# NHS TRUST DEVELOPMENT AUTHORITY
## COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence:   The new NHS Provider Licence

**Yorkshire Ambulance Service NHS Trust**
**Reporting Month:** April 2014
**Submission Date:** 21 May 2014

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| **1. Condition G4** Fit and proper persons as Governors and Directors.  **YES** |
| **Comment where non-compliant or at risk of non-compliance** |
| **2. Condition G5** Having regard to monitor Guidance. **YES** |
| **Comment where non-compliant or at risk of non-compliance** |
| **3. Condition G7** Registration with the Care Quality Commission. **YES** |
| **Comment where non-compliant or at risk of non-compliance** |
| **4. Condition G8** Patient eligibility and selection criteria. **YES** |
| **Comment where non-compliant or at risk of non-compliance** |
| **5. Condition P1** Recording of information. **YES** |
| **Comment where non-compliant or at risk of non-compliance** |
| **6. Condition P2** Provision of information. **YES** |
| **Comment where non-compliant or at risk of non-compliance** |
| **7. Condition P3** Assurance report on submissions to Monitor. **YES** |
| **Comment where non-compliant or at risk of non-compliance** |
| **8. Condition P4** Compliance with the National Tariff. **NO** |
| **Comment where non-compliant or at risk of non-compliance** |
| National Tariff does not apply to Ambulance Services. YAS are applying local tariff to the four nationally agreed currencies. |
| **9. Condition P5** Constructive engagement concerning local tariff modifications. **NO** |
| **Comment where non-compliant or at risk of non-compliance** |
| National Tariff does not apply to Ambulance Services. YAS are applying local tariff to the four nationally agreed currencies. |
| **10. Condition C1** The right of patients to make choices. **YES** |
| **Comment where non-compliant or at risk of non-compliance** |
| **11. Condition C2** Competition oversight. **YES** |
| **Comment where non-compliant or at risk of non-compliance** |
| **12. Condition IC1** Provision of integrated care. **YES** |
| **Comment where non-compliant or at risk of non-compliance** |

Approved by:


On behalf of the Trust
Board acting in the capacity of:


Date: