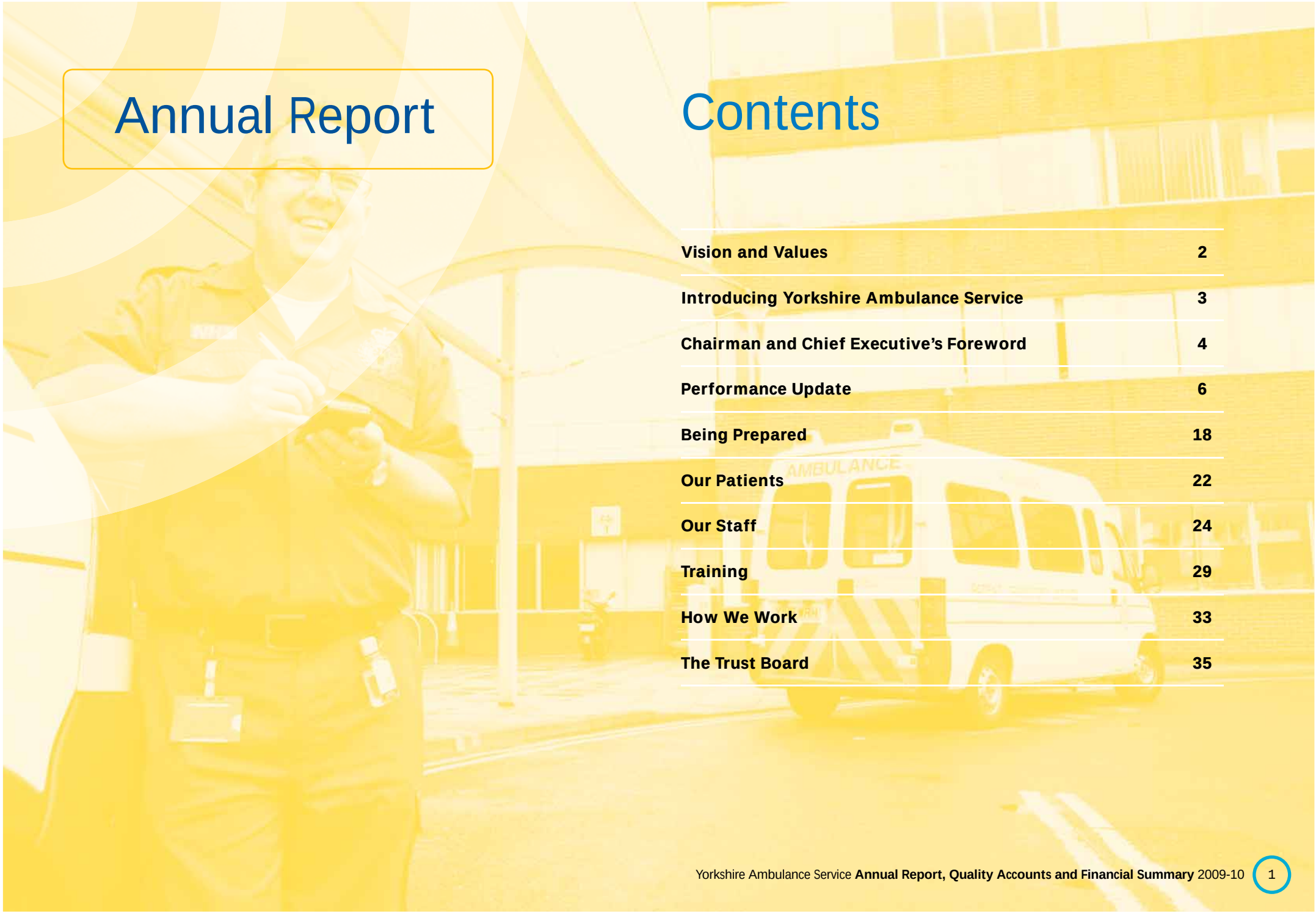
Yorkshire Ambulance Service NHS
NHS Trust

Annual Report | Quality Accounts | Financial Summary

2009-10

Annual Report



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Vision and Values

Our Vision:

We aim to deliver an excellent ambulance service for Yorkshire that is clinically focused, financially sound and continuously develops its services to meet the needs of the future.

Our Values:

We aim to encourage an open culture in which staff at all levels can have the opportunity to understand and influence the vision, strategy and objectives of the Trust:

Clinically Focused: Everything every one of us does is for the patient

One Team: We work together to provide the best patient service

Responsive: We listen and we respond quickly

Exemplary Service: Skilled, professional, working to high standards and passionate about improving patient healthcare

Introducing Yorkshire Ambulance Service

Yorkshire Ambulance Service NHS Trust was established on 1 July 2006 when the county's three former services merged.

We provide:

- an access and response service where staff in our 999 communications centres deploy the most appropriate response to meet patients' needs
- an accident and emergency service in response to 999 calls
- a patient transport service which takes non-emergency patients to and from their hospital appointments.

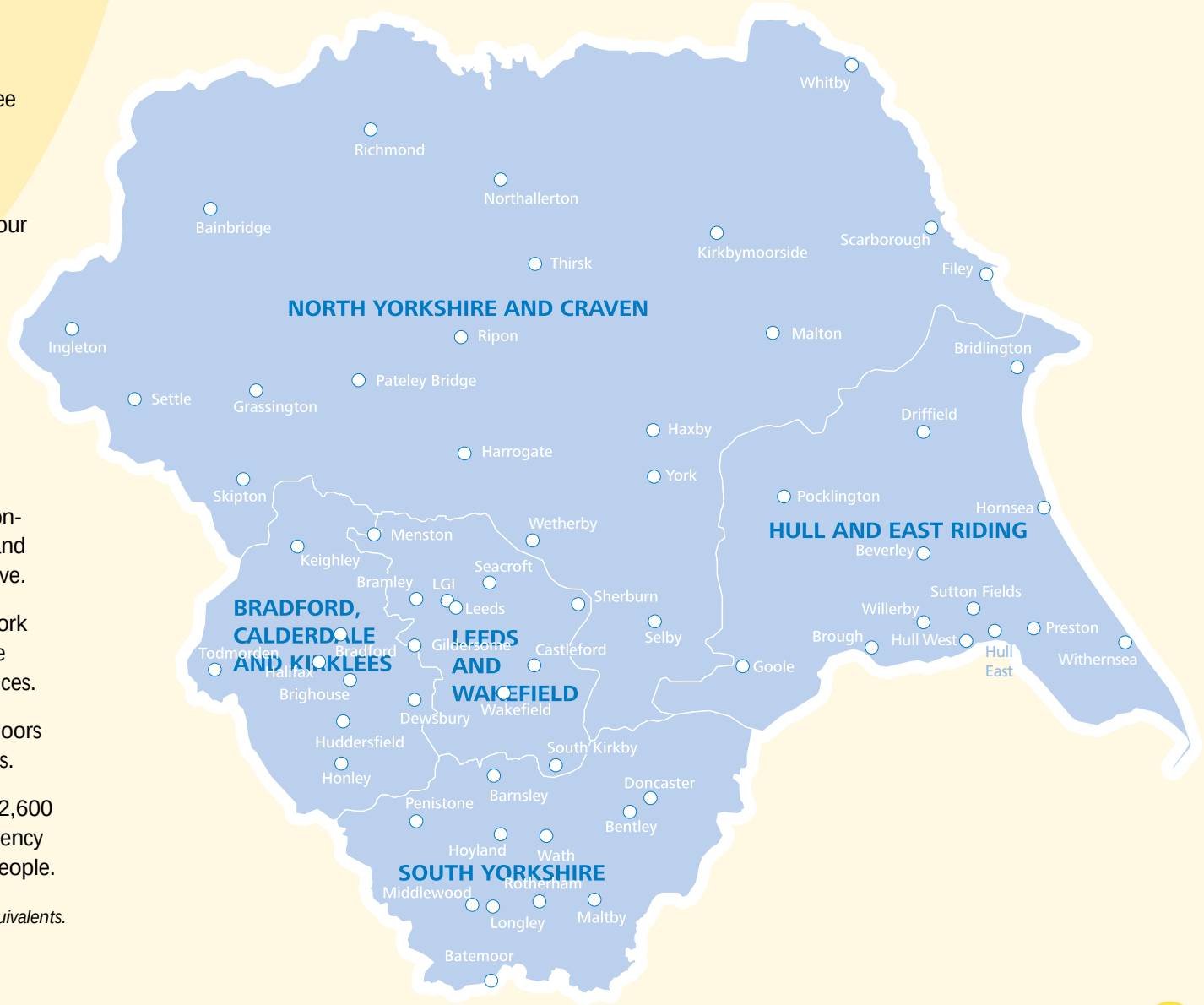
We are led by a Trust Board which comprises a non-executive chairman, five non-executive directors and five executive directors including the chief executive.

As an integral part of the NHS in Yorkshire, we work closely with hospitals, health trusts and healthcare professionals as well as the other emergency services.

We cover the whole of Yorkshire, from isolated moors and dales to urban areas, coastline and inner cities.

We employ 4,235 staff, who, together with over 2,600 volunteers, enable us to provide a 24-hour emergency and healthcare service to more than five million people.

**4,235 is a headcount figure. It equates to 3,874 full-time equivalents.*



Chairman and Chief Executive's Foreword

Dr Nick Varey, Chairman

Martyn Pritchard, Chief Executive

During what has been a tough year, we are proud of the progress Yorkshire Ambulance Service (YAS) has made in improving services for patients in a number of important areas including clinical excellence, quality, resilience and financial management.

The Trust was rated as one of the best ambulance services in the country for the clinical care it provides and received an 'excellent' score for this as part of the Care Quality Commission's (CQC's) annual performance assessment for 2008-09. YAS received an overall assessment of 'good' for Quality of Financial Management and 'weak' for Quality of Services because we failed to meet national response time targets but we are working hard to reach these targets in the coming year.

We have invested heavily in frontline resources over the past two years and have recruited an additional 275 frontline staff, spent over £5.5 million modernising and expanding our fleet and have made improvements to our 999 communications centres in Wakefield and York.

We are already seeing the benefits of this investment and our response times are showing steady improvement, particularly in reaching patients with potentially life-threatening illnesses or injuries more quickly.

This comes despite a 6% increase in demand during the last year which was partly due to the worst winter weather on record for 30 years.

Our Adverse Weather Plan was actioned during the severe weather conditions and we are immensely proud of the way all our staff showed great determination to get to patients despite hazardous road conditions. Our Patient Transport Service (PTS) made a vital contribution by transporting patients who needed high-priority booked treatment as well as helping hospitals by transporting patients who were well enough to be discharged home.

It was testament to the team-working ethos which runs through our organisation, as operational and support teams pulled together tirelessly to reach those in need, whether they required emergency medical assistance or had to be transported for essential hospital treatment such as renal or oncology care.

We continue to work closely with our healthcare partners across the region to establish pathways for the best and most appropriate treatment; this includes our life-saving stroke development programme which now runs region-wide. We have invested much time and effort into improving our services for stroke patients which is helping to reduce disability and increase their chances of survival.

We have improved the management information we provide to our commissioners, the primary care trusts (PCTs), so they can better understand our service and we can work with them to make any necessary improvements.

In line with the recommendations from the national ambulance service review, *'Taking healthcare to the patient: Transforming NHS ambulance services'* (June 2005), we continue to move away from a 'one-size-fits-all' service to one where all our patients receive care tailored to their needs.

Many of our patients do not need to be taken to hospital for treatment and, already, we are providing many of them with more appropriate care. We are treating an increasing number of patients at home and are offering more clinical advice over the telephone. In fact, during 2009-10, over 43,000 callers to our emergency service were helped by our clinically-trained advisors and 26,900 did not subsequently require an ambulance response.

During the year, PTS embarked on a modernisation programme and we have been working hard to bring together the wealth of transport planning expertise we have across the region. We have invested heavily in an IT and communications infrastructure to streamline our operations and provide appropriate, high quality patient care and bespoke services for specialist needs which demonstrate good value for money.

To bring together the different elements of the quality that we strive for, we have published our Quality Accounts for the first time (see pages 39-77). We hope these will give the public, patients and others with an interest in the Trust a high-level understanding of the quality of our organisation as a whole, to see what we do well, identify where we need to improve, and to understand what we are doing to achieve improvement in quality.

LOOKING AHEAD TO 2010-11

Through times of inevitable and continuous change, as well as economic pressures, there will be many challenges to overcome in the coming year. Our Annual Business Plan 2010-11 explains to staff, managers and the NHS how we will continue to deliver and improve the services we provide.

Our focus will be to continue to provide safe, effective patient care which meets nationally-set response times and to do this with the funds we have. We will also be pushing ahead to create a higher quality, more efficient and safer workplace that reduces our negative environmental impact and we are proud to become the first ambulance trust in the country to initiate a Carbon Management Strategy endorsed by the Carbon Trust.

Above all, we will continue to help our staff and volunteers to do the best job they can as we recognise that their hard work is key to meeting the needs of our patients.

CHANGE OF CHAIRMAN AND CHIEF EXECUTIVE

The Appointments Commission appointed Ms Della Cannings QPM as the new Chairman of the Trust with effect from 10 May 2010. She succeeded Dr Nick Varey who, after four years as Chairman at Yorkshire Ambulance Service and a total of 22 years serving on a number of NHS boards, decided to retire.

Chief Executive Martyn Pritchard left the Trust on 11 June 2010 to join NHS Yorkshire and the Humber to lead a programme of work on reforming the urgent and emergency care system across the region.

Performance Update

A&E OPERATIONS

A&E Operations faced a number of significant challenges during 2009-10. An increase of 6% in the number of patients requiring emergency and urgent medical assistance, the extra planning required to manage the swine flu outbreak and the worst winter weather for 30 years all meant that national response targets remained difficult for us to achieve.

However, despite these challenges, we made progress on 2008-09, finishing the year for Category A eight-minute response at 70.8%. This means that more patients than ever before received an emergency response from YAS within eight minutes. By March 2010 we were reaching 75% of patients in Yorkshire with potentially life-threatening illnesses or injuries within eight minutes and 30 seconds (the target is 75% in eight minutes). During the year our clinical staff responded to a total of 598,895 incidents of which 224,566 were categorised as immediately life-threatening.

In order to make further improvements to our response times, the Trust has invested heavily in the recruitment of an additional 275 staff in A&E Operations, including paramedic practitioners who have enhanced clinical assessment skills, and the recruitment of additional A&E Support and assistant practitioners.

Five new ambulance stations were also opened in 2009-10 (see pages 18 and 21) and we spent £2.6 million at 50 existing ambulance stations refurbishing facilities for our staff and revising building layouts to help our clinicians respond to emergencies more quickly.

Furthermore, we have introduced additional stand-by points to ensure our staff are in the best locations to respond to incidents; we have improved communications technology for our staff with the roll-out of digital radio and invested in new vehicles and equipment. All these measures are designed to improve response times throughout Yorkshire, enhance staff safety and patient comfort as well as giving our staff the best possible working environment.

We have continued to work closely with our NHS partners, particularly in those areas where there have been significant service changes, such as Leeds where the Leeds Teaching Hospitals NHS Trust is working towards centralising older people's services and acute medicine.

The development of clinical pathways has remained a continued focus to improve the care provided to stroke, heart and diabetic patients as well as those who have had falls.

Achieving the nationally-set response times in 2010-11 is a priority for the Trust; our prompt arrival on scene and the provision of excellent clinical care really does make a difference to patients.
Our frontline staff continue to show exceptional commitment on a daily basis and our clinical managers liaise closely with locality managers to support them.

We will also continue to focus on reducing hospital turnaround times to ensure patients receive a prompt transfer of care to emergency department staff so our clinicians are available to respond to the next emergency call.

FRONTLINE SERVICE DEVELOPMENTS

Hazardous Area Response Team

The YAS Hazardous Area Response Team (HART) became fully operational in September 2009.

The need for HARTs was identified after the July 2005 bombings in London when the ambulance service was unable to provide a service in the 'hot zone' or inner cordon. This was somewhere only the police and fire services were able to deploy personnel. As a result, HARTs are now equipped and trained to enter the 'hot zone' to triage and treat casualties.

More than £1 million of specialist vehicles have been funded by the Department of Health for YAS to use as part of the project.

Photo courtesy Huddersfield Examiner

"I went into labour but couldn't get to the hospital because the weather was horrendous. We called for an ambulance which got stuck on sheet ice. The crew got to me on the back of a milkman's 1960s Landrover. A paramedic then arrived in a 4x4 and after an eventful journey we made it to hospital – the ambulance staff really pulled out the stops and were amazing."

Adele Cann, patient

"The Cycle Response Unit in Hull has already proved beneficial to hundreds of patients and we are delighted it is now a permanent resource in the city centre."

Shaun Knott, Paramedic, Hull

"At the Regional Operations Centre we look at the most up-to-date performance of the Trust as it happens to try and overcome any problems and meet our targets to provide the highest levels of patient care."

Tom Haworth, ROC Manager

Hazardous Area Response Team *(continued)*

Each team has Urban Search and Rescue (USAR) paramedics who have been trained to work in confined spaces and at height and who have some awareness of working in or around water.

The Clinical Directorate continues to work with the HART by providing clinical updates about specific conditions. These include the management of trauma-induced shock, morphine pain control and carbon dioxide monitoring for respiratory and other clinical conditions, as well as the development of clinical systems and guidance specific to the environment and clinical conditions they are likely to encounter.

In the next 12 months opportunities will be made available for some members of the HART to attend advanced trauma life support courses as observers. There are also plans to introduce emergency surgical techniques as core skills for HART paramedics and a medical on-call rota to support the HART by providing an advisory role.

YAS Serves Stokesley Area

Following a review of service provision YAS gained full responsibility for the Stokesley area, previously served by North East Ambulance Service, on 1 October 2009.

YAS has established an ambulance sub-station at Stokesley Health Centre where a dedicated ambulance response vehicle is responding to medical emergencies 24 hours a day, seven days a week.

Cycle Response Unit in Hull

Ambulance clinicians are now responding to medical emergencies on specially-adapted bicycles in Hull city centre.

The cycle response unit was made a permanent resource in March 2010 following the success of a trial during which time hundreds of patients received treatment.

YAS operates similar schemes in York, Leeds and Sheffield where our clinicians can navigate through traffic-restricted city centre locations to reach patients more quickly.

Service and Quality Improvement Team

A Service and Quality Improvement team was established in July 2009 to support the implementation of the YAS Urgent Care Strategy and help to strengthen links with our commissioners and partners across the health and social care system.

The team also provides a local focus for service and quality improvement projects to improve patient care, focusing on reducing patient handover and hospital turnaround times, developing patient care and meeting patient expectations, developing new clinical pathways and working with PCTs around GP urgent and GP emergency calls.

Regional Operations Centre

The Regional Operations Centre (ROC) was launched in August 2009 to coordinate real-time service delivery across the Trust to help us meet our performance targets and provide the highest levels of patient care. It works closely with all departments which have an impact upon performance, including Access and Response, A&E Operations, Fleet and Resource.

Yorkshire has UK's First Paediatric Critical Care Transport Service

YAS now has a team of staff who help to operate the UK's first dedicated integrated neonatal and paediatric transport service, moving seriously ill children between hospitals around the region for the care they most need 24 hours a day, 365 days a year. Run by the Sheffield Children's Hospital NHS Foundation Trust, the unique inter-hospital transport service called Embrace was launched in November 2009.

Inter-hospital Transfers

Prior to 2008 no single specific clinical triage system existed in Yorkshire to request an ambulance to transport patients between healthcare facilities.

The Clinical Directorate worked with Critical Care Networks and hospitals to implement a process where hospital clinicians decide the clinical priority of each patient. The wording used by 999 communications centre staff was changed to make the process more easily understood for those taking referral requests.

2009-10 was the first full year of this inter-hospital transfer process during which we have jointly monitored individual trusts' inter-hospital requests and provided feedback to trusts.

Making Improvements

A performance improvement programme is being implemented across A&E Operations to deliver productivity benefits so that, in the current financial climate, the service is able to meet the ongoing rise in patient demand with the existing workforce.

The programme will look to deliver 6.8% efficiency savings and will continue to improve the quality of care to patients by introducing and developing a number of initiatives including:

- A review of A&E rotas to better match staffing to patient demand.
- A virtual communications centre so that any call in Yorkshire can be answered by any 999 communications centre, providing a speedier service, improved flexibility with staffing and additional resilience.
- Making further improvements in the patient call cycle to reduce the time it takes to answer the call and dispatch an ambulance.
- Rolling out the 'front end model' across YAS, which works on the basis of sending an initial rapid response vehicle (RRV) to most incidents and then determining, after assessment, the next level of care required.
- The development of individual performance reports for A&E operational staff.
- Enhancing the utilisation of community responders.
- Making improvements to planning and management processes within the Resource department to ensure we have the right people in place at the right time to deliver the appropriate care.

ACCESS AND RESPONSE

YAS has invested in the ongoing recruitment and training of staff at our 999 communications centres in Wakefield and York who handle all our emergency calls and deploy the most appropriate response.

Many of our patients who call 999 do not need an emergency ambulance with blue lights and sirens, and medical care somewhere other than a hospital may be more suitable for them.

YAS has developed a 'clinical hub' which provides support for patients with non life-threatening conditions (referred to as Category C) with clinical advisors assessing their needs through a clinical triage system. This may include a telephone assessment with an NHS Direct nurse or YAS clinical advisor, a home visit by a healthcare professional, ie district nurse, GP or emergency care practitioner, self-care advice or referral to an appropriate care pathway.

In May 2009, YAS was highly rated by the CQC for the quality of care provided to non-urgent Category C patients, which reflects the hard work that has gone into shaping the service. We received a score of at least 90 out of 100 in two-thirds of the questions handed to patients by the CQC in the survey, including those on quality of care, the length of time waited before speaking to a telephone advisor, dignity and respect shown to the patient and the cleanliness of the ambulance or car.

Whilst we have been focusing on how we can offer other care options to patients with less serious conditions, we continue to improve the care provided to patients with life-threatening illnesses and injuries with the achievement of national performance targets being a priority.

A new West Yorkshire Computer Aided Dispatch (CAD) system was implemented in March 2010 to provide YAS with a Yorkshire-wide system to improve patient care and enhance the resilience of the service.

Our Advanced Medical Priority Dispatch System (AMPDS), which is used to support the care of patients while waiting for the ambulance to arrive, was upgraded to improve the non-clinical aspect of 999 call-answering services.

We have also continued to provide out-of-hours GP services to four key primary care trusts (PCTs) in Hull, Gateshead, East Riding and North Yorkshire with some real service improvements against the Department of Health quality standards when compared with the previous year.

Looking to the year ahead, there will be further investment in the recruitment and development of staff with an increase in the number of clinical professionals in our 999 communications centres.

"The Clinical Hub has evolved and is now at the heart of ensuring that patients receive a tailor-made response to best meet their needs. This may not be an ambulance with blue lights and sirens but could be a referral to an alternative care pathway, for example an emergency care practitioner, GP, district nurse or falls team."

Martin Cawthorne, Clinical Advisor, previously a paramedic/clinical team leader in Barnsley

PATIENT TRANSPORT SERVICE

Our Patient Transport Service (PTS) is the second largest provider of non-emergency transport in the UK. We provide transport for people who are unable to use public or other transport because of their medical condition and includes those:

- attending hospital outpatient clinics
- being admitted to or discharged from hospital wards
- needing life-saving treatments such as chemotherapy or renal dialysis.

Our service is centred around patients' needs and we strive to ensure that our transport and care are:

- good quality
- responsive
- flexible
- value for money.

During 2009-10 we developed our 'Moving Forward' DVD to highlight to our stakeholders, including other NHS trusts and those who commission our services, what our service actually does. The film was well received and is now used as an effective introduction and training tool for new staff. We are producing further footage to outline the full renal patient transport pathway to help improve the experiences of this group of patients and promote greater understanding of their needs.

"New technology is being introduced to better manage patient journeys and ensure additional improvements can be made to the quality of the service we provide to our patients."

Ricky Clayton, PTS, Doncaster

We provide our PTS seven days a week, which is run from our Wakefield PTS communications centre. There are four dedicated areas which are:

- Reservations
- Planning
- Dispatch
- Training.

This operation is supported by 19 on-site Patient Reception Centres (PRCs) and liaison offices within hospitals across the county.

During 2009-10 we undertook almost 1.2 million journeys. We used 466 specialist vehicles which were crewed by 850 staff and we also had the added support of 170 volunteer car drivers.

In each local area, PTS has a management team responsible for the smooth running of daily operations between patients' homes.

Since August 2009, 51 apprentices have joined PTS, working in Road Operations and Communications. This apprenticeship scheme offers a training opportunity for people wishing to learn new skills. At the end of the year-long course, run in partnership with YH Training Services Ltd, successful apprentices will have achieved an NVQ, a technical certificate, key skills such as communication and numeracy and the opportunity to gain work experience at a NHS trust. It is an ideal step onto the career ladder within the ambulance service and the scheme provides the opportunity for a fulfilling vocation and a chance to progress further.

During the year PTS has continued to roll out Personal Digital Assistants (PDAs) which are small mobile computer units. These PDAs help us to capture more accurate data and identify areas which require improvements so we can continue to enhance patients' experiences. So far, over 500 PDAs have been rolled out across the Trust.

New technology is also helping us to streamline our booking and planning. During 2009 our three former booking systems were merged into one single Cleric system. This has allowed us to use our resources more efficiently to better manage our patients' journeys.

Work has also now started on implementing an Auto Planning system. This will allow Cleric to automatically plan our journeys and will help to break down some of the old geographical boundaries so we can use all of our resources more effectively.

Our eligibility criteria follows that issued by the Department of Health for patient transport services and it is important for us to ensure that:

- appropriate transport is booked
- there is an ongoing re-assessment process, including the need for a patient to travel with an escort.

We are currently measured contractually on the quality of our service by the following factors:

- Patient collection times at clinics.
- Patient arrival times at clinics.
- The amount of time spent on vehicle.
- The time taken for patients to be transported home following their appointments.

We are developing ways of measuring patients' experiences to give us a better idea of where improvments are needed. Although patient experience is not currently incorporated into the quality measures, it is an area we view as highly important in delivering a professional, trustworthy and safe service.

Looking forward, we will continue to develop our planning, dispatch and ambulance control systems with the roll-out of more PDAs and the Auto Planning system to further enhance our efficiency. We are also committed to working in collaboration with Yorkshire's Local Involvement Networks (LINks) to help make additional improvements in the quality of the service provided to patients.

EMERGENCY PREPAREDNESS

Our focus has once again been to further develop the service that the Emergency Preparedness team provides to YAS and our partners. We have been refining our systems, plans and staffing to be fully prepared to effectively manage a serious or major incident, as well as any other extraordinary type of incident.

The Major Incident Plan, approved by the Trust Board in May 2008, is now due for a review. We will be incorporating the changes that have come about since its publication, many as a result of lessons learned from debriefing actual incidents and live exercises.

We have undertaken a detailed assessment of our departmental business continuity plans to evaluate their fitness for purpose and make any necessary revisions.

Training for all levels of staff and managers across the Trust remains a priority. New innovative ways of delivering emergency preparedness-related training include e-learning and other interactive training models. YAS remains committed to working alongside its partners and being actively involved in multi-agency table-top and practical training exercises.

We are currently undertaking a refresher course for patient decontamination and staff are now equipped with the latest version of specialist kit supplied by the Department of Health. This was the result of a wide-reaching national project involving YAS and all ambulance services across the country. Lessons have been learnt from the initial roll-out of decontamination equipment and we now have a system that improves both the efficiency and reliability of the decontamination of patients.

The Hazardous Area Response Team (HART) went fully operational in the autumn of 2009. The Urban Search and Rescue (USAR) team has now been incorporated into the HART and these specially trained staff now provide 24/7 cover for the people of Yorkshire. The team is a national resource and has already been involved in a variety of incidents, both within the region and beyond, in support of our colleagues in other services.

Last year saw the threat of pandemic flu to the UK; YAS had robust plans and contingencies in place to ensure we had the resilience to deal with the challenges it posed. YAS opened and operated a pandemic flu coordination centre that became the single point of contact for all flu and winter pressure-related matters and provided a platform from which to coordinate our responses to deal with the threat.

Looking ahead, the Emergency Preparedness team is carrying out a complete review of its operations to ensure it can continue to deliver business continuity and effective major incident management both within YAS and in conjunction with its partners across the Yorkshire region.

NETWORK RESPONSE - PARTNERSHIP WORKING

YAS currently has over 2,500 volunteer responders across Yorkshire who belong to 296 community responder, co-responder and static schemes. Over the past year these valued volunteers have helped to save the lives of a number of patients who suffered a cardiac arrest.

Collaborative working with the British Heart Foundation led to a successful bid for the funding of 52 automated external defibrillators (AEDs) along the East Coast and a further ten AEDs in Harrogate. Funding for two community resuscitation development officers for two years has also been secured.

The Network Response team has helped to develop successful life-saving initiatives with the Muslim community in Dewsbury, Mountain Rescue services across the region and HM Coastguard on the East Coast.

In the forthcoming year, the team is looking forward to working with the Hull York Medical School by training 48 medical students to become community first responders.

"The Hazardous Area Response Team takes part in a lot of multi-agency training exercises. It's important that procedures between organisations are tested regularly to ensure we are all fully prepared for real-life situations."

Andy Croxall, HART USAR Paramedic

"A total of 52 volunteer coastguard rescue officers along the East Coast have become co-responders for YAS so we can be tasked by the ambulance service to attend incidents to provide immediate first aid prior to the arrival of the ambulance. There is no requirement for coastguards to become co-responders - we all do it because we want to help the community we serve."

Tony Dyer, Coastguard Rescue Officer

YAS continues to work in partnership with the Yorkshire Air Ambulance (YAA) charity to provide an airborne response to emergencies with two helicopters based at Sheffield Airport and Leeds Bradford International Airport. In early 2010 we conveyed the YAA's 3,000th patient.

The seconded paramedics from YAS are now mid-way through their two-year secondment with the YAA, gaining valuable experience in a new operational environment.

YAS continues to support 54 British Association for Immediate Care (BASICS) doctors who provide support to ambulance crews at serious road accidents and other trauma incidents across the region. We are looking forward to developing this valued asset further in the year ahead, particularly across South Yorkshire.

Sixteen BASICS doctors have now undertaken an emergency driving course to improve the speed of their response.

NHS PERFORMANCE RATINGS 2008-09

The Care Quality Commission (CQC) - the independent regulator of health and social care in England - monitors the quality of care across the NHS and reports annually on each healthcare organisation.

Standards for Better Health was published by the Department of Health in 2004 and set out a wide range of Core Standards describing a minimum level of service which patients have the right to expect.

The NHS Performance Ratings (previously known as the Annual Health Check) for 2008-09 were published in October 2009 and are made up of two key elements:

- Quality of Financial Management - monitored by the Audit Commission as part of the Auditors' Local Evaluation framework; and
- Quality of Services - the organisation's performance against Core Standards, national targets and clinical indicators.

Organisations are graded from 'excellent' to 'weak' for each element.

YAS received an overall assessment of 'good' for Quality of Financial Management and 'weak' for Quality of Services.

The rating for Quality of Services was made up as follows:

National Priorities - 'excellent'

The National Priorities rating is comprised of a number of indicators for the quality of clinical care provided by the organisation. YAS achieved one of the best scores across all ambulance services in the country for this measure.

Core Standards - 'partly met'

YAS has made significant improvements in its rate of compliance with Standards for Better Health and has been operating a robust framework for managing Core Standards. With only four 'not met' remaining at the beginning of the year, the Trust was able to declare that all Core Standards had reached compliance by 31 March 2010. The Trust's declaration for 2008-09 was inspected by the CQC for four of the standards which YAS had declared compliant. The inspectors confirmed that the Trust had complied with these standards and did not make any adjustment to our declaration.

Existing Commitments - 'not met'

The principal element of this measure is the performance against national response time targets, which, although improving year on year, remains an urgent focus for the Trust.

Our NHS Performance Ratings for 2009-10 will be published in October 2010.

Registration with the CQC

From 1 April 2009, all NHS providers were required by law to register with the CQC. Initially, this registration only considered arrangements for healthcare associated infections (HCAIs), but from 2010-11, all healthcare activities are included in the registration regulations. In July 2009, the CQC carried out a comprehensive inspection for HCAIs and YAS was the only ambulance service in the country to pass with no recommendations for improvement.

From 1 April 2010, YAS was registered with the CQC for all of its activities, with the condition that it should achieve compliance with national response time targets by 31 October 2010.

Accident and Emergency Performance

We received 710,916 urgent and emergency calls in 2009-10 - an average of over **1,940 calls a day**. We responded to a total of 598,895 incidents of which 224,566 were categorised as immediately life-threatening.

	Target	2008-2009	**2009-2010**	Change
Category A 8 minute response	75%	69.44%	**70.84%**	+1.4%
Category A 19 minute response	95%	96.11%	**96.71%**	+0.6%
Category B 19 minute response	95%	90.60%	**91.10%**	+0.5%

Patient Transport Service Performance

We made **1,199,603 journeys** transporting patients to and from hospital and treatment centre appointments.

Being Prepared

OUR FLEET AND EQUIPMENT

We have invested heavily to ensure that we can continue to provide efficient, appropriate and comfortable transport for all our patients, whatever their needs.

YAS became the first ambulance trust in the country to take delivery of the new national specification double-manned ambulance.

During 2009-10 the Trust purchased:

- 41 new ambulances including new medical kit
- 18 PTS stretcher vehicles
- 19 replacement rapid response vehicles (RRVs)
- 19 out-of-hours doctors' cars
- 98 new defibrillators
- one new neonatal vehicle dedicated to paediatric transfers.

All new double-manned ambulances are now capable of carrying bariatric patients. Five bariatric support vans kitted out with heavy patient-lifting equipment will be in service shortly to support frontline staff.

New vehicle repair workshop facilities opened at Wakefield and Hull with extended opening hours from 07.00 to 19.00 to improve efficiency and provide additional support to ambulance crews.

As part of our continued commitment to providing a first-class fleet to meet the needs of our patients and staff, YAS will be purchasing 35 new ambulances, seven new PTS vehicles and six training school vehicles over the coming year. We will also be developing a mobile fleet workshop as well as introducing additional facilities in our vehicle repair workshops so we can carry out more work in-house.

A vehicle evaluation day is being planned for later in 2010 when we will be reviewing the specifications for the new YAS RRV for the next three years.

OUR ESTATE

Work has continued on the development of 'five-star' emergency stand-by response buildings in strategic locations across Yorkshire to improve our response to patients.

There are now 32 operational emergency stand-by response points in the YAS area.

During 2009-10 there was significant progress with a number of capital scheme acquisition and disposal projects:

- The new York Ambulance Station at Yearsley Bridge opened in December 2009. The station moved from its long-standing location in Dundas Street in spring 2009 to temporary refurbished premises at Clifton Hospital until the new location was ready.
- The new ambulance station at Hessle Road, Hull (Hull West) became operational in November 2009 with the second ambulance station at Burma Drive, Hull (Hull East) opening in December 2009. These replaced Hull Central Ambulance Station in Osborne Street which closed in January 2010.
- The new fleet workshop at Carlton Street, Hull, which replaced the fleet workshop at Hull Central Ambulance Station, was completed in September 2009 and became operational in October 2009.
- The replacement ambulance station in Penistone became operational in November 2009.
- The new Fleet Management Centre on Wakefield 41 Industrial Park, which replaced the Fleet Workshops at Birkenshaw, became operational in August 2009.

"The new ambulances are great to drive and make the patient's journey more comfortable. They are much bigger and the equipment is much more accessible which has created an excellent clinical working environment."

Matt Hurwood, Paramedic, Selby

"Over the years Hull has changed and the demand for our services is very different to what it was when we worked out of the city centre station. It's imperative that the ambulance service moves with the times and, as well as being a great working environment which improves staff morale, the new stations help us to provide a more responsive, effective and caring service."

Ray Chapman, Paramedic Practitioner, East Hull

- The new Wetherby Ambulance Station, within the town's health centre complex, became operational in August 2009. As the site was an existing Local Initiative Finance Trust (LIFT) scheme, the development was made possible through close partnership working arrangements with the local authority and NHS Leeds. It replaced Bramham Ambulance Station, the sale of which has been put on hold following advice from our property consultants and District Valuer due to the downturn in the property market.
- The acquisition and refurbishment of two vacant units in Rotherham to accommodate our Emergency Preparedness team was completed in November 2009. Our HART moved into the Emergency Preparedness team's former premises at the Operational Support Unit in Morley.

Other successful projects completed during the year include:

- £2.6 million refurbishment programme of kitchens, mess rooms, toilets and showers (which included replacing existing lighting with low-energy T5 lighting) at 50 ambulance stations across YAS as well as the replacement of furniture and a revision of building layouts.
- Conversion of the former PTS premises at Fairfields, York, into an emergency fall-back site for the 999 communications centre. This work was completed in December 2009.
- Occupancy sensors were introduced at Castleford and South Kirkby ambulance stations to turn off lighting in unoccupied mess rooms and toilets. The trial was launched to gauge whether the sensors, in conjunction with the installation of low-energy T5 lights, would play a major part in reducing energy bills and the Trust's carbon footprint. Early indications are showing extremely positive results.
- In November 2009, we started to introduce recycling at all YAS sites to reduce costs and the Trust's carbon footprint and move towards the Government/NHS target for recycling.

Our Patients

HOW WE LISTEN AND INVOLVE

Gauging the views of our patients and the public about the services we provide is an important aspect of how we shape our future development.

Comments, Concerns, Complaints and Compliments

Comments and suggestions on how we can improve our services are just as important as complaints to our organisation. A comment can be a remark, observation or criticism and may be about an individual, team or the service as a whole.

The Trust is always pleased to receive compliments about the quality of service provided to patients. In 2009-10 we received 593 appreciations and commendations, complimenting staff for their professionalism and dedication.

In 2009-10, YAS received 1,207 concerns and 29 formal complaints. Of those, 569 (46%) were responded to within five working days.

The three main themes were:

- PTS arriving late for appointments
- PTS waiting times to go home after treatment
- deviation from protocol/procedure eg driving incidents.

During 2009-10 we implemented revised regulations which ensure that concerns and complaints are dealt with quickly and that each enquirer has an individual resolution plan. The aim of this is to confirm the issues that have been raised and agree a desired outcome, eg explanation, apology or change in practice, and a timescale for resolution.

Since the new regulations commenced three complainants have asked the Parliamentary and Health Service Ombudsman to undertake an independent review of their complaint.

The Patient Services team has been developed during 2009-10 and now undertakes all investigations into concerns and complaints centrally. This ensures an impartial, fair and consistent approach.

Patient and Public Involvement

We are committed to gaining feedback from patients and the public about the services we provide. From October 2009, patients and members of the public who have raised concerns and complaints have been contacted to complete a questionnaire regarding their experiences and an offer to join our Critical Friends Network. Critical Friends engage with us on the different aspects of our service provision and development, such as improving access to services, patient transport, effective public information and new service initiatives.

We have developed relationships with our Local Involvement Networks (LINks) which cover 13 local authorities in Yorkshire and aim to give citizens a stronger voice in how their health and social care services are delivered. We held a very successful Yorkshire-wide LINks conference to provide detailed information about our services, answer questions and listen to the views and experiences of patients. Regular communication about service development has also taken place with overview and scrutiny committees as well as various community groups.

Photo courtesy of Selby Times

"The ambulance crew were absolutely brilliant in delivering Olivia-Jo and they're both heroes to me. They had to take the umbilical cord from around her neck and help clear the membrane around her head as she fought for breath. It's thanks to their training that my daughter is here today."

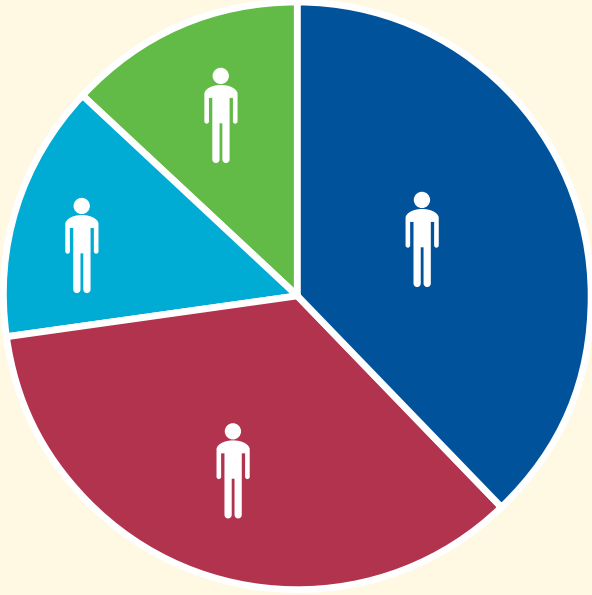
Kelly Walker, patient

Our Staff

RECRUITMENT

During the period 1 April 2009 to 31 March 2010, the Trust welcomed 787 new members of staff.

- **299** PTS
- **275** A&E Operations
- **113** Access and Response
- **100** support departments



SUPPORTING STAFF

A number of new policies have been introduced during the year to enhance staff safety and well-being and to provide frameworks for support.

These include the following:

- Career Break Policy which provides employees with the opportunity to leave their employment for the purpose of a career break of a specified duration and to return to work at the end of that period.
- Flexible Retirement Policy which provides employees with a range of retirement options.
- Allegations Against Staff Policy which sets out the procedure to be followed should an allegation against a member of staff be made and ensures that all such allegations are considered seriously and in line with relevant procedures and legislation.
- Equal Pay Policy which aims to embed the Trust's commitment to provide equal pay, with equal terms and conditions of employment as laid out within the national Agenda for Change (AfC) Terms and Conditions of service.

Staff also received leaflets attached to their wage slips throughout the summer months about how to raise concerns at work (whistleblowing), post-incident care and taking the stress out of work.

During the winter of 2009-10, staff were given the opportunity to be immunised against swine flu and seasonal flu. There was a significant take-up from staff who were keen to remain well during the winter months and ensure the resilience of our service. A total of 1,400 seasonal flu vaccinations and 1,200 swine flu vaccinations were given.

Much effort has also been spent helping those who have been unfit for work back into the workplace with phased returns, lighter duties, counselling and support from our Occupational Health service.

SICKNESS ABSENCE

The table below shows our overall absence figures for each month of 2006-07, 2007-08 and 2008-09 for comparison with the equivalent month in 2009-10.

The average reported absence for NHS trusts in England is 4.3% and ambulance trusts is 5.9%. YAS has a cumulative absence rate of 5.83% for the period April 2009 to March 2010 which is above the average national rate for NHS trusts and slightly lower than the average absence rate for all ambulance services.

YAS introduced a new sickness absence reporting system on 1 April 2009.

Sickness Absence Percentages	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
2006-07	N/A	N/A	N/A	4.83	4.78	4.96	4.83	5.72	5.06	6.44	6.76	6.08
2007-08	5.57	5.64	4.71	5.41	5.95	6.18	6.89	7.76	8.65	8.05	6.78	6.64
2008-09	6.81	6.77	6.31	6.20	5.65	5.74	5.70	5.34	5.94	6.22	5.08	4.73
2009-10	**4.90**	**4.59**	**4.49**	**5.88**	**5.95**	**5.78**	**6.59**	**6.36**	**6.36**	**6.34**	**6.36**	**6.27**
Net change on 2008-09	-1.91	-2.18	-1.82	-0.32	0.30	0.04	0.89	1.02	0.42	0.12	1.28	1.54

PARTNERSHIP WORKING

In July 2009 the Trust signed a formal agreement on partnership working with its recognised trade unions.

The Agreement sets out a framework for effective partnership working and focuses on workforce issues. It also recognises respective roles and responsibilities, establishes shared values and a common purpose for effective joint working. It provides the basis for a continually improving partnership which can lead to long-term workforce solutions that benefit both staff and, more importantly, our patients.

KEEPING STAFF SAFE

All our staff have the right to a healthy and safe working environment. This is why we exercise zero tolerance in relation to violent or aggressive acts, whether they are physical or verbal.

Our local security management specialist (LSMS) is committed to helping us create an environment which is secure so that the highest possible standard of clinical care can be delivered to patients.

Our staff were subjected to 382 recorded incidents involving physical and verbal abuse between 1 April 2009 and 31 March 2010, compared to 243 during the previous year.

Part of the reason for this increase is improved awareness amongst staff about the importance of reporting such incidents and also the success of an incident reporting hotline. We must ensure that appropriate action is taken through the criminal justice system against those who commit these acts.

During 2009-10 there were 23 successful prosecutions resulting in sanctions ranging from fines and police cautions through to community service and prison sentences.

As part of ongoing efforts to improve the security of all YAS premises, all staff have been issued with smartcard identification cards which are being used for access control at certain locations. These will be rolled out over the coming year.

All new ambulance stations and YAS premises which have opened over the last year have been fitted with enhanced security measures, including closed-circuit television cameras and lock-down facilities as well as swipe card access. This is an ongoing programme which will be rolled out to existing premises in the future.

"We often have to contend with incidents of violence and aggression but YAS operates a zero-tolerance approach against such acts and we are encouraged to report incidents so appropriate action can be taken against the perpetrators."

Simon Duck, AEMT, Malton

LISTENING TO STAFF

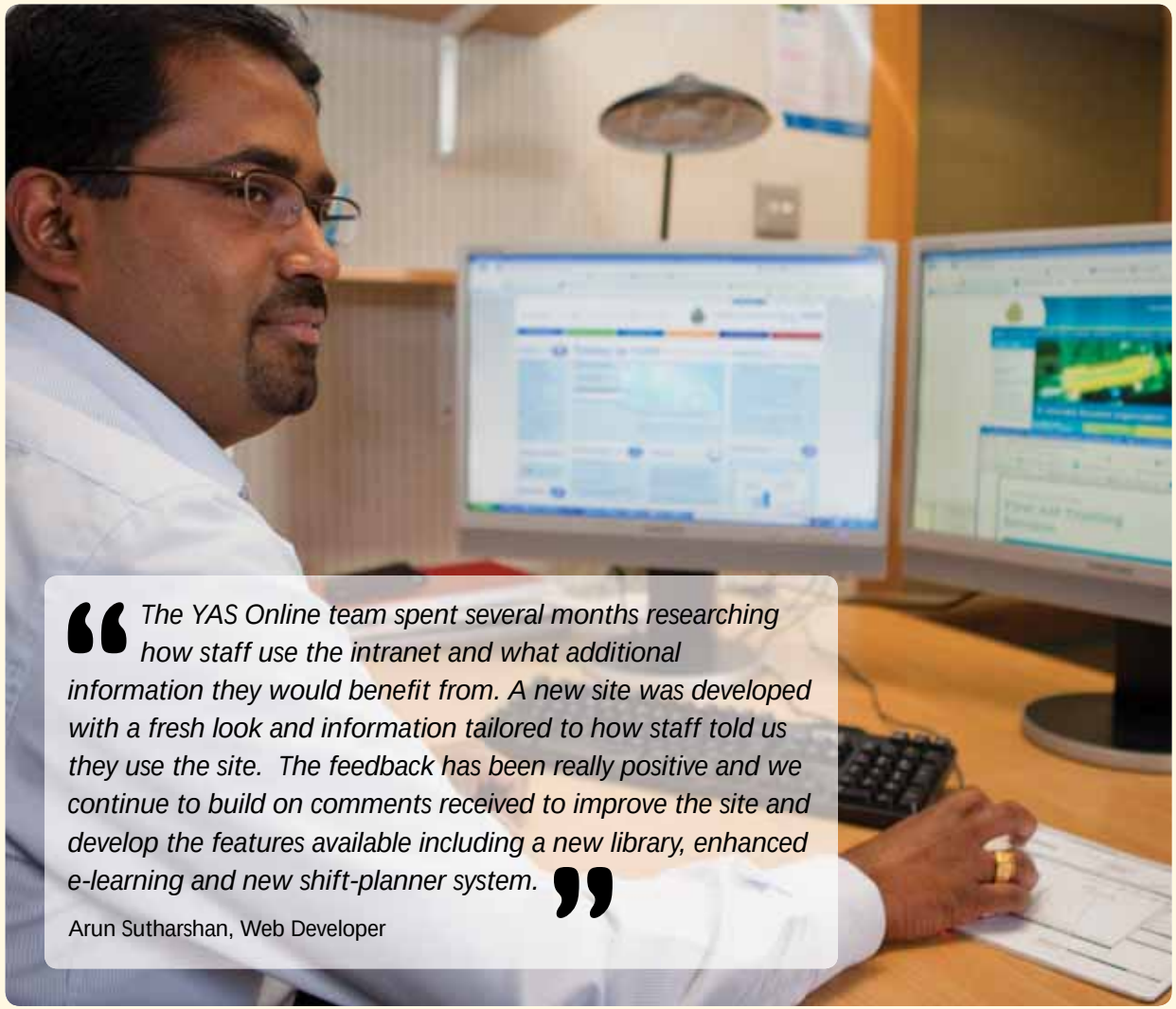
YAS undertakes an annual Staff Survey to gather the views and opinions of staff about a range of issues affecting their working lives.

The findings of the 2008 Staff Survey identified the following as priorities for action:

- Increase the number of staff having well-structured appraisals.
- Increase the number of staff attending training.
- Improve communications.

During 2009-10 we actively addressed these priorities by:

- making staff appraisals a priority for all managers
- delivering appraisal training
- improving access to training by taking a more flexible approach to the delivery of training
- improving the ways in which we make staff aware of training opportunities
- using a blended approach to learning which enables YAS to ensure the delivery of timely patient care together with the need to ensure that staff have access to necessary training and development



"The YAS Online team spent several months researching how staff use the intranet and what additional information they would benefit from. A new site was developed with a fresh look and information tailored to how staff told us they use the site. The feedback has been really positive and we continue to build on comments received to improve the site and develop the features available including a new library, enhanced e-learning and new shift-planner system."

Arun Sutharshan, Web Developer

- developing a risk mandatory training matrix which details each principal staff group against each risk management topic
- developing our Clinical Team Educator (CTE) scheme which helps to ensure competence and the appropriate application of skills and knowledge through direct observation in practice
- continuing to develop Leading Edge - the Trust's leadership and management development programme
- improving the availability of e-learning packages
- facilitating locality-based continuing professional development sessions
- launching a monthly *Clinical Catch-up*, which contains all the clinical articles from the previous month's weekly *Operational Update* staff newsletters
- developing an interactive question and answer section in *Operational Update* to encourage a two-way dialogue between staff and managers
- producing *Teambrief* newsletters for various departments within the Trust
- revamping the intranet to include a host of information to enable staff to do their jobs more effectively.

The feedback from our 2009 Staff Survey shows that we have made significant progress in these areas with:

- the number of staff attending all types of training increasing significantly
- the number of staff reporting that they have had an appraisal rising by 40%
- staff seeing improvements in communications between senior managers and staff. They believe that they are being kept informed about important changes and feel more informed about what the Trust is trying to achieve.

YAS also increased its response rate to the 2009 survey with 59% of staff completing and returning the survey compared with 41% in 2008. This means that the feedback in 2009 is far more representative of the views of managers and staff.

In 2010-11 we will continue to work on these areas as well as focusing on new themes with the aim of continuing to improve our staff satisfaction scores.

Training

Clinical Team Educator (CTE) Scheme

During 2009-10 a number of additions and improvements were made to the CTE scheme, including the development of safe practice portfolios, candidate workbooks and an online reporting system which will be upgraded to include their work.

In addition, 12 CTE away-days were held during 2009-10 across YAS covering a variety of subjects, including the roll-out of the new Lifepak 15 defibrillator, Mental Capacity Act and the British Thoracic Society oxygen guidelines.

Student Paramedic

During 2009-10, 51 YAS student paramedics graduated from the University of Teesside gaining a Foundation Degree in Paramedic Science.

An additional 30 student paramedics commenced their year one programme.

Technician to Paramedic Conversions

During 2009-10, 60 places were made available on IHCD paramedic courses and 33 places with Sheffield Hallam University, with a further seven joining year two of the University of Teesside student paramedic course. This has allowed a large number of emergency medical technicians (EMTs) to become paramedics.

Assistant Practitioner

During 2008-09, YAS introduced the new role of assistant practitioner to assist clinical staff in caring for patients. The Education and Development department made 240 places available in 2009-10.

"The assistant practitioner role is new within the Trust and we are there to assist a qualified practitioner to perform their role in the provision of care and transportation of patients. I have thoroughly enjoyed my time with YAS and look forward to seeing how the role evolves."

Michael Rheeder, Assistant Practitioner, Wetherby

Technician to Advanced Technician Uplifts

A programme was introduced to uplift all EMTs to advanced EMTs, thereby giving them additional skills in airway management, 12-lead ECG interpretation skills and drug therapy. A total of 192 places were made available during 2009-10.

Acute Coronary Courses

During 2009-10, 132 places were made available for the acute coronary course which continued to give all paramedics the knowledge and skills needed to signpost patients for Primary Percutaneous Coronary Intervention (PPCI) or deliver thrombolysis.

Placements

The Practice Placement team organised 2,196 placements as part of the development of the student paramedic and technician to paramedic programmes of education. The team has been completing an audit in conjunction with the Strategic Health Authority's Placement team.

Well Managed, Well Led

The challenge for managers throughout the organisation is to enable staff to provide high quality patient care whilst effectively managing resources. During 2009-10 we have continued to develop our Leading Edge programme for managers to help them to achieve this goal.

The programme provides access to accredited and non-accredited management and leadership programmes, in-house training modules, departmental programmes, coaching and mentoring, and regional talent management programmes. Each year we facilitate events for both the management and clinical leadership communities. Following positive feedback received about leadership and management in our 2009 staff survey, we will continue to develop the Leading Edge programme during the coming year.

E-learning

The Education and Development department has commissioned a number of e-learning programmes. YAS is working with Real Projects Ltd to develop innovative game-based e-learning for the ongoing development of our community first responders.

Statutory and Mandatory Training

The Education and Development department operates a blended learning approach to statutory and mandatory training. This has been designed to ensure that the delivery of timely patient care is not compromised, and that key changes are communicated and acted upon.

The mandatory training provision includes tutor-led training, e-learning, workbooks and safe practice assessments.

Launch of Learning Matters

A publication entitled *Learning Matters* has been issued to keep staff informed of up-and-coming developments in education and training as well as providing an opportunity to celebrate achievement and success.

Healthy Workforce Workshops

A number of workshops have been launched which cover a range of subjects designed to assist YAS staff in their working and personal lives.

They include:

- managing stress in the workplace
- post-incident support
- stress awareness for support staff
- dealing with death, dying and grief
- communicating with deaf and hard of hearing people
- confidence and assertiveness skills.

"I have really enjoyed my training and I'm looking forward to full-time employment with YAS. The apprenticeship scheme is a great stepping stone on to a career with the ambulance service."

Sam Long, PTS Road Operations Apprentice, Keighley

Apprenticeship Developments

YAS supports the National Apprenticeship Scheme and has made provision for scores of new apprenticeship opportunities within the Trust.

In 2009-10, we have taken on 39 PTS road apprentices, 12 PTS communications apprentices, three administration apprentices and one vehicle mechanic apprentice. This has helped YAS to provide new opportunities for people in the local community to gain valuable skills and qualifications whilst contributing to high quality patient care.

By continuing to offer apprenticeships, YAS will be able to:

- encourage younger people into the NHS to allow us to maintain service requirements
- assist with service redesign for our future service requirements
- allow us to develop a more flexible, skilled workforce able to meet current and future service requirements
- develop new ways of working and re-define roles to improve skill mix
- develop more flexible ways of working.

Learning and Development Objectives

We have continued to work towards achieving our learning and development objectives which are:

Creating a fully qualified workforce - YAS has signed up to the Learning and Skills Council's 'Skills Pledge' and is actively supporting staff to obtain basic skills qualifications or a first level 2 qualification. The Education and Development team has been working with a number of further education providers to develop a range of literacy and numeracy courses. A series of courses based on Lord Darzi's High Quality Care for All has been run this year for both YAS employees and staff based in the local healthcare economy. The course is held over three days (one day a week) and aims to improve punctuation and grammar as well as develop reading strategies.

Better and more systematic identification of training needs - a unique online learning and development portal has been further developed to empower managers/reviewers to record, track and monitor applications for learning and development and Personal Development Review (PDR) completion. All individually-identified training needs are tracked by the portal and will be used centrally to form the Annual Training Prospectus 2010-11. The provision of a learning and development 'Skills Escalator' to support the ongoing career progression of staff especially, but not exclusively, in operational roles will become a main feature of the learning and development on offer during 2010-11.

Expansion of commercial training for service re-investment - ambulance services in Yorkshire have been providing a wide range of pre-hospital care training services to the NHS, local community and many other organisations for over 15 years. A planned expansion programme is well underway to increase income, including:

- a move to more professional and cost-effective premises
- recruitment of additional commercial training instructors in response to an increase in the demand for service
- recruitment of a business development manager to source new income and ensure the development of existing client relationships
- an increased product portfolio now including subjects such as food hygiene training.

How We Work

OPENNESS AND ACCOUNTABILITY STATEMENT

The Trust complies with the Code of Practice on openness in the NHS 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 public Trust Board meeting every two months. An Annual General Meeting is held in September each year. In common with the board meetings this is open to the public with specific time set aside for questions.

We always welcome comments about our service so we can improve performance.

If you have a compliment, complaint or query, please do not hesitate to contact us.

ENVIRONMENTAL POLICY

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

All our tenders are evaluated using whole-life costs, where applicable, to assess the environmental costs over the life of the products or services offered. Our suppliers and those seeking to tender for business are made aware of the requirements of our Environmental Policy.

We also work to minimise the health, safety and environmental risks to our patients, staff and visitors, in accordance with health and safety at work and fire legislation and the Disability Discrimination Act 1995.

Work has been carried out to measure the Trust's carbon footprint and the Carbon Management team was established to look at ways of making YAS more environmentally friendly. A Carbon Management Plan was produced to look at ways of reducing our carbon emissions and was approved by the Trust Board in March 2010. This will be implemented over the next few years.

The Trust's carbon footprint has been measured in line with the Carbon Trust methodology and the baseline results are shown below:

YAS Carbon Footprint Calculation

Year	Predicted Business as Usual Emissions	Target Emissions
2009	**12,459**	**11,521**

In 2010, the Carbon Management Plan was drawn up by the Carbon Management team to identify and highlight areas of YAS which can reduce the carbon emissions as well as make huge cost savings.
The plan identified CO_2 savings to be made within Estates, IT and the Fleet department. YAS has pledged to reduce its carbon footprint by 30% by 2015 based on the 2007 baseline.

EQUALITY AND DIVERSITY

YAS employs more than 4,235 staff and provides a service for patients from a large and culturally diverse community. We actively challenge discrimination, promote equality and respect human rights in accordance with current legislation and good practice. To ensure this happens, YAS undertakes equality impact assessments on all policies, procedures, functions and services.

During 2009-10 YAS retained the 'two-tick' disability symbol, which is awarded by Jobcentre Plus to employers who are positive about employing disabled people.

The 2009 Staff Survey shows that the number of staff attending equality and diversity training has risen by 25%. This is due to a more flexible approach to training delivery. YAS will continue to develop programmes in order to ensure all staff have access to this training each year.

INFORMATION GOVERNANCE

YAS aims to ensure that the personal data it holds is accurate and held securely in accordance with the appropriate legislation and standards outlined in the NHS Information Governance Toolkit.

During the year there have been no Serious Untoward Incidents involving personal data that would require to be reflected in this report.

The security of Information Communication Technology (ICT) has developed over the last year with the encryption of mobile devices, the restriction of removable media, improvements in security procedures and service continuity planning across the Trust.

Over the last year a senior information responsible officer and information asset owner have been recruited to ensure data quality, information security, records management and governance is effective and meeting the new compliance agenda.

The Senior Information Risk Owner for YAS is Keeley Townend, the Director of Information, Communication and Technology (ICT).

Trust Board: Chairman and Directors

Chairman

Dr Nick Varey
(up to 10 May 2010)

The overall role of the Chairman is to lead the Board and ensure that YAS meets its objectives for performance, service delivery and clinical governance.

Chief Executive

Martyn Pritchard
(up to 11 June 2010)

The Chief Executive provides the organisation with its strategic leadership and direction. Working with the chairman, executive and non-executive directors, key partners and stakeholders, the Chief Executive develops and maintains a shared vision of the strategic aims, values and culture of the Trust.

Director of Finance and Deputy Chief Executive

Simon Worthington

The Director of Finance is responsible for ensuring that the Trust achieves its financial targets and has robust systems to monitor its financial performance. In addition, the role involves deputising for the Chief Executive, managing the Trust's integrated business planning function and being the lead director for fleet, estates and programme management.

Director of Operations - A&E

Keith Prior
(from 8 February 2010)

The Director of Operations - A&E is primarily responsible for improving and maintaining the delivery of cost-effective A&E services and meeting national performance targets for responding to emergencies. This role is also responsible for the Trust's emergency planning provision and security management.

Ian Walton held the post of Director of Operations - A&E until January 2010 when he took up a secondment opportunity at NHS Yorkshire and the Humber.

Medical Director

Dr Alison Walker

The role of the Medical Director is to champion high quality patient care. By providing expert clinical governance and guidance, this role helps the Trust to deliver safe, reliable and appropriate care for its patients.

Trust Board: Directors

Director of Organisation Development and Human Resources

Wendy Foers
(from 19 August 2009)

The Director of Organisation Development and Human Resources is primarily responsible for the development of the Trust's HR and workforce strategies. Other core responsibilities include human resource management; education, development and training; equality and diversity; organisational development; Improving Working Lives; health, safety and risk; occupational health; child protection and vulnerable adults.

Rosie Johnson held this post until August 2009.

Director of Information, Communication and Technology (ICT)

Keeley Townend

The Director of ICT is responsible for the Trust's Access and Response centres, resource planning, out-of-hours services as well as the Trust's IT infrastructure and management information.

Director of Operations - PTS

Sarah Fatchett

The Director of Operations - PTS is responsible for delivering a responsive and efficient Patient Transport Service for the whole of Yorkshire, working closely with acute and primary care trusts to win and maintain contracts for PTS.

Director of Standards and Compliance

Steve Page
(from 5 October 2009)

The Director of Standards and Compliance is the Trust's lead for quality.

This post holder is responsible for developing the Trust's governance and risk management arrangements, and compliance with external standards including those regulated by the CQC, NHS Litigation Authority and Health and Safety Executive. This role is also the lead director for safeguarding children and adults.

Fiona Barr held the role of Acting Director of Corporate Affairs until July 2009 when David Forster took over until October 2009. This post was reviewed and the Standards and Compliance Directorate was developed.

David Forster held the role of Director of Policy and Strategy between October 2009 and July 2010.

Jo Pollard was Director of Urgent Care until October 2009 when the post ceased to exist.

Trust Board: Non-executive Directors

Nancy Murgatroyd
was Non-executive Director for one of YAS's former services, Tees, East and North Yorkshire Ambulance Services (TENYAS) and has specific interests in audit and governance. She has also served as a Non-executive Director for the York Hospitals NHS Trust and was a former chairman of Middleham Key Partnership Ltd. Nancy worked in the design industry for 25 years, and is an internationally exhibited artist.

Nina Wrightson OBE
is a Chartered Safety Practitioner and currently Chairman of the British Safety Council. She was a Risk Management Director for Northern Foods plc and has also worked for the Health and Safety Executive, the Government Office for Yorkshire and the Humber and Nestlé Rowntree. Nina is also a board member of the NHS Litigation Authority.

Richard Roxburgh
is a chartered management accountant with extensive financial and commercial experience. Former roles include Finance and Commercial Director with Arriva Trains Wales and Finance Director with Arriva Trains North. Earlier career experience includes senior financial positions with BT Cellnet (now O_2), and BT Business Division throughout the UK.

Roger Holmes CB
is a former chief executive of St John Ambulance and a current council member of the South and West Yorkshire branch. Roger has held senior posts in the Department of Trade and Industry and a number of large commercial organisations, including Dunlop and the Chloride Group where he was a main board director, and the Royal Mint where he was Chief Executive.

Paul Osborne
has extensive experience in general management, including significant responsibility for finance, governance and change leadership. He has worked in a number of blue chip organisations in the Technology and Services sectors, as well as customer-facing call centre environments where he was responsible for directing operations and problem resolution. In recent years he has been based at O_2 in Leeds where he has fulfilled the roles of Head of IT and latterly the Head of Technology Transformation.

Trust Board: Declaration of Interests

Name	Nature of Interest	Organisation
Dr Nick Varey	Director	Yorktest Laboratories Ltd
	Trustee	Beverley Grammar School Charity
Roger Holmes	Council Member	St. John Ambulance (South and West Yorkshire)
Nina Wrightson	Board member	NHS Litigation Authority
	Chairman	British Safety Council
Paul Osborne	Employee	Telefonica O_2 (UK) Ltd

Quality Accounts

Contents

Introduction

For everyone at Yorkshire Ambulance Service (YAS), providing high quality patient care is central to everything we do. Our Accident and Emergency (A&E) service saves people's lives and our Patient Transport Service (PTS) is a vital part of a patient's experience of their NHS care. It is crucial that we closely monitor the quality of our services so we can see how well they are working and how we can maintain and improve them for the future.

Our Trust Board has overall responsibility for the quality of our services and has made 'Quality' one of our eight strategic aims. We use the definition of quality described by Lord Darzi in his 2008 report, 'High Quality Care for All'. This definition describes quality as a combination of patient safety, clinical effectiveness and patient experience.

To achieve this, we have invested significantly in improving our services.

A good illustration of the progress we have made over the last three years is the change from 2007-08 when we did not meet 14 of the 42 NHS core standards, to full compliance with all standards by 31 March 2010.

This has been a Trust-wide achievement thanks to the leadership of the Trust Board in setting priorities, and the commitment and hard work from operational and support teams.

We know that the quality of care we provide for our patients depends on the quality of our staff. That is why we have focused particular attention on training, development and communication.

During January 2009, YAS was required to register with the Care Quality Commission (CQC) for its arrangements relating to the prevention of Healthcare Associated Infections (HCAIs). In July 2009, the CQC carried out a comprehensive and unannounced inspection of our work in preventing HCAIs and reported that, not only had we complied with all the requirements of the Hygiene Code, but that we were the only ambulance service in England not to have been given recommendations for improvement.

As part of the overall quality rating in 2008-09, the CQC also assessed our achievement of the nationally-agreed Clinical Performance Indicators (CPIs) relating to the quality of care for patients with ST elevation myocardial infarction, cardiac arrest, stroke, hypoglycaemia and asthma. We were rated as excellent in this clinical assessment, ranking second out of the eleven ambulance services in England.

This year we recruited Steve Page as our Director of Standards and Compliance and he is our Trust lead for quality. Steve Page is a registered nurse with senior-level experience and works closely with Medical Director Dr Alison Walker and her clinical team.

A key priority for early 2010-11 will be to make sure we learn from recent events at other NHS trusts. The Board will be carefully reviewing and acting upon the recently-published recommendations and best practice following Robert Francis QC's report on the outcome of his inquiry into Mid-Staffordshire Hospitals NHS Foundation Trust and the independent inquiry commissioned by NHS Yorkshire and the Humber (strategic health authority) into the actions of Colin Norris. We have already reviewed our internal systems for governance and assurance and will be building on these foundations in the year ahead.

We are also working to embed good clinical governance on the frontline. Our Medical Director's team has worked with staff to establish a Clinical Code of Practice, a ten-point code which captures the responsibilities of all YAS clinicians.

To bring together the different elements of quality we have developed a Quality Strategy for the first time. This sets out how we will achieve our aspirations for quality and how we will involve and engage our staff, commissioners and stakeholders to establish a culture of patient-focus, high standards, collaboration and improvement.

Statement of Accountability

The Trust Board is accountable for quality. It oversees the development and delivery of the Trust's Quality Strategy and ensures it is working for the benefit of our patients.

As Accountable Officer and Acting 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 the first Quality Accounts by YAS, in line with the requirements of the Health Act 2009. Our Quality Accounts contain details mandated by the Act and also the measures that we, in conjunction with our NHS and public partners, have decided best demonstrate our work to drive up standards.

As Accountable Officer I confirm that, to the best of my knowledge, all the information in these Quality Accounts is accurate. I can provide this assurance based on our internal data quality systems. Further checks have been undertaken by our internal auditors. Our external auditors have also considered the Quality Accounts as part of their review of the Trust Annual Report and Accounts.

Simon Worthington,
Acting Chief Executive

June 2010

Priorities for Improvement

Following discussions with staff, commissioners and stakeholders, the Board has agreed six priorities for 2010-11 as part of our Quality Strategy. The majority of these priorities are also identified within our contracts under the Commissioning for Quality and Innovation (CQUIN) system.

PATIENT SAFETY

- Priority 1 - **Safeguarding Children and Vulnerable Adults**
- Priority 2 - **Patient Assessment and Record Keeping**

CLINICAL EFFECTIVENESS

- Priority 3 - **Maintaining and Improving the Standard of our Clinical Care**
- Priority 4 - **Patient Pathways**

PATIENT EXPERIENCE

- Priority 5 - **Measuring Patient Experience**
- Priority 6 - **Improving the Experience of Patients at the End of their Lives**

MONITORING OUR ACHIEVEMENT

The Board will receive regular reports (at least three per year) at its public meetings on the achievement against these priorities. Reporting to the Board, the Integrated Governance Committee focuses in more detail on key areas of quality and, in turn, receives assurance from the Clinical Governance Committee.

Priority 1 - **Safeguarding Children and Vulnerable Adults**

Safeguarding is a high priority for all health and social care providers. We know that our A&E service and PTS can play an important role in safeguarding, especially by working together with partner organisations.

AIMS:

1. **To increase the number of referrals made to specialist services for safeguarding children and vulnerable adults.**
2. **To ensure the Trust works closely with other agencies to respond effectively to all Serious Case Reviews.**
3. **To ensure all Independent Management Reports (IMRs) required as part of Serious Case Reviews are completed on time, to the necessary standard and all relevant recommendations are implemented.**

CURRENT INITIATIVES 2009-10:

- We have provided access to safeguarding training to all our staff.
- We have increased our dedicated safeguarding leads from one to four, and we have recruited a head of safeguarding.
- We have reviewed all our policies and procedures in light of recent CQC recommendations.

FUTURE INITIATIVES 2010-11:

- In line with legislation and national guidance we will be providing training for all staff and ensuring those in key safeguarding roles have completed multi-agency training.
- We will ask our staff via a survey process about their confidence in using referral processes.
- We will be looking at the way we handle complaints and incident reports to make sure that we identify all issues relating to the welfare of children and vulnerable adults and report these to our safeguarding leads.

Priority 2 - **Patient Assessment and Record-keeping**

Taking accurate and complete clinical observations is essential in order for A&E staff to make the right decisions about a patient's treatment and care. Records are an important part of patient safety as ambulance staff hand over care to other providers.

AIMS:

1. **For every emergency patient's patient report form (PRF) to be fully completed.**
2. **For no investigation following a Serious Untoward Incident to identify inadequate clinical assessment as a root cause.**

CURRENT INITIATIVES 2009-10:

- We have standardised the procedures for clinical record-keeping across the Trust.
- We have introduced a new easy-to-use PRF which was developed with involvement from clinical staff.
- All PRFs are now scanned and stored electronically which makes it easier to undertake quality audits.

FUTURE INITIATIVES 2010-11:

- We will audit completion rates for PRFs every month.
- We will review the quality of clinical information recorded on PRFs on a monthly basis and share the results with staff.
- Learning about clinical audit will be made part of our clinical education programme.

Priority 3 - **Maintaining and Improving the Standard of our Clinical Care**

There are five nationally-agreed Clinical Performance Indicators (CPIs) which relate to conditions where the care of ambulance staff can make a significant difference to patient outcomes. For each indicator there are a number of agreed actions that should be completed for every patient with that condition and we audit our PRFs to identify whether these were carried out. Our performance is reported as the percentage of cases for which our ambulance clinicians carried out theses actions compared to the total number of cases. Our scores are also compared with those of other English ambulance services and a measure calculated for how close we are to the national average score.

AIMS:

1. **To maintain the current level of achievement of greater than 90% for recording of clinical observations for patients with stroke.**
2. **To maintain a level of greater than 95% for:**
   a. **management of patients with hypoglycaemia**
   b. **management of patients suffering ST elevation myocardial infarction (STEMI) heart attacks.**
3. **To achieve performance that is no worse than 1.8 standard deviations below the average score for all English ambulance services for:**
   a. **response to patients with cardiac arrest**
   b. **treatment of patients with asthma.**
4. **To make improvements against the indicators for patients suffering STEMI heart attacks:**
   a. **recording of two pain scores**
   b. **administration of analgesia.**
5. **To make improvements in the recording of peak flow readings for patients with asthma.**

CURRENT INITIATIVES 2009-10:

- We have established a clinical leadership programme.
- Medical Director Dr Alison Walker sent a letter to every member of clinical staff providing information about CPIs and a reminder about their responsibilities.
- The clinical team provides regular updates to staff via the weekly *Operational Update* and the new *Clinical Catch-up* bulletins.

FUTURE INITIATIVES 2010-11:

- Local clinical and operations managers will be working together to review CPI scores in their areas and develop actions plans for maintaining and improving standards.

Priority 4 - **Patient Pathways**

In the past, the single role of our A&E ambulance service was to stabilise a patient's condition sufficiently for rapid transport to a hospital emergency department for further treatment.

This is now changing as the health of the nation is evolving. More people are living longer, suffering from long-term and chronic lifestyle-related conditions such as heart disease and diabetes, or are suffering falls. We know that the best care for these patients is not always provided by transporting them to hospital and that they can be better supported by referral to specialist teams.

AIMS:

1. **To increase the percentage of patients referred to the hypoglycaemia care pathway by 5%.**
2. **To increase the percentage of patients over the age of 65 referred to the falls care pathways.**

CURRENT INITIATIVES 2009-10:

- We have worked with partner NHS organisations to increase the number of pathways available across Yorkshire.
- Our two clinical pathways advisors have run roadshows to inform our crews and key colleagues in our partner organisations about the new pathways and give them the opportunity to ask questions.
- Pathways are now in place across the whole of Yorkshire to allow crews to refer patients suffering STEMI heart attacks directly to specialist centres providing the gold-standard primary angioplasty treatment.

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FUTURE INITIATIVES 2010-11:

- We will be increasing the number of referrals into specialist services across the region for diabetic patients with hypoglycaemia and for patients who have fallen.
- We will be working with our partner NHS organisations to develop additional regional pathways for patients with chronic obstructive pulmonary disease and hip fractures.
- We will be developing our 'hear and refer' capability. This is where clinically-trained staff in our 999 communications centres refer patients directly to an appropriate care pathway following comprehensive and careful assessment of their condition over the telephone.

Priority 5 - **Measuring Patient Experience**

Unlike in hospital trusts, there is not a standard national survey of the experience of ambulance service patients. However, we know that it is vital that the Board has a clear picture of what it feels like to be a patient using our services. In particular, by ensuring we hear what our patients are saying we can reduce the risk of missing the warning signs of poor care.

AIM:

To identify new ways to measure the experience of our patients and start recording our level of achievement.

CURRENT INITIATIVES 2009-10:

- Comments cards are available for users of our PTS to tell us about their experiences. 130 people have responded and we have taken account of the feedback, both positive and negative.
- The Board receives reports of numbers of complaints, concerns, comments and compliments at every public meeting and of the actions taken as a result.
- Our Patient Services team leads the way in providing a service that is open and easy to access, fair, responsive and supports learning and development.

FUTURE INITIATIVES 2010-11:

- We will be undertaking a new survey of users of our PTS and people whose calls have been handled by our 999 communications centres.
- We will be asking some patients referred to a diabetes pathway by our clinicians to tell us about their experience of the service.
- We will be working closely with patient and public groups; listening to their feedback and involving them in discussions about how we can develop and improve our service.
- We will be setting up a Patient Experience Group which will look at feedback from patients, use this information to identify actions to improve our services and check that these actions are delivered. This group will report to our Clinical Governance Committee.
- We plan to pilot a system (based on best practice from the private sector) to make small numbers of targeted calls to a random selection of patients to ask for detailed feedback on their experience of our care.
- We plan to run a campaign with our staff to promote dignity and respect of our patients.

Priority 6 - **Improving the Experience of Patients at the End of their Lives**

Palliative care patients at the end of their lives have different needs to those requiring emergency treatment or attending routine hospital appointments.

AIM:

To increase the number of patients requiring palliative care being referred to a district nursing service, following assessment by our crews.

CURRENT INITIATIVES 2009-10:

- We operate a special palliative care ambulance (funded by Marie Curie Cancer Care) for patients in the Leeds area.

FUTURE INITIATIVES 2010-11:

- We will be working closely with other services to develop a regional ambulance service pathway for palliative care patients to be referred into 24-hour district nursing services as an alternative to hospital admission.
- We are working with commissioners to carry out a review of the systems we use and the checks we make when transporting patients with Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders. We are working towards developing a region-wide protocol.

Statements of Assurance from the Board

The National Health Service (Quality Accounts) Regulations 2010 require the Trust Board to make a number of Statements of Assurance.
These are common to all providers, which make our accounts comparable with those of other organisations. They state the number of services the Board has reviewed compared to the total number of services the Trust provides and confirm the Trust has participated in research and national audits.

Review of Services

During 2009-10 YAS provided four NHS services:

- Accident and Emergency service (including Emergency Preparedness).
- Patient Transport Service.
- GP Out-of-hours call handling service.
- Private and Events service.

YAS has reviewed all the data available on the quality of care in all four of these services.

The income generated by the NHS services reviewed in 2009-10 represents 100% of the total income generated from the provision of NHS services by YAS.

Research

During 2009-10 YAS took part in one Medical Research Council-funded research study which collected data on patients. The Development And Validation of Risk-adjusted Outcomes for Systems of emergency medical care (DAVROS) study is led by the University of Sheffield and seeks to develop outcome measures related to patients brought into hospitals via the 999 system. The study will continue into 2010-11 in the York and Hull areas.

YAS staff are also involved in six studies which we have either helped to develop or are contributing to steering groups:

- **IMPROVE: Immediate Management of Patients with Ruptured Aneurysms: Open Surgery Versus Keyhole Surgery. Patients are recruited in emergency departments with a diagnosis of ruptured aneurysms. The YAS Medical Director was involved in the protocol development.**
- **ESCORTT: Emergency Stroke Calls: Obtaining Rapid Telephone Triage. YAS involvement limited to consultancy role.**
- **HITS-NS: Head Injury Transportation Straight to Neurosurgery. The YAS Medical Director was involved in the protocol development.**
- **Electronic Patient Report Form (ePRF) Evaluation: This study is at the development stage, and aims to assess the role and impact of the ePRF on service delivery with regard to ambulance services, their staff, patients and network of linked emergency and urgent care services. Dr James Gray (Assistant Medical Director until October 2009) and Emergency Care Practitioner Gareth Darnell have been involved in this project which is bidding for funding.**
- **Developing Outcome Measures for Pre-hospital Care: The YAS Medical Director has been involved in protocol development for this study which is bidding for funding.**
- **Emergency Ultrasound in the Pre-hospital Setting: The impact of environment on examination outcomes. The YAS Medical Director was a co-applicant, investigator and participant in this study which is now complete.**

We have developed research partnerships with:

- **the three Comprehensive Local Research Networks (CLRNs) that cover the Yorkshire area which have committed approximately £250,000 to fund projects and posts within our Trust**
- **higher education institutions including the University of Bradford and the School of Health & Related Research (ScHARR) at Sheffield University**
- **local Primary Care Research Networks.**

From a national perspective we are an active member of the National Ambulance Research Steering Group (NARSG).

We have worked with regional colleagues to improve communication between organisations in relation to patients who have Do Not Attempt Cardio Pulmonary Resuscitation orders in place. This work is now being taken forward thanks to a successful bid to the regional Innovation Fund. Approximately £60,000 will be used in 2010-11 to fund a project manager hosted by NHS Bradford and Airedale.

Looking ahead, we will be developing professional research champions and obtaining support from a research fellow to help us develop research that matches our priorities. We are able to undertake this work due to the CLRN funding.

Part of our research strategy includes the promotion of patient and public involvement. We successfully bid for £500 from the Regional Research Design Service to involve an expert patient in the development of a research proposal into the use of ultrasound in pre-hospital care. With two local universities, we are currently considering a possible study of patient experiences of their involvement in research.

YAS staff have had three peer-reviewed articles published relating to research, audit and innovation activity:

A Walker, J Brenchley, and N Hughes: *Mobile radiography at a music festival.* Emergency Medical Journal, August 2009; 26: 613.

JT Gray and A Walker: *Is referral to emergency care practitioners by general practitioners in-hours effective?* Emergency Medical Journal, August 2009; 26: 611 - 612.

JT Gray and A Walker: *At the sharp end: does ambulance dispatch data from South Yorkshire support the picture of increased weapon-related violence in the UK?* Emergency Medical Journal, October 2009, vol./is. 26/10(741-2), 1472-0205

Participation in Clinical Audit

During 2009-10, two national clinical audits and one national confidential enquiry covered NHS services that YAS provides.

During that period we participated in 100% of national clinical audits and 100% of national confidential enquiries in which we were eligible to participate.

The national clinical audits and national confidential enquiries that YAS was eligible to participate in during 2009-10 are as follows:

National Clinical Audits:

- **Myocardial Ischemia National Audit Project (MINAP) – national database gathering information on all patients who have had a heart attack and who have acute coronary syndromes.**
- **National Infarct Angioplasty Project (NIAP) – audit of patients referred for angioplasty surgical procedure.**

National Confidential Enquiries:

- **Centre for Maternal and Child Enquiries (CMACE) Confidential Enquiry into Head Injury in Children.**

The national clinical audits and national confidential enquiries in which YAS participated, and for which data collection was completed during 2009-10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audit/ national confidential enquiry	Number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry
MINAP and NIAP	YAS submits information on specific patients requested by acute trusts rather than submitting a number of cases. There is no system for direct submission of YAS data.
CMACE Head Injury in Children	YAS submits information on specific patients requested by CMACE rather than submitting a number of cases.

The reports of two national clinical audits (MINAP and NIAP) were received by the provider in 2009-10.

The reports were acknowledged by the provider; however, they are recognised nationally as inaccurate from a pre-hospital perspective as the data is inputted retrospectively by other organisations.

The reports of two local clinical audits were reviewed by the provider in 2009-10 and YAS intends to take the following actions to improve the quality of healthcare provided:

Local Audit	Agreed actions to improve the quality of healthcare provided
Clinical Performance Indicators measured at local levels within the YAS area	Clinical managers asked to produce action plans specific to each area for every indicator.
Amiodarone usage	Interim audit review identified the need to improve links with acute trusts to receive patient outcome data.
Doncaster patients calling 999 after suffering fits who were not transported to hospital	New referral pathway developed to epilepsy specialist nurses.
Leeds patients who were attended by an emergency ambulance crew after suffering a fall and then referred to intermediate care services	Local intermediate care teams reviewed and developed the use of their assessment tools. YAS agreed that it should continue to support the falls pathway. It was agreed that the two-hour response target was appropriate.
Patients who dialled 999 after suffering a fall were identified as Category C and referred directly to the South Leeds Intermediate Care team.	YAS is working with partner organisations to roll out the falls pathway across the Leeds area.

During 2009-10 YAS participated in the following additional national audits:

- Clinical Performance Indicators (CPIs) - STEMI, Cardiac Arrest, Stroke, Hypoglycaemia and Asthma.
- National Audit Office - Progress in improving stroke care.

The reports of these national audits have been reviewed and we have taken or intend to take the following actions:

National Audit	Agreed actions to improve the quality of healthcare provided
Clinical Performance Indicators	Articles in the staff newsletter and individual letters to staff providing information regarding the CPIs, why they are important, the areas that require improvement and how we can improve. Review of PRFs for clinical quality and completion rates.

Goals Agreed with Commissioners

0.5% of YAS's income in 2009-10 was conditional on achieving quality improvement and innovation goals agreed between YAS and our commissioners through the Commissioning for Quality Innovation (CQUIN) payment framework.

Our 2009-10 CQUIN goals were:

To achieve registration with the Care Quality Commission for management of Healthcare Associated Infections	**Achieved**
Infection prevention and control is an essential element of patient safety. It includes having effective systems for cleaning vehicles, equipment and premises; staff observing good hand hygiene techniques and clinicians working to best practice guidelines.	

To improve ambulance turnaround times	**Achieved**
This is the time taken for crews to complete their handover of care to hospital staff, clean and re-stock their vehicle and make themselves available to respond to another call. This is important as it increases the number of patients we can respond to in a timely manner.	

To achieve scores for all nationally-agreed Clinical Performance Indicators that are within two standard deviations of the mean scores of all English ambulance trusts.	**Achieved**
This shows that patients with five commonly presenting conditions receive a high standard of care from our clinicians and that appropriate records are kept.	

In 2010-11 1.5% of our income is conditional on achieving our CQUIN goals. The majority of these goals are included in the Priorities for Improvement detailed on pages 42-48.

Further details of the agreed goals for 2009-10 and for the following 12-month period are available on request by writing to:

Steve Page
Director of Standards and Compliance
Yorkshire Ambulance Service NHS Trust
Springhill 2
Brindley Way
Wakefield 41 Business Park
Wakefield
WF2 0XQ.

What Others Say About Us

YAS is required to register with the Care Quality Commission (CQC) and our registration has been confirmed from 1 April 2010, with the following condition:

The Trust must ensure by 31 October 2010 that it is responding to emergencies defined as "immediately life threatening" promptly in line with national requirements in order that people who use the services receive safe and appropriate care, treatment and support.

The CQC has not taken enforcement action against us during 2009-10.

YAS has not participated in any periodic or special reviews or investigations by the CQC during the reporting period.

Data Quality

"We can only be sure to improve what we can actually measure"

Lord Darzi, High Quality Care for All, June 2008.

Good quality information helps the effective delivery of patient care and is essential to our work to improve the quality of our care.

YAS has made significant effort to develop systems and processes for good data management. This means that both ourselves and our partners can have confidence that the information that we use to measure the quality of our services is reliable and accurate.

Our attainment against the NHS Information Governance Toolkit assessment provides an overall measure of the quality of our data systems, standards and processes.

YAS's score for 2009-10 for Information Quality and Records Management assessed using the Information Governance Toolkit was 55%.

The score was calculated from our attainment levels for the six requirements for ambulance trusts that relate to Information Quality and Records Management.

Our overall attainment score for compliance with the Information Governance Toolkit was 72%.

Our work to improve records management and data quality in 2009-10 included the following:

- **We introduced a standard policy and procedure for clinical records management throughout the Trust.**
- **We put data quality at the heart of our business by adopting a formal information risk management structure. This is led by our Director of Information, Communication and Technology who is our Senior Information Risk Owner. Managers with responsibility for ensuring the data we hold and manage is safe and used in accordance with best practice have been identified and trained.**

For 2010-11 we have made clinical record keeping one of our priorities for improvement. See page 44 for details of how we will be introducing new clinical audit procedures and supporting this with education activities for our staff.

The Health Act 2009 requires us to make the following statements:

YAS did not submit records during 2009-10 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

YAS was not subject to the Payment by Results clinical coding audit during 2009-10 by the Audit Commission.

Review of Quality Performance

In addition to the national response time targets (see page 58), we have selected ten additional indicators to show the quality of our services in 2009-10.

PATIENT SAFETY

1. Achievement against target of achieving one deep clean per vehicle every 28 days
2. Delivery of CQC recommendations for safeguarding children and numbers of referrals made by our staff to specialist services for safeguarding vulnerable adults and children
3. Number of serious untoward incidents
4. Results of NHS Staff Survey questions relating to reporting of errors, near misses and incidents

CLINICAL EFFECTIVENESS

5. Performance against Clinical Performance Indicators
6. Number of referrals made to hypoglycaemia pathways
7. Number of stroke incidents classified as life-threatening emergencies (Category A)

PATIENT EXPERIENCE

8. Number of complaints, concerns and comments
9. Number of compliments
10. Results of NHS Yorkshire and the Humber public satisfaction research 2009

NATIONAL RESPONSE TIME TARGETS

We monitor our performance against these indicators in addition to our national response time targets:

- **to respond to 75% of patients with life-threatening conditions (Category A) within eight minutes**
- **to respond to 95% of patients with life-threatening conditions (Category A) within 19 minutes**
- **to respond to 95% of patients with serious conditions (Category B) within 19 minutes.**

As indicated by the condition on our CQC registration (see page 55 - What Others Say About Us) improving the responsiveness of our service is an important priority for us. Getting to patients with serious and life-threatening conditions quickly is a vital part of providing a safe, high quality service.

We report our performance against these response time targets at every public Trust Board meeting and give a detailed update on our work to reduce our response times in our Annual Report. We have therefore not duplicated this information in our Quality Accounts.

HOW WE SELECTED OUR 2009-10 INDICATORS

As this is our first Quality Accounts, we have chosen these ten indicators as, in our opinion, they give the best picture of the quality of care we have provided for patients over the past year. The indicators are consistent with the priorities we set ourselves in our 2009-10 business plan, our 2009-10 CQUIN targets and the focus of our Trust Board over the past year.

We are pleased to say that the indicators demonstrate significant improvement in the quality of our care over the last year and show that we are one of the leading ambulance trusts for quality. They also remind us that we need to maintain our efforts in all these priority areas in order to sustain and build on our achievements during the year ahead.

For future Quality Accounts we will report on our achievement against the priorities for improvement set out in section 3. We will also be asking our NHS, patient and public stakeholders to tell us what their priorities are for ambulance services and the indicators they would like us to report on.

CONTEXT

When considering the data presented in this section, we suggest that readers should also bear in mind the numbers of patients who use our services.

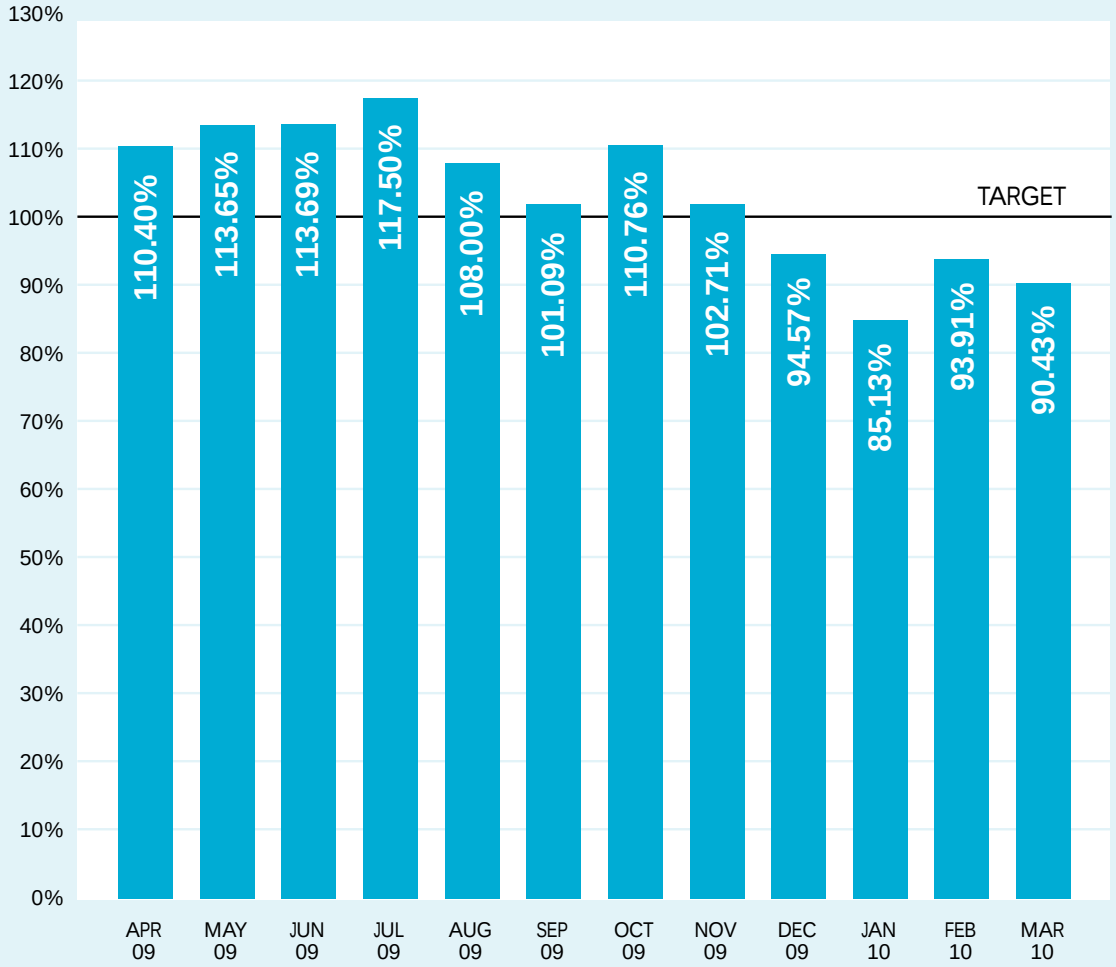
In summary, in 2009-10 we:

- **received 710,916 urgent and emergency calls**
- **responded to a total of 598,895 incidents of which 224,566 were categorised as immediately life-threatening**
- **made 1,199,603 journeys transporting patients to and from their planned hospital appointments.**

Indicator 1 - **Achievement Against Target of Achieving One Deep Clean per Vehicle Every 28 Days**

Department of Health best practice states that every ambulance vehicle should receive a deep clean at least once every 28 days. This is one of the most important ways to reduce the risk of transmission of healthcare associated infections.

The slightly lower number of vehicles cleaned between December 2009 and March 2010 reflects operational pressures, in particular the high demand the Trust experienced during the period of adverse weather conditions and the practical difficulty of removing vehicles from the road during this time.



Indicator 2a - **Delivery of Care Quality Commission Recommendations Following Safeguarding Children Review**

Requirement	Status
Organisation has clear leadership on safeguarding and managers with dedicated responsibilities	**Meeting requirements**
Staff have appropriate training	**Meeting requirements**
Policies and systems are in place	**Meeting requirements**
Systems for monitoring and assurance are in place	**Meeting requirements**
Organisation works collaboratively with partner organisations	**Meeting requirements**
Organisation effectively manages its response to Serious Case Reviews	**Meeting requirements**

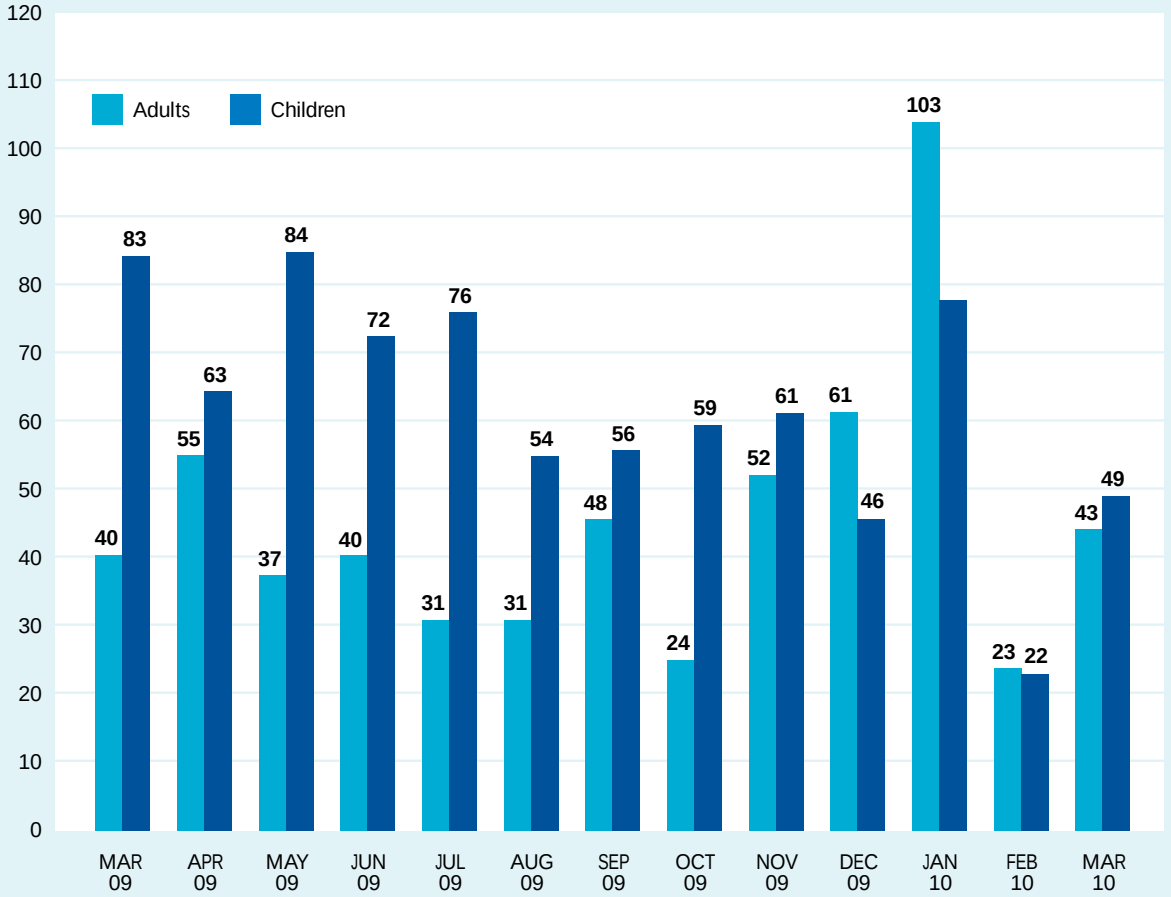
We have published a detailed statement of assurance on our website at

http://www.yas.nhs.uk/publications/Other_Publications.html

Indicator 2b - **Number of Referrals to Specialist Services for Safeguarding Children and Vulnerable Adults**

The welfare of children and vulnerable adults is an ongoing priority and we aim to ensure that patients in our care are safe and protected by effective intervention if they are thought to be suffering, or likely to suffer significant harm.

The numbers of referrals our staff make to specialist services show how vigilant they are being for signs of neglect and abuse and their confidence in the training they have received.



Indicator 3 - **Number of Serious Untoward Incidents**

If errors are made which put patients at risk, or if patients are harmed, we report and thoroughly investigate the incident to ensure lessons are learned for the future. The majority of incidents are reported internally according to Trust processes, but in addition, the most serious incidents are reported to our commissioners as Serious Untoward Incidents.

From April 2009 to March 2010 YAS reported 23 Serious Untoward Incidents.

The latest report (published March 2010) from the National Patient Safety Agency National Reporting and Learning System showed that we reported 387 incidents between 1 April 2009 and 30 September 2009. This was the highest number of reports made by any ambulance trust.

Organisations are encouraged to report incidents as a basis for learning and improvement. Numbers of incidents reported are seen as an indicator of whether an organisation has an effective safety culture.

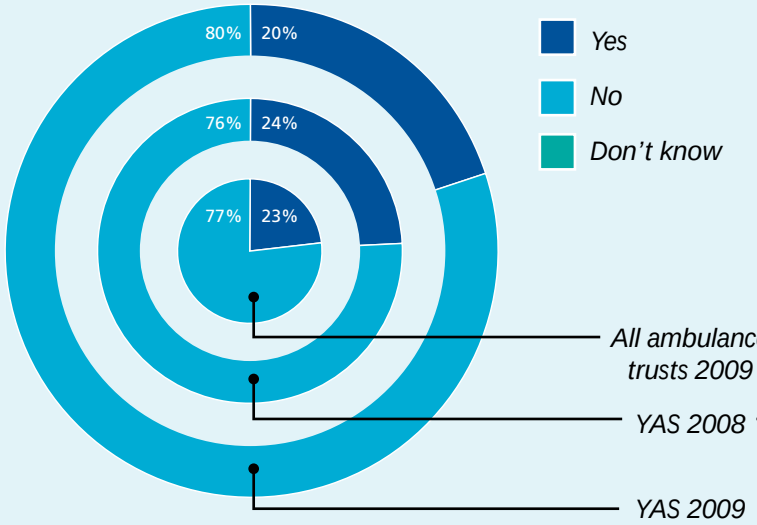
Incident type	Number
Delayed response	8
Equipment failure	4
Incorrect categorisation	1
Road traffic collision	1
Procedural deviation	1
Incidents involving other organisations	2
Adverse drug reaction	1
Clinical care	2
Other	3

Indicator 4 - Results of 2009 NHS Staff Survey Questions Relating to Reporting of Errors, Near Misses and Incidents

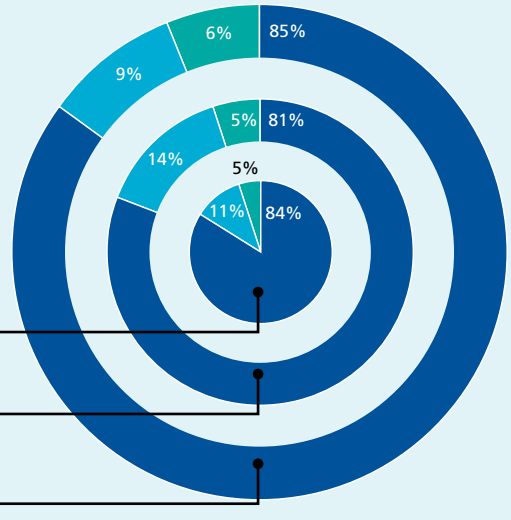
The national NHS Staff Survey, coordinated by the CQC, has been carried out for the past six years.

It provides reliable data about how staff feel about working in our Trust and what staff experience in their working lives. There are a specific set of questions relating to errors, near misses and incidents. The results show how YAS has improved since 2008.

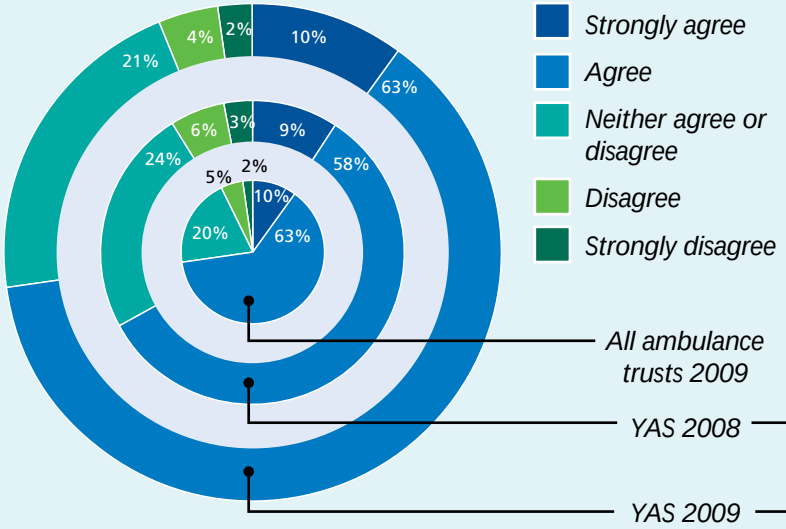
In the last month, have you seen any errors, near misses or incidents that could have hurt patients/service-users?



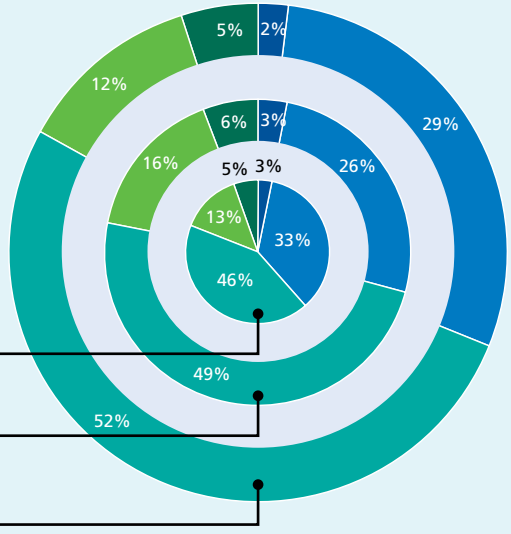
Last time you saw an error, near miss or incident that could have hurt patients/service-users did you or a colleague report it?



My Trust encourages us to report errors, near misses or incidents



When errors, near misses or incidents are reported my Trust takes action to ensure that they do not happen again



Indicator 5 - **Performance Against Clinical Performance Indicators**

As explained in our Priorities for Improvement, there are five nationally-agreed Clinical Performance Indicators (CPIs) which relate to conditions where the care of ambulance staff can make a significant difference to patient outcomes. For each indicator there are a number of agreed actions that should be completed for every patient with that condition and we audit our PRFs to identify whether these were carried out. Our performance is reported as the percentage of cases for which our ambulance clinicians carried out these actions compared to the total number of cases.

Our scores are also compared with those of other English ambulance services and a measure calculated for how close we are to the national average score. The z-score describes how many standard deviations above or below the mean score a trust is positioned. The standard agreed by national ambulance directors of clinical care is that a z-score of minus 2 or above indicates that a Trust is performing within acceptable limits in comparison with other Trusts, whereas a score of below -2 indicates underperformance in relation to the other Trusts.

ST Elevation Myocardial Infarction (STEMI)	Nov 2008 Results %	z-score	May 2009 Results %	z-score
Aspirin administered	97.37	0.77	95.73	0.71
GTN administered	86.21	0.62	76.07	-0.49
Initial pain score	78.81	-0.35	not measured	
Subsequent pain score	56.3	-0.56	not measured	
Two pain scores recorded	56.3	-0.48	60.34	-1.10
Morphine alone given	Figures not provided		34.38	-1.29
Analgesia given	55.17	0.02	38.14	-1.50

Cardiac Arrest	Dec 2008 Results %	z-score	June 2009 Results %	z-score
ROSC on arrival at hospital *	17.30	-0.01	13.50	-1.04
Defibrillator on scene	100	0.29	not measured	
Advanced Life Support provider in attendance	not measured		94.61	-1.15
Response to cardiac arrest < 4 minutes	10.86	-0.87	20.36	-0.51

** The June 2009 Return of Spontaneous Circulation (ROSC) result is currently under review by the national ambulance service audit group as there are some inconsistencies in the data sets submitted; this means that the indicator results may not be directly comparable between ambulance services.*

Stroke	Jan 2009 Results %	z-score	July 2009 Results %	z-score
Face, Arm, Speech Test (FAST) recorded	84.59	-0.18	92.39	-0.08
Blood glucose recorded	90.00	0.97	93.24	0.50
Blood pressure recorded	96.79	-0.53	99.32	0.25

Hypoglycaemia	Feb 2009 Results %	z-score	Aug 2009 Results %	z-score
Blood glucose recorded before treatment	100	0.48	99.65	0.34
Blood glucose recorded after treatment	94.47	-0.39	96.70	-0.03
Treatment for Hypoglycaemia recorded	96.35	-0.61	99.27	0.43

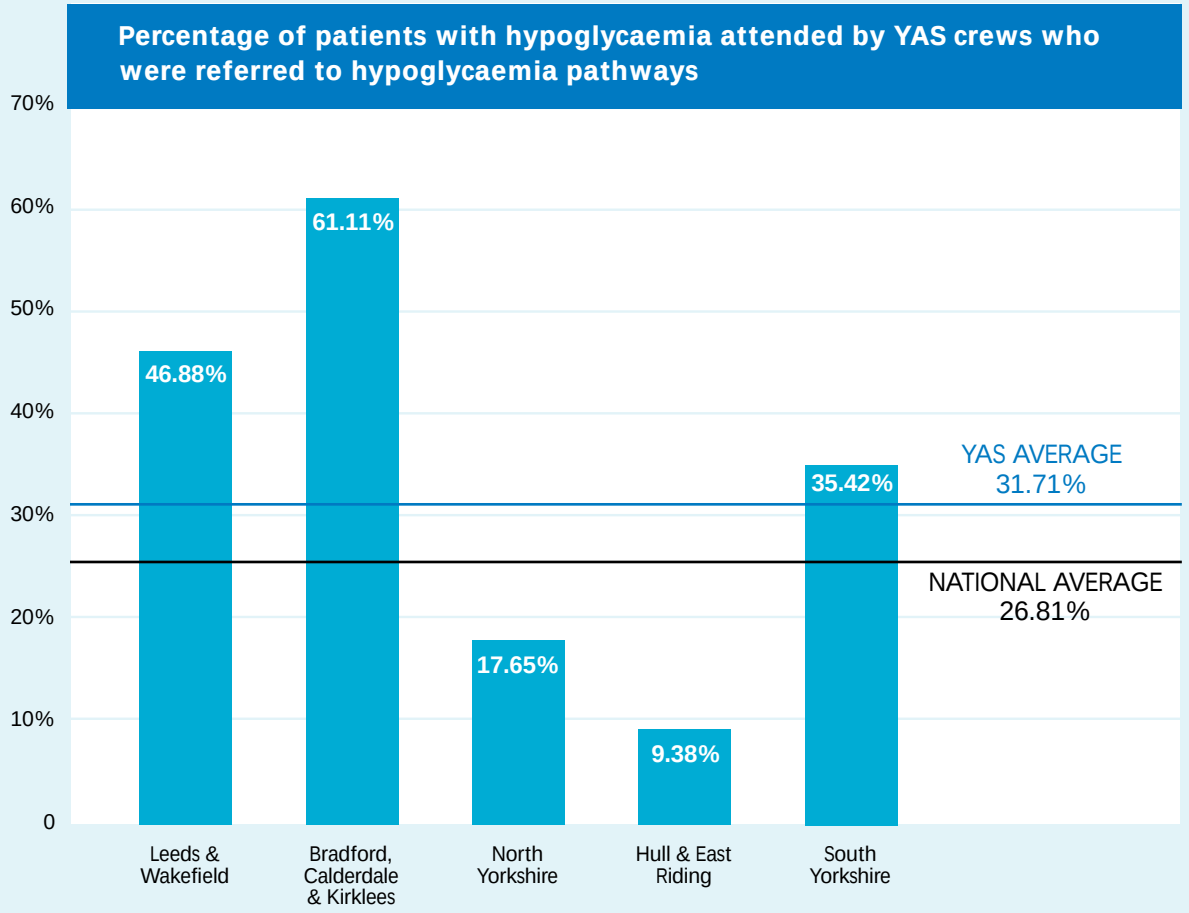
Asthma	Mar 2009 Results %	z-score	Sept 2009 Results %	z-score
Respiratory rate recorded	94.55	-1.09	98.73	0.36
PEFR (peak flow) recorded before treatment	52.78	1.16	45.34	0.94
SpO_2 recorded before treatment	78.22	-0.62	86.08	-0.31
Beta 2 agonist recorded	95.45	0.38	98.31	0.78
Oxygen administered	96.50	1.02	94.07	0.31

Indicator 6 - **Number of Referrals to Hypoglycaemia Pathways**

Following a 999 call for a hypoglycaemic episode (where blood sugar has fallen very low), patients across much of Yorkshire are referred to diabetes specialist nurses who provide follow-up care. Referral may not be appropriate for all patients attended, but those referred in this way have reported that it helped them understand the importance of monitoring their blood sugar, how to recognise warning signs of low blood sugar and how to prevent problems in the future.

A total of 1,409 patients were referred to diabetes teams by YAS staff in 2009.

In August 2009 an audit of referrals was carried out as part the data collection for Clinical Performance Indicators. The results shown are the percentage of the total number of patients with hypoglycaemia attended by YAS crews who were referred to hypoglycaemia pathways.



Indicator 7 - **Number of Stroke Incidents Classified as Life-threatening Emergencies (Category A)**

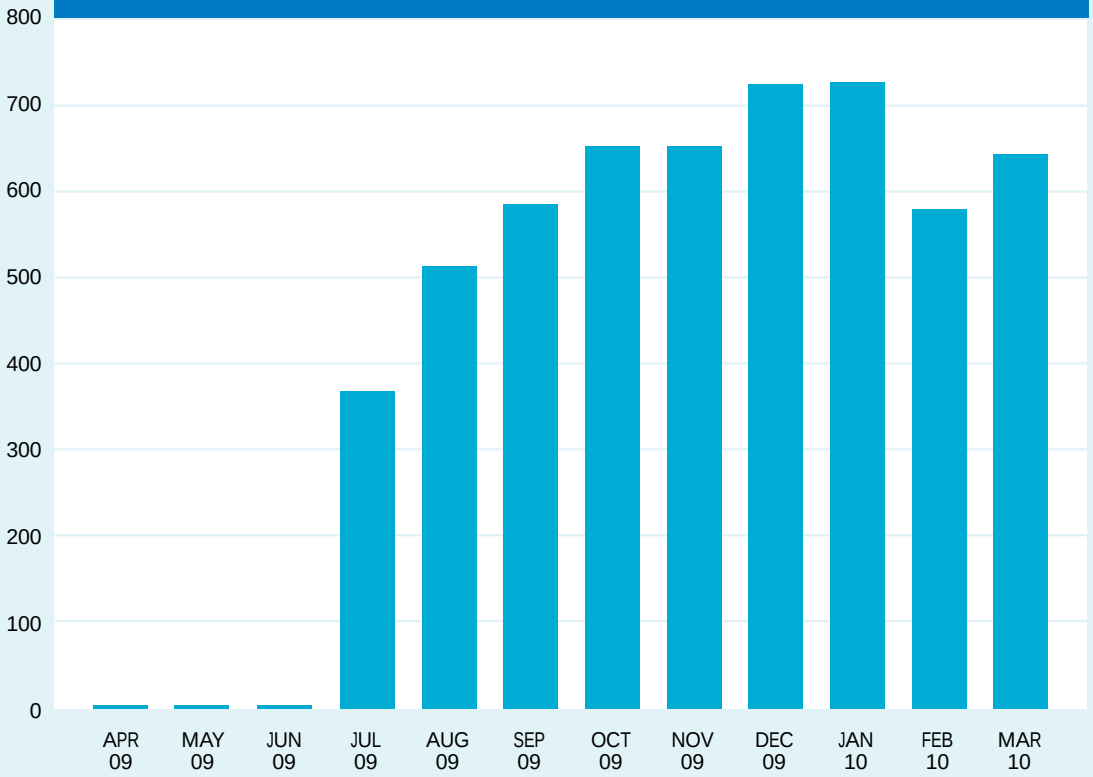
In the last ten years treatments for strokes, which have been caused by a blood clot, have developed to offer these patients a drug treatment that can almost reverse this disabling condition for some. YAS has agreed pathways to refer these patients for rapid assessment and treatment. This year the number of hospitals with pathways has increased from 12 to 20 (out of the 24 hospitals to which YAS staff take patients). From 1 April 2010 this number increased again to 22 out of 24.

The patients need to present within three-and-a-half hours of first symptoms so acute stroke is now handled as a medical emergency. This meant a change to the call-handling procedure in our 999 communications centres. Stroke is now given the highest priority for response – Category A.

The graph opposite shows the increase in numbers of patients with stroke identified as Category A since the new pathways have been developed.

Looking ahead, in association with Sheffield University and NHS Sheffield, we are planning to conduct an audit of the outcomes for patients referred via the Sheffield stroke pathway.

Increase in numbers of patients with stroke identified as Category A since the new pathways have been developed



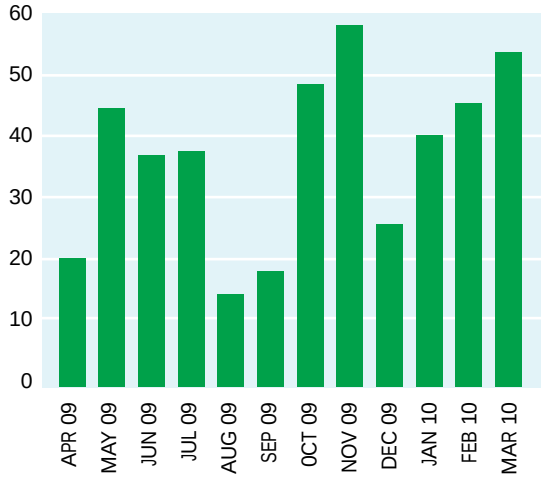
Indicator 8 - **Number of Complaints, Concerns and Comments**
Indicator 9 - **Number of Compliments**

YAS staff work very hard to get the job right first time but, with busy services, mistakes can happen and problems occur. When people tell us about their experiences we listen, if necessary put things right, and learn for the future.

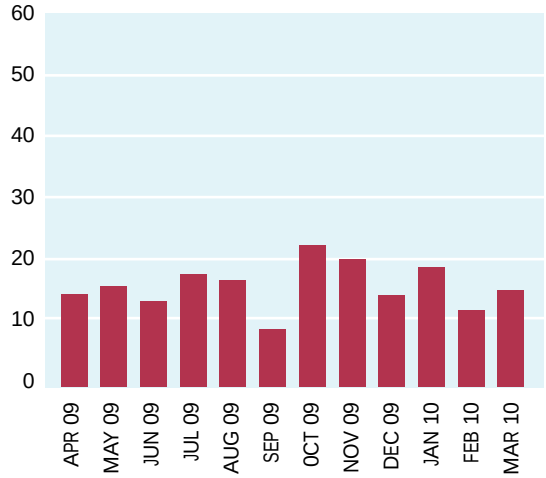
As well as telling us when things go wrong, we are very pleased when people tell us about a good experience of our services. When someone tells us about the good service provided by a member of our staff their director sends them a personal letter to acknowledge their good service.

	Definition
Complaint	Any expression of dissatisfaction that requires a formal response.
Concern	Where a member of the public or a patient wishes to make YAS aware of an event or incident and where they require informal feedback.
Comment	Where a member of the public or a patient wishes to make YAS aware of an event or incident but where they indicate that no further action is required.
Compliment (attitude – positive)	Any expression of satisfaction with a service made by a customer about the organisation. A compliment may be made about an individual, team or the service as a whole.

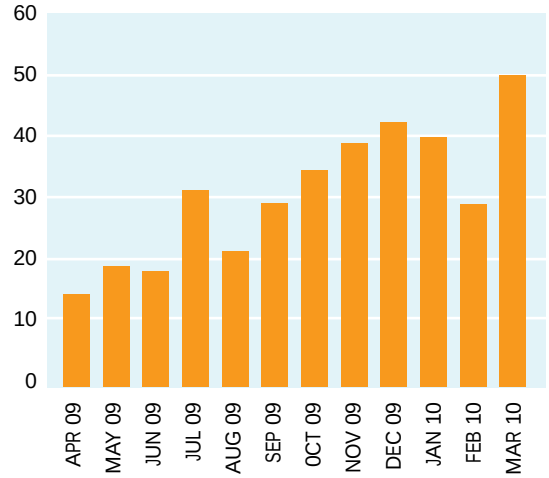
Attitude - positive



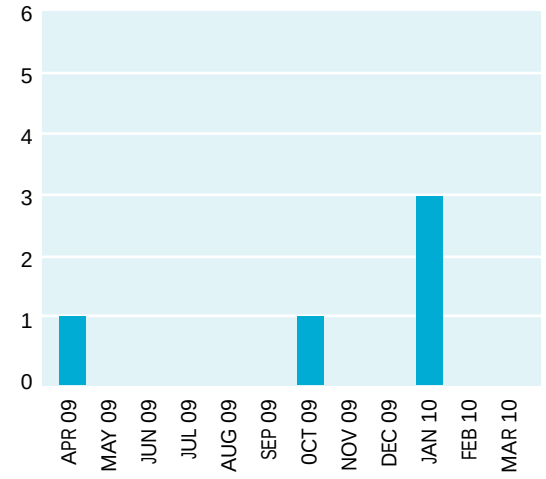
Attitude - negative



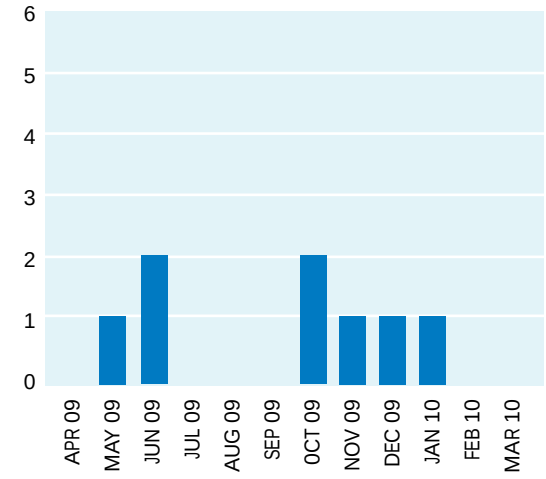
Procedural deviation



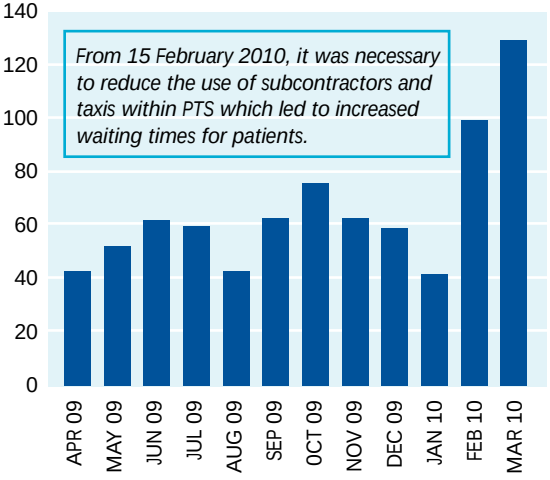
Road traffic collisions



Equipment failure



Delayed, inappropriate, no response



Indicator 10 - **Results of NHS Yorkshire and the Humber Public Satisfaction Research 2009**

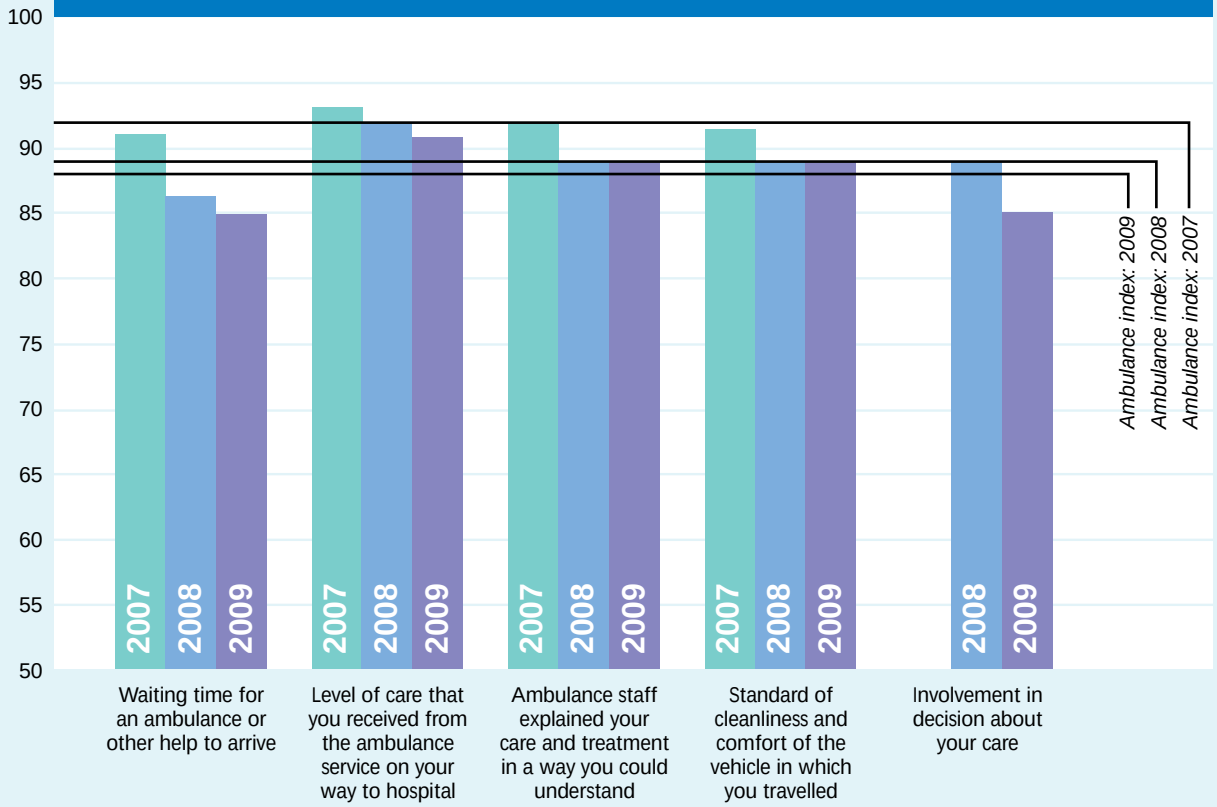
This research measured and analysed levels of public and patient satisfaction with NHS services within the NHS Yorkshire & Humber region. It was based on a large-scale quantitative survey followed-up by qualitative research in the form of discussion groups.

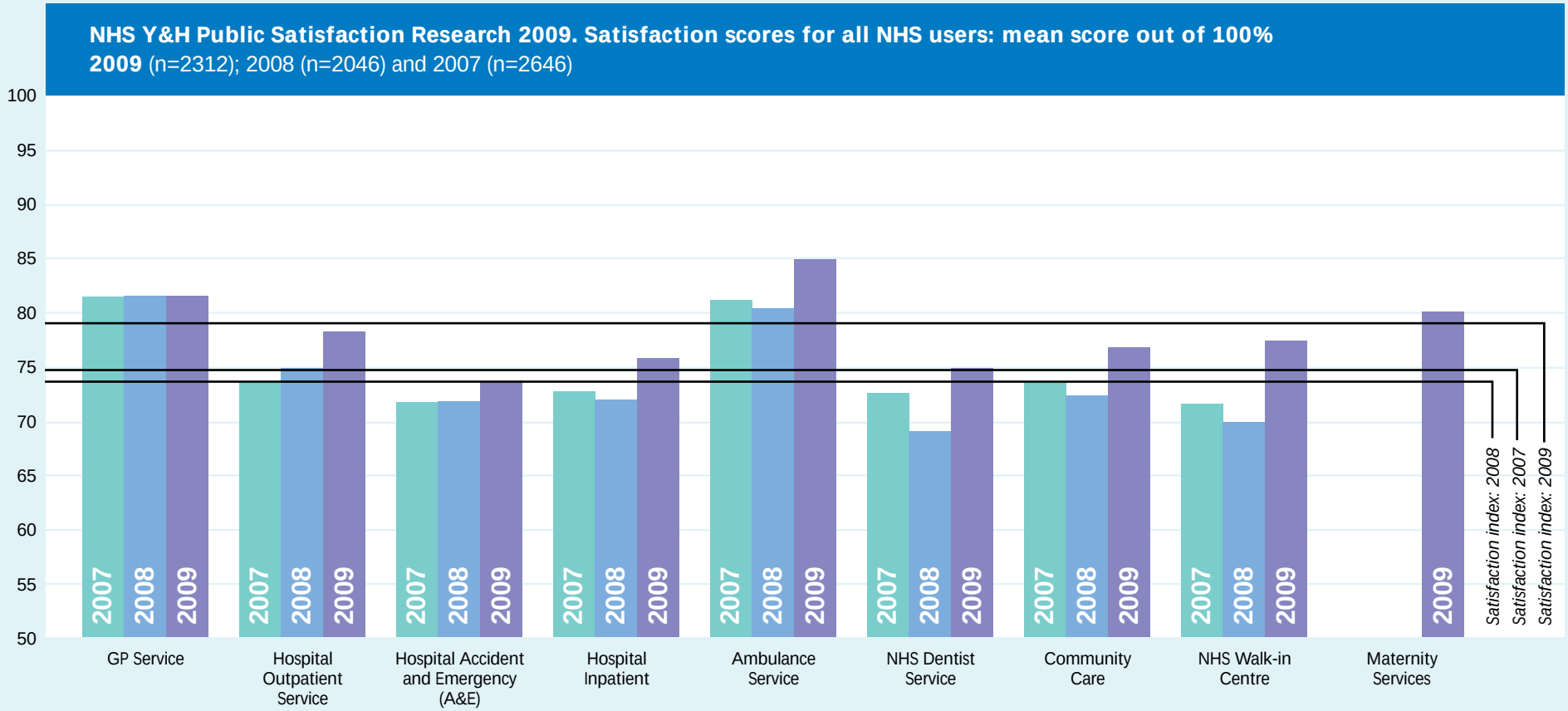
Of the 3,980 people responding to the survey (both service users and non-users), 89% said they were satisfied or highly satisfied with the ambulance service. This was the highest satisfaction score for any NHS service in the region.

Patients who had used ambulance services (either the 999 emergency service or the PTS) in the last 12 months were asked further questions about their satisfaction with the service they received.

NHS Y&H Public Satisfaction Research 2009. Satisfaction scores for ambulance service users: mean score out of 100%

Base: Total users 2009 (n=179); 2008 (n=116) and 2007 (n=111)




NHS Y&H Public Satisfaction Research 2009. Satisfaction scores for all NHS users: mean score out of 100%
2009 (n=2312); 2008 (n=2046) and 2007 (n=2646)
100
95
90
85
80
75
70
65
60
55
50
2007
2008
2009
GP Service
Hospital Outpatient Service
Hospital Accident and Emergency (A&E)
Hospital Inpatient
Ambulance Service
NHS Dentist Service
Community Care
NHS Walk-in Centre
Maternity Services
Satisfaction index: 2008
Satisfaction index: 2007
Satisfaction index: 2009

Statements from Commissioners, Overview and Scrutiny Committees and Local Involvement Networks

An essential part of our Quality Strategy is effective engagement and involvement with our partner organisations. This helps us to ensure that the services we provide meet the diverse needs of our local communities in Yorkshire.

As part of our ongoing dialogue and discussion with our key partners we have asked them to provide feedback on our Quality Accounts and published these comments in full.

We have listened to the views and issues put forward to us, and we have made some changes based on these comments. Some of the feedback from Local Involvement Networks (LINks) and Overview and Scrutiny Committees (OSCs) relates to the use of jargon and technical language used in the Accounts, and we have therefore made a number of changes to make it more easy to read for members of the public.

A number of specific issues were raised by LINks, including a desire to receive more in-depth information on safeguarding procedures and training. The Trust has strong systems and processes in place to safeguard children and vulnerable adults and will use the regular meetings planned between the Trust and LINks to share and discuss the relevant information. We will also use these regular meetings as an opportunity to consider the helpful suggestions from LINks about how we might measure patient experience.

A specific suggestion was raised by the LINks in relation to setting a projected figure for the referral of patients into the falls care pathway. We have agreed with our commissioners that this projected figure will be set in September 2010, following the collection of initial baseline information on referrals to the different services across the county.

The comments from North Yorkshire Scrutiny of Health Committee make reference to the ambulance response time performance. Significant improvements have been made to systems and processes to ensure that national target response times can be achieved in the coming year and this is one of our top priorities. Over recent months, the Trust has strengthened its systems and processes for managing sickness absence and these measures are beginning to have a positive impact.

Detailed reports on response times for 2009-10 will be published as part of the YAS Annual Report 2009-10. The performance reports presented to our Trust Board during the year are also available to members of the public through the YAS website at www.yas.nhs.uk

As with the LINks, we will work closely with the OSCs over the coming year, using their feedback as the basis for further discussion and to help us improve our services over the year ahead.

STATEMENT FROM COMMISSIONERS

NHS Bradford and Airedale is the lead Commissioner for YAS and we are pleased to be able to review and comment on the 2009-10 YAS Quality Accounts on behalf of our Associate Commissioners across Yorkshire and the Humber which includes:

NHS Barnsley

NHS Calderdale

NHS Doncaster

NHS East Riding

NHS Hull

NHS Kirklees

NHS Leeds

NHS North Yorkshire and York

NHS Rotherham

NHS Sheffield

NHS Wakefield District

NHS Bradford and Airedale believes that the national introduction of Quality Accounts will support the long-term sustainability of NHS organisations to continually deliver quality improvements and high quality services to all users of NHS services.

As lead Commissioner we acknowledge the continued priority and investment that YAS has placed on quality of its services delivered to the patients and public throughout Yorkshire and the Humber. YAS has made significant progress over the past 12 months in putting quality at the heart of the services that it provides and we are especially pleased that YAS has:

- **declared full compliance against all of the NHS core standards**
- **complied with all of the requirements of the Hygiene Code**
- **been rated as excellent in the delivery of the Clinical Performance Indicators**
- **developed its first Quality Strategy**
- **focused on improving the experience of patients at the end of their lives.**

During 2009-10 NHS Bradford and Airedale has been included in the review of the six priority areas for improvement that are detailed in the Quality Accounts. The continued focus that YAS has placed on these priorities has led to real improvements in the services that are delivered.

NHS Bradford and Airedale fully supports the priority areas and future initiatives that have been developed for 2010-11 and many of the areas that have been highlighted are also part of the regional CQUIN scheme. We also believe that these priorities are representative of the services that YAS delivers.

Unfortunately YAS's underperformance against the national ambulance response time targets was not reflective of the improvements in quality that we are witnessing. NHS Bradford and Airedale is pleased that YAS has included the monitoring of its operational response performance in its Quality Accounts.

Finally, NHS Bradford and Airedale would like to commend YAS on the way in which it has engaged with the quality agenda throughout 2009-10.

STATEMENT FROM LOCAL INVOLVEMENT NETWORKS

This response to the YAS Quality Accounts was compiled at a meeting with representatives from LINks in Sheffield, Kirklees and North Yorkshire.

Written submissions were also received in advance from LINks in East Riding of Yorkshire, York and North Yorkshire.

Content:

Regarding specific information in the document the group suggested that:

1. YAS has given its commitment to monitoring performance on a regular basis at a minimum of three public meetings per year. LINks would like to see these meetings widely advertised and a report provided which includes performance figures.

2. YAS lists its new initiatives for 2010-11 and more specific detail could evidence what training those in key safeguarding roles will receive; also LINks would be interested in the process of how YAS will engage with other agencies on safeguarding issues. For example LINks would like further information about the checks in place when YAS uses subcontractors to provide services.

3. With regard to patient safety, LINks will be asking YAS to provide additional assurance that, where people are identified as vulnerable and may possibly be experiencing abuse, YAS has operational processes in place to robustly alert safeguarding authorities.

4. With regard to electronic scan/storage of audit data, LINks suggest that an analysis of how much easier the new system proves to be is included in the process, and how the resulting data will be used. Also that future initiatives include the use of electronic forms at all points in the process.

5. The patient pathways section could include a projected figure for the planned increase of referrals to the falls care pathway for the 65+ age group.

6. Measuring Patient Experience - LINks supported the measures identified by YAS and suggested these could further be enhanced by the following:

   - The response times to 0845 numbers be a measure, and call centre staff training, including local knowledge, be monitored.
   - Comment cards for monitoring PTS be available in hospital discharge lounges.
   - PTS scheduling be made a focus, especially where:
     - patients miss appointments due to transport arriving late
     - journeys are lengthened by picking up other patients en route
     - patients experience delays in being returned home
     - transporting very ill patients and patients requiring frequent journeys.

7. LINks commended the development of a research proposal into the use of ultrasound in pre-hospital care.

8. As well as working with YAS in 2010-11, LINks will be engaging with the primary care trusts (PCTs) that commission ambulance services. Assurance will be sought that 75% of Category A and B calls will be achieved in all localities through commissioning at PCT level.

YAS reports its progress on reviewing quality performance against the indicators at every public Trust Board. An appendix of the full performance, complete with reasons where performance fails to meet the targets, should be included.

Format and structure:

Regarding the format and structure of the document members have suggested that:

- further detail be provided to support some statements made, by the inclusion of specific examples
- the document be written in plain English and a glossary of terms provided.

LINks considered who the target audience is for the Quality Accounts document, and suggested that, if aimed at the public, the section on the aims for clinical effectiveness should be re-written in plain English, and, where medical terms must be used, that a brief layman's explanation be provided.

The statistical graphs and charts at the end of the document should have reference made to them within the body of the text along with a guide to interpreting the different types of data.

Conclusion:

LINks welcome the opportunity to work with YAS on ensuring the provision of quality services through engaging with local communities, and acknowledge the efforts made by both LINks and YAS to build a working relationship. LINks sees its role as that of a critical friend and thereby helps YAS to improve its effectiveness for the benefit of patients. LINks' main point regarding the Quality Accounts is to ensure it is written in everyday language to facilitate engagement.

STATEMENT FROM ROTHERHAM METROPOLITAN BOROUGH COUNCIL'S ADULT SERVICES AND HEALTH SCRUTINY PANEL

These comments from Rotherham Metropolitan Borough Council's Adult Services and Health Scrutiny Panel were agreed at its meeting on 1 April 2010.

Safeguarding Children and Vulnerable Adults

When the Adult Services and Health Scrutiny Panel held a themed meeting to look at 'Meeting the Needs of Patients with Dementia' on 21 January 2010, it was reassured of YAS's commitment to safeguarding vulnerable adults through current and planned training of its staff.

It was also explained to the Panel that any additional needs relating to a patient's dementia would be conveyed to Emergency Department (ED) staff, in conjunction with medical information relating to the emergency for which the ambulance was called.

Review of Quality Performance

When the Adult Services and Health Scrutiny Panel looked at 'Emergency ('999') Services - Performance in Rotherham' on 9 July 2009, Chief Executive Martyn Pritchard confirmed that not only had the Category A eight-minute target been achieved in Rotherham, but that this level of performance was sustainable with the extra staff employed, improved information technology and more staff 'off station on standby'.

STATEMENT FROM NORTH YORKSHIRE SCRUTINY OF HEALTH COMMITTEE

The North Yorkshire Scrutiny of Health Committee intends to offer commentary on Quality Accounts based on its recent experience YAS.

Last year representatives from YAS attended two committee meetings and, at each, ambulance response times were highlighted as a key issue.

The Committee was informed that the YAS year-to-date figure in November 2009 for meeting the Category A call response time of eight minutes was only 68.9% in North Yorkshire. The national target is 75%. In the Hambleton/Richmondshire area, a particularly rural part of the county, the figure was 59.8%.

The data quoted may actually conceal a more worrying picture of the service in North Yorkshire relative to the more urban communities served by YAS, as it relies heavily here on single paramedics responding to Category A calls. For monitoring response times the clock stops when the paramedic arrives which is sometimes well before the ambulance, if required, actually arrives to take the patient to a hospital. Due to the geography of North Yorkshire and the location of the EDs, ambulances will take significantly longer to arrive with the patient at an ED than ambulances undertaking the same task in an urban area.

The concern is that the delay in the actual ambulance arriving at the patient's address (possibly masked in response time data by the use of single paramedics) is compounded by a longer return journey to the hospital. Currently this total duration time to arrive at hospital is not covered by performance monitoring data. The Committee accepts that this is not an issue solely for ambulance services so it will be considering taking this up with the Department of Health.

However, the Committee does feel that improving response times should feature more prominently in the YAS Quality Accounts.

In part, the situation outlined is mitigated by the extensive use of the two air ambulances that cover North Yorkshire for urgent transfer of patients to the distant hospitals. However, these air ambulances do not operate in poor weather conditions or generally at night.

In the light of all this the Committee feels that YAS should use the Quality Accounts initiative as an opportunity to develop its existing links with the air ambulance services.

Worryingly, the Committee has learned of high levels of sickness absence (in the range of 10% during July to October 2009) amongst the YAS frontline staff that serve the county. This has occasionally resulted in ambulance stations being staffed insufficiently, delaying ambulances from being sent on emergency calls that involve a journey to hospital.

If ambulance stations are not properly manned it is impossible for the service to deliver a quality service in terms of safety and patient experience. Data on this aspect of the service could be included in the Quality Accounts with actions to address the underlying problems.

Finally the Committee would like to commend YAS on the exemplary way in which its senior staff have engaged with the Committee.

County Councillor Gareth Dadd

Chairman - North Yorkshire Scrutiny of Health Committee

STATEMENT FROM SHEFFIELD HEALTH AND COMMUNITY CARE SCRUTINY BOARD

Sheffield Health and Community Care Scrutiny Board considered YAS's Quality Accounts at its meeting on 23 April 2010.

In summary, the Board welcomed the publication of the Quality Accounts and noted the following points:

- The Board would like to see the report written using a style and language that is accessible to members of the general public.
- The Board would like to see the information presented in a way that allows year-on-year comparisons and for the commentary to help readers with their interpretation of the data.

The Board maintains an ongoing dialogue with YAS regarding matters of performance, winter planning and service development in the Sheffield area. It will maintain its focus on these key areas over the year ahead.

Financial Summary

Contents

Operating and Financial Review

STRATEGY DEVELOPMENT

The five-year business plan, which was approved at the March 2009 Trust Board meeting and came into effect from 1 April 2009, identifies the Trust's eight strategic objectives. These objectives, which provide a framework for activity and organisational focus, are:

- **Clinical Excellence**. Ensuring that everything we do leads to patient benefit, excellence in clinical care and access to the most appropriate and timely care for all our patients.
- **Resilience**. Maintaining business continuity at all times, whilst having the capacity and ability to respond appropriately to emergencies or crises.
- **Our Patients**. Putting the patient at the heart of our work by ensuring that every policy and practice supports their physical and mental well-being.
- **Our Partners**. Proactively working together with our partners to deliver integrated services that meet current and future standards for world-class healthcare.
- **Quality**. Embedding the Principles of Quality throughout the Trust to deliver continuous improvements in all our services.
- **Our People**. Recognising that the excellence, professionalism, well-being and personal development of our staff and volunteers are key to the success of everything that the Trust does.
- **Environment**. Creating a high quality, efficient and safe workplace that reduces our negative environmental impact.
- **Finance**. Delivering sound financial management and value for money.

We delivered against a number of these objectives in 2009-10 which positively contributed to improvements in clinical excellence, quality, resilience, our patients, partners and people and financial management. However, a significant improvement is required in the area of response time performance.

The establishment of the five-year business plan and its implementation through the annual business cycle of the Trust demonstrates the progress we have made in our business processes. This includes:

- the Annual Business Plan for 2010-11 which was approved at the March 2010 Trust Board meeting
- the five-year Integrated Business Plan will be continuously updated to ensure we always have a five-year view of the future
- Foundation Trust application proposals and timetable
- corporate review of the vision, values and strategic objectives in summer 2010.

SERVICE PERFORMANCE

A detailed overview of service performance in 2009-10 is provided in the 'Performance Update' section of this annual report on page 6.

Looking forward into 2010-11, the Trust is planning to deliver substantial service improvements as follows:

- Plans are in place to ensure the A&E service consistently achieves national target performance of reaching 75% of patients within eight minutes for Category A calls as measured under the Call Connect standard.
- Our commitment is to deliver the national target performance of 95% of responses in 19 minutes through the A&E operational improvement plan.
- The PTS improvement plan will continue to be rolled out through the forthcoming year.

FINANCIAL PERFORMANCE

Income and Expenditure

The Trust's underlying financial position has remained stable and we have managed the in-year increase in demand for our services over and above the planned volumes. This was in addition to absorbing the costs of external factors of adverse winter weather, pandemic flu and ever-increasing fuel prices.

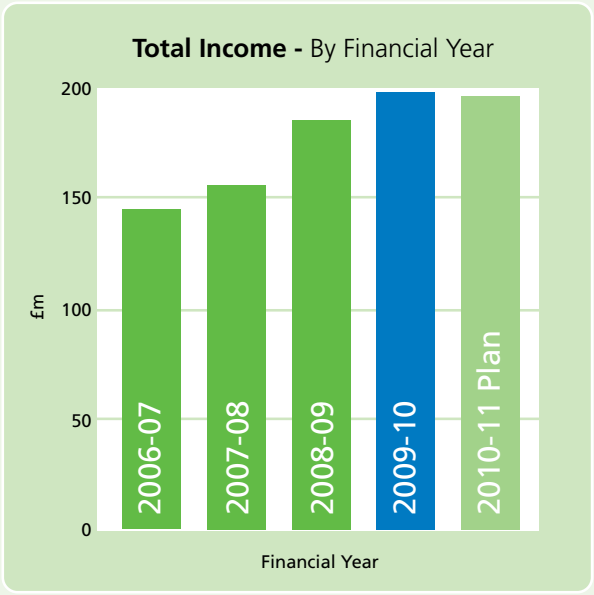
We have maintained appropriate control of our expenditure through 2009-10 which enabled us to deliver a small operating surplus of £518k or 0.26% of income. This was against the balanced budget that the Board approved in March 2009.

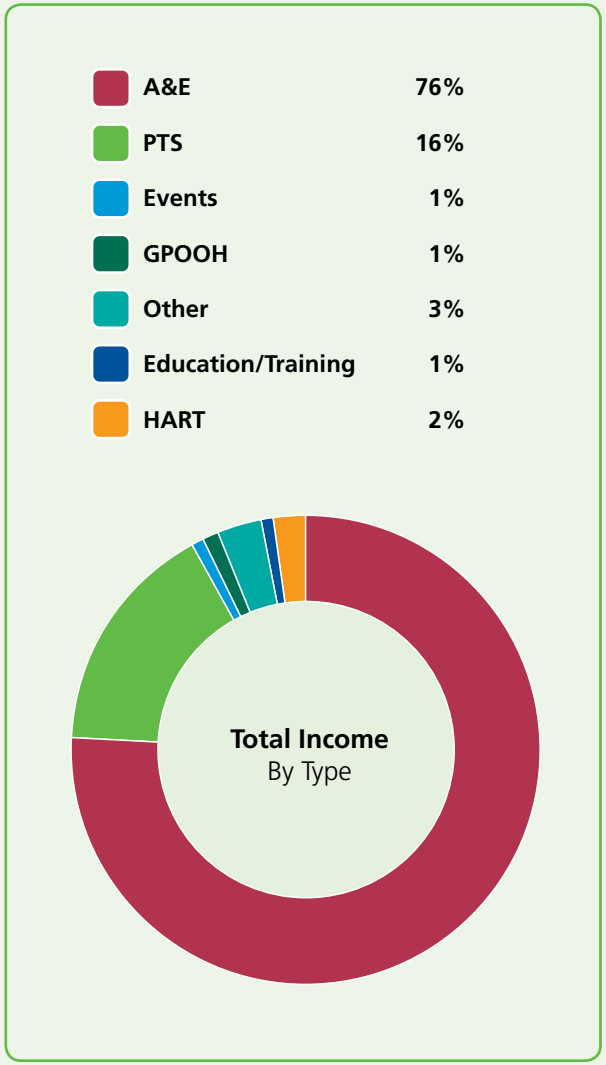
During the year the land and buildings owned by the Trust were revalued in line with Department of Health requirements. The revaluation by the District Valuer, using the Modern Equivalent Asset (MEA) method, resulted in impairments of £6.9m which gave rise to a technical deficit of £6.4m as shown in the accounts.

We are planning to deliver a balanced income and expenditure position in the coming year.

Income

We recognised income of just over £197.9m in 2009-10. This is 6% greater than the income received in 2008-09. The breakdown of this income can be seen in the diagrams below. It included £4.5m of non-recurrent funding from commissioners to buy additional capacity to improve A&E service performance in the first quarter. Income is expected to be £196m in the coming year, of which £1.65m is non-recurrent.

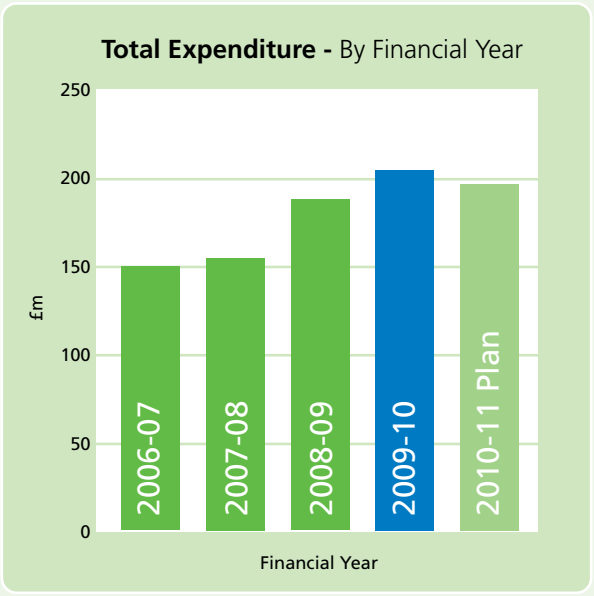


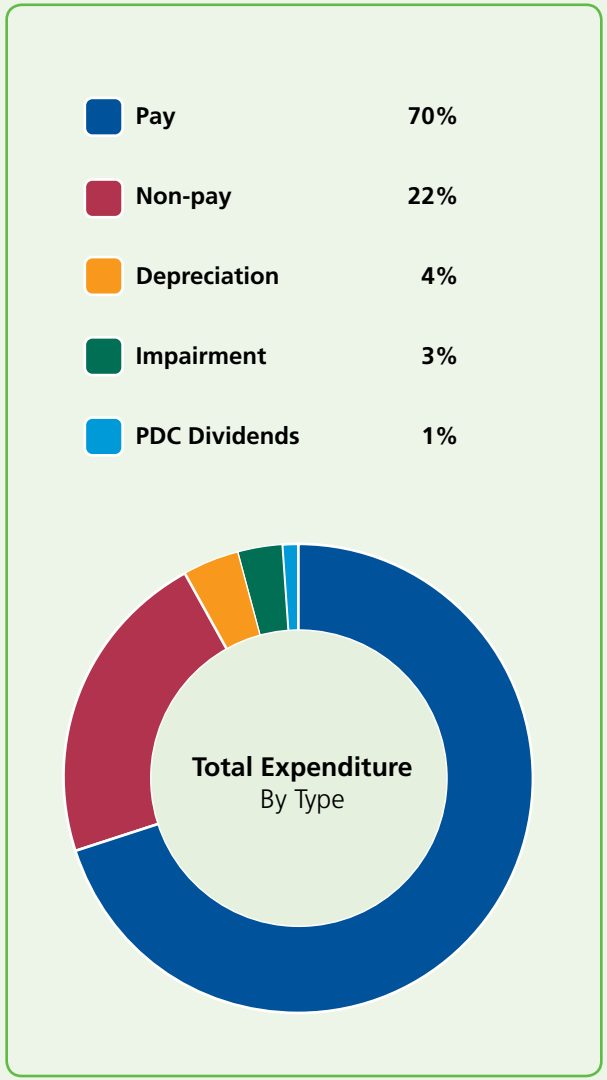


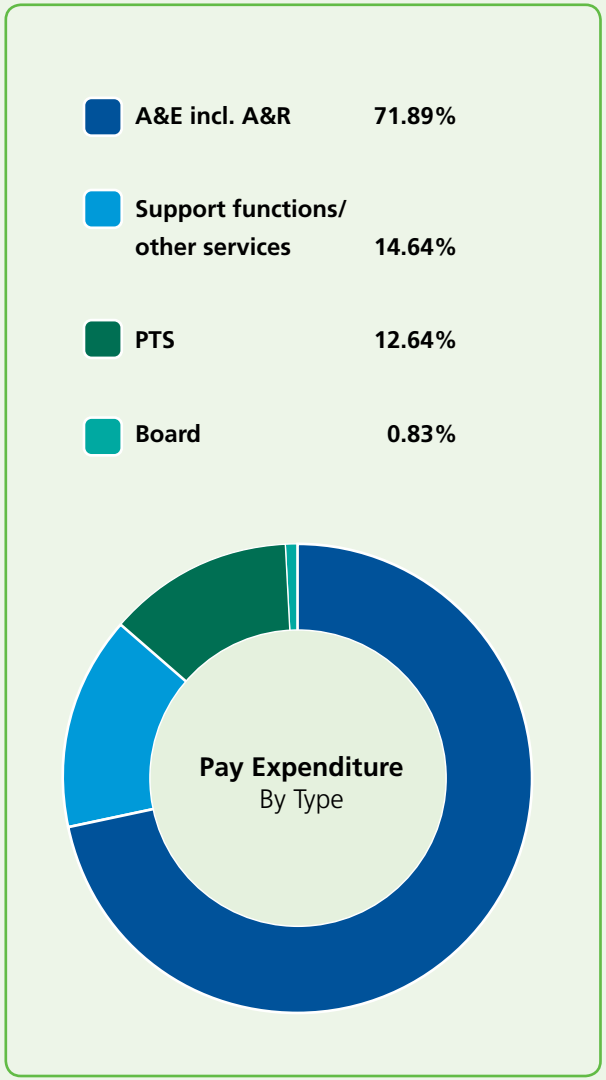
Expenditure

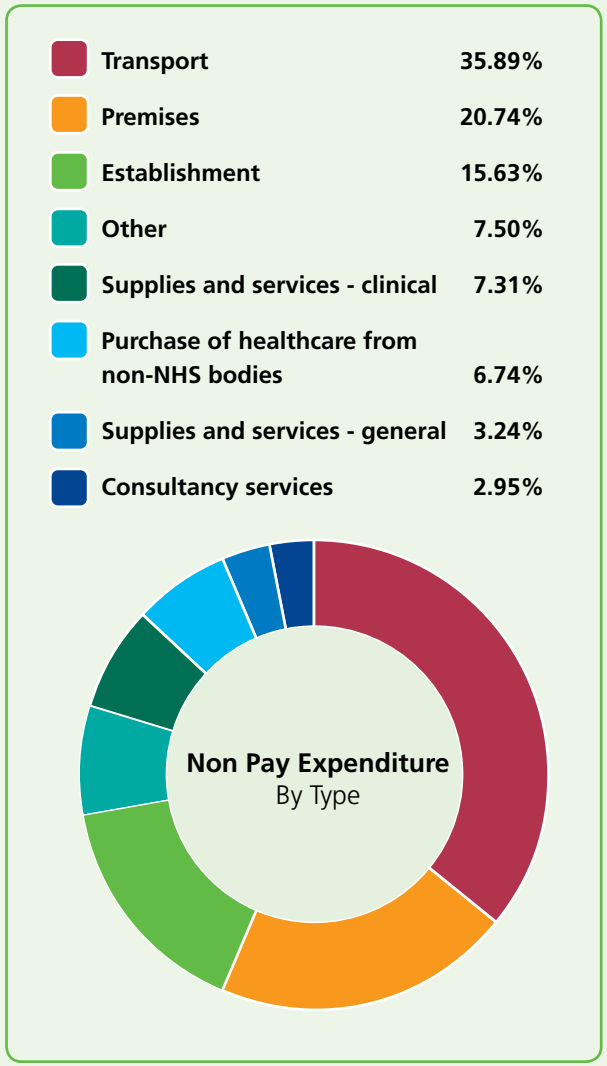
We spent £202.2m on revenue items in 2009-10. This is 5% greater than the expenditure in the previous year. The breakdown of the spending can be seen in the diagrams below.

Expenditure is expected to rise in 2010-11 through inflation and cost pressures totalling 5% but be offset by a cost reduction programme. This will ensure that expenditure remains in line with income. Any investment in improved operational and risk management and delivering training to improve staff skill mix will be met from existing resources.









Cash Releasing Efficiency Savings

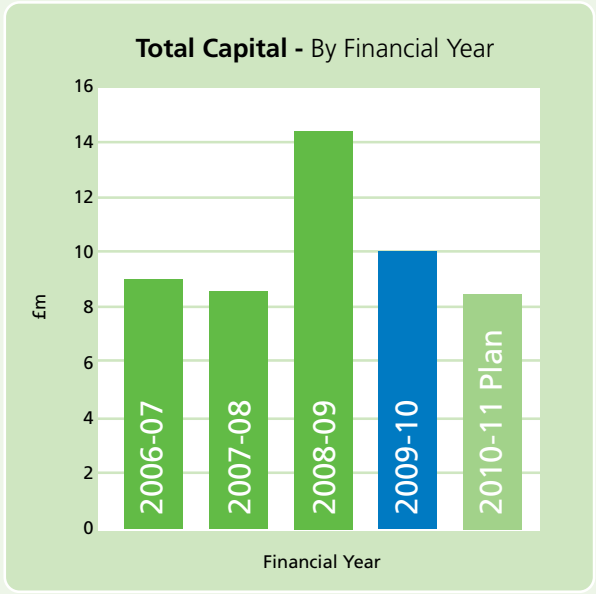
We planned to achieve £9.3m savings in the year which included some demanding targets against which we had a contingency of £2.8m. We delivered £7.0m savings in the year. The difference was due to the non-achievement of the PTS cost improvement target and delays in achieving the carbon reduction target.

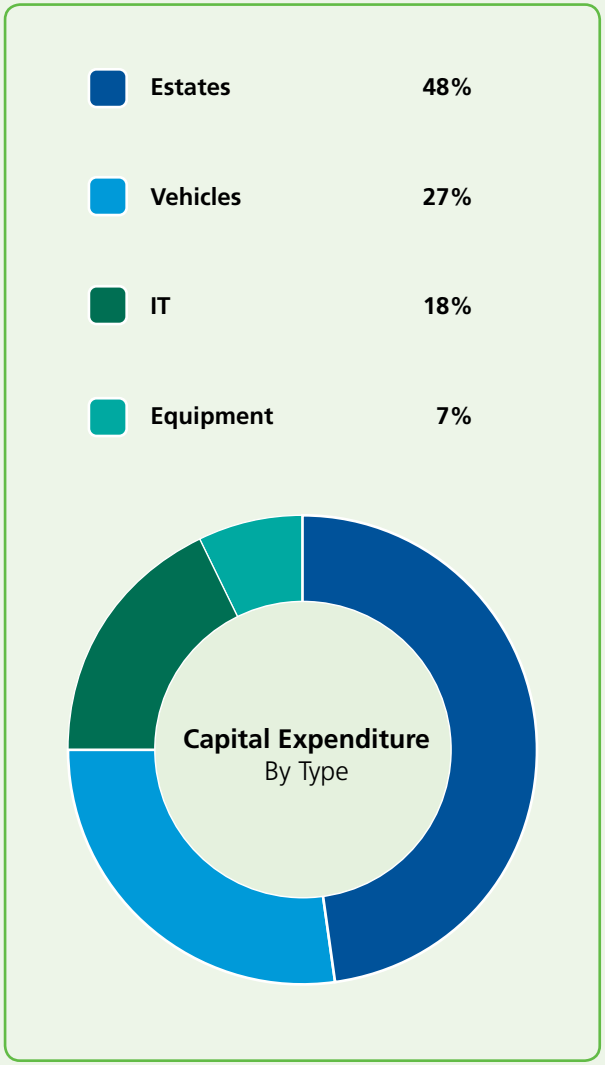
Looking forward to 2010-11 we are targeting a further £15.5m savings. This is an ambitious target so we have put aside a reserve of £2.5m to cover potential non-recurrent slippage.

Capital Expenditure

We spent £10.1m on capital expenditure in 2009-10 which is 30% less than in 2008-09. The breakdown of the spending, which included £1.6m of station refurbishment, can be seen in the diagrams below.

Looking forward to 2010-11 we expect to spend £8.5m. This will include the purchase of 35 new A&E ambulances for £4.4m, including medical equipment.





Cash/External Financing Limit/Loans

The planned cash balance of £3.36m was achieved at the end of the year. We achieved the external financing limit.

We do not have any loans.

Capital Cost Absorption Rate

We achieved 3.5% capital cost absorption rate. This is within the tolerances set by the Department of Health (of between 3% and 4%). The 2010-11 financial plan allows for a 3.5% achievement against this target.

Better Payment Practice Code

The Better Payment Practice Code requires that we aim to pay all undisputed invoices by the due date or within 30 days of receipt of the goods or a valid invoice whichever is the later. 62.9% of non-NHS trade invoices by number and 65.1% by value were paid within the target. 61.0% of NHS trade invoices by number and 63.4% by value were paid within the target. This performance against the target does not reflect our underlying liquidity but is due to inefficiencies in the administrative system that supports the payment of invoices. We have plans in place to improve this in 2010-11.

Impact of the Economic Downturn

In line with reported plans, YAS forecasts to make considerable savings in order to comply with Department of Health objectives, whilst improving the quality of patient care through efficiencies in the delivery of our services.

Our five-year financial plan has accounted for potential impact of these economic factors in NHS finances going forward.

Statement on Internal Control

1. SCOPE OF RESPONSIBILITY

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of 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.

The accountability arrangements that surround my role as Accountable Officer are supported by the management structure, processes and monitoring arrangements set out in our Risk Management and Assurance Strategy and supporting procedural documents. The strategy describes the strategic and operational risks faced by the Trust and places a specific emphasis on information risk which is regarded as inherent in all Trust activities.

The Trust meets with NHS Yorkshire and the Humber (Strategic Health Authority) and our lead commissioner, NHS Bradford and Airedale, on a regular basis to ensure that both the national and local targets are met and risk is mitigated to tolerable levels. The Trust works with its partners through membership of clinical networks across Yorkshire, contractual arrangements with other NHS providers and membership of Resilience Forums and LINks.

2. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives; and
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2010 and up to the date of approval of the annual report and accounts.

3. CAPACITY TO HANDLE RISK

The organisation's risk management committee structure aims to ensure that there is both a coordinated and holistic approach to the management of risk throughout the Trust. The Trust Board has overall accountability for the risk management framework, systems and processes and routinely receives reports on the highest principal risks and associated actions from the Trust's Board Assurance Framework (BAF).

The Trust Board is underpinned by three key Board sub-committees:

- The Audit Committee - see Review of Effectiveness on page 87;
- The Business Delivery Committee, which is responsible for managing risks relating to finance, workforce and operational performance, as well as monitoring and reviewing these elements of the BAF; and
- The Integrated Governance Committee (IGC).

The IGC monitors the effectiveness of the BAF in relation to the Trust's clinical and non-clinical risks together with the measures and controls employed to manage these risks. This committee also oversees the performance management of the Trust's

operating systems and procedures to provide assurance to the Board on governance and compliance.

The IGC is routinely provided with risk management information and assurance from:

- Risk and Assurance Committee
- Strategic Health and Safety Committee
- Infection Prevention and Control Committee
- Information Governance Committee
- Clinical Governance Committee.

Leadership is provided by the Chief Executive Officer (CEO) as I have overall responsibility for establishing and maintaining 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, who ensure that the Risk Management and Assurance Strategy is implemented within their directorates.

The Director of Standards and Compliance provides expert advice to the Trust Board in relation to risk management and ensuring the Trust Board has access to regular and appropriate risk management information, advice, support and training where required. This director has lead responsibility for managing the development and implementation of risk management (excluding financial risk management) and integrated governance.

The Director of Finance advises the Trust Board, the Audit Committee and the IGC on an ongoing basis, about risks associated with the Trust's financial procedures, and the financial elements (capital and revenue) of its activities, through the integrated governance framework.

The Medical Director advises the Trust Board, the Clinical Governance Committee and the Integrated Governance Committee on an ongoing basis, about risks associated with the Trust's clinical procedures.

Members of the Trust Board and all grades of management and staff, where applicable, have been provided with training, education or development in the context of their roles and responsibilities. The Trust utilises the Knowledge and Skills Framework (KSF) which prescribes that risk management forms part of the core competences for managers.

The Standards and Compliance directorate has developed 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.

4. THE RISK AND CONTROL FRAMEWORK

The Risk Management and Assurance Strategy defines the process which specifies the way risk (or change in risk) is identified, evaluated and controlled. The risk management process is designed following the Australia/New Zealand (ASNZS:4360) Risk Management Standards and utilising the risk matrix model of the National Patient Safety Agency (NPSA).

The organisation's major risks are separately identified: those that have been managed in year and also those that will be managed in the future.

Major risks that have been managed this year include the risk of failing to achieve the national ambulance response time targets, and the potential not to deliver necessary improvements to the PTS. These risks are identified as significant internal control issues, which are later detailed in Significant Internal Control Issues on page 88.

The Trust has undertaken a significant amount of work to upgrade to an improved organisation-wide Computer Aided Dispatch (CAD) system, and has successfully mitigated a major risk of failing to introduce the necessary improvements required to deliver a consistent and efficient response service.

The risk of failing to achieve the national ambulance response time targets for Category A (immediately life-threatening), as well as the potential not to deliver necessary improvements to the PTS, will continue to pose major risks in the future. The Trust is registered with the CQC from April 2010 with one condition, relating to achievement of the Category A target, and action is required to ensure compliance by the end of October 2010. There is therefore a potential additional risk associated with this target in ensuring achievement of ongoing compliance with the CQC registration requirements of the Health and Social Care Act 2008.

The Risk Management and Assurance Strategy and associated procedural documents describe responsibilities for embedding risk management throughout the organisation. These documents describe the process and responsibilities for local risk assessment and reporting, as well as the processes for escalating risk from local business areas through the committee structure to the Trust Board.

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 Owner for the Trust is undertaken by the Director of Information and Communication Technology, supported by the Trust's Medical Director as the Caldicott Guardian.

A close working relationship between the Risk team and business planning managers has been established to ensure that business planning informs and is informed by risk management.

In addition to the Risk Management and Assurance Strategy and Corporate Risk Register (CRR), the BAF enables the Board to examine how it is managing risks that are threatening the achievement of strategic objectives. This has been achieved by mapping risks from the CRR to the domains of Standards for Better Health.

The BAF has been designed to comply with the guidance provided in Building an Assurance Framework: A Practical Guide for NHS Boards published by the Department of Health in 2003 as well as subsequent official recommendations.

The BAF and associated action plans are reviewed and updated on a monthly basis, with performance management and exception reports provided for consideration to the IGC, Business Delivery Committee and the Trust Board.

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

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that members' Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

The Trust has undertaken risk assessments and carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that our obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust is fully compliant with the Core Standards for Better Health as at 31 March 2010.

5. REVIEW OF EFFECTIVENESS

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 Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

- external audit reports
- Standards for Better Health Core Standards Self Assessment Declaration
- the CQC's registration process
- ongoing self assessment in respect of the Auditors' Local Evaluation
- Internal Audit reports
- NHS Connecting for Health Information Governance Toolkit.

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 and IGC. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board seeks assurance that risk management systems and processes are identifying and managing risks to the organisation appropriately through the following:

- The Statement on Internal Control and the Board Assurance Framework.
- The Trust's progress against its strategic and corporate objectives.
- Performance reports to the Board outlining achievement against key performance, safety and quality indicators.
- Compliance with national standards.
- Assurance from internal and external audit reports that the Trust's risk management systems are being implemented.
- The annual review of the Risk Management and Assurance Strategy.

The risk assurance infrastructure closely scrutinises assurances on controls to assess their validity and efficiency. A key element of this work will be to ensure that all procedural documents are subject to monitoring compliance against the detail described within them, that they meet with regulatory requirements and that they have considered all current legislation and guidance.

The Risk and Assurance Committee 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 the IGC through to the Board.

The Audit Committee's primary role is to conclude upon the adequacy and effective operation of the organisation's overall internal control system. In performing that 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 BAF. The committee has a pivotal role to play in reviewing the disclosure statements that flow from the organisation's assurance processes. In particular these cover the Statement on Internal Control, included in the Annual Report and Financial Summary. The Audit Committee independently monitors, reviews and reports to the Board on the processes of governance and, where appropriate, facilitates and supports, through its independence, the attainment of effective processes.

With direct access to the chair of the Audit Committee, the Head of Internal Audit develops and maintains a strategy for providing the Chief Executive with an objective evaluation of, and opinions on, the effectiveness of the Trust's risk management, control and governance arrangements.

The IGC is responsible for monitoring achievement against the Trust's strategic objectives, specifically those relating to risk, compliance, quality and safety. This committee monitors the effectiveness of the BAF in relation to the Trust's clinical and non-clinical risks, together with the measures and controls employed to manage these risks. The IGC also oversees the performance management of the Trust's operating systems and procedures to provide assurance to the Board on governance and compliance.

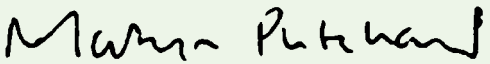
During 2009-10, the Trust's systems of internal control effectiveness have also been reviewed by fully complying with the requirements to participate in other explicit reviews/assurance mechanisms such as the use of a BAF process, the Core Standards for Better Health declaration, the Audit Commission Auditors' Local Evaluation scores and the NHS Litigation Authority Risk Management Standards for Ambulance Trusts.

6. SIGNIFICANT INTERNAL CONTROL ISSUES

The 2009-10 review of the Trust's system of internal control has identified the following significant control issues:

- Further progress has been made during the year in the delivery of the A&E service strategy, although the Trust still has improvements in service delivery to make to fully achieve the national targets for both Category A and Category B response times. The Trust has implemented comprehensive programmes designed to improve performance to achieve these targets which are actively monitored on a weekly basis by the Executive Team and Trust Board.
- The Trust still has to meet the PTS service plan to eliminate the material deficit against income. The Board and Executive Team continue to work with commissioners through an ongoing discussion and review process as part of their work towards successful achievement of the plan for 2010-11.

With the exception of the internal control issues that I have outlined in this statement, my review confirms that YAS 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.



Martyn Pritchard
Chief Executive

Date: 10 June 2010

Remuneration Report: Salary Entitlements of Senior Managers

Details of senior employees' remuneration and pension benefits are set out below and have been audited. Other remuneration and benefits in kind relate to car allowances and private use of Trust vehicles respectively.

Name and title	2009-10			2008-09		
	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in Kind (Rounded to the nearest £00) £00	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in Kind (Rounded to the nearest £00) £00
Martyn Pritchard - Chief Executive	125-130	0	62	125-130	0	62
Simon Worthington - Director of Finance	100-105	0	57	100-105	0	57
John Darley[1] - Director of Operations	N/a	N/a	N/a	60-65	0	20
Ian Walton - Director of Operations - A&E	80-85	0	62	80-85	0	57
Rosie Johnson[2] - Director of OD and HR	40-45	0-5	0	80-85	5-10	0
Alison Walker - Medical Director	120-125	0	0	100-105	0	0
Sue Cooper[3] - Business Development Director	N/a	N/a	N/a	5-10	0	3
Keeley Townend - Director of ICT	75-80	5-10	0	75-80	5-10	0
Sarah Fatchett[4] - Interim Director of Operations - PTS	N/a	N/a	N/a	35-40	0	0
Sarah Fatchett[5] - Director of Operations - PTS	80-85	0	72	30-35	0	20
Jo Pollard[6] - Director of Urgent Care	50-55	0	0	45-50	0	0
Fiona Barr[7] - Director of Corporate Affairs	25-30	0	0	95-100	0	0

[1] Left 30 June 2008. [2] Left 31 August 2009. [3] Left 30 April 2008. [4] Appointed 16 June 2008. [5] Appointed 3 November 2008. [6] Appointed 22 September 2008; Left 15 October 2009
[7] Appointed 14 April 2008; Transferred role 12 July 2009

Name and title	2009-10			2008-09		
	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in Kind (Rounded to the nearest £00) £00	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in Kind (Rounded to the nearest £00) £00
David Forster[8] - Director of Corporate Affairs	20-25	0	0	N/a	N/a	N/a
David Forster[9] - Director of Policy and Strategy	55-60	0	0	N/a	N/a	N/a
Steve Page[10] - Director of Standards and Compliance	35-40	0	16	N/a	N/a	N/a
Wendy Foers[11] - Director of OD and HR	75-80	0	0	N/a	N/a	N/a
Keith Prior[12] - Director of Operations - A&E	15-20	0	0	N/a	N/a	N/a
Nick Varey - Chairman	20-25	0	0	20-25	0	0
Stuart Ellis[13] - Non-Executive Director	N/a	N/a	N/a	0-5	0	0
Roger Holmes - Non-Executive Director	5-10	0	0	5-10	0	0
Nancy Murgatroyd - Non-Executive Director	5-10	0	0	5-10	0	0
Richard Roxburgh - Non-Executive Director	5-10	0	0	5-10	0	0
Nina Wrightson - Non-Executive Director	5-10	0	0	5-10	0	0
Paul Osborne[14] - Non-Executive Director	5-10	0	0	N/a	N/a	N/a

[8] Appointed 13 July 2009; Resigned 4 October 2009. [9] Appointed 5 October 2009. [10] Appointed 5 October 2009. [11] Appointed 19 August 2009. [12] Appointed 8 February 2010
[13] Resigned 31 December 2008. [14] Appointed 1 April 2009

Remuneration Report: Pension Entitlements of Senior Managers

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at aged 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2009 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2009 £000	Cash Equivalent Transfer Value at 31 March 2008 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £00
Martyn Pritchard Chief Executive	0-2.5	2.5-5.0	25-30	85-90	434	374	41	0
Simon Worthington Director of Finance	0-2.5	0-2.5	25-30	80-85	432	387	26	0
Ian Walton Director of Operations - A&E	0-2.5	0-2.5	25-30	85-90	590	533	30	0
Rosie Johnson[1] Director of OD and HR	0-2.5	0-2.5	15-20	55-60	294	256	11	0
Keeley Townend Director of ICT	0-2.5	0-2.5	10-15	30-35	158	135	16	0
Sarah Fatchett Director of Operations - PTS	0-2.5	0-2.5	10-15	35-40	173	153	12	0
Steve Page[2] Director of Standards and Compliance	0-2.5	0-2.5	25-30	75-80	482	424	18	0

[1] Left 31 August 2009. [2] Appointed 5 October 2009

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS Pension Scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

The Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee is a formal sub-committee of the Board.

The Chairman and all the Non-executive Directors have served as members of the Committee during the year. It meets regularly to review all aspects of pay and terms of service for directors and senior managers. When considering the pay of senior managers the Committee applies the Department of Health annual pay settlement and the guidance on 'Very Senior Managers' Pay'.

Independent Auditor's Report

We have examined the summary financial statement of Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2010 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows and the related notes comprising Key Performance Measures, Break Even Performance, External Financing Limit, Capital Resource Limit and Capital Absorption Duty, Better Payment Practice Code Measure Compliance and Management Costs. We have also audited the information in the Remuneration Report that is described as having been audited.

This report is made solely to the Board of the Yorkshire Ambulance Service NHS Trust, as a body, in accordance with Part II of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to the Board those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Yorkshire Ambulance Service NHS Trust and the Board as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report as described in the contents section and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

We conducted our work in accordance with Bulletin 2008/3 'The auditor's statement on the summary financial statement in the United Kingdom' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In our opinion the Summary Financial Statement is consistent with the statutory financial statements of Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2010.

Paul Thomson (Engagement Lead)
for and on behalf of Deloitte LLP

Appointed Auditor

Leeds, United Kingdom

10 June 2010

Summary Financial Statements

KEY PERFORMANCE MEASURES

Break Even Performance	
	£000
Break even in year position	518
As a percentage of turnover	0.26%
Tolerance	**0.5%**

Capital Resource Limit	
	£000
Capital Resource Limit	9,903
Charge against CRL	9,716
Undershoot/(overshoot)	**187**

External Financing Limit	
	£000
External financing limit	2,004
External financing requirement	1,738
Undershoot/(overshoot)	**266**

Capital Absorption Duty	
Target	3.5%
Dividend paid	2,308
Average net assets	65,943
Actual percentage	**3.5%**

STATEMENT OF COMPREHENSIVE INCOME

	2009-10 £000	2008-09 £000
REVENUE:		
Revenue from patient care activities	**191,261**	183,081
Other operating revenue	**6,649**	3,629
Operating expenses	**(202,245)**	(192,424)
Operating surplus (deficit)	**(4,335)**	(5,714)
FINANCE COSTS:		
Investment revenue	**96**	507
Other gains and (losses)	**229**	3
Finance costs	**(121)**	(109)
Surplus/(deficit) for the financial year	**(4,131)**	(5,313)
Public dividend capital dividends payable	**(2,308)**	(2,648)
Retained surplus/(deficit) for the year	**(6,439)**	(7,961)

STATEMENT OF FINANCIAL POSITION

	31 March 2010 £000	31 March 2009 £000
NON-CURRENT ASSETS		
Property, plant and equipment	**70,754**	74,256
Intangible assets	**26**	0
Trade and other receivables	**1,521**	1,666
Total non-current assets	**72,301**	75,922
CURRENT ASSETS		
Inventories	**1,388**	1,062
Trade and other receivables	**9,489**	11,769
Cash and cash equivalents	**3,357**	5,002
Total current assets	**14,234**	17,833
Total assets	**86,535**	93,755

	31 March 2010 £000	31 March 2009 £000
CURRENT LIABILITIES		
Trade and other payables	**(10,403)**	(13,021)
Other liabilities	**0**	(2)
Provisions	**(2,236)**	(3,324)
Net current assets/(liabilities)	**1,595**	1,486
Total assets less current liabilities	**73,896**	77,408
NON-CURRENT LIABILITIES		
Provisions	**(5,661)**	(5,151)
Total assets employed	**68,235**	72,257
Financed by taxpayers' equity:		
Public dividend capital	**74,094**	74,001
Retained earnings	**(9,767)**	(4,276)
Revaluation reserve	**3,828**	2,342
Donated asset reserve	**80**	190
Total Taxpayers' Equity	**68,235**	72,257

STATEMENT OF CASH FLOWS

	2009-10 £000	2008-09 £000
Cash flows from operating activities		
Operating surplus/(deficit)	**(4,335)**	(5,714)
Depreciation and amortisation	**8,669**	7,940
Impairments and reversals	**6,957**	5,524
Transfer from donated asset reserve	**(110)**	(118)
Dividends paid	**(2,360)**	(2,648)
(Increase)/decrease in inventories	**(326)**	(160)
(Increase)/decrease in trade and other receivables	**2,477**	(1,082)
Increase/(decrease) in trade and other payables	**(2,795)**	7,395
Increase/(decrease) in other current liabilities	**(2)**	2
Increase/(decrease) in provisions	**699**	861
Net cash inflow/(outflow) from operating activities	**7,476**	12,000
Cash flows from investing activities		
Interest received	**96**	507
(Payments) for property, plant and equipment	**(9,893)**	(14,031)
Proceeds from disposal of plant, property and equipment	**611**	2,194
(Payments) for intangible assets	**(28)**	0

	2009-10 £000	2008-09 £000
Net cash inflow/(outflow) from investing activities	**(9,214)**	(11,330)
Net cash inflow/(outflow) before financing	**(1,738)**	670
Cash flows from financing activities		
Public dividend capital received	**93**	682
Net cash inflow/(outflow) from financing	**93**	682
Net increase/(decrease) in cash and cash equivalents	**(1,645)**	1,352
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year	**5,002**	3,650
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year	**3,357**	5,002

BETTER PAYMENT PRACTICE CODE MEASURE OF COMPLIANCE

	2009-10	
	Number	**£000**
Total non-NHS trade invoices paid in the year	41,197	56,913
Total non-NHS trade invoices paid within target	25,922	37,020
Percentage of non-NHS trade invoices paid within target	63%	65%
Total NHS trade invoices paid in the year	730	5,245
Total NHS trade invoices paid within target	445	3,326
Percentage of NHS trade invoices paid within target	61%	63%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

MANAGEMENT COSTS

	2009-10 £000	2008-09 £000
Management costs	**11,773**	10,964
Income	**197,910**	186,710

Management costs are defined as those on the Department of Health website at:
www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_4007923

The increase in the Trust's management costs between 2008-09 and 2009-10 was a planned and agreed expansion of YAS management's capacity to mitigate a key risk for the Trust.

Yorkshire Ambulance Service NHS
NHS Trust

The full accounts for the year ended 31 March 2010 for Yorkshire Ambulance Service NHS Trust, together with further copies of this publication, are available on request.

If you would prefer this document in another format, such as another language, large print, Braille or audio tape, please contact our Corporate Communications department at Trust Headquarters to discuss your requirements.

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