Chief Executives (AACE)	None	None	Director/Trustee of Yorkshire Youth/North Yorkshire Youth (both companies limited by guarantee and registered charities) Trustee of NHS Providers Trustee of YAS Charitable Fund	Lay member of The Lord Chancellor's Advisory Committee for West Yorkshire Board Member of NHS Providers	Life Member - Association of Chief Police Officers (ACPO) until its dissolution in March 2015 Member - Institute of Directors Member - Royal Society for the Encouragement of Arts, Manufactures and Commerce

Declaration of Interests for the Financial Year 2014-15

Name	Paid Employment	Directorships of Commercial Companies	Share-holdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/ trade association or similar bodies
Patricia Drake Deputy Chairman/NED *Joined October 2010*	Specialist Advisor - Care Quality Commission (CQC)	None	None	None	None	Vice Chair Locala Governing Body Nurse - Bradford CCG *(until March 2015)* Justice of the Peace	Royal College of Nursing
Elaine Bond NED *Joined June 2011*	International Greetings Plc	International Greetings Plc Whitegate Technologies Ltd (Director - unpaid)	None	None	Trustee of YAS Charitable Fund	None	None
Erfana Mahmood NED *Joined May 2012*	Accent Group Ltd Chorley and District Building Society Walker Morris	Accent Group Ltd Chorley and District Building Society	None	None	Trustee of YAS Charitable Fund	None	Member of Law Society

Declaration of Interests for the Financial Year 2014-15

Name	Paid Employment	Directorships of Commercial Companies	Share-holdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/ trade association or similar bodies
Barrie Senior NED *Joined August 2012*	Self-employed (NED) - AHR Management Services Self-employed Partner - Senior Associates LLP	None	None	None	Trustee of YAS Charitable Fund	None	Fellow of Institute of Chartered Accountants in England & Wales (FCA)
Mary Wareing NED *Joined October 2012*	Lamont Wareing Ltd	Director of Lamont Wareing Ltd	None	None	Trustee of YAS Charitable Fund	None	None
John Nutton NED Designate) *Joined October 2013*	Self-employed Corporate Finance Practitioner - Springwell Corporate Finance in association with Cattaneo LLP	None	None	None	None	None	Fellow of Institute of Chartered Accountants in England & Wales (FCA)

Declaration of Interests for the Financial Year 2014-15

Name	Paid Employment	Directorships of Commercial Companies	Share-holdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/ trade association or similar bodies
Chief Executive and Executive Directors							
David Whiting **Chief Executive** *February 2011 - November 2014*	None	None	None	None	Trustee of YAS Charitable Fund	None	Health and Care Professions Council
Steve Page Executive Director of Standards and Compliance *Joined October 2009*	None	None	None	None	Trustee of YAS Charitable Fund	None	Nursing & Midwifery Council Registration
Ian Brandwood Executive Director of People and Engagement *Joined September 2013*	None	None	None	None	Trustee of YAS Charitable Fund	None	Fellow of Chartered Institute of Personnel and Development

Declaration of Interests for the Financial Year 2014-15

Name	Paid Employment	Directorships of Commercial Companies	Share-holdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/ trade association or similar bodies
Rod Barnes Interim Chief Executive *(November 2015 -* Executive Director of Finance and Performance *Joined October 2011*	None	None	None	None	Trustee of YAS Charitable Fund	HFMA Member of Governance Audit Committee	Chartered Institute of Management Accountants Healthcare Financial Managers Association
Alex Crickmar Interim Executive Director of Finance and Performance *From November 2014*	None	None	None	None	None	None	Member of Institute of Chartered Accountants in England & Wales Healthcare Financial Managers Association

Declaration of Interests for the Financial Year 2014-15

Name	Paid Employment	Directorships of Commercial Companies	Share-holdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/ trade association or similar bodies
Dr Julian Mark Executive Medical Director *Started in role: October 2013*	None	Chair of National Ambulance Service Medical Directors (NASMeD)	None	None	Trustee of YAS Charitable Fund	None	Royal College of Anaesthetists Association of Anaesthetists of Great Britain and Ireland Faculty of Pre Hospital Care of the Royal College of Surgeons of Edinburgh British Association of Immediate Care Schemes British Medical Association Medical Protection Society Faculty of Medical Leadership and Management

Declaration of Interests for the Financial Year 2014-15

Name	Paid Employment	Directorships of Commercial Companies	Share-holdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/ trade association or similar bodies
Dr David Macklin Interim Executive Director of Operations *From November 2014*	None	None	None	None	None	None	British Medical Association Fellow of Institute of Civil Protection & Emergency Management Faculty of Pre Hospital Care of the Royal College of Surgeons of Edinburgh Honorary Senior Lecturer of Manchester Metropolitan University British Association of Immediate Care Schemes Medical Protection Society Faculty of Medical Leadership and Management

Declaration of Interests for the Financial Year 2014-15

Name	Paid Employment	Directorships of Commercial Companies	Share-holdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/ trade association or similar bodies
Russell Hobbs Executive Director of Operations *(December 2013 - August 2014)*	None	Development to Succeed Ltd	None	None	Council Member - Prison Dialogue (Charity dedicated to improving challenge in criminal justice systems)	None	None

Remuneration Report

All permanent executive directors are appointed by the Trust through an open, national recruitment process. All have substantive contracts and have annual appraisals.

Executive Director salaries are determined following comparison with similar posts in the NHS and wider public sector and are reviewed by the Remuneration and Terms of Service Committee. In determining the remuneration packages of Executive Directors and senior managers the Trust fully complies with guidance issued by the Department of Health and the Chief Executive of the NHS, as supplemented and advised by NHS Trust Development Authority responsible for the North of England.

Non-Executive Directors are appointed by the NHS Trust Development Authority following an open selection procedure. Non-Executive Director appointments are usually fixed-term for four years and remuneration is in accordance with the national formula.

The Remuneration and Terms of Service Committee is a formal sub-committee of the Board. The Chairman and all the Non-Executive Directors have served as members of the committee during the year. It meets regularly to review all aspects of pay and terms of service for executive directors and senior managers. When considering the pay of executive directors and senior managers the committee applies the Department of Health guidance. The current consumer price index (CPI) applied to pensions is 2.7%.

Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in YAS in the financial year 2014-15 was £140,000 (2013-14, £141,356). This was 6.519 times (2013-14, 6.609) the median remuneration of the workforce, which was £21,477 (2013-14, £21,388).

In 2014-15, 0 (2013-14, 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £15,100 to £140,000 (2013-14, £14,294 - £141,356).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The median was calculated by scaling up part-time salaries to the whole time equivalent in line with guidance.

Salaries and Allowances of Senior Managers

Note: there are no disclosures in respect of performance pay or bonuses as the Trust makes no payments of these types.

	2014-15				2013-14			
Name and title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£000	£000	£000	£000	£000	£000	£000
David Whiting Chief Executive	140-145	9.1	(12.50-15.00)	135-140	140-145	8.9	100.0-102.5	250-255
Rod Barnes (i) Interim Chief Executive	45-50	5.7	10.00-12.50	60-65	N/A	N/A	N/A	N/A
Rod Barnes (ii) Executive Director of Finance and Performance	70-75	0	0	70-75	115-120	6.8	130.0-132.5	250-255
Russell Hobbs (iii) Executive Director of Operations	40-45	0	7.50-10.00	50-55	30-35	1.6	5.0-7.5	40-45
Paul Birkett-Wendes (iv) Executive Director of Operations	N/A	N/A	N/A	N/A	25-30	1.6	27.5-30.0	55-60
Ian Brandwood Executive Director of People and Engagement (v)	80-85	0	(27.50-30.00)	50-55	50-55	6.5	0.0	55-60
Ian Brandwood (vi) Interim Executive Director of Operations	20-25	0	0	20-25	N/A	N/A	N/A	N/A

	2014-15				2013-14			
Name and title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£000	£000	£000	£000	£000	£000	£000
Steve Page Executive Director of Standards and Compliance	110-115	4.8	37.50-40.00	150-155	110-115	4.6	155.0-157.5	270-275
Dr Julian Mark Executive Medical Director	120-125		(5.00-7.50)	110-115	115-120	6.5	97.5-100.0	220-225
Dr David Macklin (vii) Interim Executive Director of Operations	40-45	4.0	397.50-400.00	440-445	N/A	N/A	N/A	N/A
Alex Crickmar (viii) Interim Executive Director of Finance and Performance	30-35	0	7.50-10.00	40-45	N/A	N/A	N/A	N/A
Nick Cooke (ix) Interim Executive Director of Workforce and Strategy	N/A	N/A	N/A	N/A	55-60	0	0.0	55-60
Michael Fox-Davies (x) Interim Executive Director of Operations	N/A	N/A	N/A	N/A	115-120	0.4	0.0	115-120
Stephen Moir (xi) Deputy Chief Executive and Executive Director of Workforce and Strategy	N/A	N/A	N/A	N/A	25-30	1.6	0.0	25-30
David Williams Acting Executive Director of Operations	N/A	N/A	N/A	N/A	0-5	2.3	0.0	5-10

	2014-15				2013-14			
Name and title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£000	£000	£000	£000	£000	£000	£000
Della M Cannings QPM Chairman	20-25	0	0.0	20-25	20-25	0	0.0	20-25
Elaine Bond Non-Executive Director	5-10	0	0.0	5-10	5-10	0	0.0	5-10
Patricia Drake Non-Executive Director	5-10	0	0.0	5-10	5-10	0	0.0	5-10
Erfana Mahmood Non-Executive Director	5-10	0	0.0	5-10	5-10	0	0.0	5-10
John Nutton Non-Executive Director	5-10	0	0.0	5-10	5-10	0	0.0	5-10
Barrie Senior Non-Executive Director	5-10	0	0.0	5-10	5-10	0	0.0	5-10
Mary Wareing Non-Executive Director	5-10	0	0.0	5-10	5-10	0	0.0	5-10

(i) Interim Chief Executive from 17 November 2014. Appointed to the post on a permanent basis on 6 May 2015.

(ii) Substantive Position

(iii) Left 29 August 2014

(iv) Left 30 June 2013

(v) Substantive Position

(vi) Interim Director of Operations from 30 August 2014 to 16 November 2014

(vii) Interim Director of Operations from 17 November 2014. Appointed to the post on a permanent basis on 6 May 2015. As the employee did not previously hold an executive post, pension-related benefits shown in 2014-15 represents the cumulative value as at 31 March 2015

(viii) Interim Director of Finance from 17 November 2014. As the employee did not previously hold an executive post, pension-related benefits shown in 2014-15 represents the cumulative value as at 31 March 2015

(ix) Off payroll engagement for the period 25 June 2013 to 27 September 2013

(x) Off payroll engagement for the period 16 July 2013 to 20 December 2013

(xi) Left 30 June 2013

Pension Entitlements of Senior Managers

Name and Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000)	Lump sum at age 60/65 related to accrued pension at 31 March 2015 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2015	Cash Equivalent Transfer Value at 31 March 2014	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£00
David Whiting Chief Executive	0.0-2.5	2.5-5.0	50-55	160-165	984	926	33	0
Rod Barnes (i) Executive Director of Finance and Performance	0.0-2.5	2.5-5.0	35-40	105-110	593	543	36	0
Russell Hobbs (ii) Executive Director of Operations	0.0-2.5	0	0-5	0	15	6	3	0
Dr David Macklin (iii) Interim Executive Director of Operations	5.0-7.5	15.0-17.5	15-20	50-55	226	0	64	0
Ian Brandwood (iv) Executive Director of People and Engagement	(0.0-2.5)	0	60-65	0	736	706	11	0
Steve Page Executive Director of Standards and Compliance	0.0-2.5	5.0-7.5	40-45	130-135	852	763	68	0
Dr Julian Mark Executive Medical Director	0.0-2.5	0.0-2.5	30-35	90-95	487	455	21	0

Name and Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000)	Lump sum at age 60/65 related to accrued pension at 31 March 2015 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2015	Cash Equivalent Transfer Value at 31 March 2014	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£00
Alex Crickmar (v) Interim Executive Director of Finance and Performance	0.0-2.5	0	0.0-5.0	0	5	0	1	0

(i) Interim Chief Executive from 17 November 2014

(ii) Left 29 August 2014

(iii) Interim Director of Operations from 17 November 2014

(iv) Interim Director of Operations from 30 August 2014 to 16 November 2014

(v) Interim Director of Finance from 17 November 2014

Please note, the following information (now required as part of the Directors' Report) is included in the Strategic Report or Quality Account or Annual Governance Statement:

- Sickness absence data (Strategic Report)
- Disclosure of incidents involving data loss or confidentiality breaches (Strategic Report)
- Provision of information to and consultation with employees (Strategic Report)
- Equality disclosures (Strategic Report)
- Health and safety performance (Quality Account)
- Emergency preparedness (Strategic Report)
- Reference to Principles for Remedy - Complaints Handling (Strategic Report)
- Fraud prevention (Strategic Report)
- Description of Principal Risks (Annual Governance Statement)

The following are included in the Financial Summary:

- External auditor's remuneration for non-audit work
- Cost allocation and charges for information
- Better Payments Practice Code
- Exit packages and severance payments
- Off-payroll engagements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NHS

Our Mission

Your Ambulance Service, Saving lives, caring for you			
Our Vision			
Providing world class care for the local communities we serve			
Our Aims			
Continually improving patient care	**Setting high standards of performance**	**Always learning**	**Spending public money wisely**
Strategic Objectives			
1. Improve clinical outcomes for key conditions			
2. To deliver timely emergency and urgent care in the most appropriate setting			
3. To provide clinically-effective services which exceed regulatory and legislative standards			
4. To provide services which exceed patient and Commissioners' expectations			
5. To develop culture, systems and processes to support continuous improvement and innovation			
6. To create, attract and retain an enhanced and skilled workforce to meet service needs now and in the future			
7. To be at the forefront of healthcare resilience and public health improvement			
8. To provide cost-effective services that contribute to the objectives of the wider health economy			

PART 1 - Statement on Quality from the Chief Executive

Welcome to our NHS Trust Quality Account 2014-15. Yorkshire Ambulance Service (YAS) has much to celebrate this year, including making significant improvements in the services we provide across the Yorkshire region. This has included working jointly with our partners to develop and implement new and exciting ways of working to better the serve the people of Yorkshire and Humber.

Like many other NHS Trusts, YAS has faced significant challenges. Demand for our services has reached unprecedented levels this year in some areas of the region. Like other healthcare providers, we have had to continually reassess our resources and resilience both on the road, within the Accident and Emergency (A&E) services and for our non-emergency Patient Transport Service (PTS). We will continue to strive to reach high standards of performance and deliver effective clinical outcomes, whilst spending public money wisely.

The review of operational and supporting services continued into 2014-15. Programmes of work across a number of services have led to tangible results; including the continued improvement of clinical outcomes, especially for patients who experience a cardiac arrest. We have also further developed a culture of listening and learning across YAS.

Collaborative working with commissioning groups and partner organisations has allowed YAS to consider new ways of working that deliver timely emergency and urgent care in the most appropriate setting. YAS remains at the forefront of healthcare resilience and public health improvement. Its 'every contact counts' programme has signposted members of the public to seek further help and support for their healthcare needs.

YAS is dedicated to making a positive difference to the wider health economy and recognises that we have a unique role to play in the future provision of services, both across emergency and urgent care.

PART 1 - Statement of Accountability

The Trust Board is accountable for quality. It oversees the development and delivery of the Trust's strategy which puts quality of patient care at the heart of all the Trust's activities.

As Accountable Officer and Chief Executive of this Board I have responsibility for maintaining the standard of the Trust's services and creating an environment of continuous improvement.

This report is in the format required by the Health Act 2009, Quality Account Toolkit and detailed requirements for quality reports 2014-15 (Monitor). It contains the sections mandated by the Act and also measures that are specific to Yorkshire Ambulance Service that demonstrate our work to provide high quality care for all. We have chosen these measures based on feedback from our patients, members of the public, Health Overview and Scrutiny Committees, staff and Commissioners.

As Accountable Officer I confirm that, to the best of my knowledge, all the information in this Quality Account is accurate. I can provide this assurance based on our internal data quality systems and the opinion of our internal auditors.

Rod Barnes, Chief Executive

PART 2 - Priorities for Improvement 2015-16

Our five-year Integrated Business Plan (IBP) is reflective of the national agenda but importantly, identifies a number of priority areas for improvement locally. We always seek to test our ideas with stakeholders and this year has been no exception. External organisations including Healthwatch, the Health Overview and Scrutiny Committees and Commissioners have been consulted. We have worked to review these priorities with our Expert Patient and taken into account issues highlighted in feedback from patients and staff.

Priorities for the coming year include improving the experience of patients by aiming to deliver care in the most appropriate setting, extensive review of our current estate and supporting functions via the Hub and Spoke Estate Rationalisation Programme and the on-going development of a sustainable workforce plan that delivers a skilled workforce to meet service needs now and in the future.

The locally agreed commissioning priorities also include the Commissioning for Quality and Innovation (CQUIN) schemes for both A&E and PTS.

Measuring, Monitoring and Reporting

Quality is a central element of all Board meetings.
The Integrated Performance Report focuses on key quality indicators, and this is supplemented by more detailed reports containing both qualitative and quantitative information on specific aspects of clinical quality.

Reporting and monitoring frameworks have been developed for each of the priorities, through both the clinical and operational governance structures. In addition, communication and engagement work is planned to ensure that all our staff and external partners are kept informed and involved.

"I have worked for the Ambulance Service for 14 years and have been witness to many extraordinary events. I find it remarkable, and occasionally very daunting, how many patients and their relatives have absolute faith in your abilities and are prepared to put their trust in you. This job gives me the opportunity to truly make a difference to people's lives and that can be the best feeling in the world."

Mark Ablett, Paramedic

PART 2 - Priorities for Improvement 2015-16

CLINICAL EFFECTIVENESS

Priority 1 >

To assist paramedics to select the most appropriate treatment option for the patient.

Rationale

Supports the delivery of health and social care within settings outside the traditional hospital by utilising alternative pathways.

Aim

To roll out the implementation of a decision-making tool across the Trust both improving patient experience and reducing hospital admissions via emergency departments.

CLINICAL EFFECTIVENESS

Priority 2 >

To increase awareness amongst clinical staff of the signs and symptoms of sepsis in adults.

Rationale

Sepsis kills 37,000 people a year in the UK. YAS has a key role to play in early recognition and treatment of patients with sepsis. By working collaboratively, NHS organisations in Yorkshire and the Humber could cut deaths from sepsis by more than 50%.

Aim

YAS staff will follow a best practice bundle for patients with suspected sepsis, including use of an early warning score, appropriate pre-alert to hospital and agreed handover tool.

PATIENT EXPERIENCE

Priority 3 >

To improve staff understanding about the availability and access to mental health pathways within Mental Health Trusts, including their crisis teams.

Rationale

An Emergency Department may not be the most appropriate route for mental health patients to access care. Improved utilisation of alternative pathways will provide an improved experience for patients.

Aim

Improved collabortive working practices within NHS trusts that includes a reduction in complaints related to mental healthcare delivery.

PATIENT SAFETY

Priority 4 >

Improving safety of the service in the Emergency Operations Centre (EOC) by reviewing human factors in relation to errors.

Rationale

Continuous increases in service demand can result in behavioural change that leads to human error. Errors in a time critical setting such as EOC can lead to patient safety incidents.

Aim

To deliver a reduction in safety-related incidents and complaints, increased staff morale and positive responses within the staff survey by reviewing human factors within this setting.

PART 2 - Priorities for Improvement 2015-16

PATIENT EXPERIENCE

Priority 5 >

To improve effectiveness and patient experience in relation to pain score assessment and management.

Rationale

Pain assessment and management should be provided to all patients in line with current best practice and agreed guidelines. Mismanagement of pain could result in a negative patient experience.

Aim

To ensure patients have a pre-analgesia pain assessment, appropriate analgesia and a post-analgesia pain assessment.

PATIENT SAFETY

Priority 6 >

Reducing falls and injuries for patients within the Patient Transport Service.

Rationale

Most falls and injuries happen when we are moving our patients. We need to keep our patients safe when transporting them.

Aim

To reduce the number of patient falls and injuries by 25% during 2015-16 by ensuring we make decisions about moving and handling with the patient and use supportive equipment appropriately.

PART 2 - Priorities for Improvement 2015-16

Process to Monitor, Measure and Report of Priorities for Improvement 2015-16

Priorities for Improvement	Monitoring Arrangements	Measuring Parameters	Reporting Structure
Priority 1 > To assist paramedics to select the most appropriate treatment option for the patient.	A designated lead manager is in place with project management support. There is a reporting framework through the Clinical Governance Group and to Trust Board.	• Continuing the roll-out and implementation of the Paramedic Pathfinder decision support algorithm in named CCGs • Utilisation of Paramedic Pathfinder • Increasing the utilisation of appropriate alternative clinical pathways effectively • Producing a gap analysis to highlight where alternative clinical pathways could have been utilised but were unavailable • Identifying chief complaint where alternative pathways were utilised	Monthly CQUIN meetings Clinical Governance Group Quality Committee Trust Board
Priority 2 > To increase awareness amongst clinical staff of the signs and symptoms of sepsis in adults.	A designated lead manager is in place with project management support. There is a reporting framework through the Clinical Governance Group and to Trust Board.	• To adopt/develop and implement an early warning score and best practice care bundle for the management of suspected sepsis in children and adults • Management of Sepsis update • Agreement of early warning score and best practice care bundle • Attaining trajectories for patients where complete care bundle is undertaken • Analysis to include joint working with named acute trusts	Monthly CQUIN meetings Clinical Governance Group Quality Committee Trust Board

PART 2 - Priorities for Improvement 2015-16

Priorities for Improvement	Monitoring Arrangements	Measuring Parameters	Reporting Structure
Priority 3 > To improve staff understanding about the availability and access to mental health pathways within Mental Health Trusts, including their crisis teams.	A designated lead manager is in place with project management support. There is a reporting framework through the Clinical Governance Group and to Trust Board.	• Gap analysis to identify reasons for gaps in pathways or access to pathways • Patient experience • Summary of innovations or changes in practice identified as a result of improved working relationships with named mental health trusts • Multi-agency workshop to share learning	Monthly CQUIN meetings Clinical Governance Group Quality Committee Trust Board
Priority 4 > Improving safety of the service in the Emergency Operations Centre (EOC) by reviewing human factors in relation to errors.	A designated lead manager is in place with project management support. There is a reporting framework through the Clinical Governance Group and to Trust Board.	• Review of incidents, complaints and audit • Facilitation of training on human factors • Delivery of the Human Factors Program • Detailed analysis of themes and trends	Monthly CQUIN meetings Clinical Governance Group Quality Committee Trust Board
Priority 5 > To improve effectiveness and patient experience in relation to pain score assessment and management.	A designated lead manager is in place with project management support. There is a reporting framework through the Clinical Governance Group and to Trust Board.	• Review of incidents, complaints and audit relating to pain management and scoring • Review of current pain assessment tool against best practice • Review of current options for acute pain relief with recommendations to extend analgesia options available to paramedics • Development of agreed actions to improve patient experience and pain management	Monthly CQUIN meetings Clinical Governance Group Quality Committee Trust Board
Priority 6 > Reducing falls and injuries for patients within the Patient Transport Service (PTS).	A designated lead manager is in place with project management support. There is a reporting framework through the Clinical Governance Group and to Trust Board.	• Review of current frequency of incidents in PTS (outlining type, themes and trends) • Review complaints relating to injury (including falls) in PTS • Formulation of action plan to reduce frequency of incidents • Review of effectiveness of action plan and review further actions	Monthly CQUIN meetings Clinical Governance Group PTS Management Group Quality Committee Trust Board

PART 2 - Engaging with Staff, Patients and the Public about Quality

In order to ensure that the Yorkshire Ambulance Service Quality Account 2014-15 reflected the views of all our stakeholders we consulted with a wide range of groups and individuals including our staff, our Expert Patient, Trust Members, Yorkshire Ambulance Service Forum Members, regional Healthwatch and Health Overview and Scrutiny Committees. We also scrutinised our data systems for trends in incidents, complaints and patient feedback for trends and themes which needed to inform our strategy and Quality Account.

The Trust has also worked in collaboration with local health economies through Urgent Care and Resilience forums, Clinical Commissioning Groups (CCGs) and through a number of local Service Reconfiguration Boards. In October 2014, YAS hosted a Quality Summit with the CCGs which also contributed to and informed the strategic quality priorities for the next three years (2015-18). The outcome of this event was to work together with CCGs to agree a reporting framework for quality which would be used to inform future commissioning.

We also took the opportunity to dovetail the consultation on the Quality Account with the development of our refreshed Clinical Quality Strategy, though the Yorkshire Ambulance Service Members and Forum, so that priorities could be identified both for the annual Quality Account but also for the longer term.

Review of Services 2014-15

During 2014-15 Yorkshire Ambulance Service provided and/or sub-contracted eight NHS services:

- A Patient Transport Service (PTS) of planned transportation of patients with a medical need for transport to and from premises providing secondary NHS healthcare. PTS caters for those patients who are either too ill to get to hospital without assistance or for whom travelling may cause their condition to deteriorate.
- An A&E response service (this includes handling and managing 999 calls and providing an Emergency Care Practitioner service).
- Resilience and Special Services - which includes planning our response to major and significant incidents such as flooding, public transport incidents, pandemic flu and chemical, biological, radiological or nuclear incidents.
- A GP Out-of-Hours (OOH) call handling service for all NHS Yorkshire and the Humber, NHS North East Lincolnshire and NHS North Lincolnshire.
- Vehicles and drivers for the Embrace Neonatal Transport Service.
- Clinicians who work on the two Yorkshire Air Ambulance charity helicopters.
- Community First Responder scheme, which is made up of volunteers from local communities.
- NHS 111 service in Yorkshire, the Humber, North and North East Lincolnshire for access to urgent care. This contract includes delivery of out-of-hours services in West Yorkshire via a sub-contract with Local Care Direct.

In addition, the Trust supports the wider health community through provision of:

- a critical care bed-base helpline
- a telephony function for the out-of-hours District Nurse Service covering North Yorkshire and Rotherham districts
- community and commercial education to schools and public/ private sector organisations
- a private and events service – emergency first aid cover for events such as concerts, race meetings and football matches; and private ambulance transport for private hospitals, repatriation companies and private individuals
- BASICS Doctors, a team of specially trained volunteer doctors who are available to respond to the most severely injured patients requiring advanced medical assessment and treatment
- a Volunteer Car Service, members of the public who volunteer with transporting patients to routine appointments.

Yorkshire Ambulance Service has reviewed all the data available to them on the quality of care in eight of these relevant health services.

The income generated by the relevant health services reviewed in 2014-15 represents 100% of the total income generated from the provision of relevant health services by Yorkshire Ambulance Service for 2014-15.

Participation in Clinical Audit

Clinical audit is the cornerstone for maintaining and improving high quality patient-centred services and provides the Trust with assurance we are delivering high quality clinical care. We are committed to undertaking clinical audits in the clinical services to confirm that our practice compares favourably with evidence-based best practice and to ensure that, where this is not the case, changes are made to improve. The results of clinical audits are reported and cascaded through our management teams so that front-line staff are aware and engaged.

During 2014-15 twelve national clinical audits, and zero national confidential enquiries, covered relevant health services that Yorkshire Ambulance Service provides.

The national clinical audits and national confidential enquiries that Yorkshire Ambulance Service participated in, and for which data collection was completed during 2014-15, are listed alongside each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

During that period Yorkshire Ambulance Service participated in 100% of national clinical audits and in 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Yorkshire Ambulance Service was eligible to participate in during 2014-15 are as follows.

In the following cases, all relevant audit cases were submitted, representing 100% of the sample request:

1. Myocardial Ischemia National Audit Project (MINAP) (heart attack)
2. NANA National Audit (NWAS) as yet not published
3. ST Elevation Myocardial Infarction (STeMI heart attack)
4. Return of Spontaneous Circulation (ROSC) that is, restoring a pulse following out-of-hospital cardiac arrest
5. Acute Stroke
6. ROSC survival to discharge (returning home from hospital following out of hospital cardiac arrest)
7. Out-of-Hospital Cardiac Arrest Outcomes (OHCAO April – Sept 2014).

The following audit samples were a maximum of 300 cases. Yorkshire Ambulance Service submitted all relevant cases in line with audit methodology, representing 100% sample rate:

8. Asthma
9. Single Limb Fracture
10. Febrile Convulsions
11. Elderly Falls (data collection pilot)

The reports of 100% national clinical audits were reviewed by the provider in 2014-15 and YAS has taken the following actions to improve the quality of healthcare provided:

- Staff education and awareness training.
- Implementation of data exchange processes between the Trust and regional acute trusts for the validation of MINAP data
- More focus placed on STeMI and cardiac arrest as part of Clinical Performance Indicators (CPIs) and Clinical Ambulance Quality Indicators (AQIs). These are the performance and quality standards though which all ambulance services are evaluated
- Adapting the information from the national audits to develop local audit focussing on specific areas of improvement eg the use and monitoring of drugs as per national guidelines.

Local Audits

YAS has undertaken a number of local audits during 2014-15:

- Medication audits in relation to Intravenous Paracetamol, Tranexamic Acid, Diazepam and Atropine
- Emergency Care Practitioner Antibiotic Audit
- Hypoglycemia Annual Audit
- Record-keeping Audit
- Monthly audits in relation to hand hygiene and vehicle and estate cleanliness.

The reports of these local clinical audits were reviewed by the provider in 2014-15 and Yorkshire Ambulance Service Trust intends to take the following actions to improve the quality of healthcare provided:

- Ensure good governance is maintained for Patient Group Directions (PGDs) and recommended changes have been communicated and implemented
- Inspections for improvement action plans have been shared with operational teams with support to complete them from key stakeholders
- Regular infection, prevention and control (IP&C) validation audits by Risk & Safety team
- Monthly IP&C feedback to operational teams.

Medicines Management

YAS adopts an evidence-based approach to the use of medicines within the Trust. This ensures that patients are treated safely and effectively whilst ensuring cost effectiveness. This process is managed by the YAS Medicines Management Group which meets on a monthly basis.

Developments during the last year include:

- The introduction of a robust audit process. All audits are published on the YAS intranet site which allows frontline clinicians to access and use the information to inform their practice
- Specific medicines have been audited and improvements in practice have been made as a result, for example the use of Tranexamic Acid has been expanded for specific patient groups allowing improved treatment for patients with severe bleeding
- Misoprostol is now available and can be used to improve the outcome for those patients who have severe bleeding following childbirth
- The Medicines Management Group has strengthened its governance arrangements in relation to medicines incident investigation.

National Institute for Health and Care Excellence (NICE) Guidance and NICE Quality Standards

YAS has a clear governance process by which all NICE guidance and NICE quality standards are reviewed, reported and actions planned and monitored.

Patient Safety Alerts

In 2014-15, the NHS Commissioning Board Special Health Authority issued four Patient Safety Alerts which were relevant to Yorkshire Ambulance Service:

- The Patient Safety Alert– NHS/PSA/D/2014/010 - Standardising the early identification of acute kidney injury
- The Patient Safety Alert NHS/PSA/R/2014/015 - Resources to support the prompt recognition of sepsis and the rapid initiation of treatment

- The Patient Safety Alert NHS/PSA/W/2014/016R - Risk of distress and death from inappropriate doses of Naloxone in patients on long-term Opiod/Opiate Treatment
- The Patient Safety Alert NHS/PSA/W/2014/017 - Risk of Death and Serious Harm from delays in recognising and treating ingestion of button batteries.

YAS has a defined process for responding and communicating Patient Safety Alerts.

Research and Innovation

YAS is committed to the development of research and innovation as a driver for improving the quality of care and patient experience.

We demonstrate this commitment through our active participation in clinical research as a means through which the quality of care we offer can be improved and contribute to wider health improvement.

YAS works with the National Institute for Health Research Clinical Research Network (NIHR CCRN) to ensure we support research activity in a way that promotes the national ambition to double the number of patients participating in research.

The number of patients receiving NHS services provided or sub-contracted by YAS in 2014-15 who were recruited during that period to participate in research approved by a Research Ethics Committee was 0, plus 76 staff.

During 2014-15 YAS took part in, or provided NHS permission, for six research studies approved by an ethics committee:

1. An early evaluation of the Integrated Care and Support Project 'Pioneers'

This study received permission from YAS, but was withdrawn soon after. The local pilot project was one of 14 in England designed to increase person-centred coordinated care, using an integrated approach between health, social care and other services. Unfortunately the local pilot project had made insufficient progress to evaluate.

2. AIRWAYS-2 Cluster randomised trial of the clinical and cost effectiveness of a supraglottic airway device versus tracheal intubation in the initial airway management of out of hospital cardiac arrest

A clinical trial involving four ambulance trusts across England that is designed to determine the best method of adult airway management in pre-hospital cardiac arrest. The clinical and cost effectiveness of two procedures, both in current use, will be evaluated. This is a large multi-centre clinical trial requiring a period of training and preparation. It received NHS permission from YAS in the period 2014-15 and is intended to begin patient recruitment in June 2015.

3. VAN - Understanding variation in rates of 'non-conveyance'

This study aims to understand the reasons for the considerable variation in the rates of different types of non-conveyance, and in non-conveyance overall, between the 11 ambulance services in England. It further aims to explore the variation in re-contact rates with the ambulance service within 24 hours, and the differences in potentially inappropriate non-conveyance.
The study is a mixed methods design and includes a qualitative interview element with Ambulance Service Leads and Health Care Commissioners to identify potential factors that may explain the variation, and a quantitative analysis of routine data for all ambulance services to test factors identified in the qualitative study.

4. PROSOCT - Patient Reporting of Safety in Organisational Care Transfers

This study is investigating patient reports of safety following a care transfer, which includes the discharge process, the journey and the arrival or admission process at the following organisation. Wards based around four clinical themes are included: cardiac, care of the elderly, orthopaedics and stroke. The study design involves the handing out of a survey to patients discharged from participating hospital wards in York and Scarborough, followed by invitation to both ambulance staff and patients to be interviewed by the research study team.

5. OHCAO2 - Epidemiology and Outcome from Out-of-Hospital Cardiac Arrest

This is a prospective observational study to establish a unified approach of measurement for process and outcomes in the UK from people who had a cardiac arrest out of hospital.
It is designed to establish the epidemiology and outcome of out-of-hospital cardiac arrest, explore sources of variation in outcome and establish the feasibility of setting up a national OHCA registry.

6. PHOEBE - Pre Hospital Outcomes for Evidence Based Evaluation

This study aims to develop methods for measuring processes and outcomes of pre-hospital care. It uses literature review and consensus methods to create a dataset to routinely link pre-hospital, hospital and mortality data; developing methods to measure proposed indicators, and explore the practical use of the developed models.

This study is a five-year programme of work led by East Midlands Ambulance Service and the University of Sheffield, which began in December 2011.

In 2014-15 we also worked with:

- The Comprehensive Research Network (CRN) Yorkshire & the Humber (as a partner organisation)
- The Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Yorkshire & the Humber as a partner organisation in Avoiding Attendance and Admissions in Long Term Conditions

- Three Higher Education institutes to carry out clinical research. These were:
  - University of Sheffield School of Health and Related Research.
  - University of York St John
  - University of Warwick.

Publications

Horwood L. *Continuous Dispatch Education (CDE) and case entry compliance levels. Annals of Emergency Dispatch & Response - The Official Research Journal of the International Academies of Emergency Dispatch Volume 2, Issue 1, page 15, April 2014*

Parkinson M. *Palliative emergencies in the pre-hospital setting, Journal of Paramedic Practice, Volume 6, Issue 10, pages 510 - 518, October 2014*

Parkinson M. *Is it time to change? The use of intranasal fentanyl for severe pain in the pre-hospital setting, Journal of Paramedic Practice, Volume 6, Issue 11, pages 562-565, November 2014*

O'Hara R et al *A qualitative study of systemic influences on paramedic decision making: care transitions and patient safety, Journal of Health Services Research & Policy, Volume 20 (supp1) pages 45-53, January 2015*

O'Hara R et al *A qualitative study of decision-making and safety in ambulance service transitions, Health Services and Delivery Research, Volume 2, Issue 56, December 2014.*

Goals Agreed with Commissioners

A proportion of YAS income in 2014-15 was conditional on achieving quality improvement and innovation goals agreed between YAS and any person or body we entered into a contract, agreement or arrangement with for the provision of relevant health services, through the CQUIN payment framework.

Further details of the agreed goals for 2014-15 and the following 12-month period are available electronically at: http://www.yas.nhs.uk/

Our 2014-15 A&E CQUIN goals were:

CQUIN 1.1 Care Homes: Right Care, Right Place

Yorkshire Ambulance Service has worked collaboratively with care homes to ensure that care home residents receive the right care in the right place.

The aim of the CQUIN was to support care homes in good decision making for patients, and to promote the 'Right Care, Right Place' concept. The CCGs each identified a number of care homes and YAS engaged with these providing education resources including the management of long term conditions, preventing falls and dehydration as well as providing a clearer understanding on the use of 999 and NHS 111.

The information pack has been welcomed and commissioning has been informed by the identification of the need for enhanced care pathways in some areas. We have also been able to establish better relationships with care home forums and groups.

The number of 999 calls from care homes has generally reduced, with the main reason for calling being falls.

Value: £395,164

CQUIN 1.2 Right Care, Right Place. Emergency Care Practitioner (ECP) Model

YAS has completed a strategic modelling review to identify the optimum locations to locate Emergency Care Practitioners (ECPs) across the Humber (North bank) and North Yorkshire.

Value: £395,164

CQUIN 1.3 Improving Patient Experience. Reduction in the Re-Contact in 24 hours

YAS has carried out detailed analysis of the re-contact rates in South Yorkshire. This has helped identify the reasons why patients are re-contacting the 999 service within 24 hours of initial contact. YAS has made recommendations for safely reducing the re-contact rate in the chief complaints identified for 'Hear and Treat' and 'See and Treat'.

Value: £395,164

CQUIN 1.4 Right Care, Right Place. 'Paramedic Pathfinder'

This work has been in relation to extending the use of 'Paramedic Pathfinder', a decision support algorithm.

The key objectives were to:

- Improve utilisation of existing clinical pathways
- Deploy and implement the Paramedic Pathfinder decision support algorithm across all West Yorkshire CCG areas
- Produce a gap analysis highlighting where alternative clinical pathways could reduce conveyance to Type 1 emergency facilities
- Agree governance arrangements for referral pathways with CCGs and providers
- Produce and deliver a plan of implementation including training.

Value: £395,164

CQUIN 2 Improving the combined Red 1 and Red 2 performance in underperforming Clinical Commissioning Groups (CCGs)

The key aim of this CQUIN is for YAS to address issues affecting underperformance at eight specific CCGs and agree to maintain performance for the remaining CCGs and to monitor and evaluate the impact of the interventions made.

The identified underperforming CCGs are: NHS Airedale, Wharfedale & Craven, NHS Hambleton, Richmondshire & Whitby, NHS Harrogate, NHS Vale of York, NHS Leeds North, NHS East Riding of Yorkshire, NHS Rotherham and NHS Barnsley.

Value: £1,699,206

CQUIN 3 Improving Patient Safety and reducing harm (Safe care)

The Safer Care CQUIN aims to improve patient safety and reduce harm through continuation of the safety thermometer measurement tool. By adopting a patient safety campaign approach we have been able to demonstrate an improving safety culture via the reporting and learning from patient safety incidents.

YAS continues to monitor three harms:

- falls whilst in receipt of YAS care
- injury whilst in receipt of YAS care
- medication errors whilst in receipt of YAS care.

Analysis of these incidents identifies interventions that will reduce the risk of harm. Partnership working across all directorates has led to improvements in the safety of the service. Improvement plans cover policies and procedures, risk assessment processes, education and training, communication, systems and process review and learning from incidents. The safety thermometer is reported to all frontline teams and encourages open and honest reporting. Additionally it informs staff of the actions to take in order to reduce harm.

Value: £276,615

CQUIN 4 Friends and Family Test

- 4a Implementation of staff friends and family test
- 4b Early implementation
- 4c Phased expansion

Value: £395,164

Total annual value for **A&E** CQUINs: £3,951,641

Our 2014-15 PTS CQUIN goals were:

CQUIN 1 Friends and Family Test

This CQUIN is to improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework. The Friends and Family Test will provide timely, granular feedback from patients about their experience.

1a Friends and Family Test - staff	£38,031
1b Friends and Family Test - outpatients	£50,708
1c Friends and Family Test - phased expansion	£38,031

Value: £126,770

CQUIN 2 Improving the experience of patients with complex needs

The key aim of the CQUIN framework for 2014-15 is to support improvements in the quality of services and the creation of new, improved patterns of care within existing resources. This CQUIN scheme will:

1. Confirm the definition of complex patients across all four of the PTS contract areas.
2. Evaluate the rise in numbers and the associated service impact of transporting complex patients.
3. Work with partner organisations, patient groups and commissioners to develop an algorithm for this cohort of patients with reference to:
   - respect and dignity
   - appropriate conveyance including vehicle type and equipment required
   - adequate and suitable staff support
   - associated staff training programmes including manual handling/lifting techniques, empathy/staff awareness and customer care programmes focused on complex patients.
4. Produce a recommended service commissioning an contracting model to inform the 2015-16 contracting round.

Value: £253,542

CQUIN 3 Improving Transfer Times

The key aim of the CQUIN framework for 2014-15 is to support improvements in the quality of services and the creation of new, improved patterns of care. This CQUIN scheme will:

1. Identify the patient transfer times between arrival at site and final destination (transfer time).
2. Confirm the longest transfer times within the system and provide objective evidence as to the reasons why.
3. Review the information provided to identify issues which are common to sites or clinics (geographical, process driven or inefficiency).
4. Identify the causative factors around the longest transfer times and action plans to reduce.
5. Provide recommendations to acute trusts, commissioners and other stakeholders to reduce transfer times across the healthcare economy.
6. Deliver systemic changes which are within YAS's ability to deliver and objectively measure their impact.

Value: £253,542

Total monetary total for income in 2014-15 conditional upon achieving quality improvement and innovation goals, and a monetary total for the associated payment in 2013-14: £4,585,495

What our patients have told us…

It was Christmas December 2013 when Alison received the devastating news that she had cancer. She chose not to be told the prognosis and remained positive throughout her cancer treatment. Alison continued to live life as much as she could however in April 2014, she became very unwell and her concerned husband called 999. He told us about what happened…

"The call handler asked some relevant questions but quickly realised that I had to perform CPR on my wife. She asked me to get my wife on her back on the floor and then talked me through CPR; counting and checking with me and assuring me that an ambulance was on its way. I was extremely distressed and frightened but it felt quite comfortable in a certain way that she was so reassuring.

When the ambulance came, it was like the cavalry had arrived; they just got into action. One clinician took me into another room and stayed to comfort me and explain what was happening. The other clinician worked with my wife for 20 minutes. When they told me that she was not responding and asked me if they could stop doing CPR, they were so sympathetic, so sad and so sorry for my loss."

The CQC has not taken any enforcement action against Yorkshire Ambulance Service during 2014-15.

Yorkshire Ambulance Service has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC undertook a full inspection of Yorkshire Ambulance Service during January 2015 and we are awaiting publication of the report. We will review any future plans as necessary, according to the CQC recommendations following the inspection.

The new CQC inspection process was applied and YAS was assessed against the five domains of:

- **Is YAS safe?** People are protected from abuse and avoidable harm. People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse
- **Is YAS effective?** People's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best available evidence
- **Is YAS caring?** Patients are involved and staff treat their patients with compassion, kindness, dignity and respect
- **Is YAS responsive?** Our services are organised so that they meet people's needs
- **Is YAS well-led?** The leadership, management and governance of YAS assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Data Quality

Yorkshire Ambulance Service did not submit records during 2014-15 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This requirement does not apply to ambulance trusts.

Yorkshire Ambulance Service Information Governance (IG) Assessment Report overall score for 2014-15 was 82% (Information Governance Toolkit Assessment score) and was graded GREEN from IGT Grading scheme.

The IG Toolkit is a performance and improvement tool produced by the Department of Health (DH). It draws together the legal rules and central guidance and presents them in one place as a set of information governance 'requirements'. The purpose of the assessment is to enable organisations to measure their compliance against the law and central guidance. Our attainment against the IG Toolkit assessment provides an indication of the quality of our data systems, standards and processes.

Yorkshire Ambulance Service was not subject to the Payment by Results clinical coding audit during 2014-15 by the Audit Commission.

In 2014-15 Yorkshire Ambulance Service took the following actions to maintain and improve its data quality:

- We continue to develop data quality reports for managers to help them monitor and improve data quality in their teams
- We have continued to utilise our Information Asset Owners (IAOs) to drive the data quality agenda within respective departments, including advocating the use of formal data quality assurance procedures
- We used the IAOs quarterly information risk assessment process to help provide assurance that IAOs undertake data quality checks in their areas
- We have worked to develop key performance measures to drive improvements in data quality and monitor progress.

Yorkshire Ambulance Service will be taking the following actions to continue to improve data quality:

- We will continue to raise awareness of data quality amongst all staff through the quarterly IAOs information risk assessment process and help to embed best practice throughout the Trust
- We will continue to work with internal/external auditors to assess the Trust's overall approach to data quality
- We will continue to work with our ambulance peers via the National Ambulance Information Group to ensure best practice is shared in relation to data quality.

PART 2 - Performance against Mandatory Quality Indicators

Ambulance Trusts are required to report:

- **Red ambulance response times** - percentage of patients receiving an emergency response within 8 minutes and the percentage of patients receiving an ambulance response within 19 minutes.
- **Care of ST Elevation Myocardial Infarction (STEMI) patients** - percentage of patients who receive an appropriate care bundle.
- **Care of stroke patients** - percentage of patients who receive an appropriate care bundle.
- **Staff Views on Standards of Care** - percentage of staff who would recommend the Trust as a provider of care to their family and friends
- **Reported patient safety incidents** - the number and, where available, rate of patient safety incidents reported within the Trust within the reporting period and the number and percentage of patient safety incidents that have resulted in severe harm or death.

Red Ambulance Response Times

	YAS 2014-15	YAS 2013-14	National Average 2014-15	Highest 2014-15	Lowest 2014-15
Red 1 response within 8 minutes	**69.9%**	77.4%	71.7%	73.5%	63.4%
Red 2 response within 8 minutes	**69.0%**	75.1%	69.1%	73.9%	60.4%
Red response within 19 minutes	**95.6%**	97.3%	93.9%	96.8%	92.5%

Yorkshire Ambulance Service considers that this data is as described for the following reasons:

- During 2014-15 the delivery of Red 1 and Red 2 emergency response standards has presented a significant challenge both in this region and elsewhere across the country
- There have been unprecedented levels of activity with particularly high levels of demand for those patients who are most seriously ill or injured. This was particularly apparent during December 2014 when adverse weather, coupled with the busy festive season, saw a significant number of demand surges. This included the busiest day ever on Saturday 27 December 2014
- While Red 1 and Red 2 targets have not been achieved, the response to Red calls within 19 minutes has reached the national standard of 95%
- The introduction of new rota patterns, as part of the A&E Redesign Programme, at the beginning of the financial year did not have the desired impact and they are being refined to try and establish staffing levels which better match activity levels.

Yorkshire Ambulance Service has taken the following actions to improve this percentage, and so the quality of its services by:

- Introduction of an A&E Operations taskforce to identify key areas for improvement and relevant actions
- A refreshed performance improvement plan with a series of short, medium and long-term actions
- An advanced dispatch module to identify potential Red emergencies earlier in the call cycle
- Closer working between the 999 and NHS 111 services to ensure more efficient transfer of appropriate calls between them.

In addition, the Trust has continued to work with healthcare partners in clinical commissioning groups (CCGs) and acute trusts to address the challenges in a collaborative way. This includes addressing the difficulties of responding to 999 calls in rural areas and prolonged patient handovers at some emergency departments in the region.

Ambulance Clinical Quality Indicators (ACQIs)

The ACQIs were developed to monitor improvements in the quality achieved by ambulance services and are reported on the NHS England website.

There are four clinical quality indicators, all of which are time critical conditions.

The four clinical ACQIs are:

- **Cardiac Arrest Survival to Discharge (StD).** This monitors the number of patients who leave hospital alive after they have had an out-of-hospital cardiac arrest
- **Return of Spontaneous Circulation (ROSC).** This indicator monitors the number of patients who suffer cardiac arrest (heart stopped), and who are subsequently resuscitated and the heart restarts prior to the patient's arrival at hospital

- **ST elevation Myocardial Infarction (STeMI) heart attack is one type of heart attack resulting from a blockage in a coronary artery.** This ACQI monitors the number of patients who receive best practice care in the management of a heart attack. The gold standard treatment is primary angioplasty, carried out at a specialist centre. This is a procedure to insert a stent (plastic bridge) into the artery to remove the blockage and keep the artery open). We report nationally on the proportion of patients receiving these treatments within the target timescales
- **Management of Stroke.** This includes the early recognition of stroke, application of the "care bundle" and transport to a specialist stroke centre. A "care bundle" is a collection of interventions that are applied when caring for patients with a particular condition, such as stroke. The elements in a care bundle are based on evidence and when all applied together can help improve the outcome for the patient.

Yorkshire Ambulance Service considers that this data is as described for the following reasons:

- Work continues to be led by the clinical managers across the five Yorkshire areas to engage staff in the results of clinical performance indicators and to promote best practice.

Yorkshire Ambulance Service has taken the following actions to improve the care to patients demonstrated through its year on year improvement in the delivery of the ACQI care bundles.

- Feedback about ACQI indicators is given at Trust and team level and engages staff in discussions of the results
- Clinical managers have delivered training and support for staff in assessing patients with suspected heart attack and stroke
- Local care pathways are reviewed with stakeholders and updated as required. Incidents in relation to care pathways are investigated and learning shared
- Record keeping is continually reviewed and feedback given to staff as required
- Increasing number of clinicians have attended the ALS course
- Support from Clinical Supervisor at cardiac arrest events.

	YAS Apr - Nov 2014	YAS Nov 2014	National Average Apr - Nov 2014	YAS Highest	YAS Lowest
Proportion of suspected STeMI patients who receive an appropriate care bundle	82.80%	80.20%	80.70%	95.60%	81.70%
Proportion of suspected stroke patients who receive an appropriate care bundle	97.80%	97.80%	97.10%	98.20%	97.30%

"Community First Responders (CFRs) can make a huge impact on the positive outcome of a seriously-ill patient. I get a great deal of satisfaction knowing that as a CFR I can make a difference between life and death in a seriously-ill person and I will do everything I can to make that happen - that is why I volunteer.

I am entering my third year as a CFR with Yorkshire Ambulance Service NHS Trust (YAS) and have had the opportunity to attend further training courses. I have had tremendous support from all YAS staff, ranging from training staff and managers through to ambulance crews and paramedics.

If my community needs me I want to be there! If I need help doing this job, help is right behind me."

Ralph Horn, Community First Responder

Staff Views on Standards of Care

The NHS Staff Survey (outlined in section 3) provides an important snapshot opinion survey of the experience of staff at work and their engagement with patients, colleagues and managers. The Staff Survey does not however ask questions on what good looks like, nor does it ask questions on what are the key changes staff would like to see that would have the most impact on how they perceive the Trust and leaders and managers within the organisation.

Staff Views on Standards of Care	
Proportion of staff who agree or strongly agree that if a friend or relative needed treatment they would be happy with the standard of care provided by the Trust	
YAS 2014-15	**58%**
National Average 2014-15	54%

Yorkshire Ambulance Service considers that this data is as described for the following reasons:

- The Trust uses the information provided by the annual staff survey as a key driver for its annual Trust and departmental business plans
- To achieve the best for our patients we are committed to providing a supportive and positive working environment for our staff.

YAS has taken the following actions to improve:

- In July 2014 the Trust commissioned the production of a cultural audit ('Your Voice, Our Future') that will provide a means of identifying the principal dimensions, traits and characteristics that describe and distinguish the cultures and sub-cultures within YAS
- In December 2014, over 100 members of staff from a range of localities and service areas contributed to the first stage of the programme by sharing their views on what it feels like to work for YAS.

The Trust is committed to undertaking both corporate and local action plans to address some of the key findings of the 2014 Staff Survey in conjunction with the 'YAS Your Voice, Our Future' cultural audit, this will give the Trust a much more valuable indication of what actions are required to improving working life within Yorkshire Ambulance Service.

Reported Patient Safety Incidents

Yorkshire Ambulance Service puts patient safety first. An open and honest incident reporting culture is critical for learning and improvements in patient safety. YAS supports and encourages staff to report incidents. Incident reporting has increased during 2014-15 and is not associated with increasing levels of harm.

Yorkshire Ambulance Service has taken the following actions to improve this percentage:

- Using a web-based system reporting tool that allows staff to directly report incidents
- A phone line for reporting that operates 24/7. Extension of the phone line hours occurred in June 2014 in response to a request from frontline staff. We have seen incident reporting increase following this
- Operational and support staff at all levels have been engaged in the implementation and further development of the reporting system to ensure that it is utilised effectively
- Extensive training on the wider use of the reporting system has been made available for leaders and managers
- Robust 'Being Open' process with patients and their families.

Other ways that we have supported patient safety and learning from incidents include:

- Joining the national NHS 'Sign up to Safety' campaign. This campaign has an ambition to make the NHS the safest healthcare system in the world, by creating a system devoted to continuous learning and improvement
- Sustaining the innovative Safety Thermometer programme that measures falls, injures and medication errors. This programme has enabled frontline staff to remain informed of the level of harm in their patient group during care delivery. It encourages open and honest reporting about incidents and informs staff of the actions to take to prevent further incidents
- Being instrumental in leading collaborative work-streams such as the Yorkshire and Humber Falls Prevention Network and the regional sepsis network.

Quality Indicators: how have we done?

	Priority Pledges made in 2012-13	*2013-14*	*2014-15*
PATIENT SAFETY	**Improved clinical decision making and record keeping**	• Random sample clinical audit programme implemented and reported to Clinical Managers • "Clinical Update" sessions are run annually to ensure staff have clinical training specific to their role	• Audit programme continues • Measurement and reporting against roll out of the ePRF programme has been monitored using CQUIN data • Implementation of the decision making tool: "Paramedic Pathfinder" • Launch of the clinical website and "app"
	Safe administration of medicine and the reduction of medication-related adverse events	• Development of a "Patient Safety Thermometer" to measure levels of harm • Successful focus on increased reporting of medication incidents • Lessons learnt have been widely shared with frontline teams • Standard operating procedures (SOPs) have been developed in line with learning	• Further refinement of Patient Safety Thermometer • Increased reporting of medication incidents • Improvement to packaging of medication to ensure clear identification • Robust audit processes for controlled drugs
	Improve staff and patient safety by decreasing moving and handling and falls incidents throughout the Trust	• Moving and handling incidents leading to injury or patient falls measured and reported using the Patient Safety Thermometer • Introduction of dynamic risk assessment training for all staff • Equipment availability on all vehicles reviewed	• Reduction in patient falls and injury associated with moving and handling • Moving and handling, and falls prevention training materials have been fully updated • Moving and handling equipment has been updated including implementation of a new track carry chair

CLINICAL EFFECTIVENESS	*Priority Pledges made in 2012-13*	*2013-14*	*2014-15*
	Continual improvement of the national clinical performance indicators	• Clinical Development Managers recruited with key focus on local training to support CPI/AQI improvement	• Clinical Managers role reviewed to include key focus on CIP and AQI improvement • Action plans for local areas developed and managed
	Continuing improvement of cardiac arrest survival	• The implementation of Clinical Supervisors to support cardiac arrest cases • ILS courses for paramedics • Expansion of the Community First Responder scheme (CFR)	• Continual roll-out of the Red Arrest Team with more Clinical Supervisors attending cardiac arrests to manage the scene • Inclusion of CRM and focus on resuscitation basics
	Further enhance the clinical audit process	• Review and strengthen clinical audit process and practice	• Strengthened data capture systems for ACQIs and other nationally required audits

	Priority Pledges made in 2012-13	*2013-14*	*2014-15*
PATIENT EXPERIENCE	**Effective use of alternative patient pathways for end-of-life (EoL) care to ensure that all patients receive the most appropriate care**	• Awareness raising and education package development for all staff	• Strengthened and developed EoL pathway process • The Trust continues to work with all health and social care partners to ensure that EoL patients have care plans that are accessible to ambulance clinicians
	Improvement in patient experience of YAS services; based on patient surveys, active engagement with 'expert patients', 'critical friends' and other approaches, to gain patient feedback in all aspects of the service	• Feedback from complaints and concerns has been used in the corporate induction training programme • Dignity Action Day 2014 has also acted as a focus for the promotion and awareness of the importance of compassionate care • The results of our A&E patient experience survey are integrated within local and corporate reporting including staff communications	• The Trust's 2015 Dignity in Action Day campaign underpinned the values around 'No decision about me, without me', including a series of Continuous Professional Development (CPD) events for staff: o Dementia Awareness o Falls and the Older Person o Advanced End-of-Life Care for A&E Staff (No decision about me, without me) o PTS - temperature of waiting area. • The YAS *WE CARE* Awards - annual event to recognise those individuals who 'go the extra mile' for patients and colleagues
	Values-based patient-centred care	• Values Based Recruitment (VBR) implemented for frontline A&E staff • Service user feedback and the Dignity Code incorporated into VBR	• VBR extended to include PTS • Psychometric assessments applied to recruitment process of senior managers and executives.

Performance against Priorities for Improvement 2014-15

Priority one - Collaborative working to improve patient experience and outcomes for patients in care homes	✔
Each identified care home was visited by a paramedic or a manager and discussions took place on the following areas using a resource pack. The pack has been well received. The main area for improvement was being linked to one practice for GP cover and a more proactive approach to the clinical management of the resident. The resource pack has also been shared with some Quality contacts/service managers in the CCGs. A number are considering using the pack as a baseline resource and adding some local information.	
Priority two - Improving response times in CCGs which currently do not meet the national standard	✘
Due to continued increase in demand and workforce recruitment issues the required performance has not been achieved for this priority. In year, a performance improvement plan has been developed and implemented to address issues affecting underperformance with close collaboration with commissioners.	
Priority three - Continuously Improving Patient Care	✔
A safety thermometer has been developed and implemented to monitor areas and levels of harm in YAS. Actions to ensure reductions in harm include review of education and training, policies and procedures, the current risk assessment processes, communication, systems and processes. The learning from each incident has formed a wider patient safety campaign delivered to staff in order to ensure focus on the actions required to reduce these particular harms.	
Priority four - Implement a decision support tool to enable "right care, right place" Paramedic Pathfinder	✔
Our aim was to ensure that patients received the right care at the right time and in the right place. In order to assist our clinicians to achieve this we have worked in collaboration with our IT services to develop and implement an innovative decision-making tool. The roll-out of the decision tool has been supported in some regions by the new electronic record keeping tool. This decision support tool has allowed us to realise elements of the national and regional plans for emergency and urgent care.	
Priority five - Improvements for PTS patients with complex needs	✔
A collaborative approach has been taken and by working closely with commissioners and YAS colleagues in the development of the 'Complex Patient definition' and the subsequent development of the 'Complex Patient Algorithm' to inform future booking process. The algorithm is currently being tested on the Cleric system (YAS tool for booking and dispatch of transport), ahead of roll-out.	
Priority six - Implementation of the Urgent Care Plan	✔
The Urgent Care Development Plan is aligned to the national strategies for urgent and emergency care and builds on existing Trust strengths and developments in urgent care delivery.	

Measuring, Monitoring and Reporting against key priorities

Progress against all priorities for improvement and milestones, were regularly monitored through the CQUIN delivery programme.

Review of Quality Performance including indicators for patient safety, clinical effectiveness and patient experience.

A&E Operational Performance by Clinical Commissioning Group (CCG) Area		
2014-15 Red 1 and Red 2 Combined Performance		
CCG	8-minute % actual	19-minute % actual
NHS Airedale, Wharfedale and Craven	56.50%	89.90%
NHS Barnsley	65.00%	97.00%
NHS Bradford City	76.00%	97.30%
NHS Bradford Districts	65.40%	96.90%
NHS Calderdale	71.10%	95.20%
NHS Doncaster	67.50%	95.70%
NHS East Riding of Yorkshire	67.80%	89.90%
NHS Greater Huddersfield	66.40%	95.70%
NHS Hambleton, Richmondshire and Whitby	66.60%	88.70%
NHS Harrogate and Rural District	74.10%	94.10%
NHS Hull	79.80%	97.40%
NHS Leeds North	63.10%	94.70%
NHS Leeds South and East	74.60%	98.10%
NHS Leeds West	65.10%	97.80%
NHS North Kirklees	68.70%	97.20%
NHS Rotherham	63.90%	96.10%
NHS Scarborough and Ryedale	79.70%	93.40%
NHS Sheffield	69.70%	97.30%
NHS Vale of York	74.00%	94.40%
NHS Wakefield	70.10%	97.10%
TOTAL ALL	**69.40%**	**95.70%**

Patient Safety

The Trust is committed to safety improvement and learning when things have gone wrong for patients and staff. At Yorkshire Ambulance Service, we support and encourage staff to report incidents or near misses. We define these as:

Incident - *any unplanned event which has given rise to actual personal injury, patient dissatisfaction, property loss or damage, or damage to the financial standing or reputation of the Trust.*

Near-Miss - *any occurrence, which does not result in injury, damage or loss, but has the potential to do so.*

Investigation of individual incidents allows us to address the immediate issues, whilst aggregation of data ensures wider themes and trends are identified across the organisation. Triangulation of data from multiple sources such as incidents, complaints, claims, coroners' inquiries and safeguarding cases provides us with a valuable opportunity for organisational learning that utilises both the staff and patient perspective.

New Incidents Reported	Ops - A&E	EOC	PTS	NHS 111	NHS 111 Calls Answered	% of Incidents for NHS 111	Other	TOTALS
Apr 14	336	23	63	62	114,451	0.054%	28	512
May 14	349	23	90	58	119,321	0.049%	17	537
Jun 14	530	28	84	49	107,833	0.045%	32	723
Jul 14	570	34	107	57	107,738	0.053%	33	801
Aug 14	635	43	64	42	109,515	0.038%	23	807
Sep 14	525	33	77	40	101,416	0.039%	18	693
Oct 14	494	40	77	41	111,253	0.037%	26	678
Nov 14	506	36	79	63	119,286	0.053%	22	706
Dec 14	501	47	79	75	143,324	0.052%	18	720
Jan 15	485	62	91	58	129,030	0.045%	29	725
Feb 15	412	63	96	69	112,793	0.061%	29	669
Mar 15	456	44	91	83	127,818	0.065%	22	696

When you review these figures alongside activity, the number of incidents (including no harm) relates to:

- one reported incident for A&E Operations for every 124 emergency responses (face-to-face contact)
- one reported incident for the Emergency Operations Centre for every 1,508 emergency responses (face-to-face contact)
- one reported incident reported for Patient Transport Service for every 1,115 patient journeys
- one reported incident relating to NHS 111 for every 2,014 calls answered.

Embedded governance arrangements ensure safety is integral to the core business. Senior clinicians from across the Clinical Business Units attend the Incident Review Group meeting. This group provides direction on management of individual incidents and considers the wider themes and trends which are escalated to Clinical Governance Group, Quality Committee and to Trust Board. This rich learning informs the Clinical Quality Strategy, Risk Register and Board Assurance Framework.

A specific focus on improving medicines management has been delivered over 2014-15 with incidents, including near miss incidents, managed through the Trust's Medicines Management Group. In 2013-14 there were 301 medicines-related incidents reported, in the year 2014-15 this has increased to 590.

This is likely to be related to an increased awareness of medicines-related incidents and improved systems and processes for checking medication stock levels.

Patient safety incidents

A total of 2,530 patient safety incidents were reported in 2014-15. The top five patient safety categories make up two-thirds of all patient safety incidents. These categories are:

- Response related in Emergency Operations Centre (EOC)
- Care pathway
- Response related in NHS 111 service
- Moving and handling incidents
- Slips, trips and falls incidents.

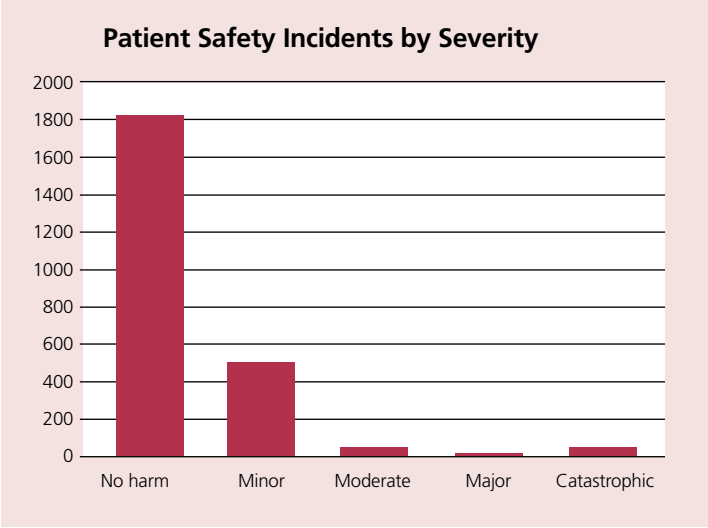
Response-related incidents are monitored in real-time by the Clinical Duty Managers within EOC. Each delayed response is reviewed and investigated where adverse outcome is identified. Care pathway or referral pathways have been strengthened with coordination by the Clinical Hub and the Major Trauma Coordinator.

Within PTS the highest numbers of incidents relate to slips, trips, falls and injuries sustained whilst being transported on a vehicle and these are monitored via YAS Safety Thermometer.

2014-15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Medication incidents	39	40	48	75	59	37	41	37	65	53	49	47

Patient-related Incidents (2014-15)												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Operations - A&E	67	56	96	129	157	123	102	113	104	121	100	102
EOC	10	12	14	14	24	19	22	21	30	45	48	26
PTS	15	29	28	35	27	26	37	25	22	31	34	28
NHS 111	53	43	46	48	35	31	29	52	59	47	64	69
Medical Operations	1	2	4	0	3	6	1	2	0	1	2	0
Other	4	3	1	4	6	1	3	0	6	3	3	6
TOTALS	150	145	189	230	252	206	194	213	221	248	251	231

The patient incident data in relation to degree of harm may differ from publicly-available information held by the National Reporting and Learning System (NRLS). This is due to the inclusion criteria for the national process. The data set relating to the degree of harm was performed on the 26th May 2015. There is a difference of 34 incidents in the first and second data set due to the on-going reporting over the period of time between the two data extractions.



Identification and Investigation of Serious Incidents

All incidents coded as moderate harm or above are reviewed at Incident Review Group and considered for serious incident (SI) investigation. The definition of a SI includes any event which causes death or serious injury, a hazard to the public, causes serious disruption to services, involves fraud or has the potential to cause significant reputational damage. These are the main categories, but there may also be other causes.

YAS has declared 70 serious incident investigations in 2014-15 which makes up less than 1% of all incidents reported.

Serious Incidents						
	Ops A&E	EOC	PTS	111	Other	**Total**
Apr 14	3	2	0	0	0	**5**
May 14	3	1	0	0	0	**4**
Jun 14	7	4	0	1	0	**12**
Jul 14	6	0	0	1	1	**8**
Aug 14	3	3	1	0	1	**8**
Sep 14	1	0	0	2	0	**3**
Oct 14	2	2	0	0	1	**5**
Nov 14	3	0	0	0	0	**3**
Dec 14	5	2	0	0	0	**7**
Jan 15	2	3	1	2	0	**8**
Feb 15	1	0	1	0	0	**2**
Mar 15	1	1	1	1	0	**4**

The A&E Operations Directorate have reported the majority of serious incidents (60%), with almost three-quarters of these categorised as response-related.

Learning from SIs has led to:

- Revision and communication of the procedure to confirm and despatch the closest vehicle to an incident
- Review of the Safety and Security Policy specifically the Lone Worker Procedure. The revised policy, along with training and education, will enable a more dynamic risk assessment to be carried out when responding to emergencies where there may be scene safety implications for our staff
- Collaboration with hospitals to ensure the right care is available for patients with a vascular emergency
- Robust governance process for the management of SIs and reporting framework
- Real time safety monitoring
- Agreed processes for evidencing completion of SIs actions in order to aid and evidence learning.

We are working closely with Commissioners and external partners in ensuring robust systems and processes are in place to comply with the revised National Standard on Serious Incident reporting. The Board and Quality Committee regularly review issues, learning and action arising from Serious Incidents, other incidents and near misses, complaints and concerns, serious case reviews, claims and coroners' inquests. During the year no nationally defined 'Never Events' have occurred as a result of Trust care or services.

Sign up to Safety

Sign up to Safety is a national campaign that aims to make the NHS the safest healthcare system in the world. The ambition is to halve avoidable harm in the NHS over the next three years and save 6,000 lives as a result. By signing up to the campaign in October 2014, YAS has committed to listening to patients, carers and staff, learning from what they say when things go wrong and taking action to improve patient's safety, helping to ensure patients get harm-free care every time, everywhere.

YAS has four work streams as part of the Sign up to Safety campaign:

1. Early recognition and treatment of deteriorating adult
2. Early recognition and treatment of deteriorating child
3. Review of moving and handling incidents to promote patient safety, including c-spine immobilisation
4. Human factors review of incidents in EOC.

NHS Staff Survey Results: Reporting of Errors, Near Misses and Incidents	2013 % for YAS	**2014 % for YAS**	National average for ambulance trusts 2014
Percentage of staff reporting errors, near misses or incidents witnessed in the last month (the higher the better)	78%	**88%**	80%
The fairness of incident reporting procedures (score out of 5.0 - the lower the better)	3.13	**3.22**	3.18

Infection Prevention and Control (IP&C) Audits

We conduct monthly audits of staff hand hygiene practice, and premise and vehicle cleanliness across all stations and sites where our operational staff work. The Infection Prevention and Control lead nurse for YAS undertakes additional inspections to monitor compliance and advise operational teams.

Compliance requirements are:

- **Hand hygiene:** all clinical staff should demonstrate good hand-washing techniques, be 'bare below the elbows' for direct clinical care and carry personal issue alcohol gel.
- **Vehicle cleanliness:** vehicles should be clean inside and out and any damage to stretchers or upholstery reported and repaired.
- **Premises cleanliness:** stations and other sites should be clean, have appropriate cleaning materials available and stored appropriately.

Compliance with the IP&C monthly audits remains above 95% in the majority of areas and staff report good awareness regarding IP&C requirements. In addition, vehicles are clean and full deep cleaning of vehicles was undertaken at least every 35 days.

Looking forward to 2015-16, we will be continuing the implementation of our Estates Strategy which will include a pilot a new way of working in relation to preparing, stocking and cleaning ambulances. This will bring opportunities in strengthening and improving infection prevention and control and also increasing the efficiency of the support services.

Work has been undertaken throughout the year to ensure YAS staff are prepared and ready to recognise and respond to patients who are at high risk of the Ebola virus. This has included provision of personal protective equipment and collaboration with Public Health England to ensure safe and effective care pathways are established.

Overall Compliance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hand Hygiene	99%	99%	99%	99%	99%	99%	99%	99%	99%	98%	99%	99%
Premises	97%	96%	97%	99%	98%	97%	99%	98%	98%	99%	99%	98%
Vehicles	98%	98%	99%	98%	98%	98%	97%	98%	96%	97%	97%	99%

Safeguarding

Safeguarding vulnerable adults and children remains a key priority for YAS and we have continued to refine processes and practices to facilitate easy referral routes for clinicians to report any safeguarding concerns.

The introduction of NHS 111, and the introduction of a single point of contact for safeguarding referrals through the Clinical Hub, is a major contributor to the continued growth of referrals to specialist services throughout 2014-15.

The number of referrals evidences the value YAS staff place on protecting vulnerable adults and children.

Serious Incidents	Children	Adult
Apr 14	360	394
May 14	373	411
Jun 14	352	377
Jul 14	377	383
Aug 14	339	434
Sep 14	369	455
Oct 14	375	423
Nov 14	385	526
Dec 14	346	511
Jan 15	357	576
Feb 15	372	439
Mar 15	436	574

PREVENT strategy and roll-out in Yorkshire Ambulance Service NHS Trust

The Government's Counter Terrorism Strategy is known as CONTEST. There are four strands to the CONTEST strategy. These are:

- **Pursue:** to stop terrorist attacks
- **Prevent:** to stop people becoming terrorists or supporting terrorism
- **Protect:** to strengthen our protection against a terrorist attack
- **Prepare:** to mitigate the impact of a terrorist attack.

The Department of Health (DoH) has placed the PREVENT element of the strategy within the safeguarding domain for all health trusts within the context of protecting vulnerable individuals from grooming towards violent extremism.

YAS has been engaged nationally to develop relevant policy documents to guide best practice and training. YAS has taken a "train the trainer" approach and will continue to cascade the PREVENT training as part of the annual training plan for 2015-16. To date 624 staff have received PREVENT training.

YAS also has a paramedic manager working with the North East Counter Terrorist Unit to support the process and improve the quality of information sharing.

Learning from national safeguarding reports

YAS has reviewed the national enquiries which have been published over the past year. These have included the independent inquiry into child sexual exploitation (CSE) in Rotherham (Jay report) and the reports in relation to the abuse by Jimmy Savile.

The recommendations from each of these reports have been reviewed and actions have been taken to strengthen the existing governance arrangements with YAS where necessary. This has included a refresh of training for all staff in relation to Child Sexual Health (CSH), and a refresh of the policy documents in relation to volunteering in YAS and observing clinical care.

YAS has also incorporated the learning from the Francis Enquiry and its subsequent reports into the Quality Governance Development Plan and will continue to develop engagement plans with staff, specifically in relation to "Freedom to Speak Up" (Francis 2015).

The Child Protection - Information Sharing (CP-IS) Project

YAS is engaged with this NHS England sponsored work programme dedicated to developing an information sharing solution that will deliver a higher level of protection to children who visit NHS unscheduled care settings such as accident and emergency wards, ambulance service, maternity, minor injuries units, paediatric wards and walk-in centres.

It proposes to do so by connecting local authorities' child protection social care IT systems with those used by staff in NHS unscheduled care so that vital child protection information can be shared.

Clinical Quality: "Right Care, Right Place"

Providing the right care, in the right place, at the right time is very important and we are working closely with many of our health and social care partners to develop new pathways for patients for whom a hospital emergency department is not the most appropriate place for care. This allows patients to remain in their own homes with an appropriate care plan, or be taken to a treatment centre with specialist care for their condition.

To ensure that our A&E operational staff have 24/7 access to advice and support about the available care pathways we have a clinician advice line, staffed by specially trained nurses and paramedics, within the Clinical Hub in our Emergency Operations Centre.

Currently there are a number of pathways available in the region for patients with specific conditions and for whom hospital admission may not be the most appropriate place of care.

These include:

Diabetic Hypoglycaemia

This pathway continues to be in place across the whole of Yorkshire. It ensures that patients receive a follow-up assessment after we have attended them for an acute hypoglycaemic episode. Appropriate support and education can then be provided to prevent reoccurring episodes of hypoglycaemia.

Epilepsy

When our clinicians attend patients in the Doncaster area who have suffered a seizure, and there are no other complicating factors, they can be referred directly to the Doncaster Epilepsy team for review by a nurse specialist. We are currently looking at extending this pathway into the whole South Yorkshire area.

Falls

Falls continue to affect around 30% of adults over the age of 65 who live in their own homes and 50% of those who live in nursing or residential homes.

YAS continues to lead the regional falls network. This network has enabled healthcare professionals, third sector groups and selected members of the public to come together to share areas of good practice in falls prevention.

Mental Health

Mental health illness can vary from mild depression and anxiety to more serious conditions such as bipolar disorders and schizophrenia.

A number of people with mental health illness access treatment and support through our 999 or NHS 111 service. YAS is engaged with the regional Mental Health Concordat which is a multi-agency mental health network, involving leads from hospitals, mental health services and the police. The aim is for specialist groups and partner organisations to share information and develop effective community-based service models.

We have worked in collaboration with the police to strengthen procedures for patients with an acute mental health crisis to achieve improvements in places in safety and for those patients who need to be detained by the police under the Mental Health Act.

Over our busy Christmas period, mental health practitioners worked in our emergency 999 call centre. This has meant we have been able to provide specialist care and advice to patients with acute mental health problems. We are now looking to establish this as a permanent model of care.

End-of-Life Care

Patients at the end of life have very specific and individual needs and it is important that their preferences for care and place of death are honoured. YAS continues to work with partners involved in caring for people at the end of life to ensure that patients receive their chosen pathway of care, and the end-of-life care pathway is now in place across the whole of Yorkshire.

Clinical Hub Pathway Referral (through the Health Desk) Comparison 2013-14 and 2014-15		
Referral Pathway	Total referrals 2013-14	Total referrals 2014-15
COPD referrals	7	8
Diabetic Hypoglycaemia referrals	1,930	1,756
Emergency Care Practitioner referrals	248	1*
Epilepsy referrals	32	35
Falls referrals	5,557	6,111
Mental Health referrals	208	158
End-of-Life Care referrals	27	23
Social Care referrals	448	407
Alcohol and Substance Misuse referrals	150	313

*N.B *: Since 2014, the ECP referrals for the Doncaster ECP scheme are no longer processed through the Clinical Hub Help Desk. The referring clinician now contacts the ECP service direct.*

Alcohol and Substance Misuse

Many adults in the UK are drinking at levels that may be damaging their health – most without realising it. Alcohol contributes, among other things, to high blood pressure, family stress, depression, emotional problems, accidents, strokes, heart disease, weight gain, stomach ulcers and cancer. Drinking above the recommended levels increases the risk of damage to health and binge drinking is considered to be drinking twice the daily limit in one sitting.

YAS is actively involved in a multi-agency approach to tackle alcohol problems through awareness campaigns, care referral pathways and joint strategies. There has been a Yorkshire-wide roll-out of the Alcohol Pathway which allows ambulance clinicians to refer patients into specialist alcohol teams who can provide support and rehabilitation programme

Referral to Practical Home Support Team in East Riding

Some patients require support from social care in order to stay at home safety and in recognition of this, East Riding have developed an innovative service to help. A team is available who can undertake tasks such as:

- completing a home safety check
- preparing light meals/light housework
- supporting lonely and isolated patients to access relevant networks
- taking patients shopping and to collect their pensions/pay bills/prescriptions.

YAS can refer patients directly for this service within the East Riding, and we are exploring how this model could be adopted in other areas.

Acute pathways

It is important that patients who do require specialist hospital care receive this in a timely way and therefore YAS also has pathways established for patients with acute conditions. These include:

- **Heart attack**
  This is a Yorkshire-wide pathway for patients having a heart attack which ensures these patients go directly to specialist cardiac centres in the region.
- **Stroke Pathway**
  This is a Yorkshire-wide pathway, where patients with stroke are transported to the nearest specialist stroke unit. Recent developments have been in two centres where the patients are taken directly for a scan; this has significantly improved the time to diagnosis and therefore treatment.
- **Maternity Pathway**
  Collaborative work with the regional midwifery group has led to the development of a region-wide maternity pathway.

Workforce Development

YAS recognises the need to review the workforce required to deliver modern healthcare, specifically the urgent care agenda. As such we have this year developed new roles within the workforce.

Advanced paramedic and nurse practitioners

We have had significant development of advanced practitioner roles in a number of areas across the region. Supported by our commissioners we have established new teams of practitioners who can assess, care and treat patients at home.

The practitioners are able to assess and treat patients in their own home, or refer them directly to the most appropriate hospital or community specialist including intermediate care teams, district nurses and specialist nurses. They can administer additional medicines such as antibiotics, and painkillers and manage a range of minor illnesses and minor injuries.

These roles have been well received and we are closely evaluating the benefits to patients. It has enabled our enthusiastic and experienced workforce to further develop their skills. We will continue to work with our partners regarding the development of these roles in the future across the region.

The workforce plan will also strengthen the clinical supervision for staff and ensure that support for them is accessible and effective.

Public Health

Achievements in the last 12 months include:

- Post graduate education and development in the public health agenda including patients who suffer a heart attack, and the outcomes for patients who are referred to alcohol and substance misuse services in Sheffield
- Development of public health inter/intranet pages that connect to national public health campaigns around smoking cessation support, alcohol awareness, heart health and resuscitation
- Engagement with the British Heart Foundation Restart a Heart Day, October 2014
- Audit of drug-related incidents within the Hull and East Riding area to inform partners on postal area hotspots and thereby inform strategy development
- Plans to develop methodology to evaluate the impact of public health messages
- Continue to provide support in activities across the public health agenda to improve the health and wellbeing of our population, by instilling the public health ethos in our clinical staff
- When we clinically assess patients we can sometimes identify undiagnosed health problems. We have introduced guidance to aid staff in their care of these, specifically irregular heartbeat and high blood pressure, to ensure that patients are followed up in an appropriate way.

Supporting Emergency Departments

With increasing pressures on Emergency Departments, there is a need to focus on the care of patients with minor trauma and those presenting with non-life threatening illness. Ambulance services are key to meeting this challenge and it is now well recognised the contribution that we can make to caring for patients at home or signposting them to an alternative pathway, thereby reducing the number of people who have unnecessary hospital attendance. At YAS we have a number of ways to support this:

- Telephone triage by clinicians
- Utilisation of alternative pathways
- Specialist paramedic practice to assess and manage appropriate patients at home
- Implementation of the Paramedic Pathfinder project.

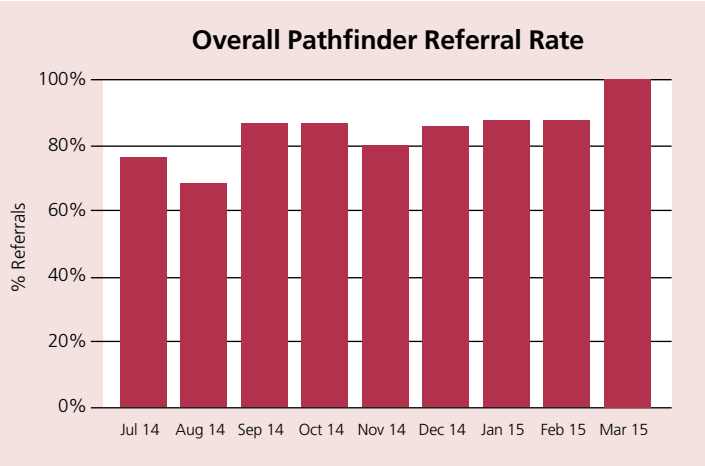
Paramedic Pathfinder

Paramedic Pathfinder is a tool designed to support clinical decision making. The tool has been in use in the Rotherham area since December 2013. The early implementation site has shown that the number of patients who are taken to an emergency department can be safely reduced with more patients treated appropriately, closer to or in their own home. During 2014-15 YAS has rolled out Paramedic Pathfinder across West Yorkshire.

Key to the success of the tool is the local availability of primary and community care pathways for further assessment and treatment of patients seen by paramedics. The Trust is therefore working closely with commissioners and other providers as part of the roll-out of Paramedic Pathfinder, to identify needs and support the development of appropriate services, and as a result has started to develop pathways to admission avoidance community services for those appropriate patients assessed using Paramedic Pathfinder.

In addition, a new clinical electronic "app" has been launched for use on smartphones and computers that includes a Paramedic Pathfinder app so that data can be easily collected that identifies pathway usage which can used to inform commissioning and community service providers.

Successful Referrals - Pathfinder was used during the period July 2014 to March 2015.



NHS Staff Survey 2014

The NHS Staff Survey is an important means by which the experience of staff at work and their engagement with patients, colleagues and managers are explored.

Invitations to complete the national Staff Survey were sent to a random sample of 850 staff. A total of 349 staff at Yorkshire Ambulance Service NHS Trust took part in this survey. This is a response rate of 42% which is well above average for ambulance trusts in England (35% response rate), and compares with a response rate of 43% in this Trust in the 2013 survey. It should be noted that the national average return rate for all trusts in England dropped from 49% in 2013 to 43% in 2014.

The overall indicator score for staff engagement arising from the NHS Staff Survey is presented on a scale of 1 to 5, where poor engagement is towards the lower end of the scale and strong engagement is towards the upper end of the scale.

For YAS, the 2014 overall staff engagement indicator score was 3.22 which represented a very slight increase on the 2013 result of 3.21. The Trust score is below the national average for ambulance services which is 3.28.

National NHS Staff Survey and Francis Report

The staff survey is an invaluable resource to identify and assess some of the issues raised in the Francis Report. Together with other data it should enable us to see which of the issues is of most relevance and seek to develop a strategy for dealing with the priorities. By its nature it is a "snapshot" of staff opinion and therefore other data e.g. staffing levels, vacancies, absence levels, patient feedback, focus groups and other "culture" information will help give an overall picture.

In addition to the NHS Staff Survey, Yorkshire Ambulance Service has also carried out a number of additional surveys and cultural audits in order to assess staff perception and experience. Information from these activities and the NHS national Staff Survey are fed through the Trust's governance process for review and action. This has included work streams, which have seen improved satisfaction scores in:

- Knowing how to report wrongdoing
- Feel safe in raising a concern
- Confident organisation would address concerns raised.

NHS 111

During November 2014 the NHS 111 Yorkshire and Humber service answered its two millionth call since the service went live on 5 March 2013, an important milestone for the service and reflecting the usage by patients across the region. The service provided by YAS serves a population of 5.4 million people making it the current largest single provider across the country.

During 2014–15 YAS has taken part in a series of national pilots assessing the value of additional clinical expertise within the NHS 111 Call Centres supporting the wider NHS 111 Futures work being co-ordinated by NHS England. Participation in these pilots, in conjunction with and supported by the Lead Commissioner and local CCGs, reflects the national standing of the service being delivered by YAS and the desire to develop and improve the service further for the benefits of patients.

The pilots undertaken are:

- GP Early Intervention – the use of GPs as a clinical advisor
- "Smart call" – where patients call NHS 111 before attending A&E
- Home working for clinical advisors and evaluating the impact
- Introduction of palliative care nurses within the centre
- The value added by the introduction of dental advisors to support call handlers
- The value added by the introduction of pharmacists within the centre and a promotional campaign to market to NHS 111 staff over the services offered by community pharmacists across the region.

Engagement with key stakeholder groups remains pivotal to the success of the NHS 111 service and its further evolution. This continues to be supported by the relationships established between the NHS 111 Customer Relationship Managers and the 23 Clinical Commissioning Groups (CCGs), local healthcare providers; YAS membership of System Resilience Groups (SRGs) and through attendance at the three sub-regional quality groups (North Yorkshire and Humber, West Yorkshire and South Yorkshire and Bassetlaw) and the regional Clinical Quality Group.

Through the established quality groups YAS has continued to support a series of end-to-end reviews of the patient experience where there contact is managed by several agencies. The aim of this process is to improve patient care by listening to the NHS 111 call and to review an entire patient journey with clinical commissioners and quality leads. This year the focus was on themes, such as pharmacy calls and mental health calls. These reviews highlight wider system learning, and thereby help to ensure that local patient pathways to care are efficient and smooth or to identify any those that need to be addressed. These issues are often identified by clinician / patient experience of 111 or a service to which they were referred.

Key outcomes of these reviews across 2014-15 were:

- **Prescription requests** - reviewed services the pharmacy services available and new links from 111 direct to pharmacies have been developed. NHS England pilot taking place*
- **Delays in care** - 111 pilot using an effective referral team for when an appropriate service does not return
- **Palliative patients** - current NHS England funded pilot taking place*
- **Lack of Special Patient Notes** - Report submitted to NHS England
- **Directory of Services (DoS)/no services or inappropriate service** - Review within 111 of DoS issues
- **Third party calls** - training with staff, presentations out to nursing/care and residential homes about 111 staff speaking directly with callers
- **Dental calls** - NHS 111 has dental nurses to support the large volume of 111 YAS dental calls. NHS England pilot taking place*
- **Mental health calls** - lack of services available. South Yorkshire and Bassetlaw have added additional mental health services to the DoS.

*(*NHS 111 (YAS) has four pilots taking place supported by NHS England. The pilots are taking place in the last quarter of 2015 and all information has to be submitted by the end of April 2015.)*

One of the principal indicators for the service is the proportion of calls answered within 60 seconds. NHS 111 (YAS) finished the year on 92.7% against the target of 95%.

The most challenging period across the year was quarter 3 (Oct – Dec 2014) when patient demand levels were 2% (7,300) above forecast and 16% (51,000) above the contracted levels. Information on the performance of the service is reported to CCGs via the Lead Commissioner, Greater Huddersfield CCG, on a monthly basis.

The overall NHS 111/Urgent Care contract links delivery of out-of-hours services in West Yorkshire through a sub-contract with Local Care Direct (LCD).

During the year YAS and LCD have worked closely to deliver the service and to manage this in the context of a large patient demand increases being faced for the West Yorkshire GP OOH service, beyond the contract level. Discussions are continuing between the Trust, LCD and commissioners in relation to future funding and management of the service.

The table below shows where the NHS 111 Yorkshire and Humber service has referred its patients compared with the national picture.

	Service Type					
Provider	Ambulance	A&E	Primary and community care	Recommended to attend other service	Managed with self-care	Calls answered and dealt with, but not requiring triage through NHS Pathways/ assessment tool
YAS NHS 111 (1.4.14 – 31.3.15)	8.5%	6.0%	54.2%	3.9%	13.6%	13.8%
NHS 111 national statistics up to Feb 2015	9.3%	6.5%	53.3%	3.1%	13.2%	14.6%

Feedback from Service Users

YAS remains committed to listening and learning from service users and making improvements where necessary. There are a number of methodologies we use to actively engage with patients and carers, including complaints and compliments and our patient survey programme.

Complaints, Concerns, Comments and Compliments

Throughout the service, we are proud that all our staff strive to provide patient focused care at every point of contact. However, as in any multi-faceted and complex service care standards can occasionally not meet our own high standards.

PTS - Complaints, concerns and comments													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
Attitude and Conduct	8	3	11	6	9	11	11	6	6	2	11	7	**91**
Clinical Care	9	2	6	7	5	6	8	12	5	12	8	8	**88**
Driving and Sirens	5	2	2	3	1	5	5	4	2	9	0	9	**47**
Call Management	5	4	6	4	3	11	7	5	2	4	4	3	**58**
Response	21	19	39	26	25	47	49	43	36	39	30	28	**402**
Other	7	5	4	4	4	4	8	2	5	5	6	6	**60**
TOTAL	55	35	68	50	47	84	88	72	56	71	59	61	**746**
Compliments	7	1	5	0	5	6	1	0	12	10	9	12	**68**

A&E - Complaints, concerns and comments													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
Attitude and Conduct	12	14	18	10	10	15	14	23	12	18	11	20	**177**
Clinical Care	12	9	13	10	12	22	10	7	5	1	9	5	**115**
Driving	9	7	8	6	4	4	8	10	5	7	6	8	**82**
Call Management and Response	44	48	61	52	51	30	58	44	59	53	34	42	**576**
Operational procedures	23	18	23	13	13	5	20	15	11	27	25	22	**215**
Other	0	1	0	2	0	2	1	0	1	0	0	1	**8**
TOTAL	100	97	123	93	90	78	111	99	93	106	85	98	**1173**
Compliments	64	50	64	33	54	19	0	0	104	132	152	177	**849**

NHS 111 - Complaints, concerns and comments													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
Attitude and Conduct	0	1	3	5	2	3	2	1	3	2	4	5	**31**
Clinical Care	8	5	7	7	8	7	4	9	15	8	9	21	**108**
Operations	8	6	2	1	5	11	7	7	12	17	9	17	**102**
TOTAL	16	12	12	13	15	21	13	17	30	27	22	43	**241**
Compliments	0	1	3	5	2	3	2	1	3	2	4	5	**31**

Lessons Learned

Learning from feedback is an important part of our reporting from the Trust Board to managers to operational teams to ensure that patients' experience is cascaded to our staff. Feedback from patients this year has prompted:

PTS

- Review and amendment of the PTS booking process for patients with complex needs
- Analysis and partnership working to better understand the delays in PTS, specifically from arrival at the hospital to booking in at the relevant clinic
- The development of real time performance monitoring in PTS
- Implemented real-time booking procedures in PTS, this has simplified and strengthened the process and reduces the risk of missed hospital appointments
- Implemented new working patterns that reflect capacity and demand.

A&E services - Trust-wide initiatives:

- Performance Improvement Plan
- Introduction of dedicated ambulances and staff for urgent calls not requiring an emergency ambulance
- Building greater resilience for periods of high demand through effective resource utilisation
- Values-based recruitment
- Increased use of case-based learning in training and education
- Use of Patient Experience Story to Board programme has enabled senior management to receive real life experiences of the Yorkshire Ambulance Service. These filmed stories are available to all staff to use within training or self-reflection.
- Roll-out of the Friends and Family Test to 'See and Treat' patients. This feedback is being triangulated with other quality indicators.

A&E services - Local initiatives:

- Reconfiguration of the dispatch bays
- Increasing senior visible clinical leadership in call centre for 999
- Revised procedures for supporting paramedics on scene with a patient based on clinical need.

NHS 111

- Complaints into NHS 111 are managed as per YAS processes; in addition these are used as themes for end-to-end reviews
- As YAS 999/EOC has started to transfer calls into NHS 111 there has been learning form this process and changes to the AMPDS codes used to decide which calls should be transferred into NHS 111. This action has been taken as the result of patient feedback
- End-to-end reviews conducted to determine themes and trends
- Enhanced joined-up working between NHS 111 and YAS 999.

Patient Survey

We have continued with our award-winning patient survey programme (PENNA 2014) which includes a monthly survey with the "Friends and Family Test". The results from these surveys are shared at every level of the organisation, used to inform specific work streams though education and training and provision of a quality indicator.

I called for ambulance as my nearly 19 year old diabetic son was dying. Me and my 6 year old daughter were hysterical. I would just like to say a huge THANK YOU to the lady that took our call as she was just brilliant. Also the ambulance staff that arrived and took him to hospital. Thank you to you all. My son made it and is now home. Without you and your wonderful staff it could had been a different story. Wish I could thank you all personally. You are all awesome. You deserve special honours xxxxx

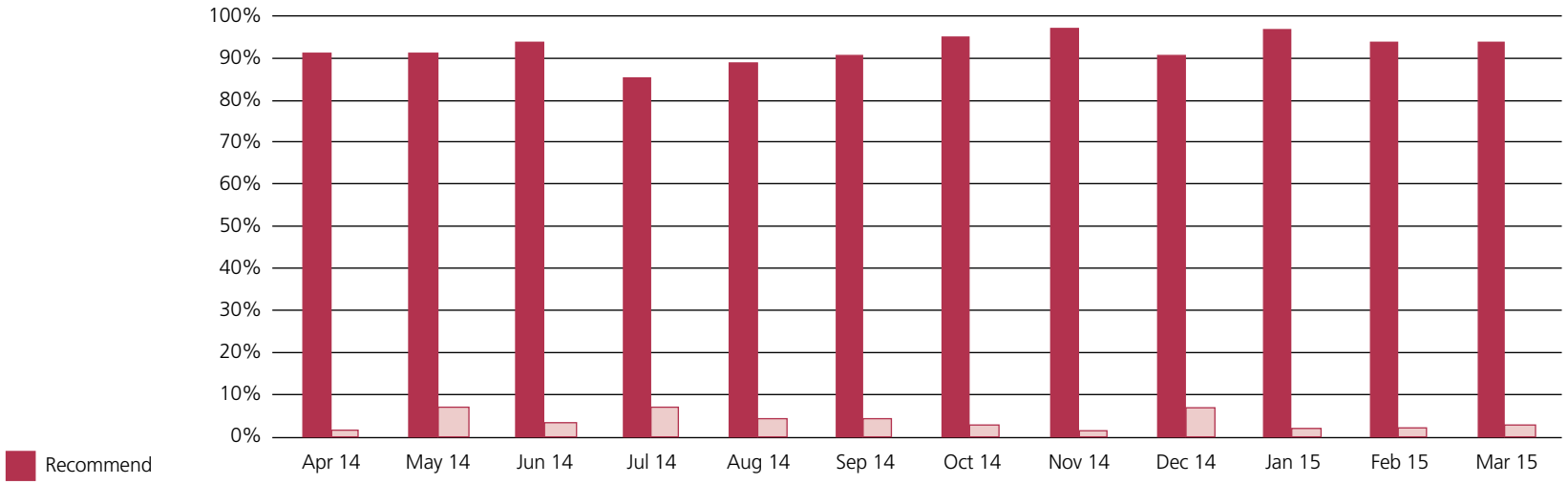
This was the second time I've had to call an ambulance out to my partner in the last 10 months and the first time I felt I was not listened to by paramedics. However, this time the paramedics were fantastic and very caring and concerned.

I must stress the kindness and respect received from the drivers. I was very grateful for the help especially when I arrived at Pinderfields Hospital. The driver wheeled me to the place where I was operated on. Every driver was also helpful. On reaching home the drivers unlocked the door and helped me inside my home.

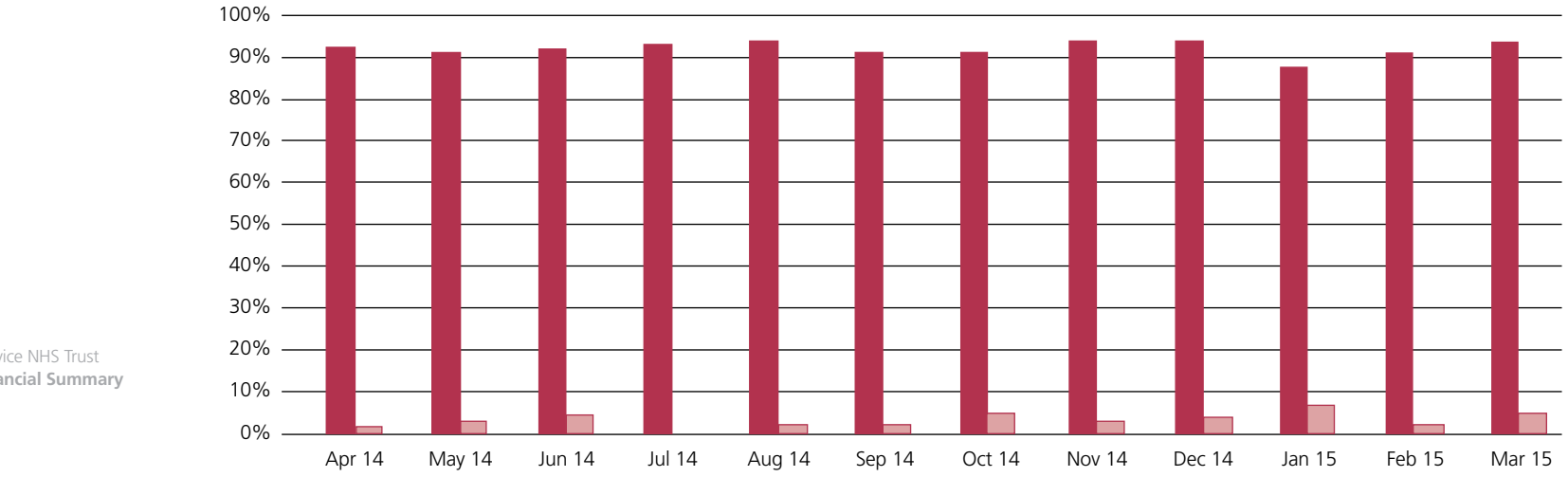
I travel with PTS at the same time each week for my dialysis but I am often late getting there and late getting home.

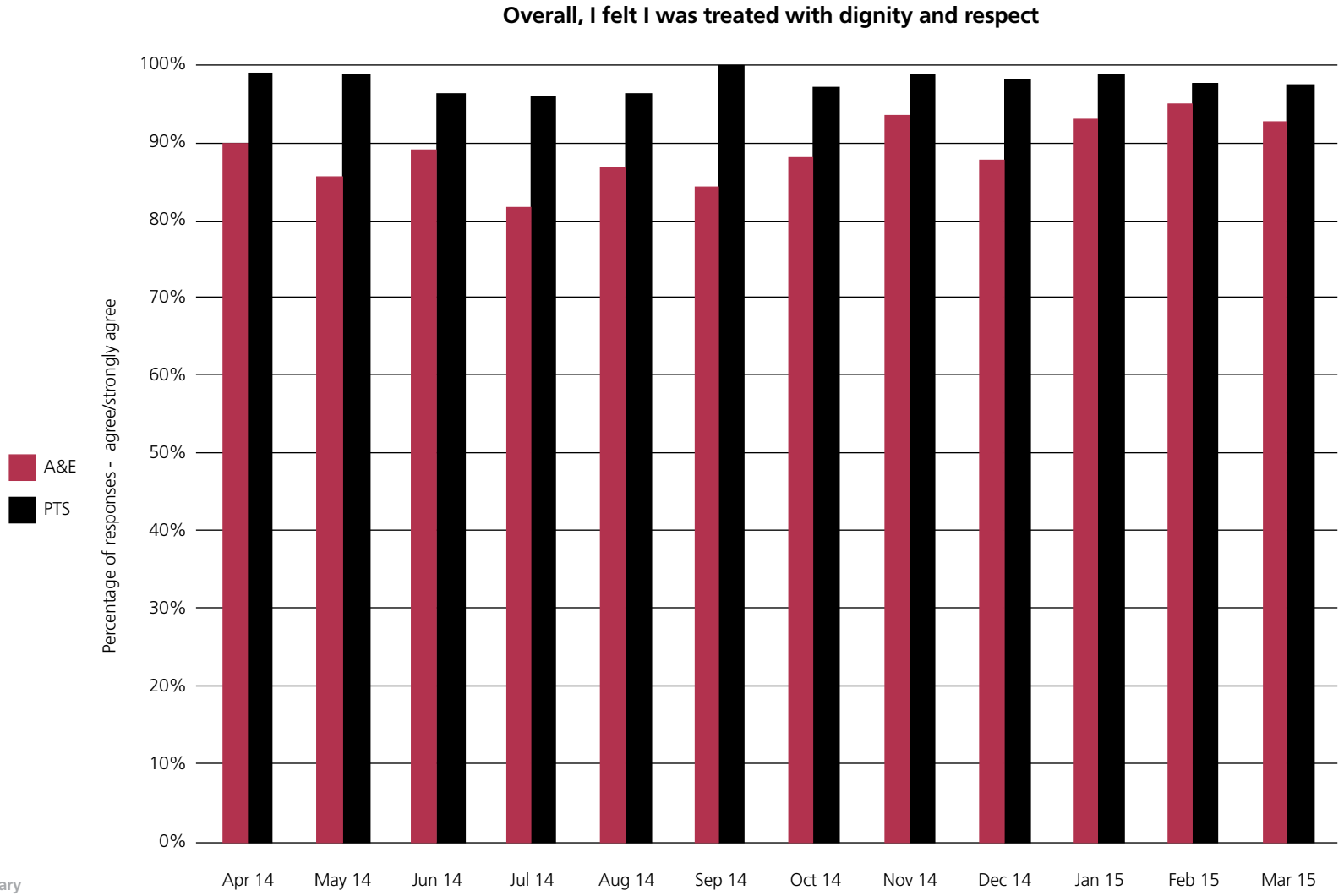
Excellent service - appreciate that is not always possible to give times for travelling home - have always found the ambulance staff go the extra mile to help get you home as soon as possible. Thank you.

How likely are you to recommend YAS to friends and family if they needed similar care or treatment?



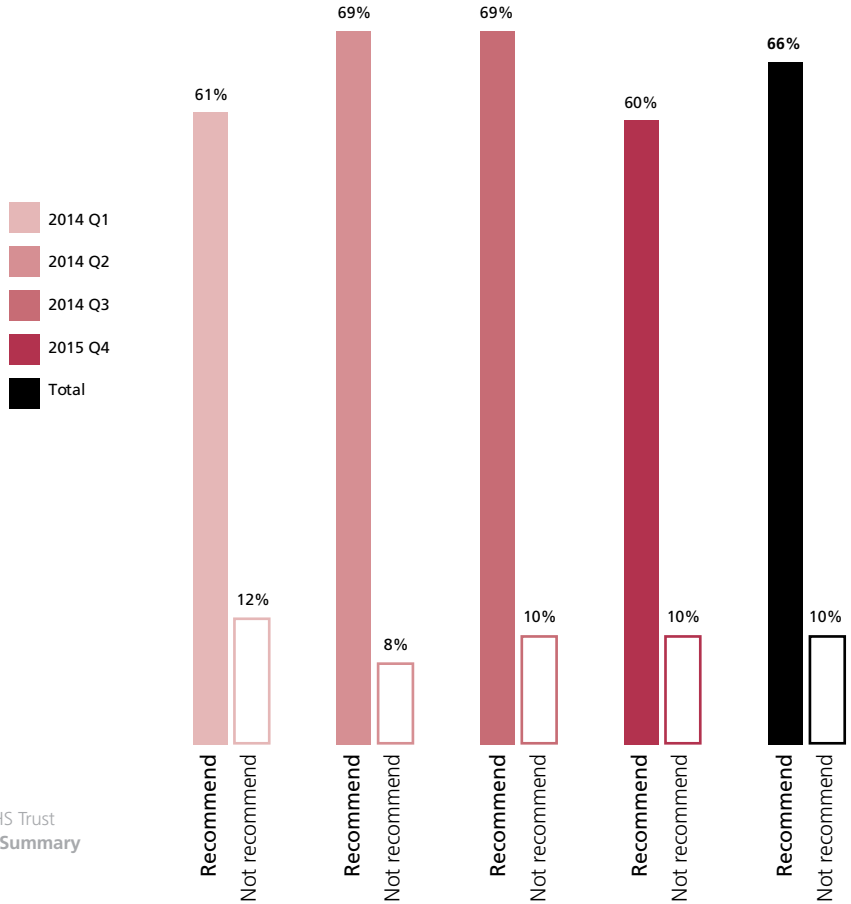
Would you recommend the Patient Transport Service to friends and family if they required transport to hospital?



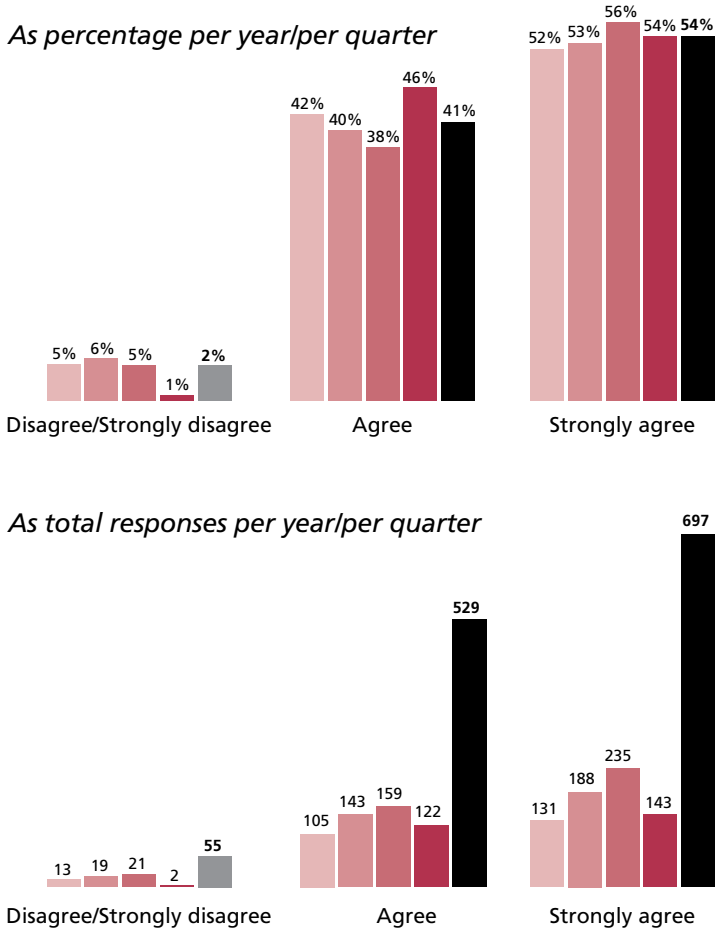

Overall, I felt I was treated with dignity and respect
Percentage of responses - agree/strongly agree
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
A&E
PTS
Apr 14
May 14
Jun 14
Jul 14
Aug 14
Sep 14
Oct 14
Nov 14
Dec 14
Jan 15
Feb 15
Mar 15

NHS 111

How likely are you to recommend the NHS 111 service to friends and family if they needed similar care or treatment?



Overall, I felt I was treated with dignity and respect



Themes and lessons learned:

- The caring attitude of staff makes a positive difference to patients' care experiences
- Long waits for transport home have a negative impact on patients' experiences of PTS
- Some patients have welfare concerns about missing meal times, missing scheduled carer visits and access to toilet facilities
- When delays occur, patients want to be kept up-to-date with what is happening and how long they may have to wait
- Some patients find the vehicles uncomfortable
- Eligibility criteria for the support of an escort needs to be consistently applied.

Actions taken:

- Team leader training sessions focused on patient safety and customer care
- Capital plan agreed to upgrade of PTS vehicles
- Extending the role of staff within patient reception centres to ensure improved customer care.

Staff Attitude (Positive)

Service user feedback indicates that staff are valued extremely highly by members of the public. Positive comments from surveys and examples of compliment letters received are included in local and Trust-wide communications to share learning and recognise good service. This is seen as important in YAS and is a key part of our culture of patient-centred care.

Staff Attitude (Negative)

A theme from complaints highlighted some poor staff attitude. A working group has met to look at ways to address this. A number of actions to address this have been identified and ratified by the Clinical Governance Group (CGG).

Next Steps

Moving the Patient Experience work forward, the Standards and Compliance Directorate is currently reviewing the Patient Experience Workplan 2015-16. Proposed work streams being taken forward include:

- Involving patients in training sessions within Training School
- Creation of Critical Friends and it is proposed to use the existing YAS Foundation Trust Membership
- Changes to the survey topics (as outlined within CGG)
- Enhancement of the "You Said, We Did" public-facing interaction internet.

Healthwatch Sheffield: A qualitative study of people's experiences of using patient transport in Sheffield

Healthwatch Sheffield carried out a qualitative study relating to patients experience using patient transport within the Sheffield locality during December 2014, and included all patient transport providers in Sheffield. The sample size was 86 patients. As the study findings were not provider-specific, the following general themes are highlighted:

Key findings relating to standard of care:

- The majority of regular service users are satisfied or happy with the service offered by all providers and reported that transport services get them to where they need to be at the right time
- Several of the people we spoke to who use a Patient Transport Service (PTS) are confused about what is or isn't classed as PTS, and they may not necessarily know which firm is responsible for transporting them
- Many of the people we spoke to, especially those waiting in the discharge lounge, think they are experiencing a long wait for transport when they may also be waiting for other things, such as medicines
- Satisfaction with information and communication varies depending on the company used (data not listed in report)
- While the majority of people rated the helpfulness of their driver as good or excellent (83%) we did observe some practices which could be improved e.g. people being moved without warning, people being spoken about rather than to.

In order to progress the findings and recommendations from this study, Yorkshire Ambulance Service has begun the triangulation of this information with other feedback information and formulate actions to enhance the patient experience further.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

Yorkshire Ambulance Service welcomes feedback from stakeholder and partner organisations. This enables us to remain focused on what is important to our local communities and also to provide and create opportunities to collaborate on how we can improve services together. We meet regularly with our commissioners for all our services and have this year developed stronger working relationships.

Last year, as this year, we have received feedback regarding the timeliness of our response. The increase in demand for our 999 service this year has clearly been a significant challenge within the planning and delivery of our service. We have worked with commissioners and other providers to better understand the demand for our services and have created new roles in the organisation to provide improved services for patients who do not have a life-threatening condition and where there is the opportunity to care for them in their own home. This will continue to be a focus going forward into 2015-16.

Commissioners have also provided feedback on the importance of engaging well with our workforce. We have a strong commitment to do this and have commissioned an additional staff survey which has been designed specifically for YAS staff and will help us understand in a deeper way what issues are significant for our staff. This is taking place during quarter one 2015-16.

We have had feedback on the provision of care for people with mental health illness and dementia. We continue to work closely with our health and local authority partners on improving services and access for patients with these conditions. This year has seen the introduction of qualified mental health nurses into our 999 call centre which has improved the quality of care for patients with mental health illness. Utilising the CQUIN scheme this year, we will undertake a robust review of alternative care pathways and support for people with mental health illness to inform future commissioning.

The feedback we receive is important and this year we have also used the views of our stakeholders to inform the development of our Clinical Quality Strategy 2015-18. Our regular dialogue with commissioners and overview and scrutiny committees will continue to influence existing and new work streams as this strategy is delivered.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

Airedale, Wharfedale and Craven Clinical Commissioning Group

Thank you for sending through the YAS Quality Accounts 2014-15 for review. Overall, the document provides a detailed, open and honest reflection on the activities undertaken throughout 2014-15. It shows clear evidence of continuous improvement in the quality of services delivered. The Account is comprehensive and clear to the reader and the design layout successfully links the Quality agenda to the NHS Outcomes Framework. This provides an assurance to the reader that the national drive to improve quality is deeply embedded in the overall direction of travel for YAS.

Within the depth of the report, the use of statements from both staff and users provides interesting précis of the positive and compassionate sentiments felt toward the services provided and the staff, at both EOC and operational levels.

The Trust has evidenced well its commitment to compliance with national standards and guidelines demonstrating 100% participation levels in national clinical audits. The Account also lists a small number of local audits that have been undertaken, together with the recommended actions. Unfortunately most of these mirror 2013-14 improvements, promoting further enquiry and questioning whether additional clinical audit options on areas for improvement should be explored.

Continuing with learning and development, YAS demonstrates its commitment to research and innovation.

This is extremely positive and shows, once again, the Trusts ongoing commitment to continuous improvement.

The section relating to CQUINs, neatly outlines the philosophy for each indicator, however the synopsis seem immature and scant in some areas. Inclusion of statistics together with more detail on improvements and achievements would leave the reader with a richer understanding of these schemes and the justification of the financial attachments.

It is unfortunate that the CQC January 2015 visit report is not yet available to include in this Quality Account, however the 2013-14 account does reference the 2-3 July 2013 CQC visit and the two standards requiring minor actions. It would have been prudent of YAS to mention the actions undertaken and current status of Medicines Management and Supporting Workers within this document to provide assurances to the reader and users of the services of the compliance levels.

It is recognised that YAS covers a large geographical area and training of workforce is challenging, although the Information Governance Toolkit assessment score was 82% and graded as satisfactory, it is expected that throughout 2015-16 attention will be focused on increasing this figure.

It is also recognised that YAS has adopted a number of measures to improve and maintain Data Quality, however, continues with the same actions from 2013-14.

In regard to the Mandatory Quality Indicators, YAS has been candid in the reasons for failure against the emergency response times.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

Obviously, this is a sensitive area, yet it is disappointing that the Account fails to provide detailed narrative on the successfulness of the previously implemented actions and also neglects to outline in full the 'refreshed performance improvement plan with a series of short, medium and long term actions'. Thus, neglecting an opportunity for the general public to gain a more detailed understanding of the challenges faced, that this is a priority for YAS and the recovery plans developed.

When examining patient involvement and engagement, the report highlights a number of initiatives, one in particular which has involved working with young people and the CCG congratulates YAS on these pieces of work. It is also encouraging to see analysis on themes, trends and learning opportunities, reflecting the organisations culture of transparency and links to the national agenda.

Following on from this, it is also acknowledged that there has been an increase in incident reporting compared to previous years. This again reflects a positive attitude to reporting and learning from incidents to avoid duplication. The CCG feels that YAS should be commended for this change in culture and welcomes any opportunities for shared learning.

Overall, the Trust has demonstrated clear evidence of the continued commitment to improve quality of care for service users. I hope you agree that this summary provides an objective review and is accepted in the spirit intended. Should you have any further questions, please do not hesitate to contact me.

Steph Lawrence, Executive Nurse Airedale, Wharfedale and Craven CCG

Calderdale's Adults Health and Social Care Scrutiny Panel

Thank you very much for asking us to comment on your Quality Account. Calderdale's Adults Health and Social Care Scrutiny Panel has only touched on issues relating to your services indirectly during the last year. So this letter informs you of some of the key issues for the Scrutiny Panel that you may wish to consider during the next year.

We have had several discussions about the possibility of hospital reconfiguration in Calderdale and Greater Huddersfield. Transport to hospital for patients is clearly a key factor to consider and there is considerable concern amongst Calderdale residents about the impact on travel time that any changes may have. If the CCGs consult on changes to hospital reconfiguration later in the year, then the Calderdale and Kirklees Joint Health Scrutiny Committee will consider the matter and I have no doubt that the Yorkshire Ambulance Service will be invited to give evidence then.

Some of the discussion around hospital reconfiguration centred on the argument that treatment begins when the ambulance arrives, not when the patient arrives at hospital. I will certainly be interested in discussing this further with you when hospital reconfiguration discussions take place in 2015-16.

The pressures on A&E and delayed discharge from hospital have been high profile national issues over the last year.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

I would be interested to learn your views about the local situation and what can be done to alleviate such problems.

The Scrutiny Panel has taken a close interest in the quality of care in residential and nursing homes over the last few years. We understand the importance of many parts of the NHS in having effective working relationships with care homes and in contributing to safeguarding issues. I would be interested in discussing this further with YAS over the next year.

Three years ago the Scrutiny Panel completed an important piece of work on dementia and the Scrutiny Panel retains an interest in this important issue. One of our recommendations was that Calderdale should become a dementia-friendly Borough and I am pleased that progress is being made towards this. The ambulance service obviously has an important part to play in this and I would also welcome a discussion with YAS about this.

It is a while now since YAS were invited to attend a meeting of our Scrutiny Panel. This is an omission on our part and I would like to extend an invitation for you to attend one of our meetings in 2015-16. Mike Lodge, the Senior Scrutiny Support Officer, will contact you to arrange this.

Councillor Malcolm James, Chair, Adults Health and Social Care Scrutiny Panel, Calderdale Council

Greater Huddersfield Clinical Commissioning Group

- Yes the priorities reflect local population.
- Could not find ACQI data or performance against the CQUIN.
- Some examples given from patient feedback and explanation throughout of how they work with patients and the public, including good examples of community work undertaken.
- Some elements are more clearly presented than others for patient and the public, the ACQI, CQUIN and red performance sections may benefit from further revision to be easier to access for patients and public.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

Healthwatch Barnsley

Healthwatch Barnsley received Yorkshire Ambulance Service's Quality Account on the 30th March 2015, requesting a response. This request was in turn sent out to our Healthwatch Members, Heathwatch Champions and Healthwatch Shadow Board Members who are actively involved in the local Health and Social Care economy. Below is the feedback that they have provided and some information from our database in terms of patient views.

Healthwatch Barnsley collates community views on Health and Social Care Services including services provided by YAS, and as a result are in a position to provide feedback on whether we believe the quality accounts and the priorities set within are in line with the priorities for the local population, we are also able to highlight any gaps provided we have the necessary data to evidence missed priorities.

1. Do the priorities reflect the prioritise of the local population?

Healthwatch Barnsley supports the priorities set out by YAS and believes that they do reflect the prioritise of the local population. This conclusion has been drawn by looking at local statistics from Yorkshire Ambulance Service, on areas requiring improvement.

Some of our members have also made comments about being particularly supportive of Priority 3.

2. Are there any important issues they have missed in their Quality Accounts?

This report is a through account of YAS activities.

3. Have they demonstrated that they have involved patients and the public in the production of the Quality Accounts?

Throughout the document there is reference to YAS working with expert patients, members of the public and engagement with staff members about quality. So both patients and the public do seem to have had involvement, but it is not clear how these groups have been engaged, it would be nice to see an example of this engagement in the next Quality Account.

4. Are Quality Accounts clearly presented for patients and the public?

The length of the accounts will mean that they are probably not going to be read by the majority of the general public.

It is good to see that medical terms and conditions have been given their more common names which ensure clarity.

One of the consequences of the formation of the Yorkshire Ambulance Service was to remove the local reporting as was the case by the previous services. Yorkshire is such a diverse area that reporting for example on NHS Vale of York CCG probably has little relevance to South Yorkshire.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

In looking at the chart on page 43 performances, comparing NHS Barnsley CCG with the other South Yorkshire NHS CCGs performances seems to have greater relevance for the public Barnsley.

Perhaps an abridged version of the document could be presented to the public, so it is more focused and easier to read.

Feedback from Barnsley People

Thank you for sharing your Quality Accounts with Healthwatch Barnsley. Healthwatch Barnsley has received a number of comments over the past 12 months from members of the general public through outreach and promotion of which 67% have been positive.

Positive Ambulance Service comments included:
"Exceptional care from the staff, quick response"
"Timely service and good standard of care given"
"Arrived quickly and provided good care"
"Good service, very helpful, grandparents taken to hospital, arrived in time"
"They were fantastic with my father, they arrived within the hour, we thought he had had a mini stroke but it turned out to be crystals in the ear".
"Friendly caring drivers who were chatty and informal but serious when needs be".
"Nice people, fast service, gave information"

Positive NHS 111 Service comments included:
"Helpful, made an appointment at hospital"
"Fantastic, good information and a good listener, used this service 3 times so far"
"Ease of contact"

Of the negative comments Healthwatch Barnsley received one was referred to VoiceAbility the complaints advocacy service for Barnsley and the remaining comments have been logged by Healthwatch to monitor trends emerging.

Negative Ambulance Service comments included:
"Took 2 hours to arrive"
"I was involved in a car accident and I was taken to hospital by ambulance. I couldn't communicate with the ambulance crew; therefore all paramedics must be able to sign".
"Lack of prior knowledge of patients re: long term conditions, doctors should be able to access notes".

Negative Patient Transport Service comments included:"
Late arriving and very difficult for day patient to get back home afterwards, wait hours"
"Always late for hospital appointments"

Negative NHS 111 Service comments included:

"May as well talk to the wall. Questionnaire asking for irrelevant information makes it quicker to call 999. Takes 30 minutes to get through the system. Many complaints made but nothing is done".
"Service too complicated, spoke to 3 people as having chest pains"

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

Healthwatch East Riding of Yorkshire

There is little evidence of asking patients about their experiences. The Friends and Family Test is an indicator but patient experience is an essential aspect of quality care and I would urge YAS to plan further and wide engagement with service users'.

Healthwatch Leeds

The accounts indicate that YAS clearly recognises people's expectations and sets out how it goes about delivering the service, how it is performing against national standards and local expectations and how it intends to develop in the future. It is pleasing to see that priorities for 2015-16 reference joint work with patients and Healthwatch and that the priorities reflect patient views. The Engagement Summary is a good way to present the organisation's activities and contains some details relating to their on-going initiatives to improve services.

There are lots of references to how people are asked about their expectations of the service and about their experiences of using it. We are aware that the national Friends and Family Test is being implemented in the ambulance services and would have welcomed information on implementation. We recognise that there are national requirements for the comments and a requirement to consult both commissioners and Healthwatch(s).

We welcome the inclusion of indicators for values-based patient-centred care but found it difficult to understand and interpret the proposed indicators. We welcome the inclusion of lessons learned, in the future we would welcome additional information about actions or changes implemented following the learning.

Healthwatch North Lincolnshire

Healthwatch North Lincolnshire welcomes the opportunity to provide comment on the Yorkshire Ambulance Service Quality Account.

This is a clearly presented, comprehensive report which demonstrates that YAS listens to their staff, the public and other agencies in an endeavour to continually improve their services. The patient and carer stories and accounts from members of staff add to the readability of the document. These accounts demonstrate that Yorkshire Ambulance Service is continually auditing different aspects of service delivery and designing and undertaking appropriate research projects which will inform changes in service delivery to the public. Healthwatch North Lincolnshire particularly note that Yorkshire Ambulance Service have demonstrated a reduction in calls to care homes, and consequently a reduction in inappropriate hospital admissions from those homes. The report also describes a very good working relationship with numerous agencies which is a good basis for moving forward.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

Healthwatch Rotherham

Healthwatch Rotherham has established a good developing working relationship with the Yorkshire Ambulance Service. Healthwatch Rotherham passes on the comments, compliments and concerns we have received from the public. We pass on this data to help Yorkshire Ambulance Service to gain a wider view of the public opinions. These comments have helped to inform the Yorkshire Ambulance Service quality accounts and focus on areas of improvement for the next year.

Healthwatch Rotherham has received a number of comments from the public about mental health issues, so it is pleasing to see this listed as a priority within the Quality Accounts. Comments received by Healthwatch Rotherham are in the main very positive comments thanking the staff and the Trust for the care individuals have received.

Following discussion over the issues raised by the public to Healthwatch Rotherham, a number of impacts have been made including:

Rotherham Healthwatch arranged for Yorkshire Ambulance Service to attend the Rotherham Impairment Group. The Group had raised comments to Healthwatch Rotherham about the experiences they had. The Yorkshire Ambulance Service learned a lot through talking to the members and attending the meeting. Following the meeting the following impacts have occurred. Yorkshire Ambulance Service have designed a learning resource for ambulance staff to reduce harm from patients falling. This includes specific information about visual impairment and a reference to sighted guiding – ie walking slightly ahead of the person, rather than behind. On the back of a conversation with one of the Rotherham Impairment Group members with a guide dog about what would happen to her dog in an emergency Yorkshire Ambulance Service contacted Guide Dogs for the Blind for advice and guidance. Guide Dogs for the Blind ran a workshop for Yorkshire Ambulance Service staff. This is going to be the start of some work with them to develop best practice guidance for guide dogs on emergency vehicles.

Healthwatch Sheffield

Healthwatch Sheffield acknowledges the work done by YAS in 2014-15 and we welcome the opportunity to comment. We feel that the document is clearly laid out and there appears to have been a genuine attempt to make it as understandable as possible, although there are still some areas where further work could be done to improve this. Last year we asked for consideration of a shorter summary document or easy read version. We note that no such document has been produced, and offer once more to work with the Trust to support the production of this information as we have done previously with other Trusts.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

We broadly agree with the Trust's Priorities for Improvement for 2015-16, particularly Priority 6, the reduction of falls and injuries. We see this as an ambitious target for the Trust and one of great potential benefit to patients.

We note the progress on the 2012-13 improvements and also those later on in the report from 2014-15 but feel it would be much easier for readers to see a single 'at a glance' system for all Priorities from 2012 onwards establishing whether a Priority has been achieved, partially achieved or not achieved and why.

We note with some concern that the Information Governance assessment score was a 'satisfactory' 82%. We would have liked to see some additional information included detailing how the Trust intends to improve upon this figure in 2015-16.

We are concerned at the drop in meeting emergency response times, especially Red 1, and note that the Trust is neither meeting emergency response targets as effectively as it was the previous year, nor performing at the national average. We note from the breakdown into individual CCGs that there may be learning opportunities in those areas which are performing well, which it should be noted does include Sheffield for the Red 19-minute target, and are pleased to see a full breakdown by CCG of this information.

Figures on the number of serious incident investigations were not available to Healthwatch Sheffield at the time of submission so we are unable to comment on this area.

We note the hard work that the Trust has undertaken in this year around its workforce development and public health work, and commend them for this.

Finally, we would like the Trust to note that we submit comments every year, and we do not at present have any assurance that these are read or acted upon. We ask the Trust to consider adding a response to the salient points put by Healthwatch, CCGs etc last year in this year's report, as several other Trusts do, as we feel that this would both aid the Trust in thinking about how it takes on board these comments and also ensure that those responding feel that it is a valuable exercise.

We thank the Trust again for the opportunity to comment and look forward to a positive working relationship in 2015-16.

Healthwatch York

Healthwatch York very much welcomed the opportunity to review the Yorkshire Ambulance Service (YAS) Quality Account for 2014-15. We feel that the priorities identified do reflect the priorities of the local population because they are based on feedback from the public and from response to incidents.

In terms of patient experience we were very pleased to see that the end-of-life pathway process has been strengthened and developed.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

We were pleased to note that the work done to improve the experience and outcomes for people in care homes has gone well and the resource pack has been well received.

We welcome all of the "Right Care, Right Place" work, and the development of new pathways for specific groups of patients. It is very pleasing to see examples of such successful partnership working. We particularly support the aim of providing specialist care and advice to patients with acute mental health problems as a permanent model of care.

We feel that the YAS Quality Accounts are clearly presented for patients and the public. The format is clear and most of the language is accessible. The glossary of terms is very useful and helps to make the document accessible.

Hull City Council's Health and Wellbeing Overview and Scrutiny Commission

Hull City Council's Health and Wellbeing Overview and Scrutiny Commission has continued to receive annual performance and quality account updates from the Yorkshire Ambulance Service Trust, and the Commission will continue to support any quality account indicators that aim to improve service delivery and performance across the City.

Kirklees Council's Well-Being and Communities Scrutiny Panel

The Scrutiny Panel has reviewed the Quality Accounts with particular reference to the areas suggested in the guidance issued by the Department of Health. The Panel has not identified any local priorities or major issues that are not addressed within the Quality Accounts. The Panel is however aware of an important local service reconfiguration that is being carried out in Calderdale and Greater Huddersfield to provide models of care that will see more care being delivered closer to home and support changes to hospital services (Right Care, Right Time, Right Place Programme). This is could have potential implications for the Yorkshire Ambulance Service and the Panel is disappointed that this reconfiguration has not been specifically referenced within the Quality Accounts.

The Panel has noted the inclusion of the work that has been done with staff, patients and the public to ensure that the Quality Accounts reflect the views of stakeholders. In addition the Panel noted the reference to the engagement and consultation that has been carried out with a range of groups including Health Overview and Scrutiny Committees. The Panel has not been directly involved in this engagement so cannot comment on the work that has been carried out, however the Panel felt that it would have been useful to explain the scale of the involvement with stakeholders including scrutiny committees, how the engagement was carried out and how this informed the Yorkshire Ambulance Service priorities.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

The Panel feels that the Quality Accounts report is presented as clearly as possible for the purpose of communicating the necessary information. However it is felt that the Quality Accounts could be developed further to show and explain differences in the quality of service delivery in the different localities within the Yorkshire Ambulance Service area.

The Panel would like to see further work being done to strengthen the working relationship between the Yorkshire Ambulance Service and Scrutiny to include a continued focus on the quality and performance of service and to help inform the priorities within the Quality Accounts.

North Lincolnshire Council's Health Scrutiny Panel

North Lincolnshire Council's Health Scrutiny Panel welcomes the opportunity to comment on the Trust's Quality Account. The panel has had limited contact with the Trust in 2014-15, although any queries have been dealt with swiftly and professionally. As the Trust provides limited services in North Lincolnshire, the panel cannot comment with authority on priorities, engagement and performance. However, we are keen to continue to build relationships with the Trust with the aim of improving services for local people.

North Yorkshire County Council's Scrutiny of Health Committee

Thank you for inviting the North Yorkshire Scrutiny of Health Committee to comment on Yorkshire Ambulance Service's Quality Account for 2014-15 (Draft V3). I would be grateful if you would include the following comments in the final Quality Account when it is published:

Yorkshire Ambulance Service (YAS) is only required to seek the views of the overview and scrutiny committee (OSC) for the area in which the Trust's head office is located, ie. the Wakefield OSC. On behalf of the North Yorkshire Scrutiny of Health Committee I commend YAS for sharing its QA and inviting comments from all OSCs in its catchment area. The Trust is clearly entering into the spirit intended for QAs.

We support the six Priorities for Improvement 2015/16 set out in Part 2 of the Account which have been grouped under the broad headings of Clinical Effectiveness, Patient Experience and Patient Safety. The planned work will directly improve front-line services provided to patients.

YAS's response times have been a long-standing area of concern. I particularly note the 8-minute Red 1 and Red 2 combined performances in 2014-15 of 56.5% and 66.7% for the Airedale, Wharefdale and Craven CCG and the Hambleton, Richmondshire and Whitby CCG areas respectively.

However, I do acknowledge the Quality Account highlights that the Trust is seeking to improve clinical outcomes, particularly for patients who suffer a heart attack or stroke. Whilst response times do not feature specifically in the Priorities for Improvement 2015-16, I anticipate they will remain a mandatory quality indicator and efforts to improve response times will continue, for instance, by working with acute trusts to reduce prolonged handovers at some emergency departments.

My final comment is to suggest that the Quality Account could do more to demonstrate how patients and the public have been involved in identifying priorities and in the production of the Quality Account itself. I do not doubt this has been the case but I do feel the Quality Account could be more explicit in this regard.

Jim Clark - County Councillor
Chairman - North Yorkshire Scrutiny of Health Committee

Rotherham Health Select Commission

Rotherham Health Select Commission agrees that priorities based on improving patient experience, safety and harm free care are priorities for our community. The mental health priority in particular ties in with the Commission's own work on access to mental health services for young people and Members welcome the mental health specialist support in the Emergency Operations Centre.

The HSC acknowledges demand pressures for urgent and emergency care and the impact this has had on the service, but would expect to see improvements in the Red 1/2 performance for Rotherham in the coming year. Members support the focus on developing new ways to deliver care to patients, including at home or in a range of community health settings, as a means of alleviating some of the pressures but ensuring patients receive high quality, timely and safe care is paramount.

Workforce planning and development is vital across the whole health economy and training and upskilling existing staff for new roles and as a means of responding to the national shortage of paramedics is a positive step forward. Involving patients and carers in staff training as "experts by experience" is also fully supported by Members. Finally the HSC would like to see YAS continuing to report on its performance with local data at Clinical Commissioning Group level as far as possible, so that people have up to date information and knowledge about their local services.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

Sheffield City Council's Healthier Communities and Adult Social Care Scrutiny Committee

Sheffield City Council's Healthier Communities and Adult Social Care Scrutiny Committee is pleased to be able to comment on the Quality Accounts of Yorkshire Ambulance Service.

The Committee notes the quality priorities selected. On reducing falls and injuries within the PTS service, the Committee would expect numbers to be low in a service of this nature.
The Committee would like more information on whether previous activities have resulted in the numbers dropping, and what strategies are being planned to improve this further.
The Committee notes that YAS performance in meeting mandatory performance indicators on red and green ambulance response times is consistently below target.
The Committee would like to see high priority in addressing this, and a clear message for the public about what action is being taken to improve response times.

The Committee is concerned to hear of recruitment difficulties within YAS, and whilst is pleased to see efforts are being made to upskill existing band 3 staff to band 4, the Committee would like to see YAS proactively recruiting from other NHS trusts (non-ambulance) before looking abroad to fill vacancies.

The Committee looks forward to monitoring progress over the coming year.

The Committee recognises that the mandatory timescales for production of the Quality Report can be problematic, and often requires Trusts to consult on the document before they have full year performance information. The Committee will raise this with the Department of Health and Monitor.

Wakefield Clinical Commissioning Group

NHS Wakefield CCG has combined individual CCG responses to the Quality Account consultation. It should be noted that it was the preference of Leeds, Airedale Craven and Wharfedale CCGs to send their responses directly to YAS. However, this response captures a joint review of the Quality Account.

2014-15 has been a very challenging year for YAS but in most areas YAS met the challenges in order to achieve a responsive, safe and effective service. We acknowledge the good work YAS has undertaken in often difficult circumstances, whilst endeavouring to meet its contractual requirements. We felt that YAS demonstrated that it takes achieving quality and innovation seriously and has made continuous improvements in the delivery of its services.

We appreciate the clear open and honest reflection on the activities undertaken throughout 2014-15.

We recognise the importance and support the six priorities for improvement that YAS has set for 2015-16.

This is reflected throughout the Quality Account. The priorities also identify YAS as a provider who take responsibility for the quality of patient care seriously. This was reflected in the comments made by Leeds CCG's, who also commented that they would support the 6 priorities. Leeds also suggested that a seventh priority would be to improve the response times for Red 1 and Red 2 categories to improve the safety of patients.

The 2015-16 CQUIN Scheme provides a focus on patient experience and patient safety. The scheme informs future emphasis on service improvement in specific key areas such as signs and symptoms of sepsis, access to mental health pathways, improving effectiveness and patient experience in relation to pain management, and a reduction in falls and harm for patients within Patient Transport Services.

YAS has signed up to the national Sign up to Safety campaign which has been instrumental in the promotion of collaborative working in areas such as prevention of falls and early recognition of sepsis across the region.

YAS demonstrates good patient and public involvement in terms of feedback and involvement in a variety of schemes, such as involvement with young people at schools highlighting the purpose of emergency services.

YAS did not directly involve patients in the production of this annual Quality Account.

The Quality Account is set out as national guidance suggests. It can be understood by professionals and members of the public.

The use of charts, diagrams, pictures and call out boxes contribute to the overall presentation and clarity.

YAS demonstrates a good ability to collect data and maintain quality data to improve services. However, there is scope to change some of the areas of clinical audit to improve additional areas of service.

YAS continues to develop NHS 111 and respond to patient needs. Participation in national pilot schemes such as assessing the value of additional clinical expertise in call centres demonstrates commitment to responding and improving patient care and services.

YAS demonstrates commitment to research, innovation and learning which supports continuous improvements.

Wakefield Council's Adults and Health Overview and Scrutiny Committee

Through the Quality Accounts process the Adults and Health Overview and Scrutiny Committee have engaged with the Trust to review and identify quality themes and issues that members believe should be both current and future priorities. The Trust has sought the views of the Overview and Scrutiny Committee with the opportunity to provide pertinent feedback and comments.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

The committee has acknowledged that the priorities for improvement have been reviewed through the expert patient and that the Trust has taken into account issues highlighted in feedback from patients and staff. On this basis the Committee believes the identified priorities are broadly in line with those of the public.

The Committee believes the layout of the Quality Account provides relevance and clarity to both a professional and public audience. In terms of the identified priority areas for improvement the Committee would have liked to have seen more comparative information in the Quality Account as a means of setting the Trust's performance in context. Without such comparative information, local people may struggle to understand whether a particular number represents good or poor performance. However, the Committee believes this is a difficult balance to make, on the one hand producing comparative information whilst at the same time trying to maintain local ownership.

The Committee welcomes the priority focus on improving staff understanding about the availability and access to mental health pathways with Mental Health Trusts, including their crisis teams. This should strengthen the Mental Health Crisis Care Concordat and the new national NHS Ambulance Service protocol for the management of 'Section 136' patients, which provides for people in crisis who are detained under section 136 powers to be conveyed by emergency transport from the community to a health based place of safety in a safe, timely and appropriate way.

The Committee remains concerned regarding ambulance turnaround times which has continued below target, despite increased focus on performance over the last 12 months. The timely handover of care between ambulance services and Accident and Emergency services is essential in order to secure the delivery of high quality patient care. Delays not only indicate inefficiencies within the system, but have the potential to negatively impact on patient outcomes and result in a poor experience of care.

The Committee accepts that Red 1 and Red 2 emergency response standards has presented a significant challenge within the region with unprecedented levels of activity and notes the actions being put in place to address the challenges presented. Members note performance against the 2014-15 priority area for improvement for emergency response standards was not achieved. Given the high priority members of the public place on response times the Committee would have liked to have seen this priority rolled over to 2015-16.

The Committee would also like to see continued emphasis aimed at improving patient and carer experience in relation to the Patient Transport Service.

The Committee notes that a proportion of YAS income for 2014-15 was conditional on achieving quality improvement and innovation goals through the CQUIN payment framework. It is unclear from the Quality Account whether or not these were fully realised.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

The Committee welcomes the continued emphasis on patient safety within the Quality Account and the priority to increase awareness amongst clinical staff of the signs and symptoms of sepsis in adults. Early identification is crucial as sepsis can often be treated effectively with intensive medical care including antibiotics and intravenous fluids, saving thousands of lives a year in the UK.

The committee supports the priority to assist paramedics to select the most appropriate treatment option for the patient, particularly for the frail elderly who can benefit from the delivery of health and social care in settings outside the tradition hospital by utilising alternative pathways.

The Committee is grateful for the opportunity to comment on the Quality Account and looks forward to working with the Trust in reviewing performance against the quality indicators over the coming year.

End of Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

Additional Information following Stakeholder and Partner Organisation Feedback

On review of the feedback provided by stakeholder and partner organisations, Yorkshire Ambulance Service would like to outline additional information:

Care Quality Commission (CQC)

Yorkshire Ambulance Service is awaiting the publication of the Care Quality Commission (CQC) report, following the inspection of services in January 2015.

Previous CQC assessment:

- Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010: Management of medicines: Yorkshire Ambulance Service received compliance to this standard from the CQC in November 2014
- Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010: Supporting workers:

  Yorkshire Ambulance Service continues to work on the agreed Supporting Workers Standard work plan. The action plan is outlined in 3 sections:

  1. Clinical Leadership
  2. Personal Development Reviews (PDRs)
  3. Statutory and Mandatory Training.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

Progress to compliance is monitored through the governance structure and has been reassessed as part of the new CQC Inspection carried out in January 2015.

Operations Performance Service Improvement Plan

As outlined, demand for our services has reached unprecedented levels this year, in some areas of the region. Like other healthcare providers, we have had to continually reassess and our resources and resilience both on the road within the Accident and Emergency (A&E) services. The Trust has developed an Operational Performance Service Improvement Plan which is based on a number of service improvement initiatives. These include:

- Recovery
- Operational Delivery
- Demand and Despatch
- Resources
- Informatics
- Sustainability
- Leadership and Workforce Plan.

Operations Plan

In May Yorkshire Ambulance Service will publish this year's Operating Plan. It clearly sets out the priorities we have set ourselves for the coming year.

We see 2015-16 as the year when we will specifically advance our ambitions to provide world-class care.

The Trust will do this by:

- Expanding CPR training, on scene supervision and adoption of heart compression technology to further improve rates of survival
- Growing our expertise in remote clinical advice from specialist advisors in NHS 111 and our EOC
- Ensuring plans for a new Hub and Spoke and estates model and Make Ready system are progressed
- Implement changes to operational rotas and staff numbers in line with the outcomes from ORH and resource planning review.

YAS will also aim to:

- Provide clear career and professional development opportunities for frontline staff
- Better manage frequent callers and other patients who are best signposted to other NHS services in order to reduce demands upon road staff
- Improve staff engagement including reviewing YAS Teambrief and implementing findings from the cultural audit.

PART 3 - Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CCGs)

Information Governance Assessment

As noted within the Quality Account, the Yorkshire Ambulance Service Information Governance Score is rated as satisfactory 82% (indicating further improvement from 2013-14 score). The Trust continues to promote Information Governance best practice and build upon advancements from previous years. In order to enhance this further, Yorkshire Ambulance Service are carrying out the following work streams:

- Formulation of a new Information Governance Tool Kit for 2015-16
- In order to support the new Tool Kit, the Trust has a work plan to ensure robust introduction and roll-out
- Monitoring of the assessment score, tool kit and work plan though the Clinical Governance Group and Quality Committee
- A designated Information Governance Manager to lead the IG portfolio.

Continual Interaction with Stakeholder and Partner Organisations

The Trust has continual dialogue with a wide range of stakeholder and partner organisations; this enhances working relationships and joint projects. The Trust highly values the relationship that we have with the 13 Yorkshire Local Healthwatch organisations.

Over the year we have worked in partnership, attended events and invited representatives to visit us and see our work in action.

In addition, in order to enhance further the Quality agenda with Commissioner colleagues, members of the Standards and Compliance Directorate are now attending the Clinical Business Unit meetings alongside clinical and operational staff.

Actions Carried Forward from Stakeholder Feedback Quality Account 2012-13

As part of the Quality Account process, the Trust requests feedback from Stakeholder and partner organisations. From previous feedback received, the Trust has instigated and included the following recommendations:

- Refresh the ways we gather patient experience feedback from hard to reach patients
- Develop the safeguarding vulnerable adults training in line with learning from other organisations and national best practice
- The inclusion of patient stories and experience to the Trust Board meetings held in public
- Inclusion of a glossary of terms to the Quality Account.

Annex B: Statement of directors' responsibilities for the quality report

Directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

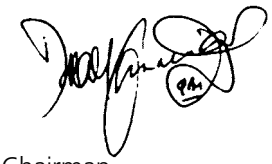
- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013-14
- the content of the quality report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2014 to March 2015
    - papers relating to Quality reported to the Board over the period April 2014 to March 2015
    - feedback from commissioners dated 27 April 2015
    - feedback from local Healthwatch organisations dated 27 April 2015
    - feedback from Overview and Scrutiny Committee dated 27 April 2015
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
    - national patient survey (N/A to ambulance sector)
    - national staff survey 2014
    - the head of internal audit's annual opinion over the Trust's control environment dated March 2015
    - CQC Intelligent Monitor Report (N/A to ambulance sector).
- the quality report presents a balanced picture of the NHS trust's performance over the period covered
- the performance information in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

Annex B: Statement of directors' responsibilities for the quality report

- the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board



Chairman

Chief Executive

2 June 2015

Strategy Development

The NHS faces ever more challenging times. An unprecedented rise in demand for urgent and emergency care services seen during 2014-15 has placed additional pressures across the whole healthcare system.

The Five-Year Forward View (5YFV) published in October 2014 sets out a vision for the future of the NHS, developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority (TDA). This strategy underpins planning guidance for 2015-16 issued by the NHS TDA and NHS England.

The 5YFV sets out the challenges ahead, identifying the three key areas of increased demand, funding constraints and the need for improved efficiency. A greater emphasis on prevention and care delivered outside of hospital, together with a more engaged relationship with carers, patients and communities are identified as central in meeting this challenge.

Increased collaboration between providers of emergency and urgent care and primary and community care services remains essential to providing responsive, effective and personalised services outside of hospital for those people with urgent but non-life-threatening conditions. The 5YFV and subsequent Dalton Review propose several new models of care for local adoption to support delivery of this aim including Multispecialty Community Providers (MCPs), Primary and Acute Care Systems (PACS), Enhanced Health in Care Homes and the development of local System Resilience Groups into Urgent and Emergency Care Networks. A number of local health economies within Yorkshire and the Humber have submitted 'Vanguard' applications seeking additional funding to implement new models of health and social care integration and YAS is an active participant in the adoption of innovative models of care.

The 5YFV and other planning guidance underlines the importance of technology in assisting the delivery of change, including adoption of a shared digital patient record across all settings of care (with the NHS number as the primary patient identifier). The introduction of fully interoperable digital records within local health economies is essential in ensuring patients and healthcare providers have access to key information to inform decisions. Other priorities include enhancing access to mental health care, including the provision of mental health support as an integral part of NHS 111 services and expanding the use of personalised care plans such as end-of-life care and ensuring organisations have appropriate systems in place for listening and responding to patient complaints.

Our one-year Operating Plan and five-year Integrated Business Plan outline our ambitions, aspirations and plans to deliver world class care for the local communities we serve through providing an ambulance service for Yorkshire and the Humber which is continually improving patient care, always learning, spending public money wisely and setting high standards of performance.

When developing our strategy we have drawn upon the key themes within local and national strategies that are relevant to our services, people and communities. This includes joint planning guidance: the (Five-Year) 'Forward View into Action' and the NHS TDA 'Delivering in a challenging environment'.

Our plans and mission 'Saving lives, caring for you' focus on our commitment to quality and ensure we deliver safe, effective, caring, well-led and responsive services to the communities we serve. Our supporting strategies, including workforce, clinical quality, information technology, fleet and estate, provide the necessary drivers to deliver the best possible care for our patients and support the concept of working in new ways to deliver the highest quality services.

This will be achieved by continuing to progress improvements in frontline clinical skills, engaging with local health communities in developing services and care pathways, giving clinical staff access to advice, technology and information to aid decision-making and ensuring that our estate and fleet guarantee that patients have timely access to services in a safe and clean environment.

The frontline A&E workforce is adapting to the changing needs of patients. This will see a new role of paramedic 'plus' developed which will provide paramedics with additional knowledge and skills to make some of the non-conveyance decisions that are now necessary to manage patients at or closer to their home.

Within the context of a national shortage of paramedics, the workforce proposal aims to establish a clear pipeline for paramedic recruitment and training. This will ensure that the Trust has sufficient clinical staff to operate across Yorkshire and the Humber. As paramedic education becomes increasingly focused on undergraduate higher education there will be a key requirement for frontline experience to complement their academic exposure. Those individuals identified as our paramedics of the future will gain this vital experience from the start of their employment until they complete their paramedic training.

Our clinical capability has improved dramatically in recent years with staff now administering many treatments at the scene of an incident which would previously only have been carried out in a hospital setting. Through the 999 and NHS 111 services we are the largest single gateway to healthcare services across Yorkshire and the Humber. This places us in a leading position to support the transformation, integration and alignment of healthcare services across the region to ensure patients are managed in the most appropriate setting. To support this we are actively engaged with local System Resilience Groups and other community forums, for example Healthwatch, to make certain the services we provide are tailored to meet the specific needs of the local communities we serve.

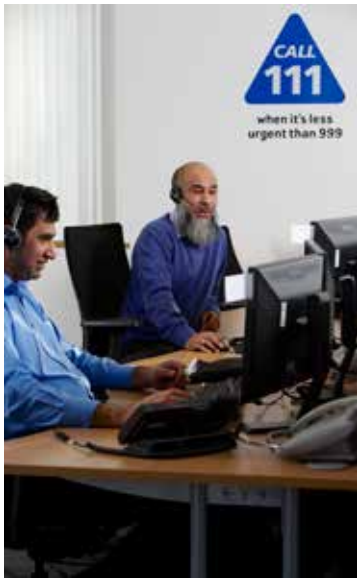
Our plans have been developed through a process of continual engagement with internal and external stakeholder groups including service leads, patient representatives, staff, commissioners and healthcare partners. They provide clear and direct commitments to our Membership, commissioners, regulating authorities, staff and most importantly the public we serve.

We understand that the current economic outlook continues to provide significant financial challenges. Our long-term financial strategy is therefore focused on ensuring that we have financial resilience to enable us to invest in service transformation, service developments and clinical quality.

Service Performance

During 2014-15 delivery of the A&E Red 1 and Red 2 performance standards posed a significant challenge. We saw unprecedented levels of demand for the A&E service, particularly for those patients who were most seriously ill or injured.

The introduction of new rota patterns at the beginning of the year did not have the impact that we anticipated and, with a changing demand level, is being revisited to establish the optimum staffing levels and working patterns to meet the increase in activity.



- An A&E Operations taskforce was introduced in Quarter 2 to identify key areas for improvement, an initial improvement in September and October was not realised in future months
- A refreshed performance improvement plan was produced in Quarter 4 with immediate, medium, and long-term actions
- An advanced despatch module was introduced in Quarter 4 to assist identifying potential Red emergencies earlier in the call cycle and allowing an earlier despatch to those patients
- There was an improvement in Red 1 performance during January to March 2015
- Three key pieces of work around resource management, call cycle efficiency and a review of the establishment and its utilisation have been commissioned
- Closer working across the 999 and NHS 111 services has led to better management of the transfer of workload between the two services.

In our Patient Transport Service considerable work has been completed over the past year in relation to better matching our demand and our operational capacity through a significant rota redesign programme. This has allowed us to maintain performance levels against our Key Performance Indicators (KPIs), despite some major changes in our demand profile linked to an increasing patient complexity and associated higher level of support being required to carry out these journeys safely.

We successfully completed a review of our communications and scheduling functions and have implemented a regional model of operations, with centres located in West, South and East Yorkshire. In addition to this we have introduced a new scheduling role and successfully rolled this out across PTS.

We continue to seek and receive patient and stakeholder feedback on our performance and this is overwhelmingly positive. However, we have recently made some changes to how we deliver our renal services in West Yorkshire linked to feedback from patients and healthcare professionals and improved our service performance as a consequence.

Our NHS 111 service received over 1.4m calls during 2014-15, and is expected to rise to 1.5m calls per year in future years. Call response performance was particularly challenged over winter 2014-15, with rises in call volumes nationally significantly above the predicted levels. In spite of this, performance across the year compares favourably with other services around the country.

Looking forward to 2015-16

To support the delivery of our strategy in an increasingly competitive and financial constrained environment, we are implementing transformational changes across a number of service areas focused on improving patient outcomes and service quality, delivering value for money and strengthening our business and commercial capabilities.

Our one-year Operating Plan for 2015-16 approved by the Board in April identifies the priorities, risks and milestones for the organisation over the coming year and provides the foundation for our five-year Integrated Business Plan.
Key developments within this plan include:

- Expanding cardiopulmonary resuscitation (CPR) training, clinical supervision and adoption of heart compression technology to improve rates of survival from out of hospital cardiac arrest in Yorkshire and the Humber closer to the best in the world
- Growing our expertise in remote clinical advice by expanding numbers of specialist clinical advisors in NHS 111 and expanding the use of technology to create virtual working environments
- Improving effectiveness and patient experience in relation to the assessment and management of pain
- Improving management of patients suffering from stroke and heart attack (Myocardial Infarction - MI)
- Through our Clinical Quality Strategy for 2015-18, we will implement improvements in patient safety, clinical effectiveness, and patient experience
    - Measuring and reducing harm through the embedding of quality indicator dashboards
    - Standardised process for the roll-out of new equipment
    - Embedding and continuing the roll-out of Paramedic Pathfinder
    - Improvement action plans for the ACQIs specifically rolling out best practice deployment models Trust-wide
    - Increased visibility of patient feedback
    - Improvement action plan through the CQUIN schedule for mental health care pathways and patients at point of crisis (section 136)
    - A range of methodologies to listen to staff and take action on what is learned
    - Implement and embed standardised clinical supervision arrangements for all professional staff
    - A robust and effective communication plan for the Clinical Quality Strategy
    - A robust reporting framework for the Clinical Quality Indicators.
- Delivering Red 1 and Red 2 response time standards on a consistent basis
- Implementing plans to improve patient experience and financial sustainability of PTS
- Adopting world class support service models by progressing plans for a new ‘Hub and Spoke’ estate model and ‘Make Ready’ vehicle preparation
- Achieving ISO 22301 standards in business continuity in our ICT, PTS, NHS 111 and EOC (Emergency Operations Centre) functions.

During 2014-15 we continued to improve our financial performance by delivering a financial surplus of £2,991,000 whilst achieving 101.9% of our Cost Improvement Programme target and achieving all our statutory financial duties. We also made further progress in our compliance with the Better Payment Practice Code which monitors the time it takes to pay our suppliers.

Achievement of Financial Duties

Financial duty	2012-13	2013-14	2014-15
Income and expenditure breakeven	•	•	•
Capital resource limit duty	•	•	•
External finance limit duty	•	•	•
Better payment practice code duty	•	•	•
Capital cost absorption duty	•	•	•

Met • Fail •

Income and Expenditure

We planned to realise a retained surplus of £2,913,000 in 2014-15 and delivered £2,991,000. We maintained appropriate control of expenditure in the period whilst achieving 92% of our Cost Improvement Plan on a recurrent basis. We made a technical adjustment to our accounts for an impairment of £449,000 relating to in-year land and property revaluations, and in respect of donated assets totalling £5,000, giving an adjusted retained surplus of £2,537,000.

We are planning to deliver a surplus of £1,149,000 in 2015-16.

Income

We recognised income of £241,328,000 in 2014-15. This is £7.9m higher than income received in 2013-14.

The financial plan for 2015-16 projects income to be £246,048,000 including projected growth in A&E demand.

The breakdown of 2014-15 income can be seen in the table below:

Income	%
A&E	71
111/Urgent Care/GPOOH	13
PTS	11
HART/Resilience	2
Other	3

Expenditure

We spent £238,963,000 on revenue items in 2014-15 which is £8.3m higher than 2013-14. The breakdown of total expenditure can be seen in the diagram below:

Expenditure	%
Pay costs	68
Non-pay costs	28
Depreciation/Impairment	3
PDC Dividends	1

A further breakdown of expenditure by type can be seen in the tables below:

Pay by expenditure type:	%
A&E	56
PTS	11
111/Urgent Care/GPOOH	7
HART / Resilience	2
Support Functions	24

Non-pay by expenditure type:	%
Urgent Care services commissioned from other organisations	22
Vehicles	15
Transport	12
Depreciation / Impairment	11
Consumables	8
Estates	7
IT	6
Insurance	4
Travel	4
Other	8
PDC Dividends	3

Cost Improvement Plans

We planned to achieve £10,351,000 savings in the year equating to 4.5% of our planned income and actually realised savings of £10,545,000 (101.9% of planned savings). We achieved 92% of these savings recurrently in 2014-15. The balance was non-recurrent savings which will have to be found recurrently as part of the £8.79m cost improvement plan for 2015-16.

Capital Expenditure

The Trust's Capital Resource Limit (CRL) was set at £10,582,000 for 2014-15. We spent £10,665,000 on capital expenditure and received of £295,000 for assets sold, which had a net book value of £184,000. We therefore achieved the CRL target with a £101,000 underspend.

Cash/External Financing Limit (EFL)

The EFL is in effect a limit on the Trust's cash balance, restricting its use of external funding. This year there was an anticipated increased cash balance of £1,935,000 and therefore a reduction in the EFL of this amount. The difference between the closing and opening cash balance (£13,427,000 and £10,142,000 respectively) was £3,285,000 which meant the Trust had £1,350,000 more cash than planned and therefore undershot the EFL, thereby achieving this target.

Capital Cost Absorption Duty

The Capital Cost Absorption Duty measures the return the Department of Health makes on its investment in the Trust and is set at 3.5% of the average carrying amount of all assets less liabilities, less the average daily cash balance in the Government Banking service or National Loans Fund accounts. The average relevant net assets figure for the period was £58,634,000. The public dividend capital reflected in the accounts was £2,051,000 which equates to 3.5% thereby achieving the target.

Better Payment Practice Code (BPPC)

During 2014-15, the Trust paid 28,261 invoices, of which 26,909 were paid within 30 days, giving an overall Better Payments Practice Code position of 95.22%, thus achieving the target of 95%.

Pensions Liabilities

For employees who are members of the NHS Pension scheme, contributions are deducted from pay and added to employer contributions. Both elements are paid over to the NHS Pensions Agency, who administer the scheme, one month in arrears. At the end of the year, we have accrued £1.983m in our balance sheet for March contributions. Details of the accounting policy on pensions costs can be found in the full Accounts for the year at Note 10.6. Pension entitlements in respect of Senior Managers are contained within the Remuneration report that follows.

External Auditor's Remuneration

In addition to their audit work, we paid our external auditors £10,000 to review our quality accounts.

Sickness Absence Data

Each year the Department of Health publishes sickness absence figures for the Trust. The number of days lost to sickness absence between January and December 2014 was 60,339 which equates to an average of 14.6 sick days per Full Time Equivalent (FTE).

Cost Allocation and Charges for Information

In charging for the services the Trust has delivered, it has complied with HM Treasury guidance on Managing Public Money to recover full costs.

Exit Packages and Severance Payments

Payments the Trust makes in relation to exit packages and severance can be found in the full Accounts at Note 10.4.

Off-payroll Engagements

For all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2015	**9**
Of which, the number that have existed:	
for less than one year at the time of reporting	8
for between one and two years at the time of reporting	1
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

For all new off-payroll engagements between 1 April 2014 and 31 March 2015, for more than £220 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	**8**
Number of new engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	**8**
Number for whom assurance has been requested	**8**
Of which:	
assurance has been received	7
assurance has not been received	1
engagements terminated as a result of assurance not being received	0

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	**0**
Number of individuals that have been "board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	**0**

1. Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive on this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

I am supported in my role as Accountable Officer by a clearly defined management structure and governance arrangements, as described in the Trust's Integrated Business Plan. The Executive Director Portfolios and associated management structures were refined during 2013-14, to ensure effective strategic and operational leadership and to provide greater clarity on accountability across all areas of Trust business.

The corporate risk management framework is set out in our Risk Management and Assurance Strategy. I ensure that this document, which describes our strategic approach to the processes and monitoring arrangements for managing risk, is reviewed and updated on an annual basis. The strategy describes the Trust risk management system and the mechanisms for providing the Trust Board with assurance that risks are managed efficiently and effectively.

The Trust has met with the NHS Trust Development Authority and our lead Clinical Commissioning Groups for 2014-15 on a regular basis to provide assurance that both the national and local targets are being met and that risks are mitigated to tolerable levels. The Trust works with its partners through membership of clinical networks across Yorkshire, contractual arrangements with other NHS providers, membership of Resilience Forums and active liaison with local scrutiny committees and local Healthwatch organisations. The Trust has also engaged extensively with individual clinical commissioning groups, Urgent Care Working Groups and other local health economy forums.

2. The governance framework of the organisation

The Trust Board has reviewed its practice to ensure alignment with available corporate governance guidance and best practice. The Board recognises its accountabilities and provides leadership within a framework of prudent and effective controls which enables risk to be assessed and managed.

The Board sets the strategic aims for the organisation and ensures that resources are in place to meet its objectives. It receives reports at each public meeting on the principal risks and associated actions as detailed in the Trust's Board Assurance Framework, through a combination of risk management reports and reports from the Board sub-committees.

The Trust Board meets on a two-monthly basis and currently consists of; the Chairman and five other Non-Executive Directors (NEDs), the Chief Executive Officer, the Executive Director of Finance and Performance, and four other Executive Directors (three voting and one non-voting) .

A non-voting Non-Executive Director (designate) also attends Board meetings. In addition, the Board functions are co-ordinated and supported by the Trust Secretary. The Board is primarily responsible for:

- Formulating strategy – vision, values, strategic plans and decisions
- Ensuring accountability – pursuing excellent performance and seeking assurance
- Shaping culture – patient focus, promoting and embedding values
- Engagement with internal and external stakeholders to support delivery of Trust aims and objectives.

During the year there have been two changes to Board personnel. The Chief Executive and Executive Director of Operations left the Trust during 2014 to take up other opportunities. These posts were filled on an interim basis by capable internal deputies, pending recruitment into the substantive positions. The Executive Director of Finance and Performance role was undertaken on an interim basis by the Associate Director since November 2014, to enable the substantive Executive Director of Finance and Performance/ Deputy Chief Executive to undertake the Interim Chief Executive role. Recruitment into substantive Chief Executive and Executive Director of Operations posts was completed in May 2015.

There have been no changes to Non-Executive Director personnel during 2014-15.

Over the year, the Trust Board has continued to assess its own effectiveness whilst leading through a period of change, and to develop its ability to focus on strategic issues whilst assuring itself of the performance of the whole organisation. It has achieved this by the following:

- A co-ordinated work plan across the Board and its sub-committees, to ensure a focus on key decisions and governance dates during the year
- Regular Board Strategic Development Sessions, in addition to the bi-monthly public and private meetings, to cover key strategic and development issues which have included:
  - The Trust's five-year integrated business plan and Operating Plan
  - Strategic Development of the Trust including stakeholder engagement, PTS transformation, and the A&E workforce plan
  - Financial priorities
  - Quality governance including consideration of the NHS and Department of Health investigations into Jimmy Savile
  - An ACAS- facilitated session on industrial relations management

- Consideration of the recommendations of an external review of the A&E service plans, undertaken on behalf of commissioners and the Trust by the Good Governance Institute
- Board governance and committee arrangements
- Risk management including the Board Assurance Framework
- Development and review of effectiveness as a unitary Board.

Attendance sheets are signed by Board members at every meeting and attendance is recorded in the minutes, with apologies noted. In an executive director's absence a nominated associate director attends. Attendance at Board meetings is monitored by the Trust Secretary on behalf of the Chairman. During the year no notable exceptions warranted action by the Chairman or Chief Executive as appropriate.

This year, as an aspirant Foundation Trust (FT), the Trust has submitted monthly assurance statements on the stipulated areas of governance to the NHS Trust Development Authority (TDA) and the Board has regularly reviewed the evidence underpinning these statements to assure itself of their accuracy. In addition, the Trust Executive team has met on a monthly basis with representatives of the NHS TDA to review the current position and provide assurance on specific issues as required.

During 2014-15 the Trust continued to commission external assessments in relation to its quality governance arrangements. A further assessment conducted by the Internal Audit service was completed in quarter 1 of 2014-15. These assessments have supported the Trust in strengthening its governance arrangements, with the most recent governance rating score of 3.0 against a Monitor requirement of a score of under 4.0.

The Trust arrangements for quality governance are fully aligned to the requirements of the foundation trust quality governance framework and ensure compliance with the Essential Standards of Quality and Safety.

The Trust successfully completed phase 2 of the Foundation Trust Historical Due Diligence exercise during 2012-13. The Trust executive developed and implemented an action plan to address areas of identified weakness, in anticipation of the next stage of the FT authorisation process. Progress towards the Foundation Trust application has continued since this point, through ongoing refinement of Board governance and regular reviews with the NHS TDA.

During the year representatives of the NHS TDA have met regularly with Executive Directors and with the Trust Chairman, to gain assurance on the rigour of Trust governance processes. Key areas of financial and quality governance have also been subject to NHS TDA review and the Trust has acted on the feedback received as a result of these exercises. No significant concerns were highlighted as a result of these exercises and feedback has been used alongside the Board's on-going self-assessment of its effectiveness to inform future development.

A Clinical Quality Strategy which covers a five year period until April 2015 describes the priorities for clinical quality and this is underpinned by an annual implementation plan covering the key work streams. A full review of the Clinical Quality Strategy was initiated in 2014, with extensive staff and stakeholder consultation. The refreshed strategy for 2015-18 was launched in May 2015.

Quality is a central element of all Board meetings. The Integrated Performance Report focuses on key quality indicators, and this is supplemented by more detailed reports containing both qualitative and quantitative information on specific aspects of clinical quality. Patient stories are used in each meeting of the Board, to ensure that the focus on quality of patient care remains at the heart of all Board activity.

The Board and Quality Committee regularly review issues, learning and action arising from Serious Incidents, other incidents and near misses, complaints and concerns, serious case reviews, claims and coroners' inquests. During the year no nationally defined 'Never Events' have occurred as a result of Trust care or services.

The Trust Quality Account is developed through a process of extensive consultation both internally and with external stakeholders. The Quality Account for 2014-15 has been reviewed by the Trust Executive Group, the Board and its committees. The final document has also been subject to External Audit scrutiny in line with Monitor guidance.

In July 2014 commissioners and other stakeholders held a Quality Surveillance Group review in relation to the Trust, primarily focused on issues arising from Trust performance in relation to the A&E service Red call response target. The Quality Surveillance Group concluded that all issues were being adequately addressed within the Trust and through regular commissioner/Trust mechanisms. Following the review, the Trust liaised with lead commissioners to facilitate a commissioner quality workshop, to raise awareness of Trust quality governance arrangements. A regular Quality Forum has now been established to support ongoing communication on quality governance issues involving the YAS Executive Director of Standards and Compliance and Executive Medical Director and their equivalents in the three designated sub-regional lead commissioning organisations.

During the year the Executive team has also engaged in a number of positive meetings with individual CCG governing bodies and with Local Authority Scrutiny Committees, to allow an opportunity to consider performance, quality and safety issues in greater depth.

The Trust Board has been underpinned throughout 2014-15 by five key committees/management groups:

- The Audit Committee (see Section 5)
- The Finance and Investment Committee
- The Quality Committee
- The Trust Executive Group; and
- The Trust Management Group.

In addition, the Remuneration and Terms of Service Committee advises the Trust Board about appropriate remuneration, terms of service, contractual arrangements and performance evaluation for the Chief Executive and other Executive Directors. The Charitable Funds Committee also supports the Board in discharging its responsibilities as trustees of the Trust charitable funds.

The Finance and Investment Committee (F&IC) was introduced from May 2011, following a review of Trust committees conducted in 2010-11. The F&IC is a formal committee of the Trust Board and is chaired by a Non-Executive Director. The Committee includes three Non-Executive Directors, the Executive Director of Finance and Performance, the Chief Executive, the Executive Director of People and Engagement, the Executive Director of Operations and senior managers. The Committee undertakes objective scrutiny of the Trust's financial plans, investment policy and major investment decisions, and as such plays a pivotal role in financial risk management. It reviews proposals for major business cases and reports on the commercial activities of the Trust, and also scrutinises the content and delivery of the Trust cost improvement programme.

The Quality Committee was introduced as a committee of the Board in March 2012 following a comprehensive review of corporate governance arrangements. The Quality Committee consists of three Non-Executive Directors, the Executive Director of Standards and Compliance, Executive Medical Director, Executive Director of People and Engagement, the Executive Director of Operations and senior managers. The Committee undertakes objective scrutiny of the Trust's clinical governance and quality plans, compliance with external quality regulations and standards and key functions associated with this, including processes to ensure effective learning from adverse events and infection prevention and control. A key element of this work is scrutiny of the quality impact assessment of cost improvement plans and other service developments. The Committee also supports the Board in scrutinising and gaining assurance on risk management, workforce governance, health and safety and information governance issues.

During 2014-15 the Board further reviewed the function of its committees, to ensure rigorous scrutiny of the management of key risks in the Board Assurance Framework and Corporate Risk Register, and the effective flow of information on key risks between the committees and Board.

In 2014-15 the Quality Committee and Finance and Investment Committee also held two joint meetings to facilitate detailed review of the major Cost Improvement Schemes and other key areas of business from both a finance and quality perspective. This exercise will be repeated on a six-monthly basis during 2015-16.

In early 2014 the Board Committees completed detailed reviews of their effectiveness, through workshops facilitated by the Internal Audit service. The exercise for the Board itself was completed in June 2014. The exercises concluded that the Board Committees are fulfilling their duties effectively.

The reviews also identified a number of recommendations for change to terms of reference or working practices which were implemented during 2014-15 to further strengthen the Board and Committee functions. A further self-assessment of Audit Committee effectiveness was completed in March 2015.

In 2014-15 the Internal Audit service completed a review of the Trust's 'risk management maturity'. The exercise concluded that the Trust had in place a sound risk management strategy and policy which was communicated throughout the organisation, and that risks and risk appetite were effectively defined. The review identified a number of areas where there was potential for further development and these will inform the risk management plan for 2015-16.

In 2013-14 the Chairman and Non-Executive Director chairs of the Finance and Investment Committee and Quality Committee facilitated a national ambulance service workshop in relation to key Board committees. This provided a valuable opportunity to benchmark the Trust's arrangements with those in other organisations, to gain positive assurance on the effectiveness of current Trust systems and processes and to learn from others. The Non-Executive Directors have facilitated further national sessions in 2014-15.

The Trust Executive Group (TEG) meets fortnightly and is accountable for the operational delivery of objectives set by the Trust Board. The primary functions of TEG include management of organisational governance, investment and disinvestment, performance delivery, including delivery of cost improvement programmes, horizon scanning, strategy and policy development, interpretation and implementation, and stakeholder and partner engagement. The Chief Executive Officer, as Accountable Officer, presents a progress report from the TEG to each meeting of the Trust Board.

The Trust Management Group (TMG) reports to Trust Board via TEG, and consists of the Executive Directors and Associate Directors and is chaired by the Chief Executive. The TMG provides TEG with assurances on governance and compliance on areas of delegated responsibility, including: monitoring and review of performance in relation to operational, quality, workforce and financial objectives; identification and management of key risks, including review of the Board Assurance Framework and Corporate Risk Register; action to address key risks to delivery and on operational issues and problems, overseeing delivery of the Trust service transformation programme and cost improvement programme, and contributing to the development of strategy and policy.

Throughout 2014-15 the role and function of TMG has been fully reviewed. A new workplan and standard agenda have been produced which ensure the Group is routinely provided with risk management information and assurance from:

- Operational management groups in the Accident and Emergency, Patient Transport and NHS 111 services
- Risk and Assurance Group (including Information Governance)

- Health and Safety Committee
- Clinical Governance Group (including IP&C)
- Vehicle and Equipment Group
- Capital Planning.

To strengthen the management of key Trust change programmes and projects aligned to the five-year business plan, the Trust established a Transformation Programme Management Group. This Group commenced work in April 2012, with executive leadership and Non-Executive Director involvement and has been reviewed and continued to operate under the revised title of Trust Executive Group (Transformation) during 2014-15. The Group provides regular reports on progress to the Trust Board and Quality Committee. The focus and governance of the Service Transformation Programme have been subject to significant review at the close of 2014-15, in order to ensure clarity of purpose and full alignment to the updated Operating Plan objectives for 2015-16.

As Chief Executive Officer (CEO), I lead on the maintenance of an effective risk management system within the Trust, for meeting all statutory requirements and adhering to guidance issued by the Department of Health in respect of governance. Leadership is also provided by the directors and managers at all levels in the managerial hierarchy, who ensure that effective risk management is implemented within their areas of responsibility.

The Executive Director of Standards and Compliance has lead responsibility for managing the development and implementation of risk management (excluding financial risk management) and integrated governance. The Director routinely provides the Trust Board, the Quality Committee, Audit Committee and other management groups with expert advice and reports on risk management and assurance. The Director ensures that the Board has access to regular and appropriate risk management information, advice, support and training where required.

The Interim Executive Director of Finance and Performance has lead responsibility for financial risk management. The Director advises the Trust Board, the Audit Committee and Finance and Investment Committee, the Trust Executive Group and Trust Management Group on an on-going basis, about risks associated with the Trust's financial procedures, and the financial elements (capital and revenue) of its activities, through the integrated governance framework.

The Executive Medical Director has lead responsibility for clinical risk management, ensuring that all clinical procedural documents are maintained and current. The Director advises the Trust Board, Quality Committee, Clinical Governance Group, and other management groups as appropriate, on risks associated with the Trust's clinical procedures and practices.

The Trust has developed and delivered a range of risk management training programmes and other education and development initiatives to all grades of management and staff, where applicable.

The Standards and Compliance Directorate has established monitoring arrangements to ensure that, in addition to learning lessons from adverse events, a proactive approach is also taken to learning from examples of good practice. A programme of internal 'Inspections for Improvement' provides objective assurance and support for department managers on key areas including health and safety, infection prevention and control and information governance.

Arrangements are in place through Board and committee review to confirm that the Trust discharges its statutory functions. The Trust is satisfied that it has been compliant with these functions during 2014-15.

3. Risk assessment

Risk assessment is the overall process of risk identification, risk analysis and risk evaluation. The process assists the Trust to manage, reduce or eradicate identified risks in order to protect the safety of patients, staff, visitors and the organisation as a whole. The identification of risk takes many forms and involves both a pro-active approach and one which reviews risks retrospectively. Therefore Trust risk assessment is a dynamic process.

Risks are identified proactively by the Board and senior management team as part of the five-year and annual business planning cycles. As part of this process the Board assesses its overall risk profile, taking into account the key business risks, Trust capacity and capability to address these, and the Board's appetite for risk including the target residual risk.

This information informs the Board Assurance Framework and its use during the year by the Board and its Committees.

In addition, risks can be identified on a daily basis throughout the Trust by any employee. The identified risks vary significantly in scope, content, likelihood and impact and hence the measures for addressing them have also varied. Having identified a risk, a thorough risk assessment is carried out following the guidance for on-going risk assessment, described in the Trust Risk Escalation and Reporting Procedure.

When risks have been identified, each one is analysed in order to assess what the likely impact would be, the likelihood of this impact occurring and how often it is likely to re-occur. Impact and Likelihood are rated on a 5x5 scale, to give an overall risk rating of 0-25. When evaluating risks; consideration is given to any existing controls for that risk and importantly the adequacy and effectiveness of those controls. All risks and associated risk treatment plans are recorded and regularly updated in the Datix risk management system. This is used as the basis for monthly review of existing and emerging risks involving all departments, via the Risk and Assurance Group.

Risks that cannot be managed locally are passed up through the line of management, to the Trust Executive Group and ultimately to the Trust Board, which is notified of all risks with a rating of 12 or above within the organisation that cannot be adequately eliminated or controlled. The Trust Board has ultimate responsibility for deciding how the Trust then manages those risks.

Annual Governance Statement

The organisation's major risks are identified at a corporate level. The Trust identifies risk to delivery of objectives within its annual business plan and five year Integrated Business Plan, and aims to prioritise and manage the principal risks that may impact on the achievement of the Trust's strategic objectives and implementation plans.

The most significant risks to the strategic objectives identified in 2014-15 were:

- Inability to deliver performance targets and clinical quality standards
- Deficit against planned financial outturn e.g. due to contract target penalties and non-delivery of CQUIN scheme
- Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes
- Loss of income due to inability to secure/retain service contracts, adversely influencing future commissioning intentions
- Adverse impact on clinical outcomes and operational performance due to inability to deliver the A&E workforce plan and associated recruitment
- Failure to maximise opportunities to further develop urgent care services
- Inability to deliver performance targets and clinical quality standards

Other risks recorded in the Board Assurance Framework 2014-15, were:

- Adverse clinical outcomes due to failure of reusable medical devices and equipment
- Reduced ability to evidence that patient care is of a sufficiently high standard, due to inadequate capacity to audit clinical practice
- Lack of compliance with key regulatory requirements (CQC, HSE, IGT, NHSTDA) due to inconsistent application across the Trust
- Failure to learn from patient and staff experience and adverse events within the Trust or externally
- Adverse impact on clinical outcomes due to failure to embed the clinical leadership framework
- Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity.

Mitigation plans were in place for each of these principal risks and the Audit Committee has scrutinised the controls and assurances as part of its annual work programme, through reports from the accountable Executive Directors.

In addition to monitoring by the Trust Board and Audit Committee, progress against risk treatment plans has been routinely discussed in each meeting of the Quality Committee and Finance and Investment Committee.

Monthly iterations of the Board Assurance Framework are supported by separate risk movement and assurance movement reports. These reports provide detail on the actions taken to mitigate the strategic risks and any reports received that could provide the Trust Board with assurance. The Board and its committees also receive reports on the corporate risk register, to enable a deeper review of emerging risks and of the flow of risk information between operational departments and the Board.

A number of new operational risks with a potential impact on the strategic goals emerged during the year and required additional management action. These have been reported to the Audit Committee and to each meeting of the Public Board via the Integrated Performance Report. The most significant risks were as follows:

In year, the increased challenge relating to delivery of Red 1 and 2 targets became more apparent, in the light of a significant increase in demand for higher acuity calls. The challenges to response times created a potentially increased risk to safety and quality of patient care, which required close monitoring and mitigation. Failure to meet performance targets also increased the risk to the Trust financial position, with the potential for fines to be levied by commissioners. The Board and Trust Executive Group have considered the risk in detail and have worked extensively with commissioners during the year to mitigate the risk. This has included a jointly sponsored external review of the A&E service delivery plan, resulting in recommendations both for the Trust and commissioners to support sustainable delivery. An A&E performance improvement plan is in place and performance has improved during the year. Further actions within this plan relating to activity and rota review, recruitment and training, improved employee relations and improvements to resource management processes are in train to deliver further improvement and ensure target delivery during 2015-16. Enhanced systems and processes implemented during the year have effectively mitigated the risk to safety and quality. The financial implications have been addressed through collaborative working with commissioners. The achievement of these targets will continue to pose a challenge to the Trust in the coming year, however, as the actions in the A&E Improvement Plan are completed. The level of demand and effectiveness of the wider health and social care system will also continue to be a significant contributing factor.

- Recruitment and training of staff was identified as an increasing risk during the year, with a national shortage of trained paramedics creating a specific challenge to delivery of the Trust's five-year workforce plan. During the year, revisions have been made to the workforce plan to increase recruitment and internal training provision and this will remain a key focus across the service lines, and in particular in relation to qualified staff, pending the planned increase in Paramedic and Nurse training nationally over the coming years.
- During the year the pressure on the West Yorkshire Urgent Care service, delivered by Local Care Direct as a part of the NHS 111/West Yorkshire Urgent Care contract, has continued

to increase, with activity levels significantly above those contracted and an impact on delivery of key performance targets and quality of patient experience. Internal mitigating action has been taken by the Trust and Local Care Direct to ensure the maintenance of a safe service to patients. There have been on-going discussions with commissioners throughout the year with regard to the specification of the service and funding appropriate to the levels of activity. Further work is ongoing to fully mitigate this risk, in the context of a further anticipated increase in activity during 2015-16.

- Employee relations have presented a key challenge during 2014-15, against a back-drop of a significant change agenda in the A&E service. Relationships with Unite the Union have been particularly challenging during the year. Positive discussions involving ACAS have helped to move relationships to a more positive footing and the Trust is in the process of moving to a multi-union recognition arrangement, which will create a new platform for constructive working relationships with all of the key unions. This is complemented by a significant focus on wider employee engagement and communication and an extensive cultural audit undertaken on behalf of the Trust will inform further engagement activity during 2015-16.

All corporate risks subject to on-going risk management plans will be recorded on the 2015-16 iteration of the Board Assurance Framework and will continue to be managed through the Corporate Risk Register.

The Internal Audit programme was significantly expanded in 2013-14 and this expanded programme was maintained in 2014-15. In the current year a total of 44 reports were produced with assurance ratings, 34 of which were rated as 'significant assurance' and 10 'limited assurance'. A number of control issues were highlighted during the year as a result of the Internal Audit programme in aspects of fleet and estates management, implementation of specific ICT projects, contract/SLA management, recruitment effectiveness, and aspects of PTS and voluntary car service management. These issues have been considered in the relevant management forum and mitigating action agreed to resolve any outstanding issues. The Audit Committee reviews management assurance on completion of related action plans.

Reference is made within the Risk Management and Assurance Strategy to the Information Governance Policy which describes, in detail, the arrangements within the Trust for managing and controlling risks to data security. The Senior Information Risk Officer role for the Trust is undertaken by the Executive Director of Standards and Compliance, supported by the Trust's Executive Medical Director as the Caldicott Guardian. During the past year there have been two incidents involving a lapse of data security which were reported to commissioners as a serious incident. These related to Business Intelligence information being shared with Health partners but with Patient Identifiable information present. Following consultation with the Information Commissioner's Office it was established that the information released represented minimal risk to any individual respondents and the necessary action to prevent recurrence was completed by the Trust.

4. The risk and control framework

The Trust is subject to constant change in its core business and the wider environment. The risk environment is constantly changing too, therefore priorities and the relative importance of risks for the Trust shift and change.

The Trust recognises that in order to be most effective, risk management must become part of the organisation's culture. The Trust strives to embed risk management into the organisation's philosophy, practices and business processes rather than be viewed or practiced as a separate activity. Our aim is for everyone in the Trust to become proactively involved in the management of risk.

The Risk Management and Assurance Strategy and supporting Risk Escalation and Reporting Procedure defines the process which specifies the way risk (or change in risk) is identified, evaluated and controlled. The Trust risk management process adheres to the guidance provided by the Australia/New Zealand Risk Management Standards, and the NHS Litigation Authority Risk Management Standards for Ambulance Trusts.

The Board Assurance Framework and Corporate Risk Register enable the Board to examine how it is managing the risks that are threatening the achievement of strategic objectives. Both of these documents are closely aligned and subject to comprehensive Executive and Non-Executive review on a quarterly basis.

The Risk Management and Assurance Strategy and associated procedural documents are actively promoted by managers to ensure that risk management is embedded through all sections of the Trust.

Close liaison between the risk and safety managers and business planning managers has ensured that business planning informs and is informed by risk management. Key business risks and mitigations are captured in the IBP and Operating Plan.

A quality impact assessment process ensures that all decisions on efficiency savings and expenditure on new developments are objective, risk based and balanced, taking account of costs and savings, impact on quality and ease of implementation. The quality impact assessments and associated early warning indicators are subject to review in each meeting of the Quality Committee.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

The Trust has undertaken a climate change risk assessment and developed an Adoption Plan, to support its emergency preparedness and civil contingency requirements, as based on UK Climate projections 2009 (UKCP09), to ensure that this organisation's obligations under the Climate Change Act are met.

The Trust has in place an annual counter fraud work programme, which is monitored via the Audit Committee. During the year the Trust also approved and introduced a new anti-bribery policy and procedures in line with new legislation.

5. Review of the effectiveness of risk management and internal control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways;

- The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of the internal audit work.
- Executive Directors and senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.
- The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the key risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by:

- Care Quality Commission Essential Standards for Quality and Safety – internal Compliance Assessments
- The Care Quality Commission inspection process
- The NHS Information Governance Toolkit
- Assessment against NHS Counter Fraud and Security standards
- Peer reviews within the ambulance service sector
- Internal audit reports
- External audit reports
- External consultancy reports on key aspects of Trust governance.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, Finance and Investment Committee and Quality Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board seeks assurance that risk management systems and processes are identifying and managing risks to the organisation appropriately through the following:

- At least annually; a review of the effectiveness of the Trust's system of internal control. The Trust Board ensures that the review covers all material controls, including financial, clinical, operational and compliance controls, and risk management systems

- An annual review of the Risk Management and Assurance Strategy
- Reviews in each Audit Committee meeting of controls and assurances in relation to the principal risks in the Board Assurance Framework, via scrutiny and challenge sessions involving the accountable Executive Directors
- A six monthly comprehensive review of the Board Assurance Framework
- Monthly integrated performance reports outlining achievement against key performance, safety and quality indicators
- Assurance reports at each meeting, providing information on progress against compliance with national standards
- Assurance from internal and external audit reports that the Trust's risk management systems are being implemented.

The risk assurance infrastructure closely scrutinises assurances on controls to assess their validity and efficiency. A key element of this work is to ensure that all procedural documents are subject to monitoring compliance against the detail described within them; that they meet with regulatory requirements; and that they have considered all current legislation and guidance.

The Risk and Assurance Group carries out a detailed analysis of assurances received, to identify any gaps in the assurance mechanisms and to provide an evaluation of the effectiveness of them, reporting findings to executive committees/ management groups as appropriate.

The Audit Committee consists of all of the Non-Executive Directors, with the exception of the Chairman, with representatives of Internal and External Audit services in attendance. The Executive Director of Finance and Performance and Executive Director of Standards and compliance are in attendance at all meetings, with other Executive Directors attending through the year as part of the Committee work programme. The Committee provides an overview and scrutiny of risk management. The Committee independently monitors, reviews and reports to the Trust Board on the processes of governance and, where appropriate, facilitates and supports through its independence, the attainment of effective processes. The Audit Committee concludes upon the adequacy and effective operation of the organisation's overall internal control system.

In performing this role the Committee's work will predominantly focus upon the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives; the Board Assurance Framework.

The Audit Committee reviews all risk and control related disclosure statements and memoranda, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

The Audit Committee primarily utilises the work of internal audit, external audit and other assurance functions, but is not limited to these audit and assurance functions.

It also seeks reports and assurances from other Board Committees, directors and managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness.

There is a robust process for the flow of information between the Finance and Investment Committee, Quality Committee and Audit Committee to support the assurance process on key risks. The Quality Committee and Finance and Investment Committee have provided significant assurances to the Audit Committee on risks relevant to their terms of reference, covering all risks contained within the Board Assurance Framework. The Audit Committee completed its annual self-assessment in March 2015 and concluded that the arrangements in place were effective.

The Trust is required under NHS regulations to prepare a Quality Account for each financial year. The Trust Quality Account for 2014-15 reports on key indicators of quality relating to patient safety, clinical effectiveness and patient experience. The Quality Account includes comments from key stakeholders which are a positive reflection on developments over the year and of the Trust's engagement with partners. The Quality Account has been subject to independent external review by Deloitte (who are also the Trust's external auditors) and scrutiny by the Audit Committee and I am satisfied that it presents a balanced and accurate view of quality within the Trust.

The Trust is compliant with the CQC essential standards of quality and safety, having completed actions arising from minor concerns relating to Outcome 9 – Management of Medicines and Outcome 14 – Supporting Workers which were identified in the July 2013 CQC inspection. The Trust has since received a further full CQC inspection under the new Chief Inspector of Hospitals regime in January 2015. Initial minor verbal concerns raised during the inspection process were addressed at the time and the Trust is now awaiting publication of the full report from the CQC. The Board will review the risk register and any additional mitigation as required following publication of the report.

On final review and closure of the 2014-15 iteration of the Board Assurance Framework, one significant issue was identified relating to continued delivery of the A&E service targets against a backdrop of challenging employee relations and rising demand (see Section 6).

Head of Internal Audit Opinion

Introduction

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the Internal Audit work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control).

This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which should provide a reasonable level of assurance subject to the inherent limitations described below.

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpin the assessment of the effectiveness of the organisation's system of internal control. This Opinion will assist in the completion of the Annual Governance Statement.

Opinion

My overall opinion is:

Significant Assurance can be given that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design or inconsistent application of controls put the achievement of particular objectives at risk most notably in the areas of Contract/SLA management, new IT system implementation, Estates Management (tenancies/ facilities /R&M), vehicle safety and cleaning, PTS criteria application and recruitment effectiveness.

Basis of Forming the Opinion

The basis for forming my opinion is as follows:

Assurance Framework

A Board Assurance Framework (BAF) exists to meet the requirements of the Annual Governance Statement (AGS) and provides reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation. The BAF aligns the Trust's Strategic Objectives and Goals to the principal risks in achieving them. The Trust has continued to ensure the BAF is used at Board level, with support from the key governance committees. Previous improvement points around a clearer mapping of assurances to key controls and greater clarity in the recording of assurances will be considered as part of the developing (and underpinning) assurance matrix.

Assurance across the organisation's business areas (The assurance areas listed frequently overlap between functional areas)

The audits for 2014-15 were drawn from year 2 of an enlarged three-year strategic plan approved by the Audit Committee. The components of the risk based plan are set out below and include audits deemed mandatory by the Trust (including Board Assurance Framework (BAF), Information Governance Toolkit (IGT) and core financial systems work) along with coverage across the Trust's business with a greater emphasis on operational areas than achieved through previous internal audit plans.

Clinical Quality and Governance	Clinical audit, clinical research, clinical leadership (follow-up), clinical governance framework, clinical quality strategy
Standards and Governance	Board/committee operating arrangements, service transformation, business case development, claims management, Care Quality Commission (CQC), contract quality, Health and Safety (H&S), risk management (corporate maturity and departmental review), Board Assurance Framework (BAF), Information Governance Toolkit (IGT) validation
Workforce and Strategy	Capacity building/succession planning, recruitment (checks and effectiveness), performance appraisals, occupational health, employee and industrial relations governance, training delivery and procurement, Health and Safety (H&S) compliance, apprenticeships/NHS learning account
Finance and Procurement	Financial systems (financial ledger, payroll, AP, capital programme, Long Term Financial Model (LTFM), charitable funds, treasury management), Contract/Service Level Agreements (SLAs) management, procurement, IT reviews around ECS general controls, ResWeb and Adastra computer systems (follow-up), network testing, IT reviews of strategy and governance, risk management, operational security, tenancy management vehicle safety/cleaning, workshop commercial income, facilities management, benefits realisation, performance information
Operations	Emergency Operations Centres (EOCs) - business continuity, rota implementation, Emergency Care Practitioners (ECPs)/Urgent Care Practitioners (UCPs), Patient Transport Service (PTS) criteria application, volunteer car service, private and events income, Hazardous Area Response Team (HART) resource management, business continuity planning

Contribution to Governance, Risk Management and Internal Control enhancements

Wider outcomes from Internal Audit activity are set out below:

- Continued delivery of the 'zero-based' internal audit plan from a fundamental review of the 'audit universe' alongside Executive Officers and the Audit Committee. This fundamentally expanded the scope of internal audit coverage to support the Trust's development agenda and its journey towards Foundation Trust status.
- Involvement and relationship with the organisation e.g. attendance at Audit Committee meetings, Executive Team (as required) in addition to meeting attendance connected with specific reviews.
- Delivery of facilitated Board effectiveness workshop (MIAA).
- Ongoing discussions with lead officers and Non-Executive members throughout the year.
- Effective utilisation of internal audit including in year communication, and changes to the audit plan.
- Follow up activity demonstrating progress against recommendations to improve systems and controls, and assisting the development of and aligning with a combined follow-up approach with Trust systems.
- Delivery of advisory work around service transformation and maturity assessments of risk management and employee/ industrial relations (including development of an assessment model).

The Opinion does not imply that Internal Audit have reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Board takes into account in making its Annual Governance Statement.

Director of Audit Services
April 2015

Mitigating action has been taken to address the specific concerns identified in the Head of Internal Audit opinion, and other risks emerging during the year through the Trust's risk management processes. Assurance on the controls in place to manage these issues in 2015-16 will be reviewed through the risk management and committee arrangements outlined in section 2 of this statement. This mitigating action includes:

- Detailed risk treatment plans in relation to each of the risks recorded in the BAF
- Establishment of a task and finish group to oversee mitigation of risks to delivery of the Red performance targets
- Continued delivery of the PTS transformation programme
- Targeted project work in relation to clinical leadership and recruitment functions
- Leadership and management development

6. Significant Issues

The 2014-15 review of the Trust's system of internal control has identified one significant issue relating to: continued delivery of the A&E service targets against a backdrop of challenging employee relations.

The risk relating to delivery of the A&E targets is being addressed through implementation of a programme of operational efficiency changes and continued implementation of the five-year workforce plan.

This will be supported by extensive management and staff engagement and communication. Employee relations present a significant challenge during this period of intense change, and are also heavily influenced by the national context in the light of ongoing discussions around national pay settlement and unsocial hours. The Trust is in the process of moving from the current single union agreement to a multi-union recognition arrangement during 2015-16.

Management of this risk will be monitored during 2015-16 through the Trust Executive Group, Finance and Investment Committee, Quality Committee, Audit Committee and Board. Additional monitoring and assurance will be provided through the Trust Service Transformation Programme, to oversee the delivery of key developments aligned to the Trust's five-year business plan.

With the exception of the internal control issues that I have outlined in this statement, my review confirms that Yorkshire Ambulance Service has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Accountable Officer: Rod Barnes, Chief Executive Officer
Yorkshire Ambulance Service NHS Trust

2 June 2015

Independent Auditor's Statement

INDEPENDENT AUDITOR'S STATEMENT TO THE BOARD OF DIRECTORS OF YORKSHIRE AMBULANCE SERVICE NHS TRUST

We have examined the summary financial statements of Yorkshire Ambulance Service for the year ended 31 March 2015 which comprise the Summary Statement of Comprehensive Income, the Summary Balance Sheet, the Summary Statement of Changes in Taxpayers' Equity, the Summary Statement of Cash Flows; and the Remuneration Report.

This report is made solely to the Board of Directors of Yorkshire Ambulance Service NHS Trust, as a body, in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. Our audit work has been undertaken so that we might state to the Board those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's members, as a body, for our audit work, or for the opinions we have formed.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report (which includes the summary financial statements) and the supplementary material in accordance with applicable United Kingdom law.

Our responsibility is to report to you our opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements.

We also read the other information contained in the Strategic Report and the supplementary material as described in the contents section and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements.

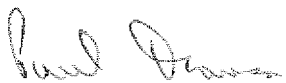
Basis of Opinion

We conducted our work in accordance with Bulletin 2008/3 issued by the Auditing Practices Board. Our report on the Trust's statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In our opinion the summary financial statements contained are consistent with the full annual financial statements of Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2015.

We have not considered the effects of any events between the date on which we signed our report on the full annual financial statements 2 June 2015 and the date of this statement.



Paul Thomson (Engagement Lead)
For on and behalf of Deloitte LLP, Leeds

28 September 2015

Summary Financial Statements

Statement of Comprehensive Income for year ended 31 March 2015

	2014-15 £000s	2013-14 £000s
Gross employee benefits	**(161,006)**	(154,339)
Other operating costs	**(75,646)**	(74,256)
Revenue from patient care activities	**235,975**	229,574
Other Operating revenue	**5,353**	3,810
Operating surplus/(deficit)	**4,676**	4,789
Investment revenue	**61**	49
Other gains and (losses)	**111**	103
Finance costs	**(260)**	(272)
Surplus/(deficit) for the financial year	**4,588**	4,669
Public dividend capital dividends payable	**(2,051)**	(1,898)
Retained surplus/(deficit) for the year	**2,537**	2,771
Impairments and reversals	**(38)**	(416)
Net gain/(loss) on revaluation of property, plant & equipment	**2,165**	1,411
Total Comprehensive Income for the year	**4,664**	3,766
Financial performance for the year		
Retained surplus/(deficit) for the year	**2,537**	2,771
Add/(Deduct) impairments	**449**	(110)
Adjustments in respect of donated asset	**5**	0
Adjusted retained surplus/(deficit)	**2,991**	2,633

Statement of Financial Position as at 31 March 2015

	31 March 2015 £000s	31 March 2014 £000s
Non-current assets:		
Property, plant and equipment	**83,244**	79,156
Intangible assets	**1,011**	1,231
Trade and other receivables	**669**	814
Total non-current assets	**84,924**	81,201
Current assets:		
Inventories	**905**	1,326
Trade and other receivables	**12,670**	12,309
Cash and cash equivalents	**13,427**	10,142
Total current assets	**27,002**	23,777
Non-current assets held for sale	**160**	160
Total current assets	**27,162**	23,937
Total assets	**112,086**	105,138
Current liabilities		
Trade and other payables	**(12,903)**	(11,726)
Provisions	**(3,025)**	(2,635)
Capital loan from Department of Health	**(412)**	(334)
Total current liabilities	**(16,340)**	(14,695)
Total assets less current liabilities	**95,746**	90,443
Non-current liabilities		
Provisions	**(8,881)**	(8,535)
Capital loan from Department of Health	**(6,125)**	(5,837)
Total non-current liabilities	**(15,006)**	(14,372)
Total Assets Employed:	**80,740**	76,071
FINANCED BY: TAXPAYERS' EQUITY		
Public Dividend Capital	**78,594**	78,594
Retained earnings	**(5,071)**	(7,759)
Revaluation reserve	**7,217**	5,236
Total Taxpayers' Equity	**80,740**	76,071

The summary financial statements were approved by the Board on 2 June 2015 and signed on its behalf by Chief Executive Rod Barnes.

Statement of Changes in Taxpayers' Equity For the year ended 31 March 2015

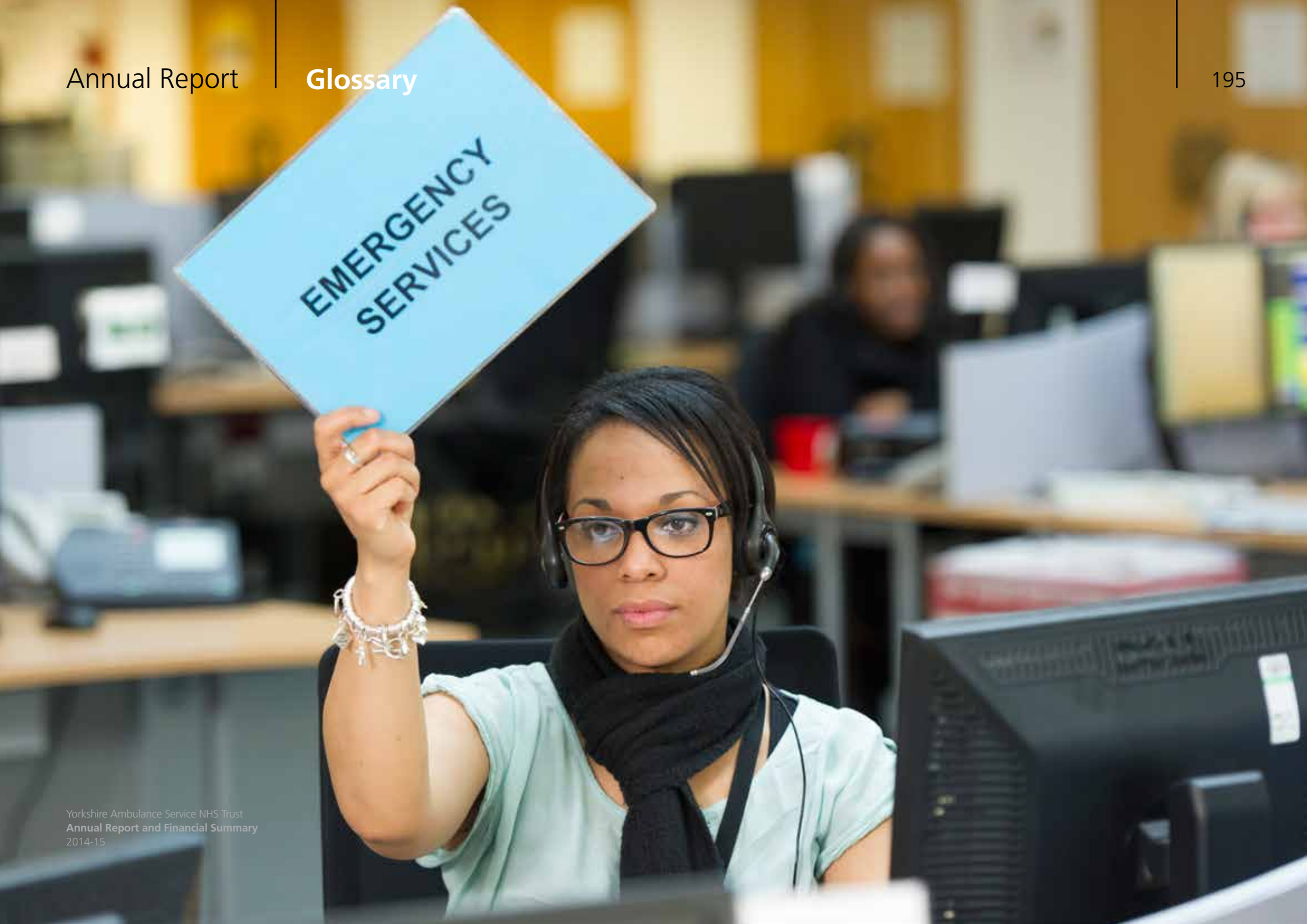
	Public Dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	Total reserves £000s
Balance at 1 April 2014	**78,594**	**(7,759)**	**5,236**	**76,071**
Changes in taxpayers' equity for 2014-15				
Retained surplus/(deficit) for the year		2,537		**2,537**
Net gain/(loss) on revaluation of property, plant, equipment			2,165	**2,165**
Impairments and reversals			(38)	**(38)**
Transfers between reserves		146	(146)	**0**
Other Movements		5		**5**
Reclassification Adjustments				
New PDC Received - Cash				
Net recognised revenue/(expense) for the year	**0**	**2,688**	**1,981**	**4,669**
Balance at 31 March 2015	**78,594**	**(5,071)**	**7,217**	**80,740**
Balance at 1 April 2013	**74,094**	**(10,625)**	**4,336**	**67,805**
Changes in taxpayers' equity for 2013-14				
Retained surplus/(deficit) for the year		2,771		**2,771**
Net gain / (loss) on revaluation of property, plant, equipment			1,411	**1,411**
Impairments and reversals			(416)	**(416)**
Transfers between reserves		95	(95)	**0**
Reclassification Adjustments				
New PDC Received - Cash	4,500			**4,500**
Net recognised revenue/(expense) for the year	**4,500**	**2,866**	**900**	**8,266**
Balance at 31 March 2014	**78,594**	**(7,759)**	**5,236**	**76,071**

This is only a summary of information derived from the Trust's annual accounts. As such, it does not contain sufficient information to allow a full understanding of the results and state of affairs of the Trust and its policies and arrangements concerning directors' remuneration, as would be provided by the full annual financial statements, and that members requiring more detailed information have the right to obtain, free of charge, a copy of the Trust's last full financial statements. This information can be obtained by contacting the Corporate Communications team, email corp-comms@yas.nhs.uk or phone 0845 120 0048.

Statement of Cash Flows for the year ended 31 March 2015

	2014-15 £000s	2013-14 £000s
Cash Flows from Operating Activities		
Operating Surplus/(Deficit)	**4,676**	4,789
Depreciation and Amortisation	**8,291**	8,990
Impairments and Reversals	**449**	(110)
Donated Assets received credited to revenue but non-cash		(29)
Interest Paid	**(113)**	(119)
Dividend (Paid)/Refunded	**(1,878)**	(2,021)
(Increase)/Decrease in Inventories	**421**	80
(Increase)/Decrease in Trade and Other Receivables	**(386)**	(132)
Increase/(Decrease) in Trade and Other Payables	**2,391**	(1,989)
Provisions Utilised	**(1,171)**	(1,451)
Increase/(Decrease) in Provisions	**1,759**	2,684
Net Cash Inflow/(Outflow) from Operating Activities	**14,439**	10,692

	2014-15 £000s	2013-14 £000s
Cash flows from investing activities		
Interest Received	**61**	49
(Payments) for Property, Plant and Equipment	**(11,714)**	(10,829)
(Payments) for Intangible Assets	**(162)**	(977)
Proceeds of disposal of assets held for sale (PPE)	**295**	196
Net Cash Inflow/(Outflow) from Investing Activities	**(11,520)**	(11,561)
Net cash inflow/(outflow) before financing	**2,919**	(869)
Cash flows from financing activities		
Public Dividend Capital Received	**0**	4,500
Loans received from DH - New Capital Investment Loans	**700**	0
Loans repaid to DH - Capital Investment Loans Repayment of Principal	**(334)**	(334)
Net Cash Inflow/(Outflow) from Financing Activities	**366**	4,166
Net increase/(decrease) in cash and cash equivalents	**3,285**	3,297
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	**10,142**	6,845
Cash and Cash Equivalents (and Bank Overdraft) at year end	**13,427**	10,142


EMERGENCY
SERVICES

Glossary

Term/Abbreviation	Definition/Explanation
Accident and Emergency (A&E) Service	A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
Advanced Medical Priority Dispatch System (AMPDS)	An international system that prioritises 999 calls using information about the patient as supplied by the caller.
Ambulance Quality Indicators (AQIs)	AQIs were introduced in April 2011 for all ambulance services in England and look at the quality of care provided as well as the speed of response to patients. The AQIs are ambulance specific and are concerned with patient safety and outcomes.
Ambulance Service Cardiovascular Quality Initiative	The initiative aims to improve the delivery of pre-hospital (ambulance service) care for cardiovascular disease to improve services for people with heart attack and stroke.
Annual Assurance Statement	The means by which the Accountable Officer declares his or her approach to, and responsibility for, risk management, internal control and corporate governance. It is also the vehicle for highlighting weaknesses which exist in the internal control system within the organisation. It forms part of the Annual Report and Accounts.
Automated External Defibrillator (AED)	A portable device that delivers an electric shock through the chest to the heart. The shock can then stop an irregular rhythm and allow a normal rhythm to resume in a heart in sudden cardiac arrest.
Bare Below the Elbows	An NHS dress code to help with infection, prevention and control.
Better Payment Practice Code (BPPC)	The BPPC was established to promote a better payment culture within the UK and urges all organisations to adopt a responsible attitude to paying on time. The target is to pay all invoices within 30 days of receipt.
Board Assurance Framework (BAF)	Provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their strategic objectives.
British Association for Immediate Care (BASICS)	A network of doctors who provide support to ambulance crews at serious road traffic collisions and other trauma incidents across the region.
Bronze Commander Training	A course designed to develop and equip ambulance services, health colleagues and Voluntary Aid Society Incident Managers at operational/bronze level to effectively manage major/catastrophic incidents.
Caldicott Guardian	A senior member of staff appointed to protect patient information.
Call Connect	A way of measuring ambulance response times introduced on 1 April 2008 based on the point at which a call is connected to the ambulance service.

Glossary

Term/Abbreviation	Definition/Explanation
Cardio-pulmonary Resuscitation (CPR)	A procedure used to help resuscitate a patient when their heart stops beating and breathing stops.
Care Bundle	A care bundle is a group of interventions (practices) related to a disease process that, when carried out together, result in better outcomes than when implemented individually.
Care Quality Commission (CQC)	An independent regulator responsible for monitoring and performance measuring all health and social care services in England.
Chairman	The Chairman provides leadership to the Trust Board and chairs all Board meetings. The Chairman ensures key and appropriate issues are discussed by the executive and non-executive directors.
Chief Executive	The highest-ranking officer in the Trust, who is the Accountable Officer responsible to the Department of Health for the activities of the organisation.
Chronic Obstructive Pulmonary Disease (COPD)	COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
Clinical Commissioning Group (CCG)	Groups of clinicians who commission healthcare services for their communities. They replaced primary care trusts (PCTs).
Clinical Hub	A team of clinical advisors based within the Emergency Operations Centre providing support for patients with non life-threatening conditions.
Clinical Pathways	The standardisation of care practices to reduce variability and improve outcomes for patients.
Clinical Performance Indicators (CPIs)	CPIs were developed by ambulance clinicians and are used nationally to measure the quality of important areas of clinical care. They are designed to support the clinical care we provide to patients by auditing what we do.
Clinical Quality Strategy	A framework for the management of quality within YAS.
Clinical Supervisor	Works on the frontline as part of the operational management team and facilitates the development of clinical staff and helps them to practise safely and effectively by carrying out regular assessment and revalidations.
Commissioners	Ensure that services they fund can meet the needs of patients.
Community First Responders (CFRs)	Volunteers in their local communities, who respond from their home addresses or places of work to patients suffering life-threatening emergencies.

Glossary

Term/Abbreviation	Definition/Explanation
Comprehensive Local Research Networks (CLRNs)	Coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community.
Computer Aided Dispatch (CAD)	A method of dispatching ambulance resources.
Commissioning for Quality and Innovation (CQUIN)	The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.
Dashboards	Summary of progress against Key Performance Indicators for review by managers or committees.
Dataset	A collection of data, usually presented in tabular form.
Department of Health (DH)	The government department which provides strategic leadership for public health, the NHS and social care in England.
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)	For a small number of people who are approaching the last days of life, cardiopulmonary resuscitation (CPR) would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes.
Electrocardiograms (ECG)	An interpretation of the electrical activity of the heart. This is done by attaching electrodes onto the patient which record the activity of the different sections of the heart.
Emergency Care Assistant (ECA)	Emergency Care Assistants work with clinicians responding to emergency calls. They work alongside a more qualified member of the ambulance team, giving support and help to enable them to provide patients with potentially life-saving care at the scene and transporting patients to hospital.
Emergency Care Practitioner (ECP)	Emergency Care Practitioners are paramedics who have received additional training in physical assessment, minor illnesses, minor injuries, working with the elderly, paediatric assessment, mental health and pharmacology.
Emergency Department (ED)	A hospital department responsible for assessing and treating patients with serious injuries or illnesses.
Emergency Medical Technician (EMT)	Works on an emergency ambulance to provide the care, treatment and safe transport of patients.
Emergency Operations Centre (EOC)	The department which handles all our emergency and routine calls and deploys the most appropriate response. The two EOCs are based in Wakefield and York.

Term/Abbreviation	Definition/Explanation
Equality and Diversity	Equality legislation protects people from being discriminated against on the grounds of their sex, race, disability, etc. Diversity is about respecting individual differences such as race, culture, political views, religious views, gender, age, etc.
Face, Arm, Speech Test (FAST)	A brief test used to help determine whether or not someone has suffered a stroke.
Foundation Trust (FT)	NHS organisations which operate more independently under a different governance and financial framework.
Foundation Trust Development Group	This is made up of the YAS Chairman and YAS Trust Executives.
General Practitioner (GP)	A doctor who is based in the community and manages all aspects of family health.
Governance	The systems and processes, by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community.
Green Calls	A local response target. Previously known as Category B calls for conditions which are not immediately life-threatening.
Hazardous Area Response Team (HART)	A group of staff who are trained to deliver ambulance services under specific circumstances, such as at height or underground.
Health Overview and Scrutiny Committees (HOSCs)	Local authority-run committees which scrutinise matters relating to local health services and contribute to the development of policy to improve health and reduce health inequalities.
Healthwatch	Healthwatch England is the new independent consumer champion for health and social care in England. Local Healthwatch organisations have also been set up. Local Healthwatch organisations are a network of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services. Healthwatch organisations started to replace LINks (Local Involvement Networks) from October 2012.
Human Resources (HR)	A function with responsibility for implementing strategies and policies relating to the management of individuals.
Information Asset Owner (IAO)	An IAO is an individual within an organisation that has been given formal responsibility for the security of an information asset (or assets) in their particular work area.
Information, Communication and Technology (ICT)	The directorate responsible for the development and maintenance of all ICT systems and processes across Yorkshire Ambulance Service.

Glossary

Term/Abbreviation	Definition/Explanation
Information Governance (IG)	Allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.
Information Management and Technology (IM&T)	This department consists of the IT Service Desk, Voice Communications Team, IT Projects Team and Infrastructure, Systems and Development Team which deliver all the Trust's IT systems and IT projects.
Integrated Business Plan (IBP)	Sets out an organisation's vision and its plans to achieve that vision in the future.
KA34	A reporting requirement for all ambulance trusts, with a template completed annually and submitted to the Department of Health. The information obtained from the KA34 is analysed by individual ambulance service providers to show volume of service and performance against required standards.
Key Performance Indicator (KPI)	A measure of performance.
Knowledge and Skills Framework (KSF)	A competence framework to support personal development and career progression within the NHS.
Major Trauma	Major trauma is serious injury and generally includes such injuries as: • traumatic injury requiring amputation of a limb • severe knife and gunshot wounds • major head injury • multiple injuries to different parts of the body eg chest and abdominal injury with a fractured pelvis • spinal injury • severe burns.
Major Trauma Centre	A network of centres throughout the UK, specialising in treating patients who suffer from major trauma.
Mental Capacity Act (MCA)	Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.
Monitor	The independent regulator of NHS foundation trusts.
Myocardial Infarction (MI)	Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die.
National Health Service (NHS)	Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is funded by taxes.

Term/Abbreviation	Definition/Explanation
National Learning Management System (NLMS)	Provides NHS staff with access to a wide range of national and local NHS eLearning courses as well as access to an individual's full training history.
National Reporting and Learning System (NRLS)	The NRLS is managed by the NHS National Patient Safety Agency. The system enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.
NHS 111	NHS 111 is an urgent care service for people to call when they need medical help fast but it's not a 999 emergency. Calls are free from landlines and mobile phones.
NHS England	NHS England is responsible for Clinical Commissioning Groups (CCGs), working collaboratively with partners and encouraging patient and public participation in the NHS.
NHS Trust Development Authority (NHS TDA)	Provides leadership and support to the non-Foundation Trust sector of NHS providers.
Non-Executive Directors (NEDs)	Drawn from the local community served by the Trust, they oversee the delivery of ambulance services and help ensure the best use of financial resources to maximise benefits for patients. They also contribute to plans to improve and develop services which meet the area's particular needs.
Paramedic	Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with colleagues, they assess a patient's condition and provide essential treatment.
Paramedic Practitioner	Paramedic practitioners come from a paramedic background and have additional training in injury assessment and diagnostic abilities.
Patient Report Form (PRF)	A comprehensive record of the care provided to patients.
Patient Transport Service (PTS)	A non-emergency medical transport service, for example, to and from out-patient appointments.
Personal Development Reviews (PDRs)	The PDR process provides a framework for identifying staff development and training needs and agreeing objectives.
Personal Digital Assistants (PDAs)	Small computer units which help to capture more accurate data on Patient Transport Service performance and journey times and identify areas which require improvements.
Private and Events Service	Provides medical cover to private and social events for example, football matches, race meetings, concerts and festivals. It also provides ambulance transport for private hospitals, corporations and individuals.

Glossary

Term/Abbreviation	Definition/Explanation
Quality Governance Framework	A process to ensure that YAS is able to monitor and progress quality indicators from both internal and external sources.
Quality Strategy	Framework for the management of quality within Yorkshire Ambulance Service.
Rapid Response Vehicle (RRV)	A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance capable of transporting patients.
Red 1 and 2 Calls	Previously referred to as Category A calls. An immediate life-threatening situation requiring emergency assistance eg cardiac arrest, choking, uncontrolled haemorrhage etc. The objective is to provide immediate aid to apply life-saving skills supported by paramedic intervention.
Resilience	The ability of a system or organisation to recover from a catastrophic failure.
Safeguarding	Processes and systems for the protection of vulnerable adults, children and young people.
Safeguarding Referral	Yorkshire Ambulance Service staff are given information to help them identify warning signs of abuse or neglect and to report this via our Clinical Hub, to social care. Social care will follow up each referral to ensure that the vulnerable adult or child involved is safe.
Safety Thermometer	The NHS Safety Thermometer is a tool designed to help hospitals understand where they can potentially cause harm to patients and reduce the risk of this.
Serious Incidents (SIs)	Serious Incidents include any event which causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud or has the potential to cause significant reputation damage.
Stakeholders	All those who may use the service, be affected by or who should be involved in its operation.
ST Elevation Myocardial Infarction (STEMI)	A type of heart attack.
Year to Date (YTD)	The period from the start of a financial year to the current time.
Yorkshire Air Ambulance (YAA)	An independent charity which provides an airborne response to emergencies in Yorkshire and has YAS paramedics seconded to it.
Yorkshire Ambulance Service (YAS)	The NHS provider of emergency and non-emergency ambulance services in Yorkshire and the Humber.

Yorkshire Ambulance Service NHS
NHS Trust

An Aspirant Foundation Trust

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The full accounts for the year ended 31 March 2015 for Yorkshire Ambulance Service NHS Trust, together with further copies of this publication, are available on request.

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