Yorkshire Ambulance Service NHS
NHS Trust
Providing world class care for the local communities we serve
Annual Report, Quality Account and Financial Accounts
2015-16

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Welcome...

This is my final Annual Report after six years as Chairman of Yorkshire Ambulance Service NHS Trust (YAS). This last year, 2015-16, has been another year of challenges to which, as usual, the staff have worked hard to ensure the continuing development of the services provided by YAS.

One important aspect of the year has been to bring stability to the Executive Team by the appointment of the Chief Executive and the Executive Director of Operations. The development of the team continues with looking to permanently appoint an Executive Director of Finance and a Director of Workforce and Organisational Development. Work was also undertaken to review the directorate portfolios and the structures relating to the Senior Management Group. Work to recruit to the new structure continues in order to ensure an alignment of roles with the needs of a modern ambulance service, recognising the importance of the wider integration of our Patient Transport Service (PTS), NHS 111, provision of urgent and planned care and the need for business development in the modern, competitive environment in which YAS operates.

I welcomed the Care Quality Commission (CQC) inspection of the Trust in January 2015 when the four core areas of our business (the Emergency Operations Centre, Urgent and Emergency Care, PTS and Resilience) were looked at to see whether they were safe, effective, caring, responsive and well-led. Its report published in August 2015 rated the Trust as 'Requires Improvement' with a number of areas scoring 'Good', particularly in terms of caring.

The CQC recognised much of the good work going on within the Trust including the development of falls, end-of-life and mental health pathways, the international accreditation of our 999 Emergency Operations Centre (EOC) and outstanding practice such as the Restart a Heart initiative, our work with volunteers and our carbon initiatives. We have worked hard to make the required improvements highlighted in the CQC's inspection report and continue to review all areas of our operations and take action where necessary.

YAS remains one of the best performing trusts for outcomes from cardiac arrest, and is the leading ambulance trust nationally for survival to discharge from hospital in the Utstein group (a set of guidelines for the uniform reporting of cardiac arrest). This success reinforces our commitment to becoming a world leader in the management of patients in cardiac arrest.

I am particularly proud of the improvements to quality and patient outcome that have been achieved, as well as the work which has been carried out to modernise and diversify all aspects of our service and create solid financial foundations for the future.

Despite all the challenges that we face; one thing never changes and that is the dedication of our skilled workforce and their relentless focus on our responsiveness and quality of care for patients; it has been a pleasure to work alongside them.

Yorkshire Ambulance Service is continually looking forward, anticipating change and adapting its services to better meet the needs of our patients and I would like to wish the Trust all the best for the future.

Ms Della M Cannings QPM
Chairman

Introducing Yorkshire Ambulance Service

Yorkshire Ambulance Service NHS Trust (YAS) is the county's provider of emergency, urgent care and non-emergency patient transport services.

Meeting the needs of patients is at the heart of everything we do.

We are committed to ensuring that patients receive the right response, within an appropriate time frame, wherever they live.

Our staff are focused on providing high-quality care, excellent patient experiences and improved health outcomes.

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

Our main roles are to:

- **receive** 999 calls in our emergency operations centres (Wakefield and York) and arrange the most appropriate response to meet patients' needs
- **respond** to 999 calls by getting help to patients who have serious or life-threatening injuries or illnesses as quickly as possible. It is worth noting that the majority of our patients do not have serious or life-threatening conditions and do not have an emergency medical need that requires an ambulance to be sent using blue lights and sirens so we arrange for them to receive more appropriate care closer to home whenever possible
- **provide** the NHS 111 urgent medical help and advice line across Yorkshire and the Humber, North Lincolnshire and North East Lincolnshire, and Bassetlaw in Nottinghamshire. The service includes the delivery of GP out-of-hours (OOH) services in West Yorkshire through our partner Local Care Direct and provides call-taking support to other GP OOH services
- **take** eligible patients to and from their hospital appointments and treatments with our non-emergency Patient Transport Service (PTS).

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).

Within the Special Services Team our Hazardous Area Response Team (HART) provides a clinical response within the immediate area of an emergency incident known as the inner cordon, particularly where there are mass casualties. An element of the HART is our Urban Search and Rescue (USAR) Team which can respond to incidents involving entrapments at height, underground, in collapsed structures and other places that are difficult to reach. The Trust also provides clinicians on secondment to work on the two air ambulances operated by the Yorkshire Air Ambulance charity which are based at Nostell Priory near Wakefield and Topcliffe in North Yorkshire.

Yorkshire Ambulance Service also:

- provides vehicles and drivers for the specialist Embrace transport service for critically-ill infants and children in Yorkshire and the Humber
- provides clinical cover at major sporting events and music festivals
- provides first aid and other training to clubs, companies and community groups and actively promotes life support initiatives in local communities
- receives valuable support from many community-based volunteers, including community first responders, who have been trained to help us respond to certain time-critical medical emergencies. We also run co-responder schemes with Fire and Rescue Services across Yorkshire and the Humber as well as a number of volunteer car drivers who support the delivery of our PTS.

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

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.

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 York, Hull, Bradford, Leeds, Wakefield and Sheffield 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 in Nottinghamshire.

We employ c.5,026* staff, who together with over 1,215 volunteers, enable us to provide a vital 24-hour 7 day week emergency and healthcare service. The largest proportion of staff, over 80%, are employed within operational areas which include 999 (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.

**5,026 is a headcount figure. This includes part-time staff and equates to 4,217 whole-time equivalent staffing numbers.*

Our priorities for 2016-17 include:

- Ensuring patients in Yorkshire and the Humber have the **best rates of survival from cardiac arrest** by expanding public cardiopulmonary resuscitation (CPR) training, clinical supervision and the implementation of advanced life support initiatives.
- **Giving patients the right care first time** by growing our expertise in clinical advice and care navigation through expanding numbers of specialist clinical advisors in our NHS 111 and 999 clinical hubs and also developing advanced and specialist paramedic roles within our frontline workforce.
- On-going implementation of vehicle **'Make Ready' and Vehicle Preparation System (VPS)**.
- **Supporting patients to stay in their own homes** through the development of enhanced discharge services and the use of connected home technologies.
- **Improving support for our staff** by introducing well-defined career development paths, improving access to training and welfare services and providing them with the equipment needed to best fulfil their roles.
- **Ensuring our services are more representative of the communities we serve** by taking proactive steps to improve the diversity of our workforce and increasing our engagement with local communities.
- **Working with our neighbouring ambulance services and our partners in police, fire and the NHS** to improve our services and ensure we continue to spend public money wisely.

Our Values

W E

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

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

C A R E

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

Always compassionate Our staff are professional, dedicated and caring

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

Enhancing and improving lives We continuously seek out improvements

Our Mission

Your Ambulance Service - Saving lives, caring for you

Our Vision

Providing world class care for the local communities we serve

Chief Executive's Foreword

Welcome to our Annual Report for 2015-16 which gives us the opportunity to share our significant progress and achievements over the last year and our plans for further improvements to our services.

The review of NHS urgent and emergency care undertaken by the NHS Medical Director Professor Sir Bruce Keogh and the NHS England strategy, *The Five Year Forward View,* clearly describes the measures the NHS needs to take to improve patients' experience and outcomes and to address the rapid rise in demand for healthcare services in recent years.

A key theme of both reports is more integrated working between local health and social care services to provide care closer to home. Technology, such as shared electronic patient records, has an important role to play in ensuring all providers of care are able to support patients in making the most appropriate decisions about their care. Ambulance services and NHS 111, as the regional gateway to urgent and emergency care, have been singled out as playing a key role in these changes. In line with the *Keogh Report*, we are committed to developing our clinical advisory skills within our 999 and NHS 111 control centres. We will ensure there is a stronger focus on our skills as a mobile treatment service, delivering care at scene and at patients' homes, with conveyance to hospital only for those who really need to go.

2015-16 has been a challenging year for Yorkshire Ambulance Service, due to the national shortage of paramedics and significant increases in demand from seriously ill or injured patients (categorised 'Red 1' and 'Red 2').

"I can assure the people of Yorkshire that we are committed to continually developing to meet their needs"

This meant that, despite considerable improvements in our response times during the year, we were unable to meet the national 'Red 1' and 'Red 2' response time standards (75% within eight minutes). However, during the second half of the year. We were consistently one of the best performing trusts in the country for achieving 'Red 2' response times and achieved the national standard of reaching 95% of 'Red' patients within 19 minutes of an ambulance being requested by a clinician on scene.

In addition, we have made good progress in recruiting and training new frontline staff and improving ambulance availability, cleanliness and response times through the development and implementation of pilot 'Make Ready' and Vehicle Preparation System (VPS) initiatives.

I am also incredibly proud of our focus on the quality of our services and outcomes for patients. For patients who suffer an out-of-hospital cardiac arrest Yorkshire's survival rates are better than anywhere else in England. This achievement is the result of various initiatives, including enhanced training for Emergency Operations Centre (EOC) staff, the introduction of Red Arrest Teams, Advanced Life Support training for all clinical supervisors, and the introduction of new kit, including automated chest compression devices. Our success is heavily influenced by how quickly care can be administered on scene before our arrival. With this in mind, we have continued to grow our Community First Responder (CFR) schemes, expanded our co-responder schemes with Fire and Rescue Service colleagues across Yorkshire, increased the number of community Public Access Defibrillators (cPADs) and provided CPR training to an incredible 20,000 secondary schoolchildren on Restart a Heart Day.

Considerable work has been completed over the past year to improve the quality and flexibility of our Patient Transport Service (PTS). Rota changes implemented in 2014 have delivered improvements in patient arrival and collection times and we have introduced 111 new PTS ambulances into our fleet.

During March 2016, our NHS 111 service answered its four millionth call, an important milestone which reflects the important and valued role the service has provided for patients since its launch in March 2013.

Our Chairman Della M Cannings QPM completed her term of office in May 2016 and I would personally like to thank her for the passion and commitment she has shown and her contribution to the significant improvements made during her six years at the Trust.

During 2015-16, as one of the successor organisations of South Yorkshire Metropolitan Ambulance Service, the Trust continued to contribute to the Hillsborough Inquests. We have done our best to ensure all relevant evidence about the ambulance response was put before the Court and we fully accept the jury's conclusions. I would like to extend my deepest sympathy to the bereaved families of the 96 people who lost their lives as a result of the tragedy. Our thoughts remain with them.

In all aspects of our service, we really value feedback from patients, the public and other stakeholders on the quality and delivery of our services. Whilst this feedback is overwhelmingly positive, we continually monitor and make changes and improvements to services in response to comments received. As an organisation, we are committed to listening and acting on feedback to achieve our vision of delivering world class care to the communities we serve.

Despite the challenges we have faced and will no doubt continue to face in the coming months, a great deal has been achieved and I can assure the people of Yorkshire that we are committed to continually developing to meet their needs and to ensure they have the right access to the right care when they need it.

Rod Barnes
Chief Executive

Operational Review - caring for our patients

A&E Operations

In 2015-16, our staff received 855,015 emergency and routine calls, an average of over 2,336 calls a day. We responded to a total of 730,329 incidents through either a vehicle arriving on scene or by telephone advice. Of these 314,987 (43%) were categorised as immediately life-threatening.

In addition to our own A&E operational staff, we are also supported by a team of volunteer Community First Responders and British Association for Immediate Care (BASICS) doctors, Emergency First Responders, 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 2015-16 delivery of the 'Red 1' and 'Red 2' emergency response standards for the most urgent/life-threatening conditions continued to pose a significant challenge although improvements were made in the second half of the financial year.

Whilst overall demand for the A&E service remained at a comparable level to 2014-15, the number of patients who were most seriously ill or injured ('Red' responses) increased significantly by 5.91%.

Whilst, as with the majority of other ambulance services, we were not able to achieve the 'Red 1' and 'Red 2' targets of reaching 75% of these calls within eight minutes we were the 2nd best overall for 'Red 2' responses. These are the majority group of urgent responses. YAS is consistently one of the best performing trusts in the country for the Red 19-minute response.

YAS is in a position where we better understand the issues affecting our performance with a plan in place to build a sustainable service moving forward. This plan includes addressing the significant gap in our workforce numbers, realigning our staffing capacity to patient demand and making changes to our vehicle profile by increasing the numbers of ambulances (transporting vehicles) and decreasing our reliance on rapid response vehicles (cars).

We have put in place a number of short-term solutions to support service delivery and staff, which include increasing use of private ambulance provision and a reduction in non-clinical training where appropriate. Additionally, work is being carried out in our Emergency Operations Centre through improved management of mental health issues and frequent callers; using alternative responses such as community first responders; and support from NHS 111 through clinical triage of the initial and less serious 'Green' referrals carried out by call handlers.

These short-term measures will help us to deliver an A&E transformation programme with sustainable improvements over the next two years.

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.

A&E Performance against National Targets	Target	2011-12	2012-13	2013-14	2014-15	2015-16
Combined Red 8-minute response (previously Category A 8-minute response)	75%	75.7%	75.3%	n/a	n/a	**n/a**
Red 1 (calls for life-threatening conditions such as cardiac arrest)	75%	n/a	n/a	77.4%	69.9%	**70.9%**
Red 2 (all other Red calls requiring a response in eight minutes)	75%	n/a	n/a	75.1%	69.4%	**71.3%**
Red 19-minute response (previously Category A 19-minute response)	95%	97.9%	97.0%	97.3%	95.7%	**95.0%**

Ambulance Quality Indicators (AQIs)

Ambulance services are also measured against a combination of national system indicators and quality criteria. These are used to benchmark between ambulance trusts, promoting best practice and providing a framework for us to demonstrate and effectively plan for continuous service improvement.

The AQIs focus on three key areas of quality: Effectiveness, Patient Experience and Safety across five domains.

Upper Quartile Achievement

Survival to Discharge (STD) from out-of-hospital cardiac arrest – a patient being fit enough to leave hospital after suffering an out-of-hospital cardiac arrest is the most important quality indicator in resuscitation. Improvements in cardiac arrest management have included training all paramedics in Immediate Life Support (ILS) and the introduction of resuscitation team leaders across the Trust following the pilot of the Red Arrest Team (RAT) in Hull in 2013-14.

In 2015-16 Red Arrest Team (RAT) members had access to adrenaline to support a patient's blood pressure following Return of Spontaneous Circulation (ROSC) and trialled the use of automated external chest compression devices during transportation to hospital. In 2016-17 the introduction of external chest compression devices will be completed across the Trust. The use of external pacing and electrical cardioversion will be also piloted by RAT members to further improve the survival of those patients in whom ROSC is achieved.

ROSC is heavily influenced by the early commencement of Basic Life Support (BLS) by lay responders. We have continued to expand our Community First Responder (CFR) schemes and our co-responder schemes with Fire and Rescue Service colleagues across the region. In addition, we have increased the number of community Public Access Defibrillators (cPADs) available for use by the public. We also trained 20,000 secondary school children in BLS in one day as part of the Restart a Heart campaign.

This initiative will be repeated in 2016-17 and strengthened by the introduction of a mobile 'Citizen CPR' training unit which will be deployed at events and locations across the region.

Recontact within 24 hours on Scene – the Trust-wide implementation of the Paramedic Pathfinder decision-support tool, including the use of the National Early Warning Score (NEWS), facilitating the appropriate referral and handover to other healthcare providers, has seen improvements in patient safety. It has also had a reduction in the need for patients to re-contact 999 following a face-to-face assessment by an ambulance clinician. This has been supported by the introduction of Toughbook laptops in all frontline emergency vehicles. These allow clinicians to use the Pathfinder App(lication) and access other clinical support information through the Clinical App(lication) developed in-house.

Areas for improvement - Lower Quartile Rating

Non-Conveyance to A&E – the introduction of the Paramedic Pathfinder decision-support tool has seen an increase in appropriate and safe non-conveyance to an emergency department, with successful referral to alternative pathways of care. The Clinical Hub in our Emergency Operations Centre (EOC) has been strengthened and mental health nurses introduced into the EOC to increase the proportion of patients whose needs may be addressed without a face-to-face assessment and provide support to frontline clinicians. This will be further enhanced in 2016-17 with the development of a Clinical Advisory Service as a component of the West Yorkshire Urgent and Emergency Care Vanguard programme.

STEMI 150 – this measures the proportion of confirmed ST elevation heart attack patients undergoing treatment in specialist coronary care units within 150 minutes of an ambulance being requested and is monitored by the regional cardiac network. Every case that breaches the 150 minute target is reviewed and the reason for the breach identified, demonstrating that the Trust is responsible for only a very small proportion of the breaches with the majority due to factors outside our control.

Emergency Operations Centre

The first point of contact for patients who need to use our emergency 999 service is our Emergency Operations Centres (EOC). 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 key role in providing reassurance and advice over the telephone to people who are often anxious and distressed.

We have again been awarded Accredited Centre of Excellence (ACE) status from the International Academies of Emergency Dispatch® (IAED) for our emergency call handling and dispatch.

The accreditation is awarded to emergency services across the world that can demonstrate superior performance in training, quality assurance and improvement process and/or management, and very high compliance to protocol within their communication centre environments.

Both of our EOCs in Wakefield and York have been re-accredited and have achieved multi-site Centre of Excellence status for the second time. We are one of 118 emergency services currently accredited internationally and only one of three ambulance trusts in England to have achieved Centre of Excellence status.

Sarah Brown, EOC Quality Auditor, with the Centre of Excellence Re-Accreditation.

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There have been a number of developments in our EOCs in 2015-16 including:

- Introducing a senior clinical support role to enhance patient care and minimise risk to patients.
- Further improvements in the number of patients receiving appropriate help and advice over the telephone to reduce the need for an ambulance response.
- Closer working with our blue light partners, including the trial of a street triage scheme in the Calderdale and Kirklees areas to help reduce unnecessary call-outs. The scheme provides the police with a direct number for our Clinical Hub so officers can speak directly with clinicians about incidents. This ensures that police requests for ambulance attendance at incidents are appropriate.
- Leading the way nationally with our Frequent Caller Team which aims to reduce the impact of frequent callers on the service by ensuring appropriate care plans are developed to support patients and ensure any unmet needs are identified.
- Reviewing how we allocate and manage meal breaks within the EOC to better support staff and organisational objectives.
- Working in conjunction with the Clinical Directorate to introduce mental health professionals, fall team support and urgent care practitioner support and dispatch in the EOC.
- Delivery of an annual training programme through team away days, covering mental wellbeing, mental health, Joint Emergency Services Interoperability Principles, SMART motorways, the Joint Decision Making Model, major incidents and business continuity.

One of our major focuses for 2016-17 is the continuation of the national Ambulance Response Programme pilot, led by NHS England. This began in October 2015. It allowed more time to assess non-life threatening 999 calls and decide on the most appropriate response for patients' needs. It has helped to inform potential future changes in national performance standards.

Since the introduction of Phase 1, we have seen a marked improvement in the way we have deployed our resources. This has resulted in a significant increase in the allocation of the most appropriate vehicle (fewer resources stood down). We have also seen a reduction in the number of resources deployed to incidents without any detrimental effect on patient care.

YAS was then invited to participate in Phase 2 of the Ambulance Response Programme along with South Western Ambulance Service NHS Foundation Trust. Phase 2 is a review of the clinical codes within both NHS Pathways and Advanced Medical Priority Dispatch System (AMPDS) to ensure the most appropriate clinical response is made to every call.

Clinical Developments

Sepsis

Sepsis is a common and potentially life-threatening condition triggered by an infection which, if not treated quickly, can eventually lead to multiple organ failure and death. 37,000 people die from sepsis in the United Kingdom each year. YAS has worked with clinicians from hospitals across the region to develop a sepsis screening tool, using resources from the UK Sepsis Trust. Ambulance clinicians are trained to recognise sepsis and deliver a sepsis care bundle, rapidly transferring patients into hospital. Paramedics are able to administer antibiotics to those patients presenting with meningitis.

National Early Warning Score (NEWS)

YAS ambulance clinicians now use the NEWS, which was developed by the Royal College of Physicians to provide a standard system for acute illness. It is a simple scoring system in which a score is allocated to physiological measurements already undertaken when the patient is being assessed, for example pulse and blood pressure recordings. It can be used to identify patients who need a higher level of care and is a simple method of pre-alerting the hospital emergency department or hospital staff of the patient's needs.

Major Trauma

Ensuring high quality, integrated care for major trauma patients remains a key focus. We have adopted the national recommendation and now bypass local hospitals to take patients with major trauma to the nearest major trauma centre. Strong evidence shows that patient outcomes are far better when they have access to specialist care, even if this is up to a 60-minute journey time. Paramedics are able to administer life-saving interventions in the ambulance such as tranexamic acid and pelvic splints, and strong painkillers such as morphine and ketamine. 2016 will see the launch of the Critical Care Team, in partnership with Yorkshire Air Ambulance. The team will consist of a consultant doctor and a critical care paramedic, and will deliver critical care to patients at the roadside.

Acute Stroke

In 2015, YAS received 12,248 calls for patients with suspected stroke. All our call takers and clinicians are trained in questioning for and recognising new stroke symptoms. Patients are assessed by ambulance clinicians using the FAST (Face, Arms, Speech, Time) test and anyone with a suspected stroke is taken to a hyper-acute stroke unit for specialist treatment.

Our Red Arrest Team (RAT) has gone live across the region with senior paramedics providing leadership, advanced skills and decision-making at cardiac arrests. They carry an automated cardiopulmonary resuscitation (CPR) device so patients who need transporting to hospital in cardiac arrest can receive high-quality CPR during their transfer.

Restart a Heart

On 16 October 2015, over 400 volunteers from YAS and other partner organisations visited 88 schools to teach more than 20,000 students how to perform CPR. The scale of the project saw YAS working collaboratively with more partners than 2014. Restart a Heart Day provides a great opportunity for community engagement, collaborative working, raised media profile, commercial opportunities and most importantly giving young people the confidence and skills to perform bystander CPR.

Cardiac Arrest

We remain one of the best performing ambulance trusts in the country for outcomes for patients following a cardiac arrest. We are the leading ambulance trust for 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). In 2015 we launched a Resuscitation Plan which detailed how YAS will continue to improve on the outcomes from cardiac arrest.

Heart Attack

We prioritise patients with cardiac chest pain which is often the first sign of a heart attack. YAS clinicians undertake an assessment involving history taking, monitoring and an ECG recording which, with some key symptoms, highlights patients who can be referred and transferred to one of the four heart centres, often directly to the catheter lab for primary Percutaneous Coronary Intervention (pPCI), also called primary angioplasty.

Research

2015-16 has been our most active year to date in research. Over 30% of our registered paramedics are taking part in two large national trials - AIRWAYS-2 and RIGHT2. AIRWAYS-2 is examining which airway device (supraglottic airway or tracheal intubation) gives the best outcomes for patients in cardiac arrest, while RIGHT2 will show whether early administration of glyceryl trinitrate patches improves the outcome for patients who have had a stroke. The studies are being co-ordinated by our two Research Paramedics Richard Pilbery and Kelly Hird. Over 900 patients have been enrolled into these two trials, which will both continue into next year. This is a major contribution to research participation in Yorkshire and the Humber, allowing patients the opportunity to be part of improving pre-hospital healthcare.

Public Health

In October 2014, NHS England published its *Five Year Forward View* starting the move towards a different NHS that can meet new challenges of living longer, with more complex health issues. Public health is a key element of this forward view through national action on obesity, smoking, alcohol and other major health risks as well as new workplace incentives to promote employee health. The YAS strategy sets out the national context for the development of public health within the NHS and the Trust's role in this development over the next five years.

- Developing greater system intelligence through the use of public health data to inform the development of urgent and emergency care services.
- Signposting to the right care in the right place through early recognition, education and advice using a public health-centred approach.
- Maximising the role of the workforce.

YAS has collaborated with a number of partners to support research and training in the Yorkshire and Humber region, including work with universities to ensure public health is on the paramedic undergraduate syllabus.

Vanguard Programme

In January 2015, the NHS invited individual organisations and partnerships to apply to become 'Vanguard' sites for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services.

Each 'Vanguard' site will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.

In August 2015, eight Urgent and Emergency Care Vanguards were selected to spearhead the Urgent and Emergency Care Review including the West Yorkshire Urgent and Emergency Care Network.

The emphasis of the YAS element of the Vanguard proposal is that of 'Hear, See and Treat', shifting the focus of YAS towards a mobile treatment service by providing and co-ordinating access to urgent and emergency care in Yorkshire and the Humber. Specifically, this means operating a clinical hub (Clinical Advisory Service) and a range of services aligned to providing care closer to patients' homes.

With the objectives of the Vanguard Programme being aligned to the existing YAS Urgent and Emergency Care Strategy, there are a number of existing projects that have synergies with the proposed plan. The aim is to build on this work across West Yorkshire and identify best practice which can be rolled out across the country. It includes further development of our falls response pilots, a social worker in our Frequent Callers Service, funding the development of urgent care practitioner dispatch and additional palliative care staff in NHS 111 to support paramedics.

For 2016-17 the Vanguard Programme is looking to support the development of a West Yorkshire Care Record and a Clinical Advisory Service.

Ultimately both of these services will be developed into established services in 2018-19 and will demonstrate a significant positive impact on the health economy.

Urgent/Emergency Care Practitioners/ Advanced Paramedic Roles

We have developed a post-registration career framework that is aligned to the structure developed by the College of Paramedics. This will provide a definitive pathway for paramedics to develop their clinical skill set within their employment by YAS that is aligned to their professional body.

This will act as a foundation for any existing or future workforce plan with a standard career structure in place for YAS to develop its clinical workforce in line with commissioned requirements.

Emergency care practitioners and other advanced paramedic roles are practitioners with additional skills in assessment, diagnosis, treatment, referral and discharge. Their key focus is on providing the initial response to an urgent care need and bridging the gap with on-going healthcare services. Urgent Care Services have been developed in Bradford, Barnsley, Rotherham, Sheffield, York, Northallerton and Whitby. Working in partnership with local GP practices and Health Education England, YAS has seconded paramedics into GP practices whilst they attend a university course in minor injury and minor illness.

Falls

YAS has been reviewing how to best respond to patients who have fallen. Two falls pilots, one in Hull with the local fire and rescue service and one in Leeds, are improving our responsiveness to falls patients.

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

Tom Heywood, Paramedic Practitioner and Clinical Manager - Pathways, won a prestigious accolade at the 2016 Association of Ambulance Chief Executives (AACE) Outstanding Service Awards. Tom received the Award for Outstanding Innovation and Change in recognition of his work championing falls patients and ensuring they receive the most appropriate care. He has worked with commissioners, YAS operational managers and local authorities to develop an innovative, integrated, multi-professional falls service. He has also secured funding to deliver the service over the winter period to achieve the following outcomes:

- An improvement in the clinical outcomes for the identified group of patients.
- A reduction in the number of falls-related attendances at emergency departments.
- A reduction in the number of falls-related hospital admissions.
- A reduction in the number of hip fractures and non-hip fractures.
- A reduction in pressure on the healthcare system by reducing the number of repeat falls-related calls to YAS and by ensuring the most appropriate resources are deployed first time.

Mental Health Concordat

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in mental health crisis.

It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. The Urgent Care Team has led the development of the Mental Health Crisis Care Concordat Action Plan for YAS. This work has involved the development of processes to protect patients whose circumstances make them vulnerable, through early intervention and improved sharing of information. The Mental Health Crisis Care Concordat Action Plan Checklist comprises of four separate categories:

- Access to support before crisis.
- Urgent and emergency access to crisis care.
- Quality of treatment and care when in crisis.
- Recovery and staying well/ preventing future crises.

Mental Health Nurses in Emergency Operations Centre

The Trust receives an average of 40 mental health-related calls every day and specialist mental health nurses now support both call-handlers and frontline staff by providing advice, helping with decision-making and assessing patients. For patients in mental health crisis, timely and appropriate support is essential. The mental health nurses can clinically assess patients over the phone, ensuring they receive the most appropriate care for them. This does not always mean an ambulance response, and the nurses are able to refer appropriate patients to other services such as crisis teams or GPs, avoiding unnecessary visits to hospital.

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 ongoing 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.

The PTS Workforce Plan was completed in September 2015 and approved by the Programme Board the following month. This provides the strategic plan over the next five years across the operations and communication workforce.

In 2015-16, we undertook 1,036,052 non-emergency journeys.

Implementation of Auto-scheduling

We are piloting auto-planning and auto-allocating technology to improve efficiency, vehicle utilisation and effective planning.

Creation of Resource and Logistics Functions

We are in the process of creating PTS-specific resource and logistics departments to improve performance and efficiency.

Streamline Reservations

We are streamlining our reservations function to be more responsive to patients' needs and improve performance. This includes promoting online booking as the preferred option and supporting the patient journey process.

Investment in PTS Fleet

The PTS Fleet profile has changed significantly with the delivery of 111 new vehicles which can accommodate both stretcher and wheelchairs together with multi-seat capability and which also continue to meet dementia-friendly guidelines.

Development of Volunteer Car Service (VCS)

To support patient service delivery, we need to expand the use of our VCS by recruiting additional volunteer car drivers and also looking at how they can be better used. We currently have around 160 volunteer car drivers within PTS. The team carried out 75,482 journeys, covering 1,533,990 miles. This represented a 29% increase in activity on 2014-15.

NHS 111 and Urgent Care

Launched in March 2013, and covering a population of over 5.3 million patients, the Yorkshire and Humber NHS 111 service has successfully completed year three of its five-year contract. Patient usage of the service has grown each year (7.6% during 2015-16) and it is now firmly established across the region.

During March 2016, the service answered its four millionth call, an important milestone which reflects the numbers of patients who have been helped.

As one of the largest NHS 111 providers in the country (11% of the national market), YAS continues to be at the forefront of national developments of the service and during 2015-16 has taken part in a number of NHS England initiatives, including:

- NHS 111 Workforce Development pilots to evaluate the training, induction and ongoing support needs of employees and the potential benefits of implementing new approaches. The two pilots, proposed by YAS, which were accepted were:
    - Staffing recruitment and retention and to assess the benefits of an adjusted induction and support programme for new starters in terms of staffing attrition and quality measures.
    - Staff-driven end-to-end review process to enable improved understanding of the wider healthcare system, and to provide information on any final care outcome.
- NHS England Mental Health training pilot site, phase 1 and phase 2, to inform the further development of a standardised NHS 111 training package to more effectively meet the needs of patients.

Key Performance

- 1,511,038 patient calls answered (7.6% up on 2014-15).
- 89.1% of calls answered within 60 seconds against a target of 95% (due to increased call volumes, commissioners acknowledged that their investment levels equated to an 89% performance level).
- During 2015-16 the service answered 42,186 calls above funded contract ceiling levels.
- 86.6% of clinical calls received a call-back within two hours. Whilst this is a decrease from 2014-15, 20,547 more clinical calls were managed with the same staffing levels.
- Of all the calls answered, 8.0% were referred to 999; 14.1% were given self-care advice and 6.3% 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 an independent survey 94% agreed/strongly agreed that they were treated with dignity and respect, with 93% of patients feeding back that they followed the advice that they were given. 91% (based on the national Friends and Family Assessment Framework) would recommend the service.

West Yorkshire Urgent Care

Our sub-contractor Local Care Direct supported 260,890 patients through the West Yorkshire Urgent Care service, a decrease of 2.6% from 2014-15. Whilst demand has fallen it remains significantly above the contract base level and work continues with commissioners and the urgent care network around future service developments.

	Number of calls answered	Answered within 60 seconds	Answered within 90 seconds	Answered within 120 seconds	Answered within 180 seconds	Answered within 240 seconds	Answered within 300 seconds	Answered within 360 seconds	Answered within 420 seconds
2015-16	1,511,038	89.1%	93.7%	96.3%	98.7%	99.5%	99.8%	99.9%	100.0%

Future Plans

During 2016-17 we hope to continue to develop the NHS 111 service and capability to meet, subject to commissioner support, the growing patient demand levels. As the gateway to urgent care, NHS 111 is a pivotal service and YAS will continue to work with stakeholders and local healthcare providers in order to provide smooth and efficient pathway referrals for patients.

Clinical Service/Quality Developments

We continue to work with commissioners and suppliers, including NHS Pathways, to enhance the service and referral pathways for patients calling NHS 111. A key aspect of this is to review the patient experience across their full care episode, including other healthcare providers, to allow for a system-wide analysis of care and any barriers.

Urgent Care Developments

YAS continues to engage and work with local commissioners and NHS England on national NHS 111/ Urgent Care developments. During 2016-17 the service will work with commissioners and other care providers regarding the new urgent care standards and the key performance indicator set, to measure the patient experience across the full pathway rather than solely with NHS 111.

Financial Review

During 2015-16 we continued to maintain our financial performance by delivering a financial surplus of £2.4m and achieving all our statutory financial duties.

Achievement of Financial Duties

Financial duty	2013-14	2014-15	2015-16
Income and expenditure breakeven	✔	✔	✔
Capital resource limit duty	✔	✔	✔
External finance limit duty	✔	✔	✔
Capital cost absorption duty	✔	✔	✔

Income and Expenditure

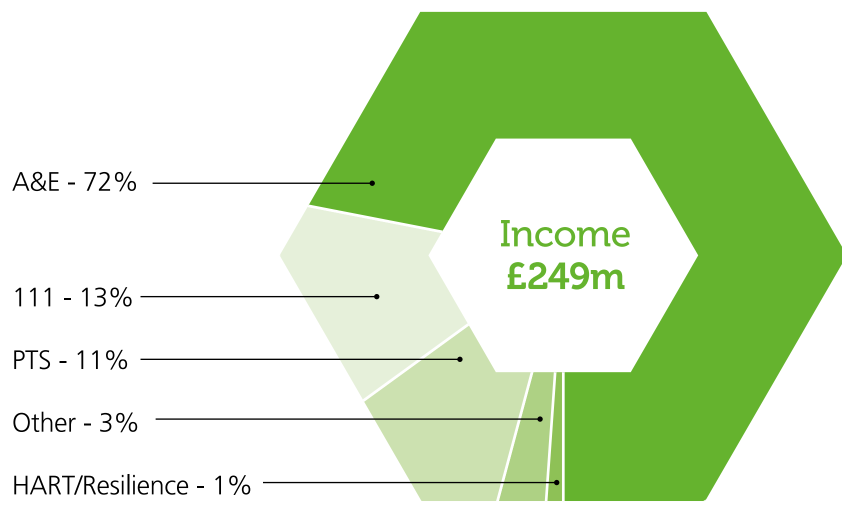
We planned to realise a retained surplus of £2.1m in 2015-16 and delivered £2.45m. This excludes a one-off capital to revenue transaction of £3.7m requested by the Department of Health. We maintained appropriate control of expenditure in the period whilst achieving 85.3% of our Cost Improvement Plan on a recurrent basis. We made a technical adjustment to our accounts for an impairment of £458k relating to in-year land and property revaluations, and in respect of donated assets totalling £6k, giving an adjusted retained surplus of £2.45m before capital to revenue transfer transactions.

We are planning to deliver a surplus of £2.1m in 2016-17.

Income

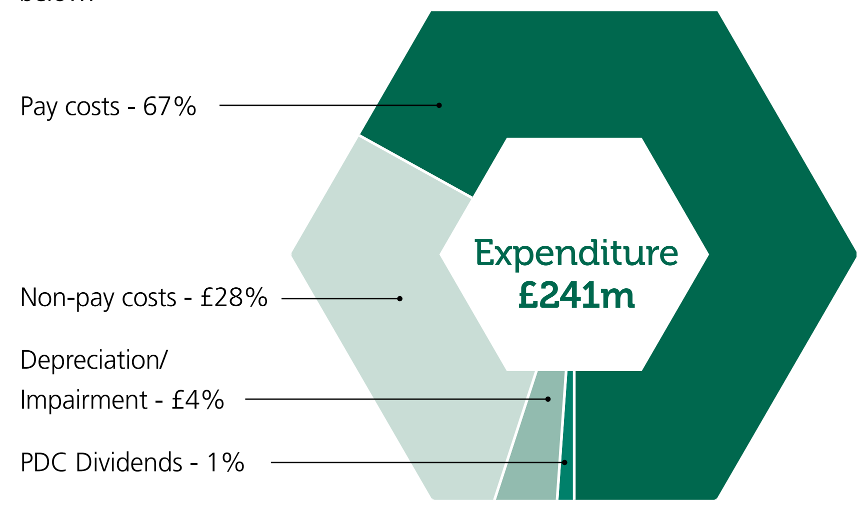
We recognised income of £249m in 2015-16. This is £7.6m higher than income received in 2014-15. The financial plan for 2016-17 projects income to be £250.6m.

The breakdown of 2015-16 income can be seen in the table below:



Expenditure

We spent £241m on revenue items in 2015-16 which is £4.8m higher than 2014-15. The breakdown of total expenditure can be seen in the diagram below:



Non-pay by expenditure type:	%
Urgent Care services commissioned from other organisations (West Yorkshire Urgent & Emergency Care/GP Out-of-Hours)	22
Vehicles/Transport	25
Depreciation/Impairment	12
Consumables	9
Estates	7
IT	6
Insurance	4
Travel	4
PDC Dividends	2
Other	9

Pay by expenditure type:	%
A&E	56
PTS	11
111/Urgent Care/GP Out-of-Hours	7
HART/Resilience	2
Support Functions	24

Quality and Efficiency Savings/ Cost Improvement Plans

We planned to achieve £8.8m savings in the year equating to 3.6% of our planned income and actually realised savings of £7.4m (84.5% of planned savings). We achieved 85.3% of these savings recurrently. The balance was made of underperformed recurrent schemes which will be replaced by a new set of recurrent schemes as part of the increased £9.0m Quality and Efficiency improvement plan for 2016-17.

Capital Expenditure

The Trust's Capital Resource Limit (CRL) was set at £10.4m for 2015-16. We spent £10.3m on capital expenditure and received £178k proceeds for assets sold which had a net book value of £5k. We therefore achieved the CRL target with a £125k underspend.

Cash/External Financing Limit (EFL)

The EFL is in effect a limit on the Trust's cash balance which restricts the use of external funding. This year there was an anticipated increased cash balance of £1.2m and therefore a reduction in the EFL of this amount. The difference between the closing and opening cash balance (£21.5m and £13.4m respectively) was £8.0m which meant the Trust had £6.8m 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. It 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 £54.3m. The public dividend capital reflected in the accounts was £1.9m which equates to 3.5% thereby achieving the target.

Better Payment Practice Code (BPPC)

During 2015-16, the Trust paid 30,962 invoices, of which 27,038 were paid within 30 days, giving an overall BPPC position of 87.3%, against the target of 95%.

We paid 618 NHS invoices in the year, of which 488 (79%) were paid within 30 days. We paid 30,344 non-NHS invoices, of which 26,500 (87.5%) were paid within 30 days.

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 pension costs can be found in the full Accounts for the year at Note 9.6. 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 £30k for VAT services.

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 2015 was 53,910. This equates to an average of 13.0 sick days per Full Time Equivalent (FTE) employee. The comparable values for the same period during the previous financial year were 60,339 days, equating to an average of 14.6 days per employee.

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 9.5.

Off-payroll Engagements

For all off-payroll engagements as of 31 March 2016, 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 2015 and 31 March 2016	**15**
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	**15**
Number for whom assurance has been requested	**15**
Of which:	
assurance has been received	14
assurance has not been received	1
engagements terminated as a result of assurance not being received	0

For all new off-payroll engagements between 1 April 2015 and 31 March 2016, for more than £220 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2016	**15**
Of which:	
for less than one year at the time of reporting	8
for between one and two years at the time of reporting	7
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

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	1
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

Consultancy

Consultancy spend of £926k mainly relates to work on Business Development (£331k), Accident & Emergency (£280k), Estates (£152k), and Patient Transport Service Management (£141k).

Being Prepared

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Resilience and Special Services

This was another busy and challenging year for the Emergency Preparedness, Resilience and Response (EPRR) Team, with several high-profile protests and demonstrations to plan and prepare for. We also continued to build upon educating our staff as well as the team.

As with previous years, the Trust submitted its Statement of Compliance for NHS England's annual EPRR Assurance Framework. This is approved by the YAS Emergency Accountable Officer having first been submitted to the YAS Trust Board for scrutiny.

The YAS ResWeb® platform (a single-access point for information and guidance relating to EPRR) is being updated after a detailed review by the EPRR Team. This will permit a tiered access which will allow all staff a degree of admittance as well as holding all EPRR-related data and guidance. It will also change its appearance to make it similar to Pulse (the staff intranet) and make it more user-friendly.

The team is preparing for the annual recertification of the ISO 22301 Societal Security - Business Continuity Management Systems. Having been the first EPRR team to undertake and maintain the standard last year, we look to continue to build and strengthen the department's own resilience.

Hazardous Area Response Team

Our Hazardous Area Response Team (HART) is part of the NHS contribution to the Government's National Capabilities Programme and Counter Terrorism (CONTEST) strategy. Its role is to provide NHS standard paramedic care to any persons within a hazardous environment that would otherwise be beyond the reach of NHS care. This includes the provision of NHS care within the inner cordon or 'hot zone' of incidents.

...the team responded to 3,486 incidents ranging from a single patient, through to multiple-casualty incidents.

Our HART, whilst being a locally-managed resource, is also a national asset and can be deployed anywhere in the UK to provide patient care and is on 30 minutes' notice to move to where they are required.

YAS HART is made of 42 staff divided into seven teams operating 24/7. In 2015-16 the team responded to 3,486 incidents ranging from a single patient, through to multiple-casualty incidents, providing care across the whole spectrum of its remit. In addition, they provided 5,689 duty hours to support normal A&E operations.

Due to the nature of their role, training and exercising is a key component in maintaining and developing their skill set. In 2015-16, HART undertook over 11,000 hours of training and exercising. Some of the exercises included:

- **Exercise Chester** – Category 4 (Ebola) Infectious Diseases transfer exercise to James Cook University Hospital in Middlesbrough.
- **Exercise Merrion Moon** – Multi-agency exercise testing the response to a deliberate release of an unknown agent within a Shopping Centre in Leeds.
- **Exercise Astral Climb** – Arranged by East Midlands Ambulance Service to test a multi-agency response to an incident involving a strategic weapons convoy.
- **Exercise Hastings** – A multi-agency exercise based around a crane collapsing onto a domestic property with multiple persons reported as trapped.

Yorkshire Air Ambulance

The Yorkshire Air Ambulance (YAA) operates 365 days a year predominantly in daylight hours. They operate from two bases, Nostell Priory and RAF Topcliffe. Each aircraft has a pilot and two YAS paramedics.

In 2015-16, the YAA responded to 1,296 incidents and participated in 121 other flights and events.

In 2016 the YAA charity will take delivery of two brand new aircraft, one in August and one in December. Both aircraft will be fitted with night flying and winching capability which are being considered for implementation and extended flying hours in 2017. YAS aircrew have been involved with the design of the interior of the new aircraft.

Yorkshire Air Ambulance flights	
Road Traffic Collision (RTC)	522
Sports and leisure	216
Medical	270
Falls	149
Industrial/farming	39
Other (non-specified)	88
Embrace/hospital transfer	12
Transit flight	64
Training flight	31
PR events	26
Total	**1,417**

From April 2016, the Nostell Priory-based helicopter has a consultant-level doctor on board, in addition to the two paramedics. This is a new step forward for the YAS and YAA partnership and has been implemented to extend the range of skills available to the team and for enhanced patient care.

Tour de Yorkshire - Inaugural Race (2015)

This year Yorkshire hosted the inaugural Tour de Yorkshire (TDY) cycle event. The event is a legacy borne out of Le Tour de France which took place in July 2014.

The EPRR Team took the lead in planning for the TDY, and had help and support from a dedicated team. The commitment and support from YAS staff during this event was exceptional.

The TDY was a great success for the region and Welcome to Yorkshire has secured this event for another two years. YAS will be fully engaged with planning the future tours.

Command Support Assistants

This year saw re-evaluation of the loggist role (record-keeper of all events, decisions, reasoning behind key decisions and actions taken) within the YAS Command Structure, which has always been a valued asset undertaken by a team of trained and dedicated staff from across the Trust.

Together with the Loggists we looked at all aspects of the Command and Control role and what was required to support this. It resulted in the development of an enhanced role, the Command Support Assistant (CSA).

The development and guidance allows the role to maintain the core role of ensuring that the command log is accurate and current, and now it also allows the support of other key areas such as the SitReps and action logs. The CSA Team has undertaken further on-the-job training to widen their skill set and has taken a more active part in exercises across the region, a point highlighted as best practice by our partners.

Winter Flooding Challenges

We faced the most challenging winter period in recent memory as a result of the adverse weather which hit the region in December 2015. This was a significant challenge both on the frontline and also with our Information Communication and Technology (ICT) infrastructure. Our staff, commanders and ICT colleagues worked hard to meet these challenges over a prolonged period that saw two multi-agency Tactical and Strategic Coordinating Groups running in the region.

Several YAS plans were instigated and the Trust's Gold Cell was in operation for a prolonged period. A significant amount was learnt from these events and we were able to maintain a high standard of service as well as being able to test and evaluate the plans in a live environment.

Resilience-focused Education

- **Training** – YAS continued with its education programme for the resilience and command areas of operation. We delivered the first Bronze Commander Refresher Course having completed the initial roll-out of the full Bronze Commander Course and we continued to build on the numbers staff trained in the Joint Decision Model (JDM). We also supported the initial development of the National Command Courses. November 2015 saw a re-vamped Station Response Education Week where emergency service and local authority commanders from across the North of England were put through challenging counter terrorism scenarios to test the Joint Emergency Services Interoperability Programme (JESIP).

Multi-agency working with our emergency services partners at a training exercise.

- **Exercising** – YAS was involved in a robust programme of exercising with its partners across the region. These ranged from table-top style events where theoretic challenges were faced by commanders to live practical exercises where our staff and specialist teams could practise and hone their skill sets.

Business Continuity Management System

Excellent progress has been made this year in the Trust's business continuity management system (BCMS) and our business continuity (BC) plans are up-to-date. Over 90% of our BC plans have been exercised and tested.

The Business Continuity Team has designed and delivered a new BC plan template for ambulance stations and considerable work has taken place with A&E and PTS locality managers and the BC Officer to get these plans updated and published.

A new BC eLearning package was designed by the BC Team during April 2015 and rolled out across the Trust via the YAS247 portal. This training has proved very popular with over 700 members of staff having completed the course and assessment.

A new process for logging and tracking lessons identified and incidents on Datix was developed and rolled-out. This enables specific actions to be allocated to individuals and ensure lessons identified become lessons learned.

A new method of scoring risks for departmental prioritised activities was agreed with the Quality and Risk Department and rolled out to YAS BC leads.

A YAS suppliers' workshop was held in September 2015, with attendance from significant suppliers to YAS. The BC Manager delivered a presentation to workshop on the YAS BCMS, the importance of suppliers to YAS and the requirement for them to have adequate BC arrangements in place, and the benefits of the ISO 22301 certification. Positive feedback was received from the attendees, and further sessions are planned over the next six months with other suppliers.

ISO 22301 International Standard for Business Continuity

YAS is the first and only ambulance service in the UK to have certified to ISO 22301 standards. NHS 111, PTS, ICT, and EOC Departments all obtained certification to ISO 22301 in April 2015. Our Resilience Department was also successful in their recertification.

Plans are underway for the certification of Procurement, Fleet, Corporate Communications, HART and the Yorkshire Air Ambulance in 2016-17.

The certification will conclude with A&E Operations, Community Resilience, Training School and Estates in September 2017.

National Work

Evaluations were carried out by the Assistant BC Manager for the Emergency Services Mobile Communications Programme (ESMCP), reviewing and scoring the Best and Final Offers (BAFO) submissions by bidders for the contract.

ESMCP is managing the process for securing the replacement system for Airwave whose contract expires in 2017. The replacement for Airwave will be used by all emergency services, and representatives from fire, police and ambulance services have been involved in the evaluation of bids for the contract.

Different parts of the bid were evaluated by different specialists in the relevant area. The BC and DR sections were evaluated by YAS, East Midlands Ambulance Service (EMAS), and West Midlands Ambulance Service (WMAS). Most ambulance services across the UK have had representatives evaluating different parts of the bid at different stages.

Commercial Consultancy Activity - External Support

Since 2015 YAS has been delivering training, business continuity support and advice to various organisations including the following:

- University of Sheffield debrief training.
- Bespoke debrief training for Wakefield Council.
- Consultancy work with Calderdale and Huddersfield NHS Foundation Trust, South and West Yorkshire NHS Foundation Trust (Mental Health) and Welsh Ambulance Service.
- BCMS consultancy and training at Hull and East Yorkshire Hospitals NHS Trust.
- South Yorkshire Fire & Rescue and Wakefield Council attended YAS BC training sessions.
- Review of Wakefield CCG's BCMS.
- East Midlands Ambulance Service attended a YAS training course on BCM and ISO 22301.
- Presentation to Humber Local Resilience Forum on ISO 22301 certification.
- Network Rail requested support and advice on ISO 22301 certification.
- London Ambulance Service requested help and support for their BCMS with a new member of staff.
- Jersey Ambulance Service requested YAS templates, advice and support.

Our Fleet

Investing in our Vehicles

This year has seen a fresh outlook in the way in which we design our vehicles, more operational staff input has been added influencing the layout of our vehicles to improve the way they deliver patient care. Information and suggestions from staff focus groups and vehicle roadshows have been incorporated into the specification of the next generation of YAS A&E ambulances which will start to be built in May 2016.

As part of our planned replacement cycle, the following vehicles have been introduced delivering more reliable and fuel-efficient vehicles:

- 111 PTS ambulances
- 20 rapid response vehicles
- 8 supplies vehicles

Investing in Fleet Staff

Increased levels of training for staff have been introduced this year with the Institute of the Motor Industry (IMI) Accreditation for mechanics and electricians. This accreditation measures competence, gives an ethical code of practice and gives staff industry-approved recognition through a professional register. Training has also been well-received within the Administration Team with a number of staff undertaking NVQ Business Administration.

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Estates

Our Estates Strategy is focused on enabling the delivery of a modern ambulance service for the population of Yorkshire and the Humber, from buildings that are in the right location, in good condition and of the right type for the needs of patients and staff.

In 2015-16 we continued working towards our main aims to ensure:

- clinical service delivery continues to be supported by safe, secure and appropriate environments
- capital investments reflect business and service strategies and plans
- plans for change and progress towards property-related goals are measurable
- there is a clear demonstrable commitment from the Trust that it is complying with industry standards
- the costs of the estate are appropriate and future investment is effectively targeted and can demonstrate value for money
- risks are controlled and future investment is properly targeted to reduce risk
- there is a clear commitment to identify and manage surplus assets over time to reduce costs and free up resources for delivery of frontline care.

Make Ready Operatives at Manor Mill Resource Centre.

Improving Workplaces

We have continued to improve working environments for staff and reduce operating costs, through projects which include:

- pilot ‘Make Ready’ developments at our Manor Mill Resource Centre and ‘Vehicle Preparation Service’ at Wakefield Ambulance Station
- installation of solar panels at York Ambulance Station and low energy LED lighting to all clinical store rooms
- additional car parking facilities at Manor Mill Resource Centre in Leeds
- electrical infrastructure improvements at Trust Headquarters in Wakefield and our Administration Centre in York
- five-yearly replacement of Uninterruptable Power Supply (UPS) batteries at our Administration Centre in York
- completion of the reception and meeting room extension at Trust Headquarters in Wakefield
- installation of new efficient heating boilers at Hornsea, Richmond, Kirkbymoorside ambulance stations and our administration building in Rotherham.

The 'Make Ready' and 'Vehicle Preparation Service' pilots are key elements of the planned Hub and Spoke development. This will help to support clinical delivery through preparation of ambulances from central 'hub' facilities with staff and vehicles activated from standby 'spokes' and mobile locations. This will help to make more efficient use of the Trust's estate and release costs for reinvestment in frontline services.

Technology

Our Information, Communications and Technology (ICT) Team continues to provide support to all key areas of our organisation and highlights from 2015-16 include the following:

Public Access Defibrillators

The ICT Team has developed an in-house website to alert and update our Computer Aided Dispatch (CAD) system with the installation and use of any public access defibrillators across Yorkshire and the Humber.

Clinical Website

The ICT Team has developed phase one of an online Clinical App(lication) which was rolled out across the Trust this year and 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 and enhances patient safety. Clinical updates, infection prevention and control information, a safety thermometer, medicine management and clinical team updates are also featured.

Business Continuity Standards ISO 22301

The ICT Team was assessed on 1 May 2015 and received the ISO 22301 standard certification for Business Continuity. All its business continuity procedures have been updated with regular testing for verification.

PTS Personal Digital Assistant (PDA) Replacements

All 440 PTS PDAs have now been replaced. The ICT Team has started to roll out devices to Volunteer Car Service (VCS) drivers. This will give the staff flexibility to receive planned journeys with the best route as well as email, eLearning and access to the Internet and Pulse, the staff intranet.

SMS Enterprise System

This SMS solution is now active in our PTS, NHS 111, Resource and EOC to help teams with rostering and issuing appointment reminders. The cost-saving system will also alert community first responders (CFRs) of emergencies in their catchment area which are within their skill set to respond.

New YAS Intranet

A new state-of-the-art intranet was launched in September 2015, which was named by staff and the concept, design and content were also developed with involvement from colleagues across the organisation every step of the way.

Like many intranets, Pulse (the new site) is task-driven and features a search function which allows users to simply enter key words and then select what they are looking for from a list of optimised results. Staff can also search for colleagues and view their profile including contact details. The *My Site* area gives each member of staff their own individual profile page which can be personalised with a photograph, up-to-date contact details and information about their job and role. It also provides a quick link to staff email accounts and allows them to connect with colleagues. Pulse also makes it simple for staff to keep up-to-date with the latest information and announcements from the Trust and has a News section which acts as a hub for all publications. It also features a newsfeed on the homepage and the latest headlines which appear on each page.

A number of YAS Apps have also been developed which provide staff with quick access to a range of information and portals such as *GRS, YAS Email, YAS247, ICT Portal,* the *Staff Handbook* and much more.

One of the overall benefits of Pulse is that staff can access it remotely using both YAS and personal devices including smartphones and tablets.

Launch of YAS Telecare Scheme

Alongside the Trust's Commercial Team, the ICT Team developed and commissioned the YAS Telecare Scheme, Independant™ in October 2015.

The Trust has joined forces with Welbeing, a leading national telecare provider, to launch a subscriber scheme to deliver telecare assistance to people living in the Yorkshire and Humber region.

The 24/7 pendant alarm telecare service carries a small weekly charge and provides help and support for users at the push of a button, particularly if they find themselves in a difficult or crisis situation. A dedicated team will be alerted to respond to calls for help from subscribers and they will arrange for the most appropriate health/social care or advice to be provided to them.

The Trust's decision to enter the telecare market was based on complementing its existing services for the public in an area where it has expertise responding to emergency situations and providing appropriate care and referrals to health and social care partners. The scheme forms part of the Trust's ongoing commitment to provide the right care in the right place, first time.

Ambulance Response Programme National Trial (ARP) - Phase One

The national Ambulance Response Programme pilot, led by NHS England, began in October 2015 and gave us more time to assess non-life threatening 999 calls and decide on the most appropriate response for patients' needs. It has helped to inform potential future changes in national performance standards.

The aim of the Ambulance Response Programme is to help improve management of demand and allocation of a clinically-appropriate response and therefore deliver the right care, in the right place, at the right time.

YAS has been invited to participate in Phase 2 of the Ambulance Response Programme along with South Western Ambulance Service NHS Foundation Trust where a review of the clinical codes will be carried out to ensure the most appropriate clinical response is made to every call.

Infrastructure

The ICT Team provided the infrastructure for the new reception at Trust Headquarters, Wakefield, which is part of the Estates Programme and the set-up to enable the Procurement Department to move from Gildersome Ambulance Station to Wakefield. The Team has also expanded the wireless network to 42 of the Trust's sites across the region.

999 and NHS 111 Interface

This project has enabled systems to interface between 999 and NHS 111 calls. The interface allows non-emergency calls to be transferred to our urgent care service (NHS 111) in a timely manner with no detrimental impact on patient care.

Core Network Infrastructure

The tender for a new core network infrastructure for the Trust's Wakefield and York sites has been completed. This will provide the Trust with a high-speed network and bigger bandwidth, which should support the Trust's expansion for the next seven years.

Frequent Caller

Work has been carried out in-house to develop a frequent caller application to help reduce the number of times a patient calls 999 and an ambulance is dispatched. A team manager and six frequent caller case officers, supported by the frequent caller and mental health administration staff, make up the team.

Working in conjunction with the relevant clinical commissioning group (CCG) to identify unmet patient needs, the case officers take steps to put alternative pathways in place by following a clear frequent caller process to ensure a consistent high-quality management approach.

Frequent caller case officers each hold an average caseload of 90 patients that includes the top ten in each CCG area. These patients have triggered the baseline of more than five calls in one month or more than 12 calls in three months.

Corporate Communications

The Corporate Communications Team has continued to work with the media to focus on key messages and campaigns, particularly to highlight developments and successes at the Trust and encourage more appropriate use of the ambulance service.

The team has promoted a variety of positive news stories during 2015-16, including Yorkshire having the country's best survival rates for patients who suffer an out-of-hospital cardiac arrest, NHS 111 taking its four 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.

Once again there was widespread media interest in our Restart a Heart Day in October 2015 when we provided CPR training to more than 20,000 children at 88 schools across Yorkshire. The event secured coverage on Sky News, national BBC News as well as BBC Look North, ITV Calendar, bbc.co.uk. itv.com and local newspapers and radio stations.

The Corporate Communications Team has provided media relations support for YAS on some high-profile national issues including the problems caused by the prolonged flooding over the winter period and the inaugural Tour de Yorkshire in 2015.

The Trust has continued to build a strong presence on the social media site Twitter. @YorksAmbulance had more than 9,000 followers up to the end of 2015-16, an increase of 3,000 in a year, and had posted more than 3,500 'tweets' which were aimed at communicating key organisational messages, safety and public health information.

Two 'tweetathons' focusing on the work of our Emergency Operations Centre (EOC) took place on 28 August 2015 and December's 'Mad Friday'. Tweeting about some of the calls we receive gave an insight into the huge variety of work we deal with and provided a better understanding of what happens when you call 999. We also launched YAS Facebook and Instagram pages to provide us with other social media platforms to communicate key messages.

In addition to 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, including the launch of a new e-newsletter Staff Update, and external bulletins for key stakeholders to highlight the Trust's priorities, key developments and focus on patient care. The Corporate Communications Team worked with the Online Team to relaunch a new staff intranet called Pulse.

We also ran a number of campaigns, including a winter campaign to encourage an appropriate use of health services at what is an incredibly busy time of year, and used Heart Health Month in February to promote the many initiatives we have in place to improve the care we provide to patients with cardiac-related problems.

The team also played a key role in organising the Trust's fourth annual WE CARE Awards in July 2015, which celebrated the achievements of staff who inspire others, and our Long Service and Retirement Awards in September 2015.

We will continue to look at new and innovative ways of communicating vital information to (and from) staff; one of our priorities for 2016-17 is the development of YAS TV with screens fitted at all workplaces enabling the Corporate Communications Team and local operational managers to engage with staff.

Diversity and Inclusion

We have introduced a newly-developed Diversity and Inclusion Unit, which is located at the YAS Headquarters in Wakefield.

The unit provides strategic and operational advice, guidance and direction to the Trust's Management Team, staff and other key stakeholders on diversity and inclusion linked to patient care.

The Diversity and Inclusion Unit is responsible for ensuring the Trust is compliant with all aspects of the requirements of equality legislation and is conversant with the business and ethical cases for diversity and inclusion. There is a renewed approach which sets out a strong commitment to bringing about positive change through mainstreaming diversity and inclusion in all core functions of the Trust.

Over the coming months, YAS will define a clear agenda to promote an inclusive, and supportive, healthy and equitable working environment that is consistent with our values and vision for YAS.

Key roles and responsibilities of the unit are to facilitate diversity and inclusion across the Trust. Some of this includes:

- advice and guidance on equality legislation
- equality impact assessments
- training on diversity and inclusion
- diversity monitoring and data
- principles and practices of diversity and inclusion.

NHS Equality Frameworks

We are continuing to progress our efforts on the Equality Delivery System 2 (EDS2) and the Workforce Race Equality Standard (WRES).

We are in the process of reviewing and refreshing key activity in terms of our requirements but more importantly exploring key developmental activity in terms of addressing health inequalities and achieving a diverse workforce that reflects the community we serve.

Workforce Race Equality Standard (WRES)

We have made some progress on some of the WRES indicators. We continue to develop further areas around the standard and have raised our efforts in ensuring that the standard is being implemented across the Trust. YAS has developed a WRES Steering Group which continues to meet regularly to identify the gaps and progress our efforts in ensuring we are meeting the requirements of WRES.

In addition, we are working closely with our Black and Minority Ethnic (BME) Staff Network to empower them so that they have a key role to play around WRES.

We have recently carried out some targeted recruitment by using South Asian radio stations to raise awareness of the careers we provide but also to promote YAS as an employer of choice. This is in line with our efforts to create a workforce that represents the communities we serve.

We have developed a range of information and communication targeted at our senior managers about WRES and are also targeting the wider workforce to ensure they understand the Trust's requirements about progressing this standard.

Equality Delivery System 2 (EDS2)

Our current strategic equality objectives were developed in 2012 and these are currently being reviewed and refreshed. In addition to this, we are at an early stage of consulting with a range of diverse communities and staff on the development of a refreshed approach to our new set of equality objectives. It is a fundamental requirement of EDS2 to engage and involve a range of our stakeholders.

Training for Managers

We recognise and acknowledge that our leaders and managers play a vital role in creating an organisational culture which values diversity and promotes a culture of dignity and respect. To ensure that leaders and managers are equipped with the knowledge and tools to drive this forward, we have created a leadership development opportunity around the diversity and inclusion agenda in the form of a workshop. Content of this full-day training includes:

- leadership behaviours and the impact they have on organisational culture
- the responsibilities of leaders and managers
- clarification of issues relating to diversity and inclusion.

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Equality and Diversity Strategy

One of the priorities identified is for the Trust to develop a single Diversity and Inclusion Strategy, which will highlight the Trust's commitment to diversity and inclusion but more importantly it will helps us shape and develop our new set of equality objectives 2016-20 in line with the Equality Act 2010 and our contractual obligations for EDS2 and WRES. The strategy will be accompanied with a comprehensive action plan which will identify how we intend to meet the outcomes as part of our equality objectives. We recognise and acknowledge that staff and community engagement has to be central to this as we progress further.

Staff Networks

Over the last few months significant work has progressed with the BME Staff Network which continues to meet regularly. The network has recently realigned its terms of reference and developed a work programme which will be presented to the Trust's Management Group for approval. The work programme has identified a number of activities the group wishes to develop further. The network is also represented at the National Black and Minority Ethnic Staff Network.

The Trust continues to support the Lesbian, Gay, Bi-sexual and Transgender (LGBT) Staff Network. The group is currently looking at representing Leeds Pride in summer 2016. Further work with the network is due to take place over the coming months with a view to re-aligning their activity with the wider diversity agenda across the Trust. In addition to this YAS is represented at the National Ambulance LGBT Staff Network.

Staff Engagement

NHS Staff Survey

The results of the 2015 NHS Staff Survey were published by The Picker Institute on behalf of NHS England.

The survey showed marked improvement in a number of areas including rates of staff appraisal, quality of training and staff motivation but also identified areas where further work is required including communication and engagement, quality of appraisals and rates of bullying and harassment from staff and patients.

We will be using the NHS Staff Survey results in conjunction with our Your Voice, Our Future cultural survey results to focus on the key areas of leadership, staff engagement and employee wellbeing.

Long Service and Retirement Awards

A total of 232 staff members from across the Trust, who have clocked up a combined 5,512 years' service, were honoured at our annual Long Service and Retirement Awards which took place on Tuesday 15 September 2015 at The Pavilions of Harrogate, North Yorkshire.

87 members of staff attended the event to collect their awards from Chairman Ms Della M Cannings QPM, Chief Executive Rod Barnes, and special guests Mr Barry Dodd CBE, Lord Lieutenant of North Yorkshire, and Mr Charlie Forbes Adam Esq, High Sheriff of North Yorkshire.

The Long Service and Retirement Awards honoured service achieved up to 2014. In total, 35 individuals were congratulated for achieving 20 years' service and 15 individuals for reaching the 30 years' service milestone.

10 members of staff were recognised for an incredible 40 years of service, four of whom attended the ceremony - Alan Parkinson, Paramedic (Huddersfield); Gordon Pollard, Paramedic Practitioner, (Sherburn); Adrian Slater, Handy Person and Driver, (Wakefield); and Roy Whitehead, Paramedic, (Huddersfield).

The honours also included the Queen's Long Service and Good Conduct Medal, which was awarded to six staff on the day for 20 years' exemplary frontline emergency service - John McSorley, Head of Emergency Operations (Leeds); Chris Richmond, Service Improvement and Development Manager (Wakefield); Chris Wade, Qualified Ambulance Technician (Wakefield); Helen Webster, Paramedic (Leeds); Paul Webster, Locality Manager (Craven and Airedale); and Stephen Wood, Qualified Ambulance Technician (Wakefield).

The longest-serving member of staff who attended the ceremony was Associate Director of PTS Alan Baranowski who started his career with the ambulance service in 1971 and has served over 43 years.

27 retirees were also recognised for their valuable service to the Trust and people of Yorkshire.

WE CARE Awards

The fourth annual WE CARE Awards ceremony was held in York on Friday 10 July 2015 when 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 congratulations went to over 280 members of staff who were nominated. The winners and those who were highly commended in each category were also announced.

Chairman Ms Della M Cannings QPM selected an individual to receive a Chairman's Award and Chief Executive Rod Barnes presented commendations to a number of frontline staff in recognition of exemplary actions at emergency incidents.

This year the multi-discipline team leading frontline recruitment Lifewise was presented with the Team of the Year Award for the sustained enthusiasm, flexibility and creativity to meet the different selection criteria required for frontline recruitment.

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 Conferences

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

Apprenticeship numbers continue to grow with a total of 82 new starters in the last year. Apprenticeships are now offered in the Emergency Operations Centre which has been a successful move for both the department and the apprentices.

We continued with our established schemes in Patient Transport Service Operations and Communications, Private and Events, Information Communication and Technology, Corporate Affairs, Patient Relations, Procurement and Estates, Community and Commercial Education, Organisational Effectiveness and Education and Finance.

Our first Apprenticeship Graduation Ceremony took place which was a true celebration of achievement and recognised the hard work and valuable contribution apprentices make to the ambulance service and our patients.

We have been actively promoting our apprenticeship scheme to reach all sections of our community, ensuring our apprentices reflect the population we serve. We have attended various career events within schools and colleges etc and we now have our own webpage www.yas.nhs.uk/apprenticeships and Facebook page.

Former YAS apprentice Luke Playford was Highly Commended at the Health Education England Talent for Care Awards 2016 in the Intermediate Non-Clinical Apprentice of the Year category.

Luke was nominated for consistently performing over and above expectations, and using his initiative to improve processes and procedures. He is also a proactive ambassador for apprenticeships, participating in open days, career fairs and promoting the YAS Apprenticeship Programme. He has also mentored fellow apprentices, who were successful in their interviews, to gain permanent employment with the Trust.

Talking about his apprenticeship, Luke, said: *"Having worked for YAS for over 12 months, I have developed my knowledge of the organisation and its functions and it has confirmed that I would like a long-term career with the Trust. I would like to continue working in a support function for a couple more years with my ultimate aim being to train as a paramedic."*

Following completion of his apprenticeship in September 2015, Luke applied for and was successful in securing the role of Committee Services Administrator.

Leadership and Management Development

The Management Essentials Programme is now established as a key aspect of induction for newly-recruited and promoted managers and leaders across the Trust. We have enhanced this programme to include diversity and inclusion training within the context of leadership.

The existing leadership community are supported through the Leadership Essentials Programme which includes modules that can be selected according to individual needs. The key focus in 2015-16 has been to support and empower leaders to have difficult or sensitive conversations with their staff, colleagues and managers.

Development of the Trust's Aspiring Leaders Programme is underway. This aims to support existing members of staff who are looking to move into their first leadership or management role.

The fundamental aspects of leadership will be explored through a series of workshops, service improvement work and action learning sets. This approach aims to maximise the potential of existing employees within the Trust by supporting personal development and networking for the programme candidates.

Learning Technologies

A total of 155 new courses were created for our staff in 2015-16. We continue to modernise learning for our staff through the use of technology and the development of our online learning management system (YAS 247). On-demand video content has been particularly crucial in ensuring that more staff can access learning on demand and that we can include patient experience and patient simulation in a classroom environment. We recently filmed a suite of patient scenarios for our clinical refresher programme. The Learning Technologies Team also supported the development of promotional videos for Restart a Heart Day and the YAS Apprenticeship scheme.

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. All the first aid training provision, including new Paediatric First Aid, is now fully accredited through the Office of Qualifications and Examinations Regulation (Ofqual).

With the support of the YAS Charitable Fund, the team has developed a full range of Key Stage 2 (KS2) educational resources under the brand identity of 'First Aid Heroes' for parents, carers and teachers to access from the team's website. These include:

- A full-colour printed resource titled 'Your Amazing Body'. This contains educational exercises to complete on the organs of the body, the circulatory system, the heart and its functions, the lungs and its functions, the skeletal system and the bones in your body.
- A full-colour set of resources on 'first aid' appropriate for 7-11 year olds. This contains education on being a first aid hero, primary survey, recovery position, calling an ambulance, strains and sprains, burns and scolds, asthma and wounds and bleeding. Injury simulation scenario pictures for the first aid worksheet were kindly provided by pupils from Paradise Primary School in Dewsbury.

The team is actively involved in supporting the following community projects:

- Crucial Crew, a personal safety educational programme which is delivered to Key Stage 2 pupils in Year 6 of primary school (10 and 11-year-olds) in partnership with the region's fire and rescue services and local authorities.
- Career events across the county to raise aspirations, widen participation, promote YAS Apprenticeships and showcase some of the many roles available within the Trust.
- Biker Down, a first aid training session especially for motorcyclists. The initiative is a collaboration with the Safer Road Partnership Group in South Yorkshire.
- Supporting our Public Education Champions, members of YAS staff who volunteer to provide visits to schools, nursery, Brownies etc with educational materials, access to our education ambulances and other YAS information.

Partnership Working

Community Engagement and Public Education

YAS has exceeded its Foundation Trust membership targets with over 8,000 public members. The membership is representative of the diverse local population which makes up the Trust's extensive geographical area. Our target of securing over 75% of eligible YAS staff as Trust members i.e. those with over 12 months' service, has also been exceeded.

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

As an example, in November 2015 YAS held its first ever Winter Roadshow at a shop in the Ridings Shopping Centre, Wakefield. During the week-long event a total of 1,176 members of the public visited the roadshow. They were greeted by the YAS Mascot, ParaTed, and a number of staff members and volunteers were on hand to have discussions and answer any questions. The aim of the roadshow was to deliver key public health messages in a new way, have face-to-face conversations with members of the public and create something interactive that was both educational and enjoyable. The displays created by different departments from across the Trust, including Recruitment, Apprenticeships and Public Health, opened up the organisation to members of the public and experts were on hand to answer any questions. Information was provided about staying well over the winter period, working at YAS and becoming a Foundation Trust (FT) Member.

A range of one-to-one and group free first aid training sessions were also on offer covering topics such as CPR and what to do if someone is choking. These proved to be very popular and there was always a member of staff on hand to talk to people about their specific concerns.

The roadshow had a range of activities for children, and we launched our new 'snap cards' which show a variety of YAS staff and members of the community we serve in cartoon form with important health messages and advice on the back of the cards. 500 sets of cards were handed out over the course of the week.

The roadshow also featured a message board where visitors could share their thoughts and experiences of the event and ambulance service. Everything written on the wall was positive and the message board was displayed in the canteen at Trust Headquarters after the roadshow so that it could be seen by staff. A range of uniforms and YAS vehicles were also on display, including a vintage ambulance provided by the National Emergency Service Museum in Sheffield. The roadshow was a fantastic success for the Trust with excellent feedback.

In the year ahead, the Trust's Membership Programme will continue to help deliver key public health messages as well as raising awareness of the work done by YAS in communities across Yorkshire and the Humber. Representatives of the Trust are currently planning more roadshows across the region including Bradford, Hull, York and Sheffield together with attending events and summer shows where we can meet with members of the public, provide information about our services and listen to their views.

The significant increase in public membership over the last year has been helped by the free first aid awareness courses we continue to offer members and local community groups across the region and the numerous engagement activities undertaken with hard-to-reach groups. We will continue to work with a wide range of community groups and stakeholders to promote the free first aid awareness and membership involvement opportunities throughout the year.

If you would like your community to benefit from the free first aid awareness training, or would like to find out more about becoming a member of YAS please email foundationtrust@yas.nhs.uk or alternatively phone 01924 584567.

The work is supported by the Trust's Community and Commercial Education Team and their Public Education Champions who provide visits to a variety of groups in community settings, including schools, nurseries and Brownies. The Champions often take the education ambulance out to these visits along with educational materials, such as the Key Stage 2 Your Amazing Body and First Aid workbooks and other YAS promotional materials.

Community Resilience

Community First Responder Schemes

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

We currently have 1,055 CFRs across Yorkshire and the Humber who belong to 296 CFR schemes. In addition, we now have 21 co-responder schemes

There are also 2,233 static defibrillator sites at places such as airports, railway stations, shopping centres, some GP practices and police custody suites.

In 2015-16, there was a 67% increase in the number of life-threatening calls attended by our volunteer CFRs - 18,261 incidents, compared to 12,311 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 patient outcomes as demonstrated by 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 820 cardiac arrests, which represents 9.4% of all cardiac arrests attended by YAS in 2015-16. CFRs were involved in achieving ROSC with 10 patients in 2015-16 and of those, five have survived and been discharged from hospital.

Paul Stevens, Head of Community Resilience, is presented with a defibrillator for Haxby Ambulance Station funded by the York Lions Ladies.

Overall, the Community Resilience Team has contributed 7% to the Trust's eight-minute patient response time target.

Success Stories

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

- **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, from 212 in 2014-15 to 488 in 2015-16.**

Ian Walton, Deputy Director of Operations, attends the launch of an EFR scheme with South Yorkshire Fire and Rescue.

- In collaboration with the Improvement Academy and British Heart Foundation, we have developed a website (https://www.mapmydefib.com/) so members of the public can register all the static defibrillators across Yorkshire. A total of 337 new defibrillator locations have so far been identified. The more defibrillators we know about, the more lives can be saved.
- We launched our first CFR scheme on water. Seven volunteers are on-hand to operate the York Rescue Boat every weekend and respond to incidents in the water or on the banks of the River Ouse in York.
- Our Emergency First Responder (EFR) model has expanded region-wide with retained firefighters at 21 fire stations providing additional life-saving cover across Yorkshire. They attended 3,116 incidents in 2015-16.
- As well as providing volunteers for Restart a Heart Day in October 2015, we have provided hands-only CPR training to an additional 4,771 members of the public of all ages.

Ambitions for 2016-17

- As well as recruiting and retaining CFRs, we aim to be able to increase the hours they contribute by 10% (CFRs gave 490,000 hours in 2015-16). We will be enhancing their skills and equipment to improve the level of service they can provide while on scene. The type of incidents they attend will remain the same.
- Launch new technology (tracking devices) to 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.
- In conjunction with CCGs, parish councils and community groups, we aim to increase the number of static and cPAD sites by 227 to 715.
- Develop an improved audit trail of CFR involvement so we can focus on further contributing to patient outcomes as demonstrated by the Ambulance Quality Indicators.

Charitable Fund

Yorkshire Ambulance Service 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.

During 2015-16 the Charitable Fund continued to focus its efforts on raising money to providing more community public access defibrillators (cPADs), revamping patient reception centres at hospitals to make them dementia friendly and providing educational resources for schools.

If you would like to make a donation to the YAS Charitable Fund:

- **Text YCMU followed by £1, £2, £3, £4, £5 or £10 to 70070**

The donation will be taken directly from your phone bill if you have a contract phone, or from your balance if you have a pay-as-you-go phone. Standard network rate messages apply.

- Donate via our fundraising page - **uk.virginmoneygiving.com/charities/yas-3**

The Charitable Fund can be contacted in the following ways:

- **01924 584210/07824 540107**
- **charitablefunds@yas.nhs.uk**
- **www.yas.nhs.uk/charitablefund**
- **www.facebook.com/YASCF**
- **www.twitter.com/YorksAmbulance**

How We Work

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. These are open to the public and have specific time set aside for questions.

We always welcome comments about our services so that 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

YAS aims to ensure that our buildings, fleet and all goods and services that are purchased 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 has an Environmental Policy in place to ensure the reduction of its actions on the environment. 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, ICT, Procurement & Logistics and the Fleet departments.

Many of the measures identified to reduce CO_2 emissions will deliver ongoing financial savings from reduced costs associated with utilities, transport and waste. These can be reinvested into YAS to support further carbon reduction measures and make further long-term cost savings as well as maintain a more sustainable ambulance service for the future.

The Trust's carbon footprint has been measured in line with the Carbon Trust methodology.

Looking Forward to 2016-17

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 roll-out more solar panels on our buildings, install solar panels on our fleet of ambulances, invest in a more efficient fleet and ensure that we continue to reduce our carbon footprint through a variety of different initiatives.

YAS Sustainability Report

The NHS Sustainable Development Unit (SDU), along with colleagues from the Department of Health, has developed a standard reporting template for NHS organisations which form the basis for their Sustainability Report (SR). This is in line with data requirements in the HM Treasury's Financial Reporting Manual.

Reducing the amount of energy used in our organisation has contributed to this goal. There is also a financial benefit which comes from reducing our energy and fuel bill.

We have incorporated the following points in our Carbon Management Report:

- In 2013, YAS stopped sending waste to landfill (a small amount is still produced as 'flock' from incineration) and are working to reduce the amount of waste that we generate. Waste diverted from landfill now goes to recovery for fuel.
- We have installed a 100kW solar generation system at our headquarters and we also installed more solar panels across the estate.
- We have installed LED lighting panels at many of our sites in order to reduce our energy use.
- YAS has also been instrumental in driving forward an aerodynamic lightweight ambulance design. Aerodynamic designs have been adopted nationally into the procurement requirements.
- Our staff energy reduction and fuel awareness campaign has been on-going throughout 2015-16.
- NHS organisations have a statutory duty to assess the risk posed by climate change and the Trust is considering the potential need to adapt the organisation's activities, buildings and estates in line with this policy. This poses a challenge to both service delivery and infrastructure in the future. YAS has put together a Climate Change Adaptation Plan to look at the challenges we face into the future and options for resolution.
- Sustainability issues are included in the Trust's analysis of risks facing the organisation. Risk assessments, including the quantification and prioritisation of risk, are an important part of managing complex organisations.
- The Trust has a Sustainable Transport Plan, which considers what steps are needed and are appropriate to reduce or change travel patterns.

Expenditure on clinical and non-clinical waste

	2014-15* (tonnes)	2013-14 (tonnes)	2012-13 (tonnes)	2011-12 (tonnes)	2010-11 (tonnes)
Waste sent to landfill	0	8.35	7.61*	363	534
Waste recycled/reused	300	275	282	322	320
Waste incinerated/energy from waste	45.88	35.5	34.93	0	10.5
Waste sent for fuel recovery	123.11	114	115	0	0
Security waste	75	63.3	10.63	-	-

**Figures provided above for 2014-15 have been revised from our 2014-15 Annual Report with additional information being received after the document was published.*

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.

The Senior Information Risk Owner (SIRO) during 2015-16 was the Executive Director of Standards and Compliance Steve Page. 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 2015-16 was the Executive Medical Director Dr Julian Mark. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.

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 three financial years the Trust has increased its self-assessment submission score by 10% to a score of 83% (Rated 'satisfactory' against a satisfactory/unsatisfactory rating regime).

In 2015-16 our internal auditors (East Coast Audit Consortium) audited around 45% of the Information Governance Toolkit requirement areas, reporting 'significant assurance' against the requirements examined.

The Information Governance Toolkit self-assessment submission is now being used to monitor the implementation of the Caldicott 2 recommendations by health and social care organisations. Following a request from the Secretary of State for Health, Dame Fiona Caldicott carried out an independent review of information sharing across health and social care over 2012 to ensure that there is an appropriate balance between the protection of patient information and the use and sharing of information to improve patient care. The review generated a number of recommendations for health and social care organisations to take forward. These recommendations are set out within the publication *Information to share or not to share: The Information Governance Review.* The Trust is currently reporting as 'amber' which means 'working towards' full implementation of the relevant recommendations.

In line with the requirements of Information Governance Toolkit the Trust has undertaken an audit against NICE Clinical Guideline 138, specifically against the quality statements concerned with sharing information for direct care. From the audit the Trust has identified a number of areas to ensure it keeps improving its information sharing with other health and social care professionals.

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

This year the process of improvements included the following:

- Continuing to make sure our staff are trained in the confidentiality, data protection and information security of personal information. During the year over 80% 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.

Statement in Respect of Information Governance Serious Incidents Requiring Investigation

During 2015-16 there were no personal data-related incidents that met the Information Governance Serious Incidents Requiring Investigation (IG SIRI) criteria at level 2 severity or above. Such incidents require reporting to the Information Commissioner's Office, Department of Health and other regulators as well as detailing within NHS Trust annual reports. However, the Trust had a number of personal data-related incidents of a lower level of severity (level 1) and these are detailed in the table below.

Summary of other personal data related incidents in 2015-16

Category	Breach Type	Total
A	Corruption or inability to recover electronic data	1
B	Disclosed in Error	16
C	Lost in Transit	0
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	8
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	1
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	1
J	Unauthorised access/disclosure	2
K	Other	0

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.

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 via East Coast Audit Consortium (ECAC), Crosskill House, Mill Lane, Beverley, East Riding of Yorkshire, HU17 9JB. www.eastcoastauditconsortium.org

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 formed a view on appropriateness of going concern, advised by the 31 May 2016 Audit Committee meeting which considered:

- 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.

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Chief Executive Rod Barnes, meets with ancillary staff at Wakefield Ambulance Station.

The Trust Board 2015-16

Chairman

Della M Cannings QPM

Chief Executive

Rod Barnes
(Interim until 6 May 2015 when confirmed as permanent)

Executive Director of People and Engagement

Roberta Barker (Interim)
(from 1 February 2016)

Ian Brandwood (until 11 October 2015)

Executive Director of Finance and Performance

Robert Toole (Interim)
(from 11 August 2015)

Alex Crickmar (Acting) (from 17 November 2014 - 10 August 2015)

Executive Director of Standards and Compliance

Steve Page

Executive Medical Director

Dr Julian Mark

Executive Director of Operations

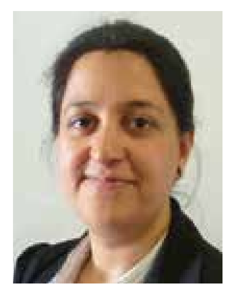
Dr David Macklin
(Interim until 6 May 2015 when confirmed as permanent)

Non-Executive Directors

Patricia Drake

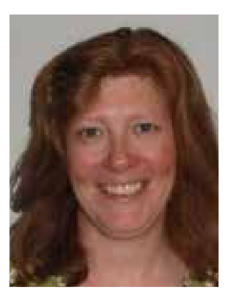
Elaine Bond

(completed term on 4 June 2015)



Erfana Mahmood

Barrie Senior



Mary Wareing

John Nutton

(designate up until 5 June 2015)

Ronnie Coutts

(designate from 1 July 2015)

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 2015-16

Name	Paid Employment	Directorships of Commercial Companies	Shareholdings	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 North Yorkshire Youth Ltd (company limited by guarantee and registered charity) Trustee of NHS Providers Trustee of YAS Charitable Fund	Lay member of The Lord Chancellor's Advisory Committee for West Yorkshire	Member - Institute of Directors Member - Royal Society for the Encouragement of Arts, Manufactures and Commerce
Patricia Drake Deputy Chairman/ NED *Joined October 2010*	Specialist Advisor - Care Quality Commission (CQC)	None	None	None	Trustee of YAS Charitable Fund	Vice Chair Locala Justice of the Peace	Royal College of Nursing
Erfana Mahmood NED *Joined May 2012*	Chorley and District Building Society Walker Morris	Chorley and District Building Society	None	None	Trustee of YAS Charitable Fund	None	Member of Law Society
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)

Name	Paid Employment	Directorships of Commercial Companies	Shareholdings	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
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 from October 2013 until 4 June 2015) *Joined October 2013*	Self-employed Corporate Finance Practitioner - Springwell Corporate Finance in association with Cattaneo LLP	None	None	None	Trustee of YAS Charitable Fund	None	Fellow of Institute of Chartered Accountants in England & Wales (FCA)
Ronnie Coutts NED (Designate) *Joined 1 July 2015*	Serco Ltd.	None	None	None	Trustee of the Alexander Fairey Memorial Fund Charity No: 10704088	None	None

Name	Paid Employment	Directorships of Commercial Companies	Shareholdings	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							
Rod Barnes Chief Executive (from 6 May 2015) (October 2011 - 5 May 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
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
Dr Julian Mark Executive Medical Director *Started in role: October 2013*	None	None	None	None	Trustee of YAS Charitable Fund	Chair of National Ambulance Service Medical Directors (NASMeD) Board Member of Faculty of Pre Hospital Care of the Royal College of Surgeons of Edinburgh Member of NHS Improvement Clinical Advisory Forum Member of the UK Council of Caldicott Guardians	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

Name	Paid Employment	Directorships of Commercial Companies	Shareholdings	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 Executive Director of Operations (substantive from 6 May 2016) *From November 2014*	None	None	None	None	Trustee of YAS Charitable Fund Medical Director of Yorkshire Air Ambulance Charity	Associate Tutor - Emergency Services Training Centre, Wirral Board Member - NHS Pathways Programme Board, HSCIC	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
Robert Toole Executive Director of Finance & Performance (Interim) Consultancy Services provider via Limited Company *Joined 11 August 2015*	None	Director of RDT Management Services Limited	None	None	None	None	Chartered Institute of Management Accountants (Fellow) Healthcare Financial Managers Association (HFMA)
Roberta Barker Executive Director of Workforce & Organisational Development (Interim) *Joined 1 February 2016*	None	Director of J&L People Ltd	None	None	None	None	Member of Chartered Institute of Personnel and Development

Name	Paid Employment	Directorships of Commercial Companies	Shareholdings	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
David Whiting Chief Executive February 2011 - November 2014	None	None	None	None	Trustee of YAS Charitable Fund	None	Health and Care Professions Council
Alex Crickmar Interim Executive Director of Finance and Performance November 2014 - 9 August 2015	None	None	None	None	None	None	Member of Institute of Chartered Accountants in England & Wales Healthcare Financial Managers Association
Ian Brandwood Interim Deputy Chief Executive and Executive Director of People and Engagement September 2013 - 9 October 2015	None	None	None	None	Trustee of YAS Charitable Fund	None	Fellow of Chartered Institute of Personnel and Development
Elaine Bond NED June 2011 - 4 June 2015	Internationals Greetings Plc	International Greetings Plc Whitegate Technologies Ltd (Director - unpaid)	None	None	Trustee of YAS Charitable Fund	None	None

Remuneration and Staff Report

Remuneration Policy

All permanent Executive Directors are appointed by the Trust through an open 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 approved by the Remuneration and Terms of Service Committee, a sub-committee of YAS's Trust Board and which, under current arrangements for ambulance services, requires the approval of NHS Improvement (NHSI) (formerly NHS Trust Development Authority up to 31 March 2016)

In determining the remuneration packages of Executive Directors and Very Senior Managers (VSMs) the Trust fully complies with guidance issued by the Department of Health and the Chief Executive of the NHS, as supplemented and advised by NHSI responsible for the North of England. Non-Executive Directors are appointed by the NHSI following an open selection procedure.

Non-Executive Director appointments are usually fixed-term for between two and four years and remuneration is in accordance with the national formula.

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 VSMs.

When considering the pay of Executive Directors and VSMs, the Committee applies the Department of Health guidance. The current consumer price index (CPI) applied to pensions is 0%.

Salaries and Allowances of Senior Managers

This table has been subject to audit. Note: There are no disclosures in respect of performance pay or bonuses as the Trust makes no payments of these types.

	2015-16				2014-15			
Name and title	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) All pension-related benefits (bands of £2500)	(d) **TOTAL** (a to c) (bands of £5000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) All pension-related benefits (bands of £2500)	(d) **TOTAL** (a to c) (bands of £5000)
	£000	£00	£000	£000	£000	£00	£000	£000
David Whiting Chief Executive[1]	15-20	11	(12.5-10.0)	5-10	140-145	91	(12.5-15.0)	135-140
Rod Barnes Executive Director of Finance and Performance[2]	0	0	0	0	70-75	0	0	70-75
Rod Barnes Chief Executive[3] (Interim to 31 Aug)	130-135	63	115.0-117.5	240 - 245	45-50	57	10.0 - 12.5	60-65
Ian Brandwood Director of People and Engagement[4]	60-65	0	72.5 -75.0	130 - 135	80-85	0	(27.5-30.0)	50-55
Ian Brandwood Executive Director of Operations[5] (Interim)	0	0	0	0	20-25	0	0	20-25
Steve Page Director of Standards & Compliance	105-110	57	(30.0-27.5)	80 - 85	110-115	48	37.5-40.0	150-155
Dr Julian Mark Executive Medical Director[6]	125-130	0	35.0-37.5	160 - 165	125-130		(5.0 - 7.5)	110-115
Dr David Macklin Executive Director of Operations[7]	110-115	69	70.0 – 72.5	190 - 195	40-45	40	397.5-400.0	440-445

1 - Left 14 May 2015 2 - Substantive Position 1 April 2014 to 16 November 2014 3 - Interim Chief Executive from 17 November 2014 to 31 August 2015, Officially Appointed to position 1 September 2015

4 - Substantive Position, left 11 October 2015 5 - Interim Director of operations from 30 August 2014 to 16 November 2014 6 - The 2014-15 Salary for Dr Mark has been restated

7 - Interim until 6 May 2015, substantive post from 7 May 2015

	2015-16				2014-15			
Name and title	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) All pension-related benefits (bands of £2500)	(d) **TOTAL** (a to c) (bands of £5000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) All pension-related benefits (bands of £2500)	(d) **TOTAL** (a to c) (bands of £5000)
	£000	£00	£000	£000	£000	£00	£000	£000
Robert Toole Executive Director of Finance & Performance (Interim)[8]	n/a	n/a	n/a	n/a				
Alex Crickmar Executive director of Finance (Interim)[9]	30-35	0	25.0-27.5	55-60	30-35	0	7.50-10.00	40-45
Roberta Barker Director of People and Engagement[10]	20-25	0	0	20-25	0	0	0	0
Della Cannings QPM Chairman	20-25	0	0	20-25	20-25	0	0.0	20-25
Patricia Drake Non-Executive Director	5-10	0	0	5-10	5-10	0	0.0	5-10
Elaine Bond[11] Non-Executive Director	5-10	0	0	5-10	5-10	0	0.0	5-10
Mary Wareing Non-Executive Director	5-10	21	0	5-10	5-10	0	0.0	5-10
Erfana Mahmood Non-Executive Director	5-10	0	0	5-10	5-10	0	0.0	5-10
Barrie Senior Non-Executive Director	5-10	0	0	5-10	5-10	0	0.0	5-10
Ronnie Coutts[12] Non-Executive Director	0-5	0	0	0-5	0	0	0	0
John Nutton Non-Executive Director	5-10	0	0	5-10	5-10	0	0.0	5-10

8 - Off-Payroll engagement. Interim Director of Finance and Performance from 11 August 2015   9 - Interim Director of Finance from 17 November 2014 to 10 August 2015

10 - From 1 February 2015   11 - Left 4 June 2015   12 - Appointed 30 June 2015

Pensions Entitlement Table

This table has been subject to audit.

Name and title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2016 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2016 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 31 March 2016	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2015	(h) Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
David Whiting Chief Executive[13]	0	0	0	0	0	0	984	0
Rod Barnes Chief Executive[14]	5.0-7.5	7.5 -10.0	40-45	115-120	677	77	593	0
Ian Brandwood Director of People and Engagement[15]	0 - 2.5	0	65-70	0	832	46	736	0
Steve Page Director of Standards & Compliance	(2.5-0)	(5.0-2.5)	40-45	125-130	844	(18)	852	0
Dr Julian Mark Executive Medical Director[16]	0-2.5	(2.5-0)	30-35	90-95	510	17	488	0
Dr David Macklin Executive Director of Operations[17]	2.5 - 5.0	2.5 - 5.0	20-25	55-60	261	33	226	0

13 - Left 14 May 2015, pension taken up during 2015-16 so no accrued pension or increase at end of year.

14 - Appointed to position 1 September 2015

15 - Substantive Position , other remuneration denotes car allowance, left 11 October 2015, no mandatory lump sum available

16 - Other remuneration denotes car allowance

17 - Interim until 6 May 2015, substantive post from 7 May 2015

Name and title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2016 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2016 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 31 March 2016	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2015	(h) Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Robert Toole Executive Director of Finance & Performance (Interim)[18]	NA	NA	NA	NA	0	0	0	0
Alex Crickmar Executive director of Finance (Interim)[19]	0 - 2.5	0	0-5	0	13	3	5	0
Roberta Barker Director of People and Engagement[20]	0	0	0	0	0	0	0	0

18 - Off Payroll engagement. Interim Director of Finance and Performance from 11 August 2015

19 - Interim Director of Finance from 17 November 2014 to 10 August 15, no mandatory lump sum available

20 - On payroll from 1 February 2016, pension data not yet available.

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.

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.

This year has seen the re-recognition of Unite the Union and GMB and recognition of the Royal College of Nursing, to join Unison as the Trust's only previously recognised union body. The Trust, together with local and regional officers, has shown a real commitment to building and sustaining improved employee relations. We continue to work closely on developing true partnership working, with key programmes including the workforce transformation programme in A&E Operations and the development of a clinical career framework for registered paramedics.

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 introduced a new role of Head of Diversity and Inclusion, to lead a Diversity and Inclusion Unit. This post has been instrumental in developing diversity networks and this year has seen the launch of a development programme across the Trust providing training on diversity and inclusion.

Most notably within our 999 (A&E) service, this year saw the start of the transformation programme including the development and implementation of a new workforce model. Recruitment to paramedic and emergency care assistant roles has accelerated and the development of a clinical career framework has seen improvements in the attraction and retention of frontline staff. Going forward, we expect to have the right number of suitably skilled staff, able to respond flexibly to changing service demands.

Staff Profile	2007 (31.03.07)	2013 (31.03.13)	2014 (31.03.14)	2015 (31.03.15)	**2016 (31.03.16)**
Paramedics (including student paramedics)	871	1,289	1,373	1,437	**1,592**
Technicians	655	461	359	307	**402**
Emergency Care Assistants	nil	104	684	445	**557**
Other frontline staff (including Assistant Practitioners, A&E Support Assistants, Intermediate Care Assistants)	478	493	35	391	**224**
Patient Transport Service (Band 2, Band 3 and apprentices)	228	615	683	713	**688**
EOC staff	257	378	353	362	**360**
NHS 111	nil	343	385	401	**380**
Administration and Clerical staff	606	680	631	629	**657**
Managerial (including associate directors)	106	142	138	136	**150**
Other (Chief Executive, Directors and Non-Executive Directors)	14	11	16	15	**16**

Staff Profile - gender	2007 (31.03.07)		2013 (31.03.13)		2014 (31.03.14)		2015 (31.03.15)		**2016 (31.03.16)**	
	No.	%	No.	%	No.	%	No.	%	No.	%
Male	1,869	58.13	2,464	54.56	2,516	54.03	2,553	52.79	2,638	52.49
Female	1,346	41.86	2,052	45.44	2,141	45.97	2,283	47.21	2,388	47.51

Staff Profile - age	2007 (31.03.07)	2013 (31.03.13)	2014 (31.03.14)	2015 (31.03.15)	**2016 (31.03.16)**
Average Age - All Staff	40	44	43	42	**42**
Average Age - Male	42	46	45	44	**44**
Average Age - Female	37	42	41	40	**40**

Payroll Multiple Disclosures (this data has been subject to audit)

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

The banded remuneration of the highest paid director/member in the Trust in the financial year 2015-16 was £140,000 (2014-15, £141,356). This was 5.63 times (2014-15, 5.70 times) the median remuneration of the workforce, which was £24,853 (2014-15, £24,802).

In 2015-16, 0 (2014-15, 0) that is no employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £6,461 to £140,000 (2014-15, £6,474 - £141,356)

The 2014-15 values have been restated as the original 2014-15 calculations did not take account of overtime and other incentive payments.

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.

Resourcing and Recruitment

Recruitment has continued to be a high-activity area for the Trust this year, in particular for our patient-focused, operational roles.

Our values-based recruitment and assessment centre continues to attract high numbers of candidates for many of our frontline service roles. We actively seek candidates who 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 we request that all shortlisted candidates for our middle and senior leadership roles participate in online assessments and psychometric tests to enable YAS to identify the most appropriate fit to key roles. A core aspect of this assessment is the requirement for candidates to demonstrate essential leadership skills needed within the services they will manage. We are committed to ensuring that we utilise the most effective recruitment methods rather than simply relying on traditional interview processes.

As well as being focused on meeting the recruitment needs of the Trust's 999 (A&E) service, we continue to support significant recruitment campaigns for other key service areas including NHS 111, Patient Transport Service and the Trust's successful apprenticeship schemes.

Workforce Levels (this data has been subject to audit)

Staff category	Establishment 31 March 2014		Establishment 31 March 2015		**Establishment 31 March 2016**	
	WTE	Headcount	WTE	Headcount	WTE	Headcount
A&E Frontline	2,107	2,327	2,158	2,440	2,188	2,630
PTS	654	782	681	812	667	788
EOC/NHS 111	635	779	651	810	623	795
Support staff	487	613	490	557	534	600
Management	154	163	151	160	153	160
Apprentices	54	54	57	57	52	53
Total	4,093	4,657	4,190	4,836	4,217	5,026

Recruitment Activity

	Number of Advertising Campaigns	Number of Applications
A&E Frontline	47	3,886
PTS	68	1,317
EOC/NHS 111	86	3,976
Support staff	132	2,716
Management	54	617
Apprentices	45	845
Total	4,093	4,657

Our turnover was 12.65% (headcount) 11.02% (WTE) and represents 123 staff who have retired, 437 staff resigned, one redundancy, 48 staff dismissed and sadly four staff who died in service.

Absence Management

Whilst the level of absence within the Trust remains above target, this year has seen an overall reduction of sickness absence by 1%. Management teams have developed clear action plans to address sickness absence levels within their service areas, we do however recognise that absence levels remain at a level which require continuous review and intervention.

Calendar Days Lost

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Total (2015-16)	7,142	7,496	7,172	7,375	7,727	7,217	7,640	7,727	8,771	8,524	7,737	8,090
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

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**
2015-16 (%)	5.12	5.18	5.16	5.15	5.48	5.29	5.37	5.55	6.11	5.93	5.66	5.55
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

Health and Wellbeing

Following the launch of the Trust's Employee Wellbeing Strategy last year, the focus of activity has been particularly on the mental wellbeing of the Trust's workforce, given the noticeable absence levels attributed to mental health. In addition to working closely with the Trust's Occupational Health provider to ensure staff receive timely access to counselling and support services, managers across the Trust have recently accessed mental health awareness training. This enables them to better support and manage the needs of their teams.

With employee mental wellbeing continuing to be a key focus in 2016-17, the following work activities are also currently underway:

- Raising awareness during the recruitment process for frontline roles, of the difficult and sometimes challenging nature of the roles and the importance of looking after oneself and from where to get support.
- A greater emphasis on the assessment of people management skills during supervisor and manager recruitment.
- The introduction of a Wellbeing Impact Assessment as an integral part of the development of employee policies, operating procedures and service developments.
- Integrating mental wellbeing training for managers into the Trust's Leadership Essentials training.

The 2015-16 flu vaccination campaign saw the Trust achieve a 40% uptake of staff vaccinations.

Exit Packages (this data is subject to audit)

Exit packages costing £215,000 for five Staff were provided during the year. This compares to £465,000 for 18 staff in 2014-15. Details are disclosed in note 9.4 to the accounts

Leadership Portfolio Review

The Trust Board has recently concluded a Leadership Portfolio review which has seen the review and restructure of the Trust Executive Group and supporting Associate Director structure. Recognising the need for the Trust's leadership team to be equipped to respond to the changing health and social care landscape, the portfolio review has seen a realignment of the directorate portfolios to enable some core services to work more seamlessly together. The new structure will ensure the capacity and capability of the senior management team meets the demands of the business in the years ahead.

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Annual Governance Statement

1. Scope of responsibility

1.1 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.

1.2 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 2015/16, to ensure effective strategic and operational leadership and to provide greater clarity on accountability across all areas of Trust business.

1.3 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 a two-yearly 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.

1.4 The Trust has met with the NHS Trust Development Authority and our lead Clinical Commissioning Groups for 2015/16 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

2.1 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.

2.2 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.

2.3 The Trust Board meets on a bi-monthly basis and currently consists of; the Chairman and 5 other Non-Executive Directors (NEDs), the Chief Executive Officer and 4 other Executive Directors (3 voting and 1 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.

2.4 During the year there have been changes to Board personnel. The Chief Executive and Executive Director of Operations were confirmed substantively into post in May 2015.

The Executive Director of Finance and Performance role has been undertaken on an interim basis since June 2015 following the appointment of the previous Executive Director of Finance and Performance/Deputy Chief Executive to the role of Chief Executive.

The Director of People and Engagement left the Trust in October 2015. Leadership was provided internally pending recruitment to the Director role by the Associate Director. An Interim Director was appointed in February 2016.

During 2015/16 the Trust completed a full executive and senior management portfolio review and changes arising from this will be implemented during Q1 of 2016/17. This review will strengthen management capacity and capability in a number of key areas, including planned and urgent care, 999 (A&E) operations, estates and facilities, business development and performance management.

There have been changes to Non-Executive Director personnel during 2015/16. One of the substantive Non-Executive Directors left the Trust in June 2015 and the designate Non-Executive Director was confirmed into post as a full Non- Executive Director in July 2015. Recruitment was also completed to the vacated Non-Executive Director Designate role in July 2015.

2.5 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:
  - o The Trust's five-year Integrated Business Plan and Operating Plan
  - o Strategic Development of the Trust including staff and stakeholder engagement, 999(A&E) and PTS service transformation, and the 999 (A&E) workforce plan
  - o Financial Priorities
  - o Quality governance including consideration of the NHS and Department of Health investigations into Jimmy Savile.
  - o An ACAS facilitated session on industrial relations management
  - o Board governance and committee arrangements
  - o Risk management including the Board Assurance Framework and risk appetite
  - o Development and review of effectiveness as a unitary Board and of Board committees using the Well-led framework
  - o Governance across organisational boundaries and the governance and strategy of the West Yorkshire urgent care Vanguard programme.

2.6 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.

2.7 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. The TDA ceased the requirement for statements in February 2015.

The Trust is continuing to assure itself in relation to the key governance issues. 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.

2.8 During 2015/16 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 to provide an independent review of the Trust committees and Executive Group effectiveness using the Well-led Framework. Recommendations from this review informed the development of an action plan which is nearing completion.

2.9 The Trust arrangements for quality governance are fully aligned to the requirements of the Foundation Trust Quality Governance Framework and ensure compliance with the CQC Fundamental Standards.

2.10 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 ongoing self-assessment of its effectiveness to inform future development.

2.11 A Clinical Quality Strategy which covers a five year period from April 2015 -18 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.

2.12 Quality is a central element of all Board meetings. The Integrated Performance Report, which has been updated and substantially refined over 2015/16, 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.

2.13 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.

2.14 The Trust Quality Account is developed through a process of extensive consultation both internally and with external stakeholders. The Quality Account for 2015/16 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.

2.15 A regular commissioner/provider 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.

2.16 The Trust Board has been underpinned throughout 2015/16 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.

2.17 The Finance and Investment Committee 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 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.

2.18 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 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.

2.19 During 2015/16 the Board further reviewed the function of its committees, in addition to the independent review undertaken by the Internal Audit Service, 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.

2.20 In 2015/16 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 2016/17.

2.21 In 2015 the Board Committees completed detailed reviews of their effectiveness, through an independent review facilitated by the Internal Audit service based on the Well-Led framework. The exercise 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 will be implemented during 2016/17 to further strengthen the Board and Committee functions.

2.22 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 informed the risk management plan for which has been progressed over the year. This has included focused board discussions on the Board Assurance Framework and Risk appetite, to inform future strategy and risk management decisions. During 2015 the Trust was also inspected under the new regime, by the Care Quality Commission. The inspection found that some elements of the systems supporting risk management required improvement and further detail of these findings is located in section 5.11. Action has been taken to address the issues highlighted.

2.23 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.

2.24 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.

2.25 During 2014/15 the role and function of TMG was fully reviewed and changes were implemented throughout 2015/16. A new work plan and standard agenda were 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

Membership and function of the group will be further strengthened in 2016/17 as a result of the portfolio review and the development of the Trust Performance Management Framework.

2.26 To support the management of key Trust change programmes and projects aligned to the 5-year business plan, the Trust has an established Service Transformation Programme, with Executive leadership and regular assurance to the wider Board and Committees. The focus and governance of the Service Transformation Programme have been subject to significant review at the close of 2015/16, in order to ensure clarity of purpose. This has refined the priority deliverables and benefits aligned to Trust Strategy and Operating Plan objectives for 2016/17, clarified programme accountability and established new Project Management Office arrangements for 2016/17.

2.27 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.

2.28 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.

2.29 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.

2.30 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.

2.31 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.

2.32 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.

2.33 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 2015/16.

3. Risk assessment

3.1 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 proactive approach and one which reviews risks retrospectively. Therefore Trust risk assessment is a dynamic process.

3.2 Risks are identified proactively by the Board and senior management team as part of the 5-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.

3.3 In addition, risks can be identified on a daily basis throughout the Trust by any employee. During 2015/16 the Trust has developed new processes to support staff in raising concerns about quality and safety in line with the national Freedom to Speak Up recommendations. These will come into operation in quarter 1 of 2016/17. 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.

3.4 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.

3.5 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.

3.6 The organisation's major risks are identified at a corporate level. The Trust identifies risk to 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.

3.7 The most significant risks to the strategic objectives identified in 2015/16 were:

- Inability to deliver performance targets and clinical quality standards
- Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes
- Insufficient alignment and responsiveness of corporate services to operational service requirements
- Deficit against planned financial outturn e.g. due to contract target penalties and non-delivery of CQUIN scheme.
- Adverse impact on clinical outcomes and operational performance due to inability to deliver the A&E workforce plan and associated recruitment.
- Challenge to the delivery of key objectives due to ineffective staff engagement

Other risks recorded in the Board Assurance Framework 2015/16 were:

- Adverse clinical outcomes due to failure of reusable medical devices and equipment.
- Loss of income due to inability to secure/retain service contracts, and challenge to the delivery of Trust strategy within the constraints of the wider commissioning system.
- Inability to implement PTS transformation programme resulting in loss of income due to failure to secure/retain service contracts.
- 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.

3.8 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.

3.9 A number of new or developing 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 ongoing challenge relating to delivery of Red 1 and 2 targets remained significant. 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, through the application by commissioners of performance fines. 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 service transformation 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. 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 transformation 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. Delays in hospital Emergency Department turnaround and changes to ambulance service requirements arising from local service reconfigurations remain significant factors requiring mitigating action.

  A key element of mitigation in relation to wider system changes has been the Trust's active participation in the West Yorkshire urgent care Vanguard initiative.

- 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 5-year workforce plan. During the year, revisions have been made to the workforce plan to increase recruitment and internal training provision and to develop a new clinical career framework 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 NHS 111 service increased as demand for the service continued to rise above the levels funded through the contract. This impacted on achievement of the national response targets for NHS 111 calls, but internal mitigating action has ensured continued delivery of a safe and effective service to patients. Activity in the West Yorkshire Urgent Care service, delivered by Local Care Direct as a part of the NHS111/West Yorkshire Urgent Care contract, did not grow during 2015/16, although management of the existing activity within the available resources remains a significant challenge, impacting on delivery of key performance targets and quality of patient experience. 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 ongoing discussions with commissioners throughout the year with regard to the challenges within the NHS111/West Yorkshire Urgent Care service, including a request in year for a capacity review in relation to the NHS 111 service. This process remains unresolved. Further work is ongoing to fully mitigate this risk, in the context of a further anticipated increase in activity in NHS 111 and continued pressure in West Yorkshire Urgent Care during 2016/17.

- Employee relations continue to present a key challenge, against a back-drop of a significant change agenda in the A&E service. Positive discussions involving ACAS have helped to move relationships to a more positive footing and the move to a multi-union recognition arrangement from May 2015, created 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.
- During 2015/16 details emerged from investigations into the management of NHS 111 calls requiring an ambulance dispatch within South East Coast Ambulance Service. To ensure learning from this NHS England and AACE facilitated a national review into the measurement and reporting of A&E performance. A review of the Trust systems was undertaken within YAS and found to be compliant with national guidance, with a number of minor recommendations for improvement made and implemented. The Board will review the implications of any wider learning arising from the external audit into South East Coast Ambulance Service in its April 2016 meeting.
- In year the Trust completed its investigation into Jimmy Savile's association with the ambulance services in Yorkshire. This was part of a wider programme of investigations across the country and was published in September 2015. There were no significant findings but a number of recommendations to strengthen governance were identified and implemented.

In addition to monitoring by the Trust Board and Audit Committee, progress against risk treatment plans have been routinely discussed in each meeting of the Quality Committee and Finance and Investment Committee.

- The Trust has also continued to make a significant contribution, as one of the successor bodies to the former South Yorkshire Metropolitan Ambulance Service (SYMAS), to the new inquests associated with the Hillsborough disaster.

  The Trust has sought to impartially assist the Coroner throughout, to thoroughly and fairly examine the response of the former SYMAS, drawing on its experience as the region's ambulance service provider. The Board has been briefed at each meeting on progress and key issues, within the limitations of confidentiality laid down by the Coroner.

3.10 All corporate risks subject to on-going risk management plans will be recorded on the 2016/17 iteration of the Board Assurance Framework and will continue to be managed through the Corporate Risk Register.

3.11 The Internal Audit programme was significantly expanded in 2013/14 and this expanded programme was maintained in 2015/16. In the current year a total of 25 reports were produced with assurance ratings, 19 of which were rated as 'significant assurance' and 5 'limited assurance' one was rated as having no assurance. A number of control issues were highlighted during the year as a result of the Internal Audit programme in aspects of end of shift overtime management, management of processes relating to relocation and MARS schemes, temporary staffing and consultant recruitment processes, hotel services, efficiency of recruitment and staff support processes in NHS 111 and partnership governance. 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.

3.12 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 2015/16 there were no personal data-related incidents that met the Information Governance Serious Incident Requiring Investigation (IG SIRI) criteria at Level 2 severity or above.

Such incidents require reporting to the Information Commissioners office, Department of Health and other regulators. However the Trust had a number of personal data-related incidents of a lower (Level 1) severity and details of these can be found in the Annual Report and Finance Statement for 2015/16.

4. The risk and control framework

4.1 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.

4.2 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.

4.3 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, and is consistent with available best practice guidance.

4.4 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.

4.5 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.

4.6 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.

4.7 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.

4.8 Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

4.9 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.

4.10 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.

4.11 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

5.1 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. (See section 5.14)
- 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 Fundamental Standards – 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.

5.2 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.

5.3 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
- A two yearly 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

5.4 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.

5.5 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.

5.6 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.

5.7 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.

5.8 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.

5.9 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 April 2016 and concluded that the arrangements in place were effective.

5.10 The Trust is required under NHS regulations to prepare a Quality Account for each financial year. The Trust Quality Account for 2015/16 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 Ernst and Young (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.

5.11 During 2015/16 the Trust received a full inspection from the Care Quality Commission under the revised regime of the Chief Inspector of Hospitals. The inspection took place in January 2015 and the full report was published in August 2015. The inspection found that the Trust has an overall rating of 'Requires Improvement' with one area identified as 'Good' for the provision of Caring Services.

The trust received three requirement notices;

i) The Trust did not always have the facilities, systems and arrangements in place to protect service users from the risk of exposure to a healthcare associated infection.

ii) The Trust did not have robust governance processes to manage risks in a timely and effective way

iii) The Trust did not always protect patients from unsafe or inappropriate care as not all staff had received mandatory training and had an appraisal. Over 2015/16 the Trust has worked on ensuring improvement and compliance with the inspection findings and is awaiting re-inspection by the Care Quality Commission.

An action plan was implemented to address the issues highlighted, with oversight by the Trust Executive Group and regular assurance on progress to the Board, commissioners and Trust development Authority. Implementation is almost complete and a mock inspection is planned for quarter 1 of 2016/17, prior to full re-inspection by CQC.

5.12 On final review and closure of the 2015/16 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 rising demand for high acuity care, national paramedic workforce constraints, wider system changes and challenging employee relations. (see Section 6).

5.13 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 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 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 end of shift overtime management, partnership (including clinical pathways) governance, temporary staffing and consultant recruitment processes, HR policy compliance (relocation expenses and MARS), NHS 111 recruitment and performance management, estates cleaning and community and commercial education.*

Basis of Forming the Opinion

The basis for forming my opinion is as follows:

Assurance Framework

An Assurance Framework (AF) exists to meet the requirements of the Annual Governance Statement and provide 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 AF is used at Board level, with support from the key governance committees.

Assurance across the organisation's business areas*

*(*The assurance areas listed frequently overlap between functional areas)*

The audits for 2015/16 were drawn from year 3 of an enlarged 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 BAF, 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 pathways/partnerships, safety alerts, health records management
Standards and Governance	Board/Committee operating arrangements (Well-Led), CQC action plan, IGT validation, partnership governance, BAF, risk management, service transformation - TEGT workshop, contract quality, safeguarding
Workforce and Strategy	Travel and expenses, MARS, relocation expenses, disciplinary and grievance procedures, community & commercial education, temporary staffing/consultancy expenses, capacity building/ succession planning, occupational health & absence management follow up, equality and diversity framework
Finance and Performance	Financial systems (financial ledger, payroll, AP, AR), capital charges, contract management, leased car scheme, vehicle replacement programme/financing, tariff validation, IBP, TDA financial plans, hotel services - estates cleaning, Veritel general controls, IT healthcheck, pathfinder app, benchmarking (gifts and hospitality/losses and compensation), business intelligence/data quality, management of tenancies follow up, IT strategy and governance, financial reporting
Operations	Business continuity planning, end of shift overtime management, global rostering system, NHS 111 recruitment retention and performance management, rota implementation - lessons learned, EOC rota implementation

Contribution to Governance, Risk Management and Internal Control enhancements:

- Continued delivery and development of the 'zero-based' internal audit plan from a fundamental review of the 'audit universe' alongside Executive Officers and the Audit Committee. This significantly expanded the scope of internal audit coverage to support the Trust's development agenda.
- Effective utilisation of internal audit including in-year communication and changes to the audit plan. The enlarged plan has remained flexible and provided capacity to respond to organisational needs - i.e. work requested on end of shift overtime and a wider scope for the committee effectiveness review.
- Contribution to the development of assurance mapping which will help to co-ordinate (and fully utilise) various internal and external assurance mechanisms.
- Involvement and relationship with the organisation e.g. attendance at Audit Committee meetings, Executive Team (TEG and TMG as required) in addition to meeting attendance connected with specific reviews – in particular the committee effectiveness review.
- Follow up activity demonstrating progress against recommendations to improve systems and controls, and continued alignment with the combined follow-up approach with Trust systems.
- Delivery of advisory work around rota implementation – lessons learned, service transformation programme (TEGT effectiveness workshop), benchmarking (gifts and hospitality and losses and compensation), risk appetite workshop.

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 2016

5.14 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.
- Continued delivery of the A&E and PTS transformation programmes.
- Targeted project work in relation to recruitment and retention including development of the new clinical career framework.
- Work to support development of management capacity and capability, including completion of the Executive and senior management portfolio review and associated leadership and management development.
- Review of the Service Transformation Programme and strengthening of the Programme Management Office arrangements.
- Active engagement with external partners on system wide strategy and development including the West Yorkshire Vanguard, and development of internal arrangements to support cross-organisational governance.

6. Significant Issues

6.1 The 2015/16 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 rising demand for high acuity care, national paramedic workforce constraints, wider system changes and challenging employee relations.

6.2 The risk relating to delivery of the A&E targets is being addressed through implementation of multi-faceted transformation programme and continued implementation of the 5-year workforce plan. This is underpinned by rigorous diagnostic activity and will be supported by continued strategic engagement with commissioners and other stakeholders, and extensive staff engagement and communication. Employee relations continue to present a 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. There is a positive framework for ongoing discussions with unions following the multi-union recognition agreement which was formally put in place in May 2015.

6.3 Management of this risk will be monitored during 2016/17 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 5-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: Mr Rod Barnes

Chief Executive Officer

Date: 1 June 2016

Independent Auditor's Report

We have audited the financial statements of Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2016 under the Local Audit and Accountability Act 2014. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 35. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2015-16 Government Financial Reporting Manual (the 2015-16 FReM) as contained in the Department of Health Group Manual for Accounts 2015-16 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England (the Accounts Direction).

We have also audited the information in the Remuneration and Staff Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes on pages 65-66;
- the table of pension benefits of senior managers and related narrative notes on page 67-68;
- the tables of exit packages and related notes on page 73;
- the analysis of staff numbers and related notes on page 70; and
- the table of pay multiples and related narrative notes on page 71.

This report is made solely to the Board of Directors of Yorkshire Ambulance Service NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 and as set out in paragraph 43 of the Statement of Responsibilities of Auditors and Audited Bodies published by Public Sector Audit Appointments Limited.

Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's 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 Directors, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Directors, the Accountable Officer and auditor

As explained more fully in the Statement of Directors' Responsibilities in respect of the Accounts the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards also require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

As explained in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the Trust circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the directors; and
- the overall presentation of the financial statements.

In addition we read all the financial and non-financial information in the annual report and accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2015, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Opinion on the financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of Yorkshire Ambulance Service NHS Trust as at 31 March 2016 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the National Health Service Act 2006 and the Accounts Directions issued thereunder.

Opinion on other matters

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the annual report and accounts is consistent with the financial statements

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with the NHS Trust Development Authority's guidance; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014; or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016.

We have nothing to report in these respects

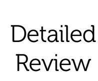
Certificate

We certify that we have completed the audit of the accounts of Yorkshire Ambulance Service NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Hassan Rohimun

for and on behalf of Ernst & Young LLP Manchester

2 June 2016



Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Rod Barnes, Chief Executive

Date: 2 June 2016

Statement of Directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

Rod Barnes, Chief Executive

Date: 2 June 2016

Robert D Toole, Executive Director of Finance & Performance (Interim)

Date: 2 June 2016

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Part 1

Statement on Quality from the Chief Executive

Welcome to our NHS Trust Quality Account 2015-16. Whilst it has been a very challenging 12 months, Yorkshire Ambulance Service (YAS) has much to celebrate this year. Highlights include the significant improvements in the quality of care we provide for people who suffer cardiac arrest, stroke and major trauma. We are amongst the best in the country for these life-threatening conditions and will continue to strive for further improvements in the coming year.

Like other NHS Trusts, YAS continues to face significant challenges, not least in the unprecedented levels of demand this year, particularly from patients with very serious and life-threatening illness. We have had to continually reassess our resources and resilience both on the road within the Accident and Emergency (A&E) service, within our non-emergency Patient Transport Service (PTS) and for NHS 111. Despite this strong focus on our emergency service this year, it is disappointing that we have not met the national emergency response times. Our aim and continued commitment is to respond to patients with life threatening conditions as quickly and safely as possible and we are a key partner in the joint working across the region to develop and implement new and exciting ways of working to better serve the people of Yorkshire and the Humber.

The Care Quality Commission (CQC) report, published in August 2015, highlighted many areas of our good practice, most importantly that our care was rated as "good". Whilst it also described some areas for improvement, these were areas where work had already begun.

Included in this work, is a strengthened alignment of operational and supporting services, and the structures within YAS to ensure that we have strong leadership and management through the organisation. A large-scale transformation programme has also seen the first pilots for our estates plan being implemented and this has led to greater efficiency. We have also further developed a culture of listening and learning across YAS, with a greater emphasis on sharing lessons and learning from patients, corporate teams and frontline staff.

Collaborative working with commissioning groups and partner organisations has continued to allow YAS to develop 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. The 'every contact counts' programme has signposted members of the public to seek further help and support for their healthcare needs.

YAS remains 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.

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 2015-16 (Monitor). It contains the sections mandated by the Act and also measures that are specific to YAS 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

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 commissioners, 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, integrated 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. See pages 115 and 117 for further details.

Measuring, Monitoring and Reporting

Quality remains the central element of all Board meetings. We have identified key quality indicators to monitor quality and have a framework to report and share these though all levels of the organisation.

In addition, communication and engagement work is planned to ensure that all our staff and external partners are kept informed and involved.

Priorities for Improvement 2016-17

Priority One

Patient Safety: Delivery of sustainable improvement in emergency ambulance response performance in line with national standards.

Lead: Dr David Macklin, Executive Director of Operations

Key Drivers: The requirement to deliver the national ambulance Red performance target.

Aim: To attain agreed national response time targets of 75% within 8 minutes for Red calls.

Priority Two

Patient Safety: Development of the Trust's role in care co-ordination across the urgent and emergency care system, with particular focus on frail older patients, patients with palliative care and patients with mental health conditions.
Lead: Angela Harris, Lead Nurse Urgent Care

Key Drivers: The National Emergency and Urgent Care Review and High Impact Action, and the associated West Yorkshire Vanguard development which reinforces the Trust's focus on responsiveness and development of urgent care services.

Aim: To provide staff with the right skills, knowledge and tools to detect and manage deterioration in patient health status, in a timely and appropriate way, and to deliver the right care in the right place first time.

Priority Three

Clinical Effectiveness:
Improvement in patient outcomes with key conditions - cardiac arrest and sepsis.

Lead: Dr Steven Dykes, Deputy Medical Director

Key Drivers: The Trust's Clinical Quality Strategy, which has been developed following extensive consultation with staff, public and external stakeholders. CQUINs agreed with commissioners and priorities in the Quality Account are aligned to this strategy.

Aim: To further improve cardiac arrest and sepsis survival rates

Priority Four

Patient Safety:
Improvement of patient safety aligned to the Sign Up to Safety campaign, focused on moving patients safely, improving communication within the EOC and improving the care and management of deteriorating patients.

Lead: Dr Steven Dykes, Deputy Medical Director and Clare Ashby, Head of Safety.

Key Drivers: National ambition to reduce avoidable harm by 50% as part of the three-year Sign up to Safety campaign

Aim: To track and improve on key patient safety metrics.

Priority Five

Patient Experience:
Improving the experience for children.

Lead: Dr Steven Dykes, Deputy Medical Director.

Key Drivers: YAS responds to a significant number of children every year and it is important to understand their experience, and understand how this may be improved.

Aim: To understand the experience of children who access emergency services

Process to Monitor, Measure and Report Priorities for Improvement 2016-17

Priorities for Improvement	Monitoring Arrangements in YAS	Measuring Parameters in YAS	Reporting Structure in YAS
Patient Safety: Delivery of sustainable improvement in emergency ambulance response performance in line with national standards *Lead: Dr David Macklin, Executive Director of Operations*	• This will be agreed following confirmation of the Ambulance Response Programme requirements	• These will be agreed following confirmation of YAS's engagement in the Ambulance Response Programme	• Clinical Governance Group (CGG) • Quality Committee • The Trust Board in Public
Patient Safety: Development of the Trust's role in care co-ordination across the urgent and emergency care system, with particular focus on frail older patients, patients with palliative care and mental health conditions *Lead: Angela Harris, Lead Nurse Urgent Care*	• Clinical audit methodology will be developed	• Training metrics • Incident and complaint data • Qualitative data on partnership working with hospices • YAS outcome measures for mental health service users	• CGG • Quality Committee • The Trust Board in Public
Clinical Effectiveness: Improvement in patient outcomes with key conditions - cardiac arrest and sepsis *Lead: Dr Steven Dykes, Deputy Medical Director*	• Clinical audit methodology	• Compliance to care bundles (a collection of interventions that are applied when caring for patients with a particular condition) and clinical guidelines	• CGG

Priorities for Improvement	Monitoring Arrangements in YAS	Measuring Parameters in YAS	Reporting Structure in YAS
Patient Safety: Improvement of patient safety aligned to Sign Up to Safety campaign, focused on moving patients safely, improving communication within the EOC and management of deteriorating patients *Lead: Dr Steven Dykes, Deputy Medical Director and Clare Ashby, Head of Safety*	• Dynamic risk assessments • Appropriate booking and use of algorithm – Patient Transport Service (PTS) • Number of staff trained in manual handling and bariatric patients • Use of HART for bariatric patients • Use of manual handling equipment/ specialised vehicle to help support patients move and mobilise • Clinical audit • Sign up to Safety action plan	• Number of incidents, complaints and claims related to moving patients (staff and patient-related) • Sickness figures related to manual handling • Use of National Early Warning Score (NEWS) • Use of Paramedic Pathfinder • Improved quality of handover of patients on hospital arrival	• CGG • Quality Committee
Patient Experience: Improving the experience of children *Lead: Dr Steven Dykes, Deputy Medical Director*	• Patient experience work stream	• Project with primary schools perception of ambulance service • Targeted focus groups of children	• CGG • Quality Committee

Engaging with Staff, Patients and the Public about Quality

In order to ensure that the YAS Quality Account 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, YAS Forum Members, regional Healthwatch and Health Overview and Scrutiny Committees. We also scrutinised our data systems: incidents, near misses complaints and patient feedback are mechanisms we use to establish trends and themes which go towards informing our strategy and Quality Account.

The Trust has also worked in collaboration with local health economies through System Resilience Groups (SRGs), Clinical Commissioning Groups (CCGs) and through a number of local service Reconfiguration Boards. In November 2015, 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 priorities for the coming year and also to develop a reporting framework for quality which would be used to inform future commissioning.

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

"There are areas of strength and areas for development. Clearly lots of great work done by YAS – cardiac outcomes above national average that must be showcased – well done and shout louder."

Barnsley CCG

"I have had an occasion to use your service many times and have found it to be excellent and the top of the tree compared to other NHS services.

YAS are very professional; staff always have a calming kind attitude towards the patient. Handovers are clear and defined."

Cllr Sharron Brook, Dearne South

"The service is currently in a period of change. Patients themselves in the main do not see YAS as failing but need reassurance, this applies to the Sheffield area."
Healthwatch Sheffield

"There are not enough vehicles on the road and not enough paramedic crews."
Anonymous

Clinical Quality Strategy 2015-18

The refreshed Clinical Quality Strategy 2015-18 was presented to the Trust Board in May 2015, this is underpinned by an annual implementation plan, which sets out the key priorities for improving quality of patient care, including a focus on five CQC domains:

SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
• Deliver "Sign up to Safety" pledges, including application of "human factors" within Emergency Operations Centres (EOCs) • Measuring and reducing avoidable harm and development of dashboards • Improved outcomes for patients with suspected sepsis • Standardised process for roll-out of new equipment	• Identified outcome measures for quality • Improved outcomes for patients through implementation of Paramedic Pathfinder • Improvement on AQIs (specifically cardiac arrest) • Standardised clinical handovers and implementation of National Early Warning Score (NEWS)	• Increased visibility of patient experience information • Open and transparent – Duty of Candour • Triangulation of performance reporting and patient experience • Analysis of Friends and Family Test (FFT) • Focus on improving pain management.	• Focus on mental health and alternative care pathways • Robust safeguarding processes and practice • Effective and timely complaint responses • Collaboration with stakeholders to deliver urgent care	• Standardised supervision arrangements for all professionals • Maintenance of clinical leadership dashboard • Listening events with staff, patients and stakeholders eg Trust Board meetings, YAS Forum, Staff Survey

Statements from the Trust Board

Review of Services 2015-16

During 2015-16 YAS provided and/or sub-contracted eight NHS services:

- A Patient Transport Service (PTS) delivering planned transportation for 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 management of 999 calls and providing an urgent care service including urgent care practitioners).
- 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 (OOHs) call handling service for all NHS Yorkshire and Humber, NHS North East Lincolnshire and NHS North Lincolnshire.
- Vehicles and drivers for the Embrace neonatal transport service for critically-ill infants and children in Yorkshire and the Humber
- Clinicians work on the two Yorkshire Air Ambulance charity helicopters.
- Community First Responder scheme, made up of volunteers from local communities.
- NHS 111 service in Yorkshire, the Humber, North and North East Lincolnshire and Bassetlaw in Nottinghamshire, 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 communities and economies through provision of:

- Urgent and Emergency Care Vanguards - West Yorkshire Urgent and Emergency Care Network and the North East Urgent Care Network.
- A critical care bed-base helpline to assist the timely placement of critically ill patients that require intensive care.
- 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.
- Free first aid training courses for members of YAS.

YAS 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 2015-16 represents 100% of the total income generated from the provision of relevant health services by YAS for 2015-16.

YAS Estates Strategy

As an ambulance service, we have multiple buildings and estates across the region where support staff, clinicians, vehicles, equipment and resources are based. Our plan is to make the best use of this estate. We acknowledge that some of this estate it is no longer able to support a modern ambulance service, mainly due to the age of some of the estate. In addition, historically we have relied on clinical staff and paramedics to ensure vehicles and equipment are equipped, clean and ready to respond. In 2015-16 we introduced two pilots called Make Ready and Vehicle Preparation System (VPS).

Make Ready

Make Ready is a 24/7 standardised vehicle preparation programme where vehicles are cleaned, maintained, stocked and quality checked. This method of preparing vehicles for frontline duty minimises cross-infection and critical equipment related incidents, and thereby maximises patient safety. Following the successful implementation of a Make Ready pilot at Manor Mill, Leeds in early November 2015, the Trust launched a second Vehicle Preparation System (VPS) pilot at Wakefield Ambulance Station in February 2016. Evaluation of both pilots will take place in June this year, providing the Trust with statistical evidence of both pilots, supporting accurate decision making on which service the Trust may want to roll out if not both services.

VPS will provide exactly the same standard as Make Ready in terms of how the vehicles are fuelled, re-stocked and how the equipment is checked. However, there are some fundamental differences between VPS and Make Ready, as follows:

- VPS will prepare each frontline vehicle on a once-a-day basis, whereas Make Ready prepares vehicles for the start of every shift.
- VPS will be carried out overnight, seven days a week, when the majority of vehicles are present, whereas Make Ready prepares vehicles 24/7.
- Make Ready has fleet integrated within the service unlike VPS which utilises Fleet within the Trust's normal Fleet procedure

Participation in Clinical Audit

Clinical audit is the cornerstone for maintaining and improving high-quality patient-centred services and provides the Trust with assurance that 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 frontline staff are aware and engaged.

During 2015-16 12 national clinical audits, and 0 national confidential enquiries, covered relevant health services that YAS provides.

The national clinical audits and national confidential enquiries that YAS participated in, and for which data collection was completed during 2015-16, are listed below 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 YAS 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 YAS was eligible to participate in during 2015-16 are as follows:

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

1. Myocardial Ischemia National Audit Project (MINAP) (Heart attack). Awaiting publication of national report. Local monitoring in place.
2. (NANA) National Ambulance Non-conveyance Audit National Audit (North West Ambulance Service).
3. ST Elevation Myocardial Infarction (STEMI=heart attack).
4. Return of Spontaneous Circulation (ROSC), 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.

YAS has consistently achieved the highest performance nationally against ROSC and out-of-hospital cardiac arrest outcomes.

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

8. Asthma.
9. Single-limb fracture.
10. Febrile Convulsions (children).
11. Elderly falls (data collection pilot).
12. Mental health: deliberate self-harm (pilot study).

The reports of 100% of national clinical audits were reviewed by the provider in 2015-16 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 through which all ambulance services are evaluated.**
- **Adapting the information from the national audits to develop local audit focusing on specific areas of improvement such as the use and monitoring of drugs as per national guidelines.**

Local Audits

YAS has undertaken a number of local audits during 2015-16:

- Medication audits in relation to intravenous paracetamol, tranexamic acid, diazepam, atropine and ondansetron.
- Emergency Care Practitioner antibiotic audit.
- Record keeping audit.
- Monthly audits in relation to hand hygiene and vehicle and estate cleanliness.
- Head injury (spot audit).
- Anaphylactic audit.
- Mortality review audits.

The reports of these local clinical audits were reviewed by the provider in 2015-16 and YASt intends to take the following actions to improve the quality of healthcare provided:

- Ensure good governance is maintained for Patient Group Directives (PGDs) and recommended changes have been communicated and implemented.
- Inspections for improvement (the internal quality checking process for premises and vehicles) 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 the Risk and 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 Trust has continued to carry out audits on medicine administration. All audits continue to be published on the YAS intranet site which allows front-line 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 of the use of intravenous paracetamol and re-audit of antibiotics.
- The Trust has engaged in a national project around temperatures of medicine storage within vehicles and stations. Temperature monitors have been placed across the region in double-crewed ambulances and rapid response vehicles and Morphine safes in a selection of stations.
- The Medicines Management Group has developed its data collection in relation to medicine audit, enabling YAS to identify themes, trends and practitioner non-adherence to agreed practice and protocol. This has enabled more effective and timely lessons learnt and individual reflection.

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 2015-16, the NHS Commissioning Board Special Health Authority issued seven Patient Safety Alerts which were relevant to Yorkshire Ambulance Service:

- **Patient Safety Alert - NHS/PSA/W/2015/005**
  Risk of death or severe harm due to inadvertent injection of skin preparation solution.

  Action: YAS-wide Clinical Alert sent to staff outlining issue and action to take. Understanding of guidance checked via clinical supervision process.

- **Patient Safety Alert - NHS/PSA/W/2015/006**
  Harm from delayed updates to ambulance dispatch and satellite navigation systems.

  Action: ICT and Fleet Departments worked together to ensure robust programme of updates completed in timely manner. Progress tracked by Trust Management Group.

- **Patient Safety Alert - NHS/PSA/Re/2015/007**
  Addressing antimicrobial resistance through implementation of an antimicrobial stewardship programme.

  Action: All advanced prescribers, such urgent care practitioners within the Urgent Care Team, have been updated via new training and education materials in line with antimicrobial stewardship guidance.

- **Patient Safety Alert - NHS/PSA/RE/2015/008**
  Supporting the introduction of the National Safety Standards for Invasive Procedures.

  Action: Review of National Standards for Invasive Procedures across YAS is underway and required actions are in process. The deadline for this Patient Safety Alert is 14 September 2016.

- **Patient Safety Alert - NHS/PSA/Re/2015/009**
  Support to minimise the risk of distress and death from inappropriate doses of naloxone.

  Action: Review of education and training along with relevant medication policy to ensure process is clearly defined. YAS-wide Clinical Alert sent to staff outlining issue and action to take. Understanding of guidance checked via clinical supervision process.

- **Patient Safety Alert - NHS/PSA/W/2015/010**
  Risk of death and serious harm by falling from hoists.

- *Action: YAS-wide Clinical Alert sent to staff outlining issue and action to take. Understanding of guidance checked via clinical supervision (A&E) or team leaders (PTS) process.*

- **Patient Safety Alert - NHS/PSA/W/2015/011**
  The importance of vital signs during and after restrictive interventions/manual restraint.

- *Action: Review of education and training along with guidance/policy to ensure process is clearly defined. YAS-wide Clinical Alert sent to staff outlining issue and action to take. Understanding of guidance checked via Clinical Supervision process.*

YAS has a defined process for responding and communicating Patient Safety Alerts. All alerts are entered and tracked via the DATIX reporting system for audit purposes and those relevant to YAS are discussed and tracked to completion via the Incident Reporting Group.

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 CRN) to ensure we support research activity in a way that promotes the national ambition to double the number of patients participating in research.

Paramedic involvement in research activity is at its highest ever in YAS during 2015-16. YAS now has 399 paramedics trained and participating in two national trials, which represents over 30% of our HCPC-registered workforce. Their performance is excellent, and YAS is currently the only ambulance service recruiting over target (22 patients per week) for the AIRWAYS-2 study.

YAS staff Angela Harris, Lead Nurse Urgent Care, and Kieran Baker, Programme and Informatics Manager, worked with the University of Sheffield’s Andy Irvine, Rachel O’Hara and Maxine Johnson to present a poster ‘Evaluation of a Triage Intervention for Ambulance Service Patients with Mental Health Problems at the EMS 999 conference in March 2016, where the poster won the prize for ‘research most likely to affect practice’.

The number of patients receiving NHS services provided or sub-contracted by YAS in 2015-16 who were recruited during that period to participate in research approved by a research ethics committee was 981, plus 274 staff.

During 2015-16 YAS took part in or provided NHS permission for 11 research studies approved by an ethics committee:

1. 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

This is 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, are being 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, staff and patient enrolment began on 22 June 2015, and will continue until June 2017.

2. 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. Recruitment to this study is now closed.

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

This study investigated 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 were included; cardiac, care of the elderly, orthopaedics and stroke. The study design involved the handing out of a survey to patients discharged from participating hospital wards in York and Scarborough, followed by invitation to both patient transport staff and patients to be interviewed by the Research Study Team. Recruitment to this study is now closed.

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

This was 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 was 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. This study is now complete.

5. 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 and is due to be completed in January 2017.

6. RIGHT-2 - Rapid Intervention with Glyceryl trinitrate in Hypertensive Ultra-Acute Stroke Trial-2

This is a clinical trial assessing the safety and efficacy of Transdermal Glyceryl Trinitrate (GTN) patches, administered by paramedics for patients suffering acute stroke. This study aims to find out whether giving patients who are suspected of having a stroke, a 5mg transdermal glyceryl trinitrate (GTN) patch (a commonly used drug in patients with heart disease) as soon as possible after stroke by paramedics, and then daily for the next three days, improves outcome. Participants will be randomised either to have GTN patches for four days, or to have sham patches for four days. The research is funded by the British Heart Foundation and is taking place in four ambulance services. It received NHS permission from YAS in October 2015, staff training began in early November 2015 and patient recruitment began at the end of November 2015.

7. ClosED - Impact of Closing Emergency Departments (ED) in England

This study aims to establish if local populations and emergency care providers are affected by the closure/downgrading of an

ED, focusing on five EDs which closed between 2009 and 2011. The project will involve document review on the context of closures, and analysis of data around emergency care indicators in resident catchment populations. It is funded by the NIHR Health Services and Delivery Research Programme and is expected to run in YAS until September 2016.

8. How should we respond to the low confidence some ambulance crew members have in managing seizures?

This is a qualitative study to understand how to improve the support given to ambulance crews in the management of seizures. YAS and four other ambulance services and a professional body will nominate staff to be interviewed about the evidence on low confidence amongst some ambulance crew members and on their views about how to redress this.

9. Analysing Emergency and Urgent Care System Demand: A data linkage study of pre-hospital and emergency department data

This observational study uses data to map the use of selected emergency and urgent care services (ambulance service, NHS 111, emergency department and inpatient data) in order to identify patterns of service use and outcome (such as mode of access, pathways of care) by different patient and demographic groups. This detailed mapping exercise will be used to identify groups of patients who currently utilise emergency and urgent care services in different ways and who may benefit from an alternative, more appropriate approach to care.

10. Breatheasy

This pre-clinical study is performance testing a prototype device in various settings, including pre hospital care. The device is designed to automatically measure respiratory rates of children and adults, to overcome the need to manually count breaths and give an accurate measure.

11. Sustainability Initiatives in Ambulance Services

This study is being carried out by a PhD student from the University of Plymouth, who is interviewing staff about opportunities for sustainability behaviours, specifically how ambulance services are contributing to carbon reduction initiatives.

In 2015-16 we also worked with:

- The NIHR Clinical Research Network (CRN) Yorkshire and the Humber (as a partner organisation);
- The Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Yorkshire and the Humber as a partner organisation in Avoiding Attendance and Admissions in Long Term Conditions;
- Six 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, University of Liverpool, University of Nottingham and University of Plymouth.

Publications

Pilbery R et al The recognition of STEMI by paramedics and the effect of computer interpretation (RESPECT): A cluster-randomised crossover pilot study, Emergency Medicine Journal, Volume 32, Issue 5, May 2015

Walker A et al Research Pyramids for Emergency Medicine: A system to support the improvement of research activity in Emergency Medicine, Emergency Medicine Journal, Supp-2015-32-S9 September 2015

Dickson JM, Taylor LH, Shewan J, et al. Cross-sectional study of the prehospital management of adult patients with a suspected seizure (EPIC1). BMJ Open 2016;6:e010573. doi:10.1136/bmjopen-2015-010573

Elwen FR, Huskinson A, Clapham L, Bottomley MJ, Heller SR, James C, Abbas A, Baxter P, Ajjan RA. An observational study of patient characteristics and mortality following hypoglycaemia in the community. BMJ Open Diab Res Care 2015;3 doi: 10.1136/bmjdrc-2015-000094

Lecky F et al. The Head Injury Transportation Straight to Neurosurgery (HITS-NS) randomised trial: a feasibility study. Health Technol Assess 2016;20(1).

Goals Agreed with Commissioners

A proportion of YAS income in 2015-16 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 Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2015-16 and the following 12-month period are available electronically at: http://www.yas.nhs.uk/

2015-16 A&E CQUIN goals

CQUIN 1.1 – Paramedic Pathfinder (West Yorkshire)

Lead – Mark Millins, Associate Director Paramedic Practice

This CQUIN is around improving the experience of patients accessing the 999 service with conditions that do not require an emergency hospital admission via an A&E department whose needs could be more effectively and efficiently managed by treatment or advice outside of the hospital setting.

Value: £386,002

CQUIN 1.2 – Paramedic Pathfinder (South and North and East Yorkshire)

Lead – Mark Millins, Associate Director Paramedic Practice

This CQUIN relates to improving the experience of patients accessing the 999 service with conditions that do not require an emergency hospital admission via an A&E department whose needs could be more effectively and efficiently managed by treatment or advice outside of the hospital setting.

Value: £386,002

CQUIN 2 – Sepsis

Lead – Dr Steven Dykes, Deputy Medical Director, and Jacqui Crossley, Head of Clinical Effectiveness

It is estimated that sepsis kills 37,000 people in the UK every year and that if basic good practice around sepsis care was followed more than 11,000 lives could be saved. In order to address this issue YAS will increase awareness amongst clinical staff of the signs and symptoms of sepsis in adults.

In addition YAS will adopt/develop and implement an Early Warning Score (EWS) and best practice care bundle for the management of suspected sepsis in adults.

Value: £772,005

CQUIN 3 – Pain Management

Lead – Jacqui Crossley, Head of Clinical Effectiveness, and Rebecca McLaren, Trust Pharmacist

Pain assessment and management including the use of a pre and post-analgesia pain assessment tool should be provided to all patients in line with current best practice and JRCALC Guidelines (2013). To improve effectiveness and patient experience in relation to the assessment and management of pain, there is scope to review the assessment tool utilised, the type of medication available to paramedics and the methods of administration to improve the quality of pain management and facilitate the outcome of a positive patient experience.

Value: £772,005

CQUIN 4 – Mental Health

Lead – Angela Harris, Lead Nurse Urgent Care, and Jacqui Crossley, Head of Clinical Effectiveness

The NHS Five Year Forward View from NHS England highlights the need to improve 'parity of esteem' - making sure that providers and commissioners are just as focused on improving mental as physical health and that patients with mental health problems don't suffer inequalities, either because of the mental health problem itself or because they then do not get the best care for their physical health.

A&E may not be the most appropriate pathway for mental health patients in crisis; therefore, it is crucial to identify alternative pathways and understand barriers to access so that actions can be taken to improve access, pathways and experience. This CQUIN also informs and improves collaborative working with mental health teams, specifically working with one Mental Health Trust per Clinical Business Unit (CBU) area.

The set-up involved the rapid recruitment of agency mental health nurses and development of key safety, governance, assessment and audit documents.

Specialist mental health triage appears to deliver benefits from a patient and organisational perspective. These include improved responses that meet the needs of 999 callers with mental health problems, increased availability of ambulance resources and reduced conveyance to hospital where it is not wholly appropriate.

Lessons from the qualitative findings highlight the time and effort needed to fully implement this approach, which is still evolving.

More research is needed, including examination of cost benefits.

Value: £772,005

CQUIN 5 – Improving Safety in Emergency Operations Centre (EOC)

Lead – Clare Ashby, Head of Safety

With demand increasing for an ambulance response the pressure to manage an increasing workload within the emergency operations centre (EOC) is growing. This pressure can result in changes in behaviour which lead to human error and therefore pose a risk to patient safety.

An NHS England sponsored 'Human Factors' support and education programme will be run in the EOC, with the potential to include collaborative work with another ambulance service, which will increase the evidence base within the sector. The programme focuses on the behavioural elements of human error, which is particularly relevant to the EOC environment where there may be limited options to engineer safety solutions and risk becoming too protocol driven.

Value - £772,005

TOTAL ANNUAL VALUE FOR A&E CQUINS: £3,860,023

For update on all A&E CQUINS please see Performance against Priorities for Improvement 2015-16 pages 145-149.

2015-16 Patient Transport Service (PTS) CQUIN goals

The key aim of the CQUIN framework for 2015-16 is to support improvements in the quality of services, creating new improved patterns of care within existing resources.

The CQUIN goals were:

CQUIN 1 - Improving the experience of patients with complex needs

This CQUIN scheme aimed to:

a) ensure the complex patient algorithm is fully implemented in 2015-16 within all four of the YAS Yorkshire and Humber PTS contract areas

b) result in a decrease in the number of cancelled and aborted journeys due to incorrect mobility assessment by the end of 2015-16

c) ensure the algorithm is fit for purpose for complex patients through joint working with partner organisations, patient groups, staff and commissioners with reference to the following:

- Respect and dignity.
- Appropriate conveyance including vehicle type and equipment required.
- Staff, patient and healthcare professional surveys to determine the suitability of the algorithm.
- Adapt and make changes where required to ensure that the algorithm reflects all complex patient requirements.

The complex patient algorithm has been fully implemented across all areas. Staff and patients have been surveyed to obtain their views on the new algorithm/question set. The overall view is that the algorithm has achieved the desired effect in terms of user satisfaction and reduction in abortive journeys due to wrong mobility bookings.

Value: £225,289

CQUIN 2 - Investigate and quantify the potential improvements related to patients' experience in relation to transport outbound from specific sites (discharges). This applied to North, South and East Yorkshire consortia areas only.

This CQUIN scheme:

- identified the delays crews were experiencing when collecting patients for outbound journeys
- confirmed the longest patient-handover delays within specific sites and provided objective evidence as to the reasons why.
- reviewed the information provided to identify issues which are common to sites (geographical, process driven or inefficiency)
- identified the causative factors around the longest patient handover delays and identified actions that can be taken to reduce the delays, for example, lift and wheelchair provision.
- provided recommendations to acute trusts, commissioners and other stakeholders to reduce patient handover delays across the healthcare economy.

Value: £164,196

CQUIN 2-Patient Experience - Investigate and quantify the potential improvements related to patients experience in relation to specific out-patient clinics (West Yorkshire only)

This CQUIN scheme:

- identified the delays crews were experiencing when collecting patients from the "top 10" out-patient clinics relevant to each CCG in West Yorkshire
- confirmed the longest patient handover delays within the specific sites including the evidence as to the reasons why
- reviewed the information provided and identified the causative factors around the longest patient waits and the actions needed to reduce the delays
- provided recommendations to acute trusts, commissioners and other stakeholders to reduce patient handover delays across the healthcare economy.

The purpose of the CQUIN was to identify clinics with excessive turnaround times when collecting patients following appointments. Sites were identified and agreed with commissioners, and the issues which contribute to delay were identified. Joint plans are now in place to bring about improvements.

Value: £122,186

CQUIN 3-Improving the Service for patients with renal disease (West Yorkshire only)

This CQUIN focused on effective engagement between YAS, acute providers and patients of the renal service who use the patient transport.

An action plan was developed and included:

- capturing the patient experience on the renal transport service and how it could be improved
- understanding the acute trust perspective on the PTS service and how the two providers could work better together in providing a patient centred transport service
- PTS to develop communication to describe the online booking system for patients and the acute trust.

The work included undertaking a patient survey to identify how the renal service could be improved. Learning has included improving communication with patients in real-time, and also improvements to the booking process and systems.

Value: £122,186

TOTAL ANNUAL VALUE FOR PTS CQUINS: £633,857

What Others Say About Us

Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent regulator of health and social care in England with the aim of ensuring better care is provided for everyone, be that in hospital, in care homes, in people's own homes, or elsewhere.

- YAS is registered with the CQC and has no conditions on registration.
- The CQC has not taken any enforcement action against Yorkshire Ambulance Service during 2015-16.
- YAS has not participated in any special reviews or investigations by the CQC during the reporting period.

Chief Inspector of Hospitals Report/CQC Action planning

An inspection of the Trust under the new Chief Inspector of Hospitals regime took place in January 2015 and the report was published in August 2015. The majority of issues highlighted were already recognised by the Trust and action already under way. Building on this the recommendations in the report have been addressed through a targeted action plan.

Key issues included vehicle and station cleaning arrangements and an increased focus on compliance with "bare below the elbows" policy, review of vehicle, equipment and consumables management processes, investment in Trust estate and facilities, development of processes for monitoring and follow up of training and PDR completion, improvements in staff communication and engagement and in supporting staff when raising concerns about quality.

CQC ratings for Yorkshire Ambulance Service NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	**Overall**
Emergency and urgent care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Patient transport services (PTS)	Requires improvement		Good	Requires improvement	Requires improvement	Requires improvement
Emergency operations centre (EOC)	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Resilience	Inadequate	Not rated	Not rated	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Data Quality

YAS did not submit records during 2015-16 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.

The YAS Information Governance Toolkit Assessment Report overall score for 2015-16 was 83% (and was graded green and 'satisfactory' as part of the Information Governance grading scheme). The assessment rating scheme is simply either 'not satisfactory' or 'satisfactory'.

The Information Governance Toolkit is a performance and improvement tool produced by the Department of Health. It draws together the legal rules and central guidance provided by the Department of Health in relation to the processing (or handling) of information and presents this in one place as a set of 35 information governance 'requirements' (or 'standards'). The purpose of the assessment is to enable NHS organisations to measure their compliance against the law and central guidance and gives an indication as to whether information is handled and processed correctly and protected from unauthorised access, loss, damage and destruction. Our attainment against the Information Governance Toolkit assessment also provides an indication of the quality of our data quality systems, standards and processes. One of its 35 'requirements' covers whether there are procedures in place to ensure the accuracy of service-user information on all systems and records that support the provision of patient care.

YAS was not subject to the Payment by Results Clinical Coding Audit during 2015-16 by the Audit Commission.

In 2015-16 YAS took the following actions to maintain and improve its data quality:

- We used the Information Asset Owners (IAOs) quarterly information risk assessment process to help provide assurance that data quality checks are undertaken in their respective areas of the business and that checks undertaken are documented.
- Staff training in the use of our systems that support the provision of care include the importance of accurate data input. Computer system functionality aims to support accurate data entry and data quality audits of both electronic and paper-based care records are undertaken. Feedback to staff is provided if and when data quality issues arise.
- Our Business Intelligence Team continued to develop data quality reports for managers to help them monitor and improve data quality in their teams e.g. C3 Audit Pack (a report outlining data quality issues for our Knowledge Management team to resolve).
- Our Business Intelligence Team has worked closely with our IT Department to improve data quality, developing data analysis reports which access a single source of data.
- Our Business Intelligence Team checks all reports they produce via peer review and has document procedures for undertaking data quality checks of all contract reports. Support teams validate and check information not produced by the Business Intelligence Team.
- Our Integrated Performance Report has been reviewed by Internal Audit and gained significant assurance with some minor improvements recommended.

YAS will be taking the following actions to continue to improve data quality:

- We will review our Data Quality Policy and Strategy.
- We will carry out full data quality audit using our internal audit function and work with internal/external auditors to assess the Trust's overall approach to 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 our ambulance peers via the National Ambulance Information Group to ensure best practice is shared in relation to data quality.

Performance against Mandatory Quality Indicators

Ambulance trusts are required to report:

Care of stroke patients

Percentage of patients who receive an appropriate care bundle.

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.

Staff views on standards of care

Percentage of staff who would recommend the Trust as a provider of care to their family and friends (Friends and Family Test).

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

Red Ambulance Response Times						
	National Average 2014-15	YAS 2014-15	YAS Lowest Month 2015-16	National Average 2015-16	YAS 2015-16	YAS Highest Month 2015-16
Red 1 response within 8 minutes	71.9%	69.9%	68.5%	72.5%	70.9%	74.9%
Red 2 response within 8 minutes	69.1%	69.4%	69.5%	67.2%	71.3%	73.5%
Red response within 19 minutes	93.9%	95.7%	93.7%	92.6%	95.0%	96.3%

Source SLA Red Tabs, National average AQI Dashboard

2015-16 Red 1 and Red 2 Performance by Clinical Commissioning Group (CCG)				
CCG	Red 1 - 8 min %	Red 2 - 8 min %	Red - 8 min %	19 min %
NHS Airedale Wharfedale and Craven CCG	60.4%	55.8%	56.1%	88.5%
NHS Barnsley CCG	70.7%	69.9%	69.9%	97.2%
NHS Bradford City CCG	77.0%	79.2%	79.1%	97.5%
NHS Bradford Districts CCG	69.5%	69.4%	69.4%	97.2%
NHS Calderdale CCG	73.0%	73.2%	73.2%	95.3%
NHS Cumbria CCG	50.0%	46.8%	46.9%	85.0%
NHS Doncaster CCG	68.0%	66.3%	66.4%	95.0%
NHS East Riding of Yorkshire CCG	63.8%	64.1%	64.1%	83.2%
NHS Greater Huddersfield CCG	75.9%	71.5%	71.9%	96.4%
NHS Hambleton, Richmondshire and Whitby CCG	65.6%	63.3%	63.5%	84.9%
NHS Harrogate and Rural District CCG	72.7%	70.6%	70.7%	90.9%
NHS Hull CCG	75.2%	75.9%	75.9%	95.6%
NHS Leeds North CCG	65.8%	68.9%	68.7%	95.0%
NHS Leeds South and East CCG	77.8%	81.0%	80.8%	98.5%
NHS Leeds West CCG	68.0%	71.4%	71.2%	97.9%
NHS North Kirklees CCG	71.4%	72.1%	72.0%	97.6%
NHS Rotherham CCG	62.6%	66.8%	66.6%	97.1%
NHS Scarborough and Ryedale CCG	75.5%	75.3%	75.3%	88.8%
NHS Sheffield CCG	74.9%	74.5%	74.5%	97.8%
NHS Vale of York CCG	68.6%	72.7%	72.5%	92.6%
NHS Wakefield CCG	74.1%	73.4%	73.4%	97.6%
Out-of-area/Unknown	24.1%	59.9%	57.4%	84.4%
TOTAL YAS	**70.9%**	**71.3%**	**71.3%**	**95.0%**

Note: National Ambulance performance targets are for the entire Trust and not per individual CCGs

YAS considers that this data is as described for the following reasons:

- During 2015-16 the delivery of Red 1 and Red 2 emergency response standards improved but continued to present a significant challenge both in this region and elsewhere across the country.
- Whilst the total level of activity has remained similar to that in 2014-15, there has been an 8.91% increase in the number of Red calls to those patients who are most seriously ill or injured. This was particularly apparent during the winter months which saw a number of demand surges. This included a busy period over the festive season which was exacerbated by the extensive flooding in some parts of our region.
- Whilst Red 1 and Red 2 targets have improved to levels above 70%, they have not reached the 75% national target. The response to Red calls within 19 minutes with a conveying ambulance has once again reached the national standard of 95%.

YAS has taken the following actions to improve its performance and the quality of its services for patients by:

- recruitment of additional frontline staff in A&E operations
- a further review of rota patterns.
- a refreshed performance improvement plan with a series of short, medium and long-term actions.
- further integration between the 999 and NHS 111 services to ensure more efficient transfer of appropriate calls between them.

The Trust has continued to work with its healthcare partners in clinical commissioning groups (CCGs) and acute trusts to address the system challenges collectively. This includes addressing the issues of responding to emergency calls in the many rural areas across the region and delayed patient handovers at some busy emergency departments in the region.

Delivering the national ambulance performance target

The Trust's Service Transformation Programme is focused on the priority cross-directorate developments which will bring about step change as part of the wider Trust strategy. A&E service transformation is one of the key work streams, focused on better matching resources to demand, improved efficiency of resource planning and utilisation and workforce development to ensure sustainable response performance in line with national requirements. During 2016-17 the Trust will continue to work with NHS England to progress the work of the Ambulance Response Programme.

Service Transformation

Other priority transformation work streams in 2015-16 include continuation of the PTS Transformation Programme, further implementation of the Hub and Spoke Strategy and development of urgent care in line with the West Yorkshire Urgent and Emergency Care Network Vanguard Programme. The Trust is a key partner in the Vanguard initiative, focused on developing new ways of delivering patient care across the health economy and on improved co-ordination of care. In 2016-17 the Trust will be taking forward developments focused on closer integration of clinical adviser functions, development of a Clinical Advisory Hub, mental health, frequent callers, implementation of an integrated care record, and development of urgent care practitioner (UCP) roles.

PTS Transformation

Implementation of the PTS Transformation Programme is best explained by review of progress of individual project workstreams. During May 2016 PTS "autoplanning" will be turned on and piloted in Leeds following staff workshops; this will standardise and automate pre-planning to best utilise our fleet and staff resources to ensure best service, care and timeliness for our patients; the next phase will be to roll out to the whole of West Yorkshire followed by South, East and North Yorkshire.

A move from micro-management within small operational areas with small teams of resource will be merged together to provide a greater mass of resource which will give us much more flexibility and ability to meet the wider demands of our healthcare system and patient choice. The final milestone of this workstream will be to activate the live on-the-day "autoscheduling" which we intend to deliver by February 2017.

Also in May, a new resourcing team, will commence. Key to the success of this function is the receipt of quality and intelligent forecasting from the reservations system to enable the Resource Team to provide the correct resource for on-the-day delivery; this is a blend of YAS front-line crews, Volunteer Car Scheme drivers and sub-contractors. Ensuring we have one way of resourcing, standardised operating processes and control of our resource costs is pivotal in enhancing PTS provision and its sustainability.

The New PTS Sub-Contractor Framework will be in place from 1 June 2016; the number of taxi, community and ambulance providers will increase from 30 to 62. It has been evidenced that providing all PTS in-house with our own resources is not an efficient, effective or of commercial value with public money; many journeys due to time of day, location and mobility type may well be better suited to alternative transport providers. The framework provides us with the quality assurance our patients require; and a more focused service. It should be noted that engagement and partnership working within the local Yorkshire and Humber economy with quality providers needs to be embraced and acknowledged as progressive.

In addition to the above planning, progress is underway with "developing forecasting and reporting", "streamlining reservations", "organisational effectiveness and "fleet availability".

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. These 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.

Care of ST Elevation Myocardial Infarction (STEMI) Patients

Care of Stroke Patients

Care of ST Elevation Myocardial Infarction (STEMI) Patients and Care of Stroke Patients							
	YAS Apr 2014 - Mar 2015	YAS Apr 2015 - Nov 2015	YAS Nov 2015	National Average Apr 2014 - Mar 2015	National Average Apr 2015 - Nov 2015	YAS Highest Month 2015-16	YAS Lowest Month 2015-16
Proportion of STEMI patients who receive an appropriate care bundle	82.7%	84.0%	74.4%	80.0%	78.3%	88.2%	74.4%
Proportion of stroke patients who receive an appropriate care bundle	98.0%	98.1%	98.0%	97.1%	97.6%	99.0%	97.4%

Source AQI Dashboard

YAS considers that this data is as described for the following reason:

- 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.

YAS 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, 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 Advanced Life Support (ALS) course.
- Support from clinical supervisor at cardiac arrest events.

Outcome from Cardiac Arrest: Survival to Discharge

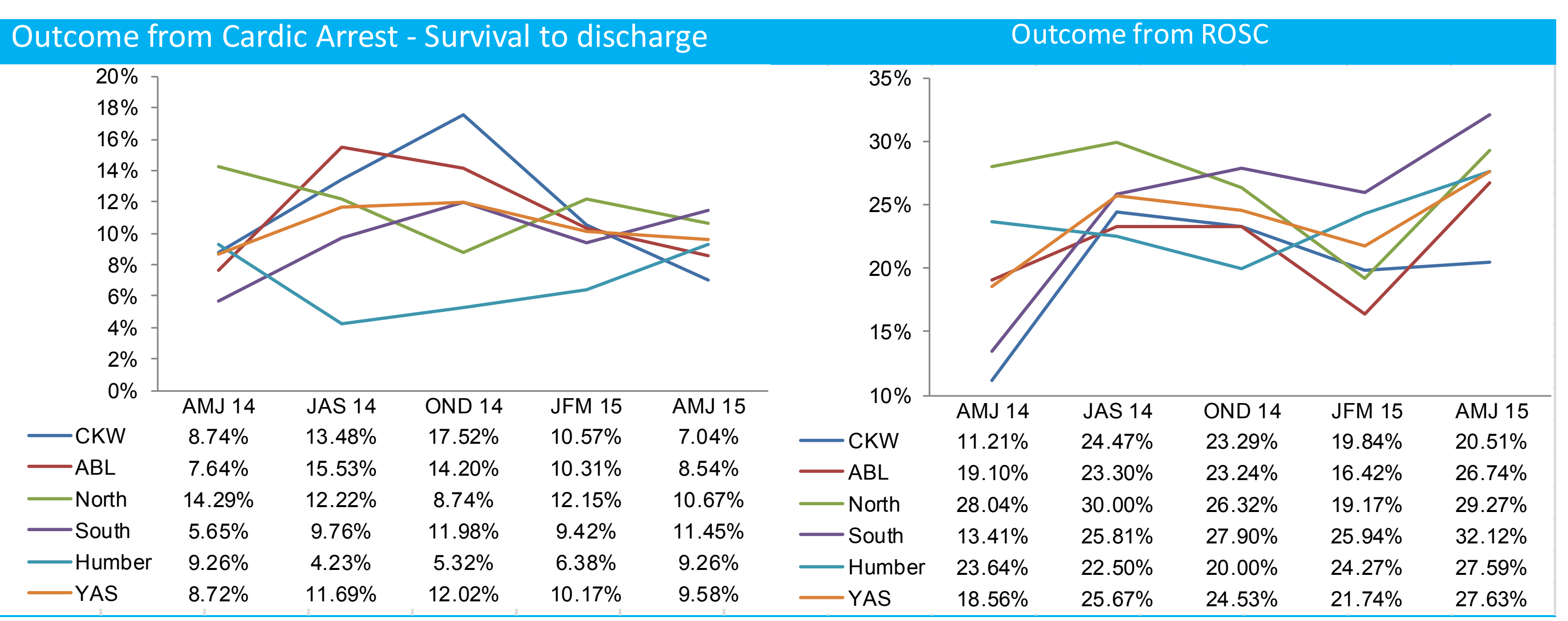
In 2015-16 resuscitation was attempted on 2,970 patients across the YAS region. Nationally YAS was first in the country for survival to discharge (Utstein). In context 280 YAS patients left hospital alive following cardiac arrest.

The introduction of Red Arrest Teams (RATs) to support decision making has had a very positive impact for both patients and staff.

Stroke 60

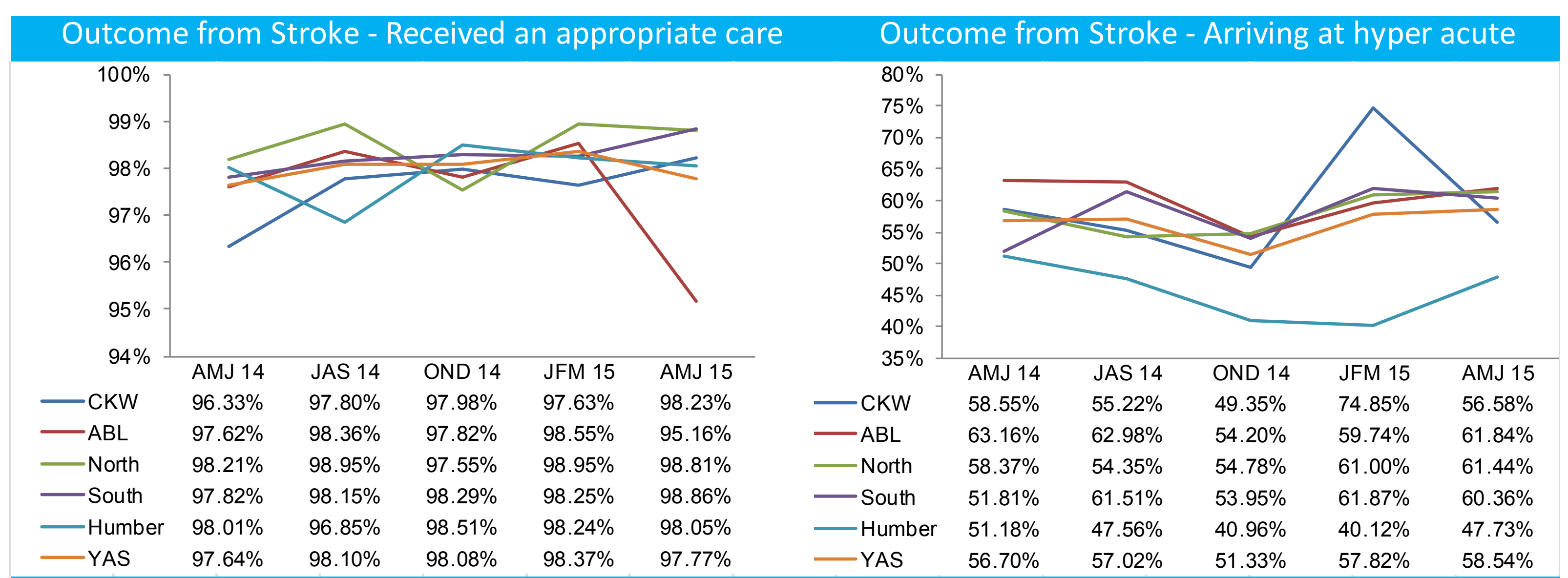
YAS provides high-quality care to patients presenting with a stroke including: FAST test, blood pressure and blood glucose levels recording all part of the care bundle (compliance reported consistently above 95% Trust-wide). Supporting clinical staff with positive feedback on their good practice and highlighting the benefits to patients makes for a sustained level of clinical care.

Stroke 60 is impacted upon in part in the Yorkshire region resulting from changes to the commissioning and provision of specialist stroke care at some hospitals. This in turn has increased the distance between the site of the patient with stroke and the hospital they need to be transferred to for their specialist care. East and North Yorkshire and Airedale and Craven both have had service changes which have impacted upon this time performance target.



	AMJ 14	JAS 14	OND 14	JFM 15	AMJ 15
CKW	8.74%	13.48%	17.52%	10.57%	7.04%
ABL	7.64%	15.53%	14.20%	10.31%	8.54%
North	14.29%	12.22%	8.74%	12.15%	10.67%
South	5.65%	9.76%	11.98%	9.42%	11.45%
Humber	9.26%	4.23%	5.32%	6.38%	9.26%
YAS	8.72%	11.69%	12.02%	10.17%	9.58%

	AMJ 14	JAS 14	OND 14	JFM 15	AMJ 15
CKW	11.21%	24.47%	23.29%	19.84%	20.51%
ABL	19.10%	23.30%	23.24%	16.42%	26.74%
North	28.04%	30.00%	26.32%	19.17%	29.27%
South	13.41%	25.81%	27.90%	25.94%	32.12%
Humber	23.64%	22.50%	20.00%	24.27%	27.59%
YAS	18.56%	25.67%	24.53%	21.74%	27.63%



	AMJ 14	JAS 14	OND 14	JFM 15	AMJ 15
CKW	96.33%	97.80%	97.98%	97.63%	98.23%
ABL	97.62%	98.36%	97.82%	98.55%	95.16%
North	98.21%	98.95%	97.55%	98.95%	98.81%
South	97.82%	98.15%	98.29%	98.25%	98.86%
Humber	98.01%	96.85%	98.51%	98.24%	98.05%
YAS	97.64%	98.10%	98.08%	98.37%	97.77%

	AMJ 14	JAS 14	OND 14	JFM 15	AMJ 15
CKW	58.55%	55.22%	49.35%	74.85%	56.58%
ABL	63.16%	62.98%	54.20%	59.74%	61.84%
North	58.37%	54.35%	54.78%	61.00%	61.44%
South	51.81%	61.51%	53.95%	61.87%	60.36%
Humber	51.18%	47.56%	40.96%	40.12%	47.73%
YAS	56.70%	57.02%	51.33%	57.82%	58.54%

Staff Views on Standards of Care

The NHS Staff Survey 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%
YAS 2015-16	**65%**
National Average 2015-16	64%

YAS considers that this data is as described for the following reasons:

- The development of a cultural audit ('Your Voice, Our Future') that would provide a means of identifying the principal dimensions, traits and characteristics that describe and distinguish the cultures and sub-cultures within YAS.
- The survey titled 'Understanding the Quality of Your Working Life' was launched and circulated to all staff. Over 1,378 questionnaires have been completed. A total of 852 surveys were returned on paper by post and a further 510 were completed online.
- The results of the survey were shared with the Trust Board in December 2015 and a full action plan has been developed with an emphasis on three key themes: engaging leadership, behavioural development and staff health and wellbeing. Whilst the Trust is pleased to report a 7% increase from 2014 on the staff views of the standards of care for 2015, we do recognise that more work is required on the development of culture within the Trust and that this will be a key theme for development throughout 2016.

The Friends and Family Test (FFT) was introduced as part of the National Standard NHS contract in 2014 for acute provider organisations. This has been extended to include the ambulance sector in the 2015-16 contract. Additional work has been undertaken during the year to promote the FFT return rate, these include:

- Effective distribution of the FFT questionnaires
- Regular feedback to staff on results
- Promotional campaign for the FFT.

The questions are presented in the following order and format:

"We would like you to think about your recent experience of working in the organisation"

1. How likely are you to recommend this organisation to friends and family if they needed care or treatment?

The results of Question 1 show that in Quarter 2 of 2015, 85% (increase of 14% from Quarter 1 2014) of respondents have scored positively on how likely they are to recommend the Trust as a 'place of care or treatment' in comparison with 3% of respondents who have given a negative response to this question.

2. How likely are you to recommend this organisation to friends and family as a place to work?

The results of Question 2 show that in Quarter 2 of 2015, 42% (increase of 7% from Quarter 1 2014) of respondents have scored positively on how likely they are to recommend the Trust as a 'place to work' in comparison with 37% of respondents who have given a negative response to this question.

Whilst the result of the staff FFT questions show a general improvement in the scores since the survey was launched in April 2014, the Trust recognise that significant development is required on the view of how staff relate to whether they would recommend the Trust as a place for work.

YAS intends to take the following actions to improve this percentage and so the quality of its services:

- Particular attention is being made on staff engagement throughout 2016 and local plans will be developed as part of the staff survey action plan for 2016.
- A Cultural Audit Action Plan has been developed focusing on development and improvement in this area.

Reported patient safety incidents

YAS puts patient safety first. An open and honest incident reporting culture is critical for learning and improvements in patient safety. YAS supports and encourages all staff, including NHS 111, LCD and sub-contractors, to report incidents and there has been a focus on increasing the reporting of incidents in the Emergency Operations Centre (EOC). A series of Datix training sessions and awareness sessions have been undertaken, with the aim of encouraging the reporting of incidents.

New Incidents Reported	Ops - A&E	EOC	PTS	NHS 111	Other	**Overall total 2015-16**	Overall total 2014-15
Apr-15	441	51	79	64	32	**667**	512
May-15	399	79	73	67	28	**646**	537
Jun-15	486	56	93	69	28	**732**	723
Jul-15	484	41	82	78	34	**719**	801
Aug-15	438	61	90	91	23	**703**	807
Sep-15	387	47	83	71	32	**620**	693
Oct-15	444	49	76	55	36	**660**	678
Nov-15	504	69	80	62	42	**757**	706
Dec-15	543	106	53	64	23	**789**	720
Jan-16	488	83	91	56	37	**755**	725
Feb-16	546	47	97	43	24	**757**	669
Mar-16	520	88	107	37	24	**776**	696

The Trust is conducting additional work to highlight the importance of reporting patient safety incidents:

- Introduction of investigation grades across the Trust to standardise the approach to the investigation of incidents, complaints, claims, inquests and safeguarding events. The grades are based on the level of harm including that caused to a patient and guide managers to conduct a thorough investigation proportionate to the severity which will improve the amount of learning that can be extracted.
- Safety Update – a monthly publication issued to all staff focused on learning and improvement. This was launched during 2015-16 and has been well-received by staff. Learning is shared from a serious incident as well as highlighting some of the key work that is being undertaken across the Trust and passing key messages onto staff.
- The Trust has been using a range of information including data from incidents to drive some of the work being delivered around workforce planning and performance improvement. Weekly reports are extracted from the Datix system to show any delays in response and these are reviewed individually to determine the appropriate action required. This includes analysis of shift fills and demand information.

Medication Incidents													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2015-16	**47**	**41**	**58**	**80**	**88**	**42**	**60**	**72**	**57**	**80**	**71**	**62**	**758**
2014-15	39	40	48	75	59	37	41	37	65	53	49	47	590

Patient related Incidents													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Ops-A&E	83	71	118	96	84	75	101	99	91	80	103	89	1,090
EOC	32	38	25	21	36	22	36	39	70	61	27	48	455
PTS	27	19	37	19	33	26	17	18	12	23	34	29	294
NHS 111	51	55	59	68	76	61	43	46	45	43	28	27	602
Medical Ops	1	1	0	1	2	1	2	1	3	1	1	1	15
Other	3	4	6	2	9	6	4	3	4	1	1	3	46
Totals 2015-16	**197**	**188**	**245**	**207**	**240**	**191**	**203**	**206**	**225**	**209**	**194**	**197**	**2,502**
Totals 2014-15	150	145	189	230	252	206	194	213	221	248	251	231	2,530

Patient Safety Incidents

A total of 2,481 patient-safety incidents were reported in 2015-16. The top five patient-safety categories are:

- Response-related – EOC (636)
- Response-related – NHS 111 Call Centre (391)
- Care Pathway (366)
- Medical Equipment-related (203)
- Slip, Trips and Falls (174)

YAS considers that this data is as described for the following reasons:

- Using a web-based system reporting tool that allows staff to directly report incidents.
- A phone line for reporting that operates 24/7.
- Tailored Datix training packages.
- Robust 'Being Open' process with patients and their families.
- New tailored incident learning and reporting training packages are currently under review which include a patient safety and quality improvement element.

YAS has taken the following actions to improve this percentage and so the quality of its services:

- The 'Sign Up to Safety' work streams all have a focus on incident/ complaint analysis and learning. The emphasis being to promote a safety culture where staff are able to acknowledge mistakes learn from them and be empowered listed to take actions put things right.
- The Safety Thermometer Programme measures patient falls, injuries and medication errors. This programme aims to inform staff on the incidents related to key patient safety incidents, with the aim to raising awareness and encouraging safe patient care. The work undertaken in the 'Sign Up to Safety' campaign work streams aims to progress and enhance the Safety Thermometer Programme.

Identification and Investigation of Serious Incidents (SIs)

All incidents coded as moderate harm or above are reviewed at Incident Review Group (IRG) 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 57 serious incident investigations in 2015-16 which makes up less than 0.62% of all incidents reported.

Serious Incidents

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Ops-A&E	3	1	0	1	1	0	0	0	1	3	1	1
EOC	1	1	2	1	2	3	2	1	2	3	2	3
PTS	0	0	0	0	0	0	0	0	0	1	0	0
NHS 111	0	0	0	2	1	1	1	2	0	1	2	2
LCD	1	1	0	2	0	0	0	0	2	0	1	1
Other	0	0	0	0	0	0	0	0	0	0	0	1
Totals 2015-16	**5**	**3**	**2**	**6**	**4**	**4**	**3**	**3**	**5**	**8**	**6**	**8**
Totals 2014-15	5	4	12	8	8	3	5	3	7	8	2	4

The A&E Operations Directorate has reported the majority of serious incidents (67%), with almost 31% of these categorised as response-related.

Learning from SIs has led to:

- development of a Safer Responding Procedure to incorporate the Joint Decision Model (JDM). The revised policy, along with training and education, will enable a dynamic risk assessment to be carried out when responding to emergencies where there may be potential scene safety implications for staff
- collaboration with hospitals to ensure that pathways for time critical interventions are effectively managed
- 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
- development of a procedure to determine skill mix and dispatch priority for back-up requests
- operational practice and protocol within the NHS 111 service was identified as a trend during Q3 and Q4 with individual cases demonstrating a lack of adherence to certain processes. Work has been undertaken within the NHS 111 service to understand the reasons for this and necessary amendments have been made. Where appropriate recommendations have been made to pathways to ensure the system is as safe as possible for service users
- updated processes within the EOC for ensuring patients receive a necessary comfort call if a patient does not respond to a first call back. This has further improved the safety of the system ensuring that all patients are followed up appropriately to receive the necessary care and treatment

YAS is currently working with a number of acute trusts and GPs to support joint learning from SIs declared by other organisations where YAS was a part of the patient journey. One such theme identified is in relation to Cardiac Catheter Labs accepting patients for primary Percutaneous Coronary Intervention (pPCI) which is a time-critical intervention for the management of STEMI ST-Elevation Myocardial Infarction. YAS is working with cardiac teams at acute trusts on their SIs to ensure investigations identify learning around pre-alert and handover to ensure it is safe and effective and the pPCI pathway is embedded and understood by all organisations

We are working closely with commissioners and external partners in ensuring robust systems and processes are in place to comply with the Serious Incident Framework March 2013. The Trust Board and Quality Committee regularly review issues, learning and action arising from SIs, 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 has an Incident Review Group (IRG) that meets fortnightly to review the above triangulation of data and identifies relevant actions to take that will help reduce the risk of recurrence. Sitting below the IRG is the Patient Safety Improvement Group that will take lessons learned from IRG and progress and develop these with key groups and teams. This working group was established late 2014 and has allowed development of some key work streams including focusing on reducing falls and injuries.

Freedom to Speak Up

The Trust has recently established a Freedom to Speak Up working group to inform and oversee delivery of the Trust's response to the Freedom to Speak Up report conducted by Sir Robert Francis.

The Freedom to Speak Up report highlights the need for organisations to create an open and honest reporting culture where staff feel supported to raise concerns about safety. The working group chaired by Steve Page, Executive Director of Standards and Compliance, and represented by a selection of staff from across the Trust; including YAS Staff Forum members and union representatives, is focused on embedding this culture throughout the organisation.

Key work streams include reviewing the recommendations from the national report and understanding how these apply to YAS. The Trust is reviewing policies and procedures currently in place to support staff in raising concerns and work to strengthen the processes for raising concerns both informally and formally; ensuring appropriate action is taken when a concern is raised.

One of the key recommendations is for trusts to have a Freedom to Speak Up Guardian who reports directly to the Chief Executive and the national Guardian and would be the 'go-to' person for staff if they wanted to confidentially speak to someone about any concerns. The working group is currently exploring options for implementing this within YAS during 2016-17.

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.

'Sign up to Safety'

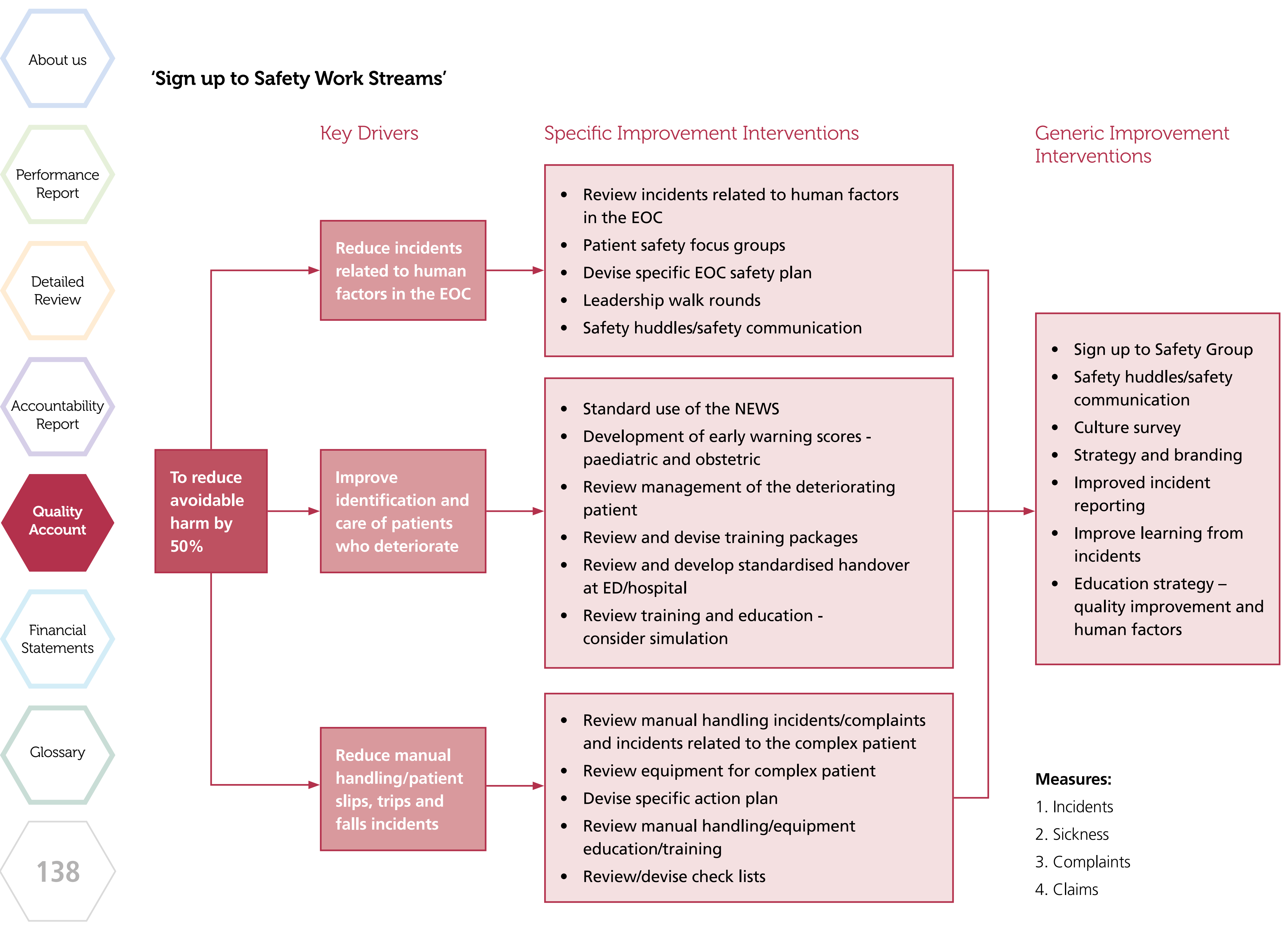
'Sign up to Safety' is a national campaign that aims to make the NHS the safest healthcare system in the world. The ambition is to halve avoidable harm in the NHS over the next three years and save 6,000 lives as a result.

By signing up to the campaign, 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.

The four YAS work streams and a "driver diagram" outlining the key drivers and improvement interventions are below:

Aims:

1. To reduce incidents related to human factors in the Emergency Operations Centre (EOC).
2. To Improve identification and care of deteriorating children.
3. To improve identification and care of deteriorating adults.
4. To reduce incidents related to manual handling and slips, trips and falls.



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'Sign up to Safety Work Streams'
Key Drivers
Specific Improvement Interventions
Generic Improvement Interventions
To reduce avoidable harm by 50%
Reduce incidents related to human factors in the EOC
• Review incidents related to human factors in the EOC
• Patient safety focus groups
• Devise specific EOC safety plan
• Leadership walk rounds
• Safety huddles/safety communication
Improve identification and care of patients who deteriorate
• Standard use of the NEWS
• Development of early warning scores - paediatric and obstetric
• Review management of the deteriorating patient
• Review and devise training packages
• Review and develop standardised handover at ED/hospital
• Review training and education - consider simulation
Reduce manual handling/patient slips, trips and falls incidents
• Review manual handling incidents/complaints and incidents related to the complex patient
• Review equipment for complex patient
• Devise specific action plan
• Review manual handling/equipment education/training
• Review/devise check lists
• Sign up to Safety Group
• Safety huddles/safety communication
• Culture survey
• Strategy and branding
• Improved incident reporting
• Improve learning from incidents
• Education strategy – quality improvement and human factors
Measures:
1. Incidents
2. Sickness
3. Complaints
4. Claims

Duty of Candour: Being Open

The requirements for Being Open and Duty of Candour include a set of principles that healthcare staff should use when communicating with patients, their next of kin or appointed representative, following a patient safety incident in which the patient/service user has experienced moderate or above harm. This process is utilised to ensure communication fosters an approach of transparency and openness when things go wrong.

YAS continues to use these principles as part of an agreed process by which patient and/or next of kin are contacted to discuss their case where there has been moderate or severe harm. This process is monitored within the Incident Review Group on a fortnightly basis which also enables liaison and information sharing between other departments in contact with individual cases (such as Coroners, Legal, Safeguarding and Patient Relations).

Key Performance Indicators (KPIs) have been developed to track and monitor that the YAS Being Open process is timely and compliant with the Being Open Policy. The KPIs have been incorporated into the Standards and Compliance Directorate Dashboard which is reviewed monthly by senior managers within the directorate. The KPIs are based on a timely response to families and meetings being offered.

In addition to the monitoring of KPIs for Being Open and Duty of Candour, arrangements are being made for dip sampling of Being Open cases on a monthly basis for review of process and quality of response from March 2016 onwards.

Duty of Candour (DOC)														
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
KPI	**Number of DOC cases opened (SIs)**	8	7	2	8	6	9	6	4	9	8	4	4	75
	***Number of DOC cases opened (Non-SIs)**										5	4	2	11
KPI	****Number of DOC cases closed**	7	3	8	10	4	7	6	7	12				
KPI	**Total number of DOC cases open at month end**	37	37	36	30	30	37	37	30	35	34	28	26	26

**Number of DOC cases opened (Non-SIs) is a new KPI used from January 2016*

***Number of DOC cases closed was removed from the KPI January 2016 following review*

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Freedom of Information

"Under the Freedom of Information Act 2000, public authorities are required to respond to requests for information. This is to ensure the authority is open and transparent. Under the Act, we have to respond within 20 working days of the request being received. If a requester is not satisfied with our response, they can request that we conduct an internal review of our original response."

Freedom of Information (FOI) Requests	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of cases due this month and responded in time	20	24	18	41	22	34	27	30	35	28	31	24
Number of cases due this month and responded out of time	0	7	3	2	2	3	0	0	3	2	5	4
Number of out-of-time (prior to this month's) cases responded to this month	1	1	3	2	2	3	0	0	0	1	0	0
Number of out-of-time cases still open	0	3	2	1	3	0	0	0	1	0	0	0
Number of internal reviews due for response this month	0	1	1	5	4	1	2	0	2	1	1	2
Number of internal reviews closed within the month	0	1	1	5	4	1	2	0	2	1	1	2
Number of internal reviews still open	0	0	0	0	0	0	0	0	0	0	0	0
Information Commissioner (IC) referrals	0	0	0	0	0	0	0	0	0	0	0	0
Outcome of IC Referral – complainant's case upheld	0	0	0	0	0	0	0	0	0	0	0	0
Outcome of IC referral – complainant's case not upheld	0	0	0	0	0	0	0	0	0	0	0	0
Total requests responded to	**20**	**30**	**24**	**46**	**21**	**40**	**27**	**30**	**38**	**31**	**36**	**28**
Fully Disclosed	16	26	19	34	15	30	21	22	28	26	33	20
Partly disclosed	3	3	4	9	4	6	3	6	6	4	2	5
Exempt	1	1	1	3	2	4	3	2	4	1	1	8
Performance %	**95.2**	**68.8**	**78.3**	**93.2**	**91.3**	**91.2**	**100**	**100**	**89.7**	**93.3**	**86.1**	**83.3**

Part 3

Quality Indicators: how have we done?

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	Priority indicators 2012-13	Priority indicators 2013-14	Priority indicators 2014-15	Priority indicators 2015-16
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"	• Continued rolling audit programme with particular attention on compliance to clinical care bundles, recording of pain management and clinical handover. • Roll-out YAS-wide of Paramedic Pathfinder
	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	• Further refinement of Patient Safety Thermometer • Increased reporting of medication incidents • Improvement to packaging of medication to ensure clear identification • Maintained audit processes for controlled drugs • Medication errors reduced by 50% during 2015-16
	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. • Roll-out of a new-user friendly kit bag	• Reduction in patient falls and injury associated with moving and handling • Procurement of new vehicles in both A&E and PTS • Increased staff training on use of bariatric vehicle

	Priority indicators 2012-13	Priority indicators 2013-14	Priority indicators 2014-15	Priority indicators 2015-16
CLINICAL EFFECTIVENESS	*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	• Continued focus on CPIs which focus on learning and appreciative enquiry • Improved clinical pathways • Increased education for frontline staff • Pocket books - clinical decision making tool
	Continuing improvement of cardiac arrest survival	• The implementation of clinical supervisors to support cardiac arrest cases • Intermediate Life Support courses for paramedics • Expansion of the Community First Responder Scheme (CFR)	• Continual roll-out of the Red Arrest Team (RAT) with more clinical supervisors attending cardiac arrests to manage the scene • Inclusion of CRM and focus on resuscitation basics	• Survival to discharge YAS number one in country. • Full implementation of RATs region wide • Increased critical care capabilities including post-ROSC care • Increased cPAD sites by 127% • 'Restart a Heart' campaign had 400 volunteers and trained 20,000 students in 88 schools across the region • Introduction of Fire Responders in East and West Yorkshire localities
	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	• Continue rolling programme of ACQI data collection with focus on increasing effective communication and learning with frontline staff
	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	• 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

	Priority indicators 2012-13	Priority indicators 2013-14	Priority indicators 2014-15	Priority indicators 2015-16

PATIENT EXPERIENCE	*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:
			  • Dementia Awareness
			  • Falls and the Older Person
			  • Advanced End-of-Life Care for A&E Staff (No decision about me, without me)
			  • PTS – temperature of waiting area
			• YAS WE CARE Awards – annual event to recognise those individuals who go the extra mile for patients and colleagues
				• The Trust's 2015 Dignity in Action Day campaign underpinned the values around 'No decision about me, without me', and 'Hello my name is…' including a series of Continuous Professional Development (CPD) events for staff
				• Annual YAS WE CARE Awards ceremony

	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	• Software solutions to aid and expedite recruitment

Review of Quality Performance 2015-16

Performance against Priorities for Improvement 2015-16

Priority One – To assist paramedics to select the most appropriate treatment option for the patient
Lead: Mark Millins, Associate Director Paramedic Practice, and Darren Lee, Senior Operations Change Manager

Paramedic Pathfinder was continued in West Yorkshire and has been rolled out across East Yorkshire. Training to enable implementation has commenced in North Yorkshire. Currently 89% of staff have been trained in East, 47% in North, 74% in West and 75% in South.

Plans are in place to mop up the residual members of staff in West and South as well as in North although the geographical distances involved in North does make this difficult to achieve. Pathfinder training is now included as part of the induction process for all new paramedics and technicians joining YAS. All clinical staff in the EOC and the Clinical Hub have been trained in Pathfinder.

Priority Two – To increase awareness amongst clinical staff of the signs and symptoms of sepsis in adults
Lead: Dr Steven Dykes, Deputy Medical Director

A joint Emergency Department/YAS-regional-wide workshop was hosted by YAS in December 2014, which developed an agreed Sepsis Screening Tool and Pre-Alert Criteria. This was implemented into operational use and incorporated into the Clinical Refresher Training.

The Sepsis CQUIN monitored compliance with sepsis identification, NEWS compliance and Red Flag Care Bundle compliance.

A follow-up review workshop was arranged in November 2015 with all emergency department leads and acute hospital sepsis leads to review the tool and compliance. The International Consensus on Sepsis Definition will update the Sepsis guidelines in February 2016.

Priority Three – To improve staff understanding about the availability and access to mental health pathways within mental health trusts, including their crisis teams

Lead: Angela Harris, Lead Nurse Urgent Care

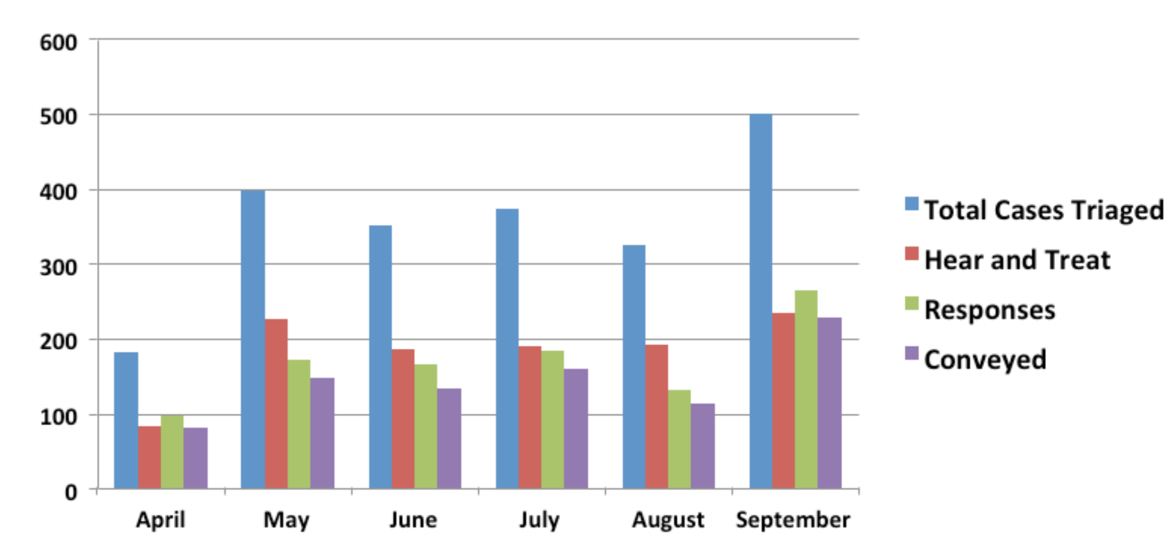
YAS is celebrating one year since specialist mental health nurses began working in the Emergency Operations Centre (EOC).

The Trust receives an average of 40 mental health-related calls every day. The specialist nurses work alongside call takers, reviewing appropriate calls as well as providing telephone advice to ambulance staff on-scene to assist their decision-making when providing care to mental health patients. There are currently five nurses and a team leader providing cover for 18 hours a day.

For patients in mental health crisis, timely and appropriate support is essential. The mental health nurses can clinically assess patients over the phone, ensuring the patient receives the most appropriate care for them. This does not always mean an ambulance response, and the nurses are able to refer appropriate patients to other services such as crisis teams or GPs, avoiding unnecessary visits to hospital.

This work has enabled YAS to ensure patients receive the right care, in the right place, at the right time, and having mental health nurses in our 999 call centre for the last year has had a really positive impact on this. YAS has ensured the provision of the best possible care for our patients and we will continue to expand this initiative so more patients can benefit.

In December, around 50% of the 1,167 mental health-related calls received by the Trust were managed effectively without the need for a hospital visit.



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Priority Three – To improve staff understanding about the availability and access to mental health pathways within mental health trusts, including their crisis teams

Lead: Angela Harris, Lead Nurse Urgent Care

MHN Triage Data							
Month	Total Cases Triaged	Hear and Treat	Responses	Conveyed	Response Rate	Conveyance Rate	Conveyed Cases
01/04/2015	183	84	99	83	54.10%	83.84%	45.36%
01/05/2015	399	227	172	148	43.11%	86.05%	37.09%
01/06/2015	352	186	166	135	47.16%	81.33%	38.35%
01/07/2015	375	191	184	161	49.07%	87.50%	42.93%
01/08/2015	325	192	133	115	40.92%	86.47%	35.38%
01/09/2015	501	235	266	230	53.09%	86.47%	45.91%
01/10/2015	520	182	335	284	64.60%	84.80%	54.60%
01/11/2015	860	333	527	427	61.30%	81.00%	49.70%
01/12/2015	758	274	484	425	63.90%	87.80%	56.10%
01/01/2016	962	396	566	464	58.80%	82.00%	48.20%
01/02/2016	805	279	526	435	65.30%	54.00%	54.00%
01/03/2016	724	280	444	390	61.30%	53.80%	53.90%

Assumptions and Scope

- The data presented refers to the following reporting period: 01/04/2015 to 31/03/2016 inclusive.
- 'Responses' refers to when an ambulance has arrived on scene - multiple responses to the same incident are treated as a single response.
- 'Conveyance' resulting from MHN triage when an ambulance has been sent with an outcome of 'A&E'.
- 'Conveyance' from the Computer Aided Despatch (CAD) system refers to incidents (cases) that received an ambulance response, and the resource has a recorded 'arrived at a destination' timestamp.
- Response Rate = number of ambulance responses/total calls.
- Conveyance Rate = conveyed incidents/ambulance responses.
- Conveyed Cases = conveyed incidents/total calls.
- YAS averages refers to incidents that presented with similar chief complaints to those clinically triaged by mental health nurses.

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

Lead: Clare Ashby, Head of Safety/IPC Nurse

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

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

Actions:

- Senior staff members have been trained to use the INSIGHT model to understand how different people work within teams and how their own style can influence effective communication. This training will be used to influence team working within the EOC setting.
- Incidents reported within the EOC are now assessed and categorised in relation to human factors, such as situational awareness, team factors and decision making. This information is being actively used by team leaders and EOC staff to influence staff learning and development.
- Safety huddles, both proactive and reactive have been tested and developed within one EOC team. Positive reporting forms are utilised across the whole EOC to encourage learning from positive outcomes. Cultural surveys, commenced at the beginning of the CQUIN, have been adjusted for the specific EOC environment, in line with learning from human factors analysis so far and repeated within Quarter 4.

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Priority Five – To improve effectiveness and patient experience in relation to pain score assessment and management

Lead: Dr Steven Dykes, Deputy Medical Director

The importance of pain scoring has been included in the Clinical Refresher Training, and the Patient Care Report has been updated to improve the ease of which clinicians record pain scores. The clinical audit of pain scoring has demonstrated a high level of compliance with pre and post-intervention analgesia pain scoring.

Priority Six – Reducing falls and injuries for patients within the Patient Transport Service (PTS)

Lead: Clare Ashby, Head of Safety/IPC Nurse

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 that we use the supportive equipment appropriately.

Actions:

- Assess the patient correctly during the booking process. This has included raising awareness of the various booking options with third party healthcare workers who often book transport on behalf of the patients.
- Dynamic risk assessment prior to moving and handling on the day of transport. PTS staff are taught to re-assess the patient at the time of collection to ensure they are still able to move in line with their booking assessment.
- PTS staff are trained to work with patients to ensure they are safe and ready to move. Our Education and Training School has developed an additional training package to raise awareness for PTS staff of those patients who have an increased risk of falling.
- 'Sign up to Safety' Programme lead appointed with clear focus on further reductions of falls within PTS.
- Raised awareness of reporting requirements, with PTS staff reporting all incidents and near misses relating to falls and injuries within PTS.

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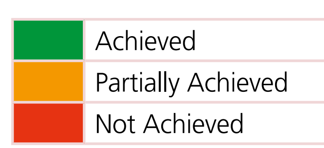


Review of Quality Performance including indicators for patient safety, clinical effectiveness and patient experience

NHS Staff Survey Results - Reporting of Errors, Near Misses and Incidents

	2013 YAS	2014 YAS	National average for ambulance trusts 2014	National average for ambulance trusts 2015	**2015 YAS**
Percentage of staff reporting errors, near misses or incidents witnessed in the last month (the higher the better)	78%	88%	80%	79%	**85%**
The fairness of incident reporting procedures (score out of 5.0 - the lower the better)	3.13	3.22	3.18	2.28	**3.27**

YAS aspires to develop a culture within the organisation that is open, honest and transparent and this includes incident reporting. The national data shows that YAS is above the average for ambulance trusts in terms of staff perceiving the reporting culture to be fair. An investigations and learning work plan has been developed for 2016-17 which includes some areas which will help to improve this including improving feedback to staff who report incidents, providing new training for staff on human factors and the implementation of the Freedom to Speak Up campaign.

Infection Prevention and Control (IPC) Audits

We conduct monthly audits of staff hand hygiene practice, premises 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 of best practice.

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.
- Premise cleanliness: stations and other sites should be clean, have appropriate cleaning materials available and stored appropriately.

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

Overall Compliance	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Hand Hygiene	99%	99%	99%	97%	98%	99%	98%	99%	99%	97%	97%	97%
Premises	88%	95%	99%	98%	99%	96%	96%	97%	97%	98%	97%	99%
Vehicles	97%	97%	93%	97%	98%	99%	98%	98%	99%	97%	98%	99%

Progress during 2015-16 within the IPC portfolio has been continuous and sustained. All clinical frontline staff have been provided with personal-issue fob watches to allow them to be bare below the elbows. Alongside this all staff have been reminded of the five moments for hand hygiene and the seven-step process to undertake in order to ensure their hand hygiene is effective. Audit requirements by the IPC nurse have been increased and compliance in all clinical settings have continuously improved.

Looking forward to 2016-17, we will be continuing the implementation of our Estates Strategy which will include a pilot of a new way of working in relation to preparing, stocking and cleaning ambulances; the Make Ready pilot is already in place at Manor Mill Resource Centre, Leeds. This will create opportunities to strengthen and improve IPC and also increase the efficiency of the support services.

Safeguarding

The profile of safeguarding children and adults at risk continues to grow and change and is a key priority across YAS. During 2015-16 both policy and practice have been reviewed to ensure we remain complaint with legislation and good practice guidance. There has been an increased focus on quality within the safeguarding function and this has led to refreshed policy and guidance for staff in relation to referrals and relationships with safeguarding partners. There has been a refreshed approach to education and training and clinical audit resulting in a greater understanding of the quality of the safeguarding service. Audit is now embedded with both quantitative and quality measures, working internally and with our multiagency partners. We are working with partner agencies, including commissioners, social care and health providers to improve our systems and processes to modernise and continually improve the service we provide to YAS staff and our children and adult board partners.

To ensure a holistic approach to safeguarding across the Trust we work inclusively with NHS 111, volunteers and Community First Responders (CFRs). All are now included in the training work plan for safeguarding adults, children and Prevent.

The internal risk management and reporting software system has been extended to include a specific and bespoke Safeguarding Incident Reporting Module. This will become part of the contained module (February 2016) within the Standards and Compliance Directorate to ensure information flows between Safeguarding, Legal Services and complaints, concerns, compliments and comments (4Cs). This will avoid duplication, enhance work flows and provide a coordinated approach to service users, partner agencies and YAS staff.

All Safeguarding Policies and Guidance have been reviewed and published in December 2015.

The number of referrals continues to grow, specifically for adults at risk. It is becoming apparent from working with social care teams across the region that the referral figures for adults at risk are not accurate. The current referral form generated by YAS only allows for a Safeguarding referral, not for request for a care assessment.

The Safeguarding Team is in the final stages of developing of new referral forms, one for child referrals and one for adults. The adult referral will be split to reflect the differing needs between adults at risk and those needing a care assessment. We are working with social care teams across the region to undertake quality audits; this will ensure we have a greater understanding of the profile and patterns of our referrals. We aim to ensure all referrals are appropriate, completed in full and contain the required information for social care teams to investigate our reported concerns.

Referrals	Total 2013-14	Total 2014-15	**Total 2015-16**
Child referrals	3,956	4,441	**5,994**
Adult referrals	4,401	5,503	**6,868**

Number of Referrals	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Child referrals	521	520	530	514	609	438	422	496	482	465	523	474
Adult referrals	402	448	412	440	435	501	630	652	752	727	754	715
Total	923	968	942	954	1044	939	1,052	1,148	1,234	1,192	1,277	1,189

Safeguarding and Prevent Training

YAS staff training compliance for Level 1 and 2 Children and Level 1 Adult remains at a constant level.

All training packages (both face-to-face and virtual) have undergone a comprehensive update in accordance with legislative changes and statutory guidance during 2015.

Implementation of the Prevent agenda has been a challenge and initially the compliance was low. We have worked closely with the Education and Development Team to scope needs and develop a work plan. The work plan, in conjunction with targeted team/directorate events, will ensure that the Trust deliver against the contract requirements. This will be completed to 85% by end of March 2017.

Multi-agency Working

We have strengthened engagement with other providers, commissioners, social care and local safeguarding boards to foster multi-agency working arrangements. This has resulted in shadowing opportunities for the team, opportunity to undertake case tracking audits, shared work to improve referral processes, and new ways of working for under-twos non-conveyance and child deaths.

We continue to undertake an active part in all requests for reviews, including serious case reviews (children and adults), domestic homicide reviews, and lessons learnt reviews, child death overview panels and strategy meetings.

Clinical Quality: "Right care, Right place"

We continue to work closely with many of our health and social care partners to maintain current pathways and 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 to be taken to a treatment centre with specialist care for their condition.

Clinical Hub Pathway Referral Comparison

Referral Pathway	Total referrals 2014-15	Total referrals 2015-16
COPD referrals	8	5
Diabetic Hypoglycaemia	1,756	1,635
Falls referrals	6,111	6,643
Epilepsy referrals	35	48
Safeguarding	9,904	12,445
Mental health referrals	158	47
End-of-Life referrals	23	8
Social care referrals	407	557
Alcohol and substance	313	323

Alternative Clinical Pathways

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. We have developed a resource pack containing information on all the pathways and are working towards having this accessible for staff from their hand-held device.

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. We are working with partners, led and supported by the Yorkshire and Humber Academic health science network undertaking reviews of the pathway to ensure it is robust and consistent.

Epilepsy

We have now extended this pathway to the whole of the South Yorkshire area. When our clinicians attend patients who have had a seizure, and there are no other complicating factors, they can be referred directly to the Epilepsy Specialist Nursing Teams for follow-up and review.

Falls

In 2015-16 there was a total of 94,011 falls. 62,089 were in patients aged 65 or over. Therefore 66.04% were aged 65 or over.

Innovative ways of addressing falls patients are being piloted in Leeds and the Humber regions. In Hull we are working in partnership with Humberside Fire and Rescue Service and in Leeds with our community services. YAS has put together these two Alternative Falls Response Teams which provide patients that have had a fall, with prompt, high quality specialist care that incorporates falls prevention strategies and ensures that, if appropriate, the patient remains in their own home.

Our clinical advisors in the Clinical Hub are assessing patients who have had a fall and are able to dispatch the fire service or other alternative response vehicle to help get someone to the patient quickly and helping get the patient up from the floor.

This approach reduces long-lie times and hospital admissions, making more efficient use of paramedics and improving patient experience. Working closely with the external pathways teams, this dedicated service delivers 'Right Care/Right Place' first time.

Continuing in this work, YAS has been selected by the Health Foundation, an independent healthcare charity, to be part of its £1.5 million innovation programme, Innovation for Improvement. This initiative will radically transform how YAS responds to patients who have fallen across the whole of the Yorkshire region. It will enable YAS paramedics and ambulance clinicians to attend the most seriously ill patients, whilst dedicated clinicians, nurses and paramedics will remotely assess and plan patients care with the response team and partner agencies in health, social care and voluntary sector. This will improve patient experience by reducing long lie-times and reduce risk of developing pressure sores; along with access to high-quality remote clinical assessment, a dedicated team and equipment for their moving needs coupled with patient centred care planning throughout Yorkshire and the Humber.

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.

We have continued to work 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.

Following the success, in December 2015, of using mental health practitioners in our emergency operations centres (EOCs), we now have a team of practitioners working on a regular basis. We are now able to provide specialist care and advice to patients with acute mental health problems and to support frontline clinicians when they need specialist advice. We have seen significant reductions in the need to send an ambulance to many mental health patients and they are receiving more appropriate care and signposting and supportive advice.

End-of-Life Care

The end-of-life care pathway is in place across the whole of Yorkshire.

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.

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. Our Alcohol Pathway allows ambulance clinicians to refer patients into specialist alcohol teams who can provide support and a rehabilitation programme.

Fractured Neck of Femur

Developments have been made within two emergency departments to set up a pre-alert direct to trauma and orthopaedics teams. This ensures that the patient encounters fewer delays, improving clinical outcome and reducing time in hospital for the patient.

Other referrals

In addition to referring patients to the existing pathways and pathways through the Clinical Hub, clinicians can consider contacting single points that are specifically established to assist with managing patients closer to home and ensuring patients are conveyed to appropriate destinations according to their clinical needs. In Sheffield, Barnsley and Rotherham, single clinically led access points have been established and we have been working with our partners to encourage clinical discussions to take place between our clinicians and the single points. These referrals are of particular benefit for patients who are frail, elderly and have long-term conditions and complex needs, and for patients or carers with urgent social and health needs who without support would need to be transported to hospital. The single points have access to a range of community services that can be utilised to enable a patient to be cared for at home. These include community nursing and therapy teams, district nurses, social care and falls pathways.

Public Education

Restart a Heart Day

Thousands of Yorkshire schoolchildren are receiving life-saving skills thanks to our involvement in Restart a Heart Day.

Supported by the YAS Charitable Fund, British Heart Foundation (BHF) and the Resuscitation Council (UK), over 20,000 students in our region were taught CPR on Friday 16 October 2015 as part of European Restart a Heart Day.

YAS staff and volunteers visited schools across Yorkshire and the Humber to provide the training as part of the biggest event of its kind ever seen in the world.

24-hour CPRathon

A team of six staff and volunteers in Pudsey raised awareness of the importance of cardio pulmonary resuscitation (CPR) in the event of a sudden cardiac arrest. They took it in turns to perform five minutes of CPR on a training mannequin for a total of 24 hours, which equates to approximately 172,800 compressions – about 28,800 each!

Think! Don't Drink!

Students at Northallerton School and Sixth Form College have been taught first aid and CPR whilst learning how to be safe on the roads. Students in Handsworth also witnessed a re-enactment of a road traffic collision giving them hands-on experience of the effects of drinking whilst driving and of the roles of the emergency services at such an incident.

The Commercial and Community Education Department has been working in partnership with the Sheffield College, and delivered key 2.5 hour First Aid training sessions to over 200 Health and Social Care students. Predominantly the training has been delivered at Hillsborough College, Sheffield, along with three more sessions to deliver at the main Sheffield College. These students are undergoing a Level 2/Level 3 qualification in Health and Social Care. This is a rolling programme now on their curriculum and the second year we have been invited back to the college to deliver this.

We have also facilitated an 'Apprenticeship' Awareness Careers Day aimed at around 300 Public Health and Health and Social Care students at Hillsborough College and Crystal Peaks College. We are still committed to 'Biker Down' training sessions working in partnership with the Safer Road Partnership Group, South Yorkshire. The sessions are aimed at motor cyclists that could potentially come across a RTC/accident and be able to actively respond and offer immediate first aid. Over a 100 bikers attend spread across the year. We are working with Doncaster Metropolitan Borough Council and have booked in a number of training sessions – Reduce Your Risk – educating children on the importance of safety when riding a bike.
All sessions are held at a Doncaster Fire Station.

On the school engagement front we have attended Greenacre Primary Special Needs School, Barnsley, where a paramedic volunteered to visit the school and talk about YAS and the role of a paramedic.

Employee Wellbeing

We recognise the need to support our staff and as such are developing a champions and peer support network to raise awareness and provide access to mental health and wellbeing support for YAS staff and volunteers.

In 2015-16 YAS has:

- committed to the Mind Blue Light campaign (for supporting emergency services personnel with their mental health and wellbeing). This has included the creation of a number of champions across the region, introduced training for line managers on supporting staff with their mental wellbeing, sending out communication to staff on mental wellbeing, and piloting open meetings for staff on mental wellbeing topics
- introduced more flexible workstations into our 999 call centres, including rising desks and various seating options
- expanded our Health Trainer programme to encompass the 999 call centre
- created a procedure for staff responding to incidents involving friends, family or colleagues.

In addition, we have committed to further support for staff in 2016-17.

Workforce education and training

Public health education and training is now being provided to all specialist paramedics and urgent care practitioners during their modular university study. In addition, identification and brief advice training has also been provided to clinical supervisors currently employed with the Trust.

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 good clinical decision making. The 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.

A significant amount of work has been undertaken by the Pathfinder Team in developing new pathways and currently any gaps in the provision of these pathways are being assessed to be fed back to the commissioners. Additional discussions have taken place with all GPs across the CQUIN areas to make them aware of Paramedic Pathfinder and all emergency departments in the acute Trusts have been provided with information around the use of Pathfinder.

There has been a considerable amount of development of the Clinical App and this is now available for all YAS clinical staff to use either from the Toughbooks installed on the Trust vehicles or by an individual's mobile phone. All of the patient referral pathways set up by the Trust are accessible through the App including opening times and bypass contact numbers.

There has been an acceptance that the original targets set by the CQUIN are not achievable and discussions are on-going with commissioners to renegotiate the CQUIN outcomes. Despite this the Pathfinder Team has continued to implement its use in clinical practice with the long-term aim of embedding it into paramedic practice within YAS. The latest figures provide data up to 16 December 2015 and up to this date the total number of patients referred in the CQUIN areas using Paramedic Pathfinder is 21,000. This is set against a total figure of patients referred within YAS as a whole of 115,000. This represents 18.2% of all patients referred by YAS.

Specialist Paramedic

A new Higher Education Institute (HEI) Module for Specialist Paramedics has now been completed by 14 staff with a further 12 staff currently on the programme with another 20 commenced in March 2016. A new scope of practice has been developed which is aligned to the learning outcomes of the HEI programme. This has allowed more patients to be treated using a variety of pharmacological agents within their own home. YAS has secured additional Local Education and Training Board (LETB) funding to increase the number of places on the Specialist Paramedic Programme and it is envisaged that up to 25 staff will be able to complete the programme each year.

Vanguard

In January 2015, the NHS invited individual organisations and partnerships to apply to become Vanguard sites for the new care models programme, one of the first steps towards delivering the Five Year Forward View and supporting improvement and integration of services. Each Vanguard site will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.

In August 2015, eight Urgent and Emergency Care Vanguards were selected to spearhead the Urgent and Emergency Care Review including two networks: West Yorkshire Urgent and Emergency Care Network (which YAS is a part of) and the North East Urgent Care Network.

'Hear, See and Treat'

The emphasis of the YAS element of the Vanguard proposal is that of 'Hear, See and Treat', shifting the focus of YAS towards a mobile treatment service by providing and coordinating access to urgent and emergency care in Yorkshire and the Humber. Specifically, this means operating a Clinical Hub (Clinical Advisory Service) and a range of services aligned to providing care closer to patients' homes.

With the objectives of the Vanguard Programme being aligned to the existing YAS Urgent and Emergency Care Strategy, there are a number of existing projects that have synergies with the proposed plan. The aim is to build on this work across West Yorkshire and identify best practice which can be rolled out across the country.

NHS Staff Survey 2015

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 1,000 staff. A total of 397 YAS staff took part in this survey; this is a response rate of 41%. The 41% response rate is above average for ambulance trusts in England which was 35% for 2015.

The overall staff engagement indicator score for YAS in 2015 was 3.32 which represented a very slight increase on the 2014 result of 3.22. The Trust score however is below the national average for ambulance services which is 3.39. YAS believes that it is highly important that focus is given in this area of development and as such each directorate will be responsible for the development of a local action plan that will focus on the nine questions within the staff survey that make up the overall staff engagement score. Local action planning will be supported by the Leadership and Organisational Development Team who will help the Management Team to improve staff motivation, advocacy and involvement.

The top five ranking scores for which YAS compares most favourably with other ambulance trusts in England are:

- **KF29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month.**
- **KF13. Quality of non-mandatory training, learning or development.**
- **KF16. Percentage of staff working extra hours.**
- **KF11. Percentage of staff appraised in last 12 months.**
- **KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.**

Trust score 2015	Trust score 2014	National average for ambulance trusts (the higher the score the better)
72%	70%	71%

The five key findings for which YAS compares least favourably with other Ambulance Trusts in England are:

- **KF23. Percentage of staff experiencing physical violence from staff in last 12 months.**
- **KF27. Percentage of staff/colleagues reporting most recent experience of harassment, bullying or abuse.**

Trust score 2015	Trust score 2014	National average for ambulance trusts (the higher the score the better)
25%	28%	31%

- **KF24. Percentage of staff/colleagues reporting most recent experience of violence.**
- **KF6. Percentage of staff reporting good communication between senior management and staff.**
- **KF10. Support from immediate managers.**

KF19 Organisation and management interest in an action on health and wellbeing. *(This is a new key finding so no results for previous years)*

Trust score 2015	National average for ambulance trusts (the higher the score the better)
3.12	3.15

A corporate staff survey action plan is being developed to focus on the five key findings where the Trust compares least favourably alongside the local action plans as detailed above relating to staff engagement.

A comprehensive YAS-wide cultural survey titled 'Understanding the Quality of Your Working Life' was launched and circulated to all staff throughout 2015. Over 1,378 questionnaires have been completed. A total of 852 surveys were returned on paper by post and a further 510 where completed online.

The results of the survey were shared with the Trust Board in December 2015 and a full action plan has been developed with an emphasis on three key themes:

- Engaging leadership – Focused on listening, giving quality feedback and helping to manage change.
- Behavioural development – Focused on dignity and respect, dealing with poor behaviours and praising moments of excellence.
- Staff health and wellbeing – Focused on providing appropriate and timely interventions to support the mental and physical health of staff.

A YAS Leadership Conference held at the end of April 2016 primarily focused on the results of the cultural audit and staff survey. The Trust looked at appraising our values, focusing on the importance of engagement and leadership, dealing with poor behaviours and how leaders can better support employee wellbeing to create the 'world class' ambulance service we all aspire to.

YAS will also develop and implement plans to deliver the national CQUIN requirements in relation to staff wellbeing.

NHS National 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. In addition to the NHS Staff Survey, YAS continues to carry out a number of surveys and cultural audits in order to assess staff perception and experience.

NHS 111

In March 2016 the NHS 111 answered its 4 millionth call since the service went live on the 5 March 2013, a further milestone and reflecting the continued and growing usage by patients across the region. The service provided by YAS serves a population of 5.4 million people making it one of the largest providers across the country.

During 2015-16 YAS has engaged with NHS England over the emerging commissioning standards for Integrated Urgent Care and continues to work closely with the Lead Commissioner on how these may be incorporated into the local service. Several elements in the standards, including strong stakeholder relationships, are already in place within Yorkshire and the Humber.

In previous years YAS has taken part in a series of national pilots around the further development of the NHS 111 service, and this has continued by taking part in a workforce pilot to review staffing attrition and retention. This took place during January – March 2016 with an evaluation from April 2016. YAS has also helped to support the submission for, and on-going development of the West Yorkshire Vanguard with NHS 111 being key as the gateway to urgent care.

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. These reviews are in place to identify improvement opportunities in the delivery of patient care through listening to their initial call to NHS 111 and then evaluating their onward journey through to final care delivery. In addition to this YAS also conducts quality audits of staff in order to identify further learning/improvement opportunities. During 2015-16, 11,450 audits took place across the service.

Key outcomes of these reviews across 2015-16:

- Review of patient pathways in West Yorkshire for patients, who have previously suffered a stroke/TIA, and require primary care assessment for potential re-assessment of symptoms. This review was undertaken jointly with West Yorkshire commissioners and other providers of care for stroke/TIA. Agreement was reached so that LCD has access and referral processes in place into stroke/TIA services out-of-hours. This has enabled accurate profiling on the Directory of Services (DOS), which has benefited patients and other surrounding GP Out of Hours (GPOOHs) providers as their services no longer return in place of LCD. This process has established a new direct referral pathway for patients.
- Analysis of the NHS 111 contacts for repeat prescriptions and a review of the referrals passed to GPOOHs providers as opposed to specially commissioned repeat prescription services. This review allowed for identification of changes required to the Directory of Services (DoS) to help support referrals to these services.
- Review of how contacts for expected death are managed within NHS 111 and providers across Yorkshire and Humber.
- Suggestions to commissioners around establishing care pathways to more specialist services, for example district nurses, via NHS 111 thereby enabling easier access to on-going care.

In March 2016 the NHS 111 answered its 4 millionth call since the service went live on the 5 March 2013.

One of the principal indicators for the service is the proportion of calls answered within 60 seconds. NHS 111 (YAS) finished the year on 89.1% against the target of 95% (1,346,895 calls answered within 60 seconds), with call levels being 107,260 (7.6%) above the 2014-15 levels. Performance becomes more challenging during quarters 3 and 4 of the year where patient demand increases.

Maintaining the service under these circumstances is naturally challenging within current-funded staffing levels and the comprehensive training requirements to enable staff to manage patient calls. Information on the performance of the service is reported to CCGs via the lead commissioner, Greater Huddersfield CCG on a monthly basis.

A monthly survey is also conducted with patients as part of evaluating their perception of the service that they have received from NHS 111. These surveys have continued to demonstrate continued satisfaction with the service, with:

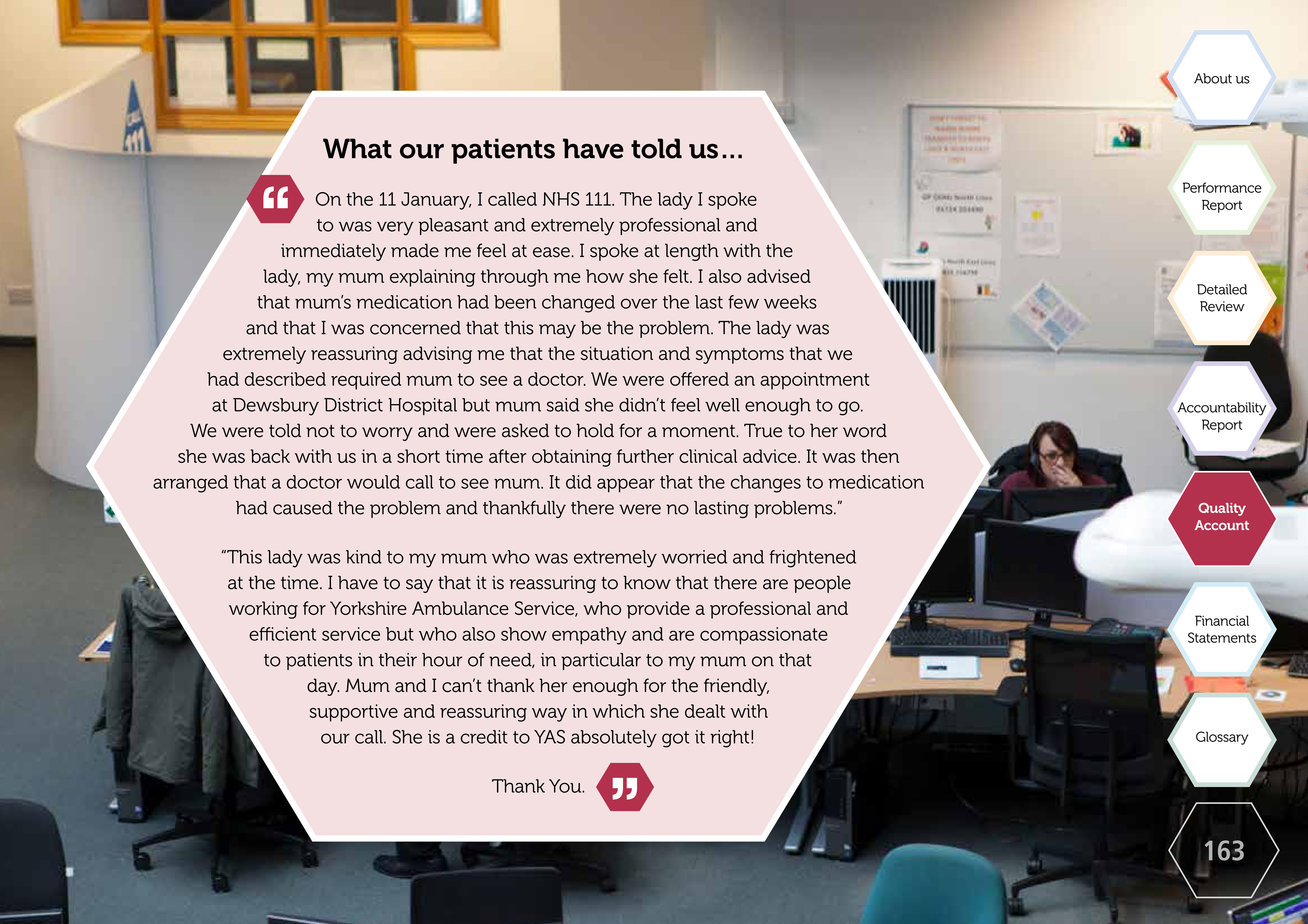
- **91% of patients fed back that they would recommend the service to friends and family.**
- **94% agreed/strongly agreed that they were treated with dignity and respect.**
- **93% confirmed that they had followed the advice given.**

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 conjunction with the large patient demand increases being faced for the West Yorkshire

GPOOH service. Discussions continue between the Trust, LCD and commissioners in relation to future funding and the 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 April 2015 - 31 March 2016)	**8.0%**	**6.3%**	**53.7%**	**3.5%**	**14.1%**	**14.2%**
NHS 111 National Statistics (up to Feb 2016)	9.8%	7.2%	53.6%	3.2%	13.0%	13.2%



What our patients have told us…

"On the 11 January, I called NHS 111. The lady I spoke to was very pleasant and extremely professional and immediately made me feel at ease. I spoke at length with the lady, my mum explaining through me how she felt. I also advised that mum's medication had been changed over the last few weeks and that I was concerned that this may be the problem. The lady was extremely reassuring advising me that the situation and symptoms that we had described required mum to see a doctor. We were offered an appointment at Dewsbury District Hospital but mum said she didn't feel well enough to go. We were told not to worry and were asked to hold for a moment. True to her word she was back with us in a short time after obtaining further clinical advice. It was then arranged that a doctor would call to see mum. It did appear that the changes to medication had caused the problem and thankfully there were no lasting problems."

"This lady was kind to my mum who was extremely worried and frightened at the time. I have to say that it is reassuring to know that there are people working for Yorkshire Ambulance Service, who provide a professional and efficient service but who also show empathy and are compassionate to patients in their hour of need, in particular to my mum on that day. Mum and I can't thank her enough for the friendly, supportive and reassuring way in which she dealt with our call. She is a credit to YAS absolutely got it right!

Thank You."

YAS Forum

Until such a time that a YAS NHS FT Council of Governors can be elected, YAS wants to continue being proactive and innovative and introduced a YAS Forum in 2014 with elected Public, Staff and Appointed Forum Members.

Chaired by YAS Chairman Ms Della Cannings QPM, the YAS Forum is structured with a total of 22 Members: 13 Public elected, four Staff elected and five Appointed Forum Members who represent the wide range of external stakeholders with whom we work in partnership to deliver our services.

The Forum is in the process of completing a video toolkit comprising of seven short videos about YAS – when to call 999, NHS 111, volunteering, Charitable Fund.

YAS Chairman, Ms Della Cannings QPM, Membership Manager, Ali Richardson, East Yorkshire Public Member, John Cummings and PTS volunteer and Sub contractor Coordinator, Jo Rawnsley, at a public event.

Wakefield Roadshow

YAS took to the streets to engage with local communities by holding our first week-long YAS Roadshow; a change in our approach of offering one-day open day events. The Trust took over an empty unit, kindly provided by Trinity Shopping Centre, Wakefield, to offer a pop-up shop that attracted over 1,100 people.

The completely free event was supported by the YAS Forum and arranged by the Foundation Trust Team and offered local people the opportunity to call in and learn more about the ambulance service and what happens when you dial 999, the role of our Patient Transport Service (PTS) and when to call NHS 111. The event also offered the opportunity to discuss careers at the Trust including a popular section on apprenticeships and volunteering.

Key public health information was provided supporting the Trust's local priorities and activities including dress-up and specially designed 'snap' cards were available for children, many who took advantage of a quick game with the ever-popular YAS Charitable Fund mascot, ParaTed.

The event also offered local people the chance to leave their thoughts on both the event and their experience of the Trust as a whole on a message board which was then displayed at Trust HQ.

Following the event's success a programme of YAS Summer Roadshows has now been announced which will see similar events rolled out at locations across the county throughout 2016 including events in Bradford, Hull, Sheffield.

Feedback from Service Users

YAS remains committed to listening and learning from patients/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 and Concerns	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Attitude	5	5	9	6	7	8	5	7	4	7	8	8	**82**
Operations	4	6	4	4	6	6	2	4	2	2	11	11	**62**
Clinical/Patient Care	5	2	2	3	1	5	5	4	2	9	0	9	**47**
Delayed Response	5	4	6	4	3	11	7	5	2	4	4	3	**58**
Call Handling	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 and Concerns	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Attitude	8	3	11	6	9	11	11	6	6	2	11	7	**91**
Operations	9	2	6	7	5	6	8	12	5	12	8	8	**88**
Clinical/Patient Care	5	2	2	3	1	5	5	4	2	9	0	9	**47**
Delayed Response	5	4	6	4	3	11	7	5	2	4	4	3	**58**
Call Handling	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**

NHS 111 (inc. Local Care Direct) Complaints and Concerns													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
Attitude	8	3	11	6	9	11	11	6	6	2	11	7	**91**
Operations	9	2	6	7	5	6	8	12	5	12	8	8	**88**
Clinical Care	5	2	2	3	1	5	5	4	2	9	0	9	**47**
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**

Timeliness of Responding to Complaints

Patients' concerns and complaints are resolved in line with the Complaints Procedure Regulations and Parliamentary and Health Service Ombudsman Principles with a renewed focus on early resolution. The response timescales have been refreshed with the agreement and negotiation of timescales with individual complainants which is proportionate to the complaint and the level of investigation it requires. Significant progress has been made during the year to improve our responsiveness to complaint handling. The target is 65% at the start of 2015-16 increasing to 80% by the end of the financial year. At the beginning of the year 66% of complaints met the due date that was agreed with the complainant. At the end of the year this increased to 86%.

Standard operational procedures are in place to monitor individual and team workload and the overall compliance rates are reported to the Board.

Patient Stories Presented to Board

Patient stories continue to be used in a variety of ways, either through video, the written word or actual attendance. A patient story continues to be presented to each Trust Board Meeting in Public. These stories are also used in staff training, have been presented within the Clinical Governance Group and are available on the staff intranet for staff to access.

What our patients have told us…

"I would just like to say thank you for your help this afternoon when a chest infection hit my 95 year-old father like a tonne of bricks at approximately 3.00pm.

It was so reassuring to speak to three different people, including a GP, all within the suggested timeline.

Then within three hours of my first 111 call my father saw a GP, and was assessed, diagnosed and provided with antibiotics.

He was scared and shaken by the rapid onset of the symptoms, confused and agitated.
He also has Alzheimer's.

We don't say thank you enough, so a very big thank you from myself and my mum.
God bless our NHS and our 111 service."

Patient Friends and Family Test

The Friends and Family Test (FFT) was introduced as part of the National Standard NHS contract in 2014 for acute provider organisations. This has been extended to include the ambulance sector in the 2015-16 contract. Additional work streams are being undertaken to promote the FFT return rate, these include:

- Effective distribution of the FFT questionnaires
- Regular feedback to staff on results
- Promotional campaign for FFT.

YAS

Overall, I felt that I was treated with dignity and respect (YAS)

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Percentage of Responses Agree/Strongly Agree	84.4%	88.5%	90.6%	94.1%

A&E

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Recommend	78.0%	87.3%	85.3%	88.1%
Not recommend	13.1%	6.9%	10.7%	6.8%

PTS

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Recommend	92.4%	92.6%	93.9%	93.6%
Not recommend	5.4%	2.3%	3.2%	3.0%

NHS 111

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Recommend	88.2%	88.1%	88.5%	87.3%
Not recommend	8.0%	8.2%	7.7%	8.2%

Lessons Learned

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

PTS

You said:

- 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.
- An eligibility criterion for the support of an escort needs to be consistently applied.

We did:

- **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

You said:

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 number of complaints highlighted occasional poor staff attitude.
A working group has been established to look at ways of addressing this.
A number of actions to address this have been identified and ratified by the Clinical Governance Group.

We did:

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 Trust Board programme has enabled senior management to receive real life experiences of the YAS. These filmed stories are available to all staff to us within training or self-reflection.**
- **Roll-out of the FFT to 'See and Treat' patients. This feedback is being triangulated with other quality indicators.**

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

You Said:

- Basic Life support had not been given on a call by NHS 111 staff.
- That patients had provided feedback on delayed care and inconsistencies when they called NHS 111 to query the status of their delayed call back from an external care provider.
- That you were unclear about the feedback channels to contact NHS 111.
- That patients had been referred incorrectly to your service based on their presenting systems.
- Effective learning following an incident is enhanced where organisations work together to aid partnership working.
- A review of some patient complaints had outlined fragmented urgent care delivery.

We Did:

- **Enhanced training on providing Basic Life Support instructions over the phone.**
- **Training on how to manage a patient call back safely, including when to request clinical assistance where there is concern relating to the patient's condition.**
- **Re-advertised the process for feedback provision across NHS 111 and across the Trust.**
- **Completed a range of call audits and provided additional training to staff, or identified a number of changes required from commissioners to the Directory of Services (DoS), to support appropriate patient referrals. Working with DoS has led to a consistent regional approach and now enables easier identification of services for patients**
- **Continuation of end-to-end reviews, across stakeholder groups involved in patient pathways, to identify opportunities to improve patient care and to look at particular themes. This has allowed improvements across a range of services and not just limited to NHS 111. This process has also helped to provide greater clarity and assurance around the service**
- **Enhanced joined-up working between NHS111 and 999**

Next Steps

Moving the patient experience work forward, Standards and Compliance Directorate is currently reviewing the Patient Experience Work Plan 2016-17. Proposed work streams being taken forward include:

- Involving patients in training sessions with the Trusts Training School.
- Creation and roll-out of 'Critical Friends' and it is proposed to use the existing Foundation YAS Trust Membership.
- Changes to the survey topics (as outlined within CGG).
- Strengthening cross-agency patient experience partnership working.

"Rang 999 twice recently once for a cardiac arrest and second time for a stroke and was told both occasions that there was no ambulance available for over 60 minutes."
(A&E)

What our patients have told us...

When a 10-year-old boy collapsed at school, a teacher quickly ascertained that he was not breathing and alerted colleagues. Four teachers took turns to give cardiopulmonary resuscitation (CPR) to him whilst waiting for an ambulance.

The ambulance arrived and our clinicians began advanced life support. A defibrillator was used to restart his heart and he was taken to Doncaster Royal Infirmary. The boy had a further cardiac arrest at Doncaster Royal Infirmary where the clinicians advised the best course of treatment would be to induce him into a coma. He was then moved to Leeds General Infirmary Paediatric Intensive Care Unit.

The boy's mum said: **"My son has had a fantastic recovery which is all down to the fast response from the school staff and the paramedics. He is doing better than we could have ever imagined."**

The school deputy head teacher said: **"Everyone involved in saving him deserves great praise, including the staff involved in the initial first aid care at school. Recognising a child is not breathing and responding requires great strength and we now have so much more respect for the work of all paramedics who deal with this on a daily basis. They do an incredible job!"**

Paramedics involved in the incident were presented with a Locality Director Commendation for their life-saving actions.

"The ambulance crew who came out to me were absolutely superb, immediately I felt reassured in safe hands; they were professional, efficient, knowledgeable and kindness itself to both myself and my wife."
(A&E)

"Over the last 12 months my wife and I have had to use the service several times. A lot depends on the crew. On a scale of 1 to 10, (1 being very poor), the crews vary from 3 to 10."
(PTS)

"The care and consideration of the staff who I have travelled with has been exceptional. It is a pleasure to use Yorkshire Ambulance Service. Thank you very much god bless you all"
(PTS)

Tour de Yorkshire

After the resounding success of hosting last year's Tour de France Grand depart our region held its own race in 2015. The majority of this inaugural three-stage event took place on routes and roads that were not included in last year's Grand depart. The race saw the riders travel from Bridlington to Scarborough on stage one, Selby to York for stage two and Wakefield to Leeds for the third and final stage and YAS was once again an active partner in the planning and delivery of the Tour.

It was a memorable weekend for staff and members of the public, who were out in force to witness this historic event.

Quality Account: Consultation Process: "You said, We did"

Through the consultation process, partner organisations, stakeholders, staff and patients have suggested what they would like to have included within the Quality Account. These suggestions have been considered and the following suggestions have been incorporated.

Performance

- Inclusion of the roll-out of the Make Ready scheme across the service.

Clinical Outcome

- Data on return of spontaneous circulation (ROSC), survival-to-discharge Stroke 60 rates.
- Update on progress for mental health work stream.

A Learning Organisation

- Examples of being a learning organisation.
- Listing of completed actions from the CQC action plan.
- Increasing uptake and meaningful feedback from the FFT.
- Listing of any never-events and any learning.

Human Interest

- Need more positive measures, such as positive patient stories and compliments.
- Use of human interest angles, including case studies, testimonies and successes.
- Focus on the Duty of Candour and implementation.
- High quality patient care and the human aspect of the service, celebrating all our staff and volunteers (not just clinicians), community awareness, diversity and inclusion.

Statements from Local Healthwatch Organisations, Overview and Scrutiny Committees (OSCs) and Clinical Commissioning Groups (CGGs)

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 and health and social care partners 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 2016-17.

Commissioners have also provided feedback on the importance of engaging well with our workforce. We have a strong commitment to do this and have a detailed development plan aimed at improving our staff engagement.

We have had feedback on the provision of care for people with mental health illness; this has included praise for the mental health initiatives we introduced in the last 12 months. The success of the mental health practitioners in the Emergency Operations Centre is something we are very proud of.

The feedback we receive is important and the regular dialogue with commissioners and OSCs will continue to influence existing and new work streams as the Clinical Quality Strategy is delivered.

NHS Wakefield CCG

As the coordinating commissioner of YAS 999 on behalf of NHS Greater Huddersfield CCG as lead commissioner for NHS 111 (YAS) and the 3 sub-regions (West Yorkshire, South Yorkshire and East Riding, North Yorkshire and York, including North and North East Lincolnshire for NHS 111) for YAS 999, NHS 111 (YAS) and Patient Transport Service (PTS).

Thank you for providing commissioners with the opportunity to review and provide comment on the Yorkshire Ambulance Service (YAS) Quality Account for 2015-16.

Overall the Quality Account provides a fair, accurate and transparent reflection of the quality of services provided by Yorkshire Ambulance Service (YAS) and the activities undertaken throughout 2015-16 demonstrating a continuous drive to improve quality.

Overall the document is comprehensive providing a balanced view of the service, although there is less information about the NHS 111 and Patient Transport Service, than the Accident and Emergency (A&E) Service. Additionally, the comments throughout the report from stakeholders, staff, relatives and patients offer a balance of both positive and negative feedback.

The document demonstrates that there has been public and patient involvement in the production of the Quality Account, and reflects the priorities of the local population focusing on patient safety, clinical effectiveness and patient experience.

2015-16 has been a very challenging year for YAS, highlighted by the Red 1 and 2 performance acknowledged within the account. However, there have also been successes including YAS performance against the Ambulance Quality Indicators; in particular relating to cardiac arrest, survival to discharge and stroke care.

Commissioners will continue to work with YAS in 2016-17 to build on these improvements to deliver safe services for the population served, recognising future challenges linked to the geography and demographics of the area.

Commissioners are in agreement with the priorities for 2016-17 particularly that of achieving the national response time targets of 8 minutes. We appreciate that this isn't the only measure of the quality of care, but meeting this target provides the basis to build on and gives confidence to the general public regarding the safety of the service. Whilst response targets have not been met during 2015-16 commissioners are assured about YAS's performance against quality measures. The reporting of incidents has increased again this year and it is positive that YAS staff are reporting concerns and incidents. YAS should be commended for encouraging an open, honest, no blame culture for staff the raise/discuss concerns.

The identified priorities include arrangements for monitoring, measuring and reporting. Priority 2 which concentrates on the importance of the Vanguard work is also welcomed. Only through all stakeholders working together and arriving at joint solutions will a more appropriate and safer service be delivered to our population.

We acknowledge the implementation plan of the Clinical Quality Strategy is focused on the five CQC domains. This is a positive way of creating a framework for the ideals of the Strategy to be communicated to the workforce.

In addition the positive and proactive public health work being carried out such as "Restart a Heart Day" is to be commended in not only raising awareness but also in engaging YAS with local populations to support joint working to offer the best care possible.

Healthwatch East Riding of Yorkshire

In general, we are satisfied that the Yorkshire Ambulance Service is providing a good service to members of the public, shares their priorities, and has involved them in the production of the Quality Account.

In December 2015 we conducted an online survey into the Emergency Ambulance Service and the Patient Transport Service. Though the response was limited, the majority of patients were satisfied or very satisfied with the Emergency Ambulance Service they received. Unfortunately, we received no completed surveys from people using the Patient Transport Service. We also spent a morning at Castle Hill Hospital in order to gather the views of patients using the Patient Transport Service but were unable to locate anyone who had used the service. Healthwatch Hull experienced similar difficulties at Hull Royal Infirmary. We would like the Yorkshire Ambulance Service to investigate why there is an apparent low uptake of the service.

Airedale, Wharfedale and Craven CCG

Thank you for sending through the YAS Quality Account for 2015-16 for review.

Overall the account provides a detailed and transparent reflection of the activities and performance undertake in 2015-16. There is continuous drive to improve the quality on the services that YAS provide.

The account acknowledges the challenges that the Trust has faced this year and comment is made regarding future challenges in addition to the challenge posed by the geography and demographic of this area.

There are clear priorities for improvement identified for 2016-17 which have local commissioning priorities identified with arrangements for monitoring, measuring and reporting. Although the document emphasises the importance of patient safety throughout, the strategic objectives do not currently reflect this.

Whilst the account discusses CQUINS and there is a hyperlink available for further information - there should be some narrative around how these have/not been achieved.

The CQC report published in August 2015 is evidence in the report- there needs to be more assurance within the domains that require improvement about how this will happen/has happened. This will offer the public confidence that actions are being taken.

Again within the performance against mandatory quality indicators it is good that there is action taken to improve performance but more detail may offer additional assurance.

The comments throughout the report from stakeholders, staff , relatives and patients break the report up well and offer a good balance both positive and negative comments.

The quality indicators appear to mirror the previous years of 2013-14 and 2014-15 with only minor amendments – could there be any new improvements that could be shared?

Have the patient safety alerts resulted in any change in practice?

The review of Quality Performance including indicators for patient safety, clinical effectiveness and patient experience, the first table does not link to this and needs some narrative re the table and why the performance figures for some of the areas are as they are – (perhaps a couple of the outliers could have some explanation?)

The reporting of incidents has increased again this year and this is positive that YAS staff are reporting concerns and incidents. YAS should be commended for encouraging an open, honest, no blame culture for staff the raise/discuss concerns.

There has been some fantastic work by YAS this year working with our school children and this should be celebrated about the positive and proactive approach that YAS has taken.

Healthwatch Leeds

Clear priorities - like the breakdown of priority, driver, aim.

Priorities do reflect local population, particularly with regard to 999 services, but there are some concerns in the stakeholder feedback section that do not appear to be addressed in the priorities or the rest of the document - e.g. not enough vehicles, not enough paramedic crews, late for appointments.

There could be some inclusion of issues regarding staffing, training and funding.

The report demonstrates that YAS has consulted with patients and public in preparing the evidence for quality accounts but does not always state how they have done this - how can a member of the public reading this put forward their ideas/comments/concerns? There is a need to make it accessible for people to do this.

In the review of the 2015-16 performance it would be good to have an explanation of why the first section has not been completed (currently blank).

We commend the ‘you said, we did’ section – it is clear and easy for patients and public to see what has been done or case studies and quotes.

We feel it would be useful to see some figures on how many patients complete the patient survey following 111 call.

It would be helpful to have some clearer explanation and introduction for some sections e.g. what are patient safety alerts? It is not clear why this section is here.

We feel that the Quality Account is clearly presented, with a good layout and clear headings and in the format required by the Health Act 2009.

Healthwatch Kirklees

We have a good working relationship with YAS. We find you to be responsive and open to the issues that patients raise with us. We've worked together on patients' inability to find an NHS dentist, and the impact on the NHS 111 service. We're working together as part of the Urgent Care Vanguard to improve patients' experiences of accessing urgent and emergency care across West Yorkshire.

Healthwatch York

Healthwatch York welcomed the opportunity to review the Yorkshire Ambulance Service (YAS) Quality Account for 2015-16.

We do feel that the priorities for improvement 2016-17 reflect a number of the priorities for people living in York. We particularly welcome the role of YAS in care co-ordination across the urgent and emergency care system and the focus on frail older patients and patients with palliative care and mental health conditions. The priority to improve the experience of children is also key.

We were very pleased to note that suggestions raised via the Quality Account consultation process, 'You said, We did', have been incorporated. The use of case studies, comments and testimonies really helps to bring the document to life and make it 'real'.

It is also good to see the use that YAS makes of patient stories throughout the year – presenting them to the Board and using them in staff training.

We feel that the Quality Account is open and honest and it is good to see the inclusion of quotes, both good and bad, about the service.

Rotherham Health Select Commission

Members welcome the opportunity to comment on the YAS Quality Account and appreciate the inclusion of more data each year that is at CCG area level, enabling people to have information about the performance of their local services.

The priorities for improvement for 2016-17 are ones which the Commission believes reflect the priorities of the local community. The challenge to improve the Red 1 and 2 performance is recognised, but this year needs to be one where renewed focus is made to address the underlying causes. Members are concerned that Rotherham continues to be one of the lowest performers on this target.

Ideally the Commission would prefer to see data for the full year before giving their feedback on the Quality Account but recognises the current timescales in place. However, it would be beneficial to have data for all targets/indicators up to the end of quarter three included.

The Commission is pleased to see the progress being made across health partners through the Sign Up to Safety Campaign to reduce avoidable harm and notes that this will continue in 2016-17 with clear workstreams and a newly appointed lead.

The Quality Account is a detailed document that has to comply with specific requirements regarding content and lay out. The use of quotes from stakeholders and patients, images and simple graphs and tables make it more interesting and reader friendly.

Wakefield Council's Caring for Our People Overview and Scrutiny Committee

Through the Quality Account process the Caring for Our People 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.

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 notes that a proportion of YAS income for 2015-16 was conditional on achieving quality improvement and innovation goals through the CQIUN payment framework. It is unclear from the Quality Account whether or not these were fully realised.

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 notes that the Sign-up-to-Safety work streams all have a focus on incident/complaint analysis and learning. The Quality Account reflects this and illustrates an organisational focus which promotes patient safety by being open and transparent, publishing data and results and celebrating success but learning from errors and mistakes.

There is compelling evidence that NHS organisations in which staff report they are engaged and valued deliver better quality of care. The Committee would like to see continued emphasis on staff engagement in the Quality Account.

The Committee believes that YAS has a key role in care co-ordination across urgent and emergency care and therefore welcomes the priority area for improvement in the 2015-16 Quality Account. Collaborative working with commissioners and partners will help secure this objective and will lead to better co-ordination of services through innovation and new ways of working that will deliver timely emergency and urgent care in the most appropriate setting.

The momentum of improvement should be sustained in the quality of care provided for people who suffer cardiac arrest, stroke and major trauma. The Committee welcomes the commitment to strive for further improvement in the coming year.

The Committee remains concerned regarding ambulance turnaround times which have 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. Given the high priority members of the public place on response times the Committee welcomes this priority being included as a priority area for improvement in 2015-16.

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, which has enabled YAS to ensure patients receive the right care, in the right place, at the right time.

Wakefield Overview and Scrutiny hosted a regional meeting of OSCs to consider and respond to the Care Quality Commission (CQC) inspection action plan. The meeting considered key issues being addressed including a review of vehicle and station cleaning arrangements, equipment and consumables management processes.

Members were impressed with the "Make Ready" system standardised vehicle preparation programme, where vehicles are cleaned, maintained, stocked and quality checked. Make Ready is a 24/7 system and the Committee acknowledges the successful implementation of the pilot at Manor Mill.

The Committee notes that the Trust intends to launch a Vehicle Preparation System (VPS) pilot at Wakefield Ambulance Station which will prepare each frontline vehicle on a once-a-day basis, whereas Make Ready prepares vehicles for the start of every shift. Members hope that this system will be of comparable quality and will not lead to a diminished service.

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.

Healthwatch North Yorkshire

Healthwatch North Yorkshire is the independent consumer champion for health and social care. The role of Healthwatch is to give local communities a greater say in the design and delivery of the services they receive and to ensure that the views of local people are heard and responded to.

Healthwatch North Yorkshire welcomes the Yorkshire Ambulance Service Quality Account and the recognition of the challenges facing the service over the next year.

Access to ambulance services has been identified as a key priority for investigation by the Healthwatch North Yorkshire Board and we intend to work closely with the Yorkshire Ambulance Service over the next year to address the issues raised by local people.

We welcome the identification of key priorities around patient safety, greater co-ordination of urgent and emergency care services and a focused on improved outcomes for patients in North Yorkshire, including children and young people. These reflect the issues and concerns already raised with us.

East Riding of Yorkshire Council - Health, Care and Wellbeing Overview and Scrutiny Sub-Committee

The Health, Care and Wellbeing Overview and Scrutiny Sub-Committee would like to thank the Trust for the opportunity to comment on its Quality Account 2015-16.

The Sub-Committee found the accounts to be clear in its presentation and informative. The Sub-Committee also welcome the good news stories that the accounts highlight and the participation by the Trust in nine research studies.

The Sub-Committee welcome and support the priorities set for 2016-17, particularly Priority One which is vital for residents, particularly across large rural areas, such as in the East Riding.

Whilst the Sub-Committee was disappointed to learn of the Trust's rating of 'requires improvement' following the CQC's last inspection it has been pleased with progress made to date by the Trust in addressing the actions required to improve performance across the Trust. In particular the Sub-Committee welcome the pilot programmes 'Make Ready' and 'Vehicle Preparation System' and hope these can be rolled out across the Trust in the near future.

Whilst the Sub-Committee welcome the completion and achievements made against four of the six priorities for 2015-16 it is disappointing that priority one and six have not been achieved. The Sub-Committee is therefore pleased to see that priority six will continue to remain a priority for the Trust in 2016-17 as part of its new Priority Four for 2016/17. Members hope, however that Priority One of 2015-16 (To assist paramedic to select the most appropriate treatment option for the patient) will continue to be carried forward and that this will form part of the new Priority 2 for 2016-17.

Healthwatch Wakefield

Healthwatch Wakefield would like to thank Yorkshire Ambulance Service NHS Trust for the opportunity to comment on their draft Quality Account for 2015-16

Overall we feel that this is a very good, extensive report. On the whole, YAS is providing a good quality service to the people of Yorkshire.

YAS has achieved four out of six priorities identified last year. They have not achieved priority number one and six. Priority six was very important and we are pleased to see that it was included in the priorities for the coming year. We note that Red ambulance response times (8 minutes) have not reached 75% which is a national target. It is not clear from the Account if the Trust is compliant with all the patient safety alerts issued last year. Lessons must be learnt from complaints; the commonest complaint seems to be delayed response especially in patient transport to and from hospital. We do feel that too much emphasis in the Account is given to audits, research development and Commissioning for Quality and Innovation (CQUIN).

The Care Quality Commission CQC rating for the Trust is not satisfactory but we are aware that steps are being taken to improve the situation. We hope the next inspection whenever it happens is satisfactory and is green in all six parameters.

Narendra Mathur – Volunteer Leader Quality Account Task Group

Sheffield City Council Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Sheffield City Council Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee welcome the opportunity to consider your draft Quality Report in line with NHS (Quality Account) Regulations 2010. We view it as a valuable aspect of health service provision scrutiny that looks at the things that are important to the public of Sheffield.

The Committee notes the document is dual purpose and encourages the publication of two versions for different audiences.

The Committee felt unsure how far a judgement could be made of appropriateness of the Quality Account for benefit for the people of Sheffield and would welcome more area breakdown of data across the Yorkshire Ambulance region, including the 'you said, we did' section.

The Committee would welcome more outcome focused information, perhaps more analytical to support the descriptive information, notably in regard to Quality Indicators to understand the patient experience and improving quality for people.

The Committee is very pleased there is a positive picture for mental health pathways and the inclusion of data that demonstrates this outcome.

The Committee notes there are variations in response time performance within the Yorkshire Ambulance Service area of provision.

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 2015-16;
- 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 2015 to March 2016
  - papers relating to Quality reported to the Board over the period April 2015 to March 2016
  - feedback from commissioners dated 25 March 2016
  - feedback from local Healthwatch organisations dated 25 March 2016
  - feedback from Overview and Scrutiny Committee dated 25 March 2016
  - 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 2015
  - the head of internal audit's annual opinion over the trust's control environment dated March 2016
  - CQC Intelligent Monitor Report (NA to ambulance service)
- 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; and
- 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

Date: 31 May 2016

Chief Executive

Date: 31 May 2016

Financial Statements

Statement of Comprehensive Income for year ended 31 March 2016			
	Note	**2015-16 £000s**	2014-15 £000s
Gross employee benefits	9.1	**(164,152)**	(161,006)
Other operating costs	7	**(77,283)**	(75,646)
Revenue from patient care activities	5	**240,758**	235,975
Non-recurrent income for patient care	35	**3,653**	0
Other Operating revenue	6	**4,554**	5,353
Operating surplus		**7,530**	4,676
Investment revenue	11	**77**	61
Other gains	12	**173**	111
Finance costs	13	**(241)**	(260)
Surplus for the financial year		**7,539**	4,588
Public dividend capital dividends payable		**(1,900)**	(2,051)
Retained surplus/(deficit) for the year		**5,639**	2,537

Other Comprehensive Income			
Impairments and reversals taken to the revaluation reserve		**(262)**	(38)
Net gain/(loss) on revaluation of property, plant & equipment		**3,014**	2,165
Total Other Comprehensive Income for the year		**2,752**	2,127
Total comprehensive income for the year		**8,391**	4,664

Financial performance for the year			
Retained surplus for the year		**5,639**	2,537
Impairments (excluding IFRIC 12 impairments)		**458**	449
Adjustments in respect of donated gov't grant asset reserve elimination		**6**	5
Adjusted retained surplus		**6,103**	2,991
Less: non recurrent income included in above	35	**(3,653)**	0
Adjusted retained surplus before additional income		**2,450**	2,991

The notes on pages 185 to 217 form part of this account

Statement of Financial Position as at 31 March 2016

	Note	**31 March 2015 £000s**	31 March 2014 £000s
Non-current assets:			
Property, plant and equipment	14	**86,061**	83,244
Intangible assets	15	**1,133**	1,011
Trade and other receivables	20.1	**645**	669
Total non-current assets		**87,839**	84,924
Current assets:			
Inventories	19	**1,076**	905
Trade and other receivables	20.1	**11,163**	12,670
Cash and cash equivalents	22	**21,469**	13,427
Sub-total current assets		**33,708**	27,002
Non-current assets held for sale	23	**785**	160
Total current assets		**34,493**	27,162
Total assets		**122,332**	112,086

	Note	**31 March 2015 £000s**	31 March 2014 £000s
Current liabilities:			
Trade and other payables	24	**(18,658)**	(12,903)
Provisions	27	**(1,801)**	(3,025)
Borrowings	25	**(823)**	(412)
Total current liabilities		**(21,282)**	(16,340)
Net current assets/(liabilities)		**13,211**	10,822
Total assets less current liabilities		**101,050**	95,746
Non-current liabilities:			
Provisions	27	**(8,936)**	(8,881)
Borrowings	25	**(6,636)**	(6,125)
Total non-current liabilities		**(15,572)**	(15,006)
Total Assets Employed:		**85,478**	80,740
FINANCED BY:			
Public Dividend Capital	35	**74,941**	78,594
Retained earnings		**647**	(5,071)
Revaluation reserve		**9,890**	7,217
Total Taxpayers' Equity		**85,478**	80,740

The financial statements on pages 181 to 184 were approved by the Board on 31 May 2016 and signed on its behalf by:

Chief Executive

Date: 31 May 2016

The notes on pages 185 to 217 form part of this account

Statement of Changes in Taxpayers' Equity

	Note	Public Dividend capital £000s	Retained earnings £000s	Revaluation reserve £000s	**Total reserves £000s**
For the year ending 31 March 2016:					
Balance at 1 April 2015		78,594	(5,071)	7,217	**80,740**
Changes in taxpayers' equity for 2015/16					
Retained surplus for the year			5,639		**5,639**
Net gain on revaluation of property, plant, equipment				3,014	**3,014**
Impairments and reversals				(262)	**(262)**
Transfers between reserves			79	(79)	**0**
Reclassification Adjustments					
Permanent PDC repaid in year	35	(3,653)			**(3,653)**
Net recognised revenue/(expense) for the year		**(3,653)**	**5,718**	**2,673**	**4,738**
Balance at 31 March 2016		**74,941**	**647**	**9,890**	**85,478**

For the year ending 31 March 2015:					
Balance at 1 April 2014		78,594	(7,759)	5,236	76,071
Changes in taxpayers' equity for 2014/15					
Retained surplus for the year			2,537		2,537
Net gain on revaluation of property, plant, equipment				2,165	2,165
Impairments and reversals				(38)	(38)
Transfers between reserves			146	(146)	0
Reclassification Adjustments					
Other movements			5		5
Net recognised revenue for the year		0	2,688	1,981	4,669
Balance at 31 March 2015		78,594	(5,071)	7,217	80,740

The notes on pages 185 to 217 form part of this account

Statement of Cash Flows for year ended 31 March 2016			
	Note	**2015-16 £000s**	2014-15 £000s
Cash Flows from Operating Activities			
Operating surplus		**7,530**	4,676
Depreciation and amortisation	7	**8,994**	8,291
Impairments and reversals	16	**458**	449
Interest paid		**(130)**	(113)
PDC Dividend (paid)		**(2,255)**	(1,878)
(Increase)/Decrease in Inventories		**(171)**	421
(Increase)/Decrease in Trade and Other Receivables		**1,892**	(386)
Increase/(Decrease) in Trade and Other Payables		**3,539**	2,391
Provisions utilised		**(1,497)**	(1,171)
Increase/(Decrease) in movement in non cash provisions		**231**	1,759
Net Cash Inflow from Operating Activities		**18,591**	14,439
Cash Flows from Investing Activities			
Interest Received		**77**	61
(Payments) for Property, Plant and Equipment		**(7,966)**	(11,714)
(Payments) for Intangible Assets		**(107)**	(162)
Proceeds of disposal of assets held for sale (PPE)		**178**	295
Net Cash (Outflow) from Investing Activities		**(7,818)**	(11,520)
Net Cash Inflow before Financing		**10,773**	2,919
Cash Flows from Financing Activities			
Permanent PDC Repaid	35	**(3,653)**	0
Loans received from DH - New Capital Investment Loans		**1,500**	700
Loans repaid to DH - Capital Investment Loans		**(578)**	(334)
Net Cash Inflow/(Outflow) from Financing Activities		**(2,731)**	366
NET INCREASE IN CASH AND CASH EQUIVALENTS		**8,042**	3,285
Cash and Cash Equivalents (and Bank Overdraft) at beginning of the period		**13,427**	10,142
Cash and Cash Equivalents (and Bank Overdraft) at year end	22	**21,469**	13,427

The notes on pages 185 to 217 form part of this account

NOTES TO THE ACCOUNTS

1. Accounting Policies

The Secretary of State for Health has directed that the financial statements of NHS trusts shall meet the accounting requirements of the Department of Health Group Manual for Accounts, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DH Group Manual for Accounts 2015-16 issued by the Department of Health.

The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Charitable Funds

Following HM Treasury's agreement to apply IAS27 to NHS Charities from 1 April 2013, the Trust has established that as it is the corporate trustee of the Yorkshire Ambulance Charitable Trust Fund, it effectively has the power to exercise control. However the transactions are immaterial in the context of the Trust and therefore the transactions relating to the Charity have not been consolidated. Details of transactions with the charity are included in the related parties note 31.

1.4 Pooled Budgets

The Trust was not part of any pooled budget arrangements during the year ending 31 March 2016.

1.5 Critical accounting judgements and key sources of estimation uncertainty

In the application of the NHS trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed.

Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.5.1 Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Revaluation of Land and Buildings

During the year a full revaluation of land and buildings was carried out by the District Valuer. This had been identified by the external auditor as a significant audit risk due to the materiality in value and judgement involved. The work carried out by the external auditor had not identified any matters of concern.

1.5.2 Key sources of estimation uncertainty

Non Current Assets

Values are as disclosed in notes 14, tangible assets, and 15 intangible assets.

Asset lives, with the exception of buildings are set out in notes 14 and 15 with maximum lives being set by reference to the type of asset and its expected useful life in normal use. Building lives are based on the recommendations received from the District Valuer. Land and buildings have been re- valued as at 31 March 2016 and have not been subject to indexation in the year. The results of this are disclosed in note 14.

Provisions

Values are as disclosed in note 27.

These have been estimated based on the best information available at the time of the compilation of the accounts. Estimates of employee's legal claims are made including the advice received from the National Health Service (NHS) Litigation Authority to the size and likely outcome of each individual claim. The Trust's maximum liability regarding each claim is limited to £10k.

We have provided for the costs of reinstating dilapidations to leased and tenancy properties based on a professional evaluation by Dacres Commercial.

1.6 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of revenue for the trust is from commissioners for healthcare services.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

The NHS trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The NHS trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

1.7 Employee Benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales.

The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Trust (NEST)

There are a small number of staff who are not entitled to join the NHS pension scheme, for example:

- Those already in receipt of an NHS pension;
- Those who work full time at another Trust;
- Employees who are absent from work due to sickness, maternity leave etc. when the statutory duty to automatically enrol applies.

The National Employment Savings Trust (NEST) has been set up specifically to help employers to comply with the Pensions Act 2008. Those employees in the categories above are automatically enrolled in the NEST scheme. NEST Corporation is the Trustee body that has overall responsibility for running NEST; it is a non-departmental public body that operates at arm's length from government and is accountable to Parliament through the Department of Work and Pensions (DWP).

In 2015/16 employee contributions to NEST were 1.0% of pensionable pay and employer contributions were also 1.0% of pensionable pay. NEST levies a contribution charge of 1.8% and an annual management charge of 0.3% which is paid for from the employee contributions.

There are no separate employer charges levied by NEST and the Trust is not required to enter into a contract to utilise NEST qualifying pension schemes.

1.8 Other expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 Property, plant and equipment Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000, and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any impairment.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Vehicles

Vehicles are carried at depreciated purchase cost. Plant and machinery/medical equipment

Fair value for Medical Equipment, Plant and Machinery are not readily and reliably ascertainable and these assets are therefore carried at depreciated historic cost. This treatment is in line with IAS 16 Property, Plant & Equipment.

IT

Due to technological advances, short replacement cycles, and difficulties in obtaining fair values, IT assets are not revalued but are carried at depreciated historic cost.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the trust's business or which arise from contractual or other legal rights.They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the trust; where the cost of the asset can be measured reliably, and where the cost is at least £5000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally- generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally- generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.11 Depreciation, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS trust expects to obtain economic benefits or service potential from the asset. This is specific to the NHS trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

Economic lives of non-current assets at the close of the reporting period were as follows:

Buildings excluding dwellings	4-51 years
Plant and machinery	5-15 years
Transport equipment	3-7 years
Information Technology	2-5 years
Furniture and fittings	4-10 years

At each reporting period end, the NHS trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.12 Donated assets

Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets.

Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

1.13 Government grants

Government grant funded assets are capitalised at their fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

1.14 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. The Trust did not have any finance leases in 2015-16.

The trust as lessee

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

The NHS trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.16 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.17 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management.

1.18 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate of between minus 1.5% and 2.2% dependent on the timing of cash flows in real terms (1.37% for employee early departure obligations).

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.19 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the trust is disclosed at note 27 (Provisions)+N1FinAss.B353

1.20 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.21 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

1.22 Financial assets

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss; held to maturity investments; available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the Trust's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset.

Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to surplus/deficit on de-recognition.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

At the end of the reporting period, the NHS trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced directly or through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.23 Financial liabilities

Financial liabilities are recognised on the statement of financial position when the NHS trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historical cost. Otherwise, financial liabilities are initially recognised at fair value.

Financial guarantee contract liabilities

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The amount of the obligation under the contract, as determined in accordance with IAS 37 Provisions, Contingent Liabilities and Contingent Assets ; and
- The premium received (or imputed) for entering into the guarantee less cumulative amortisation.

Financial liabilities at fair value through profit and loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the NHS trust's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.24 Value Added Tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.25 Foreign currencies

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the trust's surplus/deficit in the period in which they arise.

1.26 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. Details of third party assets are given in Note 34 to the accounts.

1.27 Public Dividend Capital (PDC) and PDC dividend

Public dividend capital represents taxpayers' equity in the NHS trust. At any time the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

An annual charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average carrying amount of all assets less liabilities (except for donated assets and cash balances with the Government Banking Service). The average carrying amount of assets is calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre- audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.28 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

1.29 Research and Development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Statement of Comprehensive Income on a systematic basis over the period expected to benefit from the project. It should be revalued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

1.30 Accounting Standards that have been issued but have not yet been adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2015-16. These standards are still subject to HM Treasury FReM interpretation, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 still subject to HM Treasury consideration.

- IFRS 9 Financial Instruments

Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

- IFRS 15 Revenue for Contracts with Customers

Application required for accounting periods beginning on or after 1 January 2017, but not yet adopted by the FReM: early adoption is not therefore permitted

- IFRS 16 Lease

Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

2. Pooled Budgets

The Trust does not have any pooled budget arrangements.

3. Operating segments

In accordance with the Requirements of IFRS 8 (Operating Segments), the Trust has considered the need to report as segments. It has considered the criteria for which segmentation should be assessed and concludes that the Trust operates as one.

4. Income generation activities

The Trust undertakes income generation activities with an aim of achieving a surplus, which is then used in the delivery of patient care.

The Trust does not have any income generation schemes where costs exceed £1m.

5. Revenue from patient care activities

	Note	**2015/16 £000s**	2014/15 £000s
NHS Trusts		**114**	90
NHS England		**1,320**	1,062
Clinical Commissioning Groups		**236,887**	232,108
Foundation Trusts		**1,287**	1,495
Non-NHS:			
Local Authorities		**64**	98
Private patients		**4**	13
Injury costs recovery		**1,070**	1,103
Other		**12**	6
Patient care revenue before non-recurrent item		**240,758**	235,975
Non-recurrent income for delivery of healthcare services	35	**3,653**	0
Total Revenue from patient care activities		**244,411**	235,975

6. Other operating revenue

	2015/16 £000s	2014/15 £000s
Recoveries in respect of employee benefits	**266**	206
Education, training and research	**1,770**	1,343
Income generation (Other fees and charges)	**2,418**	2,770
Other revenue	**100**	1,034
Total Other Operating Revenue	**4,554**	5,353
Total operating revenue	**248,965**	241,328

7. Operating expenses

	2015/16 £000s	2014/15 £000s
Services from other NHS Trusts	**181**	342
Services from NHS Foundation Trusts	**122**	0
Total Services from NHS bodies*	**303**	342
Purchase of healthcare from non-NHS bodies	**20,649**	17,036
Trust Chair and Non-executive Directors	**59**	60
Supplies and services - clinical	**5,174**	5,287
Supplies and services - general	**1,569**	972
Consultancy services	**926**	1,333
Establishment	**5,533**	6,345
Transport	**20,025**	20,847
Business rates paid to local authorities	**1,291**	1,310
Premises	**6,501**	5,729
Hospitality	**299**	128
Insurance	**2,219**	2,443

7. Operating expenses (continued)

	2015/16 £000s	2014/15 £000s
Legal Fees	**871**	833
Impairments and Reversals of Receivables	**(196)**	328
Inventories write down	**0**	4
Depreciation	**8,564**	7,909
Amortisation	**430**	382
Impairments and reversals of property, plant and equipment	**458**	449
Internal Audit Fees	**174**	208
Audit fees	**61**	97
Other auditor's remuneration**	**30**	0
Clinical negligence	**988**	978
Education and Training	**893**	806
Change in Discount Rate	**(61)**	436
Other (e.g. losses and special payments)	**523**	1,384
Total Operating expenses (excluding employee benefits)	**77,283**	75,646
Employee Benefits		
Employee benefits excluding Board members	**163,404**	160,087
Board members	**748**	919
Total Employee Benefits	**164,152**	161,006
Total Operating Expenses	**241,435**	236,652

**Services from NHS bodies does not include expenditure which falls into a category below*

*** Other auditors remuneration relates to provision of VAT advice*

Note: in 2014-15 audit services and VAT services were not provided by the same organisation.

8. Operating Leases

The Trust's operating lease commitments relate to land, buildings, medical equipment and vehicles.

The vehicle commitments are based on 336 vehicles, of which 146 are due to expire within 1 year and 190 are due to expire between 1 and 5 years.

The commitment on land consists of one lease which is for the car parking facility at the Springhill Headquarters which is is due to expire between 1 and 5 years. The committment on land and buildings consists of 42 leases, of which 4 are due to expire after 5 years, 12 will expire between 1 and 5 years, and 26 will expire within 1 year.

8.1. Yorkshire Ambulance Service NHS Trust as lessee

	Land £000s	Buildings £000s	Vehicles £000s	**2015/16 £000s**	2014/15 £000s
Payments recognised as an expense					
Minimum lease payments				**4,061**	5,551
Contingent rents				**0**	0
Sub-lease payments				**0**	0
Total				**4,061**	5,551
Payable:					
No later than one year	39	408	1,468	**1,915**	2,110
Between one and five years	34	892	1,431	**2,357**	1,501
After five years	0	1,293	0	**1,293**	0
Total	73	2,593	2,899	**5,565**	3,611

9. Employee benefits and staff numbers

9.1. Employee benefits

	2015/16 Total £000s	Permanently employed £000s	Other £000s
Employee Benefits - Gross Expenditure			
Salaries and wages	**138,433**	131,258	7,175
Social security costs	**9,957**	9,957	0
Employer Contributions to NHS BSA - Pensions Division	**15,547**	15,547	0
Termination benefits	**215**	215	0
Total employee benefits	**164,152**	**156,977**	**7,175**

	2014/15 Total £000s	Permanently employed £000s	Other £000s
Employee Benefits - Gross Expenditure			
Salaries and wages	135,781	131,988	3,793
Social security costs	9,685	9,685	0
Employer Contributions to NHS BSA - Pensions Division	15,075	15,075	0
Termination benefits	465	465	0
Total employee benefits	**161,006**	**157,213**	**3,793**

9.2. Staff Numbers

	Permanently employed Number	Other Number	**2015/16 Total Number**	2014/15 Total Number
Average Staff Numbers				
Medical and dental	3	0	**3**	3
Ambulance staff	3,578	62	**3,640**	2,892
Administration and estates*	517	92	**609**	1,209
Healthcare assistants and other support staff	0	0	**0**	95
Nursing, midwifery and health visiting staff	58	9	**67**	71
Scientific, therapeutic and technical staff	2	1	**3**	1
TOTAL	**4,158**	**164**	**4,322**	**4,271**

* *Note: The guidance on classifying roles changed between 2014-15 and 2015-16, resulting in some 588 Ambulance Support Staff being reclassified as Ambulance Staff.*

9.3. Staff Sickness absence and ill health retirements

	2015/16 Number	2014/15 Number
Total Days Lost	**53,910**	60,339
Total Staff Years	**4,157**	4,122
Average working Days Lost	**12.97**	14.64
Number of persons retired early on ill health grounds	**10**	12
	2015/16 £000	2014/15 £000
Total additional pensions liabilities accrued in the year	**676**	1,154

9.4. Exit Packages

9.4.1 Packages agreed in 2015/16

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of Departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£	Number	£	Number	£	Number	£
Less than £10,000	0	0	0	0	0	0	0	0
£10,000-£25,000	0	0	1	22,544	1	22,544	0	0
£25,001-£50,000	0	0	3	124,961	3	124,961	0	0
£50,001-£100,000	0	0	1	67,805	1	67,805	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Total	**0**	**0**	**5**	**215,310**	**5**	**215,310**	**0**	**0**

9.4.2 Packages agreed in 2014/15

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of Departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£	Number	£	Number	£	Number	£
Less than £10,000	1	8,805	6	27,743	7	36,548	0	0
£10,000-£25,000	0	0	6	91,326	6	91,326	0	0
£25,001-£50,000	1	42,269	2	73,507	3	115,776	0	0
£50,001-£100,000	0	0	1	50,562	1	50,562	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	1	170,581	0	0	1	170,581	0	0
>£200,000	0	0	0	0	0	0	0	0
Total	**3**	**221,655**	**15**	**243,138**	**18**	**464,793**	**0**	**0**

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pensions schemes. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table. No ex gratia payments were made during the year. The disclosure reports the number and value of exit packages taken by staff in the year. The expense associated with these departures has been recognised in full in the current period.

9.5. Exit packages - Other Departures analysis

	2015/16		2014/15	
	Agreements	**Total value of agreements**	Agreements	Total value of agreements
	Number	**£000**	Number	£000
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	5	215	15	243
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
TOTAL	**5**	**215**	**15**	**243**
Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary.	0	0	0	0

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

9.6. Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes.

The valuation of scheme liability as at 31 March 2016, is based on valuation data as 31 March 2015, updated to 31 March 2016 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

10. Better Payment Practice Code

The Better Payment Practice Code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

10. Better Payment Practice Code

	2015/16	**2015/16**	2014/15	2014/15
	Number	**£000**	Number	£000
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	**30,344**	**80,733**	27,607	77,992
Total Non-NHS Trade Invoices Paid Within Target	**26,550**	**69,636**	26,293	75,064
Percentage of NHS Trade Invoices Paid Within Target	**87.5%**	**86.3%**	95.2%	96.2%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	**618**	**2,481**	654	3,571
Total NHS Trade Invoices Paid Within Target	**488**	**1,976**	616	3,520
Percentage of NHS Trade Invoices Paid Within Target	**79.0%**	**79.6%**	94.2%	98.6%

10.2. The Late Payment of Commercial Debts (Interest) Act 1998

	2015/16 £000	2014/15 £000
Amounts included in finance costs from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0
Total	**0**	0

11. Investment Revenue

	2015/16 £000	2014/15 £000
Bank interest	**77**	61
Other loans and receivables	**0**	0
Total investment revenue	**77**	61

12. Other Gains and Losses

	2015/16 £000	2014/15 £000
Gain/(Loss) on disposal of assets (PPE)	**173**	111

13. Finance Costs

	2015/16 £000	2014/15 £000
Interest on loans and overdrafts	**130**	113
Provisions - unwinding of discount	**111**	147
Total	**241**	260

Note: Unwinding of the discount.

Where provision is made for costs that will arise in future years, the costs involved are discounted to current values. At the end of each year that discount is recalculated as the timing of the expense draws nearer.

The cost that results, shown here, is known as “unwinding the discount”.

14.1. Property, plant and equipment

2015/16	Land	Buildings excluding dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation: At 1 April 2015	19,592	36,851	7,501	2,338	57,389	25,202	712	**149,585**
Additions of Assets Under Construction	0	0	7,261	0	0	0	0	**7,261**
Additions Purchased	0	8	0	369	0	2,622	9	**3,008**
Reclassifications	0	1,285	(8,650)	927	5,105	689	92	**(552)**
Reclassifications as Held for Sale and reversals	(625)	0	0	0	0	0	0	**(625)**
Disposals other than reclassified as Held for Sale	0	0	0	0	(6,086)	(160)	0	**(6,246)**
Upward revaluation/positive indexation	288	(2,144)	0	0	0	0	0	**(1,856)**
Impairment/reversals charged to operating expenses	(26)	(432)	0	0	0	0	0	**(458)**
Impairments/reversals charged to reserves	0	(262)	0	0	0	0	0	**(262)**
At 31 March 2016	**19,229**	**35,306**	**6,112**	**3,634**	**56,408**	**28,353**	**813**	**149,855**

Depreciation: At 1 April 2015	147	3,202	0	2,020	37,658	22,698	616	**66,341**
Disposals other than reclassified as Held for Sale	0	0	0	0	(6,081)	(160)	0	**(6,241)**
Upward revaluation/positive indexation	(147)	(4,723)	0	0	0	0	0	**(4,870)**
Charged During the Year	0	1,521	0	147	5,421	1,456	19	**8,564**
At 31 March 2016	**0**	**0**	**0**	**2,167**	**36,998**	**23,994**	**635**	**63,794**
Net Book Value at 31 March 2016	**19,229**	**35,306**	**6,112**	**1,467**	**19,410**	**4,359**	**178**	**86,061**

Asset financing:								
Owned - Purchased	19,229	35,306	6,112	1,467	19,394	4,359	178	**86,045**
Owned - Donated	0	0	0	0	16	0	0	**16**
Total at 31 March 2016	**19,229**	**35,306**	**6,112**	**1,467**	**19,410**	**4,359**	**178**	**86,061**

14.1. Property, plant and equipment (continued)

Revaluation Reserve Balance for Property, Plant & Equipment

2015/16	Land	Buildings excluding dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2015	1,700	5,161	0	71	283	0	2	**7,217**
Movements arising from revaluation and impairment	435	2,317	0	0	(79)	0	0	**2,673**
At 31 March 2016	**2,135**	**7,478**	**0**	**71**	**204**	**0**	**2**	**9,890**

Additions to Assets Under Construction in 2014-15							
Land	0	0	0	0	0	0	0
Buildings excl Dwellings	0	0	1,507	0	0	0	0
Dwellings	0	0	0	0	0	0	0
Plant & Machinery	0	0	5,754	0	0	0	0
Balance as at YTD	**0**	**0**	**7,261**	**0**	**0**	**0**	**0**

14.2. Property, plant and equipment prior-year

2014/15	Land	Buildings excluding dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation: At 1 April 2014	18,535	30,782	10,774	2,347	56,175	24,194	712	**143,519**
Additions of Assets Under Construction	0	0	7,313	0	0	0	0	**7,313**
Additions Purchased	76	227	0	0	2,140	747	0	**3,190**
Reclassifications	0	4,696	(10,586)	0	5,539	351	0	**0**
Reclassifications as Held for Sale and reversals	0	0	0	(9)	(6,465)	(90)	0	**(6,564)**
Revaluation	1,019	1,146	0	0	0	0	0	**2,165**
Impairments/negative indexation charged to reserves	(38)	0	0	**0**	**0**	**0**	**0**	**(38)**
At 31 March 2015	**19,592**	**36,851**	**7,501**	**2,338**	**57,389**	**25,202**	**712**	

Depreciation: At 1 April 2014	42	1,425	0	1,937	38,989	21,374	596	**64,363**
Reclassifications as Held for Sale and Reversals	0	0	0	(9)	(6,281)	(90)	0	**(6,380)**
Impairments/negative indexation charged to operating expenses	105	513	0	0	0	0	0	**618**
Reversal of Impairments charged to operating expenses	0	(169)	0	0	0	0	0	**(169)**
Charged During the Year	0	1,433	0	**92**	**4,950**	**1,414**	**20**	**7,909**
At 31 March 2015	**147**	**3,202**	0	**2,020**	**37,658**	**22,698**	**616**	**66,341**
Net Book Value at 31 March 2015	**19,445**	**33,649**	**7,501**	**318**	**19,731**	**2,504**	**96**	

Asset financing:								
Owned - Purchased	19,445	33,649	7,501	318	19,702	2,504	96	**83,215**
Owned - Donated	0	0	0	0	29	0	0	**29**
Total at 31 March 2015	**19,445**	**33,649**	**7,501**	**318**	**19,731**	**2,504**	**96**	**83,244**

14.3. (cont). Property, plant and equipment

The Trust has two donated assets, both are community medical units.

The assets were added to the asset register at NBV at the time of the donation. The asset have been internally assessed to have an expected life of 5 years.

15. Intangible non-current assets

Intangible non current assets relate to purchased software licences which are valued at purchase cost less accumulated depreciation. Asset lives range between 3 and 5 years with no asset having an indefinite life given software is constantly being updated.

15.1. Intangible non-current assets 2015-16

	Computer Licenses £000	**Total £000**
At 1 April 2015	**2,365**	**2,365**
Reclassifications	**552**	**552**
At 31 March 2016	**2,917**	**2,917**
Amortisation: At 1 April 2015	**1,354**	**1,354**
Charged During the Year	**430**	**430**
At 31 March 2016	**1,784**	**1,784**
Net Book Value at 31 March 2016	**1,133**	**1,133**
Asset Financing: Net book value at 31 March 2016 comprises:		
Purchased	**1,133**	**1,133**
Total at 31 March 2016	**1,133**	**1,133**

15.2. Intangible non-current assets 2014-15

	Computer Licenses £000	Total £000
At 1 April 2014	2,203	2,203
Reclassifications	162	162
At 31 March 2015	2,365	2,365
Amortisation: At 1 April 2014	972	972
Charged During the Year	382	382
At 31 March 2015	1,354	1,354
Net Book Value at 31 March 2015	1,011	1,011
Asset Financing: Net book value at 31 March 2015 comprises:		
Purchased	1,011	1,011
Total at 31 March 2015	1,011	1,011

16. Analysis of impairments and reversals recognised in 2015-16

	2015/16 £000
Impairments and reversals taken to Statement of Comprehensive Income (SOCI) Changes in market price, charged to Annually Managed Expenditure	**458**
Total Impairments of Property, Plant and Equipment changed to SOCI	**458**
Donated and Government Granted Assets, included above PPE - Donated and Government Granted Asset Impairments: amount charged to SOCI - DEL	**0**

The Trust's land and buildings were revalued as at 31 March 2016 following a full valuation with inspections by the District Valuer.

This has resulted in a movement in the value of Land and buildings and a net impairment arising from a localised deterioration in market values and a move from existing use to open market value.

The total impairment is £720k of which £458k has been recognised in Statement of Comprehensive Income following the reversal of £262k relating to a previous impairment.

17. Commitments

17.1. Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2016 £000	31 March 2015 £000
Property, plant and equipment	**227**	1,084
Intangible assets	**26**	0
Total	**253**	1,084

18. Intra-Government and other balances

	Current receivables	**Non-current receivables**	**Current payables**	**Non-current payables**
	£000	**£000**	**£000**	**£000**
Balances with Other Central Government Bodies	6	0	113	0
Balances with Local Authorities	12	0	5	0
Balances with NHS bodies inside the Departmental Group	3,184	0	1,211	6,636
Balances with Bodies External to Government	7,961	645	18,152	0
At 31 March 2016	**11,163**	**645**	**19,481**	**6,636**
Prior period:				
Balances with Other Central Government Bodies	0	0	95	0
Balances with Local Authorities	11	0	0	0
Balances with NHS bodies inside the Departmental Group	6,281	0	729	6,125
Balances with Public Corporations and Trading Funds	12	0	0	0
Balances with Bodies External to Government	6,366	669	12,491	0
At 31 March 2015	**12,670**	**669**	**13,315**	**6,125**

19. Inventories

	Drugs £000	Consumables £000	Other £000	**2015/16 Total £000**	Of which held at NRV £000
Balance at 1 April 2015	46	723	136	**905**	905
Additions	197	6,232	4,822	**11,251**	11,251
Inventories recognised as an expense in the period	(159)	(6,102)	(4,819)	**(11,080)**	(11,080)
Balance at 31 March 2016	84	853	139	**1,076**	1,076

20.1. Trade and other receivables

	Current		Non-current	
	31 March 2016 £000	31 March 2015 £000	**31 March 2016 £000**	31 March 2015 £000
NHS receivables - revenue	**2,066**	2,193	**0**	0
NHS prepayments and accrued income	**750**	3,807	**0**	0
Non-NHS receivables - revenue	**575**	451	**0**	0
Non-NHS prepayments and accrued income	**7,531**	6,885	**645**	669
PDC Dividend prepaid to DH	**368**	13		
Provision for the impairment of receivables	**(505)**	(739)	**0**	0
VAT	**291**	0	**0**	0
Other receivables	**87**	60	0	0
Total	**11,163**	12,670	**645**	669
Total current and non current	**11,808**	13,339		

The great majority of trade is with Clinical Commissioning Groups (CCGs). As CCGs are funded by Government to buy NHS patient care, no credit scoring of them is considered necessary.

20.2. Receivables past their due date but not impaired

	31 March 2016 £000	31 March 2015 £000
By up to three months	**1,826**	1,661
By three to six months	**103**	0
By more than six months	**93**	0
Total	**2,022**	1,661

20.3. Provision for impairment of receivables

	31 March 2016 £000	31 March 2015 £000
Balance at 1 April 2015	**(739)**	(411)
Amount written off during the year	**38**	0
(Increase)/decrease in receivables impaired	**196**	(328)
Balance at 31 March 2016	**(505)**	739)

21. Other current assets

There are no other relevant assets

22. Cash and Cash Equivalents

	31 March 2016 £000	31 March 2015 £000
Opening balance	**13,427**	10,142
Net change in year	**8,042**	(3,285)
Closing balance	**21,469**	13,427
Made up of:		
Cash with Government Banking Service	**21,438**	13,373
Commercial banks	**23**	46
Cash in hand	**8**	8
Cash and cash equivalents as in statement of financial position	**21,469**	13,427
Cash and cash equivalents as in statement of cash flows	**21,469**	13,427

23. Non-current assets held for sale

	Land £000	Transport and Equipment £000	**Total £000**
Balance at 1 April 2015	160	0	**160**
Plus assets classified as held for sale in the year	625	0	**625**
Balance at 31 March 2016	785	0	**785**
Liabilities associated with assets held for sale at 31 March 2016	0	0	**0**
Balance at 1 April 2014	160	0	**160**
Plus assets classified as held for sale in the year	0	184	**184**
Less assets sold in the year	0	(184)	**(184)**
Balance at 31 March 2015	160	0	**160**
Liabilities associated with assets held for sale at 31 March 2015	0	0	**0**

The Trust has two properties classified as 'Held for Sale' at the end of 2015/16 - Bramham Land and Gildersome The Gildersome Ambulance Station is surplus to requirements and was held for sale at the end of 2015-16.

24. Trade and other payables

	Current		Non-current	
	31 March 2016 £000	31 March 2015 £000	**31 March 2016 £000**	31 March 2015 £000
NHS payables - revenue	**297**	28	**0**	0
NHS accruals and deferred income	**204**	289	**0**	0
Non-NHS payables - revenue	**3,205**	944	**0**	0
Non-NHS payables - capital	**3,243**	1,027	**0**	0
Non-NHS accruals and deferred income	**9,663**	8,537	**0**	0
Social security costs	**0**	1		
Accrued Interest on DH Loans	**7**		**0**	0
VAT	**0**	68	**0**	0
Tax	**0**	26	**0**	0
Outstanding Pension Contributions at the year end	**2,039**	1,983	**0**	0
Total	**18,658**	12,903	**0**	0
Total payables (current and non-current)	**18,658**	12,903		

25. Borrowings

	Current		Non-current	
	31 March 2016 £000	31 March 2015 £000	**31 March 2016 £000**	31 March 2015 £000
Bank overdraft - Government Banking Service	**0**	0		
Bank overdraft - commercial banks	**0**	0		
Loans from Department of Health	**823**	412	**6,636**	6,125
Total	**823**	412	**6,636**	6,125
Total borrowings (current and non-current)	**7,459**	6,537		

Borrowings / Loans - repayment of principal falling due in:	
All loans from the Department of Health	£000
0-1 Years	823
1 - 2 Years	823
2 - 5 Years	1,980
Over 5 Years	3,833
TOTAL	**7,459**

26. Deferred income

	Current		Non-current	
	31 March 2016 £000	31 March 2015 £000	**31 March 2016 £000**	31 March 2015 £000
Opening balance at 1 April 2015	**183**	0	**0**	0
Deferred revenue addition	**23**	183	**0**	0
Current deferred Income at 31 March 2016	**206**	183	**0**	0
Total deferred income (current and non-current)	**206**	183		

27. Provisions

	Total £000	Early Departure Costs £000	Legal Claims £000	Restructuring £000	Other £000
Balance at 1 April 2015	**11,906**	8,576	760	1,344	1,226
Arising during the year	**1,996**	315	393	0	1,288
Utilised during the year	**(1,497)**	(546)	(303)	0	(648)
Reversed unused	**(1,718)**	0	(183)	(1,344)	(191)
Unwinding of discount	**111**	111	0	0	0
Change in discount rate	**(61)**	(61)	0	0	0
Balance at 31 March 2016	**10,737**	8,395	667	0	1,675
Expected Timing of Cash Flows:					
No Later than One Year	**1,801**	542	667	0	592
Later than One Year and not later than Five Years	**2,513**	2,096	0	0	417
Later than Five Years	**6,423**	5,757	0	0	666

Amount Included in the Provisions of the NHS Litigation Authority in Respect of Clinical Negligence Liabilities:

As at 31 March 2016	11,188
As at 31 March 2015	5,917

At the start of 2015/16 the Trust had a Restructuring provision for £1.344m to allow for the expected costs of early retirement aligned to a previous A&E workforce plan. The early retirement scheme is no longer receiving any applications, and is not planning to receive any in the future, therefore this provision has been released. Other provisions comprise:

- *£0.181m relating to the East Coast Audit Consortium (ECAC) which is the Trust's share of potential costs arising from a restructure of the Consortium;*
- *£0.206m relating to 'Frozen Leave'. This relates to staff who have a contractual commitment to receive their first year's leave paid on leaving the organisation;*
- *£0.030m in respect of costs associated with an employment tribunal which is expected to be settled in 2016/17;*
- *£1.258m relating to the anticipated dilapidation costs of leased buildings. The cash flows for this provision have been extracted from the independent assessment and report carried out for the Trust by Dacres Commercial.*

Amounts included in the Other provisions opening balance which have been utilised or reversed in year include:

- *£0.6m in relation to the Trusts costs associated with the Hillsborough inquiry; this provision has been fully utilised during 2015/16;*
- *£0.191m in respect of the Trusts participation in the Carbon Reduction Commitment (CRC) scheme; this has been released during 2015/16 as the Trust falls below the threshold for that scheme and will not therefore be participating.*

28. Contingencies

	31 March 2016 £000	31 March 2015 £000
Contingent liabilities		
NHS Litigation Authority legal claims	**(390)**	(448)
Employment Tribunal and other employee related litigation	**0**	0
Redundancy	**0**	0
Net value of contingent liabilities	**(390)**	(448)

29. Financial Instruments

29.1. Financial risk management

Financial reporting standard IFRS 7 (Financial Instruments) requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with commissioners and the way those commissioners are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the Trust Development Agency.

The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2016 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with primary care Trusts, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

29.2. Financial Assets

	Loans and receivables	Available for sale	**Total £000s**
Receivables - NHS	2,066	0	**2,066**
Receivables - non-NHS	575	0	**575**
Cash at bank and in hand	21,469	0	**21,469**
Other financial assets	0	0	**0**
Total at 31 March 2016	**24,110**	**0**	**24,110**
Embedded derivatives	0	0	**0**
Receivables - NHS	2,193	0	**2,193**
Receivables - non-NHS	480	0	**480**
Cash at bank and in hand	13,427	0	**13,427**
Total at 31 March 2015	**16,100**	**0**	**16,100**

29.3. Financial Liabilities

	Other	**Total £000s**
NHS payables	297	**297**
Non-NHS payables	6,448	**6,448**
Other borrowings	0	**0**
Total at 31 March 2016	**6,745**	**6,745**
Embedded derivatives	0	**0**
NHS payables	28	**28**
Non-NHS payables	3,981	**3,981**
Other borrowings	0	**0**
Total at 31 March 2015	**4,009**	**4,009**

30. Events after the end of the reporting period

The Trust has no post balance sheet events.

31. Related party transactions

During the year none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Yorkshire Ambulance Service NHS Trust.

The Department of Health is regarded as a related party. During the year Yorkshire Ambulance Service NHS Trust has had a significant number of material transactions with the Department (defined as constituting over 5% of turnover), and with other entities for which the Department is regarded as the parent Department.
These entities are listed below:

	Income £000s	Expenditure £000s	Receivables £000s	Payables £000s
NHS Sheffield CCG	20,641	0	75	0
NHS Wakefield CCG	20,350	0	119	0
NHS Vale Of York CCG	16,387	0	305	0
NHS Bradford Districts CCG	16,259	0	76	0
NHS Leeds South And East CCG	15,751	1	57	1
NHS Leeds West CCG	14,776	8	68	8
NHS East Riding Of Yorkshire CCG	14,094	0	192	0
NHS Hull CCG	12,346	0	64	0
NHS Pension Scheme	0	15,547	0	113
Association of Ambulance Chief Executives (AACE)*	64	70	3	0

** The Chairman, Della Cannings, was a Director AACE during the year.*

Other than that relationship no Trust board members had any interest in any of these organisations during the financial year. No Trust board member has declared an interest in any other organisation with which the Trust does business.

The Trust Board is the Corporate Trustee of the Yorkshire Ambulance Service NHS Charitable Trust - Charity No. 1114106. Transactions between the Charity and the Trust during the year were not material.

32. Losses and special payments

The total number of losses cases in 2015/16 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases £s
Losses	39,357	12
Special payments	310,778	78
Total losses and special payments	350,135	90

The total number of losses cases in 2014/15 and their total value was as follows:

	Total Value of Cases £s	Total Number of Cases £s
Losses	185,922	14
Special payments	474,487	124
Total losses and special payments	660,409	138

Details of cases individually over £300,000

The Trust did not incur any losses which individually exceeded this amount during the year.

Current year losses and special payments include all non-clinical payments made in accordance with the NHSLA Property Expenses Scheme (PES) and Liabilities to Third Parties Scheme (LTPS) to the extent of the Trust's liability i.e. the net cost to the Trust, normally limited to the value of the applicable excess,

33. Financial performance targets

The figures given for periods prior to 2009-10 are on a UK GAAP basis as that is the basis on which the targets were set for those years.

	2006-07 £000	2007-08 £000	2008-09 £000	2009-10 £000	2010-11 £000	2011-12 £000	2012-13 £000	2013-14 £000	2014-15 £000	**2015-16 £000**
Turnover	144,639	155,010	186,710	197,910	195,228	200,333	209,772	233,384	241,328	**248,965**
Retained surplus/(deficit) for the year	(4,467)	251	151	(6,439)	(1,644)	20	512	2,771	2,537	**5,639**
Adjustment for:										
Timing/non-cash impacting distortions:										
2008/09 PPA (relating to 1997/98 to 2007/08)	7,566	0								
Adjustments for impairments			0	6,957	1,881	408	1,711	(110)	449	**458**
Adjustments for impact of policy change re donated/government grants assets						0	0	(28)	5	**6**
Break-even in-year position	**3,099**	**251**	**151**	**518**	**237**	**428**	**2,223**	**2,633**	**2,991**	**6,103**
Break-even cumulative position	**3,099**	**3,350**	**3,501**	**4,019**	**4,256**	**4,684**	**6,907**	**9,540**	**12,531**	**18,634**

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, the Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset and government grant reserves) to maintain comparability year to year.

	2006-07 %	2007-08 %	2008-09 %	2009-10 %	2010-11 %	2011-12 %	2012-13 %	2013-14 %	2014-15 %	**2015-16 %**
Materiality test (I.e. is it equal to or less than 0.5%):										
Break-even in-year position as a percentage of turnover	2.1	0.2	0.1	0.3	0.1	0.2	1.1	1.1	1.2	**2.5**
Break-even cumulative position as a percentage of turnover	2.1	2.2	1.9	2.0	2.2	2.3	3.3	4.1	5.2	**7.5**

The amounts in the above tables in respect of financial years 2005/06 to 2008/09 inclusive have not been restated to IFRS and remain on a UK GAAP basis.

33.2. Capital cost absorption rate

The dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets based on the pre audited accounts and therefore the actual capital cost absorption rate is automatically 3.5%.

33.3. External financing

The Trust is given an external financing limit which it is permitted to undershoot.

	2015/16 £000	2014/15 £000
External financing limit (EFL)	**(3,953)**	(1,569)
Cash flow financing	**(10,773)**	(2,919)
External financing requirement	**(10,773)**	(2,919)
Under spend against EFL	**6,820**	1,350

The External Financing Limit is a control over cash expenditure by NHS trusts. It encompasses all sources of financing available to an NHS trust, whether internal, external or from the Department of Health. An underspend demonstrates that this control has been met.

33.4. Capital resource limit

The Trust is given a capital resource limit which it is not permitted to exceed.

	2015/16 £000	2014/15 £000
Gross capital expenditure	**10,268**	10,665
Less: book value of assets disposed of	**(5)**	(184)
Charge against the capital resource limit	**10,263**	10,481
Capital resource limit	**10,388**	10,582
Underspend against the capital resource limit	**125**	101

34. Third party assets

The Trust does not hold any third party assets.

35. Non recurrent income

The Trust received £3.653m from the Department of Health as part of an agreement to defer capital expenditure into 2016/17. This is shown as non-recurrent income.

As part of that agreement the Trust repaid £3.653m Public Dividend Capital.

COMMUNITY
FIRST RESPONDER

Term/Abbreviation	Definition/Explanation
Accident and Emergency 999 (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.
Algorithm	Self-contained step-by-step set of operations to be performed. Algorithms exist that perform calculations, data processing and automated reasoning.
ALS	Advanced life support
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.
Basic Life Support (BLS)	When a patient has a cardiac arrest and their heart stops beating they can be provided with basic life support to help their chance of survival. Essentially chest compressions are provided to pump blood from the heart and around the body, ensuring the tissues and the brain maintain an oxygen supply.
Being Open	The process of having open and honest communication with patients and families when things go wrong.
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.

Term/Abbreviation	Definition/Explanation
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.
Cardiopulmonary 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 Governance Group (CGG)	Internal regulatory group that agrees and approves all clinical decisions.
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.
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.

Term/Abbreviation	Definition/Explanation
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.
DATIX	Patient safety software for healthcare risk management, incident and adverse event reporting.
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.
Duty of Candour	Regulation that ensures providers are open and transparent with people who use their services.
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.
Epidemiology	The study and analysis of the patterns, causes, and effects of health and disease conditions in defined populations.
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.
Expert Patient	Independent person who works with YAS and offers a patient perspective to the Trust.
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.

Term/Abbreviation	Definition/Explanation
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 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.
Immediate Life Support (ILS)	ILS training is for healthcare personnel to learn cardiopulmonary resuscitation (CPR), simple airway management and safe defibrillation (manual and/or AED), enabling them to manage patients in cardiac arrest until arrival of a cardiac arrest team.
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.
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.
Joint Decision Model	A national information and intelligence model that gathers information round patient/location/threat to aid a safer response.
Joint Royal Colleges Ambulance Liaison Committee (JRCALC)	Its role is to provide robust clinical speciality advice to ambulance services within the UK and it publishes regularly updated clinical guidelines.

Term/Abbreviation	Definition/Explanation
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.
Local Education and Training Board	Responsible for the training and education of NHS staff, both clinical and non-clinical, within their area.
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 Early Warning Score (NEWS)	The NEWS is a simple physiological scoring system that can be calculated at the patient's bedside, using agreed parameters which are measured in unwell patients. It is a tool which alerts healthcare practitioners to abnormal physiological parameters and triggers an escalation of care and review of an unwell patient.
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.
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.

Term/Abbreviation	Definition/Explanation
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.
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 Improvement (NHSI)	Provides support to foundation trusts and NHS trusts to give patients safe, high quality, compassionate care within local health systems.
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 Group Directives (PGDs)	Good practice recommendations, for individual people and organisations, aiming to ensure patients receive safe and appropriate care and timely access to medicines, in line with legislation.
Patient Report Form (PRF)	A comprehensive record of the care provided to patients.
Patient Safety Alerts	Incidents identified by NHS England reporting system that spots emerging patterns at a national level, so that appropriate guidance can be developed and issued to protect patients from harm.
Patient Transport Service (PTS)	A non-emergency medical transport service, for example, to and from out-patient appointments.
Peer Review	The evaluation of work by one or more people of similar competence to the producers of the work. It constitutes a form of self-regulation by qualified members of a profession within the relevant field.
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.

Term/Abbreviation	Definition/Explanation
PREVENT	PREVENT is part of counter-terrorism strategy. Its aim is to stop people becoming terrorists or supporting terrorism.
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.
Qualitative Research	Primarily exploratory research which is used to gain and an understanding of underlying reasons, opinions and motivations.
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.
Quantitative Research	Used to quantify the problem by way of generating numerical data or data that can be transformed into useable statistics.
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.
Return of Spontaneous Circulation (ROSC)	ROSC is resumption of sustained perfusing cardiac activity associated with significant respiratory effort after cardiac arrest.
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.
Sepsis	A life-threatening condition that arises when the body's response to infection injures its own tissues and organs.
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.

Term/Abbreviation	Definition/Explanation
Urgent Care Practitioner	Paramedic with enhanced skills in medical assessment and extra clinical skills over and above those of a standard paramedic.
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.

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