



Yorkshire Ambulance Service Annual Report 2012-13

**Second Draft
May 2013**



Annual Report 2012-13

Contents

Mission, Vision and Values
Introducing Yorkshire Ambulance Service
Chairman's Introduction
Chief Executive's Welcome
Performance
Our Staff
Training
Partnership Working
How We Work
The Trust Board
Glossary of Terms

Mission, Vision and Values

Mission

Saving lives, caring for you

Vision

To provide an ambulance service for Yorkshire which is continuously improving patient care, high performing, always learning and delivers value for money.

Values

Working together for patients

We work with others to give the best care we can

Everyone counts

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

Commitment to quality of care

We always give the highest level of clinical care

Always compassionate

Our staff are professional, dedicated and caring

Respect and dignity

We treat everyone with dignity, courtesy and respect

Enhancing and improving lives

We continuously seek out improvements

Introducing Yorkshire Ambulance Service (main heading)

<insert map>

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

We operate:

- two emergency operations centres in Wakefield and York where staff receive 999 calls and deploy the most appropriate response to meet patients' needs
- an accident and emergency service in response to 999 calls
- a non-emergency patient transport service which takes eligible patients to and from their hospital appointments
- an urgent medical help and advice line (NHS 111) available 24 hours a day, 7 days a week, 365 days a year.

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

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

We cover the whole of the region, from isolated moors and dales to urban areas, coastline and inner cities. The catchment area for our NHS 111 service also includes North Lincolnshire, North East Lincolnshire and Bassetlaw.

We employ 4,513* staff, who together with over 1,049 volunteers, enable us to provide a 24-hour emergency and healthcare service to more than five million people. The largest proportion of staff, over 88%, are employed within the Operations Directorate which includes A&E, Patient Transport Service (PTS), NHS 111, Hazardous Area Response Team (HART), Yorkshire Air Ambulance paramedics and the Emergency Operations Centre (EOC).

*4,513 is a headcount figure. It equates to 4,012.85 full-time equivalents.

Chairman's Introduction

Welcome to Yorkshire Ambulance Service's 2012-13 Annual Report which is our formal record of performance and developments at the Trust during the last year. Our intention is to give you a real understanding of what your ambulance service has been involved in, including how we have performed against our key objectives, the quality of the patient care we have been providing and the steps we are taking to make further improvements to our services and transform the way we work.

During 2012-13 we handled almost 800,000 urgent and emergency calls, responded to over 717,000 incidents and undertook over 913,000 Patient Transport Service (PTS) journeys. We have supported many families in times of difficulty and know how comforting this can be, particularly when people find themselves in the most vulnerable and distressing circumstances. Despite the increase in demand for our emergency service the Trust has, for the second year in succession, achieved national response targets. This signifies a major step change in our organisation and we are committed to maintaining and improving this level of performance.

Our 999 call handling service continued to perform well with 95% of calls answered within 5 seconds – our average time is just 3 seconds. Most importantly, we improved our clinical performance of the Ambulance Quality Indicators (AQIs), particularly in relation to cardiac arrest, heart attack care and return of spontaneous circulation (ROSC). We also delivered improvements in our PTS key performance indicators and continue to work to significantly improve this aspect of our organisation to meet changing market demands.

Our loyal and caring staff, both on the frontline and in support functions, are at the core of our services and over 200 of them were nominated by colleagues for going the extra mile for patients and staff at our annual *We Care Awards*. Their fantastic achievements in 2012-13 were celebrated at a ceremony held in York in May 2013. Along with our Long Service and Retirement Awards, they are an integral part of staff recognition at the Trust. In September 2012 over 200 members of staff, who between them had clocked up over 5,900 years of service, were honoured for their long ambulance careers.

2012-13 was a year of unique endeavour for the Trust because of events and initiatives we became involved in – supporting the Olympic Torch relay through Yorkshire and providing skilled staff to the Olympic and Paralympic Games in London.

An important part of our work programme last year was to mobilise the new NHS 111 service for Yorkshire and the Humber, having been successful in the competitive tender to run the service. Our geographical footprint has extended to Bassetlaw, North Lincolnshire and North East Lincolnshire for this urgent care service and the phased roll-out began in March 2013 and is due to be completed in the summer of 2013.

Our journey to become a Foundation Trust (FT) remains on track and we now have over 5,000 public members as we progress towards the latter stages of authorisation. It means that people in the local communities we serve can have a

greater say about their ambulance service and we very much welcome this increased level of engagement.

With the tough economic climate continuing its grip on the UK, we are very focused on operating even more efficiently and developing and adapting our organisation and workforce to meet the needs of patients with less funding and the need to make significant cost improvements. This means changing the way we work and transforming our services to be fit for the future. Organisational development is a key area of focus, but one where high quality patient care remains the top priority.

We're also adapting to the new NHS structure and are committed to strengthening our engagement with newly-formed NHS organisations, including our commissioners - the Clinical Commissioning Groups (CCGs).

During 2012-13 two of our longest-serving Non-Executive Directors (NEDs), Roger Holmes CB and Richard Roxburgh, retired from the Trust and I'd like to take this opportunity to formally thank them for their valuable contribution over many years and the depth of knowledge and experience they shared with us at the Trust. We have welcomed Erfana Mahmood, Mary Wareing and Barrie Senior as NEDs on our Trust Board in 2012-13.

In addition, we said goodbye to our Executive Medical Director Dr Alison Walker. Alison was our longest-serving Board member and her immense contribution to improving clinical care in our region has left a legacy we will treasure and continue to build on for many years to come.

I have only been able to highlight just a handful of outstanding achievements from the past year, but there is much more detail ahead and I very much hope that you enjoy reading more about Yorkshire Ambulance Service and the work we do every day of the year.

Della Cannings QPM
Chairman

Chief Executive's Welcome

2012-13 was one of the most challenging years I have experienced in my long ambulance service career, but I remain extremely proud of how much our staff managed to achieve during this time and their unstinting passion to deliver the very best clinical care to our patients.

We delivered on our key performance indicators for the second consecutive year, which is an important endorsement of the care we provide to our patients, but also builds confidence in those who commission our services.

A great deal of focus has been placed on our clinical priorities including pre-hospital cardiac arrest and our role in the pathway for patients suffering major trauma, and patients are now benefiting from improvements in equipment, and the way in which we manage patients with critical clinical needs.

Like all public sector organisations, the tighter financial climate is challenging us to find ways in which we can re-shape services to improve quality whilst reducing operating costs. We recognise the need to continue work with other partners to find innovative solutions to care, and ways in which we can better join up care, to realise whole-system efficiencies, which in turn will reduce costs.

We recognise that we are operating in a more commercial and competitive environment, particularly in the Patient Transport Service (PTS) and urgent care sectors. Progress has been made in the timeliness and quality of our PTS business, There is further work to do in the coming year to ensure we realise the benefits arising from our transformation work, to ensure we have a competitive, high quality range of services for both patients and commissioners.

Through the 999 and NHS 111 services we are the largest single gateway to unscheduled healthcare services in this region and this places us in a key position to support the transformation of urgent care across our local communities working with our health and social care partners.

In 2012-13, much has been accomplished in terms of improving the quality of services and care we provide. Some of our key achievements include:

- Red 8-minute performance to respond to the most seriously ill and injured patients was 75.3% (against the national target of 75%) and Red 19-minute performance was 97% (against the national target of 95%) despite a 4.4% increase in demand.
- Our Emergency Operations Centre (EOC), based on two sites in York and Wakefield, achieved the Accredited Centre of Excellence Award which is the 'kitemark' of quality for 999 operation centres worldwide. We are the 174th centre out of over 3,600 worldwide to have obtained this award.
- Winning the contract to deliver the new NHS 111 service across Yorkshire and the Humber, Bassetlaw, North Lincolnshire and North East Lincolnshire.
- Improved care for patients involved in major trauma incidents through improved equipment and training and introduction of a senior Paramedic in our EOCs to coordinate care for those patients.
- Introduction of Clinical Supervisors as part of our developing Clinical Leadership Framework.

- Introduction of a new A&E workforce model to meet the future needs of our patients.
- Development of the capability of our Hazardous Area Response Team (HART) and securing funding to build a new HART site in 2013.
- A new Health Gold 'major incident' facility at our Wakefield HQ for the North of England and the introduction of Medical Emergency Response Incident **Teams** (MERIT) in acute trusts to supply resources in a mass casualty situation.

These and many other achievements have only been made possible through the commitment and hard work of our frontline and support staff and managers. In looking ahead to the coming year we recognise the importance of working together with new partners to build a systems that respond effectively to patients' needs, which provide the most appropriate care in a local setting, deliver high quality, safe care, and achieve this within the available resources. We enter 2013-14 in a strong and stable position, prepared to take on new challenges that will bring improvements in patient care and experience.

In 2013-14, our priorities include:

- Delivery of our Red emergency response targets and improving our Red 1 target.
- Improving our A&E operational efficiency, flexibility and operating model.
- Delivering the final phase of our A&E workforce plan and associated training opportunities for staff.
- Increasing the number of paramedics, and optimising our advanced practitioner roles to support the provision of right care in the right setting for patients with urgent care needs.
- Continue to work with health partners to develop local solutions to urgent care and care for patients with long-term conditions.
- Deliver improvements within our Patient Transport Service (PTS).
- Full implementation of the new NHS 111 service by July 2013.
- Develop our estates model to support our operational delivery model, aligning fleet maintenance, logistics, vehicle cleaning and make ready (vehicle replenishment and preparation) services.
- Progress our staff engagement and involvement plans.
- Develop solutions for urgent care to support health economy priorities.
- Roll out Emergency Care Solution (ECS) – electronic patient report form to support remote decision-making and improve connectivity to other health economy systems.
- Continue to develop solutions to improving quality outcome indicator, with focus on major trauma and survival from pre-hospital cardiac arrest.

I am pleased with our progress over the past 12 months and our organisation is ready to face new challenges and new opportunities to work with all partners to improve local services and meet the expectations of our users. We recognise the need to operate within tighter resources, but we are confident that we have a strong foundation from which to build upon.

David Whiting
Chief Executive

Our Performance in Caring for Patients (main heading)

Accident and Emergency (A&E) Operations

In 2012-13 we continued the good progress that we have made in previous years and achieved all the national emergency response times for only the second year in our history. This demonstrates the stability of our emergency response model particularly as these achievements were against the backdrop of our busiest year ever as we responded to more emergency calls throughout Yorkshire than at any other time. In addition to response times we continue to demonstrate strong improvements in the quality of care we provide to patients when we arrive on scene as can be evidenced from the Ambulance Quality Indicators (AQIs) where our standards are benchmarked against other ambulance services.

In 2013-14 we have another national target to achieve; from 1 April 2013 for calls categorised as Red 1 (our most critically ill and injured patients) where an emergency response must be with the patient within 8 minutes of the 999 call arriving at the BT exchange in 75% of cases. We have detailed plans in place to achieve this target and ensure that we provide patients suffering from these most acute conditions with a timely response.

We believe our performance against the national target as outlined in the table below, demonstrates the improvements we have made and the consistent and safe emergency response we provide to the people of Yorkshire. In 2012-13 we exceeded the national standards for all key measures despite attending over 86,000 more incidents than in 2011-12.

	Target	2010-11	2011-12	2012-13	Percentage Point Change
Red 8-minute response (previously Category A 8 minute response)	75%	73.72%	75.72%	75.33%	-0.39%
Red 19-minute response (previously Category A 19 minute response)	95%	97.38%	97.94%	96.97%	-0.97%
Green 1 response (previously Category B 19 minute response)	95%	93.69%	N/A	N/A	N/A

We received 796,151 urgent and emergency calls in 2012-13, an average of over 2,180 calls a day. We responded to a total of 717,610 incidents of which 269,235 were categorised as immediately life-threatening.

Emergency Operations Centre Overview

Our two emergency operations centres in Wakefield and York are the first point of contact for patients needing to use our emergency 999 service.

999 calls are answered by our call handlers who ask a series of carefully structured questions to determine the nature of the problem and deploy the most appropriate response to best meet patient's needs. Call handlers play a vital role in providing

reassurance and advice over the telephone to people who are often anxious and distressed.

During 2012-13 the Trust was awarded the Accredited Centre of Excellence (ACE) status from the International Academies of Emergency Dispatch® (IAED) for our emergency call handling and dispatch. As both of our emergency operations centres in Wakefield and York have been accredited we have actually achieved multi-site Centre of Excellence. Achieving ACE status has not been an easy process, but this recognition is one of the most rewarding our emergency operations centres team has been able to achieve together.

We are now only one of 118 emergency services currently accredited internationally. Since the merger of ambulance services in England in 2006, we are only the second of the ambulance trusts in England to have achieved ACE status and we are the first in the country to receive this accreditation operating the new performance standards, which were introduced part-way through our application process.

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

There have been a number of developments in our 999 emergency operations centres in 2012-13 including:

- further improvements in the number of patients receiving help and advice over the telephone from our highly-skilled clinicians within the Clinical Hub, reducing the need for an emergency response
- a rota review to match our staffing levels to periods of high demand more effectively
- developing our technical infrastructure to ensure greater resilience across both emergency operations centres
- ongoing recruitment and training
- the continual development of our Computer Aided Dispatch (CAD) system to improve the use and efficiency of our frontline vehicles.

NHS 111

The new NHS 111 service went live on 5 March 2013, replacing NHS Direct. In West Yorkshire and Craven we also provide an integrated out-of-hours care pathway for primary care services delivered by Local Care Direct. To date the service has received over **XXXXX** calls for urgent medical help and advice.

The Trust has two NHS 111 call centres, one at Trust headquarters, Wakefield and a new site at Callflex in Wath-upon-Deane, Rotherham. Clinical governance for this service is provided by our own clinical directorate and is staffed by **XXX** fully trained advisors, supported by experienced nurses and paramedics, who ask callers questions to assess symptoms and give healthcare advice and direct them to the right local service as quickly as possible. This can include an out-of-hours doctor, walk-in centre or urgent care centre, community nurse, emergency dentist or late-opening pharmacy.

The new NHS 111 service is designed to assist people 24/7, who have an urgent need to speak to someone about their medical problem or need information about what services are available. Callers are offered advice about their condition and given details about the service that can best deal with their problem.

Patients should use the NHS 111 service if they urgently need medical help or advice but it is not a life-threatening situation, ie:

- it is not a serious emergency
- they think they need to go to A&E or another NHS urgent care service
- they don't think it can wait for an appointment with their GP
- they don't know who to call for medical help.

Our partnership of an ambulance service and out-of-hours provider creates a firm and experienced foundation for safe, effective and integrated patient care. Working together, we can deliver a high quality and responsive service for patients needing emergency or urgent care.

Right Care

We have set out plans to develop and modernise our services to deliver our strategic aim - *right care, right time, right place* for patients with urgent but not emergency care needs. We have described how Yorkshire Ambulance Service will deliver the range of responses required for patients who require urgent assessment, advice, care, treatment, diagnosis or referral.

This will ensure that the Trust provides urgent care which is clinically effective and targeted at the needs of the local population. It will also improve clinical care and outcomes for patients and improve patient experience across more integrated care pathways, such as delivering more care closer to home.

We have employed a lead nurse for urgent care to lead on this area of work and are using the NHS Vanguard Programme to guide part of the project.

Treatment of Major Trauma

In April 2012 we successfully introduced a senior paramedic role into our emergency operations centres to manage major trauma across the region and work with other pre-hospital systems and emergency departments. This has enabled us to identify patients with potential major trauma so that their care can be tailored to their needs, including direct conveyance to a major trauma centre.

We continued to roll-out trauma training for paramedics providing them with additional skills to improve the treatment of trauma patients, such as the use of haemostatic agents, arterial tourniquets and femoral traction splints.

Improving Public Health

Yorkshire Ambulance Service has access to people and places that many other health and social care services find it difficult to access, and we are often called by those with multiple problems who would not access or accept advice from other healthcare providers; including 'seldom heard' or 'hard to reach' groups.

We can add value to the services we provide by supporting these patients through national public health initiatives and campaigns, as well as leading on focused areas of public health specific to the communities we serve.

We are currently contributing to regional and local public health programmes and have set out the key public health priorities for the Trust both nationally and within the Yorkshire and Humber region.

We are currently working with regional partners in public health on the following priority areas:

- Smoking cessation advice.
- Winter awareness (including flu vaccination).
- Alcohol advice and awareness.
- Improving outcomes from cardiac arrest.
- Accident prevention for major trauma.

Planning for an Emergency (main heading)

This year we have had to deal with severe weather from summer onwards, including sporadic flooding and prolonged periods of cold and icy weather coupled with periods of snowfall. This tested all of our resilience plans at some point, including business continuity management systems and plans when the Trust called a 'Major Incident' on Friday 14 December 2012 due to the unprecedented number of 999 calls the Trust received between 06.00 and 13.00 due to extreme weather conditions.

With the NHS in the final phase of its reorganisation the impact on the emergency preparedness, response and recovery agenda has been significant and the Resilience and Special Services team are in the process of ensuring we can play our part in this new structure. Yorkshire Ambulance Service is represented on the three new Local Health Resilience Partnerships now in place across Yorkshire and the Humber and by working with these groups we can ensure that resilience within the NHS is able to deal with all eventualities.

'Operation Blitz' is the exercise that we carry out each year within the Resilience and Special Services department. It allows us to review our current plans and guidance to bring them up-to-date in light of our experience and streamline them so that they are more accessible and user-friendly.

Looking ahead, training for all staff and managers across the Trust remains a priority and we have continued to develop new innovative ways of delivering training to balance it against daily operational demands. As part of our emergency planning we remain committed to working alongside our partners and being actively involved in multi-agency table-top and practical training exercises, several of which have been successfully completed in 2012-13.

Our Business Continuity Management team has ensured that all departments have up-to-date business continuity plans and training for departmental leads in place. This year all plans have been tested or exercised to ensure that they are fit for purpose.

With the support of our healthcare partners we have continued to develop the concept of Medical Emergency Response Incident Teams (MERIT). These are teams of clinical staff from hospitals trained and equipped to support the ambulance service at or near the scene of a major incident where there are large numbers of casualties.

This year we have also been working on plans to replace our Hazardous Area Response Team (HART) Operational Support Unit and in 2013-14 work will begin on developing this new facility. In February 2012 the Trust's HART team was the first to team to be audited against the national HART specification and, whilst the final results of the audit are not expected until September 2013, we will act on any interim feedback to improve the effectiveness of our HART response.

A number of significant pre-planned events took place throughout the year and we are pleased to say that our contingency plans throughout meant there was little impact on our business as usual. We provided support to London Ambulance Service NHS Trust for the Queen's Jubilee Celebrations, we managed the impact of the 2012 European Football Championships whilst at the same time providing medical cover over the Olympic Torch six-day journey throughout Yorkshire and the Humber and finally, we were proud to be involved in the planning and support arrangements for the London 2012 Olympic Games.

Patient Transport Service

Our Patient Transport Service (PTS) is the second largest ambulance provider of non-emergency transport in the UK. Our non-emergency PTS provides much needed support to patients and their carers and is an extremely important part of our service.

We provide transport for people who are unable to use public or other transport due to their medical condition and include those:

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

During 2012 a number of ambulance services across the country, including Yorkshire Ambulance Service, lost PTS contracts to the private sector and in the increasingly competitive PTS market there is a significant amount of work to be done in transforming the service to ensure we have the ability to provide high-quality patient care and resources to patients and their carers, and that we will do everything we can to ensure they get to their urgent treatments on time.

2012-13 was a busy year for PTS where we undertook 913,605 journeys and as well as continuing to work with our PCT commissioners on our four major contracts, we have been working with the newly emerging Clinical Commissioning Groups (CCGs) which will be operational from 1 April 2013 to ensure that the transition is seamless for patients.

Throughout 2012-13 we faced a number of challenges and during winter 2012 we experienced a number of occasions when adverse weather conditions made delivering our service very difficult. However, we made it a priority to ensure that our patient's renal and oncology treatment was not interrupted during cold snaps or the Christmas period and worked with acute hospitals, healthcare professionals and our A&E service to ensure patient and staff safety was protected at all times.

Plans to develop our PTS further in 2013-14 include:

- upgrading our Personal Digital Assistant (PDA) units to capture accurate patient journey-times, which allows us to identify where problems may occur in the patient pathway and resolve them quickly
- maximising service provision, particularly in rural areas by working with volunteer organisations and community groups
- helping PTS patients on their arrival at hospital and after their appointments through a pilot scheme using PTS volunteers
- continuing to develop our multi-award winning PTS Apprenticeship Programme
- improving access to our services and accuracy of booking information by increasing the number of service-users booking transport online
- continuing to develop and deliver bespoke services for patients who require additional support for example, bariatric or end-of-life patients.

We are also making further cost efficiencies by removing unnecessary steps and duplications linked to the patient pathway, thus ensuring a more efficient service for

patients. However, we are continuing to invest in our PTS vehicles which are designed with patients' comfort and safety in mind.

We are aware that despite improvements there are still concerns around patient delays following appointments. In order to reduce and eliminate waiting times we are working hard with our PTS teams and acute hospital partners across the region to do this. Reducing waiting times for patients after difficult and lengthy treatments has been highlighted as a particular concern from patient feedback and we are committed to reducing these times.

PTS Performance

We made 913,605 journeys transporting patients to and from hospital and treatment centre appointments.

During 2012-13 there were a number of significant changes and improvements made in PTS:

- We were named as one of Yorkshire and the Humber's best employers in the regional final of the National Apprenticeship Awards and National Training Awards in 2012 in recognition of the success of its apprenticeship schemes and are also one of four NHS Trusts to be recognised in the 2012 Top 100 Apprenticeship Employers list in recognition of the very high standard of our apprenticeship scheme and outstanding training programme.
- So far, 148 apprentices have completed the Apprenticeship Programme with the Trust and a further 25 apprentices are due to complete their training by March and April 2013. A further six apprentices are due to complete their training in 2014.
- We have appointed an Associate Director of Operations (PTS) which is a senior role responsible for ensuring that quality and patient experience is key to service development and delivery.
- Our key performance indicator compliance has improved, which means that the service quality for our patients is significantly better.
- We have delivered a number of patient-led focus groups who are particularly concerned with the experiences of patients with dementia and learning disabilities and their carers to get first-hand feedback regarding our services and make improvements.
- We have invested in our fleet to provide new ambulances which ensures that patient experience is improved.
- We have streamlined our management structure to ensure that there is a clear line of responsibility and accountability for service delivery in each area.

We are confident that these changes and successes provide a sound foundation to build upon for the coming years.

Our Fleet and Equipment (main heading)

During 2012-13 we developed an emergency ambulance van conversion which will help to deliver both financial and environmental savings. We also continued to maintain vehicles and equipment throughout the Trust to provide the best clinical care and comfortable transport for all of our patients.

A mix of brand new and used vehicles were provided to reduce the age profile of the PTS fleet, with 14 used vehicles being obtained for the cost of two new ones.

During 2012-13, the Trust purchased:

- 21 emergency ambulance van conversions fully kitted with medical equipment
- 2 Hazardous Area Response Team (HART) rapid response vehicles
- 14 PTS bariatric-capable stretcher vehicles
- 14 PTS used stretcher vehicles
- 40 PTS cars
- 84 defibrillators.

The technical facilities within the Fleet department have been enhanced to deliver efficiencies in vehicle repair, maintenance turnaround times and cost savings by reducing the use of specialist work being undertaken by external contractors. This has been achieved through:

- two new vehicle systems diagnostic testing machines
- an automated testing lane (ATL) MOT facility that has been installed at the Hull workshop.

During 2013-14 we anticipate increasing the number of emergency ambulance van conversions to enable the Trust to deliver further financial and environmental savings.

Our Workforce Profile (main heading)

We now employ over 4,500 staff and over the last few years, we have seen changes in the profile of our people and in our style of working. These are positive changes for the Trust, which we will continue over the next five years and beyond.

All of our people are focused on the delivery of high-quality care, good patient experiences and improved health outcomes. The way in which our staff are led, managed and developed is extremely important to us and to the standard of care that we provide.

Workforce profile (Headcount) [The figures below can be presented in a pie chart]

	2007 <i>(31 Mar 2007)</i>	2013 <i>(12 Mar 2013)</i>
Paramedics <i>(including SPARAs)</i>	871	1,311
Technicians	655	464
Emergency Care Assistants	nil	102
Other front line staff <i>(APs, A&ESA, ICA)</i>	478	489
Patient Transport Service <i>(PTS B2, B3 and Apprentices)</i>	228	614
EOC staff	257	383
NHS 111 staff	nil	326
Administration and Clerical Staff <i>(what is left)</i>	606	667
Managerial <i>(including Associate Directors)</i>	106	124
Other <i>(Chief Exec, Div and NEDs)</i>	14	12

[The figures below can be presented in a pie chart]

Male	1,869 58.13%	2,460 54.76%
Female	1,346 41.86%	2,032 45.24%

[The figures below can be presented in a pie chart

Average Age	40	44
Male	42	46
Female	37	42

During the last 12 months, we developed, consulted and obtained agreement to our five-year A&E workforce plan. This will see significant changes in our workforce make up. The plan has been developed to be wholly consistent with forecast demand/activity profiles across all parts of the organisation aligned to the long-term financial plan and is wholly consistent with the key service developments included in the Integrated Business Plan.

Our goal is to ensure that we have a paramedic on every frontline A&E vehicle. Over the next five years we will be providing every emergency medical technician the opportunity to train to become a paramedic. We have also introduced the role of emergency care assistants (ECAs) into the service. ECAs will work with and support paramedics and the first cohorts of new entrants have been recruited, trained and deployed.

The required A&E workforce changes were progressed in partnership with our trade union colleagues. UNISON, as the largest trade union representing Trust employees, recognised the difficulties and challenges and also the benefits for their members and more importantly, the public. Unfortunately, the relationship with Unite the Union was not conducive to effective partnership working. The Trust determined at the end of the consultation process to end the voluntary recognition of Unite the Union. This decision was conveyed to Unite officials on 4 February 2013. As a consequence, the Trust currently only recognises UNISON for the purposes of collective bargaining, although early discussions are being held with the Royal College of Nursing (RCN) for the purposes of representing and contributing to matters affecting the increased nursing workforce employed by the Trust as a part of the new NHS 111 service.

Apprenticeships

For the second year in a row we have been successful at the NHS Yorkshire and the Humber apprenticeship Awards. This year the Trust won the Large Apprentice Employer of the Year 2012, which was in recognition of our commitment to developing a wide range of apprenticeships where individuals receive full basic training, on-the-job mentorship, learn job-specific skills and gain a range of qualifications from within an Apprenticeship Programme. Between April 2012 and March 2013 we recruited 31 new apprentices across all business areas and during this time, 64 existing apprentices secured a permanent position with us and 11 have secured a bank contract.

Foundation Trust

The Trust 'opted in' staff members as part of our Foundation Trust application membership strategy and recruitment plan at the start of September 2012, with 99% of staff remaining members.

Staff Survey

The 2012 NHS Staff Survey had an overall response rate of 58%, which is a 3% increase in response rates from 2011 and increases the validity and accuracy of the responses. The overall staff engagement score from the survey improved slightly from 3.18 to 3.20 between 2011 and 2012. However, it is recognised that more work is needed to analysis the results and action plan for further improvements in 2013-14.

Resourcing and Recruitment

During the last 12 months, the Trust continued to recruit for a wide range of posts.

This included the mobilisation plan for the new NHS 111 service, with extensive recruitment activity and the management of TUPE staff from NHS Direct. A bespoke induction, training and familiarisation programme has been developed to support the staff new to the Trust and the service.

Additional recruitment activity has been undertaken across a range of service lines during 2012-13, including sizeable intakes for call handlers and emergency medical dispatchers for the emergency operations centres, recruitment for the Patient Transport Service and apprenticeship schemes. Recruitment to support the A&E workforce plan including emergency care assistants and qualified paramedics, also took place this year.

During March 2012, we piloted a recruitment and selection centre approach to assess candidate suitability based on values, attitude and behaviour. Over 400 staff applied resulting in 100 candidates being invited to the centre.

Table of recruitment activity (whole time equivalent) **[could this information be presented in a pie chart?]**

Staff category	Number of campaigns	Number of applicants	Establishment 1 April 2012 WTE and Headcount	Establishment 12 March 2013 WTE and Headcount	Planned future establishment by June 2013
A&E	23	2,161	2,100.28 2,288	2,141.81 2,358	
PTS	20	1,163	552.24 648	542.33 639	
EOC/111	35	3,128	337.09 396	551.76 674	
Support staff	111	2,826	584.97 679	553.70 638	
Management	33	540	153.75 158	146.45 153	

Apprentices	17	732	48.00 48	30.00 30	
Total	239	10550	3,776.33 4,217	3,966.05 4,492	

Our turnover remains low at 7.40% and represents 77 staff who have retired, 27 staff who were dismissed, 126 staff who resigned, and regrettably six staff who passed away.

Long Service and Retirement Awards

In September 2012 the Trust held its fourth annual Long Service and Retirement Awards to recognise the dedication and commitment of 224 members of staff who had clocked up over 3,050 years of service between them.

YAS staff who had reached their 20, 30 and 40 years' service, as well as those who had retired, celebrated their achievements with their families and colleagues at an event at Nostell Priory, Wakefield.

The Queen's Representative, Deputy Lieutenant Major David Wroe MBE was the special guest who presented those staff who had achieved 20 years' exemplary frontline emergency service with the Long Service and Good Conduct Queen's Medal.

Major David Wroe helped present the rest of the awards alongside Chief Executive, David Whiting and Chairman, Della Cannings QPM.

We Care Awards

The Trust held its second YAS *We Care Staff Awards* in May 2013 to mark the achievements of our staff during 2012-13 who go above and beyond to deliver high-quality patient care.

There were nine award categories that staff could nominate their colleagues for, including two special awards – YAS Partner Award and Chairman's Choice Award.

Over 200 staff were nominated for the various awards and were honoured at the ceremony which took place in York.

Absence Management

The level of absence within the Trust remains above target and work is continuing to improve management processes. In December 2012 a Board-level task and finish group was established with the aim of reducing the level of sickness absence within the Trust. In addition to concentrating on improving the quality and consistency of absence management, this group will focus on the prevention of absence, by working with the senior management teams within each department to proactively improve the wellbeing of staff. The levels of absence across the ambulance sector in the UK are broadly similar and we are contributing to the work nationally to assess the impact of working longer towards retirement.

The table below shows the monthly sickness absence figures and number of calendar days lost due to sickness from 1 April 2012 to 31 March 2013.

Month	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
%	6.01%	5.74%	5.77%	6.19%	6.31%	6.18%	6.28%	6.63%	7.56%	7.27%	6.29%	6.17%
No. of calendar days lost	7,249	7,170	6,999	7,807	7,821	7,405	7,754	7,984	9,568	9,275	7,399	8,164

Health and Wellbeing

The Trust is currently reviewing its provision of occupational health services. A tender process is underway to move from four providers to a single provider. This should enable the Trust to provide consistent occupational health support across the organisation. The new provider will be encouraged to deliver innovative services, work in partnership with us to achieve a reduction in absence, and improve the overall wellbeing of our workforce. In the interim we are working closely with our current providers to sustain a high-quality service.

Employee Assistance Programme

In April 2012 the Trust rolled out the Health Assured Employee Assistance Programme across the whole Trust. This single provider now delivers support and counselling services to our entire workforce 247. In addition to supporting the mental health of staff, the service also provides advice and support on issues including financial, relationship, family, legal, and drugs and alcohol problems. The service is also available to immediate family members of Yorkshire Ambulance Service staff. The quality of this service was rated by staff in the most recent NHS Staff Survey with 74% of respondents agreeing that they were able to access services in a timely manner, 67% agreed the service was helpful in improving their wellbeing, and 73% agreed they would recommend the service to others.

Stress Management and Reduction

Work against this action plan has started with the Trust committing to the MINDFUL Employer charter. This voluntary registration is coordinated by Devon Partnership NHS Trust, and commits us to taking positive action towards mental health in the workplace. We will be monitored and reviewed against the charter on a regular basis to ensure we are taking positive and appropriate action to protect the mental health of our workforce.

Diversity and Inclusion (main title)

In 2012-13 the Trust identified, agreed and started to implement a set of equality objectives to continue to meet its obligations against the Equalities Legislation (Equality Act 2010). These objectives ensure that we create an organisation that embraces the benefits of diversity and inclusion and include the following:

- **implement the NHS Equality Delivery System**
Yorkshire Ambulance Service is using this nationally designed tool to embed diversity, inclusion and fairness into service delivery, workforce and leadership issues. A very successful stakeholder grading event took place allowing a diverse range of communities to provide support and input to assist the Trust in identifying gaps which have informed these objectives.

- **collect, analyse, assess, record and act on patient data that recognises all relevant protected groups**

The Equalities Patient Data has been published which has identified several gaps and action plans have been produced to help fill these gaps and work is taking place on how to effectively use this data to improve service delivery.

- **ensure that all operational staff have the skills and tools to treat patients and carers with dignity and respect**

All new staff complete equality and diversity training upon induction and regular updates are provided to all staff through the statutory and mandatory training workbook. A very successful dignity and respect campaign has also taken place within the organisation.

To improve understanding and support training interventions, a number of small engagement events have taken place with 'seldom heard' communities including deaf professionals, learning disabilities support groups, families and carers networks, and a number of older peoples support groups.

- **establish a workforce that reflects the community it serves**

A comprehensive set of information showing workforce equalities data has been published. This data has been analysed and will inform future action plans to enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse individuals within the workforce. Yorkshire Ambulance Service has retained the 'two tick' disability symbol, which is awarded by Job Centre Plus to employers who are positive about employing disabled people.

- **develop staff support networks**

The lesbian, gay, bi-sexual and transgendered (LGBT) staff support network is now well established and meeting on a regular basis. Yorkshire Ambulance Service has also been accepted on to the Stonewall Health Champions Programme. The black and minority ethnic group (BME), although in its infancy, is starting to meet and membership is growing.

Learning and Development (main heading)

Workforce Development

The five-year workforce plan 2012-13, reviewed the workforce requirements and educational provision needs for the service and a number of key programmes were developed to implement the changed skill mix for the service. The workforce programmes include the following:

- Development of a student paramedic programme for the progression of support worker staff.
- Development of an advanced practitioner programme.
- Development of an emergency care assistant core course.
- Development of an emergency care assistant conversion course.
- Progression of 61 students through the emergency medical technician to paramedic conversion programme.

Clinical Updates and Continuous Professional Development

The training department constructed and delivered a range of clinical updates covering a range of subjects for all levels of operational clinical staff, which were delivered at the Trust's educational sites.

As part of the continual development of operational staff the department developed and delivered a range of CPD events across the service during 2012-13, which included ECG modules, mental capacity, and dealing with loss and bereavement amongst others.

Governance Arrangements for Education and Training

An Education and Training sub group has been established which reports to the Workforce Governance Group. The purpose of the group is to develop and monitor the Annual Education and Training plan and review any required changes throughout the year. The sub group is currently developing a process to quality assure all training activities across the Trust.

Clinical Leadership

During 2012-13 the Trust introduced a Clinical Leadership Programme, which was supported by a range of assessments for clinical supervisors and clinical development managers. Clinical competency portfolios, initially for clinicians and later for emergency care assistants were also developed. An induction programme for 114 clinical supervisors was also delivered this year.

Yorkshire Ambulance Service Placement Team

Since April 2012, the Yorkshire Ambulance Service Placement Team has arranged various placements to meet the requirements of the Teesside University and Sheffield Hallam University paramedic programmes. A total of 1,971 placements have been provided this year.

The breakdown of placements is listed below.

Organisation	Placement Type	Number of Placements 2012-13
Teesside and Sheffield Hallam University Paramedic Programme	Hospital placements (theatres, A&E, CCU, paediatrics, maternity and MAU)	316
Teesside and Sheffield Hallam University Paramedic Programme	Supernumerary hours placements	1,274
Teesside and Sheffield Hallam University Paramedic Programme	In-house placements	82
Observer Placements with YAS by external students (CFRs, MOD staff etc)	Shifts with A&E crews	146 (since September 2012)
Applications pending in planning stages for observer placements	Shifts with A&E crews	77
Huddersfield University Student Nurse Pilot Scheme	Observer placements with A&E crews	44
Northern General Hospital/University of Sheffield Medical Student Pilot Scheme (in the planning stage, due to go live in April 2013)	Observer placements with A&E crews	32
Total number of placements		1,971

The Placement Manager has carried out placement visits to these students as part of the quality assurance and student welfare requirements. Where possible, the placements have been evaluated by the students using the NHS Yorkshire and Humber Regional Educational Audit Tool (REAT), as part of the quality assurance programme and agreement with hospital trusts to support the students.

The new observer policy introduced in September 2012, involved constructing a new procedure to incorporate all of the necessary approvals of applications such as security checks, planning, recording and evaluation of placements and liaising with the various functions within the Trust.

Leadership and Management Development

The Trust continues to promote the development of leaders and managers with access to accredited management programmes. Leaders and managers are supported in working towards recognised qualifications with either the Chartered Management Institute (CMI) or the Institute of Leadership and Management (ILM). A group of 30 leaders and future leaders have started their courses this year.

Learning Technologies

The Trust continues to develop its virtual learning environment 'YAS 247', for example the college of paramedic's conference was recorded using video and audio technology and then edited together with visual media used on the day to allow all staff to experience the learning at their own pace and convenience.

This platform provides additional support materials for staff which compliments the existing learning resources. The Trust's dementia awareness education programme is currently structured this way. Moving forward, learning technologies will play an increasing role in maximising the accessibility of learning for all of our staff.

A key development this year has been to increase the accessibility of staff continuing their professional development (CPD).

Public Education and Community Engagement

The Community and Commercial Education team expanded their community engagement programme during 2012-13 through building links with external organisations and working in partnership to deliver cross-educational messages.

During the year the team delivered:

Guns and Knives Takes Lives

The *Guns and Knives Takes Lives* project is delivered to all year 8 pupils in every school within South Yorkshire (17,000+ pupils). It aims to educate young people on the dangers, effects and future consequences of carrying or using either a gun or a knife.

TOM Foundation

This project highlights the aspects of making the right choices when getting in a car ie wearing a seatbelt, speeding, drink and drug-driving. We also cover the impacts of these incidents on the emergency services, friends and family.

We have delivered six sessions to 600 sixth form and college students aged between 16-18 years of age across the East Yorkshire and Humber region.

We are also working with the TOM Foundation and Harper Creative in designing a media campaign aimed at young people highlighting the potential risks when driving or being a passenger.

School Visits

We provide a basic education programme to 5,000+ primary school children around our region covering topics such as calling 999, the consequences of hoax calls and basic first aid. The children also get to see the inside of our educational ambulance and are introduced to the role of a paramedic as a 'person who helps people'.

Alcohol Awareness

This is an alcohol intervention programme designed to educate rather than convict individuals in West Yorkshire who have been involved in drunk and disorderly-related incidents. It is delivered in an effort to 'break the cycle' and has initially been delivered to 50 people.

Road Safety Week

We have attended six Road Safety Week engagement events, where we delivered road safety messages including, safely crossing roads and 'be bright be seen'.

Leeds Health Champions

We have provided emergency life support training to Leeds Community Champions

at four events which they have then cascaded to members of the public. The course covers how life style choices can affect health, the causes of cardiac arrest, stroke and heart attacks.

The team has delivered training to over 3,500 delegates in difficult trading conditions. A new website was launched in April 2013 to help raise awareness of commercial training, provide on-line booking facilities and promote the Trust through its community engagement activities.

Foundation Trust Membership Recruitment Events

The team supported 54 recruitment and membership events across the region which encouraged members of the public to become Members of the Trust and we also delivered first aid awareness training to existing members.

Fourteen events, led by the Trust Chairman, were also held specifically to engage with Members expressing interest in standing for election as a Governor when YAS is an authorised FT.

Partnership Working (main heading)

Community Resilience

The Community Resilience department identifies potential Community First Responder (CFR) locations and volunteers to help patients who suffer life-threatening illness such as stroke, heart attacks, breathing difficulties and cardiac arrest. The CFR scheme is a partnership between Yorkshire Ambulance Service and local groups of volunteers within their communities. In many medical emergencies the first few minutes are critical. If effective treatment can be provided within these first few minutes, lives can be saved and disability reduced.

By the end of December 2012 we had 1,049 volunteer CFRs across Yorkshire and the Humber who belong to 248 CFR and co-responder sites, along with 260 static sites located across the region (a static site is a place with high footfall but does not move, eg a railway station, airport or shopping centre).

The community-based volunteers, static sites, and co-responders have attended 11,508 incidents between April 2012 and December 2012, an increase of 2,668 incidents on last year. Their quick response means they are on hand in the vital first few minutes of an emergency to provide life-saving treatment.

Performance data including our contribution to Ambulance Quality Indicators (AQIs), return of spontaneous circulation (ROSC) and stroke has shown significant improvement over the year. CFRs have attended over 380 cardiac arrests in this period across the region. Contribution from a performance is 2.5% of the Trust's overall performance however our genuine performance contribution is at 1.4% a significant improvement in the previous year.

Partnership working arrangements have continued with mountain rescue services, HM Coastguard on the east coast and many additional static sites such as dental practices, GP surgeries, prisons and schools added to the list. Furthermore, each of these locations now has access to an automated external defibrillator (AED). The East Riding of Yorkshire saw a significant increase in recruitment in the latter part of last year with additional volunteers supporting areas such as Withernsea, Hedon, Hornsea Goole and Howden.

Educational Links

Public education, along with community engagement has developed other projects such as *Working together to Save Lives*, training over 700 people in hands only CPR in the first event earlier in the year. A similar event took place in Bridlington in February 2013 and another is scheduled to take place in October 2013 in Goole.

British Heart Foundation

Through its British Heart Foundation (BHF)-funded Community Resuscitation Development Officer the Trust has delivered basic life support training to over 25,200 students (since 2009) to a diverse group of communities, including drug and alcohol-related projects and students with learning needs, disabilities and autism.

During 2012-13 an additional 173 Heartstart schemes have been established through our relationship with the BHF, which provides training and education in basic life support.

YAS BASICS Doctors

Throughout 2012-13 Yorkshire Ambulance Service continued to support 30 volunteer British Association for Immediate Care (BASICS) doctors who provide support to ambulance clinicians at serious road traffic collisions and other trauma incidents across the region.

Yorkshire Air Ambulance

Where speed is vital because of the severity or nature of a patient's injuries, or if the emergency cannot be reached by road, Yorkshire Ambulance Service provides paramedics for the Yorkshire Air Ambulance charity. The two helicopters are based at Leeds Bradford International Airport and Topcliffe, North Yorkshire.

Our Estate (main heading)

In 2012-13 the Estates department continued to reduce the Trust's energy bills and make site-working environments better by including them in its Capital programme.

During 2012-13 there were a number of significant developments including:

- installation of a new heating system at Bridlington, Driffield, Hoyland, and Settle ambulance stations
- replacement of the old and faulty automatic pedestrian door at Trust headquarters (Wakefield)
- replacement of the two uninterruptable power supply units at Trust headquarters (Wakefield) as part of the Trust's electrical power resilience
- replacement of the worn and leaking flat roof at Whitby Ambulance Station
- completion of phase 2 of the refurbishment at Bradford Ambulance Station
- additional parking at Harrogate Ambulance Station including additional vehicle-charging points
- refurbishment of the first floor and part of the ground floor of the Callflex 4 building, which is the new NHS 111 call centre at Wath-upon-Deerne Rotherham. Refurbishment of the ground floor at Trust headquarters (Wakefield) for the new NHS 111 call centre also took place in 2012-13.

Other successful projects completed during 2012-13 include:

- installation of lever arch taps on a number of hand washing sinks in sluice areas following a previous visit for the Care Quality Commission (CQC)
- repairing damaged and worn road surfaces at Doncaster and Wath ambulance stations.

In late 2012 the Estates department was audited by an internal audit in relation to Facilities Management and in early 2013 they received 'Significant Assurance' on this audit.

How We Work (main heading)

Openness and Accountability Statement

The Trust complies with the NHS Code of Practice on Openness and has various channels through which the public can obtain information about its activities. We are committed to sharing information within the framework of the Freedom of Information Act 2000 and all public documents are available on request.

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

We always welcome comments about our service so we can continue to improve. 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 goods and services we buy are manufactured, delivered, used and managed at the end of their useful life in an environmentally and socially acceptable way. YAS is committed to reducing the carbon footprint of its buildings, fleet and staff whilst not compromising the core work of our services.

The Trust's Carbon Management Plan, which is consistent with local and national healthcare strategies, sets out our long-term commitment to sustainable reductions of our CO₂ emissions and carbon footprint.

This report is annually updated and the plan identifies CO₂ savings to be made within Estates, IT, Procurement and Fleet departments. The NHS aims to reduce its carbon footprint by 10% between 2009 and 2015. YAS has pledged to reduce its carbon footprint by 30% by 2015 based on the 2007 baseline.

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

Yorkshire Ambulance Service Carbon Footprint Calculation

The carbon footprint for 2012-13 is estimated to be 17,500 tonnes of CO₂.

Year	Total CO ₂ Emission (tonnes)	Emissions from building (tonnes)	Emissions from transport (tonnes)	Emissions per employee (tonnes)	% change
2007-08	16,531	5,553	10,856	4.88	0%
2008-09	16,831	4,929	11,745	4.97	2%
2009-10	17,257	5,707	11,345	4.35	4%
2010-11	16,330	5,104	10,961	3.65	-1%
2011-12	17,681	5,031	12,650	3.96	7%

In recognition of its carbon reduction work carried out during the year the Trust has won many awards including winner of the People and Environment Achievement

Business Awards 2012, being shortlisted for the HSJ Good Corporate citizenship award 2012, Green Fleet Awards 2012 and EST Best Large Public Fleet 2012.

Yorkshire Ambulance Service Sustainability Report 2013-14

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

We have incorporated the following points in our SR:

- In 2012-13, we recycled 282 tonnes of waste, which is 64% of the total waste we produce. All our general waste is now sent to an RDF plant where it is used to produce fuel. We do not currently generate any energy and renewable energy represents 0.0% of our total energy use. We have not as yet made arrangements to purchase electricity generated from renewable sources.
- The Carbon Reduction Commitment (CRC) Energy Efficiency Scheme is a mandatory scheme aimed at improving energy efficiency and cutting emissions in large public and private sector organisations. As we do not qualify for the scheme, our gross expenditure during 2012-13 was £0.
- During 2012-13 our fuel expenditure was £8 million against £7.2 million in 2011-12. Most of the increase is due to increases in international fuel prices and the Trust is continuing to implement ways of reducing fuel use through purchasing more fuel-efficient vehicles and eco-driver training. We have also piloted the use of an electrical vehicle in our PTS and a hybrid frontline A&E vehicle.
- Our expenditure on clinical and non-clinical waste in the last three years was incurred as follows:

	2012-2013 (tonnes)	2011-12 (tonnes)	2010-11 (tonnes)
Waste sent to landfill	7.61	363	524
Waste recycled/reused	282	322	320
Waste incinerated/energy from waste	34.93	0	10.5
Waste sent for fuel recovery	115	0	0
Security waste	10.63		

Information Governance

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

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

In the past year the Trust has appointed an Information Governance Manager to provide continuing operational support for Information Governance within the Trust.

Yearly self-assessments against Information Governance Toolkit requirements enable the Trust to measure compliance against the law, best practice and NHS guidelines. The Information Governance Toolkit is a continual improvement tool published and managed by the Department of Health which draws together legal rules and central guidance and presents them in one place as a set of information governance requirements (or standards). A total of 35 Information Governance Toolkit requirements support the provision of good Information Governance within the Trust.

In 2012-13 the East Coast Audit Consortium audited a number of the requirement areas, reporting significant assurance against all areas examined.

Over the last year the Trust has made further progress against its Information Governance work programme and this has contributed to the internal audit assurance given. This year the Trust's improvements in Information Governance include:

- reviewing our policies and strategies in relation to Information Governance
- doing further work to train key staff in the management of information risk, further strengthening our business continuity arrangements in relation to electronic systems supporting patient care
- continuing to ensure our Airwave communication is secure. This is an important means of communication for our ambulance crews out on the road
- continuing to make sure our staff are trained in the confidentiality, data protection and security of personal information
- continuing to make sure our transfers of paper and electronic personal information are secure.

Statement in Respect of Information Governance Serious Untoward Incidents

The Trust manages the reporting of personal data-related incidents through the incident reporting process. All Serious Untoward Incidents (SUIs) are classified in terms of severity on a scale of 1-5 in terms of either/both risk to reputation and risk to individuals in accordance with the Department of Health Gateway Reference 13177 dated January 2010. During 2012-13 the Trust had no SUIs classified at a severity rating of 3-5 that met the criteria for inclusion in the Annual Governance Statement. The table below shows the summary of personal data-related incidents from April 2012 to the end of March 2013 (severity rating 1-2) which require aggregated publication.

Category	Nature of Incident	Total
V	Other	1
IV	Unauthorised disclosure	1
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	2
I	Loss of inadequate protected electronic equipment, devices or paper documents from secured NHS premises	

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

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

The Senior Information Risk Owner during 2012-13 was Steve Page, our Executive Director of Standards and Compliance.

The Caldicott Guardian during 2012-13 was Dr Alison Walker, Executive Medical Director.

Charitable Fund

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

The Charitable Fund exists to support the work of the Trust. Key uses of the funds include the provision of additional training and equipment for services over and above the level that would normally be delivered as part of our core NHS funding. The Trust, through the Board is responsible for the management of these funds as Corporate Trustee. We ensure these funds are managed independently from our public funding by administering them through a separate Charitable Funds Committee.

If you would like to make a donation to the YAS Charitable Fund, or for more information, please contact Gabriel Recalde, email gabriel.recalde@yas.nhs.uk or tel: 01924 584195. Alternatively, you can contact our Corporate Communications team by emailing corp-comms@yas.nhs.uk or telephoning: 01924 584044.

Trust Board 2012-13

Chairman - Della Cannings QPM

Chief Executive - David Whiting

Deputy Chief Executive and Executive Director of Workforce and Strategy - Stephen Moir

Executive Director of Finance and Performance - Rod Barnes

Executive Director of Standards and Compliance - Steve Page

Executive Medical Director - Dr Alison Walker (*Dr Julian Mark took over as Executive Medical Director (Designate) from 1 April 2013*)

Executive Director of Operations - Paul Birkett-Wendes

Non-executive Directors 2012-13

Elaine Bond

Patricia Drake

Barrie Senior

Mary Wareing

Erfana Mahmood

In addition to their attendance at Trust Board meetings, the non-executive directors chair Tier 1 committees as described on page XX.

Erfana Mahmood is a qualified senior solicitor with extensive audit and governance experience. She is the Head of Volume Commercial Lending at a Leeds-based commercial law firm and has over ten years' experience in the high value commercial lending sector and over 15 years' public sector housing experience. She was previously a member of the Group Board for Accent Group Limited and is a Senior Independent Director of Yorkshire Ambulance Service NHS Trust.

Elaine Bond has extensive commercial experience of developing strategies from major restructuring initiatives. She is experienced in improving efficiency in manufacturing, logistics and supply chains. She was previously Group Operations Director at UK Greetings Ltd, a leading designer, manufacturer and supplier of greetings cards and related stationery products.

Patricia Drake has extensive experience in the NHS from her role as the Assistant Chief Nurse at Bradford Teaching Hospitals NHS Foundation Trust before she retired in 2006. She is currently the Director of Innovate and Develop Ltd, Vice Chair of Locala and a Justice of the Peace in Calderdale.

Barrie Senior is a Chartered Accountant with a wide range of board-level commercial and financial management experience. He is the Chairman of the Trust's Audit Committee and a Fellow of the Institute of Chartered Accountants in England and Wales (FCA). He is the non-executive director of Aedas, a leading UK and international architecture practice and a former partner in two leading accountancy firms, specialising in risk management, internal and external audit, and information systems audit and security.

Mary Wareing is an experienced programme director with strong stakeholder management skills and has extensive experience in driving transformational change in both the public and private sectors. She is currently the director of Lamont

Wareing Limited, a consultancy specialising in operational transformation and her previous roles have included senior positions at Arla Foods UK, Sheffield City Council, project manager at Irwin Mitchell LLP and as a consultant at McKinsey & Co.

Trust Board - Declaration of Interests

Appendix A

Declaration of Interests for the Financial Year 2012/13

Name	Paid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association of similar bodies
Non-Executive Directors							
Della Cannings	Sole Trader	Director of AACE	None	None	Director/Trustee of Yorkshire Youth North Yorkshire (both companies Limited by guarantee and registered charities)	Public Member of the Lord Chancellors Advisory Committee, Calderdale magistrates	Life Member Association of Chief Police Officers Member Institute of Directors Member, Royal Society for the encouragement of Arts, Manufactures and Commerce
Patricia Drake	Innovate & Develop Ltd	Innovate & Develop Ltd	None	None	Chair - Artworks	Vice Chair Locala Communities Kirklees Community Health Vice Chair/Governor Dixon Allerton Service Academy	Royal College of Nursing

						Governing Body Nurse – Bradford CCG Justice of the Peace	
Name	Paid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association of similar bodies
Non-Executive Directors							
Elaine Bond	Internationals Greetings Plc	International Greetings Plc Whitegate Technologies Ltd (Director – unpaid)	None	None	None	None	None
Erfana Mahmood	Accent Group Ltd Chorley and District Building Society Walker Morris	Accent Group Ltd Chorley and District Building Society	None	None	None	None	Member of Law Society

Name	Paid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association of similar bodies
Non-Executive Directors							
Barrie Senior	Self Employed (NED) Aedas Management Services (Partnership) Self Employed Partner, Senior Associates LLP	None	None	None	None	None	Fellow of the Institute of Chartered Accountants in England & Wales (FCA)
Mary Wareing	Lamont Wareing Ltd	Director - Lamont Wareing Ltd	None	None	None	None	None

Name	Paid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association of similar bodies
Chief Executive and Executive Directors							
Dave Whiting	None	None	None	None	None	None	Health Professions Council
Stephen Moir	National Policing Improvement Agency <i>(Appointment ended October 2012)</i>	None	None	None	Non-Executive Board Member – Chartered Institute of Personnel & Development (CIPD) Executive Committee Member – Involvement and Participation Association (IPA)	Independent Non-Executive Resources Committee member of the National Policing Improvement Agency <i>(paid – appointment ended October 2012)</i>	Chartered Fellow – Chartered Institute of Personnel & Development Fellow – Chartered Management Institute Fellow – Royal Society Arts, Manufacturing and Commerce (RSA) Associate Member – Public Sector People Manager’s Association (PPMA)
Paul Birkett-Wendes	None	None	None	None	None	None	None

Name	Paid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association of similar bodies
Chief Executive and Executive Directors							
Steve Page	None	None	None	None	None	None	Nursing & Midwifery Council Registration
Rod Barnes	None	None	None	None	None	HFMA member of Governance Audit Committee	Chartered Institute of Management Accountants Healthcare Financial Managers Association.
Alison Walker	Consultant, Mid Yorkshire NHS Trust	None	None	None	None	Medical Director (Yorkshire Air Ambulance 2006 – ongoing) Chair of the National Ambulance Service Medical Directors Group (February 2012 – ongoing) Ambulance Service Medical Director Representative	General Medical Council Fellowship in Immediate Medical Care, Royal College of Surgeons of Edinburgh Fellowship of the College of Emergency Medicine Fellowship in General Surgery, Royal College of Surgeons of England Fellowship in Dental Surgery, Royal College of Surgeons of England

						<p>on the UK search and rescue group (2007 - ongoing)</p> <p>Member of the Board and regional Chair of the Faculty of Pre-hospital Care Royal College of Surgeons of Edinburgh (2007 – ongoing)</p> <p>Medical Advisor to the Chief Fire Officers Association – Immediate Emergency Care Group (2006 – ongoing)</p> <p>Joint Royal Colleges Ambulance Liaison Committee (JRCALC) member (2005 – ongoing)</p>	
--	--	--	--	--	--	--	--

Name	Paid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association of similar bodies
Temporary Executive Directors							
David Williams (Interim Executive Directors of Operations) December 2011 – May 2012	None	None	None	None	None	None	None
Dr Julian Mark (Interim – Medical Director) 1 April 2013 - present	None	None	None	None	None	None	Royal College of Anaesthetists Association of Anaesthetists of Great Britain and Ireland Faculty of Pre Hospital Care of the Royal College of Surgeons of Edinburgh British Association of Immediate Care Schemes British Medical Association

							Medical Protection Society
--	--	--	--	--	--	--	----------------------------

Name	Paid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association of similar bodies
Non-Executive Directors							
Richard Roxburgh (left July 2012)	None	None	None	None	None	None	Fellow - Chartered Institute of Management Accountants
Roger Holmes (left September 2012)	None	None	None	None	Member of Council, St John Ambulance, South and West Yorkshire	None	None

Trust Board and Committee Membership

The Trust Board and Committee membership at Tier 1 committees remains unchanged during 2012-13.

Committee	Membership
Quality Committee	<ul style="list-style-type: none">▪ Three non-executive directors▪ Executive Director of Standards and Compliance▪ Executive Medical Director▪ Executive Director of Workforce and Strategy▪ Executive Director of Operations
Audit Committee	<ul style="list-style-type: none">▪ All non-executive directors▪ Executive Director of Finance▪ Executive Director of Standards and Compliance
Finance and Investment Committee	<ul style="list-style-type: none">▪ Three non-executive directors▪ Chief Executive▪ Executive Director of Finance and Performance
Charitable Funds Committee	<ul style="list-style-type: none">▪ Two non-executive directors▪ Executive Director of Finance and Performance
Remuneration and Terms of Service Committee	<ul style="list-style-type: none">▪ All non-executive directors▪ Chairman

Glossary of Terms

Term/Abbreviation	Definition/Explanation
Accident and Emergency (A&E) Service	A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
Advanced Medical Priority Dispatch System (AMPDS)	An international system that prioritises 999 calls using information about the patient as supplied by the caller.
Ambulance Quality Indicators (AQIs)	AQIs were introduced in April 2011 for all ambulance services in England and look at the quality of care provided as well as the speed of response to patients. The AQIs are ambulance specific and are concerned with patient safety and outcomes.
Ambulance Service Cardiovascular Quality Initiative	The initiative aims to improve the delivery of pre-hospital (ambulance service) care for cardiovascular disease to improve services for people with heart attack and stroke.
Annual Assurance Statement	The means by which the Accountable Officer declares his or her approach to, and responsibility for, risk management, internal control and corporate governance. It is also the vehicle for highlighting weaknesses which exist in the internal control system within the organisation. It forms part of the Annual Report and Accounts.
Assistant Practitioner (AP)	They work on ambulances to assist paramedics/emergency medical technicians in providing the care, treatment and safe transport of emergency and non-emergency patients in a clinically safe and professional environment.
Automated External Defibrillator (AED)	A portable device used to restart a heart that has stopped.
Bare Below the Elbows	An NHS dress code to help with infection, prevention and control.
Better Payment Practice Code (BPPC)	The BPPC was established to promote a better payment culture within the UK and urges all organisations to adopt a responsible attitude to paying on time. The target is to pay all invoices within 30 days of receipt.
Board Assurance Framework (BAF)	Provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their strategic objectives.
Board Governance Assurance Framework (BGAF)	Assists Boards through a combination of self and independent assessment processes to ensure they are appropriately skilled and prepared to achieve FT authorisation.
British Association for Immediate Care (BASICS)	A network of doctors who provide support to ambulance crews at serious road traffic collisions and other trauma incidents across the region.

Bronze Commander Training	A course designed to develop and equip ambulance services, health colleagues and Voluntary Aid Society Incident Managers at operational/bronze level to effectively manage major/catastrophic incidents.
Caldicott Guardian	A senior member of staff appointed to protect patient information.
Call Connect	A way of measuring ambulance response times introduced on 1 April 2008 based on the point at which a call is connected to the ambulance service.
Cardio-pulmonary Resuscitation (CPR)	A procedure used to help resuscitate a patient when their heart stops beating and breathing stops.
Care Bundle	A care bundle is a group of interventions (practices) related to a disease process that, when carried out together, result in better outcomes than when implemented individually.
Care Quality Commission (CQC)	An independent regulator responsible for monitoring and performance measuring all health and social care services in England.
Centre for Maternal And Child Enquiries (CMACE)	Aims to improve the health of mothers, babies and children by carrying out confidential enquiries and related work on a nationwide basis.
Chairman	The Chairman provides leadership to the Trust Board and chairs all Board meetings. The Chairman ensures key and appropriate issues are discussed by the executive and non-executive directors.
Chief Executive	The highest-ranking officer in the Trust, who is the Accountable Officer responsible to the Department of Health for the activities of the organisation.
Clinical Commissioning Group (CCG)	Groups of GPs who, from April 2013, will commission healthcare services for their communities. They will replace primary care trusts.
Clinical Hub	A team of clinical advisors based within the Emergency Operations Centres providing support for patients with non life-threatening conditions.
Clinical Pathways	The standardisation of care practices to reduce variability and improve outcomes for patients.
Clinical Performance Indicators (CPIs)	CPIs were developed by ambulance clinicians and are used nationally to measure the quality of important areas of clinical care. They are designed to support the clinical care we provide to patients by auditing what we do.
Clinical Supervisor	Works on the frontline as part of the operational management team and facilitates the development of clinical staff and helps them to practise safely and effectively by carrying out regular assessment and revalidations.
Commissioners	Ensure that services they fund can meet the needs of patients.
Community First Responders	Volunteers in their local communities, who respond from their home addresses or places of work

(CFRs)	to patients suffering life-threatening emergencies.
Comprehensive Local Research Networks (CLRNs)	Coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community.
Computer Aided Dispatch (CAD)	A method of dispatching ambulance resources.
Commissioning for Quality and Innovation (CQUIN)	The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.
Department of Health (DH)	The government department which provides strategic leadership for public health, the NHS and social care in England.
Electrocardiograms (ECG)	An interpretation of the electrical activity of the heart. This is done by attaching electrodes onto the patient which record the activity of the different sections of the heart.
Emergency Care Assistant (ECA)	Emergency Care Assistants respond to emergency calls as part of an A&E crew. They work alongside a more qualified member of the ambulance team, giving support and help to enable them to provide patients with potentially life-saving care at the scene and transporting patients to hospital.
Emergency Care Practitioner (ECP)	Emergency Care Practitioners are paramedics who have received additional training in physical assessment, minor illnesses, minor injuries, working with the elderly, paediatric assessment, mental health and pharmacology.
Emergency Department (ED)	A hospital department responsible for assessing and treating patients with serious injuries or illnesses.
Emergency Medical Technician (EMT)	Works as part of an emergency ambulance crew to provide the care, treatment and safe transport for emergency patients.
Emergency Operations Centre (EOC)	The department which handles all our emergency and urgent calls and deploys the most appropriate response. The two EOCs are based in Wakefield and York.
Equality and Diversity	Equality legislation protects people from being discriminated against on the grounds of their sex, race, disability, etc. Diversity is about respecting individual differences such as race, culture, political views, religious views, gender, age, etc.
Foundation Trust (FT)	NHS organisations which operate more independently under a different governance and financial framework.
Foundation Trust Development Group	This is made up of the YAS Chairman and YAS Trust Executives.

General Practitioner (GP)	A doctor who is based in the community and manages all aspects of family health.
Governance	The systems and processes, by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community.
Green Calls	A local response target. Previously known as Category B calls for conditions which are not immediately life-threatening.
Hazardous Area Response Team (HART)	A group of staff who are trained to deliver ambulance services under specific circumstances, such as at height or underground.
Healthwatch	Healthwatch England is the new independent consumer champion for health and social care in England. Local Healthwatch organisations are being set up from April 2013.
Human Resources (HR)	A function with responsibility for implementing strategies and policies relating to the management of individuals.
Information Governance (IG)	Allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.
Institute of Healthcare and Development (IHCD)	A body responsible for the content of some ambulance staff training which is then delivered through ambulance trusts.
Integrated Business Plan (IBP)	Sets out an organisation's vision and its plans to achieve that vision in the future.
KA34	A reporting requirement for all ambulance trusts, with a template completed annually and submitted to the Department of Health. The information obtained from the KA34 is analysed by individual ambulance service providers to show volume of service and performance against required standards.
Key Performance Indicator (KPI)	A measure of performance.
Knowledge and Skills Framework (KSF)	A competence framework to support personal development and career progression within the NHS.
Local Involvement Network (LINK)	A network of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services. A new consumer champion called Healthwatch has started to replace LINKs from October 2012.
Major Trauma	Major trauma is serious injury and generally includes such injuries as: <ul style="list-style-type: none"> ▪ traumatic injury requiring amputation of a limb ▪ severe knife and gunshot wounds

	<ul style="list-style-type: none"> ▪ major head injury ▪ multiple injuries to different parts of the body eg chest and abdominal injury with a fractured pelvis ▪ spinal injury ▪ severe burns.
Major Trauma Centre	A network of 22 new centres throughout the UK, specialising in treating patients who suffer from major trauma.
Mental Capacity Act (MCA)	Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.
Monitor	The independent regulator of NHS foundation trusts.
Myocardial Infarction (MI)	Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die.
Myocardial Ischemia National Audit Project (MINAP)	A national database gathering information on all patients who have had a heart attack or who have acute coronary syndromes.
National Health Service (NHS)	Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is funded by taxes.
National Health Service Litigation Authority (NHSLA)	Handles negligence claims and works to improve risk management practices in the NHS.
NHSLA Risk Management Standards for Ambulance Trusts	Ambulance trusts are assessed against these risk management standards which have been specifically developed to reflect issues which arise in the negligence claims reported to the NHSLA.
National Infarct Angioplasty Project (NIAP)	An audit of patients referred for an angioplasty surgical procedure.
National Learning Management System (NLMS)	Provides NHS staff with access to a wide range of national and local NHS eLearning courses as well as access to an individual's full training history.
National Patient Safety Agency (NPSA)	A national agency which helps to improve the safety of patient care by working with health organisations.
NHS Commissioning Board	Formally established as an independent body on 1 October 2012, is responsible for authorising Clinical Commissioning Groups (CCGs), working collaboratively with partners and encouraging patient and public participation in the NHS.
Non-Executive Directors (NEDs)	Drawn from the local community served by the Trust, they oversee the delivery of ambulance services and help ensure the best use of financial resources to maximise benefits for patients.

	They also contribute to plans to improve and develop services which meet the area's particular needs.
Overview and Scrutiny Committee (OSC)	Local authority bodies which provide scrutiny of health provision in their local area.
Paramedic	Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with an assistant practitioner or emergency care technician, they assess a patient's condition and provide essential treatment.
Paramedic Practitioner	Paramedic practitioners come from a paramedic background and have additional training in injury assessment and diagnostic abilities.
Patient Report Form (PRF)	A comprehensive record of the care provided to patients.
Patient Transport Service (PTS)	A non-emergency medical transport service, for example, to and from out-patient appointments.
Personal Development Reviews (PDRs)	The PDR process provides a framework for identifying staff development and training needs and agreeing objectives.
Personal Digital Assistants (PDAs)	Small computer units which help to capture more accurate data on Patient Transport Service performance and journey times and identify areas which require improvements.
Primary Care Trust (PCT)	PCTs work with local authorities and other agencies that provide health and social care locally to make sure that your community's health needs are being met. They will be replaced by Clinical Commissioning Groups (CCGs) from April 2013.
Primary Percutaneous Coronary Intervention (pPCI)	A surgical treatment for heart attack patients which unblocks arteries which carry blood to the heart.
Private and Events Service	Provides medical cover to private and social events for example, football matches, race meetings, concerts and festivals. It also provides ambulance transport for private hospitals, corporations and individuals.
Rapid Response Vehicle (RRV)	A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance capable of transporting patients.
Red 1 and 2 Calls	Previously referred to as Category A calls. An immediate life-threatening situation requiring emergency assistance eg cardiac arrest, choking, uncontrolled haemorrhage etc. The objective is to provide immediate aid to apply life-saving skills supported by paramedic intervention.
Safeguarding	Processes and systems for the protection of vulnerable adults, children and young people.
Safety Thermometer	The NHS Safety Thermometer is a tool designed to help hospitals understand where they can potentially cause harm to patients and reduce the risk of this.

Serious Case Reviews (SCRs)	Establish whether there are any lessons to be learnt about the way in which staff and agencies work together to safeguard vulnerable people.
Serious Incidents (SIs)	Something out of the ordinary or unexpected. It is an incident – or a series of incidents – that, if left unattended, may pose a risk to service users or the health and safety of staff, visitors and others.
Stakeholders	All those who may use the service, be affected by or who should be involved in its operation.
ST Elevation Myocardial Infarction (STEMI)	A type of heart attack.
Strategic Health Authority (SHA)	SHAs manage the NHS locally and provide an important link between the Department of Health and the NHS. They will cease to exist from April 2013.
Yorkshire Air Ambulance (YAA)	An independent charity which provides an airborne response to emergencies in Yorkshire and has YAS paramedics seconded to it.
Yorkshire Ambulance Service (YAS)	The NHS provider of emergency and non-emergency ambulance services in Yorkshire and the Humber.