

20<sup>18</sup>/<sub>19</sub>



ANNUAL REPORT



QUALITY ACCOUNT



FINANCIAL ACCOUNTS





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## GLOSSARY

# ABOUT US

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

We serve a population of over five million people across Yorkshire and the Humber and strive to ensure that patients receive the right response to their care needs as quickly as possible, wherever they live. The catchment area for our NHS 111 service also extends to North Lincolnshire, North East Lincolnshire and Bassetlaw in Nottinghamshire.

We employ 5,853\* staff, who together with over 1,100 volunteers, enable us to provide a vital 24-hour, seven-days-a-week, emergency and healthcare service.

*\* is a headcount figure which includes part-time staff and equates to 4,699 whole-time equivalents.*





### Our main focus is to:

- **Receive 999 calls in our emergency operations centres (Wakefield and York)**
- **Respond to 999 calls, arrange the most appropriate response to meet patients' needs and get help to patients who have serious or life-threatening injuries or illnesses as quickly as possible**
- **Provide the region's Integrated Urgent Care (IUC) service which includes the NHS 111 urgent medical help and advice line**
- **Take eligible patients to and from their hospital appointments and treatments with our non-emergency Patient Transport Service (PTS).**

### In addition we:

- Have a Resilience and Special Services Team (incorporating our Hazardous Area Response Team) which plans and leads our response to major and significant incidents such as those involving public transport, flooding, pandemic flu or chemical, biological, radiological or nuclear (CBRN) materials.
- Provide clinicians to work on the two helicopters operated by the Yorkshire Air Ambulance charity
- Provide vehicles and drivers for the specialist Embrace transport service for critically-ill infants and children in Yorkshire and the Humber.
- Provide clinical cover at major sporting events and music festivals
- Provide first aid training to community groups and actively promote life support initiatives in local communities.

Our frontline operations receive valuable support from many community-based volunteers, including community first responders, who are members of the public who have been trained to help us respond to certain time-critical medical emergencies. We also run co-responder schemes with Fire and Rescue Services in parts of Yorkshire and the Humber as well as a number of volunteer car drivers who support the delivery of our PTS.

We are led by a Board of Directors which meets in public quarterly and comprises the Trust chairman, five non-executive directors and one associate non-executive director, five executive directors, including the chief executive, and two directors (non-voting).

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



## Our priorities for 2019-20 include:

### Our Patients

- Delivering the best possible response for each patient, first time and in the right place and making sustainable improvement in performance in line with national response standards.
- Delivering safe, compassionate care which promotes the best health outcomes for patients in urgent and emergency care through high quality and effective clinical processes and pathways.
- Improving patient outcomes in relation to key conditions, including those patients with learning disabilities and those suffering from dementia and require access to urgent or emergency care.
- Developing the Trust's role in place-based care coordination across the urgent and emergency care system, with particular focus on frail older patients and patients with palliative care and mental health conditions.
- Delivering a safe, effective and integrated urgent care service aligned to local and national standards and transforming from an 'assess and refer' signposting service to a 'consult and complete' service, where patients' needs are resolved through advice, a prescription, or a booked appointment.
- Implementing the unified communications programme, and beginning to test and realise the benefits in relation to video technology to support remote patient assessment and increased efficiency of support services.
- Continuing to develop non-emergency patient transport services across the region, aligned to the wider system.
- Continuing the Trust-wide roll-out of the electronic Patient Record (ePR) and development of links to other provider services to support continuity of patient care.
- Continuing the development of our strategy for support services including further roll-out of the Hub and Spoke and Ambulance Vehicle Preparation programme.
- Continuing to implement the Trust's Quality Improvement Strategy, with a focus on engaging frontline staff, based on the Model for Improvement and evidence-based tool including Rapid Process Improvement methodology.

### Our People

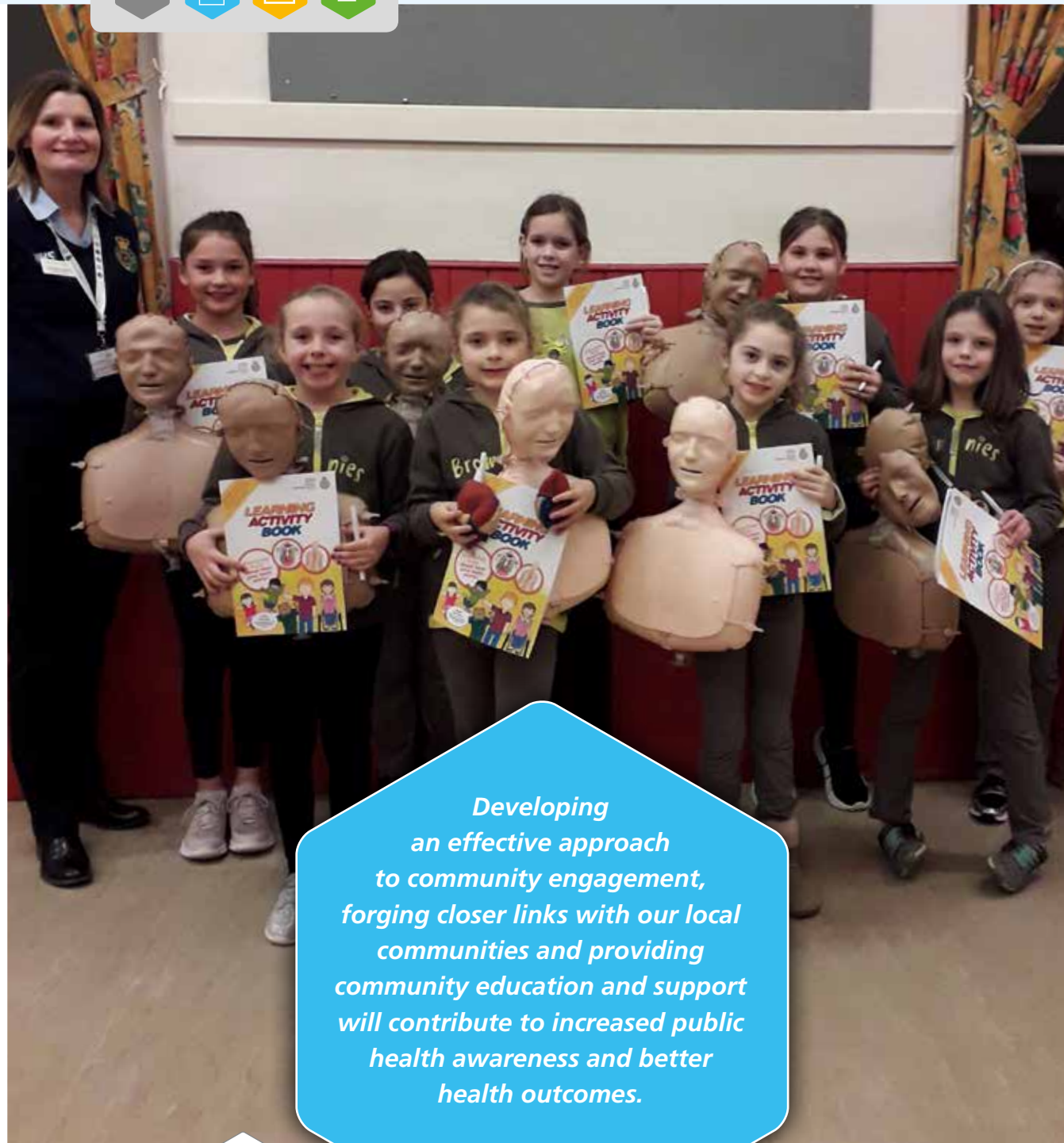
- Implementing the People Strategy.
- Ensuring we attract, recruit, develop and retain our highly valued workforce.
- Supporting the wellbeing of our staff by creating a healthy working environment to enable staff to perform at their best, with a focus on both physical and mental health and wellbeing.
- Ensuring our staff have the right skills, competencies and attitude which reflect the Trust's Behavioural Framework – Living our Values.
- Strengthening the 'employee voice' to listen, engage and respond to our staff and ensure they feel truly valued.
- Focusing on the development of all our leaders, leading cultural change and promoting a 'One Team' culture. Our Leadership in Action development programme will focus on our middle leaders in 2019-20, supporting delivery of the requirements within the Well-Led Framework.

## Our Partners and Communities

- Developing an effective approach to community engagement, forging closer links with our local communities and providing community education and support which contributes to increased public health awareness and better health outcomes.
- Working as part of our local Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to improve patient care through a joined-up and efficient approach.
- Working with ambulance and other emergency service colleagues, including our neighbouring ambulance trusts North East Ambulance Service, North West Ambulance Service and East Midlands Ambulance Service which along with YAS form the Northern Ambulance Alliance, we will continue to identify and deliver efficiencies in the way we work.
- Working with other ambulance services nationally through the Ambulance Improvement Programme.

### In addition we are committed to:

- Maintaining and improving our 'Good' rating with the Care Quality Commission ratings.
- Maintaining financial stability and achieving our agreed level of financial performance.
- Enhancing our digital capability to ensure we identify and utilise key technology to support effective and integrated services for our patients.



*Developing an effective approach to community engagement, forging closer links with our local communities and providing community education and support will contribute to increased public health awareness and better health outcomes.*

# OUR PURPOSE, VISION AND VALUES

## Our Purpose

To save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it.

## Our Vision

To be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients.





## One Team



- We share a common goal: to be outstanding at what we do.
- We are collaborative and inclusive.
- We celebrate success together and support each other, especially through difficult times.

## Innovation



- We pioneer new ways of working.
- We are at the forefront in developing professional practices.
- We have a positive attitude and embrace challenges and opportunities.

## Resilience



- We always support each other's mental and physical wellbeing.
- We have the flexibility to adapt and evolve to keep moving forward for patients.
- We remain focused and professional in the most difficult of circumstances.

## Empowerment



- We take responsibility for doing the right thing, at the right time for patients and colleagues.
- We are willing to go the extra mile.
- We continuously build our capabilities through training and development.

## Integrity



- We are open and honest.
- We adhere to professional standards and are accountable to our communities and each other.
- We listen, learn and act on feedback.
- We respect each other's point of view.

## Compassion



- We deliver care with empathy, respect and dignity.
- We are passionate about the care of patients and their carers.
- We treat everyone fairly, recognising the benefits of living in a diverse society.
- We listen to and support each other.



# CHIEF EXECUTIVE'S FOREWORD

**During 2018-19 we launched our new five-year strategy *One Team, Best Care* which seeks to ensure our patients and communities experience fully integrated care, responsive to their needs and that we support our people to deliver excellent outcomes.**

In order to achieve these ambitions we have made a huge investment in our services including an additional 400 staff in A&E Operations, 138 new ambulances, improvements to our estate and infrastructure and the embedding of new digital technologies, all of which combine to make us a better ambulance service and ultimately provide the very best care for our patients.

This investment has already helped to improve our performance against the newly introduced Ambulance Response Programme (ARP) standards and I'm very proud that the Trust was amongst the country's top three performing ambulance services by the end of March 2019.

There have been many highlights during the year, one of which is the immensely successful roll-out of our electronic Patient Record (ePR) system which was designed and developed by our staff for our staff. The intuitive and easy-to-use ePR captures

assessment and interaction information about our patients. This enables us to accurately share relevant and timely information with other healthcare providers involved in their care, leading to improved quality, clinical safety and patient experience.

Securing the new integrated urgent care (IUC) contract for Yorkshire and the Humber was a significant milestone for the Trust and reflected the excellent work involved in preparing the tender submission. Having provided the region's high-performing NHS 111 service for the last six years, the opportunity for us to transition to the new IUC service is testament to the committed staff in our call centres and the millions of patients they have helped since 2013.

The Ambulance Vehicle Preparation (AVP) service recently implemented in our Leeds and Huddersfield ambulance stations has seen the introduction of dedicated teams working around the clock to ensure that frontline clinicians are able to access fully equipped, re-fuelled and re-stocked vehicles at the beginning of each shift.

Retaining and developing our non-emergency Patient Transport Service (PTS) is central to our aim of ensuring our patients benefit from integrated service delivery.

*We have made a huge investment in our services including an additional 400 staff in A&E Operations.*





Our focus this year has been on embedding the contract for Medical Non-Emergency Transport (MNET) services for Scarborough and Ryedale and the Vale of York clinical commissioning groups (CCGs) which began on 1 July 2018 for a five-year period, and securing our contracts in West Yorkshire.

Building upon our new Trust values introduced in 2017-18, we launched our People Strategy which has been specifically aligned to the strategic ambitions and priorities of the Trust's One Team, Best Care strategy. It was developed by listening to staff and leaders across the Trust and its main aim is to ensure that we become an employer of choice by attracting, developing and retaining a highly skilled and diverse workforce and supporting our people to feel empowered, valued and engaged to perform at their best, for the benefit of patients.

A significant amount of work has already been undertaken in support of the aims of our new People Strategy including embedding our values and Living our Values Behavioural Framework, rolling out Leadership in Action training to our senior management team and establishing our first cohort of Quality Improvement Fellows. It's pleasing to see that all this work is feeding into our national NHS Staff Survey results where there has been clear progress in terms of overall engagement of staff.

Our achievements this year are a great foundation on which to deliver our vision of being trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients.

In 2019-20 our focus turns to the launch of our Clinical Strategy which very much underpins the care we provide to patients. We will be looking closely at our clinical leadership model to ensure it continues to meet the needs of the Trust and our patients in an environment in which we are working with partners to deliver more joined-up care closer to home. This will build on the work of our award-winning pilot in West Yorkshire that has seen YAS specialist paramedics working in GP practices and making house calls. Our specialist paramedics have rotated this role in a primary care setting with responding to 999 calls in rapid response vehicles and providing clinical advice in our 999 Emergency Operations Centre in Wakefield.

We will also continue to pursue opportunities to collaborate with our NHS and emergency service partners where there are mutual benefits in sharing best practice and delivering cost efficiencies.

I'd like to formally welcome Nick Smith to the Trust as Executive Director of Operations. Nick was previously Deputy Director of the Non-Emergency Patient Transport Service at the Welsh Ambulance Service NHS Trust, but started his career in Yorkshire as an ambulance cadet in 1987 and went on to work as a paramedic at Castleford and Wakefield. I'd also like to pass on my sincere thanks to Erfana Mahmood, Ronnie Coutts and Richard Keighley who ended their terms of office as Non-Executive Directors (NEDs) and welcome Anne Cooper, Jeremy Pease and Stan Hardy as they begin their NED roles with the Trust.

I'd like to conclude by thanking all of our staff and volunteers for everything they do to ensure we deliver the best possible care for our patients. I am very proud of their commitment, compassion and resilience – they make such a difference to so many lives.

**Rod Barnes**  
Chief Executive



*Our first cohort of Quality Improvement Fellows was established in 2018.*



# CHAIRMAN'S REPORT

**Now into my third year at the Trust, I can honestly say that it remains a privilege and pleasure to be Yorkshire Ambulance Service's Chairman.**

2018-19 was a very busy year across all directorates, with ever-increasing demand for our services, against a backdrop of full implementation of the Ambulance Response Programme (ARP) standards, introduction of new technology and the need to provide more joined-up care for our patients.

I was delighted that the Trust was successful in securing a second five-year term to deliver the integrated urgent care (NHS 111) contract in Yorkshire and the Humber. We have a very dedicated team committed to developing this service further and it's an exciting opportunity for greater integration between emergency and urgent care in the future.

Everything we do is underpinned by the Trust's new values and behavioural framework. They are being embedded at all levels with every member of staff and I echo our Chief Executive's commitment to these being central to all of our daily interactions, decision-making and forward planning. I can already see the positive impact of this and, as I visit staff across the Trust, it is something which is a highly visible change for the better.

Our Quality Improvement Programme has seen our newly introduced Quality Improvement Fellows complete their 12-month terms and it has provided the advantage of dedicated time to take forward improvement ideas from across the Trust. It has put staff at the heart of delivering excellent care for our patients and I'm delighted that the original cohort of QI Fellows will continue to support the Trust's QI agenda and new QI Fellows as quality improvement advisors.



*Our community engagement programme continued throughout 2018-19.*

Our community engagement event programme continued throughout 2018-19, helping to deliver public health information and raise awareness of the work we do here at Yorkshire Ambulance Service. Community engagement remains and important to us and we will be looking to extend the reach of this in 2019-20 to ensure members of the public have the opportunity to speak with us directly to ask questions and provide helpful feedback.

I would like to thank my Trust Board colleagues for their valued support during the year in ensuring that we continue to provide excellent patient care whilst maintaining a strong financial position and efficiently run operations.

Finally, I'd like to pass on my sincere gratitude to all of our fantastic staff and volunteers for their dedication and support in caring for our patients. They are selfless, kind and caring and continue to make me enormously proud.

**Kathryn Lavery**  
Chairman

# PERFORMANCE REPORT



During 2018-19 we continued to develop our services across our core service lines of A&E Operations, Patient Transport Service and NHS 111/Integrated Urgent Care. We have provided efficient and effective services across the county and beyond, as the only NHS provider operating on a regional footprint. At the same time we have worked increasingly with other health and social care organisations in the sub-regional Integrated Care Systems and local place-based partnerships to support the development of well integrated patient care which better meets the needs of local populations.

## A&E Operations



In 2018-19 the roll-out of the Ambulance Response Programme (ARP) continued across the country. Embedding these patient-focused standards has been a priority and has required the Trust to redesign the way it responds to 999 calls to ensure the most appropriate response is provided to meet patients' needs.

### The four main aims of the ARP programme are:

- **Prioritising the sickest patients, to ensure they receive the fastest response.**
- **Driving clinically and operationally efficient behaviours, so patients get the response they need first time and in a clinically appropriate timeframe.**
- **Delivering the correct response to ensure the correct place of care is determined.**
- **Putting an end to unacceptably long waits by ensuring that resources are distributed more equitably amongst all patients.**

In addition to delivering the ARP standards, A&E Operations also identified the following priorities:

- Improved clinical outcomes for patients.
- Reducing avoidable conveyance to A&E departments.
- Improved compliance with time measures.
- Improving the health and wellbeing of staff.
- Providing all staff with continued development.
- Promoting implementation of the Trust's Quality Improvement Strategy to support staff-led continuous improvement of our service.

**We will  
prioritise the  
sickest patients,  
to ensure they receive  
the fastest response.**





The set of national performance standards we are measured against are detailed in the table below:

Categories	National Standard	How long does the ambulance service have to make a decision?
<b>Category 1</b>	7 minutes mean response time 15 minutes 90 <sup>th</sup> centile response time	The earliest of: <ul style="list-style-type: none"> <li>• The problem is identified</li> <li>• An ambulance is dispatched 30 seconds from the call being connected</li> </ul>
<b>Category 2</b>	18 minutes mean response time 40 minutes 90 <sup>th</sup> centile response time	The earliest of: <ul style="list-style-type: none"> <li>• The problem is identified</li> <li>• An ambulance is dispatched 240 seconds from the call being connected</li> </ul>
<b>Category 3</b>	120 minutes 90 <sup>th</sup> centile response time	The earliest of: <ul style="list-style-type: none"> <li>• The problem is identified</li> <li>• An ambulance is dispatched 240 seconds from the call being connected</li> </ul>
<b>Category 4</b>	180 minutes 90 <sup>th</sup> centile response time	The earliest of: <ul style="list-style-type: none"> <li>• The problem is identified</li> <li>• An ambulance is dispatched 240 seconds from the call being connected</li> </ul>

In order to achieve these new standards a number of operational changes were required:

- Identification of Category 1 calls within 30 seconds of the 999 call being connected to the Emergency Operations Centre (EOC).
- If a 999 call is not identified as a Category 1, then 240 seconds are available for to identify the most appropriate category and response for the patient.
- More efficient use of resources to reduce the number of vehicles attending each incident.
- An increase in the number of Double Crew Ambulance (DCA) resources with a corresponding reduction in Rapid Response Vehicles (RRVs) to increase our transportation resource.
- RRVs to be focused on supporting patients in cardiac arrest as a Red Arrest Ream if required.
- RRVs also staffed with Specialist Paramedics and focused upon 'assess and refer' incidents.
- Introduction of low acuity transport (LAT) ambulances to undertake journeys between hospitals and convey less urgent patients from health care professionals.





## Supporting projects

A programme of work, consisting of a number of projects, was defined and agreed in order to support the achievement of the ARP standards during 2018-19.

### Fleet

In 2018-19 the Trust significantly changed the mix of response resources, increasing the number of Double Crewed Ambulances (DCAs) and reducing the number of single-crewed Rapid Response Vehicles (RRVs), to enable us to respond more flexibly and effectively in line with the new national standards. The RRV to DCA project delivered an additional 62 DCA vehicles into A&E Operations to take the total number to 380. It also managed the reduction of 59 RRVs leaving 75 frontline operational RRVs. This project was completed ahead of time and within budget.

### Emergency Operations Centre (EOC) Re-Design

Redesigning the way our EOC delivers its service has direct benefits to patients and the wider health system. The re-design focused on work to improve call handling performance, increase clinical support in the EOC, improve dispatch of ambulances and RRVs and improvements to the physical estate. The project delivered:

- system developments including introduction of Auto Dispatch to support ambulance dispatchers in rapidly deploying the right resources to meet patient need

- refurbishment and redesign of the York EOC
- an increase in the number of clinical advisors within EOC
- agreement on detailed plans for refurbishment and redesign of Wakefield EOC which supports both the current operational model and functional re-design (zonal) model.

Work in 2019-20 will focus on the completion of the Wakefield site refurbishment and further testing and implementation of the functional re-design model.

### Hear and Treat (H&T)

A key part of the EOC redesign was increasing the number of clinical advisors. Having more clinical advisors within EOC allows better immediate support for patients and an increase in the number of patients who could be offered telephone advice to meet their needs rather than sending an ambulance. The proportion of Hear and Treat responses increased during the year as did the additional support for frontline clinical staff with face-to-face decisions.

### Low Acuity Transport (LAT) Service

The delivery of a Low Acuity Transport service has continued in 2018-19 following a successful pilot period. Additional Emergency Care Assistant (ECA) staff have been recruited to specifically work on LAT. In addition, dedicated LAT ambulances have been provided and are dispatched through a single desk in the EOC.

Due to the significant increase in low acuity demand it is recognised there is further scope to improve and expand on the LAT service. We will work with colleagues in our non-emergency Patient Transport Service to focus on how we best meet this demand using our combined operational knowledge and experience.

### Roster Planning

A review of staffing requirements, following the introduction of ARP was commissioned by the Trust to identify the future workforce and skill mix requirements to achieve national response standards over the next three years. A full rota review was conducted in the first phase of the A&E Transformation Programme in 2017-18 and, whilst further changes are anticipated during 2019-20, our Capacity Planning and Scheduling Team is continually adjusting staffing requirements based on accurate daily forecasting of demand.

### Skill Mix Review

The workforce plan for 2018-19 required a significant increase in the number of Emergency Care Assistants and 312 were recruited during the year. This was in addition to 87 paramedics who joined the Trust and the on-going development of our existing workforce.

## Our Clinical Focus

**Our frontline clinical crews now have access to the very latest UK Ambulance Services' Clinical Practice Guidelines through the JRCALC app which allows the latest updates to be downloaded instantly and provides access to the Trust's own clinical policies, procedures and clinical alerts.**

### Cardiac Arrest

Ensuring that patients who suffer from an out-of-hospital cardiac arrest get the right treatment fast is vital for their long-term survival and quality of life. In previous years we have developed our critical care response using our Red Arrest Team paramedics to provide team leadership and advanced care on scene and trained our volunteer Community First Responders to provide high quality resuscitation and early defibrillation. This year we placed Automated External Defibrillators (AEDs) on all frontline non-emergency Patient Transport Service (PTS) vehicles and we are working with emergency services' partners to further improve early defibrillation. We have also improved the equipment we use in managing the patient airway, and introduced new defibrillators into frontline A&E vehicles. All clinicians now receive yearly training and assessment in resuscitation.

**We trained our volunteer Community First Responders to provide high quality resuscitation and early defibrillation.**





### Coronary Care

A heart attack happens when there is a sudden loss of blood flow to a part of the heart muscle and is a life-threatening emergency. This year we built on the Yorkshire Heart Attack Pathway and introduced screening for posterior heart attacks, which will allow more patients to receive coronary angioplasty (a procedure to widen narrowed coronary arteries) more quickly.

### Stroke Care

The timely identification of FAST-positive patients is important in reducing the long-term effects of a stroke. Stroke care is becoming increasingly complex with a concentration of Hyper Acute Stroke Units (HASUs) and the emerging treatment options of thrombectomy. This year we have worked with HASUs across Yorkshire to develop 'Direct to CT' pathways to decrease the time to thrombolysis and admission to the stroke ward.

### Major Trauma

Major trauma is any injury that has the potential to cause prolonged disability or death. Our clinicians use the Major Trauma Triage Tool to screen, treat and transport patients to regional major trauma centres, which has been shown to dramatically improve morbidity and mortality. YAS continues to lead the way in providing advanced analgesia for critically injured patients, with the use of the Red Arrest Team (RAT) paramedics in providing Ketamine and trialling new analgesics such as Pentrox.

### Maternity Care

We are working to meet the recommendations of the Better Births report of the National Maternity Review, which set out a vision for maternity services in England to be safe and personalised; that put the needs of the women, her baby and family at the heart of care; with staff who are supported to deliver high quality care. This includes working closely with the local maternity systems and we have appointed a Senior Midwife to work with us to help improve patient care.

### Respiratory Care

With premature mortality from COPD in the UK almost twice as high as the European average and premature mortality for asthma is over 1.5 times higher, we have been working to improve the knowledge and skills our clinicians have in managing patients with respiratory conditions. We have also improved the equipment, such as air-driven nebulisers, to help better manage patients with COPD and given our clinicians greater ability to refer patients to community respiratory services where their conditions can be managed closer to home.

### Frailty

Frailty is related to the ageing process and defines the group of older people who are at highest risk of falls, disability, admissions to hospital or the need for long-term care. Falls-related injuries place huge demand on the NHS and this has wider ramifications for the quality of life of those who have suffered as a result.

We have introduced a frailty screening tool, and worked with health and social care partners, to improve the pathways of care into community and secondary care.

### Mental Health

Patients in mental health crisis are often in touch with our NHS 111 and 999 services and frequently present with complex physical, mental and social problems. In addition to the dedicated mental health team we have in the Emergency Operations Centre to support and coordinate care for these patients, we work with community and local teams to ensure we have access to patient information, that care is coordinated, and that referral pathways are seamless and effective. This year we introduced new pathways of care for patients in a mental health crisis, who don't need transfer to hospital.



*Dedicated mental health team  
in our Emergency Operations  
Centre*



## A&E Performance against National Targets

In 2018-19, our EOC staff received **998,731** emergency and routine calls  
- an average of over 2,736 calls a day.

We responded to a total of **798,968** incidents  
- through either a vehicle arriving on scene or by telephone advice.

Clinicians based in our Clinical Hub, which operates within the EOC, triaged and helped  
**127,501** callers with their healthcare needs.

Performance against National Targets				
	MEAN	TARGET	90 <sup>th</sup> CENTILE	TARGET
Category 1	7 minutes and 21 seconds	<b>7 minutes</b>	12 minutes and 37 seconds	<b>15 minutes</b>
Category 2	17 minutes and 40 seconds	<b>18 minutes</b>	42 minutes and 34 seconds	<b>40 minutes</b>
Category 3			1 hour, 58 minutes and 44 seconds	<b>2 hours</b>
Category 4			3 hours, 51 minutes and 47 seconds	<b>3 hours</b>

## Patient Transport Service

Our Patient Transport Service (PTS) is one of the largest ambulance providers of non-emergency transport in the UK.

- Between April 2018 and March 2019 our PTS Operations Team of 550 staff undertook 934,492 patient journeys.
- Our Volunteer Car Service (VCS) completed 105,633 of those journeys and covered almost 2.2 million miles during the year.
- We use a number of quality-assured sub-contractors who contribute to the successful delivery of our service in the most flexible manner. They provided around 29% of journeys last year.

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

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

We pride ourselves in providing a caring and compassionate nature, putting patient care and safety at the heart of everything we do.



## Quality Improvements 2018-19

In line with the Trust's commitment to improving the quality of services we offer, and in line with the wider Trust Quality Improvement Strategy, the Service and Standards Team works with staff to drive change for the benefit of patients and other service-users. This has included:

- The development and implementation of a formalised governance process which provides clear guidelines of the quality we expect from our partner providers.
- Revised and improved quick-reference action cards to support staff with an appropriate course of action when caring for patients in uncommon or infrequent circumstances.
- Roll-out of Automated External Defibrillators (AEDs) across the entire PTS fleet to treat anyone who suffers a cardiac arrest.
- Purchase of additional manual handling equipment to improve the health, safety and wellbeing of our staff as well as improve comfort and safety for patients.
- The development of a vehicle checklist to standardise vehicle equipment, consumables and daily or weekly vehicle inspections. This provides documented evidence that checks have been carried out.

- Jump-on vehicle checks have been introduced, for our vehicles and those of our partner providers, to provide assurance that vehicles are clean and fit-for-purpose.
- Development of a suite of Standard Operating Procedures (SOPs) for staff to refer to as necessary and to encourage best practice.
- Roll-out of personal-issue smartphones to all operational staff. This will improve communication, assist remote working and facilitate online training opportunities.



- All PTS line managers, as part of their annual objectives, undertake a minimum of two back-to-the-floor days per year. They spend time on the frontline of our service getting to know staff, listening to their views and seeing how core roles are carried out, as well as experiencing our service through the eyes of the patient.
- PTS patients are being invited to provide feedback on the service they receive and the journeys they make with us. Our staff regularly visit hospital sites to speak to patients before and after their appointments and help them to provide their views. The information gathered will be used to inform improvements in the quality of their care and interactions with us.

During 2018-19 we were fortunate enough to have one of our PTS Ambulance Care Assistants seconded to the Trust's Quality Improvement (QI) Fellowship Programme. Spending half their working week developing improvement projects for PTS and promoting QI across the service, the remaining time has been spent carrying out normal PTS duties. The programme has enabled our Fellows to remain current and credible within their area of expertise, whilst making real improvements. For 2019-20 PTS will continue to benefit from the QI Fellowship with representation secured in cohort two.

## NHS 111 and Integrated Urgent Care



**Patient needs are resolved through advice, a prescription, or a booked appointment.**



Following a successful tender process in 2018, YAS secured the new Integrated Urgent Care (IUC) service in Yorkshire and the Humber for at least the next five years. The contract for includes the delivery of regional call handling and core clinical advice, supported by integration with local clinical advice providers.

Having provided the region's high performing and well regarded NHS 111 service for the last six years, the opportunity for YAS to transition to the new IUC service is both welcomed and well deserved. It also recognises the fantastic commitment of our frontline staff in the call centres who have supported almost nine million patients since the inception of the NHS 111 service in 2013.



In line with our Trust's strategic ambitions to ensure patients and communities experience fully joined-up care, responsive to their needs and excellent outcomes, our NHS 111 service will develop to deliver IUC through collaboration with primary care colleagues, other providers and commissioners. We will lead the way in transforming from an 'assess and refer' signposting service to a 'consult and complete' service, where patient needs are resolved through advice, a prescription, or a booked appointment.

NHS 111 is still the public-facing brand for access to urgent care, however the IUC branding will be used internally and with other NHS/local providers, recognising the essential integration that is required with many other services to ensure the best patient outcomes.

For patients with dental problems the service will change in 2019-20 as this contract was tendered separately for a new dedicated regional dental clinical assessment and booking service (CABS) for dental patients aged five years and over.

## Demand and Performance

Our Yorkshire and Humber NHS 111 service, which serves a population of 5.3 million people, handled 1,632,514 calls answered in 2018-19, down very slightly (0.9%) on the previous year (1,647,270).

### Key performance information includes:

**88.1% of calls answered within 60 seconds**  
against a target of 95%

**80.9% of clinical calls received a call back within two hours**

Of the calls answered:

**11.0% were referred to 999**

**14.7% were given self-care advice**

**9.5% signposted to the emergency department (ED).**

The remainder were referred to attend a primary or community care service or attend another service such as dental.

**663,319 calls to NHS 111 given clinical advice**  
(45% of triaged calls)

**119,243 patients directly booked an appointment**

**92% patient satisfaction with the service**

(based on the national Family and Friends Assessment Framework YTD up to Quarter 3); last year this was 91%.





## NHS 111 Service Developments

Last year our focus was to secure the Integrated Urgent Care (IUC) contract in Yorkshire and the Humber and to develop the service towards the new NHS England IUC specification, with particular note to the following achievements:

- Increasing clinical advice to support the 50% IUC NHS England target.
- Increasing direct booking to Out-of-Hours, Extended GP Schemes and Urgent Treatment Centres.
- Increasing Emergency Department clinical validation with the support of external clinical resources through a sub-contract arrangement.

- Clinical Quality/Quality developments through the implementation of two NHS Pathways releases introducing new clinical content to support patients further, particularly around sepsis, CPR instructions and ambulance validation.

Our workforce to deliver NHS 111 and new IUC service continues to be our priority and last year several activities were delivered to support our staff:

- A Leadership in Action programme commenced with roll-out to all managers.
- Bespoke team leader development two-day programme for NHS 111 team leaders.
- A cultural development working group was established to look at feedback received about how it feels to work within NHS 111, to review

the 2017 NHS staff survey results and to also look at how we work together with staff to embed and 'live' the YAS Values and Behavioural Framework – Living our Values. The working group will continue in 2019-20 to support our staff engagement programme as we progress with the development of our IUC service.

- Continued health and wellbeing initiatives with particular success from the Schwartz rounds embedded in the service line this year.
- For our clinical staff a skills assessment process has been undertaken as part of the wider Trust review to create Clinical Professional Development for clinicians within NHS 111 and sessions have been put in place, along with online resources, to enhance the skills of our staff.



## Special Operations



**Our Hazardous Area Response Team (HART) is part of the NHS contribution to the Government's National Capabilities Programme and part of the NHS contribution to the UK Counter Terrorism (CONTEST) strategy.**

Its role is to provide NHS paramedic care to any patients within a hazardous or difficult-to-access environment that would otherwise be beyond the reach of NHS care. This includes the provision of clinical care within the inner cordon of incidents such as collapsed buildings or water-related locations.

Whilst being a locally-managed resource, is also a national asset and can be deployed anywhere in the UK to provide patient care wherever it is required. The YAS HART has seven teams operating on a 24/7 rota. In 2018-19 the team responded to a wide range of incidents from single-patient incidents through to multiple casualties.

We provide clinical governance and clinicians to the Yorkshire Air Ambulance which operates 365 days a year. Now with extended flying hours, including night-flying operations, the two YAA helicopters attended 1,890 incidents in 2018-19. Each aircraft has a pilot and two YAS paramedics with critical care extended skills, with one of the aircraft also having a consultant-level doctor.

The team responded to a wide range of incidents from single-patient incidents through to multiple casualties.



The documentary series, *999 Rescue Squad*, filmed by Air Television Ltd and which aired for the first time in 2018, featured the YAS HART has proved very popular. During 2018 the series scooped the winner's award in the Low-cost Factual category at the Royal Television Society (Yorkshire) Awards and was a runner-up at the O<sub>2</sub> Media Awards (Yorkshire). A second series has been commissioned by UKTV to highlight the work of the team as they race against time to respond to incidents and rescue individuals in precarious and often life-threatening situations.

In addition to our own A&E operational staff, we are supported by a team of volunteer Community First Responders and British Association for Immediate Care (BASICS) doctors, Emergency First Responders, HM Coastguard and Mountain Rescue Teams which are all available to respond to serious and life-threatening calls all year round.

## Fleet

**2018-19 was a very busy year for Fleet Services supporting a number of initiatives to improve the quality of service provision for our patients whilst reducing our carbon footprint.**

By the end of the financial year we had brought 138 new double crewed ambulances (DCAs) into service, the most we have ever commissioned in one year and representing over one third of our total ambulance fleet. In addition, we concluded the tender process for the next generation of non-emergency Patient Transport Service vehicles.

**We have won four awards for our contribution to the development of a greener fleet.**

INNOVATION



We have won four awards for our contribution to the development of a greener fleet: two hydrogen-electric vehicles are currently being used by our Support Service colleagues; a hydrogen-diesel vehicle is being trialled by the Patient Transport Service and we completed a trial of a diesel-electric vehicle for use by clinical supervisors as a Rapid Response Vehicle (RRV).

We have focused on enhancing the skills of our staff through continuous training for our engineers and we have developed four one-day training courses that are specifically targeted at the maintenance of emergency vehicles, which have been accredited by the Institute of the Motor Industry and will provide an enhanced assurance of our unique service provision.

Our Senior Leadership Team has enrolled onto a Diploma in Fleet Management course, whilst eleven other colleagues have begun a Fleet Management Foundation course. Both courses are delivered through the Institute of Car and Fleet Management and will ensure industry best practice is reflected within the team.

Whilst not required for the ambulance service, two Fleet senior managers have gained a Certificate of Professional Competence Operator's Licence, which provides further assurance that Fleet's operations are in line with current regulatory and legislative guidelines. In addition, after 12 months of reviewing and updating our practices and procedures, two of our main workshops have been accredited, ensuring that we work in an environment in which we operate safely and efficiently as exemplars at all levels.



## Technology Developments

The YAS ePR was designed and developed by YAS staff for YAS staff.

### Electronic Patient Record (ePR)

Following the successful pilot in Rotherham of the bespoke electronic Patient Record (ePR) application that has been developed by the in-house development team, it has now been rolled out more widely in South Yorkshire, West Yorkshire and Hull and the East Riding.

Information, available to ambulance staff on route to an incident, starts the ePR record and further information is added when a clinician is with the patient and the completed ePR is then passed electronically to the hospital.

At the beginning of the 2018-19 financial year, YAS extended the Rotherham ePR pilot to go live at Northern General Hospital, Sheffield Children's Hospital and Barnsley Hospital.

Following the success of this extended pilot, the Trust Board approved the deployment of the YAS ePR application across the Trust from July 2018.

ePR was rolled out across West Yorkshire during August to November 2018, followed by the Doncaster and Bassetlaw hospitals in winter 2018-19 and Chesterfield Hospital in early March.

Deployment in the East Riding started in February 2019 with Hull Royal Infirmary and Castle Hill Hospital going live in March 2019.

During 2018-19:

- 1,900 A&E operational staff were trained.
- 370 vehicles were fitted with a Toughbook device.



- 17 receiving locations at hospital emergency departments and stroke units went live.
- Around 1,200 ePRs were completed each day.
- Over 250,000 ePRs were completed in total across the Trust by early April 2019.
- At the 2018 YAS STARS Awards, the ePR Project Team was presented with the One Team Award in recognition of their cross-departmental team-working and commitment to a highly successful project.

The YAS ePR was designed and developed by YAS staff for YAS staff. Feedback from operational staff confirms that they find the application intuitive and easy to use.

In October 2018, the application was singled out for praise by Matt Hancock, Secretary for State for Health and Social Care, who asked for a demonstration during a visit to Leeds General Infirmary. He subsequently blogged about how ePR helps address the challenges faced by ambulance crews who historically have had to respond to emergency calls without knowledge of the patient's medical history.

### **National Record Locator Service (NRLS)**

The shared vision for the National Record Locator Service (NRLS) was to build a solution so that authorised clinicians, care workers and administrators, in any health or care setting, are able to access a patient's information to support that patient's direct care.

YAS, along with three other ambulance trusts, was selected to participate in phase one of the implementation to display flags related to mental health crisis plans.

The NRLS went live in November 2018 and the mental health crisis plan flags were visible to our frontline staff using the Summary Care Record. From January 2019 the NRLS flags have been integrated with our ePR system.

### **Unified Communications**

The Trust identified the need to replace its current telephony platform to ensure resilience going forward and to take advantage of new communications technologies which combine voice communications, video, email, text, messaging, and file sharing through a unified platform.

We have worked with five other ambulance services nationally to develop a comprehensive specification and, in line with national strategy, YAS has sought to partner with other ambulance services to promote interoperability and maximise cost efficiencies. A business case was approved to undertake a joint procurement exercise for a Unified Communications platform, led by YAS, on behalf of the Northern Ambulance Alliance.

A complex evaluation process resulted in BT being awarded the contract and implementation is scheduled for late 2019.

### **New YAS Website**

During summer 2018, the Online Team, in partnership with the Corporate Communications Team, launched the completely refreshed Yorkshire Ambulance Service public-facing website. It was redeveloped, in conjunction with feedback from the Trust's Critical Friends Network and Staff Disability Network, to incorporate the latest web technologies, reflect the Trust's new branding and enhance accessibility and user experience.

The website is now accessible on a wide range of devices from mobile, tablet, laptops and desktops to wide-screen monitors. The introduction of the Recite Me accessibility tool allows users to alter fonts, text sizes, languages and even read out text. The new website has been well received by staff and external users.

You can check out the website at [www.yas.nhs.uk](http://www.yas.nhs.uk)

### **NHSmail**

In May 2018, the Trust completed a migration of individual staff and shared mailboxes from @yas.nhs.uk exchange server to @nhs.net. This has delivered the NHS strategy requirement to remove localised mail providers and move towards a central mail server which supports encrypted communications.

This has also enabled access to Skype for Business, enabling Instant Messaging (IM) for staff and the introduction of Skype Meetings.

# OUR PEOPLE

**Our workforce is central to achieving our vision: “To be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients”.**

We cannot achieve this without a fully engaged, well-trained and committed workforce and we endeavour to support and involve our staff in order to ensure that they can flourish and have the ability and confidence to provide the very best care for our patients.

Our new People Strategy, which supports the Trust’s ‘One Team, Best Care’ strategy, was approved at our Trust Board in November 2018 and formally launched in January 2019. It contains descriptions of “what success looks like”, a number of Key Performance Indicators (KPIs) and key actions against the five strategic aims which are:

1. Culture and Leadership including Diversity and Inclusion
2. Recruitment, Retention and Resourcing
3. Employee Voice
4. Health and Wellbeing
5. Education and Learning.





## 1. Culture and Leadership

### Our Senior Leadership Team

Our Senior Leadership Team consists of 23 senior managers from across each of the directorates. Each member of the team is part of our Trust Management Group that meets fortnightly to discuss important Trust issues and approve policies, business cases and agree our Trust's strategic direction.

2018-19 saw some changes to our senior management team and these new appointments will support the challenges the Trust faces in the coming year.

The Trust welcomed Nick Smith to the role of Executive Director of Operations. He joined the Board of Directors and Executive Team in November 2018.

In our Planned and Urgent Care Team, Catherine Bange was recruited to the post of Regional General Manager and Leaf Mobbs, Director of Urgent Care and Integration, went on secondment to NHS England to provide senior support with the EU Exit. Karen Owens, previously Deputy Director of Quality and Nursing, is undertaking this role on an interim basis. Kathryn Vause was recruited to the post of Deputy Director of Finance and David Sanderson to the post of Associate Director of Estates, Fleet and Facilities.

Our Board of Directors also saw the appointment of Jeremy Pease, Anne Cooper and Stan Hardy as Non-Executive Directors and the departure of Patricia Drake, Ronnie Coutts, Richard Keighley and Erfana Mahmood, all Non-Executive Directors.

### Organisational Development

The Living Our Values Behavioural Framework was launched in January 2018 and is currently being embedded in everything we do. Our Board of Directors is committed to ensuring that the values and associated behavioural framework are an integral part of our work and that we have a clear implementation plan to do this.



We are proud of our values and behavioural framework and use these as a clear focus when developing our leaders and managers.

### Leadership and Management Development

The Trust launched a bespoke Leadership in Action programme in August 2018. This has been mandated for all people leaders by the Trust's Executive Team. Additionally, a leadership induction programme and modules designed to equip leaders with essential skills and knowledge are being developed.

In 2018-19 the Trust introduced its Strategic Leadership Forum. Hosted by the Chief Executive these quarterly meetings are designed to support senior leaders in sharing learning and working together on key Trust priorities.

In October 2018 we held our Annual Leadership Summit with a wider representation of managers from across the Trust attending. The event was the initial internal launch of our One Team, Best Care Trust strategy and featured Professor Michael West and leadership consultant George Binney as guest key note speakers.



### Long Service and Retirement Awards

Members of staff with a combined service of 4,746 years were recognised at our annual Long Service and Retirement Awards on 18 September 2018.

They gathered for the special celebration at the Pavilions of Harrogate, led by Chief Executive Rod Barnes, Chairman Kathryn Lavery, Sector Commander Mark Inman and special guest Deputy Lord Lieutenant Captain Stephen Upright, Her Majesty's representative in North Yorkshire.

We honoured 72 members of staff for serving in the NHS for 20 years, 50 for 30 years' NHS service and six for serving 40 years with the NHS – two of which attended the service – Karen Singer and Sue Grimes. We also awarded 41 Queen's Long Service and Good Conduct Medals and recognised 44 retirees for their valuable service to the people of Yorkshire.



*Helen Beaumont-Waters (Emergency Care Practitioner) and Alison Kelly (Paramedic), sisters from Birkenshaw in West Yorkshire, both joined the ambulance service in 1993 as call handlers in the 999 control room.*





The **YAS STARS Awards** were introduced in 2018 to coincide with the launch of the new values and *Living Our Values* Behavioural Framework. The awards recognise those staff who have made a valuable and much-appreciated impact on the community in which they work and their work with colleagues. They celebrate colleagues who have clearly gone above and beyond the call of duty or been instrumental in the development of new initiatives to improve outcomes for patients.

We aim to identify those members of staff who inspire others, deliver beyond expectations and are shining examples of all that is excellent about YAS.

At the core of the **YAS STARS Awards** are the values' awards which are aligned to the Trust's new values, One Team, Compassion, Integrity, Innovation, Empowerment and Resilience.

Special awards were also presented at the event including Volunteer of the Year, Apprentice of the Year, Diversity and Inclusion Award and commendations presented by Chief Executive Rod Barnes.

The **YAS STARS Awards** are open to all staff, irrespective of role, and, together with the Trust's Long Service Awards, form part of our staff recognition approach at YAS.

## Embracing Diversity – Promoting Inclusivity

We are committed to advancing equality, embracing diversity and promoting inclusivity. We recognise our responsibility in advancing diversity and inclusion, eliminating discrimination and foster good relations in our activities as an employer, service provider and partner.

The Trust's multi-faith and contemplation room was formally launched in September 2018 this has been welcomed by a range of staff across the Trust. The facility is open to all staff and visitors who may want to use the room for prayer/quiet contemplation.

The newly developed internal workplace mediation service is progressing well and will be formally launched in 2019-20. An internal 'Mediators Network' has been developed with the network meeting regularly.

Our Workforce Race Equality Standard (WRES) 2018 data was presented to the Trust Board in August 2018, along with the refreshed and reviewed 2018-19 WRES action plan. A WRES sub-group will review and take forward these actions, monitored by the Diversity and Inclusion Steering Group.

We reviewed our approach to Equality Impact Assessments for all policies, initiatives and organisational changes to ensure that any developments do not adversely affect any particular staff groups.

The Trust has met its responsibilities under the Gender Pay Gap reporting requirements and has published our results. We are making positive steps to reduce the gap that we have and the mean pay gap fell from 6.60% in 2017 to 5.25% in 2018. The median average gender pay gap has also improved, falling significantly from 9.39% in 2017 to 6.26% in 2018. We are in the process of developing a comprehensive action plan for further reducing our gender pay gap and to focus on gender equality across the organisation.

As part of the Northern Ambulance Alliance (NAA) the Trust co-hosted a women's conference in March 2019 titled 'Some Leaders are Born Women' aiming to celebrate the achievement of women in leadership and positioned to attract the interest of aspiring leaders as well as existing leaders (of all genders).

To support positive action with the development of a more diverse workforce, the Trust undertook a number of a recruitment/career days in early 2019 in partnership with local councils. These events focused on working in partnership with the voluntary and community sector ensuring that we are engaging with diverse communities.

We continue to work collaboratively with our staff networks that are actively influencing and supporting the Trust's diversity and inclusion agenda. We will aim to make the Trust a place where all who work and access our services are treated with dignity, respect and fairness. The Trust is a place free from unlawful discrimination, bullying, harassment and victimisation and where the diversity of our staff, patients, visitors and service users is recognised as a key driver of our success and is openly valued and celebrated.



*Opening of the multi-faith and contemplation room.*

YAS supported the first conference delivered by the National Ambulance Black and Minority Ethnic (BME) Forum at the NHS Leadership Academy in Leeds on 19 October 2018 alongside, Health Education England and the Association of Ambulance Chief Executives. The conference was entitled “Why it is important for White people to talk about Race”, with a key focus on the impact of race on health, wellbeing and patient care and experience. Keynote speakers and the specialists workshops, including the panel discussion explored and examined the following areas:

- The case for compassionate leadership and the leadership journey
- Impact of micro-aggressions and behaviours in the workplace
- WRES Experts - A personal journey
- Clinical impact of race inequalities

Over 120 ambulance colleagues from across the UK English Ambulance Trusts were represented. Positive feedback has been received with increased engagement from a range of colleagues.



## 2. Recruitment, Retention and Resourcing

Recruitment into frontline roles has continued to be the main focus for the Trust as the demand on our services continues to increase.

The Trust has increased support in its call centres (EOC and NHS 111) in order to meet the significant increases in demand and to ensure that we can answer our patients' calls as quickly as possible. We have also invested and recruited into vacancies in our leadership and administrative support to ensure that our clinical staff can focus on patient care.

To support the recruitment to our front line workforce, we have undertaken a significant number of assessment centres for Emergency Care Assistants and these events have been popular and well attended. These recruitment events have produced over 300 new Emergency Care Assistants to join our workforce.

The Trust is aware of its safeguarding responsibilities and ensures that it meets the NHS Employment Checking Standards for all our appointments. We are also committed to ensuring that we are compliant with the Fit and Proper Persons testing process and are rigorous in our execution of this duty. Our policy and commitment from our Trust Board was renewed this year and assurance has been given that all our Board Members are compliant in this regard.

We have reviewed our recruitment pathways to ensure that our processes are as efficient as possible and will continue this work in the coming months. Recruitment is a clear aim in our five-year People Strategy in order to ensure that we attract and retain the right people.



**We have also invested and recruited into vacancies in our leadership and administrative support to ensure that our clinical staff can focus on patient care.**





## Recruitment Activity

Staff Category	Number of Vacancies Advertised	Number of Applications
A&E Frontline	51	3,018
Apprentice	6	8
EOC/NHS 111	79	2,715
Management	74	665
Patient Transport Service	59	1,865
Support	168	3,180
<b>Grand Total</b>	<b>437</b>	<b>11,451</b>

## Pay and Reward

The Trust pays the majority of staff in accordance with Agenda for Change NHS Terms and Conditions of Service. The Trust follows the NHS Job Evaluation process as this is a key part of the pay system.

## Permanent and Other Staff

Employee benefits are split between permanent and other staff as set out in the table below.

Staff costs				
	Permanent	Other	2018-19 Total	2016/17 Total
	£000	£000	£000	£000
Salaries and wages	150,212	-	<b>150,212</b>	140,203
Social security costs	14,556	-	<b>14,556</b>	13,714
Apprenticeship levy	731	-	<b>731</b>	683
Employer's contributions to NHS pension	18,433	-	<b>18,433</b>	17,111
Termination benefits	184	-	<b>184</b>	235
Temporary staff		2,235	<b>2,235</b>	3,187
<b>Total staff costs</b>	<b>184,116</b>	<b>2,235</b>	<b>186,351</b>	<b>175,133</b>



## Our Workforce Profile

	2016 (31 March 2016)	2017 (31 March 2017)	2018 (31 March 2018)	2019 (31 March 2019)
Paramedics (including student paramedics)	1,592	1,685	1,668	<b>1,736</b>
Technicians	402	587	664	<b>600</b>
Emergency Care Assistants	557	610	599	<b>809</b>
Other frontline staff (including Assistant Practitioners, A&E Support Assistants, Intermediate Care Assistants)	224	193	151	<b>149</b>
Patient Transport Service (Band 2, Band 3 and apprentices)	688	832	618	<b>596</b>
Emergency Operations Centre (EOC)	360	374	442	<b>461</b>
NHS 111	380	465	524	<b>555</b>
Administration and Clerical staff	657	659	722	<b>742</b>
Managerial (including Associate Directors)	150	167	213	<b>187</b>
Other (Chief Executive, Directors and Non-Executive Directors)	16	17	17	<b>18</b>

## Staff Profile - Gender

	2016 (31 March 2016)	2017 (31 March 2017)	2018 (31 March 2018)	2019 (31 March 2019)
Male	2,638 52.49%	2,946 52.71%	2,993 52.17%	<b>2,864</b> <b>48.93%</b>
Female	2,388 47.51%	2,643 47.29%	2,744 47.83%	<b>2,989</b> <b>51.07%</b>

## Workforce Levels

	Establishment 31 March 2017		Establishment 31 March 2018		Establishment 31 March 2019	
	Headcount	WTE	Headcount	WTE	Headcount	WTE
A&E Operations	2,933	2,333	3,021	2,375	<b>3,294</b>	<b>2,623</b>
PTS	927	606	880	547	<b>654</b>	<b>541</b>
EOC/NHS 111	898	689	934	714	<b>1,016</b>	<b>754</b>
Support staff	613	543	657	554	<b>677</b>	<b>579</b>
Management	173	165	230	217	<b>205</b>	<b>195</b>
Apprentices	45	45	15	13	<b>7</b>	<b>7</b>
<b>Total</b>	<b>5,589</b>	<b>4,381</b>	<b>5,737</b>	<b>4,420</b>	<b>5,853</b>	<b>4,699</b>

### Attrition.

During 2018-19 there were 817 people who left the Trust, including 102 who retired, 414 who resigned, 123 whose fixed-term contracts ended, 42 staff who were dismissed and 4 redundancies. Sadly six members of staff died in service.



## Exit Packages

Exit packages costing £184,117 for 12 staff were provided during the year. This compares to £235,028 for 14 staff in 2017-18.

Exit Packages agreed in 2017-18						
Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	Number	£	Number	£	Number	£
Less than £10,000	5	£23,342	0	£0	5	£23,342
£10,000 - £25,000	4	£55,670	1	£22,757	5	£78,427
£25,001 - £50,000	3	£107,169	1	£26,090	4	£133,259
<b>Total</b>	<b>12</b>	<b>£186,181</b>	<b>2</b>	<b>£48,847</b>	<b>14</b>	<b>£235,028</b>

Exit Packages agreed in 2018-19						
Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	Number	£	Number	£	Number	£
Less than £10,000	1	£6,132	5	£33,441	6	£39,573
£10,000 - £25,000	1	£17,250	3	£39,736	4	£56,986
£25,001 - £50,000	2	£87,558			2	£87,558
<b>Total</b>	<b>4</b>	<b>£110,940</b>	<b>8</b>	<b>£73,177</b>	<b>12</b>	<b>£184,117</b>

Note: Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pensions Scheme. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pension Scheme. Ill-health retirement costs are met by the NHS Pension Scheme and are not included in the table.

No ex gratia payments were made during the year. The disclosure reports the number and value of exit packages taken by staff in the year. The expense associated with these departures has been recognised in full in the current period.

During 2018-19, a Mutually Agreed Resignation Scheme (MARS) was run across the Trust through a controlled application process.

Exit Packages – other departures analysis				
Other exit packages - disclosures (Excludes Compulsory Redundancies)	2018-19 Number of exit package agreements	2018-19 Total value of agreements	2017-18 Number of exit package agreements	2017-18 Total value of agreements
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	8	73,177	2	48,847
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following employment tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
<b>Total</b>	<b>8</b>	<b>73,177</b>	<b>2</b>	<b>48,847</b>
Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0



### 3. Employee Voice

In 2018-19 the Trust undertook a series of Listening Events and from April 2019 these will be rolled out on a regular basis to engage staff from across the Trust in face-to-face discussions about a range of topics identified from all staff engagement activities. Listening events with our A&E colleagues were particularly well-received.

In 2018 the Trust launched Pulse Check, its own internal quarterly staff. The results of the latest mandatory annual NHS Staff Survey, which were released end of February 2019, showed significant improvements in most key areas. The Trust's staff engagement score has improved from 5.9 in 2017 to 6.3 and is now above the national sector average of 6.2 for ambulance trusts.

The Trust will be launching a new concept in 2019 where a wide representation of colleagues will be invited to take up a role as YAS Cultural Ambassador and engage in a new Employee Voice Network. The main aim of this is to engage staff in working together with management to improve services.

#### Freedom to Speak Up Guardian



The Freedom to Speak Up Review (February 2015) was undertaken to provide advice and recommendations to ensure that NHS staff in England feel it is safe to raise concerns.

YAS launched its Freedom to Speak Up initiative in July 2016 with the appointment of a Freedom to Speak Up Guardian supported by Freedom to Speak Up Advocates representing all business functions across the Trust.

The current Guardian ends his tenure in June 2019 and a new Guardian has been appointed to continue this important role.

#### Partnership Working

We work in partnership with UNISON, GMB, Unite the Union and the Royal College of Nursing as our recognised Trade Unions and our relationship continues to develop with our local and regional representatives. We are all committed to building strong employee relations and we involve Staff-side representatives in any reviews of policies and procedures.

This year we have worked together to implement the changes required to our workforce to meet the Ambulance Response Programme and the changes that arose out of the national pay award. The Pay Award brought significant changes to the unsocial hours arrangements for our frontline staff and we have worked collaboratively to agree principles for their introduction.

We have also worked closely with the National Ambulance Service Partnership Forum on national projects including a call for action on bullying and harassment and in the coming months we will be working together on healthy workplace projects.

Under the Trade Union Facilities Regulations 2017, the Trust, as a public sector organisation, is legally required to report on union facility time, which is the time the Trust grants to employees to work as union officials. In July 2018, we published information covering Trade Union representatives within the reference period 1 April 2017 to 31 March 2018. The HR Team have worked in collaboration with the Trade Unions and the Capacity Planning and Scheduling Team to provide the relevant information.

#### Joint Steering Group

Representatives from the Trust Management Group and recognised unions meet on a monthly basis to discuss issues affecting staff, approve policies and consult on key Trust developments.

#### National NHS Staff Survey

The national NHS Staff Survey is mandated for all NHS organisations and this year the Trust achieved a response rate of 34%. Further work will be taken forward in 2019-20 to increase participation in the staff survey across YAS. Overall the results indicate the Trust is making good progress in several areas including leadership and health and wellbeing and show a marked improvement since 2017.

Over the past 12 months, the Trust has focused extensively upon staff engagement and leadership and a number of actions have been taken to improve these key areas. Local leadership teams are being asked to work with their areas to identify actions in order to respond to the feedback gathered from various staff engagement activities and to agree respective people priorities.





During 2018 and in response to staff feedback, a few areas have already started this work such as NHS 111 and the A&E Operations Team in South Yorkshire. Chaired by senior leaders, both areas have established working groups which include Staff-side representatives as well as staff members. The aim of these groups is to understand staff views and determine the actions needed to improve the culture.

### Quality Improvement

During the year we began implementation of our Quality Improvement (QI) Strategy. A key focus of the strategy is engaging and supporting staff across all parts of the organisation to enable them to contribute ideas and to lead improvements in their own areas of work.

The strategy has included the provision of QI training for staff and managers and support for an annual programme of QI Fellowships, drawn from a wide cross-section of our services. YAS staff have also been heavily involved in the national #ProjectA initiative focused on collaborative working across the ambulance services to give staff a direct voice in improving quality.

**Staff are able to contribute ideas and to lead improvements in their own areas of work.**





## 4. Health and Wellbeing

The Trust's Health and Wellbeing Plan for 2018-19 focused on **'Healthy Minds, Healthy Bodies, Healthy Lifestyles'** and we undertook a number of initiatives to ensure that our staff remain well at work or are supported if they are required to be absent.

To support **Healthy Minds**, we have continued to roll out the Mental Health First Aid Training for our managers across the Trust to ensure they have the skills and knowledge to support their staff. We have also continued to support the national Time to Change campaign for staff which promotes breaking down barriers to talking about mental health.

To promote **Healthy Bodies**, we undertook back care workshops within all our call centre environments. This initiative provided a registered physiotherapist to undertake walk-arounds to give advice on back care, good posture and management of any issues.

For **Healthy Lifestyles**, the Trust promoted the national 'One You' campaign and promoted the benefits of healthy eating.

We have worked with our internal stakeholders to complete the NHS Health and Wellbeing diagnostic tool which has supported the construction of our health and wellbeing plan for 2019-20.

The Health and Wellbeing Team was successful in securing a vehicle that can be used as a mobile Health and Wellbeing unit to support the delivery of a number of initiatives to staff across the region.

## Absence Management

Our threshold for sickness absence is 5% however our absence percentage has been above this level throughout the year. We lost an average of 8,129 FTE days each month due to sickness absence, which is an increase from 2017-18 (7,829 FTE days each month).

The Trust continues to support staff whose health means that they are unable to continue working within their contracted roles. We work closely with our occupational health provider and have developed a clear health and wellbeing plan to support the health of our staff. We have undertaken a sickness deep dive and are currently devising an action plan to address any hotspots and key themes. We are positive that our Health and Wellbeing Plan will support our staff to remain at work and lead healthy lifestyles with the ultimate aim of reducing calendar days lost to ill health.

### Calendar Days Lost

	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>Total (2018-19)</b>	<b>7,406</b>	<b>7,007</b>	<b>6,834</b>	<b>7,157</b>	<b>7,638</b>	<b>7,306</b>	<b>8,174</b>	<b>8,444</b>	<b>9,546</b>	<b>10,192</b>	<b>8,631</b>	<b>9,213</b>
Total (2017-18)	6,907	6,781	6,886	7,658	7,687	7,587	7,548	7,437	8,584	9,634	8,570	8,666

### Sickness Absence Percentage

	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>2018-19</b>	<b>5.59%</b>	<b>5.14%</b>	<b>5.14%</b>	<b>5.16%</b>	<b>5.46%</b>	<b>5.34%</b>	<b>5.70%</b>	<b>6.02%</b>	<b>6.60%</b>	<b>7.05%</b>	<b>6.57%</b>	<b>6.31%</b>
2017-18	5.33%	5.08%	5.35%	5.76%	5.78%	5.83%	5.58%	5.65%	6.30%	7.06%	6.96%	6.35%

### Occupational Health

We re-tendered for a new occupational health, physiotherapy, mental health and absence management services during 2018-19. The aim was to improve the support available to our staff and provide a better experience for staff accessing these services.

The Trust was also successful in securing funding from NHS Improvement for the procurement of a new attendance management system, Empactis. This went live on 1 April 2019 with the aim of supporting our staff through the sickness management process.

### Flu Campaign

The 2018-19 flu vaccination campaign had a fantastic uptake with over 65% of staff having the vaccination. The Trust is now working on a number of new strategies to ensure that this success is built on with a target of 80% to be achieved in 2019-20.





## 5. Education and Learning

### Technology

The YAS Academy has continued to develop further technology solutions and this year as part of the Quality Improvement Fellows Programme and in alignment with the Trust approach for a paper-lite environment; trials have begun to move from paper packs of learning materials to utilising computer tablets as a mobile learning aid. Positive feedback has allowed the next phase of this trial on a larger scale across our new training school site in Doncaster. Evaluation of the programme will be ongoing as we move towards the utilisation of tablets on longer clinical programmes both within the classroom environment and on emergency blue light driver training to identify if tablets can be successfully implemented.

Development of training video materials continues and a Health Education England sponsored trial of virtual classroom environments has proved successful. These allow our staff from across large geographical areas to connect with their own phones to educators within the learning environment and discuss and gain new learning whilst online with other students.

### Library and Knowledge Services

A national Ambulance Library and Knowledge Service (LKS) has been launched to provide access to virtual learning materials and a national repository of research-based documents to support the ongoing learning and continuous professional development of our workforce.

### Apprenticeships and Career Development

The apprenticeship levy has provided the opportunity to embed a qualification framework for our Emergency Care Assistant (ECA) programme. From 1 October 2018, all new recruits have had the opportunity to commence their ambulance career on a supportive programme of development during their first year of employment. The refreshed ECA programme, aligned to the Ambulance Support Worker (ASW) Apprenticeship Standards, has already improved attrition rates and received positive feedback.

Further development is now ongoing to work towards introducing the Associate Ambulance Practitioner (AAP) and Paramedic Apprenticeships. This will ultimately provide a fully-connected career pathway utilising the Apprenticeship Levy with a transparent approach to accessing learning and development relevant to roles. This will support the Trust in recruiting and retaining a highly skilled and confident, engaged and diverse workforce.

In order to support increased apprentices and paramedic direct entry students into YAS the Trust is developing its infrastructure to robustly support high quality mentoring and placement support.

The Trust is also developing a wider career framework to include both clinical and non-clinical roles with a wide range of apprenticeships and other learning opportunities through the newly embedded educational Portfolio Governance Boards (PGB).

### Band 6 Paramedic Upskilling Training

A national review of the Paramedic role recommended a change to the role description and pay banding, recognising the levels of knowledge, skill and independent practice required to fulfil the role. This change is being implemented for Paramedics in YAS, with support from the Trust for individuals where required to meet the Band 6 job description. Bespoke training was developed and is currently being delivered in line with national guidance. The Trust reports progress to NHS Improvement on a monthly basis and has remained on track to achieve the expectations. The end of March 2019 required milestones of 60% training delivered/completed and 100% training planned/booked which were achieved within the agreed deadline.



The Trust is developing its infrastructure to robustly support high quality mentoring and placement support.



# PARTNERSHIP WORKING

## Community Engagement and Public Education

During 2018-19, the Trust held a series of roadshows across the region which provided members of the public with an opportunity to learn more about the ambulance service's wider role in the health, emergency and voluntary sectors, free first aid training, and about possible careers and volunteering opportunities with us. Events were held in Scarborough, Leeds, Hull, Doncaster and York.

The aim of the roadshows is to continue delivering key messages in a community setting by having face-to-face conversations with people and creating something interactive that is both educational and enjoyable. Information was provided on first aid awareness, healthy eating, volunteering at YAS – particularly opportunities to donate some spare time as a volunteer car service driver or community first responder, working at YAS and our YAS Charity.

The Community Engagement Team attended a number of events including:

- **“Kumonyall Let’s Unite 2018”** in Dewsbury where we took along the YAS community engagement ambulance as a focal point for members of the local community. This was a great opportunity to promote YAS as an employer of choice to BME communities in the area, engage with local councillors and deliver key public health messages.
- **Hull Science Festival Weekend** at Hull University on 16/17 September 2018. Over the weekend hundreds of children and adults talked to us and were invited to learn CPR and basic first aid.





During the past 12 months the Community Engagement Team has delivered 203 free first aid awareness courses to over 3,045 individuals. Empowering local communities to nominate a charity or organisation to receive this training has been well received and, as a result, has allowed the team to positively engage with a wide range of community groups of different ages and backgrounds.

On 13 December 2018 the Community Engagement Team visited the GNNSJ Gurdwara in Beeston, Leeds to deliver first aid awareness training to local community members. After the training Ali Richardson, Community Engagement Officer, spoke about the YAS Charity and volunteering and job opportunities at YAS. This generated lots of interest and the Trust has since received many email enquiries asking for further information.

Mr Gurmukh Singh Deagon, Sikh community member, said: *"After an incident at our Gurdwara several months ago, when unfortunately no-one knew what to do but to call for an ambulance, we contacted Ali Richardson at YAS to enquire about delivering the first aid training. We now feel empowered to act appropriately both individually and collectively. We would like to express our sincere thanks to her for delivering an informative and entertaining first aid session."*



**We now feel empowered to act appropriately both individually and collectively.**





## Sharing Best Practice

Working collaboratively with other ambulance services and our emergency services' partners is important to sharing best practice and working more efficiently and effectively.

The **Northern Ambulance Alliance (NAA)** is a collaboration with our neighbouring ambulance services (North East (NEAS), North West (NWS) and East Midlands (EMAS)).

Staff and management teams from across the trusts have continued to take part in NAA-collaborative projects and successes to date include a number of successful initiatives in fleet, procurement, clinical support:

- Partnership governance arrangements have been established and a Managing Director appointed.
- Creation of a shared role to support Public Health initiatives across the Alliance.
- Commencement of a number of procurements to reduce costs of equipment and consumable items such as medical gases which together have, so far, saved in the region of £1 million.
- Implementation of a modern, fit-for-purpose Fleet Management System across three of the NAA Trusts (YAS, NEAS and NWS)
- Cost comparisons across the trusts to inform opportunities for sharing best practice.

Ongoing work includes:

- Exploring the feasibility of single computer aided dispatch (CAD) and telephony platforms.

- Continuing to share learning on the Ambulance Response Programme (ARP) and the Emergency Services Mobile Communication Programme (ESMCP) Programme.
- The sharing of sustainability plans and ideas to embed into all organisations.
- The Fleet work-stream working on common vehicles and equipment on vehicles and a trial using an electric vehicle at NWS.

The **West Yorkshire Tri-Services Collaboration Board** has brought together emergency services across West Yorkshire, including YAS, who have agreed to explore an overall programme of collaborative work. Members meet regularly and the initial focus of tri-service collaboration is on support functions that could potentially come together for the benefit of the three services.

The Trust is also a member of the **Association of Ambulance Chief Executives (AAACE)** which provides ambulance services with a central organisation that supports, coordinates and implements nationally agreed policy. It also provides the general public and other stakeholders with a central resource of information about NHS ambulance services.

YAS had a national award winner at this year's AAACE Ambulance Leadership Forum (ALF) Awards. Andrea Atkinson, Professional Lead for Mental Health, won the Outstanding Service in a Clinical Role (non-Paramedic) Award.

## Community Resilience

### Community Defibrillators and CPR Awareness

There are 2,781 static defibrillator sites at places such as airports, railway stations, shopping centres, GP and dental practices and police custody suites. There are also 1,779 community Public Access Defibrillator (cPAD) sites which are available 24/7, 365 days a year.

### Awards

The Community Resilience Team was awarded the ISO 22301 accreditation for Business Continuity and Neil Marsay, Community Defibrillation Officer, received a highly commended award at the YAS STARS Awards in the Innovation category. Janice Whitehead won Volunteer of the Year at the same awards ceremony.

### Ambitions for 2019-20

- In conjunction with CCGs, parish councils and community groups, we aim to increase the number of cPAD sites by a further 10% so our ambition is to place an additional 170 devices.
- Provide trackable devices for all CFR schemes.
- Further develop initiatives on urgent and social care issues which volunteers could support.
- Continue to support the Restart a Heart initiative for 11-16 year-olds.



## Community First Responders

Our Community First Responder (CFR) scheme is a partnership between the Trust and groups of volunteers who are trained to respond to life-critical and life-threatening emergencies such as breathing problems, chest pain, cardiac arrest and stroke and seizures.

We currently have 945 CFRs who belong to 271 CFR teams across Yorkshire and the Humber. In addition, we work with 42 co-responders in 21 teams which include fire and rescue services, Coastguard and Mountain Rescue, and the Police.

In 2018-19, they responded to 16,401 calls, including 2,392 Category 1 incidents. They were first on scene at 1,017 of those Category 1 incidents and attended 695 cardiac arrests.

The total number of on-call hours provided by CFRs was 299,354, which is equivalent to 7,983 40-hour working weeks. They have also supported the Tour de Yorkshire by providing first aid cover along the race route and volunteered to provide cardiopulmonary resuscitation (CPR) training as part of Restart a Heart Day. Hundreds of YAS staff and volunteers trained 29,768 youngsters how to perform CPR on 16 October 2018.

In the last year it has been agreed that CFRs will be trained in automated blood pressure monitoring, as well as monitoring temperature. This, along with the introduction of SpO2 last year enables volunteers to identify any patient deterioration which they can escalate through to the Clinical Hub, allowing our clinicians to then provide a NEWS 2 score. This helps them to respond appropriately and also provides more information for ambulance clinicians when handing over patients.





# FINANCIAL REVIEW

## Strategic Context

2018-19 has been a year of significant transformation for the Trust, underpinned by a finance and investment strategy which has enabled the Trust to deliver its objectives.

The year began positively with a 999 contract settlement that supported the transformation of the service, providing the resource to increase staffing numbers during the year. The Trust was also successful in bidding for national capital funds, which provided 62 additional new ambulances and medical equipment to enable this change. This was further supported through successful national bids for Ambulance Vehicle Preparation in two of our major stations, in Leeds and Huddersfield. This built upon the successful award for the new Doncaster Hub station, which commenced during 2018-19 and will be completed during 2019-20.

During the year the Trust successfully tendered for the new Integrated Urgent Care Service, replacing the current 111 service, which the Trust was the incumbent provider of. Successfully winning the tender mitigated significant financial risks for the Trust and will enable the Trust's services to move forward in an integrated way, with the risk of procurement removed for the next five years.

In our PTS areas, a successful outcome was also achieved in our bid to retain the York and Scarborough service, bringing much needed certainty to these areas.

Overall the year has been a successful one, built on robust management of key financial risks, delivery of major organisational change, alongside delivery of a significant efficiency programme. Together with the successful tender outcomes, this provides an excellent foundation for the Trust to build on as it enters 2019-20.

The detailed Trust position for 2018-19 is highlighted below.

## Income and Expenditure

The Trust planned to achieve a £4.2m surplus in 2018-19, which included £2.1m Provider Sustainability Funds (PSF). The planned surplus excluding additional PSF funding was £2.1m. The Trust achieved a surplus of £3.7m and received from NHS Improvement PSF of £5.6m giving a total year end position surplus of £9.3m.

## Income

The Trust received income of £281.6m in 2018-19. This is £10.3m higher than income received in 2017-18. The increase reflects investment in our A&E services of £10.7m to mitigate increasing demand and to enable the transformation and movement towards delivering the Ambulance Response Programme.

Service	£m	%
A&E	195.6	69%
NHS 111	36.4	13%
PTS	31.0	11%
PSF	5.6	2%
Other	9.6	3%
HART	3.5	1%
<b>Total Income</b>	<b>281.7</b>	<b>100%</b>

The financial plan for 2019-20 assumes a planned level of income excluding STF of £269m\* (£271.2m including STF of £2.2m).

*\*Income in 2019-20 is lower than 2018-19 because we no longer receive pass-through funding for GP Out-of-Hours Services in West Yorkshire*



## Expenditure

Combined revenue expenditure in 2018-19 was £272.4m; this was £12.6m higher than 2017-18. The breakdown of total expenditure is shown below.

Expenditure	£m	%
Pay Costs	186.2	68%
Non Pay Costs	76.1	28%
Depreciation	9.8	4%
Add back Impairment	-1.9	-1%
PDC Dividend	2.2	1%
<b>Total Expenditure</b>	<b>272.4</b>	<b>100%</b>

During 2018-19 pay costs increased by £11m, this reflects increases associated with the NHS Pay Deal (£5m) and investment in frontline staff (£6m) to meet increased demand and performance requirements.

Non-pay expenditure has increased by £2.8m compared to 2017-18. The Trust invested additional funding to support the training of increased frontline staff, investment in medical equipment within fleet and increased costs to ensure the rising demand in PTS is met.

## Quality and Efficiency Savings/ Cost Improvement Plans

The Trust had a planned cost improvement programme of £9m for 2018-19 (3.3%). This was a stretched target enabling the Trust to free up internal resources to reinvest in our frontline care. The actual performance of all schemes totalled £9m of which £6.5m were recurrent savings.

The planned level of cost improvement programme for 2019-20 is £6.6m.

## Capital Expenditure

2018-19 was a year of significant capital investment for the Trust, supporting our transformation. The Trust's Capital Resource Limit (CRL) was set at £9.5m for 2018-19. The Trust was subsequently awarded additional national capital funding of £0.8m for the part-year funding of the new Doncaster Hub, £7.6m National Ambulance Productivity Funding and £0.1m Health System Led Investment (HSLI) for the Trust's Electronic Patient Record (ePR). The revised CRL was therefore set at £17.9m.

The Trust capital expenditure totalled £18m reduced by receipts of £1m for assets sold. The £1m underspend against the CRL, agreed with the Department of Health and Social Care, can be committed in 2019-20. The table below summarises the key areas of capital expenditure.

Capital Expenditure	£m	%
Fleet Vehicles and Equipment	11.0	61%
Defibrillators	1.0	6%
Stretchers	0.7	4%
AVP Leeds and Huddersfield	1.9	11%
Station refurbishment and upgrades	1.5	8%
Information Technology (e.g. Unified Comms)	1.9	11%
<b>Total</b>	<b>18.0</b>	<b>100%</b>

## Cash/External Financing Limit (EFL)

The EFL is a control over cash expenditure which restricts the use of external funding. This year the planned cash inflow before financing was £1.3m. The actual cash inflow before financing was £5.9m. The difference of £4.6m relates to increased surplus and additional allocations of PSF received from NHS Improvement.

## Capital Cost Absorption Duty

The Capital Cost Absorption Duty measures the return the Department of Health makes on its investment in the Trust. It is set at 3.5% of the average carrying amount of all assets less liabilities, less the average daily cash balance in the Government Banking service or National Loans Fund accounts. The average relevant net assets figure for the period was £64m. The public dividend capital reflected in the accounts was £2.24m which equates to 3.5%, thereby achieving the target.

## Cost Allocation and Charges for Information

In charging for the services the Trust has delivered, it has complied with HM Treasury guidance on Managing Public Money to recover full costs.

## External Auditor's Remuneration

EY provide external audit services to the Trust. For 2018-19 these costs were £69,840.



# YORKSHIRE AMBULANCE SERVICE CHARITY

\*Registered Charity No.1114106

Yorkshire Ambulance Service (YAS) has its own charity which receives donations and legacies from grateful patients, members of the public and fundraising initiatives throughout Yorkshire.

The YAS Charity exists to help to save more lives across Yorkshire through funding projects which enable everyone to respond appropriately in a medical emergency. It also funds health and wellbeing initiatives for YAS colleagues who deal with such emergencies every day.

Yorkshire Ambulance Service NHS Trust is the Charity's trustee and this unique partnership enables us to direct charity donations to meaningful projects which complement the core NHS services provided by the Trust. We ensure these funds are managed independently from our public funding by administering them through a separate Charity Committee.

During 2018-19 the Charity raised £120,548 and spent £81,000 on the following initiatives:

- Partnership projects with local communities to part-fund community public access defibrillators across the region and 30 have been purchased during the year.
- Supporting our Restart a Heart Day campaign which saw over 29,000 youngsters receive cardiopulmonary resuscitation (CPR) training on 16 October 2018.
- 3,045 people trained through Free First Aid Awareness Training.
- 350 fob watches purchased for volunteer community first responder schemes.
- 10 PPE suits purchased for volunteer BASICS doctors.
- 3 colleagues supported with emergency payments due to hardship.



## Make a Donation

If you would like to make a donation or support the YAS Charity: Visit: [www.yascharity.org.uk](http://www.yascharity.org.uk)

Phone: **01924 584369** [www.facebook.com/YASCF](https://www.facebook.com/YASCF) [www.twitter.com/YAS\\_Charity](https://www.twitter.com/YAS_Charity)

**YORKSHIRE  
AMBULANCE  
SERVICE  
CHARITY**



# HOW WE WORK

## Openness and Accountability Statement

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

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

We hold a Trust Board meeting in public every quarter and our Annual General Meeting is held in September each year. These are open to members of the public.

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

If you have used our services and have a compliment, complaint or query, please do not hesitate to contact us, email [yas.patientrelations@nhs.net](mailto:yas.patientrelations@nhs.net)

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

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





## Environmental Policy

Yorkshire Ambulance Service is committed to reducing the carbon footprint of its buildings, fleet and staff whilst not compromising the core work of our services, patient care.

The Trust has an Environmental Policy in place to ensure the reduction of its actions on the environment. The development of the Trust's Sustainable Development Management Plan, which will be consistent with local and national healthcare strategies, will set out our long-term commitment to sustainable reductions of our CO<sub>2</sub> emissions and carbon footprint. This report identifies CO<sub>2</sub> savings to be made within Estates, IT, Procurement and Fleet departments.

We anticipate the impacts of future policy and legislation and position ourselves to maximise the sustainability benefits to our organisation. We have a process of horizon scanning for best practice, changes to mandatory and legislative drivers and adopt early to maximise benefits. We also look at innovations to reduce our emissions from our fleet.

All of the measures identified to reduce CO<sub>2</sub> emissions will deliver ongoing financial savings from reduced costs associated with utilities, transport and waste. These can be reinvested into YAS to support further carbon reduction measures and make further long-term cost savings as well as maintain a more sustainable ambulance service for the future.

## Green recognition

Over recent years YAS has won many awards in recognition of its carbon reduction and sustainability work. The latest accolades include winner of the Transport and Logistics Award at the Health Business Awards 2018 and winner of the Travel and Logistics category in the Sustainable Health and Care Awards 2018.

The Trust was also shortlisted for the FTA Logistics Awards (public sector) 2018 and nominated for Green Pioneer in the PEA Awards 2018. The Environmental and Sustainability Manager was identified as one of Green Fleet's Top 100 most influential in 2017 and 2018 as well as being invited to join the Leeds Climate Commission in 2019.

## Looking Forward to 2019-20

Yorkshire Ambulance Service was the first ambulance service in the country to introduce hydrogen electric powered vehicles to its fleet. We continue to run our non-emergency Patient Transport Service vehicles as hydrogen diesel retrofits with funding from Innovate UK. We are also looking at innovative developments to try and reduce the emissions from our fleet, as well as working towards a long-term goal of eliminating diesel use and putting in place zero-emission vehicles.

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

We are continuing to carry out LED lighting upgrades across the whole estate, with future initiatives to include lighting motion sensors, additional cycle racks and electric vehicle charging points at our stations. The introduction of new digital tools will help us to reduce our travel requirements and we will implement travel plans to reduce our impact from single-use vehicles when journeys are required. This, coupled with running a more efficient, greener fleet, will ensure that we continue to reduce our carbon footprint through a variety of initiatives.

We are also looking to roll out a paper-lite initiative and are working with NHS Digital to reduce our digital footprint.

## YAS Sustainability Report 2018-19

Yorkshire Ambulance Service was the first ambulance service in the country to draw up a Carbon Management Plan (now identified as the Sustainable Development Management Plan (SDMP), identifying the areas in which we can reduce our carbon footprint. The NHS Sustainable Development Unit (SDU), along with colleagues from the Department of Health and Social Care, have 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.

Yorkshire Ambulance Service has incorporated the following points into its SDMP:

- We were the first ambulance service to lay out a Road to Zero Strategy to look at a long-term goal of eliminating emissions from our fleet and were one of the first signees to the Clean Van Commitment.
- We are starting to roll out electric vehicle charging points across our estate to enable the electrification of our fleet and eliminate emissions from the tailpipe of our fleet.



- The Trust has also been instrumental in driving forward an aerodynamic lightweight ambulance design. The first redesigned ambulances were introduced into the fleet in 2014. Aerodynamic designs have been adopted nationally into the procurement requirements. Our projects were also identified in Lord Carter's review into unwarranted variation in NHS ambulance trusts.
- We had three hydrogen hybrid vehicles on our fleet in 2018; the first ambulance service in the country to have vehicles of this type.
- We have stopped sending waste to landfill (a small amount is still produced as 'flock' from incineration) and are working to reduce the amount of waste that we generate through more paperless operations and returning waste to the suppliers. Waste diverted from landfill now goes to recovery for fuel. In 2018, we eliminated single-use plastic from our canteen through the 'Plastic Free YAS' initiative.
- In early 2019, we rolled out Warp-it which has enabled us to reduce disposal of unwanted furniture and identify locations that we can reuse furniture within our estate. Any furniture that is surplus to requirement will be offered to local charities and to date we have saved over £50,000 of furniture from landfill.
- All sites being renovated have a standard of replacement with low-energy appliances, lighting and ensuring that furniture is reallocated or recycled rather than landfilled.

- We have five sites that have solar generation systems installed on their roofs.
- In 2019, we will have installed LED lighting at most of our sites in order to reduce our energy use from lighting by around 60%.
- The Trust has a Sustainable Transport Plan, which considers what steps are needed and are appropriate to reduce or change travel patterns. Travel plans are in place for several sites across the organisation, working to reduce single-occupancy car use.



*Hydrogen hybrid vehicles introduced to the fleet.*



## Information Governance

Information Governance concerns the way organisations manage information. It covers both personal information, i.e. relating to service users and employees, and corporate information, e.g. financial and accounting records. Yorkshire Ambulance Service is committed to maintaining the highest standards of Information Governance and data security, and has processes in place to ensure its use of data is lawful, secure, justifiable and proportionate.

The Senior Information Risk Owner (SIRO) during 2018-19 was Steve Page, Executive Director of Governance, Quality and Performance Assurance and Deputy Chief Executive. The SIRO is a Board Member who has ownership of the organisation's information risk policy, acts as champion for information risk on the Board and provides written advice to the Accountable Officer on the content of the organisation's Governance Statement for information risk.

The Caldicott Guardian during 2018-19 was Dr Julian Mark, Executive Medical Director. The Caldicott Guardian is a senior person responsible for the protection of the confidentiality of patient and service-user information and has oversight of arrangements for proportionate and justifiable information-sharing.

The Trust's Data Protection Officer during 2018-19 was Caroline Balfour, Trust Solicitor and Head of Legal Services. The role of the Data Protection Officer is to ensure compliance with the General Data Protection Regulation (GDPR).

The GDPR came into force in May 2018 as part of the new Data Protection Act 2018 bringing substantial amendment to the legislation governing the processing of personal data, with changes to data subjects' rights and data controllers' obligations. In preparation for the GDPR, the Trust completed a thorough review of its systems, processes, policies and documentation to ensure that all are commensurate with the requirements of the new legislation. This review was led by the Trust's Information Governance Working Group reporting to the Trust Management Group.

The Trust reports its compliance with information governance and data security legislation as part of the annual Data Security and Protection Toolkit (DSPT) managed by NHS Digital. The DSPT replaced the IG Toolkit in 2018-19 and is modelled on the National Data Guardian's Data Security Standards.

The DSPT does not have 'pass' levels, only a requirement to declare compliance with 100 mandatory requirements supported by the provision of evidence where necessary. The Trust was able to report compliance and supply evidence against all mandatory requirements for 2018-19.

The Trust has a dedicated Information Governance Team that leads the annual information governance work programme along with a network of Information Asset Owners within each service. Work completed as part of the programme this year has enabled us to ensure that:

- our staff are trained in confidentiality, data protection and information security through refreshed annual Data Security Awareness training which is aligned to national content
- awareness of Information Governance and data security incidents and lessons learned is shared through staff bulletins to prevent recurrence
- transfers of personal information are proportionate, justifiable and secure, and supported by information sharing contracts or agreements as appropriate
- our policies and procedures remain up-to-date and reflect best practice and legislation
- Information Asset Owners are supported to embed effective and GDPR-compliant information risk management procedures within their service areas
- the Trust continues to reduce its archive of paper records in accordance with the Records Management Code of Practice and Department of Health and Social Care retention and destruction schedules and GDPR.





## Information Governance Incidents

In 2018-19 the GDPR changed the requirements of previous Information Governance Serious Incidents Requiring Investigation (IG SIRI) guidance to report certain types of personal data breach to the Information Commissioner's Office. The Trust already had robust and embedded incident reporting processes in place based on previous guidance which has enabled a straightforward transition to the updated requirements.

The Trust monitors its information and data security-related incidents to identify themes and trends to mitigate risk and ensure continuous improvement of its governance arrangements. The Caldicott Guardian reviews all data breaches involving patient data and duty of candour is considered as part of this process.

All staff are required and proactively encouraged to inform the Trust's incident-reporting system of all data-related incidents via Datix. Themes and trends from these reports are analysed and reviewed by the Information Governance Working Group to inform changes to policy and process. Lessons learned ensure that the organisation puts in place measures to prevent re-occurrence.

There have been no serious incidents (SIs) relating to information governance and data security reported during 2018-19.

Themes and trends from personal data-related incidents are analysed and presented to the Information Governance Working Group to ensure that the organisation learns lessons and puts in place measures to prevent reoccurrence. All staff are proactively encouraged to report incidents relating to the loss or disclosure of personal and sensitive data.

## Fraud Prevention

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

Our local contact for reporting potential fraudulent activity or obtaining advice is via Audit One, Kirkstone Villa, Lanchester Road Hospital, Durham, DH1 5RD, <https://www.audit-one.co.uk/>

## Going Concern Statement

After making enquiries the Board has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. In making this assessment the Board formed a view on appropriateness of going concern, advised by the 11 April 2019 Audit Committee meeting which considered:

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

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

**Rod Barnes,**  
Chief Executive  
23 May 2019

# ACCOUNTABILITY REPORT

## The Board of Directors 2018-19 - Executive Directors



**Kathryn Lavery**  
Chairman



**Rod Barnes**  
Chief Executive



**Mark Bradley**  
Executive Director  
of Finance



**Steve Page**  
Executive Director of  
Quality, Governance and  
Performance Assurance  
and Deputy Chief  
Executive



**Nick Smith**  
(from 1 November 2017)  
Executive Director  
of Operations



**Dr Julian Mark**  
Executive Medical  
Director



**Christine Brereton**  
Director of Workforce and  
Organisational Development



**Leaf Mobbs**  
(until 30 November 2018)  
Director of Urgent Care  
and Integration  
(formerly Director of  
Planning and Development)

## The Board of Directors 2018-19 - Non-Executive Directors



**Erfana Mahmood**  
(until 16 May 2018)



**John Nutton**



**Ronnie Coutts**  
(until 31 August 2018)



**Phil Storr**  
(Associate from  
27 November 2018)



**Tim Gilpin**  
(Associate until  
31 July 2018)



**Richard Keighley**  
(from 1 February 2018  
until 25 January 2019)



**Anne Cooper**  
(from 18 January 2019)



**Jeremy Pease**  
(from 14 February 2019)



**Stan Hardy**  
(from 18 March 2019)



## Directors' Disclosure Statement

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

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

## Board of Directors and Committee Membership 2018-19

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

Committee	Membership
<b>Quality Committee</b>	Three Non-Executive Directors Executive Director of Quality, Governance and Performance Assurance Executive Medical Director Director of Workforce and Organisational Development Executive Director of Operations Director of Urgent Care and Integration
<b>Audit Committee</b>	Three Non-Executive Directors including Chairpersons of the Quality and Finance and Investment Committees
<b>Finance and Investment Committee</b>	Three Non-Executive Directors Chief Executive Executive Director of Finance Executive Director of Operations Director of Planning and Development
<b>Charity Committee</b>	Two Non-Executive Directors Executive Director of Finance (or Head of Financial Services) Trust Secretary Fund Manager Head of Corporate Communications
<b>Remuneration Committee</b>	Chairman and all Non-Executive Directors



## Declaration of Interests for the Financial Year 2018-19

Name/Dates	Paid / Unpaid Employment (specify)	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
<b>NON-EXECUTIVE DIRECTORS (NEDs)</b>							
<b>Kathryn Lavery</b> Chairman 1 July 2016	Non-Executive Director Navigo, North East Lincolnshire  Consultant to Hull University (retained contract)  Advisory Board Member Agencia Consultancy, Hessle (unpaid)	Director Kath Lavery Associates  Chairman of Athena Aspire Ltd	None	None	Trustee of YAS Charity  Chairman of Humber Business Week	None	Fellow of Institute of Directors
<b>Anne Cooper</b> 18 Jan 2019	Non-Executive Director, Care Opinion CIC, Sheffield (unpaid)  Non-Executive Director TEC Quality CIC, Wilmslow (unpaid)  Non-Salaried Director Ethical Healthcare Consulting CIC, North Shields (paid for any delivery work)  Associate mHabitat, Leeds and York Partnership NHS FT (paid)  Self-Employed Anne Cooper, Mirfield	Portfolio FD Services Ltd.	None	None	Trustee of YAS Charity	None	Nursing and Midwifery Council Registration



## Declaration of Interests for the Financial Year 2018-19

Name/Dates	Paid / Unpaid Employment (specify)	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
<b>NON-EXECUTIVE DIRECTORS (NEDs)</b>							
<b>Tim Gilpin</b> 1 August 2018 Associate NED 31 Jan 2017 - 31 July 2018	Managing Director of TGHR Ltd.	Managing Director of TGHR Ltd.	None	None	Trustee of YAS Charity	School Governor Dixons Multi Academy Trust	Member of Chartered Institute of Personnel and Development (CIPD)
<b>Stan Hardy</b> 18 March 2019	Non-Executive Director, Local Care Direct (LCD) (resigned on 7 March 2019)	None	None	None	Trustee of YAS Charity Trustee of Duke of York's Community Initiative President of Leeds Royal British Legion	Deputy Lieutenant West Yorkshire	Fellow of Institute of Directors
<b>John Nutton</b> 5 June 2015	Self-employed Corporate Finance practitioner, Springwell Corporate Finance in association with Cattaneo LLP	The Carbis Beach Apartments Management Company Limited	None	None	Trustee of YAS Charity Member of The Wakefield Grammar School Foundation Clayton Hospital Site Fund Raising Committee Member of the Wakefield Cathedral Friends Committee	None	Fellow of Institute of Chartered Accountants in England & Wales
<b>Jeremy Pease</b> 14 February 2019	Green Oak Associates Ltd. (paid)	Director Green Oak Associates Ltd.	None	None	Trustee of YAS Charity	None	None



## Declaration of Interests for the Financial Year 2018-19

Name/Dates	Paid / Unpaid Employment (specify)	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
<b>CHIEF EXECUTIVE OFFICE AND EXECUTIVE DIRECTORS</b>							
<b>Rod Barnes</b> Chief Executive 6 May 2015	None	None	None	None	Trustee of YAS Charity	CEO Lead of Northern Ambulance Alliance Member of the Ambulance Improvement Programme NHSE/NHSI Senior Responsible Officer for West Yorkshire and Harrogate ICS Urgent and Emergency Care Board	Chartered Institute of Management Accountants
<b>Mark Bradley</b> Executive Director of Finance 1 March 2017	None	None	None	None	Trustee of YAS Charity	None	Chartered Institute of Management Accountants Healthcare Financial Management Association (HFMA)
<b>Dr Julian Mark</b> Executive Medical Director 1 October 2013	None	None	None	None	Trustee of YAS Charity	Chair of National Ambulance Service Medical Directors (NASMeD) Urgent and Emergency Care Clinical Lead Yorkshire & Humber Digital Care Board	Faculty of Pre Hospital Care of the Royal College of Surgeons of Edinburgh British Association of Immediate Care Schemes (BASICS) Medical Protection Society Faculty of Medical Leadership and Management



## Declaration of Interests for the Financial Year 2018-19

Name/Dates	Paid / Unpaid Employment (specify)	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
<b>CHIEF EXECUTIVE OFFICE AND EXECUTIVE DIRECTORS</b>							
<b>Steve Page</b> Executive Director of Quality, Governance and Performance Assurance ( <i>previously titled Standards and Compliance</i> ) 1 October 2009	None	None	None	None	Trustee of YAS Charity	Care Quality Commission Well Led Reviewer	Nursing & Midwifery Council Registration
<b>Nick Smith</b> Executive Director of Operations 12 November 2018	None	None	None	None	Trustee of YAS Charity	None	None
<b>ASSOCIATE NON-EXECUTIVE DIRECTORS</b>							
<b>Phil Storr</b> Associate Non-Executive Director 27 November 2018 Non-Executive Director/Deputy Chairman 1 April 2018 - 26 November 2018 Associate Non-Executive Director 31 Jan 2017 - 31 March 2018	MRL Safety Limited (including a contract with NECSU/NHS IMAS providing operational management support to NHS England Midlands & East Region)	MRL Safety Ltd. Medical Response Logistics Ltd. MRL Eye Ltd. MRL Environmental Ltd. Burn Grange Properties Ltd.	None	Vice-Chair, Burn Parish Council	None	Visiting Lecturer, Loughborough University Visiting Lecturer, Bournemouth University Associate Lecturer, Emergency Planning College	Associate of Emergency Planning Society Member of Institute of Civil Protection & Emergency Management Health and Care Professions Council Member of the Federation of Small Businesses Member of Rail Supply Group - SME Council





## Declaration of Interests for the Financial Year 2018-19

Name/Dates	Paid / Unpaid Employment (specify)	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
<b>NON-VOTING DIRECTORS (OFFICERS)</b>							
<b>Christine Brereton</b> Director of Workforce and Organisational Development 1 Nov 2017	None	None	None	None	Trustee of YAS Charity	None	Fellow Member of Chartered Institute of Personnel and Development (CIPD)
<b>Leaf Mobbs</b> Director of Urgent Care and Integration (from 1 Nov 2017 - 30 Nov 2018) (on secondment to NHS England from 1 December 2018) (Director of Planning and Development (until 31 Oct 2017)) 13 June 2016	None	None	None	None	Trustee of YAS Charity	None	None



## Declaration of Interests for the Financial Year 2018-19

Name/Dates	Paid / Unpaid Employment (specify)	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
<b>NON-VOTING DIRECTORS (OFFICERS)</b>							
<b>Erfana Mahmood</b> NED 15 May 2012 - 16 May 2018	Chorley and District Building Society Walker Morris	Chorley and District Building Society Non-Executive Director, Plexus and Omega Housing (subsidiary of Mears Group Plc)	None	None	Trustee of YAS Charity	None	Member of Law Society
<b>Ronnie Coutts</b> NED 25 October 2016 - 31 August 2018	Serco Ltd.	None	None	None	Trustee of YAS Charity Trustee of the Alexander Fairey Memorial Fund Charity No: 10704088	None	None
<b>Dr David Macklin</b> Executive Director of Operations 7 May 2015 - 25 October 2018	None	None	None	None	Trustee of YAS Charity Medical Director, Yorkshire Air Ambulance Charity	Associate Tutor Emergency Services Training Centre, Wirral  Board Member, NHS Pathways Programme Board, HSCIC	British Medical Association Fellow Institute of Civil Protection & Emergency Management  Faculty of Pre Hospital Care of the Royal College of Surgeons of Edinburgh  British Association of Immediate Care Schemes (BASICS)  Medical Protection Society  Faculty of Medical Leadership and Management
<b>Richard Keighley</b> NED 1 February 2018 - 25 January 2019	None	Portfolio FD Services Ltd.	None	None	Trustee of YAS Charity	None	Fellow of the Institute of Chartered Management Accountants - FCMA



# REMUNERATION REPORT

## Remuneration Policy

All permanent Executive Directors are appointed by the Trust through an open recruitment process. All have substantive contracts and have annual appraisals. Executive Director salaries are determined following comparison with similar posts in the NHS and wider public sector and are approved by the Remuneration Committee, a sub-committee of YAS's Board of Directors and which, under current arrangements for ambulance services, requires the approval of NHS Improvement (NHSI).

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

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

The Chairman and all the Non-Executive Directors have served as members of the Committee during the year. It meets regularly to review all aspects of pay and terms of service for Executive Directors and VSMs.

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

## Salaries and Allowances of Senior Managers 2018-19

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



## Salaries and Allowances of Senior Managers 2018-19

	2018-19				2017-18			
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100*	(c) All pension- related benefits (bands of £2,500)	(d) TOTAL (a to c) (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100*	(c) All pension- related benefits (bands of £2,500)	(d) TOTAL (a to c) (bands of £5,000)
	£000	£00	£000	£000	£000	£00	£000	£000
<b>Rod Barnes</b> Chief Executive	135-140	90	57.5-60	205-210	130-135	77	40-42.5	180-185
<b>Mark Bradley</b> Executive Director of Finance	120-125	-	70-72.5	195-200	120-125	-	32.5-35	155-160
<b>Nick Smith</b> Executive Director of Operations <sup>1</sup>	40-45	-	15-17.5	60-65	N/A	N/A	N/A	N/A
<b>Dr David Macklin</b> Executive Director of Operations <sup>2</sup>	75-80	-	-	75-80	115-120	33	30-32.5	150-155
<b>Dr Julian Mark</b> Executive Medical Director	130-135	-	20-22.5	150-155	125-130	-	35-37.5	165-170
<b>Steve Page</b> Deputy Chief Executive	110-115	81	32.5-35	150-155	105-110	71	25-27.5	135-140
<b>Christine Brereton</b> Director of Workforce and Organisational Development	110-115	-	25-27.5	135-140	45-50	-	32.5-35	75-80
<b>Leaf Mobbs</b> Director of Urgent Care and Integration <sup>3</sup>	115-120	-	22.5-25	135-140	100-105	-	35-37.5	140-145
<b>Dr Phil Foster</b> Director of Planned and Urgent Care <sup>4</sup>	10-15	-	-	10-15	70-75	-	-	70-75
<b>Kathryn Lavery</b> Chairman	35-40	17	-	35-40	35-40	-	-	35-40

1. From 12 November 2018    2. To 25 October 2018    3. To 18 December 2018    4. From 6 May 2016 to 31 October 2017



## Salaries and Allowances of Senior Managers 2018-19

	2018-19				2017-18			
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100*	(c) All pension- related benefits (bands of £2,500)	(d) TOTAL (a to c) (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100*	(c) All pension- related benefits (bands of £2,500)	(d) TOTAL (a to c) (bands of £5,000)
	£000	£00	£000	£000	£000	£00	£000	£000
<b>Erfana Mahmood</b> Non-Executive Director <sup>5</sup>	0-5	2	-	0-5	5-10	-	-	5-10
<b>Anne Cooper</b> Non-Executive Director <sup>6</sup>	0-5	1	-	0-5	0-5	-	-	0-5
<b>Jeremy Pease</b> Non-Executive Director <sup>7</sup>	0-5	-	-	0-5	-	-	-	-
<b>Ronnie Coutts</b> Non-Executive Director <sup>8</sup>	0-5	4	-	0-5	5-10	-	-	5-10
<b>John Nutton</b> Non-Executive Director	5-10	5	-	5-10	-	-	-	-
<b>Stan Hardy</b> Non-Executive Director <sup>9</sup>	0-5	-	-	0-5	-	-	-	-
<b>Phil Storr</b> Associate Non-Executive Director <sup>10</sup>	5-10	9	-	5-10	5-10	-	-	5-10
<b>Tim Gilpin</b> Associate Non-Executive Director	5-10	4	-	5-10	5-10	-	-	5-10
<b>Richard Keighley</b> Non-Executive Director <sup>11</sup>	5-10	9	-	5-10	-	-	-	-

5. To 16 May 2018 6. From 3 December 2019 7. From 14 December 2019 8. To 31 August 2018 9. From 18 March 2019

10. Non-Executive Director until 26 November 2018, then Associate Non-Executive Director from 27 November 2018 11. From 1 February 2018 to 25 January 2019



## Pension Entitlement Table 2018-19

	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2019 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2018	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2019	(h) Employer's contribution to stakeholder pension	(i) All pension related benefits (bands of £2,500)
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Rod Barnes</b> Chief Executive	2.5-5	2.5-5	50-55	125-130	805	138	987	20	57.5-60
<b>Mark Bradley</b> Executive Director of Finance	2.5-5	-	35-40	90-95	542	111	687	17	70-72.5
<b>Nick Smith</b> Executive Director of Operations <sup>1</sup>	0-2.5	-	30-35	55-60	449	32	561	6	15-17.5
<b>Dr David Macklin</b> Executive Director of Operations <sup>2</sup>	0-2.5	-	25-30	55-60	329	26	402	10	-
<b>Dr Julian Mark</b> Executive Medical Director	0-2.5	-	40-45	95-100	616	86	739	18	20-22.5
<b>Steve Page</b> Deputy Chief Executive	0-2.5	5-7.5	45-50	145-150	981	129	1,154	15	32.5-35
<b>Christine Brereton</b> Director of Workforce and Organisational Development	0-2.5	-	5-10	-	47	20	82	14	25-27.5
<b>Leaf Mobbs</b> Director of Urgent Care and Integration <sup>3</sup>	0-2.5	-	25-30	60-65	391	60	478	14	22.5-25
<b>Dr Phil Foster</b> Director for Planned and Urgent Care <sup>4</sup>	Has opted out of Trust Pension Scheme								

1. From 12 November 2018 2. To 25 October 2018 3. To 18 December 2018 4. From 6 May 2016 to 31 October 2017



## Fair Pay Disclosure 2018-19

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

The banded remuneration of the highest paid director / member in the Trust in the financial year 2018-19 was £135,000-£140,000 (2017-18: £130,000-£135,000).

This is 4.92 times (2017-18: 4.7 times) the median remuneration of the workforce, which was £28,249 (2017-18: £27,966). The comparative values for 2017-18 have been restated to reflect improved data for grossing up remuneration of part-time staff.

No employees (2017-18: no employees) received remuneration in excess of the highest-paid director/member. Remuneration ranged from £7,315 to £139,126 (2017-18: £6,844 to £131,464).

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

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

The highest paid director/member has not changed from 2017-18.



# QUALITY ACCOUNT - PART 1

## Statement on Quality from the Chief Executive

Welcome to our NHS Trust Quality Account 2018-19. Once again I am proud to present a number of significant improvements which we have made to the quality of care we provide for people within Yorkshire and the Humber. We remain among the best performing ambulance trusts in the country in a variety of areas across both the 999 emergency service, Patient Transport Service (PTS) and NHS 111 (integrated urgent care), responding quickly and with compassion to patients with either urgent or emergency health needs. We will strive to maintain such excellence in the coming year.

We have sustained our commitment to implementation of the national Ambulance Response Programme (ARP) which has fundamentally changed the way ambulances are allocated, meaning we can get to the sickest patients in a timely manner by targeting our ambulances and skilled staff to the most time critical and life-threatening emergencies.

It also means, for those people whose condition is not immediately life-threatening, that we can assess their need more thoroughly, to ensure that we send the right response or signpost them to a service which is more appropriate for them, such as

assessment and treatment of the patient without conveyance to hospital being required 'see and treat' and for patient assessment and completion of treatment over the phone 'hear and treat'. We continue to have one of the best hear and treat rates in the country.

Like other NHS ambulance trusts, we continue to face significant challenges, not least in the unprecedented levels of demand we have seen this year. As a healthcare system we need to review and refine the way in which we deliver care, focusing more on delivery of care for individuals, communities and populations across the healthcare system. Ensuring we work within communities and with other healthcare providers to ensure care delivery is appropriate to the patients' needs, moving away from hospital-based care to one that is based within the community where possible. We have been and will continue to be a key partner in the joint working across the region to develop and implement new and innovative ways of working to better serve the people of our region. Collaborative working with commissioning groups and partner organisations has allowed us to implement some of these new models of care this year and we will continue to progress this work to ensure that we

can deliver timely emergency and urgent care in the most appropriate setting.

I am also pleased to announce that we have retained our PTS for almost the entire region following a number of tender exercises. The PTS team worked incredibly hard to secure these contracts, which all scrutinised the quality of our PTS. I am thrilled that we are now able to continue to support patients in their transport needs to ensure they receive the care they need. We have also retained the NHS 111 contract, after a long tender exercise, and using the new integrated urgent care model, this gives us an opportunity to shape the way in which urgent and emergency care is delivered within the region.

2018-19 saw the launch of our Trust Strategy, and supporting enabling strategies, which allows us to communicate our plan and areas of focus for the next five years. We are ambitious in what we are seeking to achieve and intend to progress at pace. The People Strategy – which highlights how we will support and engage our staff to achieve our long-term goals, and the Quality Improvement Strategy – which gives us the way in which we will constantly improve our services, are both key to delivering the aims defined in our overarching strategy.



We want to continue to engage with our local communities and intend to further develop our links with these communities to enable us to deliver services that improve the health and well-being of the communities we serve. From the Restart a Heart school engagement event, now a highlight of our year, to developing our volunteer services to deliver support to people in their own homes, we are and want to continue to be part of the local communities support structures and be a trusted partner in the care we deliver, both in partnership with other NHS organisations, but reaching beyond this to third sector and the community.

## Statement of Accountability

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

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

This report is in the format required by the Health Act 2009 and the Quality Account Toolkit.

It contains the sections mandated by the Act and also measures that are specific to YAS that demonstrate our work to provide high quality care for all. We have chosen these measures based on feedback from our patients, members of the public, Health Overview and Scrutiny Committees, staff and commissioners.

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

**Rod Barnes** Chief Executive



*"I am thrilled that we are now able to continue to support patients in their transport needs to ensure they receive the care they need."*

## Engaging with Staff, Patients and the Public about Quality

In order to ensure that the YAS Quality Account reflects the views of all our stakeholders, we consulted with a wide range of groups and individuals including our staff, our Critical Friends Network, our commissioners, and the local Healthwatch and Health Overview and Scrutiny Committees. We also analysed our data systems: incidents, near misses, complaints and patient feedback, which are used to establish trends and themes and inform our strategy, thus contributing to our Quality Account.



*Members of our Critical Friends Network.*

YAS has a number of ways in which it engages with the public. The Critical Friends Network (CFN) was launched in 2016 and currently has 16 members from South, East and West Yorkshire. Throughout the last year the CFN has been a valuable forum for sharing ideas, gaining feedback and building the patient perception into our service developments. The CFN has provided feedback on a patient pathway leaflet, the new YAS website, the PTS user surveys, a number of policies and standards across the Trust and some direct engagement with the Care Quality Commission on some of their YAS-related work.

The CFN has been developed and strengthened during 2018-19. We have advertised the network through local GP practices, PTS Patient Reception Centres (PRCs), the Community Engagement team and the Diversity and Inclusion team with the aim of building the network further. We have engaged directly with PTS patients and linked to established groups that support people living with dementia. This has allowed us to inform quality improvement projects that support the positive experience for these patients, their carers and families. The planned work programme for 2019-20 includes engagement with specific patient groups including patients with learning difficulties and their carers and families.

*"I would like to thank you for this service. I don't know what I would have done without it during my radiotherapy treatment. It made everything manageable whilst going through a difficult time."*

*PTS Patient*

The second way that YAS engages with patients and families is through the use of patient stories. Patient stories are used as a way to learn about the patient experience and also to learn when things go wrong. Patient stories are presented by the Chair at each public Trust Board meeting and also in the education and training of our staff.

Throughout the development of services, the Trust also continues to engage with staff members, including the Staff Forum, to ensure a rounded view is sought to inform improvements.

## PATIENT STORY

**A man who suffered a cardiac arrest has personally thanked the Halifax ambulance crew who helped to save his life.**

Neil Davidson, of West Yorkshire, was at home when his heart stopped in the middle of the night. His quick-thinking son started cardiopulmonary resuscitation (CPR) and continued chest compressions until the crew arrived to take over.

His son, who lives in Australia, learned how to perform CPR as a 15-year-old at Rishworth School near Sowerby Bridge.

Neil, who was described as 'Miracle Man' by doctors and nurses in hospital, visited some of his heroes at Halifax Ambulance Station. He was joined by his wife, Janice, for the emotional reunion with Clinical Supervisor Liz Cheetham and Paramedic Sally Tinkler.

He said: *"They saved my life, good and proper. Words can't describe how I feel about what they did to help me to survive and recover. I'm now doing a lot of work with the Resuscitation Council (UK), supporting Restart a Heart Day on 16 October, raising money for charities and also raising awareness of CPR. I'm going to campaign for every child in school to be taught this life-saving skill."*

Speaking about the night when Neil's life was saved, His wife said: *"The instructions from Yorkshire Ambulance Service were really good and concise. Without them on the end of that phone, I would have really struggled, so they helped me greatly."*

The reunion was a very proud moment for Liz and Sally.

Liz said: *"We meet people on the worst day of their life, help them as best as we can, take them to hospital and that's pretty much where it ends for us. Occasionally, we find out how people are getting on, but a lot of the time we never find out what's happened, so it's lovely that they've been in touch to let us know how well it's turned out."*

Sally added: *"We don't always get such a great outcome and it's lovely to see him walking, talking and being an advocate for Restart a Heart Day. He'll be saving lives by just doing that and helping other people - awareness and knowledge is key really."*





## STAFF INSIGHT

*“My substantive role as an Ambulance Care Assistant involves the non-emergency transportation of patients to and from outpatient appointments, admissions to and discharges from hospitals or hospices and treatment centres. As such I transport new patients as well as regular patients. This to me is one of the most rewarding aspects of this role. I get to meet new patients from varied backgrounds, experiences and often with a fascinating story or two from their lives! Alongside this I take regular patients who I often am lucky to get to know a little better, talking more in depth about our experiences and interests.*

*This year I was fortunate to gain a secondment as a Quality Improvement Fellow. This was a brand new role within YAS. This has been a very diverse, challenging and ultimately enjoyable role. I have worked on improvement projects, such as reducing musculoskeletal injuries in PTS, the development of a standard operating procedure for the transportation of children and related equipment and worked alongside our Critical Friends Network on a PTS Always Event currently under development. Both roles have their own challenges and rewards but overall they are extremely enjoyable. ”*

John Porter-Lindsey, PTS Ambulance Care Assistant/Quality Improvement Fellow



# QUALITY ACCOUNT - PART 2

## Priorities for Improvement 2019-20

We are required to achieve a range of performance outcomes specific to the nature of the services we provide to the public.

In addition, we are required to achieve many other organisational responsibilities as laid down by the Department of Health.

Organisationally, we have identified the following quality improvement priorities in-line with the three domains of quality.

*"The operator was brilliant following a man who had been hit by a van, stayed on the phone until the ambulance had attended and was very professional."*

*999 Caller*

PRIORITY ONE	
<b>Patient Safety:</b>	<b>Delivery of sustainable improvement in emergency ambulance response performance in line with national standards; delivering the best possible response for each patient, first time and in the right place.</b>
Lead:	Stephen Segasby, Deputy Director of Operations
Key Drivers:	National Standards. Improve patient safety and clinical effectiveness. Patients and communities experience fully joined-up care responsive to their needs.
Aim:	The aim of the NHS England Ambulance Response Programme (ARP) is to review ambulance response performance standards and explore strategies that can reduce operational inefficiencies and improve the quality of care for patients, their relatives, and carers.
Measuring and Monitoring:	By the end of 2019-20 we will achieve ARP in line with national standards. Achievement against the standard is reported as a monthly performance indicator in the Integrated Performance Report.
Reporting on Priorities:	Progress against priorities will be reported via the Quality Committee and Board meetings throughout the year.



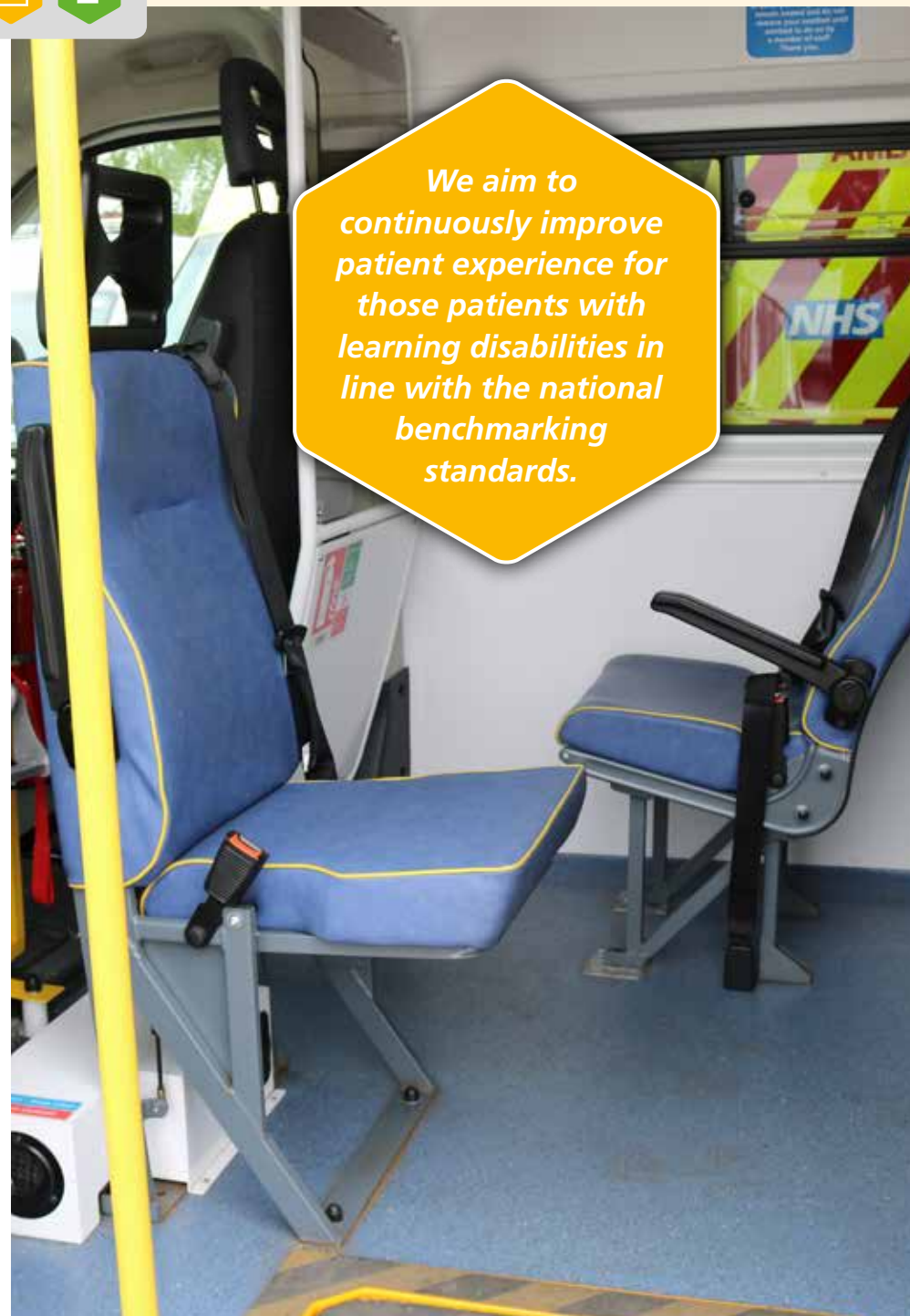
PRIORITY TWO	
<b>Clinical Effectiveness:</b>	<b>To embed the mortality review process to include Patient Relations service and determine how we work with acute trusts to further progress the review process</b>
Lead:	Dr Steven Dykes, Deputy Medical Director
Key Drivers:	Learning from Deaths Policy. National Patient Safety Strategy.
Aim:	To understand and further develop the mortality review process in order to work effectively, in line with national policy, requirements both internally to include Patient Relations service and externally across the healthcare system, including acute trusts.
Measuring and Monitoring:	By the end of 2019-20 we will have reviewed our mortality review process against the Learning from Deaths report and update the process as required.  Mortality review forms part of our wider learning from patient safety incidents and is reported at Incident Review Group.
Reporting on Priorities:	Progress against priorities will be reported via the Quality Committee and Board meetings throughout the year.

PRIORITY THREE	
<b>Clinical Effectiveness:</b>	<b>Development of the Trust's role in place based care co-ordination across the urgent and emergency care system, with particular focus on frail older patients, patients with palliative care needs and patients with mental health conditions</b>
Lead:	Catherine Bange, Regional General Manager
Key Drivers:	NHS Long Term Plan. Placed based care agenda and development of integrated urgent care systems.
Aim:	Confirm how we can support the development of place-based systems of care, involving organisations working together to improve health and care for a geographically-defined population and managing common resources.
Measuring and Monitoring:	By the end of 2019-20 we will have clear plans in place for our engagement and contribution to place-based care for the specific areas of focus identified.
Reporting on Priorities:	Progress against priorities will be reported via the Quality Committee and Board meetings throughout the year.



## PRIORITY FOUR

<b>Patient Experience:</b>	<b>Improvement in experience for patients with learning disabilities and patients who have dementia including the Trust becoming registered and recognised as a 'Dementia Friendly' organisation.</b>
<b>Lead:</b>	Clare Ashby, Deputy Director of Quality and Nursing
<b>Key Drivers:</b>	Learning from incidents, both within the Trust and nationally, suggests particular groups, such as those with learning disabilities and dementia sometimes do not receive the high quality patient experience we they expect and deserve. This is sometimes due to the inflexibility of the system, such as the call handling questions set, or lack of understanding of their particular needs by staff.
<b>Aim:</b>	To be recognised as a 'Dementia Friendly' organisation by the quality of care we consistently deliver for these patients. To continuously improve patient experience for those patients with learning disabilities in line with the national benchmarking standards.
<b>Measuring and Monitoring:</b>	By the end of 2019-20 we will be recognised as Dementia Friendly organisation. By 2019-20 we will identify a named lead for Learning Disabilities and review our system and processes against the national Learning Disabilities standards developing an action plan to close any gaps identifies within our systems and processes.
<b>Reporting on Priorities:</b>	Progress against priorities will be reported via the Quality Committee and Board meetings throughout the year.





## Review of Services 2018-19 (statements from the Trust Board)

During 2018-19 YAS provided and/or sub-contracted seven NHS services:

- A Patient Transport Service (PTS) delivering planned transportation for patients with a medical need, for transport to and from premises providing secondary NHS healthcare. PTS caters for those patients who are either too ill to get to hospital without assistance or for whom travelling may cause their condition to deteriorate.
- An Accident and Emergency response service (this includes management of 999 calls and providing an urgent care service including urgent care practitioners).
- Resilience and Special Services (incorporating our Hazardous Area Response Team) – which includes planning our response to major and significant incidents such as flooding, public transport incidents, pandemic flu and chemical, biological, radiological or nuclear incidents.
- Fully equipped vehicles and drivers for the Embrace neonatal transport service for critically-ill infants and children in Yorkshire and the Humber.
- Clinicians to work on the two Yorkshire Air Ambulance charity helicopters.
- Management of the Community First Responder scheme, made up of volunteers from local communities.
- NHS 111 service in Yorkshire, the Humber, North and North East Lincolnshire and Bassetlaw in Nottinghamshire, for assessment and access to urgent care where required for patients. This contract also includes delivery of out-of-hours services in West Yorkshire via a sub-contract with Local Care Direct.

In addition, the Trust supports the wider health communities and economies through provision of:

- Community and commercial education to schools and public/private sector organisations.
- A private ambulance transport and events service – emergency first aid cover for events such as concerts, race meetings and football matches; and private ambulance transport for private hospitals, repatriation companies and private individuals.
- Care of our most critically ill and injured patients is provided by a partnership between Yorkshire Ambulance Service, Yorkshire Air Ambulance critical care team, British Association of Immediate Care Schemes (BASICS) and West Yorkshire Medic Response Team (WYMRT). The critical care team is based with the Yorkshire Air Ambulance (YAA) and consists of Pre Hospital Consultants and Advanced Paramedics trained in critical care and respond using helicopters and rapid response cars. BASICS doctors volunteer their time to respond to the most severely injured patients 24/7 working alongside YAS (and YAA during operational hours). WYMRT is a charity concerned with training junior doctors in pre hospital critical care, and provides operational shifts to support the YAS response to critically ill and injured patients.
- A Volunteer Car Service, members of the public who volunteer with transporting patients to routine appointments.

YAS has reviewed all the data available to them on the quality of care in all seven of these relevant health services.

The income generated by the relevant health services reviewed in 2018-19 represents 100% of the total income generated from the provision of relevant health services by YAS for 2018-19.





## Participation in Clinical Audit 2018-19

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes. It does this through the systematic review of care against explicit criteria, followed by the implementation of identified change and its subsequent evaluation.

YAS clinical audit follows the HQIP (Health Quality Improvement Partnership) and is a member of Yorkshire and Humber Effectiveness and Audit Regional Network (YEARN). This helps provide current audit methodologies and share audit findings, supporting system wide areas for improvement.

During 2018-19, five national clinical audits and zero national confidential enquiries covered relevant health services that YAS provides.

Of the five national audits, each audit was broken down into separate components, in effect, mini audits. Whilst there was no direct input into the national confidential enquiries planned or published, during the year reports were reviewed by the clinical team with a view to salient points being included in the development of clinical services, and where indicated, included within the clinical audit programme to identify the current performance and practice of YAS. The specific national confidential enquiries related to Patient Outcome and Death and Perinatal Mortality and Morbidity.

The national clinical audits and national confidential enquiries that YAS participated in, and for which data collection was completed during 2018-19, are listed below alongside each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

During the identified period, YAS participated in 100% of national clinical audits and in 100% of national confidential enquiries of those it was eligible to participate in.

*"The lady who answered the phone when I called 999 was reassuring, calm, informative and very personable. The crew who turned up were very professional and I felt reassured that my friend was in very safe hands."*

999 Caller

The national clinical audits that YAS was eligible to participate in during 2018-19 are as follows:

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

- 1. Sepsis care bundle** - to understand our performance in recognition and treatment of sepsis, a serious condition resulting from the presence of harmful microorganisms in the blood or other tissues and the body's response to their presence, potentially leading to the malfunctioning of various organs, shock, and death.
- 2. ST Elevation Myocardial Infarction (STEMI) (Heart attack)** - the time taken from call to intervention and the care delivered in comparison to the agreed care bundle.
- 3. Acute stroke** - the time taken from call to hospital arrival, then time taken from hospital arrival to intervention and delivery of the agreed diagnostic bundle.
- 4. Return of Spontaneous Circulation (ROSC)** - this means restoring a pulse following cardiac arrest which occurs outside of a hospital and includes review of our performance against an agreed post ROSC care bundle.
- 5. Survival to Discharge** - the number of people who survive after a ROSC and return home from hospital.



YAS continues to focus on improvements on the management of cardiac arrest, through public engagement, 'Restart a Heart' and supporting staff through the Red Arrest Team. Taking a whole-system approach aims to improve the overall survival from out-of-hospital cardiac arrest.

Throughout the year, YAS has focused on the identification and management of Sepsis patients, the promotion of the use of the National Early Warning Score 2 (NEWS 2), a tool that helps to standardise the assessment of acute-illness severity in the NHS using basic observations such as heart rate and blood pressure, along with other associated improvement processes including handover tools.

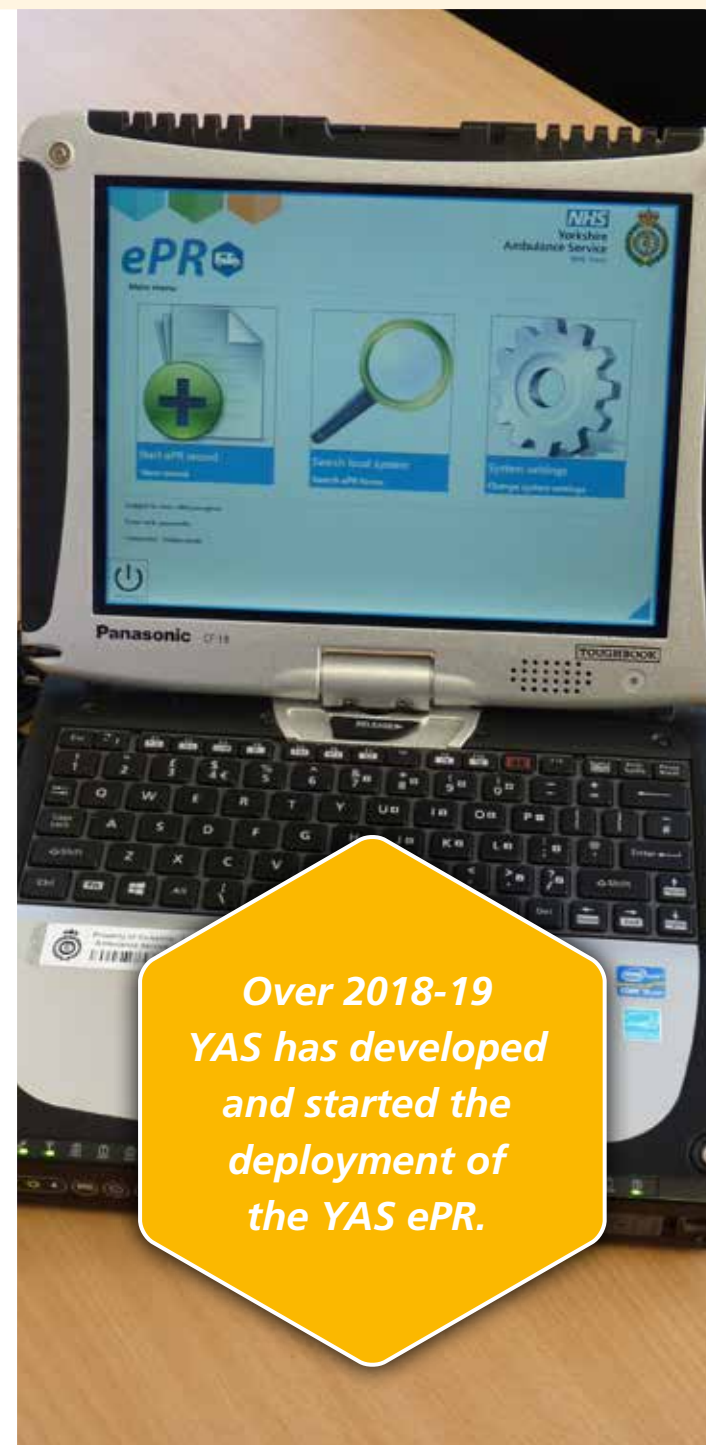
The results of these national clinical audits were reviewed by YAS in 2018-19 and YAS has taken the following actions to improve the quality of healthcare provided and to assist in the development of the audit indicators for future national audit processes:

- Audit results are applied to service and system processes supporting clinical change, educational focus and individual learning.
- Continuing to improve the system of data sharing between YAS and regional acute trusts for the validation of data, relating to people who have had a heart attack.
- Using the national audit findings to inform local audit priorities.

- Working over 2018-19 to help shape the future national clinical audits to reflect current practice and sharpen the focus on patient outcomes.
- Improving the data capture process for clinical audits by continuing with the roll-out and development of the electronic Patient Record (ePR).

It is also worth noting that:

1. The above national audits have been significantly altered. New topic areas are under development, as well as definitions of existing topic areas and the process for collection of data altered. This review led by NHS England has and will focus audits on patient outcomes; they have supported the linking of outcome data with ambulance service data for cardiac arrest, heart attack (STEMI) and stroke.
2. YAS clinical audit relies on the data extracted from our clinical documentation. Over 2018-19 YAS has developed and started the deployment of the YAS ePR. This is a digital representation of the paper patient care record (PPCR) which when fully deployed will provide improved data capture and will ensure there is timely access to clinical data.



## STAFF INSIGHT

*"I love my job because every day is never the same; I could be involved in a patient risk assessment ensuring that someone can get to hospital for their appointment to then compiling incident data that is reviewed at some of the organisations committees.*

*This information is fed into work streams to make changes to working practice. Knowing that I have a positive impact on patient care even though I am in support services makes me feel like a valued member of staff working towards improving patient experience and safety."*

Richard Harrington, Information Systems Manager



## Local Audits

YAS has undertaken a number of local audits during 2018-19. We have continued to support a number of operational clinicians in undertaking clinical audits, which they have found to be both supportive and educational in their development.

### Monthly clinical audits were conducted for:

- Record-keeping (how well staff document clinical care both on paper and electronic records).
- Infection Prevention and Control audits in relation to hand hygiene and vehicle and premise cleanliness.
- Patient deaths in YAS care.
- Call handler and clinical advisor audits.
- Manchester Triage System audits - The Manchester Triage System is a clinical risk management tool used by clinicians worldwide to enable them to safely manage patient flow when clinical need exceeds capacity.
- Mental health advice audit.

### Other clinical audits included:

- Audit of usage of Misoprostol – a medication used to treat postpartum bleeding due to poor contraction of the uterus.
- Audit of usage of Activated Charcoal – a highly adsorbent fine black odourless, tasteless powdered charcoal used in medicine especially as an antidote in many forms of poisoning.
- Audit of usage of Tranexamic Acid (TXA) - is a medication used to treat or prevent excessive blood loss from major trauma or postpartum bleeding.

- An audit of the care received by patients requiring wound closure.
- An audit of the care received by patients who have had a transient loss of consciousness (TLOC).
- An audit of the process undertaken during Rapid Sequence Induction (RSI).
- A review of the delivery of respiratory care.
- Quarterly mortality review - to provide understanding of quality-of-care problems associated with patient deaths.

The reports of these local clinical audits were reviewed by YAS in 2018-19 through the relevant committees and groups, such as the Medicines Optimisation Group.

### YAS intends to take the following actions to improve the quality of healthcare provided in relation to the clinical audit programme:

- Improve the capture and quality of clinical documentation by using the electronic patient record system to undertake a review of medications, including medicine reconciliation.
- Utilise the learning from audits within the clinical education programme, by refreshing information and providing assurance about comprehension and understanding in the practice setting.
- Provide subject matter areas that will support immersion training, where the staff work in a student-simulated environment to better experience their program services from the student perspective, via the simulation training facility in YAS, to reinforce practice to avoid care omissions.

- Develop the current clinical audit capability and structure within YAS by using the technology now available in terms of data capture from the ePR system and investing in resources to ensure adequate and effective staffing.
- Provide on-going support to clinical staff to conduct audit. The key aim is to develop a culture of responsibility, empowering staff to peer review, to challenge practice poor practice and lead the changes required from the ambulance frontline.
- To continue the development of an electronic Patient Care Record, ePR, this allows us to easily collect the clinical information using technology. This will ensure key data points are collected, with the aim of supporting staff by providing a consistent structure to documentation with easy to use information and supportive tools.

### Proposed quality audit developments in 2019-20

Over this coming year, the Clinical Informatics and Audit (CIA) department will focus on:

- Sharing the learning from national/local audits through a communications newsletter.
- Develop a set of clinical audits for selection by staff wishing to participate in audit for the first time.
- Expand the depth of local audits to reflect the improved data availability.
- Undertake a review of the audit website to improve understanding of the function of the CIA team.
- Continue to work with NHS England to develop new national Ambulance Clinical Quality Indicators (ACQIs).



## Research and Innovation

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

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

In 2018-19 we continued our high levels of research activity as reported in previous years. We are particularly pleased to report success in being awarded two contracts to deliver research. This is the result of significant efforts to build partnerships with academics and others to enable us to influence our research to match the health needs of our staff and patients. We have been awarded £178k by Health Education England to undertake an 18-month project about the wellbeing of ambulance service staff, in partnership with University of Lincoln, University of East Anglia, Edge Hill University, East Midlands Ambulance Service and the Association of Ambulance Chief Executives. We will also hold a grant of £250k from the National Institute for Health Research (NIHR Research for Patient Benefit program) to conduct a study in partnership with the Universities of Hull, York and Sheffield. The study will begin in April 2019, for two years, and is testing the feasibility of a paramedic-administered intervention for 'acute on chronic' breathless patients.

We have also been successful in supporting staff opportunities, with two prestigious NIHR awards to YAS staff: an NIHR internship (supporting pre-Masters level development); and a NIHR Clinical Doctoral Research Fellowship (a PhD project about decision support for paramedics where a patient may be suitable to stay at home).

The National Institute for Health Research published their annual league tables of research activity in August 2018 at <https://www.nihr.ac.uk/research-and-impact/nhs-research-performance/league-tables/league-table-2017-18.htm>

This year, YAS was fifth in the ambulance service group for number of participants recruited, and sixth for the number of research studies.

The number of patients receiving NHS services provided or sub-contracted by YAS in 2018-19 who were recruited during that period to participate in research approved by a research ethics committee was 173. Additionally, 596 staff participated in research approved by an ethics committee.

During 2018-19 YAS took part in or provided NHS permission for 18 research studies approved by an ethics committee.

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

This was a clinical trial assessing the safety and efficacy of Transdermal Glyceryl Trinitrate (GTN) patches, administered by paramedics for patients suffering acute stroke. This study aimed to find out whether early use of the patches (before hospital) improves outcomes for patients. The research was funded by the British Heart Foundation and took place in seven ambulance services, and hospitals who receive eligible patients. Patient recruitment ran from November 2015 to May 2018. The results have now been published at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30194-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30194-1/fulltext)

Pre-hospital treatment with transdermal GTN does not seem to improve functional outcome in patients with presumed stroke. It is feasible for UK paramedics to obtain consent and treat patients with stroke in the ultra-acute pre-hospital setting.

### 2. Connected Health Cities: Data linkage of urgent care data

The study will link data on individual patients from different Emergency and Urgent Care (EUC) providers to map the patient pathway through the EUC system. The goal is to identify key pressure points where changes could be targeted to reduce service pressure and improve patient care. YAS will provide data for this study, which will end in 2019.



### **3. Yorkshire Health Study**

This is a longitudinal questionnaire-based cohort study that aims to help the NHS provide the most appropriate services and treatments to prevent and treat obesity in the future by collecting information on the health and weight of a representative sample of adults of all ages (16yrs+) over the next 20 years. The study will enable both new and existing services and treatments to be efficiently and quickly evaluated. Recruitment to this cohort finished in September 2018.

### **4. Drivers of Demand for Emergency and Urgent CarE services (DEUCE): understanding patients' and public perspectives**

This was an interview study looking at how people make decisions to use emergency services, urgent care services, routine or self-care. A sub-group of YAS callers who have been identified as making clinically unnecessary use of services were interviewed. Recruitment is closed.

### **5. Perceptions of Patient Safety in the NHS ambulance services: V1**

A PhD student conducted interviews with YAS staff, exploring patient safety culture and practice in the ambulance service. Recruitment closed in July 2018.

### **6. Mindshine 3: A Trial investigating two online wellbeing interventions to reduce NHS staff stress**

This trial offered staff one of two online support interventions designed to reduce stress. Recruitment stopped in October 2018.

### **7. ACUTE concealment sub-study**

This study explored whether paramedics could 'guess' the contents of a box of equipment used in a study where this should be blinded. YAS paramedics, who were not part of the main ACUTE study, took part to see whether the blinding and randomisation was effective.

### **8. An exploration of ambulance transfer of labouring women to an obstetric unit**

This was a qualitative case study of women who had planned a home birth and were then transferred to hospital in labour. The women and the paramedics who transferred them were interviewed for this PhD study.

### **9. The experiences of paramedics who took part in the AIRWAYS2 study**

This online survey explored the impact on their views and practice of paramedics who had taken part in a large national study of airway management.

### **10. SATIATED**

This study used a manikin to test the impact of training paramedics in a technique to manage an airway which was soiled i.e. if a patient had vomit or blood in their airway when intubation was attempted.

### **11. The ideal urgent and emergency care system: public and healthcare staff perspectives**

YAS staff were interviewed for this study linked to the Connected Health Cities program.

### **12. Exploring paramedic clinical reasoning when caring for children with a non-time-critical illness or injury**

Paramedics were invited to take part in interviews for this PhD study.

### **13. An exploratory study to assess the role of individual and lifestyle factors on NHS ambulance workers' wellbeing**

This is an interview study for a Professional Doctorate student.

### **14. Exploring the Impact of alcohol licensing in England and Scotland**

This study is collecting data from ambulance services to examine patterns of demand related to alcohol licensing.

### **15. Exploring the experiences of Community First Responders.**

This student study interviewed YAS Community First Responders about their role.

**16. MATTS (Major Trauma Triage Tool Study) validation and service evaluation: The diagnostic accuracy and real-life performance of major trauma triage tools.**

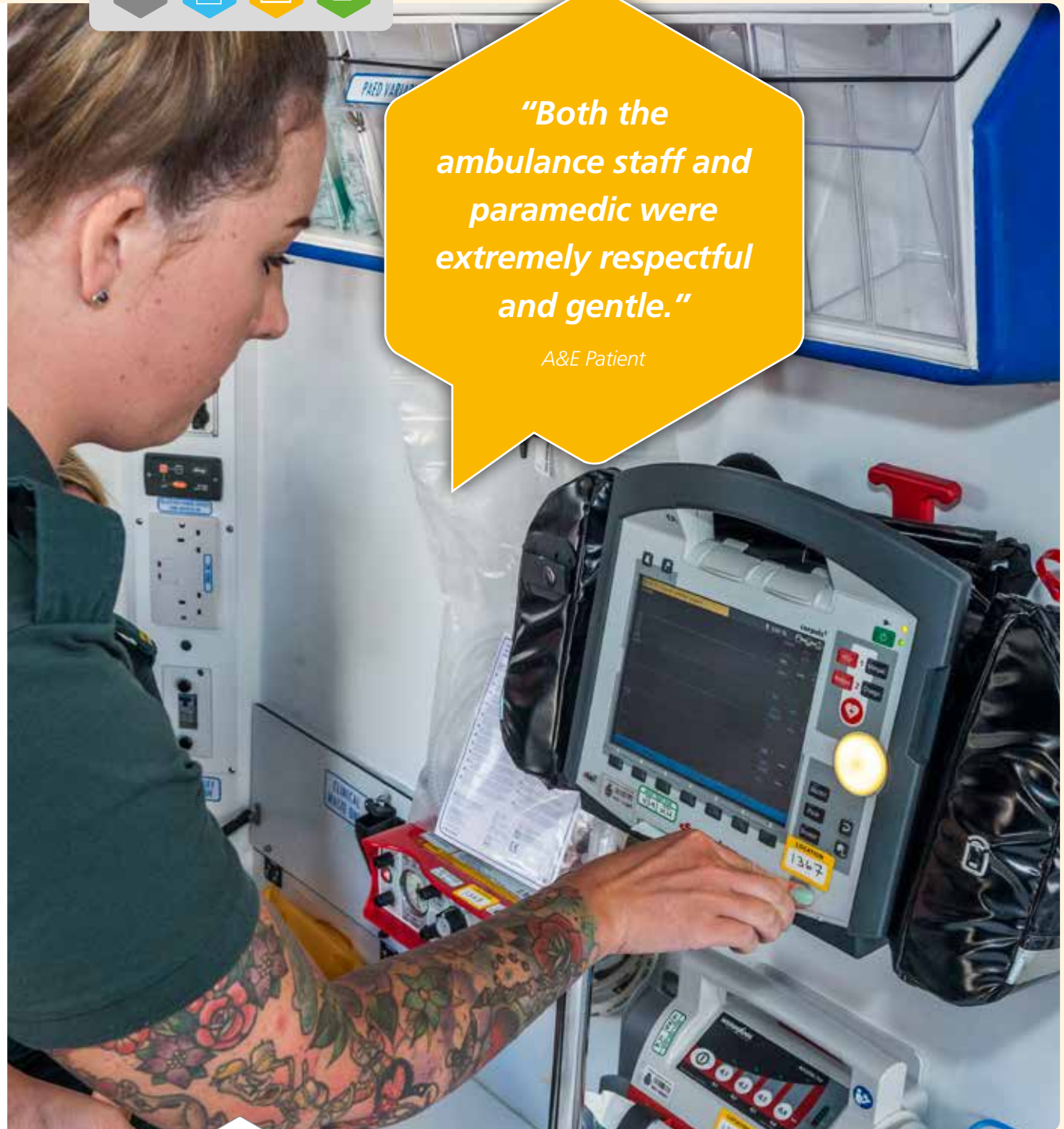
This study aims to develop accurate, acceptable and usable pre-hospital triage tools for use in NHS trauma networks, which effectively identify patients with the potential to benefit from MTC care and optimise over/under-triage. This complex study will begin in 2019 and take almost three years to complete.

**17. Promoting psychological resilience in the health professions**

This study aims to evaluate an intervention (staff training) to improve psychological resilience, self-efficacy and mental flexibility. Staff attending the training will have follow up interviews and surveys. This study will begin during 2019.

**18. The Bridlington Eye Assessment Project (BEAP) Age-related Macular Degeneration (AMD) Study: Characterising Phenotypes and Genotypes in a UK Population Cohort [BEAP-AMD2]**

Our research paramedics supported this study taking place in Bridlington, with York Hospitals NHS Trust as the lead site, welcoming and taking swabs from older adults who volunteered to have their eyes assessed.



*“Both the ambulance staff and paramedic were extremely respectful and gentle.”*

*A&E Patient*



## Publications:

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3. Brown, T.P., Booth, S., Hawkes, C.A., Soar, J., **Mark, J**, Mapstone, J., Fothergill, R.T., Black, S., Pocock, H., Bichmann, A. and Gunson, I., 2019. *Characteristics of neighbourhoods with high incidence of out-of-hospital cardiac arrest and low bystander cardiopulmonary resuscitation rates in England*. European Heart Journal- Quality of Care and Clinical Outcomes, 5(1), pp.51-62.
4. **Faqir I**, OP09 A project to improve system performance and patient flow in the emergency operations centre in identification of high risk silver trauma service users who have suffered a traumatic head injury. BMJ Simulation and Technology Enhanced Learning 2018;4:A10.
5. **Hodge, A.**, Swift, S. and Wilson, J.P., 2018. *Maintaining competency: a qualitative study of clinical supervision and mentorship as a framework for specialist paramedics*. British Paramedic Journal, 3(3), pp.10-15.
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7. McTague L, **Hodge A**, Williams C, Taylor P, Kyeremateng S. *Enhancing community health outcomes (project ECHO): developing a community of practice for paramedics in end of life care*. BMJ Support Palliative Care 2019;9(Suppl 1):A1–A71
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12. **Pilbery, R.** and Teare, M.D., 2018. *Do RATs save lives? A retrospective analysis of out-of-hospital cardiac arrest in an English Ambulance Service*. Irish Journal of Paramedicine, 3(2).
13. **Pilbery R**, Teare MD, Lawton D. *Do RATs save lives? A service evaluation of an out-of-hospital cardiac arrest team in an English ambulance service*. British Paramedic Journal 2019, vol. 3(4) 32–39
14. **Pilbery, R.**, Teare, M.D. and **Millins, M.**, 2018. *Soiled airway tracheal intubation and the effectiveness of decontamination by paramedics: a randomised controlled manikin study protocol*. British Paramedic Journal, 3(3), pp.16-22002
15. **Stead S**, Datta S, Nicell C, Hill J, Smith R, *UK ambulance services: Collaborating to provide good end-of-life care*. European Journal of Palliative Care. 25 (3) 112-115 (2018)
16. Tovey O, Tolson J, **Vinand A**. *Communication in a crisis in UK ambulance services: What is needed to improve incident communication?* Journal of Business Continuity & Emergency Planning, Volume 11 / Number 4 / Summer 2018, pp. 309-316(8)





## Medicines Management

### New developments

1. The new medicines process pilot has been approved and a project team has been set up to complete the work. This will try out new ways to store medicines making it safer for patients by improving the checking and replacement services for frontline staff.
2. A Drugs and Therapeutics Committee which is a multi-disciplinary team composed of doctors, pharmacists, paramedics and nurses has been formed. The committee reviews medications and selects drugs to be included in the YAS formulary based on safety and how well they work. The selected drugs are limited to use within an urgent care environment, i.e. they require to be prescribed urgently to meet patients' clinical needs.
3. The YAS Drugs and Therapeutics Committee is responsible for compiling, maintaining and updating the formulary. The group works together to promote clinically sound, cost-effective medication therapy and positive therapeutic outcomes.

### Patient Group Direction (PGD) update

Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber, such as a doctor or nurse prescriber.

Our suite of PGDs has been reviewed and updated. Specialist paramedics (SP) have had codeine, a drug given as pain relief, added to their formulary, but currently it is only being used by the SP staff on the internal rotation programme until a new process can be confirmed to allow all other SPs to efficiently withdraw it from storage at the beginning of their shift and return it at the end.

New PGDs for the critical care paramedics have been approved:

1. Hypertonic saline solution 5% for the emergency management of raised intracranial pressure and developing cerebral herniation in patients with traumatic brain injury.
2. Magnesium sulphate 20% will be available for administration for:
  - Severe/life-threatening asthma unresponsive to first-line therapies
  - Anaphylaxis unresponsive to first-line therapies
  - Eclampsia (Seizure Management)
  - Tachyarrhythmias unresponsive to first-line therapies.

### Controlled Drug Serious Incident (SI)

During July 2018 the Trust reported a serious incident relating to controlled drugs has been investigated and a number of changes have been recommended and actioned:

1. A full audit of the withdrawals and returns of morphine was undertaken at each station by the Clinical Managers. This was presented at Medicines Optimisation Group (MOG) and Clinical Governance Group (CGG). No concerns were highlighted. It has been recommended that the Locality Manager for each station performs the same audit to review the withdrawals and returns, each station must be audited within a three-month period. Looking at a minimum of one week's documentation. This will allow a more robust way to ensure that controlled drugs are being managed appropriately and to quickly identify any areas for concern.
2. MOG, in conjunction with the Supplies and Procurement team, have reviewed the maximum and minimum levels in each station and are monitoring the stock. A monthly report is presented at MOG, any anomalies will be investigated.
3. Morphine administration that is collected on the ePR will be presented in a report to be monitored at monthly MOG meetings.
4. The internal audit team will perform a full audit on the controlled drug process.



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

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

### Patient Safety Alerts

In 2018-19, NHS Improvement issued four Patient Safety Alerts which were relevant to Yorkshire Ambulance Service:

**NHS/PSA/RE/2018/007** - Management of Life Threatening Bleeds from Arteriovenous Fistulae and Grafts – Notices have been issued to all frontline staff and both the Dispatch Academy (999) and NHS Pathways (NHS 111) have been alerted to this.

**NHS/PSA/RE/2018/003** - Resources to Support the Safe Adoption of the Revised National Early Warning Score (NEWS2) – Deputy Medical Director championed NEWS2, articles were issued in *Staff Update* and included in the new ePR (electronic Patient Care record).

**NHS/PSA/W/2018/009** - Risk of Harm from Inappropriate Placement of Pulse Oximeter Probes – Staff alerted and action ongoing – Clinical Lead assigned.

**NHS/PSA/RE/2018/008** - Safer Temporary Identification Criteria for Unknown or Unidentified Patients – Staff alerted action ongoing – Clinical Lead assigned.

YAS has a defined process for responding to and communicating Patient Safety Alerts. All alerts are entered and tracked via the DATIX reporting system for audit purposes and those relevant to YAS are discussed and tracked to completion via the Incident Reporting Group (Patient Safety), Trust Procurement Group (Devices and Equipment) and the Health and Safety Committee.



## Goals Agreed with Commissioners 2019-20 \*

	CQUIN	AIM	VALUE
National	<b>CCG2 Staff Flu Vaccinations</b>	% frontline staff who received flu vaccination between 1 September and 28 February	>60% to 80% (full payment only achieved for performance above 80% of staff)
	<b>Mental Health teleconferencing</b>	To scope and implement a teleconferencing service to allow improved access to support and advice for mental health patients that contact the 999 service.	0.25%
A&E	<b>CCG 10a Ambulance – Access to Patient Information at Scene (Assurance)</b>	Achievement of NHS Digital’s assurance process for enabling access to patient information on scene, by ambulance crews via one of the four nationally agreed approaches	Pass/fail on quarterly basis
	<b>CCG 10b Ambulance - Access to patient information at scene (demonstration)</b>	Achieving 5% of face-to-face incidents resulting in patient data being accessed by ambulance staff on scene.	5% quarterly average (assessed in quarters 3 & 4 only)
PTS	<b>Develop and implement a Patient Experience App</b>	This indicator aims to support YAS PTS to develop and pilot a new, more responsive approach to collecting and evaluating patient experience information. Central to this new approach will be the introduction of a patient experience survey application (developed by Elephant Kiosks) and mobile collection units, which will enable the service to efficiently collect real-time, region-specific patient experience information.	£621,000

(\*see page 114 for achievements against 2018-19 CQUINS)

## What Others Say About Us



### Care Quality Commission (CQC)

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

- YAS is registered with the CQC and has no conditions on registration.
- The CQC has not taken any enforcement action against Yorkshire Ambulance Service during 2018-19.
- YAS has contributed to a CQC system-wide review within the Leeds Health Economy that focused on care provision for the older person.

As part of its routine programme of scheduled inspections, the CQC inspectors visited the Trust in September and October 2016 to carry out detailed assessments of five domains of quality and safety (shown below) in all YAS services including NHS 111 and their overall judgement is 'Good'.

Outcomes - 1 February 2017	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Good	Good*	Good	Good	Good
Patient transport services (PTS)	Requires improvement	Good	Good*	Requires improvement	Requires improvement	Requires improvement
Emergency operations centre (EOC)	Good	Good*	Good*	Good*	Good	Good
Resilience	Good	Outstanding	Good	Good*	Good	Good
NHS 111	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good*	Good	Good

\* Focused inspections do not look across a whole service; they focus on the areas defined by the information that triggers the need for the focused inspection. CQC therefore did not inspect all of the five domains: safe, effective, caring, responsive and well led for each of the core services they inspected.



The Trust developed a continuous quality improvement plan to support the journey from 'Good' to 'Outstanding'. There were a number of 'must do' and 'should do' requirements from the last CQC inspection and these improvements have been implemented. We are never complacent and work to continuously improve the quality of our services year on year. In 2018-19 we completed an internal 'mock' CQC inspection, supported by peers from another ambulance service, our Critical Friends Network and a number of subject matter experts from within the Trust. This internal inspection led to further embedding of standards and ensures consistent practice across all areas.

YAS continues to monitor and manage the specific PTS plan through a robust monitoring process via the PTS Governance Group.

We have made significant progress against the areas for improvement which were highlighted, specifically these have been:

- Action to strengthen Trust-wide management and leadership with the commencement of our Leadership in Action programme supported by &Partnership – a company specialising in leadership development.
- Work is on-going to develop and implement a strengthened workforce and training plan.
- A continued focus on standards of cleanliness and infection, prevention and control specifically in PTS.

- First year of our Quality Improvement Strategy has been underway during 2018-19 and has had an excellent level of staff engagement and improvements across a variety of areas.
- We have continued to use a quality improvement approach to standardising procedures and practice across PTS, helping to spread and sustain best practice. This included equipment, training, moving patients safely, preventing falls and caring for children in transit.

The CQC has confirmed their inspection during early 2019-20 and the Trust is now looking forward to the next steps in our continued journey to maintain high quality and well-led care.

### DATA QUALITY

YAS did not submit records during 2018-19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This requirement does not apply to ambulance trusts.

The Digital Services Platform (DSP) Toolkit is a performance and improvement tool produced by NHS Digital and draws together the legal rules and central guidance in relation to the security of information and presents this in one place as a set of 40 assertions (requirements) subdivided into mandatory and non-mandatory standards. The purpose of the assessment is to enable NHS organisations to demonstrate their compliance against the law and central guidance and gives an indication as to whether information is handled and processed correctly, protected from unauthorised access, loss, damage and destruction. The assessment rating scheme is simply either 'Met' or 'Not Met'.





In 2018-19 YAS has taken the following actions to identify and mitigate information governance and data security risks and strengthen our assurance:

- A review of all policies, procedures and contractual arrangements was undertaken in readiness for implementation of the General Data Protection Regulations in May 2018, along with implementation of an updated Data Protection Impact Assessment (DPIA) process.
- The Trust Publication Scheme was updated to reflect General Data Protection Regulation (GDPR) requirements including privacy notices and fair processing arrangements.
- Continued engagement and development of our established network of Information Asset Owners (IAOs) through a well-embedded risk review process which allows us to undertake information governance and data security checks within IAOs' respective business areas and identify areas for improvement.
- We have revised our Data Security training for staff and volunteers in line with national content Caldicott Principles, which are six principles that organisations should follow to ensure that information that can identify a patient is protected and only used when it is appropriate to do so, GDPR and the National Data Guardian's 10 data security standards.
- Information Asset Registers and Records Of Processing Activities (ROPA) have been reviewed in accordance with regulations and to determine the lawful bases for processing of data.

- Staff training in the use of YAS systems that support the provision of care has included messages regarding the importance of security and accuracy of data.
- The annual clinical audit programme includes audits that measure YAS adherence to the health records keeping standards and best practice in line with the Health Records Keeping Standards guideline.
- We have maintained robust archiving and destruction of records in accordance with our Records Management Policy and retention and destruction schedules.

For 2019-20 YAS have now completed and submitted the Trust's Data Security and Protection Toolkit via NHS Digital. The Trust demonstrated compliance with 36 of 40 assertions including submission of evidence against 99/100 mandatory key lines of enquiry and 44/51 non-mandatory requirements. The four assertions where the Trust has declared 'Not Met' were considered to require strengthening of our existing evidence in order to declare full compliance, these are as follows:

- 3.3.1 Percentage of staff successfully completing the Level 1 Data Security Awareness training. The Trust has made significant improvement in uptake of Data Security Awareness e-learning training to 91.8% by the end of March 2019. An action plan is in place to maintain and improve this level of compliance.

- 9.4.4 Data security improvement plan. The Trust was able to evidence a number of work streams to mitigate data security risk. These are to be formalised into a Data Security Improvement Plan.
- 10.1.2 Contracts with all third parties that handle personal information are compliant with GDPR.
- 10.2.2 Percentage of suppliers with data security contracts in place.

A review of contracts will be undertaken in 2019-20 to provide assurance of robust arrangements for third party compliance with the General Data Protection Regulation.

The DSP Toolkit action plan was signed off by the SIRO.

The Trust was not subject to the Payment by Results Clinical Coding Audit during 2018-19 by the Audit Commission and submitted evidence against all 100 mandatory Data Security and Protection Tool-kit items required and 40 of the 51 non-mandatory items. There were four requirements which were declared as not fully met with an action plan submitted for none complete standards.



# QUALITY ACCOUNT - PART 3

## Mandatory Quality Indicators

Ambulance Trusts are required to report:

1	<b>Ambulance Response Programme (ARP) response times</b>	<p>As part of the delivery of the national ambulance response programme (ARP) Ambulance services are measured on the time it takes from receiving a 999 call to the vehicle arriving at the patients location.</p> <p>Ambulances will now be expected to reach the <b>most seriously ill patients</b> in an average time of <b>7 minutes</b>, this is classed as a <b>Category 1</b> call.</p> <p>We are required to respond to <b>other emergency calls</b> in an average time of <b>18 minutes</b>, this is classed as a <b>Category 2</b> call.</p> <p>For <b>urgent calls</b> we are required to respond within <b>120 minutes</b> for <b>Category 3</b> calls and <b>180 minutes</b> for <b>Category 4</b> calls.</p>
2	<b>Care of ST Elevation Myocardial Infarction (STEMI) patients and Care of Stroke Patients</b>	<p>Percentage of patients who receive an appropriate care bundle.</p>
3	<b>Reported patient safety incidents</b>	<p>The number and, where available, rate of patient safety incidents reported within the Trust within the reporting period and the number and percentage of patient safety incidents that have resulted in severe harm or death.</p>
4	<b>Staff views on standards of care</b>	<p>Percentage of staff who would recommend the Trust as a provider of care to their family and friends (Friends and Family Test)</p>



1 Ambulance Response Times 2018-19			
ARP 3	YAS 2018-19	Lowest Performing Month 2018-19	Highest Performing Month 2018-19
<b>Category 1 Mean Time</b> (Target 00:07:00)	<b>00:07:21</b>	00:08:15	00:06:44
<b>Category 1 90<sup>th</sup> Percentile</b> (Target 00:15:00)	<b>00:12:37</b>	00:14:03	00:11:28

Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons. YAS was commissioned to meet a locally agreed trajectory for Category 1 incidents, not the national ARP standards. Additional funding was provided by commissioners to YAS to achieve the trajectory. YAS delivered the Category 1 trajectory agreed with commissioners during 2018-19.

Yorkshire Ambulance Service NHS Trust has taken the following actions to improve the mean and 90<sup>th</sup> percentile compliance and so the quality of its services, by March 2020:

- Agreed additional funding with commissioners to meet annual increase in demand.
- Agreed additional funding with commissioners to increase the number of calls managed within the EOC without needing to send an ambulance.
- Agreed additional funding with commissioners to reduce response times to Category 1 calls and meet national ARP standards.

2 Care of ST Elevation Myocardial Infarction (STEMI) Patients and Care of Stroke Patients				
	YAS Apr 18 - Mar 19	National Average Apr 18 - Mar 19	Highest Month 2018-19	Lowest Month 2018-19
Proportion of <b>STEMI patients</b> who receive an appropriate care bundle (Published Quarterly)	<b>71.3%</b>	79.8%	79.7%	58.1%
Proportion of <b>stroke patients</b> who receive an appropriate care bundle (Published Quarterly)	<b>97.3%</b>	98.3%	98.9%	95.3%

*(The key issues are the change in the data definitions as well as the timescale for submission. Over 2018-19 there has been a refresh of the ACQI and some of the months have been used by all trusts to test the new data from an audit view point but has meant a number of iterations of inclusion data standards.)*

Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons; changes to the above ambulance quality indicator definitions over this last year; the definitions and new care bundles were introduced in April 2018 this has resulted in a period where benchmarking between trusts has not been possible. This period allowed audit teams to adopt new data sets and submission processes. In addition, YAS has rolled out an electronic Patient Record form known as the YAS ePR, resulting in a change of data collection.

The number of incidents has increased over the year and we can better capture the working impression from the ePR, as well as operational staff adapting to the new documentation and how they record the care they deliver to patients. It has resulted in the reported care bundles for STEMI being lower than expected as staff have not clearly recorded pain scores e.g. in text and not in the observation section.





Yorkshire Ambulance Service NHS Trust has undertaken a number of events to communicate how to complete the YAS ePR as well as including the care bundle information on the 'Toughbook' ensuring information is available at the point the patient is assessed. YAS also intends to continue to review the ePR functions with the intention of supporting staff to document clearly, as well as provide individual feedback to local managers and staff on performance when caring for patients with identified best practice care bundles.

To support the submission of the new clinical data set there is more reliance on analytics. YAS has invested in a new Clinical Informatics and Analytics team and they are working with other trusts to develop a single data dictionary. Nationally, to reflect the challenges to all trusts, there will be a resubmission of data to NHS England of April 2018 to March 2019 data which will be published in June 2019. YAS expects to see an increase in the performance as the proportion of incidents and full data set will be captured at this submission.

<b>CQIs ROSC and Survival to Discharge</b>				
	<b>YAS Apr 18 - Mar 19</b>	National Average Apr 18 - Mar 19	Highest Month 2018-19	Lowest Month 2018-19
ROSC	<b>23.7%</b>	30.8%	25.8%	19.7%
ROSC - Utstein	<b>48.3%</b>	54.5%	63.0%	28.6%
Survival to Discharge	<b>9.0%</b>	10.2%	24.4%	6.5%
Survival to Discharge Utstein	<b>25.6%</b>	29.3%	37.9%	9.1%

Yorkshire Ambulance Service NHS Trust considers that this data is as described; for a number of listed reasons the data should not be compared with past years' reported data; both the process of collection and the submission of cardiac arrest data from April 2018 changed nationally. This for YAS has resulted in less patient outcome data being included; EMS witnessed incidents are no longer reported/ included in the Utstein data.

YAS have been unable to submit complete arrest data over the last six months as survival information from the acute hospitals has not been available in the timeframe required to provide outcome to discharge results. New reporting resulted in a shorter period of time to turn around results which YAS and acute trusts have found challenging.

Yorkshire Ambulance Service NHS Trust has invested in developing the new ACQI with NHS England and using the CIA team, intends to expand the level of analysis in the Trust's data to benefit staff and improve outcomes for patients the following actions to improve the above percentage, resubmission of the complete data for June 2019 publication by NHS England by all ambulance trusts. This should then provide comparable performance data from this point which can be used to support the improvement of the quality of its services, by feedback to clinical staff, evaluation of the impact of ARP and other service improvement initiatives.

## STAFF INSIGHT

*"I am a Locality Manager; my role is one of supporting operational staff at station level as a second line manager, overseeing the clinical supervisor team and their first line management responsibility. I influence patient care by supporting the staff who deliver hands-on treatments and assessments.*

*A happy workforce results in a good patient experience. My favourite part of the role is staff support and it's the reason I applied for the post some four years ago following 26 years' service, which is testimony of how much I enjoy working for the Trust and caring for staff it employs."*

Andy Flavell, Locality Manager



### 3 Reported patient safety incidents

The Trust recognises and values the importance of incident reporting to enable learning and improvement to take place. We encourage our staff to report incidents via the Datix system and they can do this through the 24/7 incident reporting telephone line or via web-based reporting. The following information shows the incidents that have been reported through the Datix system and also includes near-miss reporting.

- Work has been undertaken with the QI Fellows to review the time taken to finally approve grade three incidents within the set Trust timescales. The project continues to be successful and is in the process of being adopted across the Trust. Initial findings have shown a considerable reduction in the average time to finally approve and provide feedback.
- Work has been undertaken with the QI Fellows to review the efficiency of the Frequent Caller reporting process, this has included a review of the management form that the Frequent Caller team use, whilst the project is still underway the initial results are favourable and that the form changes have speeded the process up.
- The tender process for the organisation's new risk management software has been completed and contract negotiations are now underway with the proposed supplier being Datix. Whilst the implementation and benefits will not be seen until late 2019/early 2020 work is underway currently to perform housekeeping on the current system in preparation for transition to the new software.

Keeping our staff and patients safe is the primary focus across the organisation as well as ensuring that the highest quality of care is delivered to patients consistently. This year we have seen an overall decline of incidents which supports the positive impact of learning from incidents and creating a positive reporting culture. One initiative utilised is 'Just Culture' as advocated by NHS Improvement, we are actively working with culture of fairness, openness and learning from incidents that supports staff to feel confident when speaking up about mistakes that have occurred.

New Incidents Reported	A&E Ops	EOC	PTS	NHS 111	Other	Total
<b>Apr 2018</b>	367	58	69	44	34	<b>572</b>
<b>May 2018</b>	409	47	81	60	20	<b>617</b>
<b>Jun 2018</b>	341	43	110	52	48	<b>594</b>
<b>Jul 2018</b>	488	40	106	57	59	<b>750</b>
<b>Aug 2018</b>	457	44	84	54	55	<b>694</b>
<b>Sep 2018</b>	424	41	82	61	58	<b>666</b>
<b>Oct 2018</b>	427	19	130	65	61	<b>702</b>
<b>Nov 2018</b>	410	25	122	65	51	<b>673</b>
<b>Dec 2018</b>	421	58	91	74	43	<b>687</b>
<b>Jan 2019</b>	501	64	90	67	58	<b>780</b>
<b>Feb 2019</b>	348	38	95	71	34	<b>586</b>
<b>Mar 2019</b>	478	41	97	64	38	<b>718</b>
<b>Total</b>	<b>5,071</b>	<b>518</b>	<b>1,157</b>	<b>732</b>	<b>559</b>	<b>8,039</b>



Reported patient-related Incidents	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
<b>A&amp;E Ops</b>	76	79	74	86	72	71	72	80	94	146	70	137
<b>EOC</b>	27	24	25	26	21	23	9	14	33	45	27	25
<b>PTS</b>	28	26	45	40	39	34	54	47	37	28	32	45
<b>NHS 111</b>	33	53	40	60	46	51	57	50	59	57	54	49
<b>Other</b>	3	2	1	6	2	2	5	1	4	4	1	6
<b>TOTAL</b>	<b>167</b>	<b>184</b>	<b>185</b>	<b>218</b>	<b>180</b>	<b>181</b>	<b>197</b>	<b>192</b>	<b>227</b>	<b>280</b>	<b>184</b>	<b>262</b>

A total of 2,457 patient incidents were reported in 2018-19, this was an increase on 2017-18 where 2,379 incidents were reported. The data demonstrates that the culture of reporting is being embraced within the organisation, providing greater visibility of incidents and the development of learning to address these.

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

- We have a high level of internal reporting of near-miss and patient-related incidents, with a low rate of moderate and above harm. We have strong processes in place for early identification of harm and review of this to ensure appropriate learning can take place.

- We support staff to report incidents without blame, promoting a just and learning culture, using the NHS Improvement 'A Just Culture' Guide, issued in April 2018 as our supporting guidance.
- We have developed strong internal links with operational colleagues to support them on their quality and safety agendas, enabling operational response to such issues in a timely manner.
- We have a 24/7 phone line and on-line reporting system making reporting incidents easy for staff wherever they are.
- Harm rates remain low as we learn from near-miss and low-harm incidents, improving systems and processes to protect our patients further.



Yorkshire Ambulance Service NHS Trust has taken the following actions to improve this rate and so the quality of its services:

- Patient safety incidents are reviewed within 48 hours by the Quality and Safety Team and those where moderate harm or above is reported to have occurred. They then subject to a full review within that period to determine if the harm level is accurately described and if the incident meets the criteria for reporting as a Serious Incident (SI) and whether the Duty of Candour, the being open process, applies.
- Feedback is provided to all staff on their reported incidents through the auto-feedback mechanism on Datix and we continue to encourage investigators to report back their findings in person where possible.

We continue to use the *Safety Update* on a monthly basis to share learning from incidents with staff and this has been positively received

- The Trust has developed a zero harm work plan for 2018-23 in conjunction with the Clinical Directorate to improve incident reporting and investigation, amongst other areas.
- The Trust has also improved the investigation element of Datix to include the Yorkshire Contributory Factors Framework (Lawton 2012), a robust systematic tool that can be used to help us identify main root causes as well as contributory factors which can then be used to inform any improvement work that is undertaken.

## Identification and Investigation of Serious Incidents (SIs)

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

YAS has declared 38 serious incident investigations in 2018-19 which makes up less than 0.005% of all incidents reported.

Serious Incidents	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
A&E Ops	0	2	0	0	0	2	0	0	3	4	1	2
EOC	1	0	1	0	0	1	0	0	1	3	0	0
PTS	1	0	0	0	0	1	0	0	1	0	0	0
NHS 111	0	1	0	0	1	1	0	0	1	1	1	1
LCD	0	0	0	0	1	1	0	0	1	1	0	0
Other	0	2	0	1	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>9</b>	<b>2</b>	<b>3</b>



Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons; the Trust expects a low level of serious harm which demonstrates learning from near misses, no harm and low harm incidents.

Yorkshire Ambulance Service NHS Trust has taken a number of actions to improve this rate and so the quality of its services, by continually promoting the reporting of near miss incidents, by sharing learning from cases in the monthly *Safety Update* and by introducing learning programmes from serious incidents, where identified as appropriate. For example, in the last 12 months the cardiac arrest management training has been strengthened following learning from a number of serious incidents that took place during resuscitation.

The Trust has also improved the investigation element of Datix to include the Yorkshire Contributory Factors Framework (Lawton 2012), a robust systematic tool that can be used to help us identify main root causes as well as contributory factors which can then be used to inform any improvement work that is undertaken.

Within the last two years the Trust has appointed a dedicated Serious Incident Investigator; this has enabled an improved quality in investigation and appropriate identification of recommendations and subsequent learning. The current SI Investigator is also a trained Family Liaison Officer which is assisting in correspondence with families under the being open process.

### Medication Incidents

A total of 1,054 medication incidents were reported in 2018-19. These have increased since the last report in 2017-18 and this is aligned to the improved reporting processes which have been implemented within Procurement.

Yorkshire Ambulance NHS Trust considers that this data is as described for the following reasons;

- In quarter 4 of 2017-18 the Procurement team started to DATIX the discrepancies that they found during the weekly audit of the medicines cupboards held within the emergency departments of hospitals; this has led to a general increase in the number of medicines incidents reported each month.

- Yorkshire Ambulance Service NHS Trust Pharmacist produces a separate report detailing the cupboard discrepancies and presents this at the monthly Medicines Optimisation Group to allow the identification of themes of loss of prescription-only medicines. The majority of the incidents are single missing doses or documentation errors.
- Yorkshire Ambulance Service NHS Trust intends to monitor the discrepancies and investigate where necessary and is currently looking to the following actions to improve this and so the quality of its services, by moving towards an electronic process using scanners to record the medicines from procurement to point of administration. This is a long-term plan and will start at the procurement end of the process and progress will be monitored through continued reporting.
- The plan for the future is to scan at the point of administration and link to the electronic patient report form. Capital funding has recently been approved to allow development of this process.

Medication Incidents	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
<b>TOTAL</b>	<b>79</b>	<b>87</b>	<b>91</b>	<b>110</b>	<b>132</b>	<b>105</b>	<b>94</b>	<b>77</b>	<b>85</b>	<b>77</b>	<b>63</b>	<b>54</b>



## 4 Patient Friends and Family Test

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and staff helps identify what is working well, what can be improved and how.

The FFT asks people if they would recommend the services they have used and offers a range of responses.

When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

Since it was initially launched in April 2013, the FFT has been rolled out in phases to most NHS-funded services in England, giving all patients the opportunity to leave feedback on their care and treatment.

Response rates for FFT within the A&E sector are limited by the process as we are only able to approach a small cohort of patients who are not conveyed to hospital after their treatment. All PTS patients are given the opportunity to complete the FFT and the response rate reflects this.

### A&E Friends and Family Test

#### How likely is it that you would recommend Yorkshire Ambulance Service to friends and family?

Extremely likely / Likely	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
North Yorkshire	85.3%	86.4%	91.7%	84.2%	<b>86.8%</b>
Hull and East Yorkshire	93.5%	97.0%	92.6%	90.0%	<b>93.7%</b>
Calderdale, Kirklees and Wakefield	81.5%	95.0%	87.5%	92.3%	<b>89.0%</b>
Leeds, Bradford and Airedale	89.7%	97.1%	82.5%	92.7%	<b>90.3%</b>
South Yorkshire	89.4%	92.9%	86.7%	76.3%	<b>86.6%</b>
Unknown Area	44.4%	8.0%	60.0%	64.0%	<b>41.0%</b>
<b>YAS</b>	<b>84.2%</b>	<b>82.3%</b>	<b>86.3%</b>	<b>84.1%</b>	<b>84.2%</b>

## PTS Friends and Family Test

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

Extremely likely / Likely	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
North Consortia	91.7%	88.1%	89.6%	82.1%	<b>87.9%</b>
East Consortia	94.4%	80.0%	100.0%	91.7%	<b>91.8%</b>
West Consortia	97.2%	90.4%	92.5%	89.0%	<b>92.2%</b>
South Consortia	90.0%	96.2%	91.8%	90.0%	<b>92.0%</b>
<b>PTS (inc unknown area)</b>	<b>91.6%</b>	<b>89.8%</b>	<b>88.9%</b>	<b>87.0%</b>	<b>89.4%</b>





## Patient Transport Service (PTS)

Our Patient Transport service (PTS) is one of the largest ambulance providers of non-emergency transport in the UK. Between April 2018 and March 2019:

- We successfully delivered 934,492 patient journeys.
- Our volunteer car service has completed more than 105,633 of those journeys and covered more than 2,041,218 miles.
- We have more than 40 sub-contractors on the PTS framework who contribute to the successful delivery of our service in the most flexible and sustainable manner to meet our patients' needs. Additional benefit to the local economy and local community transport providers should also be acknowledged. Between April 2018 and March 2019 they delivered 29.3% of our journeys.





Our service aims to create a sustainable solution to patient transport which provides high quality, safe and efficient patient care that is flexible to the needs of those who use it, and those who commission the service. The areas of focus for 2018-19 were:

- The introduction of a revised flow chart and question set for the NHS England Eligibility Criteria for contracts across North Yorkshire helps us to ensure that eligibility criteria is consistently applied to all patient transport bookings. This was achieved by working closely with CCG colleagues to provide education and awareness to healthcare professionals, patients and staff. This has involved joint workshops undertaken with commissioners and colleagues from acute trusts along with patient information sessions. To support this, posters and letters have also been provided.
- Auto planning - in addition to being used in West Yorkshire for all inward journeys up to 11:00am on weekdays, the auto plan software is now being used across North Yorkshire and East Riding of Yorkshire for all pre-booked, inward journeys taking place between Monday and Friday. Taxi resources are now being included in the auto planning software along with Volunteer Car Service (VCS) and YAS resources. This means that the system can select the most efficient resource to transport patients within set Key Performance Indicators. Auto plan settings also allow us to prioritise YAS and VCS resources over taxi use which ensures we do not over-utilise taxis within the plan.

The staff working in the PTS communications hub have the ability to use the live auto-allocation tool to provide the most timely available vehicles for all outward journeys as they become ready. This gives the controllers time to look at other journeys that require immediate attention. Work is still required to ensure all users are aware of the tools available to them. The test system is being used to test auto planning for all journeys inwards and outwards in North Yorkshire and East Riding of Yorkshire. Initial results are positive, it should be noted that the situation can change on the day as patients are 'made ready'.

It will be essential that schedulers are fully aware of what will be required and what they will be looking for when controlling vehicles with pre-planned journeys allocated.

- The development of a new sub-contractor framework with a plan to launch in June 2019 will provide a more robust contracting arrangement and provide greater flexibility and partnership working across the sub-contractor element of our delivery.
- To retain International Standards ISO accreditation, which certifies that a management system, manufacturing process, service, or documentation procedure has all the requirements for standardisation and quality assurance, the PTS business continuity plan must be tested several times a year to ensure it is fit for purpose. PTS has been part of a Trust-wide incident involving telephony failure and has also conducted two mock incidents within the department to test and improve business continuity. In addition, all Team Leaders, Service Delivery Managers and Operational Managers along with some support staff, have attended business continuity training sessions to ensure they are fully aware of their responsibilities in any given business continuity situation.

***'All staff  
have been lovely  
and very kind. Never been  
rushed, all have helped me in and  
out of the ambulance. Can't thank  
everybody enough. Sometimes  
coming home I have had to wait,  
but is to be expected.'***

*PTS Patient*



## Performance against our KPIs – 1 April 2018 - 31 March 2019

SCAR & VOY		Target	2018-19
Patients to be picked up within 120 minutes before appointment	KPI 1	90.0%	<b>94.1%</b>
Patients to be dropped off 120 to 0 minutes before appointment	KPI 2	90.0%	<b>90.6%</b>
Pre-planned patients to be picked up after being marked 'ready' within 90 minutes	KPI 3	90.0%	<b>90.4%</b>
Short-notice patients to be picked up after being marked 'ready' within 120 minutes	KPI 4	90.0%	<b>83.8%</b>

East		Target	2018-19
Patients to be picked up within 120 minutes before appointment	KPI 1	93.9%	<b>93.9%</b>
Patients to be dropped off 120 to 0 minutes before appointment	KPI 2	77.0%	<b>89.0%</b>
Pre-planned patients to be picked up after being marked 'ready' within 90 minutes	KPI 3	90.0%	<b>89.8%</b>
Short-notice patients to be picked up after being marked 'ready' within 120 minutes	KPI 4	83.0%	<b>69.5%</b>

HRW & Harrogate		Target	2018-19
Patients to be picked up within 120 minutes before appointment	KPI 1	92.0%	<b>94.3%</b>
Patients to be dropped off 120 to 0 minutes before appointment	KPI 2	82.0%	<b>90.8%</b>
Pre-planned patients to be picked up after being marked 'ready' within 90 minutes	KPI 3	91.0%	<b>89.7%</b>
Short-notice patients to be picked up after being marked 'ready' within 120 minutes	KPI 4	96.0%	<b>91.1%</b>

West		Target	2018-19
Patients to be picked up within 120 minutes before appointment	KPI 1	94.0%	<b>95.5%</b>
Patients to be dropped off 120 to 0 minutes before appointment	KPI 2	83.0%	<b>84.9%</b>
Pre-planned patients to be picked up after being marked 'ready' within 90 minutes	KPI 3	91.5%	<b>89.0%</b>
Short-notice patients to be picked up after being marked 'ready' within 120 minutes	KPI 4	96.0%	<b>80.5%</b>

We continue to review and standardise our working practices to ensure we are at the forefront in the delivery of patient transport services. PTS staff continue to demonstrate core NHS values in everything that they do and we believe it is in our patients' best interests to continue to receive a service operated by Yorkshire Ambulance Service.



## Contract Management

### Mobilisation of the contract for Medical Non-Emergency Transport (MNET) in Scarborough and Ryedale CCG and Vale of York CCG

A new five-year PTS contract commenced with Scarborough and Ryedale and Vale of York Clinical Commissioning Groups (CCGs) on 1 July 2018, following successful mobilisation. Initial feedback following the mobilisation of this contract has been positive and we are keen to make this contract a success by ensuring that we continue to work closely with all stakeholders to deliver the required outcomes for our patients. We have an excellent collaborative working relationship with the CCGs which has aided successful implementation of the revised application of eligibility criteria which went live on 30 July 2018 and is progressing well. We have also invested in additional staff and new vehicles within the region.

### Improving Quality within PTS

The newly formed Service and Standards team consists of quality, engagement and alternative resource teams. The role of the team is to support and maintain all aspects of quality within PTS. This is achieved through developing standard ways of working and sharing best practice. Work has included:

- The development and implementation of a sub-contractor governance process to support monthly and six-monthly governance checks provide clear guidelines on the inspection of those sub-contractors.

- Revised and improved clinical action cards have been developed and implemented across the PTS fleet, to provide staff with quick-reference information should they need clinical assistance or support whilst dealing with a patient.
- The development of a vehicle checklist to standardise vehicle equipment, consumables and daily or weekly vehicle inspections. This provides documented evidence that checks have been carried out.
- Jump-on vehicle checks (including sub-contractor vehicles) have been introduced to provide assurance that vehicles are clean and fit for purpose.
- A full review of the PTS quality reports has been undertaken by the Head of Service and Standards and PTS Quality Lead. A 'deep dive' has been undertaken into each area of information to provide assurance that the information presented is accurate. All reports have been re-designed and provide an easy to read document with space to provide additional narrative.
- The PTS Team Leader job description has been reviewed and changes approved. To support this, Team Leaders are to be provided with a confidential survey to understand how they see their role and what support or training they require to be able to deliver effectively. The results will inform a programme of planned away-days to provide further training and support.
- All PTS line managers, as part of their annual objectives, undertake a minimum of two back-to-the-floor days per year. They spend time on the frontline of our service getting to know staff, listening to their views and seeing how core roles are carried out, as well as experiencing our service through the eyes of the patient.



*PTS line managers now undertake back-to-the-floor days.*

## PTS Update

PTS Update is a regular newsletter providing information that is specific to staff within the PTS service-line. Hard copies and electronic copies are circulated which support the content shared in Staff Update. Along with the regular updates, one-off publications are produced as required, to alert staff to specific events, instructions, safety alerts or opportunities.

## Staff Huddles

A huddle is a short conversation (maximum 10 minutes) in which team leaders can cascade information to their teams and listen to any issues relating to that day's operations. These could be related to vehicles, staffing or other Trust messages. During 2018 these have become business-as-usual in all areas. Team Leaders record how many staff they have spoken to and take away actions as necessary. Staff report that the huddles are useful for sharing information and gaining a wider understanding of challenges facing PTS on any given day.

*"I have always been treated with a great deal of respect. I always felt as if I was cared about, as well all staff were happy to have a joke and made me feel relaxed. Thank you everyone."*

PTS Patient





## Complaints, Concerns, Comments and Compliments

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
<b>EOC</b>	Complaint	20	16	17	17	18	10	21	13	17	11	11	10	<b>181</b>
	Concerns	5	8	10	15	7	6	11	14	4	12	7	9	<b>108</b>
	Service to Service	15	17	15	26	13	11	11	14	9	9	14	8	<b>162</b>
	Comment	0	1	1	2	3	0	1	2	2	3	0	2	<b>17</b>
	Compliments	2	0	0	0	0	0	1	0	0	2	0	0	<b>5</b>
	Lost Property	0	0	1	0	0	0	0	0	0	0	0	0	<b>1</b>
	PALS Enquiries	3	2	2	1	1	0	1	0	0	0	0	0	<b>10</b>
<b>PTS</b>	Complaint	9	8	6	20	19	13	17	16	20	13	16	14	<b>171</b>
	Concerns	20	31	36	33	28	29	32	25	19	17	26	34	<b>330</b>
	Service to Service	18	18	32	23	32	25	20	28	18	17	20	16	<b>267</b>
	Comment	4	7	4	7	6	11	7	4	7	7	12	0	<b>76</b>
	Compliments	0	0	1	2	0	1	2	0	1	1	0	2	<b>10</b>
	Lost Property	3	2	2	6	4	2	5	3	5	1	6	8	<b>47</b>
	PALS Enquiries	2	6	6	4	3	4	4	3	0	0	5	1	<b>38</b>
<b>A&amp;E</b>	Complaint	21	22	18	18	16	12	23	9	20	23	13	16	<b>211</b>
	Concerns	11	7	6	17	15	11	7	12	9	8	13	14	<b>130</b>
	Service to Service	17	17	12	26	11	13	21	12	13	16	18	17	<b>193</b>
	Comment	10	2	4	4	6	8	9	9	6	9	9	5	<b>81</b>
	Compliments	22	17	10	7	8	3	27	14	1	13	6	15	<b>143</b>
	Lost Property	13	25	35	33	36	28	31	15	30	34	26	23	<b>329</b>
	PALS Enquiries	8	9	17	18	22	11	13	9	8	2	7	15	<b>139</b>
<b>NHS 111</b>	Complaint	45	46	35	39	31	22	32	32	34	46	29	37	<b>428</b>
	Concerns	6	2	2	4	5	4	5	3	5	2	1	0	<b>39</b>
	Service to Service	34	32	43	30	31	29	27	28	15	38	30	20	<b>357</b>
	Comment	5	6	3	5	5	4	3	2	5	6	4	5	<b>53</b>
	Compliments	10	12	16	7	9	7	7	12	11	9	13	10	<b>123</b>
	Lost Property	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	PALS Enquiries	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>



## Timeliness of Responding to Complaints

We aim to achieve 85% of agreed timescales which are met most months. We have a guideline of 25 working days average response time. This has been exceeded every month this year with a year to date average response time of 32 days. During the year there have been delays in accessing patient care records which are a significant requirement for complaint investigations to proceed. The roll-out of the electronic patient care record programme will improve this and we anticipate shorter average response times in the coming year. Standard operational procedures are in place to monitor individual and team workloads and the overall compliance rates are reported to the Board.

Month	% of responses meeting due date	Average response timescale (working days)
April 2018	92	34
May 2018	95	29
June 2018	95	36
July 2018	91	31
August 2018	83	31
September 2018	81	33
October 2018	90	33
November 2018	92	32
December 2018	82	31
January 2019	86	32
February 2019	89	34
March 2019	79	34

Action is taken when themes and trends from complaints are noted, for example we are developing a new customer care learning package to ensure staff learn and develop when complaints have been received about attitude. Also we have undertaken clinical case reviews where complaints are received that indicate potential issues, these are undertaken by the Clinical Team and can inform wider learning across the Trust.

## Critical Friends Network (CFN)

YAS has a number of ways in which engages with the public. The Critical Friends Network (CFN) was launched in 2016 and currently has 16 members from South, West and East Yorkshire. Five of the original CFN members decided not to continue with their membership during last year however the group recruited six new members in their place and, as such, engagement within the group has increased. We continue to strive to increase the diversity within the group and two new members have been recruited who are from a BME background.

Throughout the last year the CFN has been a valuable forum for sharing ideas, gaining feedback and building the patient perception into our service developments. The CFN has provided feedback on a Quality Account, The National Ambulance Service Digital Strategy, the PTS wheelchair SOP, Project A and a Bright Idea submitted by a staff member within YAS. There has been CFN representation at the CQC mock inspections and on the panel for the Quality and Risk Coordinator interviews.

Work has commenced on the Trust's first Always Event pilot, which has been co-designed with the CFN. One CFN member also helped to co-produce a training programme for staff members within the Clinical Hub as part of a Quality Improvement project by one of the Trust's QI Fellows.

One of the challenges has been in growing the CFN and this will continue to be a focus for 2018-19. At present the CFN doesn't have any representation from residents of North Yorkshire. Like last year, efforts will be made to continue to increase diversity within the group in terms of protected characteristics. Agreements are in place with local GP practices, the PTS Patient Reception Centres (PRCs), the Community Engagement team and Diversity and Inclusion team to build the network further. The planned work programme for 2019-20 includes engagement with specific patient groups, including patients with learning disabilities and people with Dementia via existing established networks in Yorkshire and Humber.

The second way that YAS engages with patients and families is through the use of patient stories. Patient stories are used as a way to learn about the patient experience and also to learn when things go wrong. Patient stories are presented by the Chair at each Trust Board meeting in public and also in education and training for our staff. YAS service users are encouraged to provide their experience via case study stories that are recorded with them and presented at key meetings such as Public Board.



## Performance against Priorities for Improvement 2018-19

### **PRIORITY ONE - Patient Safety: Assurance on the delivery of safe ambulance response through implementation of ambulance response programme and introducing new models of urgent care**

Lead: Stephen Segasby, Deputy Director of Operations

Year one of implementing the national Ambulance Response Programme (ARP) has remained on track which is shown by our achievement of the standards and new service model which ensures we are sending the right response, at the right time to all incidents.

### **PRIORITY TWO - Patient Safety: Embed and integrate the Critical Friends Network (CFN) and strengthen the Patient Experience programme.**

Lead: Clare Ashby, Associate Director of Quality and Nursing

During 2018-19 the CFN has continued to grow, increasing its membership to seventeen very engaged members who are proactive in their contributions to service developments at YAS. To date, two quarterly meetings have taken place gaining valuable feedback on the Quality Improvement Strategy and projects, working collaboratively on medicines management and assisting in research developments.

Co-production of Always Events was the focus of October's CFN meeting and this is a key development for patient experience at YAS in developing a set of Always Events across the service, piloting within the PTS initially. Another step forward this year has been the introduction of patient representatives on interview panels, with one member of the CFN assisting in the recruitment of the Quality and Risk Coordinator (Patient Experience) in August.

Aside from the CFN, bespoke co-production work has also taken place with dementia patients and carers; with a positive piece of work taking place with the Sheffield Dementia Involvement Group (SHINDIG) to gain an insight on how we can improve our services for people with dementia.

		
Achieved	Partially Achieved	Not Achieved





## Performance against Priorities for Improvement 2018-19

### **PRIORITY THREE - Clinical Effectiveness: Improvement in patient outcomes with key conditions: cardiac arrest, paediatrics, patients at the end of life**

Lead: Dr Steven Dykes, Deputy Medical Director

Ensuring that patients who suffer from an out-of-hospital cardiac arrest get the right treatment fast is vital for their long-term survival and quality of life. The chain of survival is still a key element of YAS's strategy and we continue to improve our response to peri-arrest and cardiac arrest.

Improved education of cardiac arrest management is now part of clinical refresher programme, led by Clinical Development Managers. The new style clinical refresher started in November and has received positive feedback from attendees. The training also includes embedding the use of the new Corpuls monitor/defibrillator and new iGels into routine clinical practice, and concentrates on the human factors involved in resuscitation.

Automated External Defibrillators have recently been installed on PTS ambulances, meaning that all our frontline ambulances have defibrillator capabilities, improving our response to patients in cardiac arrest.

		
Achieved	Partially Achieved	Not Achieved



## Performance against 2018-19 CQUINS

A proportion of YAS income in 2018-19 was conditional on achieving quality improvement and innovation goals agreed between YAS and any person or body we entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the goals that were agreed for 2018-19 and the following 12-month period are available electronically at: [www.yas.nhs.uk](http://www.yas.nhs.uk)

### NATIONAL CQUINS

#### **CQUIN 1a – Introduction of health and wellbeing initiatives -** *To encourage staff in healthy lifestyles and to ensure adequate health and wellbeing support for staff.*

The 12-month health and wellbeing action plan was developed and delivered a number of key initiatives across the organisation; this includes the MSK back-care workshop project which was a great success.

Mental health first aid training has continued with a hope that this can be rolled out further across the organisation.

A number of key national campaigns have been delivered to engage staff with improving their health and wellbeing.

A diagnostic exercise has been carried out with stakeholders to support the planning for 2019-20.

**Total value: £143,108 – achieved in part**

#### **CQUIN 1b - Healthy food for NHS staff, visitors and patients -** *Ensure that healthy options for food and beverages are available for staff and visitors to the Trust.*

YAS continues to work with catering suppliers ensuring healthy food choices are available for all staff and visitors.

Gluten-free meals and bread are also available on request.

YAS will continue to ensure there is adequate provision of healthy food and beverages available to all staff and visitors who visit the premises.

**Total value: £143,065 – achieved in full**

#### **CQUIN 1c - Improving the uptake of flu vaccinations for frontline staff to 75% by March 2019 -** *To achieve a 75% uptake of the flu vaccine by frontline staff by March 2019.*

This year's flu vaccination campaign has been a huge success with the Trust achieving a 65.0% vaccination rate amongst frontline staff.

The planning for 2019/20 campaign will commence in the spring with the aim of achieving 75% uptake rate.

**Total value: £143,065 – achieved in part**



## A&E CQUINs

### **CQUIN A Local – Proportion of 999 incidents which do not result in transfer of the patient to A&E**

*To achieve a 0.5% target increase for both Hear and Treat and See and Treat individually with an overall 1% increase in non-conveyance.*

**Total value: £143,108 – achieved in part**

### **CQUIN B local – End-to-End reviews**

*To use the end-to-end review process to review a patient journey across organisational boundaries to identify, communicate and act upon shared learning.*

YAS undertakes investigations to learn when things have gone wrong and to make improvements to ensure the highest quality of service and care is delivered at all times. Investigations in YAS have improved over recent years, however in order to develop the process further it was highlighted that more collaborative working is required to ensure appropriate lessons are learned through working with relevant care providers. Monitoring of the effectiveness of end-to-end reviews and the actions and learning identified is conducted and tracked to ensure implementation. Reviews also take place to assess the effectiveness of the actions based on subsequent incidents reported and quality of care delivered.

This process has continued throughout 2018-19 and six end-to-end reviews have taken place in total (two more planned before end of 2018-19). These reviews have involved acute trusts, GP surgeries, care homes, out-of-hours GPs, local CCGs, NHS 111, YAS PTS and YAS A&E. The reviews have proved to be an efficient way to share information and learning across providers to ultimately improve patient care in the future.

Some of the key learning and actions to come out of these reviews include:

- An Acute Trust agreed an internal process in regard to making YAS aware to flag addresses for children when a Limitation of Treatment Agreement (LOTA) is in place. A LOTA outlines the end-of-life care and symptom control guidelines for children and young people with cancer who requiring palliative care.
- Changes were made to the NHS 111 Directory of Services for clear instructions of how to access an out-of-hours GP practice.
- YAS PTS distributed the Clinical Action Card to all staff which advises them of the pathway to follow should a patient present as unwell on PTS's arrival.
- Clinical refreshers are to take place within YAS for end-of-life care.
- GP practice taking on board an action to provide worsening advice to patients and their families upon booking an ambulance to support them to recognise worsening symptoms and know what action to take.

**Total value: 214,405 – achieved in full**

### **CQUIN C Local – Mortality Review**

*To identify, communicate and share learning through the review and systematic analysis of deaths which occur whilst in the care of the Trust.*

**Total value: - £214,619 – achieved in full**



## A&E CQUINs

### CQUIN D Local - Improved management of patients with respiratory illness

*To improve the management of patients with respiratory illness including asthma, Chronic Obstructive Pulmonary Disease and other long term respiratory disease through the introduction of medication delivery devices, alternative pathways and non-pharmacological interventions.*

**Total value: £1,287,715 – achieved in full**

*“Both the ambulance staff and paramedic were extremely respectful and gentle. Excellent treatment, caring and respectful paramedics. Thank you and all your members for a wonderful service. You have literally saved my life more than once.”*

*A&E Patient*



## PTS CQUIN

### CQUIN 1 - Patient Experience App

The PTS CQUIN for 2018-19 required the development and testing of collecting patient feedback by way of an app. The app was a bespoke designed purchased to meet PTS requirements. Following initial development work (including development of the questions) the app was rolled out in early October 2018 across Yorkshire. Staff from the Service and Standards team used tablets to collect patient feedback for the first two weeks. Staff from other areas of PTS have also volunteered to partake in surveying and continue to support data collection. Initial feedback is positive with patients reporting that they welcome the opportunity to provide feedback and speak with our staff. This method provides YAS with real-time feedback from our patients whilst also giving our facilitators the opportunity to feed back any issues to operational teams allowing for speedy resolutions. Our patients have told us that they welcome the opportunity to provide feedback on the day of their journey.

**Total value: £628,000 – achieved in full**

*“Fantastic service. I left something on the ambulance and the ambulance person personally made sure I got it back.”*

*PTS Patient*





## Review of Quality Performance

### NHS Staff Survey Results 2018

The results for the 2018 National Staff Survey are presented as 'themes' and question scores. Themes can be considered as 'summary scores' for groups of questions which give more information about a particular area.

There are in total 10 Themes and these are presented as scores (up to 10). The Themes are:

1. Equality, diversity and inclusion
2. Health and wellbeing
3. Immediate managers
4. Morale
5. Quality of appraisals
6. Quality of care
7. Safe environment – Bullying and harassment
8. Safe environment – Violence
9. Safety culture
10. Staff engagement

The results of the 2018 Staff Survey were confirmed on 26 February 2019 following an embargo stipulated by NHS England.

\*Yorkshire; East Midlands; North East; South Western; South Central; South East; London; West Midlands; Isle of Wight; North West; East of England

### Headline NHS staff survey results for 2018

YAS 2018 Response	YAS 2017 Response	+/-	Average response for sector*	+/-
34%	35%	-1%	49%	-15%

### NSS2018 – Theme results and trends (score out of 10)

Theme	YAS score (2018)	YAS score (2017)	+/-	Average for ambulance trusts (2018)	+/-	Best for 2018	Worst for 2018
1. Equality, diversity and inclusion	8.5	8.3	+ 0.2	8.4	+ 0.1	8.7	8.0
2. Health and wellbeing	5.0	4.7	+ 0.3	5.0	-	5.3	4.5
3. Immediate managers	6.0	5.6	+ 0.4	6.2	- 0.2	6.9	5.3
4. Morale (NEW)	5.7	NA	NA	5.7	-	5.8	4.9
5. Quality of appraisals	3.9	3.7	+ 0.2	4.6	- 0.7	5.3	3.9
6. Quality of care	7.4	7.5	- 0.1	7.4	-	7.8	7.0
7. Safe environment – Bullying and harassment	7.4	7.2	+ 0.2	7.3	+ 0.1	7.6	6.9
8. Safe environment – Violence	8.9	8.8	+ 0.1	8.8	+ 0.1	9.0	8.2
9. Safety culture	6.0	5.7	+ 0.3	6.2	- 0.2	6.5	5.8
10. Staff Engagement	6.3	5.9	+ 0.4	6.2	+ 0.1	6.5	5.7



Compared with the ambulance sector, YAS theme scores are broadly in line with the sector average and of the nine themes (excluding Staff Engagement which is summarised below):

- **3 are above the sector average**  
(1. Equality, diversity and inclusion; 7. Safe environment – Bullying and harassment; 8. Safe environment – Violence)
- **3 are the same as the average**  
for the ambulance sector (2. Health and Wellbeing; 4. Morale; 6. Quality of Care)
- **3 are rated as below the sector average**  
(3. Immediate managers; 5. Quality of Appraisal 9. Safety culture)

At a local level compared with our own results from 2017:

- **7 Themes show an improvement**  
(1. Equality, diversity and inclusion; 2. Health & wellbeing; 5. Quality of appraisals; 7. Safe environment – Bullying and harassment; 8. Safe environment – Violence; 9. Safety culture)
- **1 Theme is rated as worse**  
(6. Quality of Care)

\*NB no comparable data for Theme 4 (Morale) as this is a new category; and Staff Engagement is excluded and summarised above.

### Staff engagement score

Theme	2018 Score	2017 Score	+/-
<b>Overall Staff engagement</b>	<b>6.32</b>	5.99	<b>+0.33</b>
Advocacy	<b>6.60</b>	6.19	<b>+0.41</b>
Motivation	<b>6.74</b>	6.43	<b>+0.31</b>
Involvement	<b>5.64</b>	5.39	<b>+0.25</b>

The overall staff engagement score for YAS is 6.3 out of a possible score of 10. This is higher than the score in 2017 (5.9) and better than the average for the ambulance sector (6.2). The Trust intends to increase the response rate for staff survey using a number of incentives and improved access to the staff survey tool across all service lines.

### Friends and Family test scores (FFT)

Below are the Staff FFT scores for Quarter 3 (as per the 2018 National NHS Staff Survey)

NSS2018	NSS2017	+/-	Average for ambulance sector	Best in sector 2018	Worst in sector 2017
<b>21c. Recommend YAS as a place to WORK</b>					
<b>52%</b>	45%	<b>+7</b>	51%	57%	38%
<b>21d. Recommend YAS for CARE</b>					
<b>74%</b>	68%	<b>+6</b>	71%	79%	44%

Yorkshire Ambulance Service NHS Trust considers that this data is as described for the following reasons because the results were confirmed by NHS England following the lifting of an embargo of the 2018 National NHS Staff Survey results on 26 February. Yorkshire Ambulance Service NHS Trust has taken the following actions to improve this percentage, and so the quality of its services, by repositioning the FFT survey as the Trust's quarterly internal staff survey. The Survey has also been rebranded as Pulse Check and a series of actions have been taken to improve response rates including direct engagement with line managers, regular response updates and using tablets in order to take the survey to staff. Additionally, the Trust has improved communication of the results to staff that have been canvassed for their opinions.

## STAFF INSIGHT

***"I have worked at Yorkshire Ambulance Service for over 16 years.***

***I started on reception in Springhill 1, then moved into Private Ambulance, PTS on secondment and then into the Recruitment department.***

***I am currently the lead for Emergency Care Assistants, which makes me proud to be part of a team that helps recruit people who contribute to saving people's lives."***

Michelle Scott, Recruitment Services Assistant





## Infection Prevention and Control (IPC) Audits

Infection prevention and control (IPC) is fundamental to the safety of both our patients and our staff. YAS demonstrates that it is compliant with the requirements of the Health & Social Care Act 2008 and the Care Quality Commission (CQC) Key Lines of Enquiry. This includes providing our staff with adequate resources to adhere to IPC standards and follow best practice and ensuring that directorates work effectively together, for example Fleet, Estates and Operations, to set and monitor standards.

The key IPC compliance requirements for YAS are:

**Hand hygiene:** All clinical staff should demonstrate timely and effective hand-washing techniques and carry alcohol gel bottles on their person. This includes being bare below the elbows during direct delivery of care.

**Asepsis:** All clinical staff should demonstrate competency in aseptic techniques during insertion or care of invasive devices.

**Vehicle cleanliness:** Vehicles should be clean inside and out and any damage to stretchers or upholstery reported and repaired. Between patient cleans should be undertaken by operational staff at the end of every care episode to reduce the risk of transmission of pathogenic microbes.

**Vehicle deep cleaning:** Vehicles should receive regular deep cleans in accordance with the agreed deep cleaning schedule of 35 days in and line with the agreed Standard Operating Procedures. Effective deep cleaning ensures reduction in the bio-load within the clinical setting.

**Premises cleanliness:** Stations and other sites should be clean and have appropriate cleaning materials available and stored appropriately. Deep cleaning of key clinical storage areas, such as consumable cupboards, medical gases and linen storage areas should take place on a monthly basis. Clinical waste and linen should be disposed of in line with Waste Guidelines.

Audits to confirm compliance with hand hygiene and dress code are undertaken every month by clinical and managerial staff, depending on the location, and results are reported via the Integrated Performance Report and also fed-back to staff on a monthly basis.



		Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Overall Compliance (Current Year)	Hand Hygiene	98%	98%	98%	97%	99%	99%	99%	99%	99%	99%	99%	99%
	Premises	98%	98%	99%	99%	98%	99%	96%	99%	97%	98%	99%	98%
	Vehicles	98%	98%	98%	97%	99%	99%	98%	98%	99%	98%	98%	99%



## Safeguarding

The profile of safeguarding children and adults at risk continues to grow and change and is a key priority across YAS. During 2018-19 both policy and practice have been reviewed to ensure compliance with changes in legislation, local multi-agency procedures and good practice guidance. The Safeguarding team continues to engage and support staff and volunteers across all teams and departments including the EOC, A&E Operations, PTS and NHS 111 to identify safeguarding priorities to ensure staff are able to provide high quality patient care.

The Safeguarding team works across the Trust and with partner agencies, including commissioners, social care and health partners, to review and improve the quality of the safeguarding service provided by YAS staff, ensuring that all YAS employees and volunteers have the appropriate knowledge and skills to discharge their safeguarding function in relation to children, young people and adult. A Memorandum of Agreement is in place between NHS Wakefield Clinical Commissioning Group (CCG) lead commissioner and Yorkshire Ambulance Service (YAS) NHS Trust with all CCGs across Yorkshire and the Humber, NHS England, and the local statutory safeguarding arrangements for children and adults. The aim of this agreement is to ensure that YAS is represented in each CCG area, and is kept informed of any safeguarding issues which require YAS to take to action.

Safeguarding processes and practice are being continually reviewed and strengthened and change in practice is informed by safeguarding audit and evaluation; especially with regard to the quality of safeguarding referrals to Adult and Children Social Care and the education and training of staff. The classroom based safeguarding training session has been evaluated and reviewed in order to meet the needs of different staff groups and service lines.

During 2018-19, safeguarding practice has been enhanced by updating and strengthening current safeguarding team processes and work streams.

### Key Learning from Reviews

The YAS Safeguarding Team has contributed to 14 Safeguarding Child Reviews, 21 Safeguarding Adult Reviews, 2 Learning Lesson Reviews and 13 Domestic Homicide Reviews across the Yorkshire region.

As a result of a number of babies reported to have suffered non-accidental injuries or abusive head trauma in one area of Yorkshire, the safeguarding team undertook awareness raising of bruising, burns or scalds in non-mobile children. Information was included in the April 2018 *Safety Update* and followed up with an article in *Staff Update*. It should be noted that in all occasions where YAS clinicians had contact with these babies they carried out their safeguarding role and responsibilities appropriately.

The *Safety Update* bulletin in February 2019 to inform best practice, revisited the Care Act 2014 definition of an Adult at Risk and the six principles of Safeguarding Adults.

A Case Review highlighted the need to ensure that, in cases where children at the scene of an incident are taken to another address (e.g. a neighbour or family member) that this is clearly documented in the safeguarding referral to allow Children Social Care to locate the child quickly and without delay. The YAS Child Safeguarding Referral was updated to reflect this.

### Safeguarding Referrals

The Safeguarding Children and Adult referral forms are continually reviewed and updated to include any lessons learnt with regard to safeguarding practice.

To improve the quality of information shared with social care and in line with statutory requirements; the referrals forms consist of:

- Safeguarding Children Referral Form
- Safeguarding Adult Referral Form (Adult at Risk)
- Referral for a Social Care Assessment

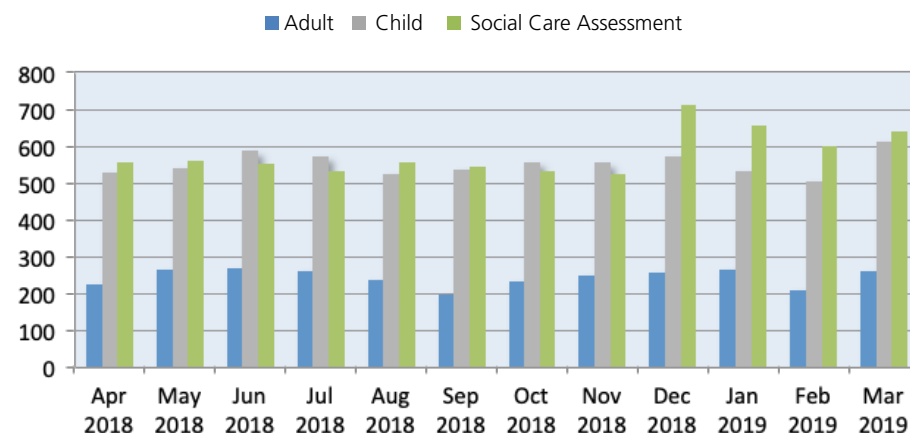
There has been an increase in the number of safeguarding referrals generated by YAS since 2013; this demonstrates the safeguarding agenda is a priority in the delivery of high quality patient care. A quality audit of the safeguarding referral forms, including the request for a social care assessment, evidenced that concerns raised were appropriate and that there was enough information on the forms for Adult and Children Social Care to make contact with the child, family or adult at risk in order to make an initial assessment or enquiry. Positive feedback has been received from local authorities regarding an improvement in the quality of referrals generated by YAS since the new referral form was developed.



## YAS Wide Total Safeguarding Referrals Table

Safeguarding Referrals	Total 2013-14	Total 2014-15	Total 2015-16	Total 2016-17	Total 2017-18	<b>Total 2018-19</b>
Child	3,956	4,441	5,994	5,645	5,744	<b>6,627</b>
Adult	4,401	5,503	6,868	8,855	5,650	<b>2,921</b>
Adult Social Care Assessments					3,448 <i>Since 10/17</i>	<b>6,970</b>
<b>Total</b>	<b>8,357</b>	<b>9,944</b>	<b>12,862</b>	<b>14,500</b>	<b>14,842</b>	<b>16,518</b>

## YAS Wide Total Safeguarding Referrals



## Safeguarding Training

YAS staff are required to complete or refresh their safeguarding training every three years; the current training cycle runs from 2017-20. The eLearning course and the 'Roles and Responsibilities' classroom session together equate to both the Royal College of Paediatrics and Child Health and the Royal College of Nursing safeguarding level two training for adults and children and is aimed at all health workers who have contact with patients, families and the public; including all clinical and non-clinical staff whether this is face-to-face contact or via telephone contact.

Completion of the safeguarding eLearning course introduced in December 2017 continued to increase across all staff groups and service lines and the safeguarding team delivered over 150 hours of classroom based safeguarding training.

Following the publication in August 2018 of the Royal College of Nursing Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate document and the Safeguarding Children and Young People Safeguarding: Roles and Competencies for Health Care Staff, Fourth Edition published in January 2019, Level 3 safeguarding training has been incorporated into the YAS training plan for Ambulance Staff in 2019–20.

### Safeguarding Training Compliance 2018-19

- Safeguarding Children Level 1 Trust-wide compliance has been consistently above 95%.
- Safeguarding Adult Level 1 Trust-wide compliance has been consistently above 94%.

- Safeguarding Level 2 Children developed in December 2017 and increasing monthly and above 93%.
- Safeguarding Level 2 Adult developed in December 2017 and increasing monthly and currently at 93%.
- Trust-wide compliance for Prevent basic awareness has consistently been above 95%.
- Trust-wide compliance workshop to raise awareness of Prevent (WRAP) above 89%.



## Alternative Clinical Pathways

### Clinical Pathways

The Clinical Pathways team work across YAS to establish clinical pathways which aim to ensure

every patient receives care in the right place, based on their clinical need and that we are providing evidence-based, person-centred care.

These pathways vary greatly and cover all types of patient, from those who are acutely unwell with a life-threatening condition to those requiring less urgent care and where hospital and admission to an A&E department may not be the most appropriate option, as well as signposting referrals to support social care needs.

The acute pathways involve diverting patients suffering from an acute stroke, heart attack and other life-threatening condition to the correct hospital, which may not be the nearest hospital to them, where they can receive timely and definitive treatment to minimise disability, deterioration and death. The team works closely with provider organisations to audit and review these pathways and ensure they are correctly utilised by staff and that the pathways and criteria are up to date and in line with best practice and current evidence.

The urgent care pathways are wide ranging and are developed in collaboration with community services, commissioners and, where needed, the acute hospital. The Clinical Pathways team continues to design and develop pathways which utilise community-based services. These can be through a direct referral to a service where clinical responsibility is passed on through a clinician to clinician discussion, such as to district nursing teams; single points of access where a community based multi-disciplinary team (such as community nurse, occupational therapists, respiratory nurses, and physiotherapists) is available to provide wrap-around care to a patient in their own home, with the aim of preventing avoidable admission to an emergency department and providing care closer to home. There are now many single points of access which YAS clinicians can access depending on the location of their patient and these continue to develop across the YAS footprint.

Other pathways are accessed through signposting a patient to a suitable service, such as a community based urgent treatment centre or walk-in centre, where the specification is standard and patients who fit within the specification can be directed to attend these centres, or where appropriate, conveyed by YAS clinicians. These pathways also continue to be developed and reviewed to ensure suitability of patients and the criteria.

This year the Clinical Pathways team has started to work with acute hospitals to develop pathways into wards, where bypassing A&E has been evidenced to benefit the patient.

There are now two pathways into frailty services within two acute hospitals to ensure frail, elderly and complex patients are not delayed in A&E, which has been shown to be detrimental, but that they are directed straight to the correct service in the hospital. Early review of these new pathways shows improved access to a geriatric review and decreased length of stay in the hospital. The team hopes to develop more of these direct access pathways into an appropriate hospital ward or service.

Staff continue to be encouraged to refer patients to the Clinical Hub for conditions not requiring immediate intervention, but where a follow-up may be required to try to prevent a further episode and safeguard patients against deterioration and injury. These have been in place for many years and include patients who have fallen; patients who have suffered a hypoglycaemic episode; patients who have had an epileptic seizure; and those require support with alcohol or substance use. These referral pathways now exist across many areas and the team works with the Clinical Hub teams to ensure that all the information is up-to-date and are reviewing how effective these referrals are in getting the patient to the right place to enable them to receive the support they require. For example, YAS staff refer, on average, over 400 patients who have fallen and these referrals are passed to a community-based falls team who can undertake an assessment of the patients safety, mobility and provide aids and rehabilitation to help prevent future falls.



The Clinical Pathways team has recently rebranded and this was launched across the Trust at the beginning of March. The new and standard format pathways and a new way to identify local pathways on the Trust intranet, depending on which area a crew and patient are in, are now available and embedded across YAS.

The team continues to work across the many directorates of the Trust. Work to develop relationships across the wider YAS workforce and help improve use of pathways, and confidence of staff in accessing and utilising all types of pathway, are helping to ensure patients receive the right care in the right place, using best practice guidance and current evidence.

Positive feedback has been received from local authorities regarding an improvement in the quality of referrals generated by YAS since the new referral format was developed.

### Falls

Patients who have fallen continue to represent one of the most significant areas of demand for YAS, both through contact with NHS 111 and the 999 service.

The Clinical Pathways team is working closely with external providers of falls pick-up services, such as those who work on behalf

of telecare providers or local authorities, and a pathway is now in place which allows these services to support YAS in helping uninjured patients to get up from the floor. This is done through a well governed process and involves triage and agreement from the clinical hub clinician. This pathway helps to minimise length of time patients are on the floor, supporting early mobilisation and support in the home when an emergency crew is not required. This partnership working continues to develop and evolve.

Falls pathways, for patients requiring urgent, same-day support and those who have a less urgent need are continuing to be developed to ensure a timely and safe response.

**Clinical Hub Pathway Referral Comparison 2017-18 and 2018-2019**

Referral Pathway	Total referrals 2017-18	Total referrals 2018-19
<b>COPD</b>	4	<b>1</b>
<b>Diabetic</b>	1,272	<b>1,273</b>
<b>Falls</b>	5,741	<b>5,086</b>
<b>Epilepsy</b>	210	<b>218</b>
<b>Safeguarding</b>	14,773	<b>16,471</b>
<b>Mental Health</b>	21	<b>49</b>
<b>End-of-Life Care</b>	3	<b>6</b>
<b>Alcohol and Substance</b>	315	<b>424</b>

*"I had to phone for an ambulance for my mum; the call handler was fantastic on the phone, her manner and her professionalism, she did everything to reassure us and for that I felt I wanted to tell you how grateful I was."*

999 Caller



## NHS 111

### Service demand and performance

As urgent care services are developing within local health economies across Yorkshire and the Humber (Y&H) patients this year has seen additional access options available to them, particularly extended hours GP services and urgent treatment services, which has resulted in calls to NHS 111 maintaining at similar levels to 2017-18.

During 2018-19 NHS Digital Online NHS 111 tool has been available for Y&H population with 3060 instances per week on average for 2018-19, supporting patients with managing their conditions through this web based service:

- **1,632,514 patient calls answered** (down 0.9% from 2017-18)
- **88.1% calls answer rate against a target of 95%** (down 0.8% from 2017-18)
- **80.9% of clinical calls received a call back within two hours, against a target of 95%** (down 1.6% from 2017-18)
- **663,319 calls to NHS 111 given clinical advice** (45% of triaged calls)
- **119,243 patients directly booked an appointment**
- **11.0% to 999** 14.7% were given self-care advice and 9.5% to ED
- **92% patient satisfaction with the service** (based on the national Family and Friends Assessment Framework YTD up to Quarter 3), last year 91%
- Income and costs aligned to manage within budget

## Integrated Urgent Care

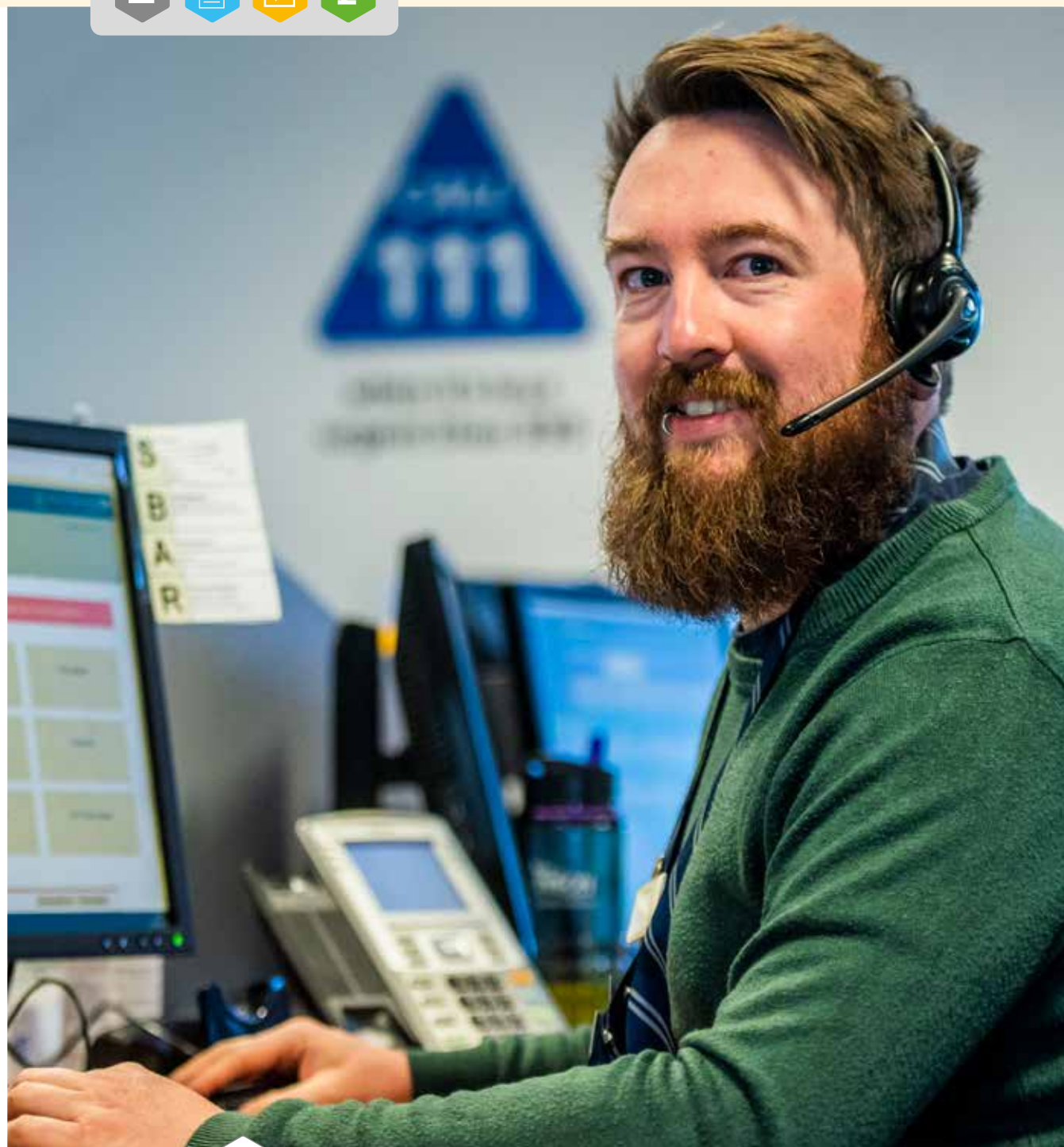
We are delighted to announce that YAS has been selected as the provider for the region-wide Integrated Urgent Care (IUC) service for at least the next five years.

This is excellent news for the Trust and follows the rigorous tender process that we have been involved in since March 2018. Having provided the region's high performing and well regarded NHS 111 service for the last six years, the opportunity for the Trust to transition to the new IUC service is both welcomed and well deserved. It also recognises the fantastic commitment of our frontline staff in the call centres who have supported over eight million patients since its inception in 2013.

In line with our Trust's strategic ambitions to ensure patients and communities experience fully joined-up care responsive to their needs and excellent outcomes, our NHS 111 service will develop to deliver IUC through collaboration with primary care colleagues, other providers and commissioners. We will lead the way in transforming from an 'assess and refer' signposting service to a 'consult and complete' service, where patient needs are resolved through advice, a prescription, or appointment.

For further information on Integrated Urgent Care please refer to the NHS England Integrated Urgent Care specification.

<https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>





## Improving Quality

As part of our ongoing ambition to continually improve the quality of the services provided NHS 111 has enhanced patient pathways through:

- Providing additional clinical advice
- Ensuring more patients receive a direct booking for onward care
- Facilitating rapid clinical validation for ambulance calls considered not to be emergency cases, but urgent care requiring transportation.
- Integrating with the NHS Digital Online tool.

Our staff have received training on two new clinical updates of our NHS Pathways clinical decision support software, introducing new clinical content to support patients further, particularly around Sepsis, CPR instructions and undertaking a validation of calls that require an ambulance as the outcome.

For our clinical staff, a skills assessment process has been undertaken as part of the wider Trust review to create a Clinical Professional Development for clinicians within NHS 111 and CPD sessions have been put in place along with online resources to enhance the skills of our staff.

A cultural development working group was established this year to look at feedback received about how it feels to work within NHS 111, to review the 2017 staff survey results and to also look at how we can work together with staff to embed and 'live' the Trust's values and behavioural framework – Living our Values. The working group will support our staff engagement programme as we progress on with the development of our IUC service.

Of particular excitement as part of our Health and Wellbeing programme from July NHS 111 introduced Schwartz Rounds for staff to share their experiences. Point of Care Foundation is supporting the work and has trained seven facilitators to undertake these learning rounds. Further information is noted below on their purpose.

- Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare.
- The purpose of Schwartz Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care.

- Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles. They also help to reduce hierarchies between staff and to focus attention on relational aspects of care.
- The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work. There have been four rounds so far across both the call centres including 60 to 70 staff and the team has already planned the next 12 months for the service. The topics so far have included 'the patient I will never forget' and 'in at the deep end'. Informal feedback is very positive and a formal evaluation for the first six months is underway.

## West Yorkshire Urgent Care (WYUC)

WYUC has continued to be delivered by Local Care Direct as part of our sub-contract to NHS 111 supporting 258,846 patients with their urgent care out-of-hours needs in West Yorkshire. From 2019-20 Commissioners will have a direct contract with Local Care Direct to deliver this service.



## Inspections for Improvement

The Inspections for Improvement process is a rolling annual programme of ambulance station and vehicle inspections undertaken by members of staff within the Quality, Governance and Performance Assurance Directorate supported by local staff from the inspection site.

Key areas of standards are reviewed such as Information Governance, Infection Prevention and Control, Health and Safety and Security. The process also promotes standards required by regulators such as Care Quality Commission.

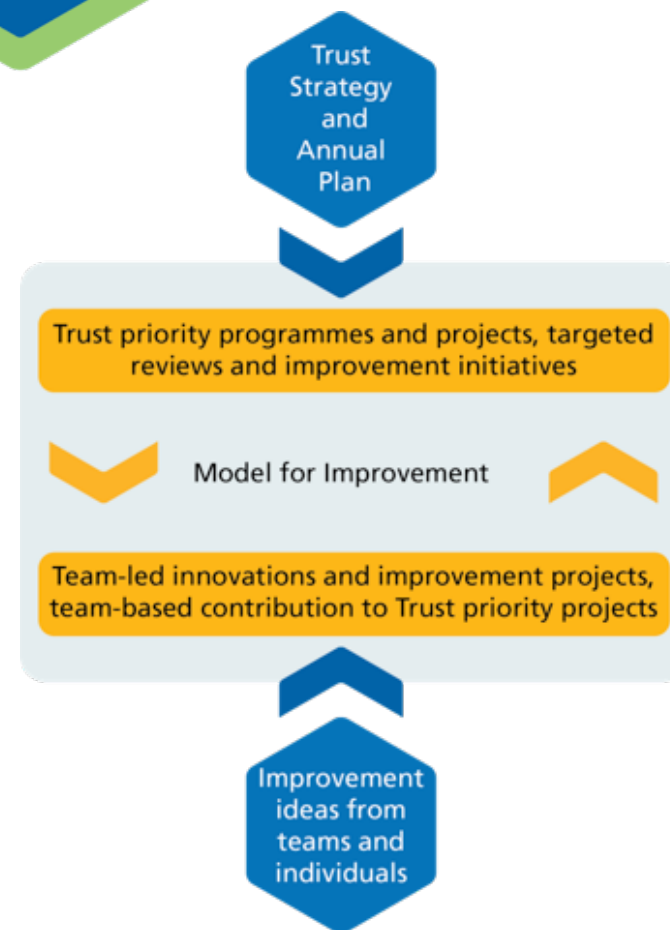
Staff locally are involved and included in the inspection process and encouraged to take ownership of their ambulance station or Patient Reception Centre, dealing with issues as they arise and reporting where they cannot resolve.

The inspection programme has been supported locally by managers and by key support services such as Estates and Medical Equipment. Improvements have been seen year-on-year with 2018-19 focusing on upgrades to station furnishings, fittings and fixtures with some stations receiving extensive refurbishment, including three sites getting ready for implementation of Ambulance Vehicle Preparation on site.

## Quality Improvement (QI)

Quality Improvement is an approach used to improve our service to make it safer, effective, patient-centred, timely, efficient and equitable. We recognise the importance of using a QI approach which is meaningful to staff and accessible to use but sufficiently robust to underpin all programmes of improvement. We use a combined approach, selecting the best elements of available QI models. Over the last year, we have developed our QI Strategy with the aim of working with our patients, their carers, our staff and volunteers to:

- Provide a consistent framework for QI, informed by the available evidence of best practice.
- Best reflect the fast-moving, operational context and widely-distributed workforce of the organisation, allowing for a systematic approach within a flexible overall framework.
- Allow opportunities for applying different methodologies to suit specific projects and developments, without diluting the consistent messages to leaders and staff about the overall Trust approach.
- Recognise that learning can be achieved during failure as well as success and this type of learning reflects the maturity of an organisation.





## Building capacity and capability for Quality Improvement

### The Quality Improvement Fellowship

A fundamental element of the QI strategy is to increase QI capacity across the Trust via the Quality Improvement Fellows process. The QI Fellowship programme is a twelve-month programme designed to be repeated over five years in line with the QI Strategy. The first cohort for the QI Fellowship programme is now complete and employs staff from Emergency Operations Centre, Patient Transport System, A&E, and NHS 111, YAS Academy and the Quality and Safety team. The QI Fellowship is pivotal in gaining the support and confidence of the frontline teams and therefore the successful implementation of the QI Strategy.

The QI Fellows have built up experience over the course of the year and undertaken various training opportunities to enhance their knowledge. All QI Fellows have now completed their gold level QI training which enables them to be able to deliver QI training to staff across the organisation, thus building our capacity around QI. This training has been supported through our partnership with the Improvement Academy.

In addition, each of the QI Fellows has been working on projects aligned with their area of expertise:

### Overview of QI Fellow Projects

QI Fellow	Project
<b>Amy Ingham</b>	<ul style="list-style-type: none"> <li>• Reduction in the use of paper for educational purposes</li> <li>• Improve information for patients/carers being conveyed to hospital</li> </ul>
<b>Carl Betts</b>	<ul style="list-style-type: none"> <li>• Introduction of a mobile phone pack on frontline ambulances</li> <li>• Barnsley District General Hospital simulation suite pilot day for YAS staff (Jan 2019)</li> </ul>
<b>Craig Reynolds</b>	<ul style="list-style-type: none"> <li>• Improving the time to final approval of incidents reported via DATIX</li> <li>• Improving the use of YAS TV</li> <li>• QI app development</li> </ul>
<b>Gareth Sharkey</b>	<ul style="list-style-type: none"> <li>• Reduce time from handover to clear</li> <li>• Creation of a new training programme for paramedics in training in collaboration with the University of Bradford</li> </ul>
<b>Jayne Bradbrook</b> (Start date 01/10/18)	<ul style="list-style-type: none"> <li>• Reducing the number of falls in care homes in Sheffield</li> </ul>
<b>John Porter-Lindsey</b>	<ul style="list-style-type: none"> <li>• Reducing MSK injuries for PTS staff by moving patients safely</li> <li>• Working collaboratively with the Critical Friends Network and colleagues to create Always Events</li> </ul>
<b>Sakina Waller</b>	<ul style="list-style-type: none"> <li>• Improving the self-care advice delivered during telephone triage</li> <li>• Improving collaborative working between the Frequent Caller team and the wider Clinical Hub</li> <li>• Reducing the interview time (and associated costs) for new recruits in EOC</li> </ul>
<b>Spencer Le Grove</b>	<ul style="list-style-type: none"> <li>• Improving the receipt of formal feedback on their clinical practice from acute NHS Trusts</li> <li>• Implementation of the board of frustration</li> <li>• Increasing the availability of crews awaiting a GP OOH phone back</li> </ul>

## Board Development

In January 2019, the Board of Directors began their 'Leadership for improvement – board development programme' led by NHS Improvement.

The programme focuses on enabling boards to know what it takes to lead improvement in organisations where quality improvement is a core enabler to delivering the triple aim of achieving improvements in patient experience (satisfaction and outcomes), population health, and value for money. This programme will run from January 2019 to March 2020.

## Critical Friends Network

The Core QI Team has been working closely with the Critical Friends Network (CFN) to develop their understanding of quality improvement with an aim of developing a cohort of expert patients who can influence decision making at Yorkshire Ambulance Service. The CFN is critical in supporting our improvement work and ensuring that the patient voice is heard throughout our work streams.

## Training and Development

Throughout 2018-19, numerous training sessions have taken place to build capacity and capability around Quality Improvement. Bronze online e-learning is available through the Improvement Academy; silver level QI training has been accessed through the Improvement Academy and subsequently, internally, through our QI Fellows; leadership for QI has been delivered to senior managers across the organisation and further bespoke training has been delivered to teams as requested.



## #Project A

This programme of improvement for ambulance services with frontline staff and patients was announced by Simon Stevens (Chief Executive NHS England) in March 2018. Working collaboratively with NHS Horizons and ambulance trusts around the United Kingdom, the aim of the work is to allow frontline ambulance staff and patients to have a voice in improvement of ambulance services.

Over a two-week period a decision-making group, encompassing Quality Leads from ambulance services across the United Kingdom, the #ProjectA design team and critical friends analysed all 608 ideas to determine which of these ideas to take to the test phase. Twelve themes were identified to test and from these, three themes were selected to be taken forward to the next phase, as follows:

- Falls
- Mental Health Response
- Staff Health and Wellbeing

**Falls** – this work stream will focus on working towards a national framework based on the Welsh Ambulance Trust's Falls Framework designed around five key themes: prevention, supporting community resilience, assessment (hear and treat), response (see and treat) and avoiding further harm.

**Mental health** – this work stream will focus on ambulance staff response to people in mental health crisis or emotional distress and prevent their onward conveyance to Emergency Departments. A human-based mental health prompt card and training is being prototyped in the North West and the collaborative is looking to scale this across other services. In addition the collaborative has provided input to the strategy and workplan of the National Ambulance Working Group on Mental Health and its five work streams to identify the specific inputs that #ProjectA can deliver in support of this strategy.

**Staff wellbeing** – this work stream will focus on improving staff wellbeing by the introduction of a prevention strategy for ambulance services with regard to post traumatic stress disorder (PTSD), testing out models for on-going 1:1 support and exploring the potential for introducing a Schwartz Round model in YAS.

YAS was one of three ambulance trusts across the UK who were selected to support NHS Horizons in a formal capacity in relation to #ProjectA.



Programmes of work	Over the coming year we will:
<p><b>Building capacity and capability</b></p> <p>This programme of work will continue as a key priority in 2019-20.</p> <p>To aim for &gt;20% of employed staff to have a functional level of Quality Improvement knowledge and experience by 2022</p>	<ul style="list-style-type: none"> <li>• Continue to build our capacity and capability through our QI Fellowship Programme</li> <li>• Introduce a QI accreditation scheme for staff to have recognition for their achievements in the use of their QI skills and knowledge</li> <li>• Continue to provide silver level QI training for all staff across the organisation</li> <li>• Provide a QI 'masterclass' for leaders of the organisation</li> <li>• Collaboration with universities to provide QI training to student paramedics</li> <li>• Complete the Board Development Programme with NHS Improvement</li> <li>• Continue to engage with staff and patients to develop the QI profile</li> </ul>
<p><b>Measurement for improvement</b></p>	<ul style="list-style-type: none"> <li>• Develop an internal plan to move from measurement for assurance to measurement from improvement</li> <li>• Work with the Business Intelligence department to develop a deeper understanding of Statistical Process Control charts (continuous measurement)</li> <li>• Training and development for staff in relation to measurement</li> <li>• Work with the Quality, Governance and Performance Assurance Team to develop strength in our measurements for patient safety and investigations</li> </ul>
<p><b>#ProjectA</b></p>	<ul style="list-style-type: none"> <li>• To continue to work collaboratively with NHS Horizons to build improvements for the associated projects</li> <li>• To develop our falls work in line with the Welsh Falls Framework</li> <li>• To develop our mental health work to improve the non-conveyance of patients with mental health needs to hospital</li> <li>• To test and implement interventions that will support our staffs health and wellbeing</li> <li>• To work with #ProjectA to develop a programme of work to improve relationships with our patients and the community</li> </ul>
<p><b>Moving patients safely</b></p>	<ul style="list-style-type: none"> <li>• To develop a Breakthrough Series Collaborative model (a breakthrough series collaborative is a short term learning system that brings together large numbers of teams to seek improvement in a focused topic area)</li> </ul>



## Sign up to Safety

Sign up to Safety is a set of national initiatives in England to help the NHS improve the safety of patient care and aims to reduce avoidable harm by 50%. Launched back in 2014 it is into its fifth year of campaigning. Over 500 organisations from across England have pledged to make care safer as part of Sign up to Safety. Yorkshire Ambulance Service was proud to be one of the first ambulance services to confirm its pledge to safety.

The programme helps to deliver four locally led, locally driven safety improvement projects.

We took part in the National Kitchen Table week from 18-24 March. Staff were encouraged to talk about what safety means to them. There were a number of questions to get the conversations started; we used these both in face-to-face and virtual settings throughout the week and used the responses to understand further our safety culture at YAS.

Supporting honest reporting of incidents is an important part of the Sign up to Safety campaign and NHS England has recently reviewed and relaunched their 'Just Culture' framework for investigation of errors. The NHS Improvement 'Just Culture' framework has been embedded into the YAS incident reporting policy and is continuing to provide a basis for a positive culture ethos within the organisation.

A key Sign up to Safety work-stream is Moving Patients Safely – we have updated the education and training delivered to all staff to support the safe movement of patients. The training programme has been reviewed and staff are now given time to undertake practical sessions, using the equipment provided. Staff feedback following these changes has been very positive.

We have also focused on the equipment we provide to support safe movement of patients and have asked staff what about each piece of equipment to ensure it is fit-for-purpose and stored in a place that makes it easily accessible for use. In the coming year we intend to work using co-production techniques, with service users who have complex mobility needs to develop a patient-held record that states their preferences for moving when they require our care.



*Moving patients safely is a key workstream of Sign up to Safety.*

Incidents of harm to patients and levels of musculoskeletal (MSK) injury to staff have reduced over the four years when these initiatives have been brought together under this safety campaign.

Safety huddles have been implemented and effectively utilised across the Trust in our Emergency Operations Centre, 111 call centre and Patient Transport Service. These have been facilitated with teams on a weekly basis, both face-to-face and via teleconferencing, where the team is geographically dispersed. The perceived effectiveness has not been measured on a quantitative basis but through dialogue with staff there is clear value attributed to their effectiveness, particularly with improving timely communication and subsequently improving service delivery and patient safety.

As the YAS Sign up to Safety campaign enters into its final year, it is time to reflect on what we have learned and decide on our safety priorities for the next 3–5 years. In order to support this we intend to ask our staff and patients about their common safety concerns. Opening up conversations and listening to staff and patients about their own experiences is the best way to highlight the real-life safety issues that we face. Learning from when things go wrong is an important part of any safety culture but it is only the first step, real learning will come when we begin to understand what is happening in teams where things are going well; what are the key things that are taking place to promote this safety culture and this is where our Sign up to Safety campaign is heading next.



## Events Medical and Private Ambulance Service

Within YAS we also have a department that supplies medical services to event organisers and to the region's sports stadia on a commercial basis. These services are in position to deal with medical emergencies that occur within the sports ground or the event footprint without having to pull upon the 999 frontline.

Yorkshire has a number of world class sporting venues that host high profile events such as Premier League football, international and Super League rugby, international triathlons as well as the ever popular Tour de Yorkshire multi-day cycle race.

In 2018 our staff also provided medical cover at a variety of musical performances and also provided ambulances and medical advice to the TV and filming industry, with appearances on regional favourites such as ITV's *Emmerdale* and Channel 4's *Ackley Bridge*.

2019 looks to be another year to look forward to as Yorkshire welcomes the 2019 Cricket World Cup at the Emerald Headingley in July, plus an Ashes Test Match in August. There is also the ICU World Cycling Championships taking place over nine days in September 2019.

We have a dedicated team of staff and a separate fleet of ambulances that undertake these duties.

80 Customers and over 800 events/activities were covered in 2018-19.



*Supporting  
the Tour de  
Yorkshire.*

## Public Health

The ambulance service role in public health is rapidly evolving. A key component of the work of YAS is to work with partners across the public health system utilising local intelligence to operationalise the life course approach in an urgent and emergency care environment.

These partnerships support the delivery of the national ambulance consensus to improve public health and wellbeing and enable the development and implementation of joint and complementary approaches across a range of cross cutting themes. As a result, YAS is increasingly being recognised as a leading member of the wider public health system at a local level and public health and prevention continue to be at the heart of shaping the care that we deliver to our communities.

The last year has focused on maintaining momentum and continuing to embed a public health approach across the organisation.

Achievements include:

- Community health checks delivered across the region incorporating the Making Every Contact Count approach.
- Further integration of Making Every Contact Count principles into core training provision for frontline staff.

- Taking a population health approach to data analysis in order to better understand the needs of our communities.
- Service evaluation of the YAS pathway for alcohol misuse patients in order to inform potential further development.
- Commencement of the process to become a local signatory to Public Health England's Prevention Concordat for Better Mental Health as part of our commitment to the mental health and wellbeing of all our staff.



*Mental health support is an important aspect of our Health and Wellbeing Plan.*

## Looking after our staff

### Employee Wellbeing

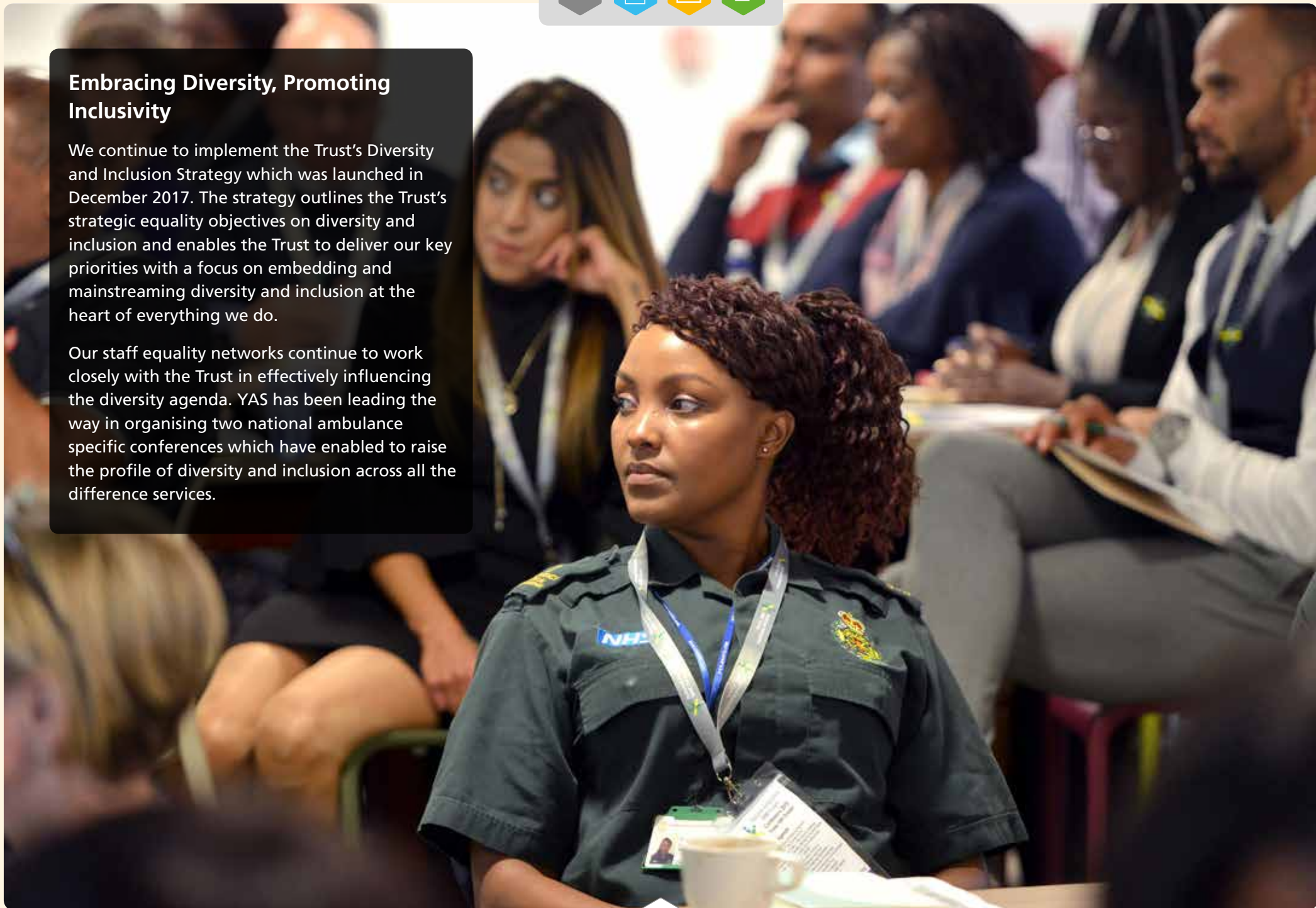
In 2018-19 YAS has further promoted:

- **Post Incident Care (PIC) Process**  
We have reviewed our PIC process and are working through the recommendations set out in the review. Further training is being rolled out to locality managers and other managers across the organisation in Mental Health First Aid Training.
- **Physical Competency Assessment (PCA) for applicants to frontline roles (CQUIN activity)**  
Following a successful pilot, Physical Competency Assessments for all ECA roles has been rolled out with good success. Work will now take place to look at other frontline roles across the organisation.
- **MSK/Back Care project (CQUIN activity)**  
Following a successful pilot, Physiomed has delivered the back care project in our call centre environments and within corporate functions. The evaluation has been positive and we hope to look at how we can further support staff with MSK-related conditions.

## Embracing Diversity, Promoting Inclusivity

We continue to implement the Trust's Diversity and Inclusion Strategy which was launched in December 2017. The strategy outlines the Trust's strategic equality objectives on diversity and inclusion and enables the Trust to deliver our key priorities with a focus on embedding and mainstreaming diversity and inclusion at the heart of everything we do.

Our staff equality networks continue to work closely with the Trust in effectively influencing the diversity agenda. YAS has been leading the way in organising two national ambulance specific conferences which have enabled to raise the profile of diversity and inclusion across all the difference services.





## Freedom to Speak Up

In February 2015 Sir Robert Francis QC published an independent review into creating an open and honest reporting culture in the NHS. The review entitled "Freedom to Speak Up" aims to provide advice and recommendations to ensure that NHS staff feel it is safe to raise concerns, confident that they will be listened to and the concerns will be acted upon. Yorkshire Ambulance Service was one of the first ambulance trusts to commit to the recommendations of the review and continues to influence other NHS trusts as they look to implement the Freedom to Speak Up (FTSU) philosophy into their own organisations.

Yorkshire Ambulance Service was quick to implement the recommendations of the Freedom to Speak Up review and since the appointment of its first FTSU Guardian in June 2016 both staff and volunteers at YAS have accessed the service. In September 2018 the National Guardian's Office published a full report on the number of cases brought to NHS guardians across England during the reporting period 1 April 2017 through to 31 March 2018.



In May 2018 the National Guardian's Office asked Freedom to Speak Up Guardians in all NHS trusts and foundation trusts to review data they submitted to the office on speaking up cases covering all four quarters of 2017/18.

This gave guardians the opportunity to reconcile this information to ensure the accuracy of the data and information provided.

The National Guardian's Office has now analysed this data and has published a full report on the number of cases brought to guardians during the year 2017/18.



### Learning from Freedom To Speak Up

Speaking up data report 2017/18

Between 1 April 2017 and 31 March 2018:

7,087 cases were raised to Freedom to Speak Up (FTSU) Guardians in NHS trusts and foundation trusts.

361  
(5%)

Cases indicated detriment as a result of speaking up may have been involved.

More cases (2,223, 31% of the total) were raised by nurses than other professional groups.

3,206  
(45%)

Cases included an element of bullying / harassment.

2,266  
(32%)

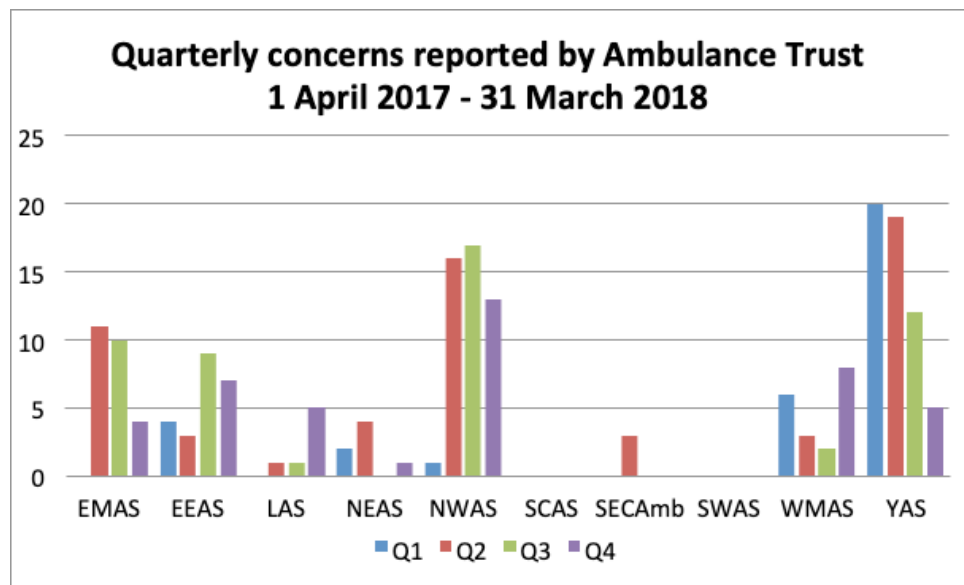
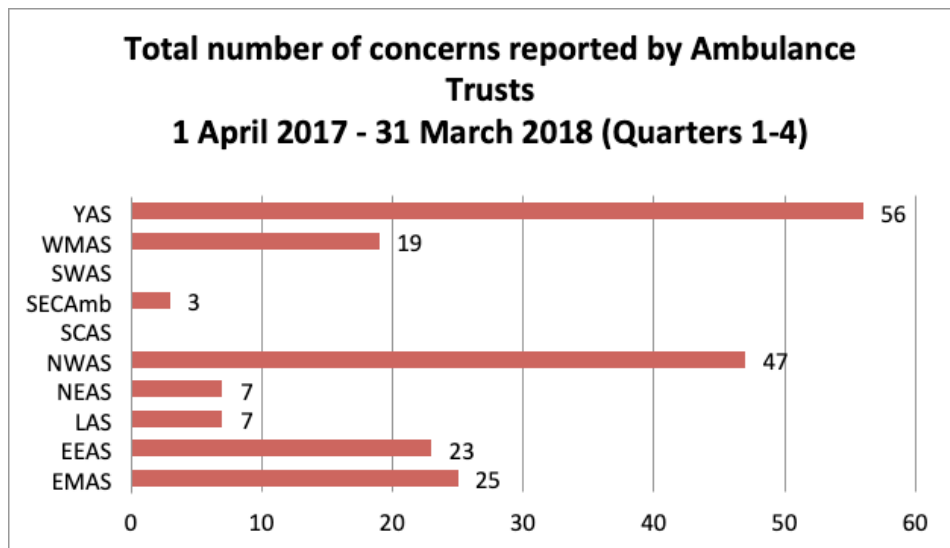
Cases included an element of patient safety / quality.

1,254  
(18%)

Cases were raised anonymously.

6 NHS trusts either did not make a return or reported that they received no cases through their Freedom to Speak Up Guardian in all four quarters

During the same period ambulance trusts in England reported the following FTSU concern activity:



At Yorkshire Ambulance Service all staff, volunteers and contractors can raise concerns directly with the Trust's FTSU Guardian by phone or through a dedicated confidential email address. There is also a dedicated network of FTSU Advocates who can provide support and advice to staff wishing to raise concerns regarding the quality of care, patient safety or bullying and harassment within the Trust. Full contact details are available at the entrance of every Trust building, in addition to them being available on a dedicated FTSU intranet page. The Trust's FTSU policy and strategy can also be downloaded from the Trust's intranet 'Pulse'. With the exception of truly anonymous concerns, all workers who raise concerns through FTSU will receive updates to their concern and feedback on the final outcome, actions to be implemented or lessons learned. They will also be given an opportunity to feed back on their experience of raising concerns through FTSU to ensure that the service continues to meet the needs of all workers at YAS.

Following its annual survey, the National Guardian's Office published recommendations for trusts on how to support their Guardians and promote a speaking-up culture. Senior Trust leaders met with Dr Henrietta Hughes (National FTSU Guardian) in July 2018 during which time they were able to demonstrate how the Trust has embraced these recommendations by providing ring-fenced time for the FTSU Guardian to perform their duties while also providing direct access to senior leaders to escalate patient and staff safety concerns should the need arise.



### 2018 YAS STARS Awards - The Winners

Staff from across the Trust who have gone the extra mile for patients and colleagues were honoured at our inaugural YAS STARS Awards on Friday 23 November 2018 at The Principal Hotel in York.

More than 170 staff and guests attended the event to celebrate colleagues who have inspired others, delivered beyond expectations and are shining examples of all that is excellent about YAS. At the core of the YAS STARS Awards were the values' awards which are aligned to the Trust's new values, One Team, Compassion, Integrity, Innovation, Empowerment and Resilience.

In addition to the main categories there were awards for volunteer and apprentice of the year, commitment to diversity and inclusion, as well as some Chief Executive's Commendations for staff who have performed actions of an exemplary nature.

Huge congratulations go to everyone shortlisted. It was a very difficult task for the judging panel to choose the winners from so many worthy nominations.



### ALF Awards 2019

Andrea Atkinson, Professional Lead for Mental Health, scooped a prestigious Association of Ambulance Chief Executives (AACE) Outstanding Service Awards at the Ambulance Leadership Forum (ALF) 2019. Andrea was presented with the award for Exceptional Service in a Clinical Role (excluding paramedic).

### YAS in the Local Community

Thousands of School children Learn CPR on Restart a Heart Day!

Mission accomplished! This year we provided CPR training to 25,000 youngsters across Yorkshire thanks to more than 700 volunteers who turned out in force to support Restart a Heart Day. This means we have smashed the 100,000 milestone since the event began five years ago!

Yorkshire's gold medal winning Paralympian and World Champion, Hannah Cockcroft MBE, joined YAS Chief Executive Rod Barnes on a visit to one of the 113 participating secondary schools – The Crossley Heath School in Halifax – and learnt CPR.



Hannah, who suffered two cardiac arrests within 48 hours of being born which resulted in brain damage and left her with deformity to her legs and feet and weakened hips, said: *“Restart a Heart Day is a fantastic initiative. CPR is much more strenuous than I expected but I’m really glad I’ve learnt it! The more people who know CPR, the more lives can be saved. It’s that simple.”*

They were joined by Lizzie Jones, widow of Danny Jones, Welsh International and Keighley Cougars Rugby League player, who died aged 29 after suffering a cardiac arrest during a match in May 2015.

Lizzie said: *“It’s wonderful that young adults can be taught CPR in school. I wish I’d had this opportunity and I think everyone who has learnt this is very lucky. I keep praying that it will become part of the national curriculum because it’s such an important skill.”*



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

### Introduction

The following pages contain feedback on the draft Quality Account from our key stakeholders. All of the CCGs, Health and Scrutiny Committees and Healthwatch organisations in the areas covered by the Trust were invited to comment. The replies received are reproduced in full below. Where possible we have acted on suggestions for improvement immediately. Where this has not been appropriate we will ensure that the feedback is reflected in the development of the next Quality Account for the period 2018-19.

As ever, we are grateful to all organisations who have engaged with us in discussions of our Quality Account and who have supported its production with their constructive feedback.

During 2017-18 the Trust was involved in piloting new national Ambulance Response Programme (ARP) standards. These have now been finalised and introduced across the country from April 2018. The Trust is implementing a major programme of change during 2018-20, with commissioner support to ensure full delivery of the standards and associated benefits for patients. The changes to standards in 2017-18 and from April 2018 have meant that it is not possible to present equivalent year-on-year or more localised data for the standards. This is an issue highlighted by a number of our stakeholders and we will continue to work closely with them over the coming months to support updates on delivery of the new performance standards as we progress with implementation of our change programme.





## NHS Wakefield CCG (on behalf of CCGs across the Yorkshire and Humber)

The following statement is presented on behalf of the Clinical Commissioning Groups across the Yorkshire and Humber region. We welcome the opportunity to review and provide comments on the Yorkshire Ambulance Service (YAS) 2018-19 Quality Account.

The document is clear, well designed, and easy to read. It is evident that a wide engagement process has been completed with partner organisations to produce the report. Overall, the Quality Account provides a fair, accurate and transparent reflection of the quality of services provided by YAS, along with a summary of the priorities for 2019-20.

Throughout the year we have had access to a range of information about the quality and safety of services provided which informs our regular dialogue with the Trust. We are assured that this information is thoroughly assessed by the YAS Board and its sub-committees.

Highlights within the report include YAS's model for Quality Improvement (QI) and the QI Fellowship programme to build capacity and capability for improvement; YAS's involvement in #ProjectA; the introduction of Schwartz Rounds for staff in NHS 111; and, of course, the phenomenally successful Restart a Heart Day which provided CPR training to 25,000 of our region's young people. It is positive to see quality improvement work being embraced and valued by frontline staff.

We are supportive of the Trust's four proposed Priorities for Improvement for 2019-2020 which deliver the national agenda or were identified from local learning from incidents. Despite the challenges of increased demand on services YAS has successfully implemented the national Ambulance Response Programme and response times have improved towards meeting the national requirements

Priority 3 is welcome and indicates the intended contribution the Trust will make to the Leeds city-wide priority to the population health management approach to care. We also welcome the Trust's involvement in developing place-based systems for mortality review processes.

The report is enhanced by the use of patient and staff feedback to highlight the direct impact the service has on individuals. The report also demonstrates that YAS is engaging widely with patients, and importantly continually engaging with staff to improve both the quality of care for patients and the experience of being an employee, as demonstrated in the improved staff survey results. The 'what staff tell us' section reflects the importance of feedback from staff to the YAS culture as does the positive reporting levels to the Freedom to Speak Up Guardian.

There is clear evidence that the Trust has participated in both national and local clinical audits. The summary of national and local Clinical Audits and Research and Innovation demonstrates the organisation's commitment to the continuous improvement of services. Commissioners acknowledge the focused work undertaken in relation to the management of Sepsis and promotion of NEWS2.

Support has been provided for staff to undertake research, resulting in two prestigious NIHR awards for staff.

The continuation of the Inspections for Improvement programme of ambulance station and vehicles also promotes the highest standards of quality for the services, and supports the Trust in its preparation for regulatory visits from the Care Quality Commission.

The Patient Transport Service is well embedded within the Quality Account and gives a good overview of current challenges and plans to continue to improve. It is positive to see the new service and standards team for PTS, and it is hoped that this will contribute towards an improvement in ratings following CQC inspection in 2019. It is positive to see the partnership working with CCGs reflected in the document regarding PTS transformation and the introduction of refreshed patient eligibility criteria.

YAS should be commended for their success in retaining and being awarded a number of contracts following competitive tender processes, including Patient Transport Services for most of the region and the new Integrated Urgent Care service (which replaced the NHS 111 contract) from 1 April 2019. The amount of time and resource to prepare and submit a tender, and then mobilise a service following award should not be underestimated.

Commissioners look forward to continuing to work closely with colleagues in YAS across the coming year to ensure services are responsive, of high quality and improve the experience of care for our patients.



## Sheffield's Healthier Communities and Adult Social Care Scrutiny Committee

We welcome this opportunity to comment on YAS's Quality Accounts for 2018-19. We are supportive of the priorities the Trust has identified for 2019-20 - particularly around place based care - which we recognise is important in the drive towards a more integrated health and social care system and we are interested in exploring in more detail what this will mean for patient pathways; and in improving experience for patients with dementia. We would however like to see a little more detail of key actions, how success will be measured and appropriate targets for the Quality Priorities - so that next year we can understand whether we have achieved our ambitions in these areas.

We'd like to thank all the staff at YAS for their hard work in delivering services that are very much valued by people in Sheffield, and look forward to engaging further with the Trust over the coming year.

## Wakefield MDC Adults Services, Public Health and the NHS Overview and Scrutiny Committee

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

The committee has acknowledged that the priorities for improvement have been reviewed through a wide range of groups and individuals and that the Trust has taken into account issues highlighted in feedback from patients and staff and believe that the Trust's priorities identified in the Quality Account broadly match those of the public.

The Committee accepts that the content and format of the Quality Account is nationally prescribed. The Quality Account is therefore having to provide commentary to a broad range of audiences and is also attempting to meet two related, but different, goals of local quality improvement and public accountability. Members acknowledge that the Trust has aimed to use plain English wherever possible and welcomes the production of a summary and easy read versions, which will make the Quality Account more relevant to a public audience.

In order for the public to make sense of information presented requires the provision of standard, consistent and comparable measures, published in a format that enable interpretation and comparison. Priorities for improvement should then be given benchmark or trend information to provide some context for interpretation.

It is not clear from the Quality Account priority areas for improvement which aspects of performance are covered and what types of measures are used. The Quality Account states "A range of measures are agreed for each priority to ensure sustained progress towards each priority aim".

However from a public perspective it offers very little by way of quantifiable evidence to assess quality. The Committee would like to see more detail in the Quality Account in relation to measuring, monitoring and reporting on priorities.

The Committee accepts that emergency response standards have presented a significant challenge within the region with unprecedented levels of activity and notes the actions being put in place to address the challenges presented. The Committee recognises that the national Ambulance Response Programme has been designed to change the way ambulance services respond to 999 calls but believes that performance, on whatever metric is used, has a long way to go to meet public expectations.

Overall the Committee welcomes the Trust's emphasis on collaborative working across the wider health economy and the unique role it can play in the provision of services, both across emergency and urgent care, particularly with a focus on frail older patients, patients with palliative care needs and patients with mental health conditions.

The Committee particularly welcomes the priority area for improvement to improve the experience for patients with learning disabilities and patients who have dementia.

The Committee is grateful for the opportunity to comment on the Quality Account and looks forward to working with the Trust in reviewing performance against the quality indicators over the coming year.



## Healthwatch York

Healthwatch York welcomed the opportunity to review and comment on the Yorkshire Ambulance Service (YAS) Quality Accounts 2018-19. We feel that the priorities for improvement reflect a number of the priorities for people living in York.

We particularly welcome the priority to become a dementia friendly organisation. This fits well with work in our city to become a better place to live for people with dementia. Through this, people with dementia identified increased staff training and awareness as vital, to make sure people with dementia are treated first and foremost as individuals not as a condition or a problem.

We welcome the work this year to broaden the Critical Friends Network and are pleased to hear this remains a priority for the coming year.

It is good to see the inclusion of patient stories and feedback about when things went well and when they didn't go so well.

## Healthwatch Wakefield

Healthwatch Wakefield is pleased once again to comment on the Quality Account of the Yorkshire Ambulance Service NHS Trust ('the Trust') for the year 2018-19. We are pleased to report that the Trust has continued to involve Healthwatch Wakefield on a number of issues.

The opening statement on quality from the Chief Executive, Rod Barnes, reflects on the significant improvements made to the quality of care provided

for service users over the course of 2018-19, whilst recognising that the Trust continues to face challenges particularly regarding unprecedented levels of demand. This is a summary that Healthwatch Wakefield are in agreement with and would take this opportunity to commend the Trust on their continued provision of healthcare services to the people of Wakefield and surrounding areas.

### **Progress against Priorities for Improvement 2018-19**

Whilst it is encouraging to note that Ambulance Response Programme standards are within the upper quartile, Healthwatch Wakefield remain keen to see continuing improvements in this area, wherever possible, to ensure that Category 1 calls in particular can be responded to consistently within the target time of 7 minutes.

We are pleased to see that the Critical Friends Network continues to grow and has recruited an engaged and proactive membership. The introduction and co-production of "Always Events" is a fantastic initiative and one which Healthwatch Wakefield fully supports. It would additionally be good to see the positive work with dementia patients and carers continue to develop and spread across the region that the Trust covers.

Healthwatch Wakefield welcome the installation of Automated External Defibrillators on all Patient Transport Service ambulances and we are pleased to hear that the Trust has recently joined the ECHO platform to facilitate sharing of best practice in order to continue to help improve patient outcomes.

It is also good to see new screening and 'traffic light' tools being used in relation to paediatric patients, but we would be keen to see improvements in how these are used for those patients who may have learning difficulties or disabilities.

Nevertheless, improvement in outcomes for all patients remains a key priority for any healthcare provider, and Healthwatch Wakefield supports the Trust in their efforts to improve this in our region, in particular regarding cardiac arrest and patients at the end of life. Work to develop and enhance the level of patient care, particularly in rural areas, is welcomed as is the ongoing collaboration with Emergency Department consultants across Yorkshire.

It is good to see improvements almost across the board in terms of NHS Staff Survey results, and although there has been a slight decrease in the results in relation to "Quality of Care", we note that these still remain in line with national averages. It would be heartening to see an increase in this area again next year, though. The increase in Staff FFT scores, however, is significant, especially compared to national average, and is hugely encouraging to see.

### **Priorities for Improvement 2019-20**

Healthwatch Wakefield welcomes the fact that, given performance against all 2018-19 priorities has not been completely successful, some priorities are being rolled over into next year. We would, however, like to pick some that we would be keen to see a particular focus on:





- **Patient Safety: Emergency ambulance response times**

This is a key priority and Healthwatch Wakefield will be keen to see how delivery of sustainable improvement in emergency ambulance response performance in line with national standards translates into ongoing improvements for patients.

- **Clinical Effectiveness: Mortality review process**

An understanding and further development of the mortality review process is welcomed in order to facilitate working more effectively and remain in line with national policy. Healthwatch Wakefield will be keen to see the involvement of the Trust's Patient Relations service and externally, across the healthcare system, involvement of the Acute Trusts.

- **Clinical Effectiveness: Place-based care coordination**

We welcome the Trust's ambition to develop its role in place based care co-ordination across the urgent and emergency care system, with particular focus on frail older patients, patients with palliative care needs and patients with mental health conditions.

- **Patient Experience**

This is a commendable priority in relation to improvement in experience for patients with learning disabilities and patients who have dementia, including the Trust becoming registered and recognised as a 'Dementia Friendly' organisation.

We welcome this target and hope to see the Trust continuously improve patient experience for these patients in line with the national benchmarking standards

### Overall Summary

The draft document that was presented for review is comprehensive and extensive. We particularly like the use of patient stories, along with comments and quotes from staff and stakeholders.

There is evidence of strong performance against most of the priorities the Trust set for itself, and although some of the targets were narrowly missed, we are encouraged by efforts already made, the future plans, and the dedication of the team to continue driving through improvements despite the continuing challenges in the healthcare macro- and micro-environments.

Healthwatch Wakefield commends the Trust on its performance in delivering quality healthcare services to the people of Wakefield and surrounds, and we look forward to continuing to support and work with the Trust to help ensure continuous improvements are sustained.

### Rotherham Health Select Commission

Rotherham Health Select Commission (HSC) appreciates the opportunity to scrutinise and comment on the draft Quality Account for Yorkshire Ambulance Service (YAS) and the YAS sub-group discussed the draft document in depth. Members are supportive of the four priorities for improvement in 2019-20 and feel these are priority issues for our community, especially priorities 1, 3 and 4.

HSC notes the good progress made by the Trust in many areas, including the development of Electronic Patient Records; referrals for adult social care assessment; audit work to drive improvements; and clinical pathway development.

Although the overall CQC rating for YAS is "Good" Members expect to see positive changes result from the action plan for the Patient Transport Service to improve its CQC ratings from "Requires Improvement" this year.

Medication incidents are a concern and the Commission is likely to seek assurance by following up on the serious incident relating to a controlled drug and the work around cupboard discrepancies.

Engagement is a key issue and it is pleasing to see the NHS staff survey results show a positive direction of travel, but further work is needed to increase response rates to the national average for the sector.

The Critical Friends Network is having a clear impact and it is hoped that its membership will grow and its role develop further. More detail could have been included in the report on consultation activity to give further assurance around the robustness of this workstream.

As the Quality Account is a detailed technical document that must meet specific requirements, the photographs, graphics, patient stories and quotes make it more interesting and relevant for people. The positive stories and feedback are good but it is also helpful to include examples where there has been some clear organisational learning, as in other years.



As Vice Chair I am pleased that the Trust engages proactively in research projects and look forward to hearing the outcomes from the RIGHT-2 and DEUCE studies.

### **Cllr Peter Short**

Vice Chair of Rotherham Health Select Commission

### **Healthwatch Leeds**

We welcome YAS use of the Critical Friends Network as a patient/public forum for engagement and the wide range of things they have been involved in. We also recognise that it is a small group and the difficulties YAS face in capturing patient experience when a high number of service users are with them for a very short period of time. Whilst it is pleasing to see that Patient Experience is Priority 4, relating to dementia, it would also be good to see in the Quality Account whether any initiatives are taking place to increase the number of the Critical Friends Network.

We feel that the priorities reflect the wide population that YAS covers and have been able to discuss in more detail when YAS presented the priorities to Healthwatch Leeds in April 2019.

We think it reads quite well for a Quality Account although for a large number of the public it might not be an easy document to read.

### **Healthwatch Sheffield**

Healthwatch Sheffield welcomes this opportunity to comment on Yorkshire Ambulance Service (YAS) NHS Trust's Quality Accounts 2018-19.

We broadly welcome the progress that has been made against the priorities for 2018-19.

We were pleased to read about the successful completion of the first priority; and we would like to find out more about the impact this has had.

Good progress has been made with the Critical Friends Network (CFN) and plans to expand the reach and influence of the group are very welcome, so that a wide range of experiences can be taken into account to drive improvements. We would like to find out more about your plans in this area.

We're not able to comment meaningfully on the third priority for 2018-19, as patient outcomes are not discussed in detail.

In terms of the priorities set out for 2019-20, having a named lead provides clear accountability, although the broad scope means progress will be difficult to measure. For example, 'Delivery of sustainable improvement in emergency ambulance response'.

A common theme raised by people who share their experiences with us is waiting times for emergency ambulances and the Patient Transport Service in general. It would be useful to set out how response times will be addressed.

We welcome the focus on vulnerable patients in priorities three and four, especially people with mental health conditions, learning disabilities and dementia. It is positive to see that YAS has listened to patient feedback and are using this to drive improvements in patient experiences of these patients at an operational level.

It is important for NHS organisations to listen to patient feedback both good and bad and learn from this. YAS has been proactive in seeking out the feedback shared with us. We support this approach and the relationship we are building.

The Trust has acknowledged that the target timescale for responding to complaints has not been met this year, and the explanation of how this will be improved is clear. We would like to see complaints broken down by theme so that they can be used to support learning, i.e. what actions have been taken in response to emerging themes and the impact of these actions.

In considering whether your account reflects the experience shared with us by service users and their families, as data is not presented for each local area we're unable to relate the feedback we hear with the standard of care you judge to be delivered in Sheffield.

In general, the positive experiences shared with us relate to staff attitudes and the impact this made on their care. As mentioned earlier, negative experiences often focused on waiting times.

We welcome the inclusion of a glossary of terms in this Quality Account, as well as the Trust continuing to produce a summary and Easy Read version.

Overall, we look forward to continuing to work with YAS in the coming year.



## Statement of Directors' Responsibilities for the Quality Report

Directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust boards on the form and content of Annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013-14
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2018 to March 2019.
  - Papers relating to quality reported to the Board over the period April 2018 to March 2019.
  - Feedback from commissioners dated 30 April 2019.
  - Feedback from local Healthwatch organisations dated 30 April 2019.
  - Feedback from Overview and Scrutiny Committees dated 30 April 2019.
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009.
  - National patient survey - N/A to ambulance sector.
  - National staff survey.
  - CQC Intelligent Monitor Report (N/A to ambulance service).

- The Quality Report presents a balanced picture of the NHS Trust's performance over the period covered.
- The performance information in the Quality Report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.
- The Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

**Kathryn Lavery**  
Chair  
23 May 2019

**Rod Barnes**  
Chief Executive  
23 May 2019



# FINANCIAL ACCOUNTS

## Annual Governance Statement

### Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

### The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Yorkshire Ambulance Service NHS Trust, to evaluate the likelihood of those risks being realised and the impact should

they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

### Capacity to handle risk

The Board of Directors (the Board) has reviewed its practice to ensure alignment with available corporate governance guidance and best practice. The Board recognises its accountabilities and provides leadership within a framework of prudent and effective controls which enables risk to be assessed and managed.

The Board sets the strategic aims for the organisation and ensures that resources are in place to meet its objectives. It receives reports at each meeting of the Board held in public on the principal risks and associated actions as detailed in the Trust's Board Assurance Framework, through a combination of risk management reports, appropriate scrutiny and reports from the Board sub-committees.

The Board meets quarterly in public, with additional meetings in private and Board Development Meetings scheduled on a two-monthly basis.

The Trust Board currently consists of:

- Chairman \*
- Five Non-Executive Directors (NEDs) \*
- One Associate Non-Executive Director
- Chief Executive Officer \*
- Executive Director of Finance \*
- Executive Director of Operations \*
- Executive Medical Director \*
- Executive Director of Quality, Governance and Performance Assurance/ Deputy Chief Executive \*
- Director of Workforce and Organisational Development
- Director of Urgent Care and Integration.

(\* denotes voting members)

In addition, the Board functions are co-ordinated and supported by the Trust Secretary. The Board is primarily responsible for:

- Formulating strategy – vision, values, strategic plans and decisions



- Ensuring accountability – pursuing excellent performance and seeking assurance
- Shaping culture – patient focus, promoting and embedding values
- Engagement with internal and external stakeholders to support delivery of Trust aims and objectives
- Supporting and ensuring the financial balance of the organisation.

During the year there have been some changes to Board personnel, as follows:

- The Director of Urgent Care and Integration left the organisation on secondment in December 2018, and a new Interim Director has been appointed and will start in post early 2019-20.
- A new Chair of Audit Committee has been appointed.
- New NED members of the Board have joined within the year also as part of the typical tenure process.

Over the year, the Board, with its Committees continued to assess its own effectiveness whilst leading through a period of change, and to develop its ability to focus on strategic issues whilst assuring itself of the performance of the whole organisation. It has achieved this by the following:

- A co-ordinated work plan across the Board and its Committees, to ensure a focus on key decisions and governance dates during the year.

- Regular Board Strategic Development Sessions, to cover key strategic and development issues which have included:

1. The Trust's five-year Corporate Strategy Development, including the development and alignment of core enabling strategies.
2. Oversight of delivery of the Well Led response plan following our externally commissioned review into Well Led conducted by PWC.
3. Development of a suitable integrated Urgent Care offer to the system.
4. Approaches to collaborative working across the Northern Ambulance sector through the Northern Ambulance Alliance and national Director level work streams.
5. Financial Priorities, Performance and Planning aligned to the revised planning guidance.
6. Quality governance including consideration of core Health and Safety requirements across the Trust and the new Care Quality Commission Inspection regime and compliance expectations.
7. The role of the Board in leading Quality Improvement.
8. Board governance and committee arrangements.
9. Risk management including the Board Assurance Framework and refresh of our Trust-wide risk appetite.

10. The Board role in Health and Safety.
11. The Board role in delivery of the Diversity and Inclusion agenda, including ongoing sessions with the national lead for Race Equality to support the development of a plan including relevant board membership mix is representative the population we serve.
12. Full Board team development sessions supported by an external facilitator.

The Trust arrangements for quality governance are fully aligned to ensure compliance with the CQC Fundamental Standards and Well-Led framework. During the year representatives of NHSI have met regularly with Executive Directors and with the Trust Chairman to gain assurance on the rigour of Trust governance processes.

The Trust Board has been underpinned throughout 2018-19 by five key committees/management groups:

- The Audit Committee
- The Finance and Investment Committee
- The Quality Committee
- The Trust Executive Group; and
- The Trust Management Group.

In addition, the Remuneration Committee advises the Trust Board about appropriate remuneration, terms of service, contractual arrangements and performance evaluation for the Chief Executive and other Executive Directors.



The Charitable Funds Committee also supports the Board in discharging its responsibilities as trustees of the Trust charitable funds.

The above mechanisms allow the Board to assure itself in relation to the Trust's provider licence compliance requirements.

The Trust Executive Group (TEG) meets weekly and has four key functions: Strategy and Planning, Systems of Management Control, Assurance and Performance and Risk Management. This specifically includes the following responsibilities:

- Develop Strategy, Business and Operating Plans for approval of the Board;
- Oversee the day-to-day management of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities, both clinical and non-clinical, which also supports the achievement of the Trust's objectives and compliance with relevant regulatory, legal and code of conduct requirements;
- Review key areas of governance and risk highlighted through the Performance Management Framework;
- Develop and embed the policies, processes and systems required to support Trust wide delivery of the strategy, ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements;

- Deliver all risk and control related disclosure statements, in particular the Annual Governance Statement and declarations of compliance with the Essential Standards of Quality and Safety, prior to endorsement by the Board;
- Manage all significant risks, incidents and events, ensuring effective action to mitigate future risk.

The Chief Executive Officer, as Accountable Officer, presents a progress report from the TEG to each meeting of the Board.

As Chief Executive Officer (CEO), I lead on the maintenance of an effective risk management system within the Trust, for meeting all statutory requirements and adhering to guidance issued by the Department of Health in respect of governance. Leadership is also provided by the directors and managers at all levels in the managerial hierarchy, who ensure that effective risk management is implemented within their areas of responsibility.

The Executive Director of Quality, Governance and Performance Assurance has lead responsibility for managing the development and implementation of risk management (excluding financial risk management) and integrated governance. The Director routinely provides the Trust Board, the Quality Committee, Audit Committee and other management groups with expert advice and reports on risk management and assurance. The Director ensures that the Board has access to regular and appropriate risk management information, advice, support and training where required.

The Executive Director of Finance has lead responsibility for financial risk management. The Director advises the Trust Board, the Audit Committee and Finance and Investment Committee, the Trust Executive Group and Trust Management Group on an on-going basis, about risks associated with the Trust's financial procedures, and the financial elements (capital and revenue) of its activities, through the integrated governance framework.

The Executive Medical Director has lead responsibility for clinical risk management, ensuring that all clinical procedural documents are maintained and current. The Director advises the Trust Board, Quality Committee, Clinical Governance Group, and other management groups as appropriate, on risks associated with the Trust's clinical procedures and practices.

The Trust Management Group (TMG) reports to Board via TEG, and consists of the Executive Directors and Deputy/Associate Directors and is chaired by the Chief Executive and Executive Directors. The TMG continues to be developed as the main management decision making body of the organisation. It provides TEG with assurances on governance and compliance on areas of delegated responsibility, including: monitoring and review of performance in relation to operational, quality, workforce and financial objectives, identification and management of key risks, including review of the Board Assurance Framework and Corporate Risk Register, action to address key risks to delivery and on operational issues and problems, overseeing



delivery of the Trust service transformation programme and cost improvement programme, Internal Audit Plan progress and annual planning process and contributing to the development of strategy and policy including the Operational Plan development and Business Planning Development.

Risk assessment is the overall process of risk identification, risk analysis and risk evaluation. The process assists the Trust to manage, reduce or eradicate identified risks in order to protect the safety of patients, staff, visitors, volunteers and the organisation as a whole. The identification of risk takes many forms and involves both a proactive approach and one which reviews risks retrospectively. Therefore the Trust risk assessment is a dynamic process.

Risks are identified proactively by the Board and senior management team as part of the five-year and annual business planning cycles. As part of this process the Board assesses its overall risk profile, taking into account the key business risks, Trust capacity and capability to address these, and the Board's appetite for risk including the target residual risk. The Board agrees an annual risk appetite statement. This information informs the Board Assurance Framework and its use during the year by the Board and its Committees. The Board Assurance Framework goes through an annual cycle of strategic review lead at Board level. The focus of board discussions are in relation to strategic risks to YAS in line with our Strategy and Business Plan.

Additionally we encourage and expect that risks are identified on a daily basis throughout the Trust by

any employee/volunteer. During 2018-19 the Trust has maintained robust processes to support staff in raising concerns about quality and safety in line with the national Freedom to Speak Up recommendations. The identified risks vary significantly in scope, content, likelihood and impact and hence the measures for addressing them have also varied. Having identified a risk, a thorough risk assessment is carried out following the guidance for on-going risk assessment, described in the Trust Risk Escalation and Reporting Procedure.

When risks have been identified, each one is analysed in order to assess what the likely impact would be, the likelihood of this impact occurring and how often it is likely to re-occur. Impact and Likelihood are rated on a 5x5 scale, to give an overall risk rating of 0-25. When evaluating risks; consideration is given to any existing controls for that risk and importantly the adequacy and effectiveness of those controls. All risks and associated risk treatment plans are recorded and regularly updated in the Datix risk management system. This is used as the basis for monthly review of existing and emerging risks involving all departments, via the Risk and Assurance Group for moderation and discussion in relation to mitigations in place. The Chair of RAG reports into the Trust Management Group, where a monthly report on the corporate level risks are provided and discussed.

Risks that cannot be managed through TMG are passed up through the line of management, to the Trust Executive Group and ultimately to the Board, which is notified of all risks with a rating of 12 or

above within the organisation. The Board has ultimate responsibility for deciding how the Trust then manages those risks.

Staff are specifically supported and equipped to manage risk appropriately through a variety of mechanisms, including the following:

- Induction process includes a session on risk management and learning.
- The Risk and Assurance Group consists of operational and service leads across the Trust's business to ensure corporate oversight and consistent understanding of risks.
- Specific thematic groups which staff attend consider and mitigate risks across the business such as the Information Governance Working Group, Incident Review Group, Clinical Governance Group, and Strategic Workforce Group.
- Each directorate has a nominated risk lead that the risk team support in terms of guidance in identifying and escalating risks in line with policy. The Head of Risk meets with these leads on a regular basis.
- All staff have access to the Trust's incident and risk management system, Datix.

### **The risk and control framework**

The Trust is subject to constant change in its core business and the wider environment; the risk environment is constantly changing too, therefore priorities and the relative importance of risks for the Trust shift and change.



## Quality Risk Governance

Quality is a central element of all Board meetings. The Integrated Performance Report, focusses on key quality indicators, and this is supplemented by more detailed reports containing both qualitative and quantitative information on specific aspects of clinical quality. Patient stories are used in each meeting of the Board, to ensure that the focus on quality of patient care remains at the heart of all Board activity.

The Quality Committee was introduced as a committee of the Board in March 2012 following a comprehensive review of corporate governance arrangements. The Quality Committee consists of three Non-Executive Directors, the Executive Director of Quality, Governance and Performance Assurance, Executive Medical Director, Executive Director of Workforce and OD and senior managers. The Committee undertakes objective scrutiny of the Trust's clinical governance and quality plans, compliance with external quality regulations and standards and key functions associated with this, including processes to ensure effective learning from adverse events and infection prevention and control. A key element of this work is scrutiny of the quality impact assessment of cost improvement plans and other service developments. The Committee also supports the Board in scrutinising and gaining assurance on risk management, workforce governance, health and safety and information governance issues. It also provides scrutiny in relation to the actions required as a result of external investigations and enquiries.

The Clinical Strategy is being developed as part of the Trust's Strategy and describes the roadmap for Person-centred, Evidence-Based Care. It puts the patient and clinician at the heart of the organisation, demonstrates our ambition for the future and provides the road map to support our ambition to become an integrated urgent and emergency care provider, driving improvements in patient outcomes, patient safety and clinical quality.

The Board and Quality Committee regularly review issues, learning and action arising from Serious Incidents, other incidents and near misses, complaints and concerns, serious case reviews, claims and coroners' inquests. During the year no nationally defined 'Never Events' have occurred as a result of Trust care or services.

## General Risk Governance

The Trust recognises that in order to be most effective, risk management must become part of the organisation's culture. The Trust strives to embed risk management into the organisation's philosophy, practices and business processes rather than be viewed or practiced as a separate activity. Our aim is for everyone in the Trust to become proactively involved in the management of risk, and as such we continue our commitment to working in line with the Risk Maturity Matrix, upon which our Internal Audit of Risk Management last year was based. A plan is in place to support the Trust to progress up that maturity matrix and supports the further embedding of systematic risk management practices across the Trust.

The Risk Management and Assurance Strategy and supporting Risk Escalation and Reporting Procedure defines the process which specifies the way risk (or change in risk) is identified, evaluated and controlled, and is consistent with available best practice guidance. This Risk Management and Assurance Strategy and associated procedural documents are actively promoted by managers to ensure that risk management is embedded through all sections of the Trust.

The Board Assurance Framework and Corporate Risk Register enable the Board to examine how it is managing the risks that are threatening the achievement of strategic objectives. Both of these documents are closely aligned and subject to comprehensive executive and non-executive review on a quarterly basis.

Close liaison between the risk and safety managers and business planning managers has ensured that business planning informs and is informed by risk management. Key business risks and mitigations are captured in the Integrated Business Plan and Operating Plan.

A quality impact assessment process ensures that all decisions on efficiency savings and expenditure on new developments are objective, risk based and balanced, taking account of costs and savings, impact on quality and ease of implementation. The quality impact assessments and associated early warning indicators are subject to review in each meeting of the Quality Committee.





The organisation's major risks are identified at a corporate level. The Trust identifies risk to its annual business plan and five year Integrated Business Plan, and aims to prioritise and manage the principal risks that may impact on the achievement of the Trust's strategic objectives and implementation plans.

The most significant risks to the strategic objectives identified in 2018-19 were:

- Inability to deliver national performance targets and clinical quality standards.
- Lack of capacity and capability to deliver and manage change including delivery of cost improvement programmes.
- Inability to deliver the plan for integrated patient care services owing to multiple service tenders.
- System wide lack of availability of workforce and impact of changes to funding streams on provision of education and training.
- Ineffective strategies for leadership and engagement and a developed organisational culture
- Impact of external system pressures and changes in wider health economy.
- Ineffective joint working between corporate teams and operational service lines.

Other risks recorded in the Board Assurance Framework 2018-19 were:

- Ineffective strategies for the promotion of wellbeing.

- Financial performance that fails to deliver our Control Total in the context of the financial status of wider health economy and national drivers.

Mitigation plans were in place for each of these principal risks and the Audit Committee has scrutinised the controls and assurances as part of its annual work programme, through reports from the accountable Executive Directors.

Monthly iterations of the Board Assurance Framework are supported by separate risk movement and assurance movement reports. These reports provide detail on the actions taken to mitigate the strategic risks and any reports received that could provide the Trust Board with assurance. The Board and its committees also receive reports on the corporate risk register, to enable a deeper review of emerging risks and of the flow of risk information between operational departments and the Board. We report on the management and mitigation of risks in relation to the BAF through TMG, TEG and Board.

A number of operational risks with a potential impact on the strategic goals continued during the year and required additional management action. These have been reported to the Audit Committee and to each meeting of the Public Board via the Integrated Performance Report and other risk reporting mechanisms. The most significant operational risks in 2018-19 were as follows:

- The Trust agreed a trajectory for improvement that meant YAS achieved the national targets by the end of March 2019. The risk moving into 2019-20 will be the sustainability of these response times.

The Board and Trust Executive Group have considered the risk in detail and have worked extensively with commissioners during the year to mitigate the risk through the development of business cases to support sustained delivery of all standards focused on the following pieces of work:

1. The transition of resources from single crewed response cars to double crewed ambulances has been managed through our Service Delivery and Integrated Workforce Transformation Board and has helped us to improve our performance. This has included considerable investment in additional staff and new ambulance vehicles over the last 12 months, with investment continuing into next financial year.
  2. A Low Acuity Transport model has been developed to ease the pressure on 999 response times and this will be a focus for continued development in the coming year.
  3. Within the Emergency Operations Centre there is a focus on increasing hear and treat rates and a functional redesign is also under way aimed at improving despatch and resource allocation performance within the EOC.
- Retention and training of staff continued to be a risk. During the year, revisions have been made to the workforce plan to increase recruitment and internal training provision and to embed our new clinical career framework and this will remain a key focus across the service lines, and in



particular in relation to qualified staff, pending the planned increase in Paramedic and Nurse training nationally over the coming years.

Additionally as part of our Service Delivery and Integrated Workforce Programme Board and Capacity and Capability Programme Board significant programmes of work are underway to develop an integrated and sustainable workforce plan and model that aligns with wider system requirements. A programme of work will be established in 2019 with a number of enabling work streams made up of a range of multi-disciplined staff to ensure that we understand the patient journey and how we as YAS can best meet those patient needs in a systematic way. This is a 3-5 year programme of transformational workforce change.

- During the year the NHS 111 service at YAS were successful in securing the Integrated Urgent Care tender, which mitigated in part some of the risks relating to staff uncertainty. The focus for the latter part of the year has been the mobilisation of the new contract and how we best support the system in delivery of its system wide measures. In year service delivery and clinical advice performance has remained a challenge due to the national difficulty in recruiting and retaining clinical staff and a number of staffing challenges. A specific piece of work is underway relating to clinical recruitment and plans are in place to best mitigate this risk going forward.

- Employee relations still present a key challenge for the Trust. The Executive Team, with the support of Board, continue to focus on developing mechanisms and relationships to help support constructive working relationships with all of the key unions. This is complemented by a significant focus on wider employee engagement and more robust staff communication, engagement and support building on the launch of the Behavioural Framework, including the development of a robust People Strategy, Well Being Strategy and Plan and Talent Management model. It is anticipated that an on-going tension will remain in relation to re-banding of roles going into next year.
- Patient Transport Service has successfully retained contracts over the year for large areas of the geography and as such a greater degree of stability is evident in the service. An extension to the contract in West Yorkshire is close to finalisation and there will be ongoing discussion with commissioners during this extended period on future integrated transport requirements.

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

All corporate risks subject to on-going risk management plans will be recorded on the 2018-19 iteration of the Board Assurance Framework and will continue to be managed through the Corporate Risk Register.

The Internal Audit programme for 2018-19 focused on areas of risk for the organisation. In the current year a total of 17 reports were produced with relevant assurance ratings, of which one reported a “limited” and two reported a “reasonable” level of assurance, as opposed to substantial or good.

Three issues were highlighted during the year as a result of the Internal Audit programme in aspects of:

- **Fixed assets:** There was little evidence of a structured plan in place on how to verify assets (although significant work has been undertaken and the Trust has now verified 97.75% of the £90,496k net current replacement costs on the fixed asset register. Other weaknesses related to some fixed asset procedures being insufficiently detailed or Finance not being notified of all disposals, albeit a number of robust mitigations have been put in place.
- **Attendance management:** Expected processes were not being consistently followed when dealing with staff sickness, return to work interviews and special/carer leave. Documentation was not always present, fully completed or accessible to demonstrate expected processes had been followed. It is worth noting that we are in the process of introducing a new absence management system to support the attendance management process going forward.
- **Controlled Drugs Audit:** Some of our access and stock audit processes require improvement to ensure consistency of application and are being reviewed following the recent publication of this report.



These issues have been considered in the relevant management forum and mitigating action agreed to resolve an outstanding issues. The Audit Committee reviews management assurance on completion of related action places. The Trust also has in place a Counter Fraud programme, which is monitored via the Audit Committee.

Significant issues and risks going into 2019-20 informed by the recent annual board level review of the BAF include:

- Delivery of the National Ambulance Response Programme (ARP) and Integrated Urgent Care and the potential impact on patient outcomes.
- Our ability to influence system partners to ensure best patient outcomes impact, especially ICS and ICPs.
- Our ability to influence partnership arrangements in the context of ongoing reconfigurations across the system and geography.
- Availability, development and retention of clinical workforce given the increased system wide competition for certain clinical skill sets and knowledge.
- Financial performance going into next year will continue to be a challenge in the context of national expectations, anticipated demand levels, increasingly high turnaround times across the patch and major service reconfigurations that are still ongoing.
- Tendering activity and the future service model relating to West Yorkshire PTS.

- Leadership capacity and capability to support delivery of our five-year strategy.
- On-going relationships with key Trade Unions remains an issue as highlighted through the Well Led self-assessment process.

Risk mitigation plans in relation to the key risks for 2019-20 are as follows:

The risk relating to ongoing delivery of the ARP standards is being addressed through ongoing implementation and embedding of a multi-faceted transformation programme and continued implementation of the 5-year workforce plan. This is underpinned by rigorous diagnostic activity and will be supported by continued strategic engagement with commissioners and other stakeholders, and extensive staff engagement and communication. The Trust is in discussion with Commissioners in relation to the need for additional investment to help maintain delivery of the ARP standards in line with planning guidance expectations.

IUC mobilisation and delivery risks are being mitigated through a robust delivery plan and oversight via the Service Delivery and Integrated Workforce Programme Board and Trust Management Group. Specific challenges relating to clinical recruitment are being further supported at an Executive level via a focused work stream to help mitigate these risks, including the agreement of a sub contract for additional clinical capacity. The ED for Workforce and OD is the senior accountable officer with oversight of delivery.

In relation to our ability to influence core system partners to best support the delivery of an integrated model we will continue to work closely with key stakeholders. In terms of impacts of service reconfigurations across acute trusts this is being managed at Executive level through Integrated Care Systems and STPs, liaison with key officers at acute trusts, and on a case by case basis, with the support of the Lead Commissioner and Regulators.

Employee relations continue to present a challenge during this period of change however much progress has been made under the stewardship of the new Director for Workforce and OD and the Executive Director of Operations. The Trust is taking forward major initiatives to further embed the new Values and Behavioural Framework, to promote employee involvement through the Quality Improvement strategy, to directly invest in and support staff well-being via the Trust wide Well Being Plan, which in 2019-20 includes a staff well-being bus aimed at the ongoing promotion of the importance of mental health well-being, and to improve the scope and quality of communications including increased use of social media. We are also taking forward a key programme, the Accountability Framework, which looks to support the ongoing improvement of the culture across the organisation and how we best empower our staff and teams to achieve positive change and improved patient outcomes.

The risk in relation to our financial performance is being addressed through the development of robust and sustainable financial plans.



The current plan assumes stretching targets in terms of efficiencies in line with benchmarking. This allows the Trust to plan to perform against a control total which will allow the Trust to access Sustainability Funds. In addition it allows for some investment in frontline services in order to work towards the achievement of challenging national performance standards. The internal Trust performance management of our financial position is led by our Executive Director of Finance, through Board, Finance and Investment Committee, Trust Executive Group, TMG and CIP Management Group. Potential quality impacts of all CIPs are reported through to Quality Committee. In terms of opportunities to collaborate across the sector, this work is being led by our Chief Executive and includes focused collaboration through the Northern Ambulance Alliance Board. The Chief Executives of the three trusts are exploring opportunities for economies of scale and collective purchasing power to drive better value across a number of agreed work streams, in line with the proposals of the Lord Carter review. Wider opportunities for collaboration are also being explored through the Association of Ambulance Chief Executives, with Emergency Service partners, and through the local Service Transformation Partnerships.

In relation to leadership capacity and capability to deliver the Trust's Five-year Corporate Strategy key mitigations include, ongoing external support package specific to Board and the Executive team in relation to collective and individual leadership, the launch of a Talent Management model for the Trust, the continued investment in and roll out of

*Leadership In Action* and the Strategic Leadership Forum. We are also developing a Trust Wide Accountability Framework which as one of its underpinning drivers focusses on senior leadership behaviours and culture.

Management of these risks will be monitored during 2019-20 through the Trust Executive Group, Finance and Investment Committee, Quality Committee, Audit Committee and Board. Additional monitoring and assurance will be provided through the Trust Service Transformation Programme, to oversee the delivery of key developments aligned to the Trust 5-year business plan.

Our Service Delivery and Integrated Workforce Programme Board and Capacity and Capability Programme Board significant programmes of work are underway to develop an integrated and sustainable workforce plan and model that aligns with wider system requirements. A programme of work will be established in 2019 with a number of enabling work streams made up of a range of multi-disciplined staff to ensure that we understand the patient journey and how we as YAS can best meet those patient needs in a systematic way. This is a 3-5 year programme of transformational workforce change.

The Trust is fully compliant with the registration requirements of the Care Quality Commission and the Trust maintains a robust internal overview of compliance to ensure that standards are maintained throughout the year.

The Trust has published an up-to-date register of interests for decision-making staff within the past 12 months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

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

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

The Trust has undertaken risk assessments and has a draft sustainable development management plan in place with Board sign off expected in July 2019, which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust has also this year developed its policy and approach in relation to the risks associated with Modern Slavery.

The Trust has in place a "Freedom to Speak up" Guardian to further support a culture of openness and transparency in the management and mitigation of risks across the Trust.



## Review of economy, efficiency and effectiveness of the use of resources

The Executive Director of Finance is accountable for and has lead responsibility for financial risk management. The Director advises the Trust Board, the Audit Committee and Finance and Investment Committee, the Trust Executive Group and Trust Management Group on an on-going basis, about risks associated with the Trust's financial procedures, and the financial elements (capital and revenue) of its activities, through the integrated governance framework.

The Finance and Investment Committee (F&I) was introduced from May 2011, following a review of Trust committees conducted in 2010-11. The F&I is a formal committee of the Trust Board and is chaired by a Non-Executive Director. The Committee includes three Non-Executive Directors, the Executive Director of Finance, the Chief Executive, the Executive Director of Workforce & OD and senior managers. The Committee undertakes objective scrutiny of the Trust's financial plans, investment policy and major investment decisions, and as such plays a pivotal role in financial risk management. It reviews proposals for major business cases and reports on the commercial activities of the Trust, and also scrutinises the content and delivery of the Trust cost improvement programme.

There is also a robust process in relation to the identification of Cost Improvement Plans led by the Executive Director of Finance, with support from the Programme Management Office.

This is an ongoing process which is refreshed on an annual basis and seeks to ensure that the Trust is operating more efficiently year on year and aims to allow for greater investment in areas of need in front line services.

## Information governance

Reference is made within the Risk Management and Assurance Strategy to the Information Governance Policy which describes, in detail, the arrangements within the Trust for managing and controlling risks to data security. The Senior Information Risk Officer role for the Trust is undertaken by the Executive Director of Quality, Governance and Performance Assurance, supported by the Trust's Executive Medical Director as the Caldicott Guardian.

## Information Governance Compliance

The annual self-assessment against the new DSP Toolkit was completed at the end of March 2019. For 2018-19 we have declared an overall rating that is in line with last year's compliance level overall.

## Data Security Incidents

During 2018-19 there were no IG incidents which required reporting to the Information Commissioner's Office, Department of Health and Commissioners.

## Annual Quality Account

The Trust Quality Account is developed through a process of extensive consultation both internally and with external stakeholders. The Quality Account for 2018-19 has been reviewed by the Trust Executive Group, the Board and its committees.

## Data Quality

YAS did not submit records during 2018-19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This requirement does not apply to ambulance trusts.

In 2018-19 YAS took the following actions to maintain and improve its data quality:

- The Information Asset Owners (IAOs) quarterly review process allows us to undertake data quality checks in their respective areas of the business.
- Staff training in the use of our systems that support the provision of care include the importance of accurate data input. Computer system functionality aims to support accurate data entry and data quality audits of both electronic and paper-based care records are undertaken, reported through the Trust's governance meeting cycle and support our Information Governance Toolkit submission. Feedback to staff is provided if and when data quality issues arise.
- Our Business Intelligence Team quality check all reports they produce and have procedures for undertaking data quality checks of external reports prior to distribution. The Trust continues to seek opportunities for continuous improvement in this area.



- Quarterly audits are undertaken to measure YAS adherence to the mandatory health records keeping standards in line with the Health Records Keeping Standards Policy.

The DSP Toolkit assessment and GDPR processes also provides an indication of the quality of our data quality systems, standards and processes.

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

- YAS will continue to work on the actions in the above section.
- Our internal auditors carried out an audit a sample of the Trust's clinical measures and relevant data quality processes. An updated Audit will be scheduled in our 2019-20 plan.
- We will continue to raise awareness of data quality through the quarterly IAOs' review process to embed best practice and to strengthen the knowledge of our Information Asset Owners and Information Asset Administrators throughout the Trust.
- The Trust is undertaking a specific piece of work relating to the ESR system both in terms of data quality and optimising use of the system to help deliver an improved service offering.
- An electronic patient record (ePR) is currently being rolled out across A&E that will provide better data quality and integrity by removing the need to scan documents or re-enter data from a manual form, which can lead to errors.

- Our Business Intelligence Team will continue to develop data quality reports for managers to help them monitor and improve data quality in their teams and have worked closely with our IT Department to improve data quality, developing data analysis reports which access a single source of data.
- There has been a review of the Data Quality Policy to ensure it remains fit for purpose.
- We have also commissioned Price Waterhouse Cooper to do a performance reporting diagnostic to support one of the work streams within the Accountability Framework, part of which will further support our assurance levels relating to data security and quality.

YAS was not subject to the Payment by Results Clinical Coding Audit during 2018-19 by the Audit Commission.

### Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee [and risk/ clinical governance/ quality committee, if appropriate] and a plan to address weaknesses and ensure continuous improvement of the system is in place.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways;

- The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of the internal audit work.
- Executive Directors and senior managers within the organisation who are accountable for the development and maintenance of the system of internal control provide me with assurance.
- The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the key risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by:

- Care Quality Commission Fundamental Standards – internal Compliance Assessments



- The Care Quality Commission inspection process where as a Trust we received an overall Good rating across all service areas of the Trust in December 2016. We have also conducted a mock inspection internally in year to support the upcoming 2019 inspection and have an annual internal programme of Inspections for Improvement.
- The NHS DSP Toolkit.
- Assessment against NHS Counter Fraud and Security standards.
- Peer reviews within the ambulance service sector.
- Internal Audit reports.
- External audit reports.
- External consultancy reports on key aspects of Trust governance and strategic capacity and capability.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, Finance and Investment Committee and Quality Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

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

- At least annually; a review of the effectiveness of the Trust's system of internal control.

- The Trust Board ensures that the review covers all material controls, including financial, clinical, operational and compliance controls, and risk management systems.
- A two-yearly review of the Risk Management and Assurance Strategy.
- Reviews in each Audit Committee meeting of the adequacy of assurances received by the Finance and Investment and Quality Committees in relation to the principal risks in the Board Assurance Framework that are assigned to them.
- A six monthly comprehensive review of the Board Assurance Framework.
- Monthly integrated performance reports outlining achievement against key performance, safety and quality indicators.
- Assurance reports at each meeting, providing information on progress against compliance with National Standards.
- Assurance from internal and external audit reports that the Trust's risk management systems are being implemented.

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

Policy review and updates in line with national guidance are signed off through Trust Management Group on a monthly basis.

The Risk and Assurance Group carries out a detailed analysis of assurances received, to identify any gaps in the assurance mechanisms and to provide an evaluation of the effectiveness of them, reporting findings to executive committees/management groups as appropriate. The RAG reports directly into TMG via a formal monthly update provided by the Chair.

The Audit Committee consists of all of the Non-Executive Directors, with the exception of the Trust Chairman, with representatives of Internal and External Audit services in attendance. The Executive Director of Finance and Executive Director of Quality, Governance and Performance are in attendance at all meetings, with other Directors attending through the year as part of the Committee work programme. The Committee provides an overview and scrutiny of risk management. The Committee independently monitors, reviews and reports to the Trust Board on the processes of governance and, where appropriate, facilitates and supports through its independence, the attainment of effective processes.

The Audit Committee concludes upon the adequacy and effective operation of the organisation's overall internal control system.

In performing this role the Committee's work will predominantly focus upon the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives; the Board Assurance Framework.



The Audit Committee reviews all risk and control related disclosure statements and memoranda, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

The Audit Committee primarily utilises the work of internal audit, external audit and other assurance functions, but is not limited to these audit and assurance functions. It also seeks reports and assurances from other Board Committees, directors and managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness.

There is a robust process for the flow of information between the Finance and Investment Committee, Quality Committee and Audit Committee to support the assurance process on key risks.

The Quality Committee and Finance and Investment Committee have provided significant assurances to the Audit Committee on risks relevant to their terms of reference, covering all risks contained within the Board Assurance Framework. The Audit Committee completed its annual self-assessment of its terms of reference in January 2019 and concluded that the arrangements in place were effective.

The Trust is required under NHS regulations to prepare a Quality Account for each financial year. The Trust Quality Account for 2018-19 reports on key indicators of quality relating to patient safety, clinical effectiveness and patient experience.

The Quality Account includes comments from key stakeholders which are a positive reflection on developments over the year and of the Trust's engagement with partners. The Quality Account has been subject to independent external review by Ernst and Young (who are also the Trust's external auditors) and scrutiny by the Audit Committee and I am satisfied that it presents a balanced and accurate view of quality within the Trust.

During 2016 the Trust received a full inspection from the Care Quality Commission under the revised regime of the Chief Inspector of Hospitals. The inspection took place in September 2016 for A&E and PTS and October for NHS 111. The full report was published in December 2016. The inspection found that the Trust has an overall rating of 'Good' across all domains and highlighted improvements had been made throughout the service lines. The Trust received an "outstanding" rating in the 'Caring' domain as part of the overall assessment.

The Trust received three "must do's" in the report as follows:

- Ensure there are sufficient numbers of suitably skilled, qualified and experienced staff.
- Ensure all PTS ambulances and equipment are appropriately cleaned and Infection Prevention Control procedures followed.
- Ensure appropriate seating for children is routinely available in ambulance vehicles.

The action plan has been implemented to address the issues highlighted, with oversight by the Trust Executive Group and regular assurance on progress to the Board, commissioners and NHSI as appropriate. The Trust will have a follow up inspection in Q1 2019.

On final review and closure of the 2018-19 iteration of the Board Assurance Framework, a significant issue remains relating to the ongoing sustained delivery of the ARP response standards. It is recognised with Commissioners that delivery of the new standards and realisation of the benefits for patients, will require significant additional investment and ongoing service transformation. It is also acknowledged that this must be delivered in a challenging context of rising demand, clinical workforce constraints, wider system changes and Emergency Department turnaround pressures at a number of sites. Extensive discussions have been held with commissioners in relation to the requirements and joint mitigation plans are in place to address this challenge during 2019-20.

## Conclusion

No significant internal control issues have been identified.

**Rod Barnes**  
Chief Executive  
23 May 2019





# FINANCIAL ACCOUNTS

## Head of Internal Audit Opinion for the year ending 31 March 2019

### Introduction

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion on the overall adequacy and effectiveness of the organisation's system of internal control.

The purpose of the Internal Audit Annual Report is to provide the Audit Committee with:

- The final Head of Internal Audit Opinion for the year ended 31 March 2019, which provides our opinion on the overall adequacy and effectiveness of the organisation's system of internal control;
- An analysis of performance of the internal audit service received during the year ended 31 March 2019; and
- Assurances regarding conformance of the internal audit service with Public Sector Internal Audit Standards.

### Head of Internal Audit Opinion for the year ended 31 March 2019

#### Roles and responsibilities

The Accountable Officer is responsible for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is an annual statement by the Accountable Officer, on behalf of the Governing Body, setting out:

- How the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- The purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and

- The conduct and results of the review of the effectiveness of the system of internal control, including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Assurance Framework should bring together all of the evidence required to support the Annual Governance Statement requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon, and limited to, the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, approved by Audit Committee, which should provide an adequate level of assurance, subject to the inherent limitations described below.



The opinion does not imply that Internal Audit have reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans, generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Accountable Officer takes into account in making the Annual Governance Statement. The Accountable Officer will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement.

### The Head of Internal Audit Opinion

The purpose of my annual Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpins the organisation's own assessment of the effectiveness of the system of internal control. This Opinion will in turn assist in the completion of the Annual Governance Statement.

My opinion is set out as follows:

- Overall opinion;
- Basis for the opinion; and
- Commentary.

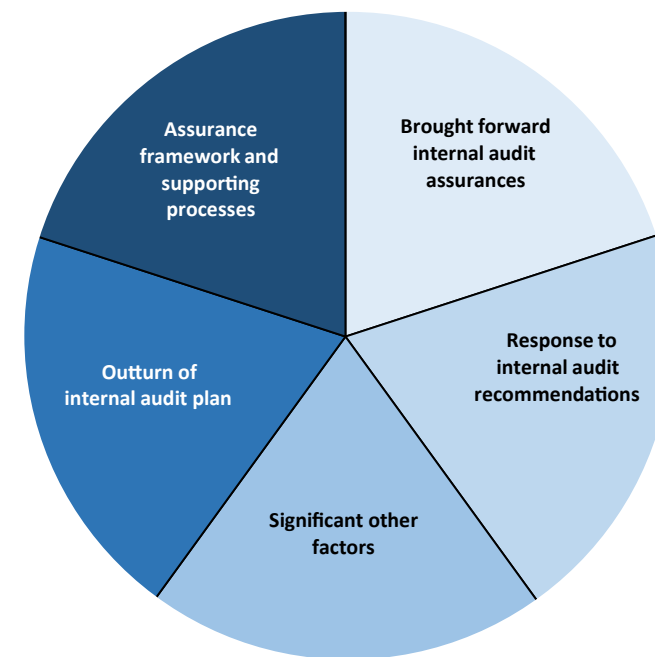
### Overall Opinion

*From my review of your systems of internal control, I am providing good assurance that there is a sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.*

### Basis of the Opinion

The basis for forming my opinion is as follows:

1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes for governance and the management of risk;
2. An assessment of the range of individual opinions arising from audit assignments, contained within risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses;
3. Brought forward Internal Audit assurances;
4. An assessment of the organisation's response to Internal Audit recommendations, and
5. Consideration of significant factors outside the work of Internal Audit.



### Commentary

The following commentary provides the context for my opinion and together with the opinion should be read in its entirety.



Opinion Area	Commentary
<p><b>Design and operation of the Assurance Framework and supporting processes</b></p>	<p>The Trust has a Risk Management and Assurance Strategy as well as a Risk Management Policy. These documents aim to create an environment which minimises risk to all its stakeholders. All management levels, including executive level and staff, are expected to adopt the principals of both the strategy and policy into their day to day roles and processes, to help the Trust achieve its strategic objectives.</p> <p>A Board Assurance Framework (BAF) exists to meet the requirements of the Annual Governance Statement and provide adequate assurance that there is an effective system of internal control to manage the principal risks identified by the organisation. The BAF aligns the Trust's Strategic Objectives and Goals to the principal risks in achieving them. The Trust has continued to ensure that the BAF is used at Board level, with support from the key governance committees.</p>
<p><b>Outturn of Internal Audit Plan</b></p>	<p>A table of individual opinions arising from audit assignments reported throughout the year is contained in Appendix A. Definitions of individual opinions are given at Appendix B.</p> <p>At the time of producing this opinion summary we have issued 19 final/draft reports with a split of:</p> <ul style="list-style-type: none"> <li>4 Substantial Assurance</li> <li>10 Good Assurance</li> <li>2 Reasonable Assurance</li> <li>1 Limited Assurance</li> <li>1 No assurance level provided</li> <li>1 Advisory assignment</li> </ul> <p>In preparing this opinion, there are no significant control weaknesses that we recommend should be specifically referenced in the Annual Governance Statement, however we would wish to bring to the attention of the Accountable Officer the following reports issued during the year which have been assigned a 'reasonable' or 'limited' assurance opinion, or related to matters of significant importance for potential inclusion in the AGS are as follows;</p>



Opinion Area	Commentary
<p><b>Outturn of Internal Audit Plan</b></p>	<p><b>Capital Planning/Fixed Asset Register (Ref: 191126)</b></p> <p>The objective of the audit was to evaluate the design and test the application of controls relating to fixed assets, which focussed on Fleet, ICT and Medical Devices. We provided limited assurance as a result of this audit because there was no structured plan on how to verify assets, fixed asset maintenance procedures required updating, prior to disposal (of high cost ICT assets) a secondary review wasn't undertaken pre and post disposal (to ensure the item was disposed of appropriately), Medical Equipment Disposal Forms were not being sent to Finance and there was not robust processes in place to identify assets held but no longer in use and consider options (prior to) and record all disposals appropriately. We have undertaken follow up work on the issues identified and can confirm, that significant work has been undertaken by the Trust, to improve the design of the fixed asset control framework.</p> <p><b>Operations: Attendance Management (Ref: 191127)</b></p> <p>The objective of the audit was to assess the Trust's compliance within policies on attendance management (e.g. Attendance at Work Policy, Attendance at Work Management Guidance and Special Leave and Care Leave). We provided reasonable assurance as a result of this audit because there were multiple issues with the completion and retention of core documents. For example; invite letters for follow-up meetings were not always issued, outcome letters were not always issued and / or retained on file, return to work interviews were not undertaken promptly and special / career leave forms were not always completed and / or retained on file.</p> <p><b>Controlled Drugs (Ref: 191114)</b></p> <p>The objective of the audit was to evaluate the design and test the application of controls in respect of the controlled drugs storage and management within ambulance stations. We provided reasonable assurance as a result of this audit because visitors were not always asked for identify before being let into the ambulance station, lack of clarity around collecting swipe cards / notifying IT, staff not always counting the actual number of controlled drugs in the safe when withdrawing and returning morphine vials and ensuring the (24-hour) controlled drug checks is always undertaken.</p>
<p><b>Brought forward Internal Audit assurances</b></p>	<p>Head of Internal Audit Opinion given for the year ended 31 March 2018 was: <b>Good assurance</b> that the system of internal control has been effectively designed to meet the organisation's objectives, and that controls are being consistently applied. There are no material issues to be brought forward for consideration in this opinion statement.</p>



Opinion Area	Commentary
<p><b>Response to Internal Audit recommendations</b></p>	<p>To date, a total of 78 findings have been identified during the year (i.e. 2 High, 32 Medium and 44 Low). Management responses, along with implementation dates, to address them have been sought/obtained from the Trust.</p> <p>We have agreed a follow up process with the Trust whereby all audit recommendations are recorded on our automated software (MKi) and automated reminders are sent to action owners each month and responses sought. On a monthly basis we prepare a report for the Trust of all outstanding recommendations and this is used for the Trust to report to Audit Committee. These reports have routinely been submitted throughout the year.</p> <p>We also separately follow up all reasonable and limited assurance reports to ensure that recommendations have been actioned. The current status of reasonable and limited assurance reports issued during 2018-19 is summarised below:</p> <ul style="list-style-type: none"> <li>• Capital Planning / Fixed Asset Register (limited assurance): The report contained a total of 11 recommendations (of which two were rated as high priority). Follow up work has been undertaken to assess whether the recommendations were implemented promptly. We can confirm that the Trust has developed new policies, procedures and systems to address the key weaknesses identified (including addressing the two high priority rated weaknesses). Compliance testing will be undertaken during 2019-20 to ensure that the new policies, procedures and systems have been fully embedded.</li> <li>• Operations: Attendance Management (reasonable assurance): The report was finalised on the 7 May 2019. Follow up work on the agreed recommendations will take place during 2019-20.</li> <li>• Controlled Drugs (reasonable assurance): The draft report is with the Trust and management comments to the recommendations is due on the 17th May 2019. Follow up on the agreed recommendations will take place during 2019-20.</li> </ul>
<p><b>Significant factors outside the work of internal audit</b></p>	<p>While the Head of Internal Audit Opinion provides the Trust with assurances in relation to the areas covered by the Yorkshire Ambulance Service NHS Trust Plan, it is only one of the sources of assurance available. As the Trust outsources some of its functions, assurances from third parties are equally as important when the Trust draws up its Annual Governance Statement.</p> <p>The main ones that we have been made aware of are summarised below, and although we will review these for any significant items of control, we have not taken account of these in providing the overall opinion except where indicated:</p> <ul style="list-style-type: none"> <li>• The Electronic Staff Record (ESR) service is provided externally. An ISAE 3402 Type II report covering the operation of the national system is issued on an annual basis. An ISAE 3402 Type II report covering the operation of the national system for 2018-19 is expected to be available in late May 2019.</li> <li>• Oracle Shared Services is provided by NEP. An ISAE 2402 Type I report (as at the 25 February 2019) was issued for the Hosted Oracle R12 Control Environment and an ISAE 2402 Type I report (as at the 25 February 2019) for the Oracle Cloud Service.</li> </ul>



I would like to take this opportunity to thank the staff at Yorkshire Ambulance Service NHS Trust for the co-operation and assistance provided to my team during the year.

**Ian Wallace**

Managing Director of AuditOne  
May 2019

## Internal Audit Performance

### Planned and actual coverage

The internal audit plan for the year ended 31 March 2019 was approved by the Audit Committee on the 10 April 2018. There have been several changes to the plan since this time to reflect changing organisational requirements, however these have all been reported to, and agreed by, the Audit Committee. For example:

- The following audits were deferred to the 2019-20 plan (because of planned system systems/upgrades): Fleet Management, ESR Data/Usage/Interfaces and Business Intelligence/Data Warehouse Systems; and
- The following audit was cancelled (because the contract was being reviewed): Occupational Health.

During the year we have reported upon our progress against plan to the Audit Committee via our regular progress report and included extracts of all audit reports for consideration by the committee. At the time of preparing the Internal Audit Annual Report, five audits were in progress to complete the 2018-19 plan (this is a similar position to the 2017-18 outturn position).

## Conformance with Public Sector Internal Audit Standards

During the year ended 31 March 2019 our work was governed by the Public Sector Internal Audit Standards (The Standards). These were revised with effect from 1 April 2017 reflecting changes to the International Standards for the Professional Practice of Internal Auditing (Global Institute of Internal Auditors, 1 January 2017).

Our internal audit approach is designed to comply with all the Standards. We have a Quality Assurance Team that undertakes a rolling programme to assess compliance. No significant areas of non-compliance have been identified to date.

The Standards require that an external assessment be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organisation. It is planned that we will undergo this assessment during 2019-20.



## Appendix A - Summary of work undertaken

### Assurance levels assigned to individual audit assignments

Audit area	Assurance				Findings			
	Substantial	Good	Reasonable	Limited	High	Medium	Low	Totals
<b>Core areas</b>								
Policy Management	✓				0	0	2	2
Serious Untoward Incidents		✓			0	1	0	1
Medical Devices Management		✓			0	2	5	7
Capital Planning (Fixed Asset Register)				✓	2	3	6	11
Temporary Injury Allowance		✓			0	0	2	2
Global Rostering System		✓			0	3	0	3
Server Operational management		✓			0	1	2	3
PTS Third Party Providers		✓			0	1	2	3
Estates Strategy Maintenance		✓			0	2	4	6
Operations: Attendance Management			✓		0	5	1	6
Network Device Security		✓			0	2	0	2
Risk Management*		✓			0	2	5	7
Board Assurance Framework	✓				0	0	3	3
Controlled Drugs*			✓		0	5	5	10
Accounts Payable*	✓				0	1	1	2
General Ledger*	✓				0	0	1	1
IT Service Desk Incident Management*		✓			0	3	3	6
DSP Toolkit	Not applicable to this review				0	1	2	3
<b>Advisory</b>								
Business Case Management	Not applicable to advisory work				Not applicable			
<b>Totals</b>	<b>4</b>	<b>10</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>32</b>	<b>44</b>	<b>78</b>

\* denotes reports at draft stage.



## Appendix A - Summary of work undertaken

### Audits in progress

- Partnerships;
- Business Continuity;
- Data Quality / Key Performance Indicators;
- Payroll; and
- IM&T Risk Management.

### Annual quality questionnaire

Executive Directors and Audit Committee members have been asked to complete a questionnaire about their satisfaction with the internal audit service received from AuditOne. At the time of producing this report, the exercise was in progress and the results will be presented to the July meeting of the Audit Committee.

## Appendix B - Recommendation and assurance definitions

Assurance Levels	
<b>Substantial</b>	Governance, risk management and control arrangements provide substantial assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place.
<b>Good</b>	Governance, risk management and control arrangements provide a good level of assurance that the risks identified are managed effectively. A high level of compliance with the control framework was found to be taking place. Minor remedial action is required.
<b>Reasonable</b>	Governance, risk management and control arrangements provide reasonable assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place in a consistent manner. Some moderate remedial action is required.
<b>Limited</b>	Governance, risk management and control arrangements provide limited assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place. Immediate and fundamental remedial action is required.

Recommendation Prioritisation	
<b>High</b>	A fundamental weakness in the system that puts the achievement of the systems objectives at risk and/or major and consistent non-compliance with the control framework requiring management action as a matter of urgency.
<b>Medium</b>	A significant weakness within the system that leaves some of the systems objectives at risk and/or some non-compliance with the control framework.
<b>Low</b>	Minor improvement to the system could be made to improve internal control in general and engender good practice, but are not vital to the overall system of internal control.





# FINANCIAL ACCOUNTS

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

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*.

These include ensuring that:

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

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

**Rod Barnes**, Chief Executive

23 May 2019



# FINANCIAL ACCOUNTS

## Statement of director's responsibilities in respect of the accounts

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

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

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

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

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board

**Rod Barnes**, Chief Executive  
23 May 2019

**Mark Bradley**, Finance Director  
23 May 2019



# FINANCIAL ACCOUNTS

## Independent Auditor's Report to the directors of YAS

### Opinion

We have audited the financial statements of for the year ended 31 March 2019 under the Local Audit and Accountability Act 2014. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and the related notes 1 to 36. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2018-19 HM Treasury's Financial Reporting Manual (the 2018-19 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2018-19 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England (the Accounts Direction).

In our opinion the financial statements:

- give a true and fair view of the financial position of Yorkshire Ambulance Service NHS Trust as at 31 March 2019 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the National Health Service Act 2006 and the Accounts Directions issued thereunder.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the directors use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

### Other information

The other information comprises the information included in the Annual Report and Accounts 2018-19, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.



If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

### **Opinion on other matters prescribed by the Health Services Act 2006**

In our opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with the Health Services Act 2006 and the Accounts Directions issued thereunder.

### **Matters on which we are required to report by exception**

We are required to report to you if:

- in our opinion the Annual Governance statement does not comply with the NHS Improvement's guidance; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or

- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014; or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We have nothing to report in these respects

### **Responsibilities of the Directors and Accountable Officer**

As explained more fully in the Statement of Directors' Responsibilities in respect of the Accounts, set out on page 170, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. In preparing the financial statements, the Accountable Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accountable Officer either intends to cease operations, or have no realistic alternative but to do so.

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

### **Auditor's responsibility for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at:

<https://www.frc.org.uk/auditorsresponsibilities>

This description forms part of our auditor's report.

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve



planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

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

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

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

## Certificate

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

## Use of our report

This report is made solely to the Board of Directors of Yorkshire Ambulance Service NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 and for no other purpose. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors, for our audit work, for this report, or for the opinions we have formed.

Hassan Rohimun (Key Audit Partner)  
Ernst & Young LLP (Local Auditor)  
Manchester

24 May 2019



## Statement of Comprehensive Income for the year ended 31 March 2019

		2018-19	2017-18
	Note	£000	£000
Operating income from patient care activities	3	270,881	259,211
Other operating income	4	10,817	10,240
Operating expenses	5, 7	(272,233)	(257,660)
<b>Operating surplus from continuing operations</b>		<b>9,465</b>	11,791
Finance income	10	231	84
Finance expenses	11	(59)	(126)
PDC dividends payable		(2,243)	(2,049)
<b>Net finance costs</b>		<b>(2,071)</b>	(2,091)
Other gains/(losses)	12	(64)	165
<b>Surplus for the year</b>		<b>7,330</b>	9,865
<b>Other comprehensive income. Will not be reclassified to income and expenditure:</b>			
Revaluations	14, 15	(1,730)	3,978
<b>Total comprehensive income for the period</b>		<b>5,600</b>	13,843
<b>Adjusted financial performance (control total basis):</b>			
Surplus / (deficit) for the period		7,330	9,865
Remove net impairments not scoring to the Departmental expenditure limit	6	1,920	283
Remove I&E impact of capital grants and donations		-	6
CQUIN risk reserve adjustment (2017-18 only)		-	(850)
<b>Adjusted financial performance surplus</b>		<b>9,250</b>	9,304



## Statement of Financial Position for the year ended 31 March 2019

	Note	31 March 2019 £000	31 March 2018 £000
<b>Non-current assets</b>			
Intangible assets	13	1,114	1,267
Property, plant and equipment	14	94,810	90,348
Trade and other receivables	17	547	561
<b>Total non-current assets</b>		<b>96,471</b>	92,176
<b>Current assets</b>			
Inventories	16	1,388	1,330
Receivables	17	16,071	16,321
Non-current assets held for sale/ assets in disposal groups	18	160	935
Cash and cash equivalents	19	36,110	30,165
<b>Total current assets</b>		<b>53,729</b>	48,751

	Note	31 March 2019 £000	31 March 2018 £000
<b>Current liabilities</b>			
Trade and other payables	20	(14,397)	(18,767)
Borrowings	22	(338)	(334)
Provisions	23	(6,051)	(5,580)
Other liabilities	21	(110)	(134)
<b>Total current liabilities</b>		<b>(20,896)</b>	(24,815)
<b>Total assets less current liabilities</b>		<b>129,304</b>	116,112
<b>Non-current liabilities</b>			
Borrowings	22	(4,167)	(4,501)
Provisions	23	(8,784)	(9,247)
<b>Total non-current liabilities</b>		<b>(12,951)</b>	(13,748)
<b>Total assets employed</b>		<b>116,353</b>	102,364
<b>Financed by</b>			
Public dividend capital		83,557	75,168
Revaluation reserve		12,462	14,776
Income and expenditure reserve		20,334	12,420
<b>Total taxpayers' equity</b>		<b>116,353</b>	102,364

The financial statements on pages 174 to 177 were approved by the Board on 23 May 2019

**Rod Barnes**  
Chief Executive  
23 May 2019



## Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' equity at 1 April 2018 - brought forward</b>	<b>75,168</b>	<b>14,776</b>	<b>12,420</b>	<b>102,364</b>
Surplus/(deficit) for the year	-	-	7,330	<b>7,330</b>
Revaluations (Property, Plant and Equipment)	-	(1,730)	-	<b>(1,730)</b>
Transfer to retained earnings on disposal of assets	-	(64)	64	-
Other recognised gains and losses	-	(520)	520	-
Public dividend capital received	8,389	-	-	<b>8,389</b>
<b>Taxpayers' equity at 31 March 2019</b>	<b>83,557</b>	<b>12,462</b>	<b>20,334</b>	<b>116,353</b>

## Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
<b>Taxpayers' equity at 1 April 2017 - brought forward</b>	<b>75,037</b>	<b>9,501</b>	<b>3,852</b>	<b>88,390</b>
Surplus/(deficit) for the year	-	-	9,865	<b>9,865</b>
Other transfers between reserves	-	1,351	(1,351)	-
Impairments	-	-	-	-
Revaluations	-	3,978	-	<b>3,978</b>
Transfer to retained earnings on disposal of assets	-	(54)	54	-
Public dividend capital received	131	-	-	<b>131</b>
<b>Taxpayers' equity at 31 March 2018</b>	<b>75,168</b>	<b>14,776</b>	<b>12,420</b>	<b>102,364</b>

### Information on reserves

#### Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

#### Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

#### Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.





## Statement of Cash Flows for the year ended 31 March 2019

		2018-19	2017-18
	Note	£000	£000
<b>Cash flows from operating activities</b>			
Operating surplus / (deficit)		9,465	11,791
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	5.1	9,833	9,418
Net impairments	6	1,920	283
(Increase) / decrease in receivables and other assets		314	(6,970)
(Increase) / decrease in inventories		(58)	(31)
Increase / (decrease) in payables and other liabilities		(4,969)	4,979
Increase / (decrease) in provisions		39	2,341
<b>Net cash generated from / (used in) operating activities</b>		<b>16,544</b>	<b>21,811</b>
<b>Cash flows from investing activities</b>			
Interest received		231	84
Purchase of intangible assets		(469)	(492)
Purchase of property, plant, equipment and investment property		(16,903)	(7,016)
Sales of property, plant, equipment and investment property		906	355
<b>Net cash generated from / (used in) investing activities</b>		<b>(16,235)</b>	<b>(7,069)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		8,389	131
Movement on loans from the Department of Health and Social Care		(334)	(1,801)
Interest on loans		(88)	(106)
PDC dividend (paid) / refunded		(2,331)	(1,886)
<b>Net cash generated from / (used in) financing activities</b>		<b>5,636</b>	<b>(3,662)</b>
<b>Increase / (decrease) in cash and cash equivalents</b>		<b>5,945</b>	<b>11,080</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>30,165</b>	<b>19,085</b>
<b>Cash and cash equivalents at 31 March</b>	19	<b>36,110</b>	<b>30,165</b>



# FINANCIAL ACCOUNTS

## Notes to the Accounts

### 1 Accounting policies and other information

#### 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018-19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

##### 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

##### 1.1.2 Going concern

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason the accounts have been prepared on a going concern basis.

#### 1.2 Critical judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed.

Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

##### 1.2.1 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

###### Segmental reporting

The Trust has one material segment, being the provision of healthcare. Divisions within the Trust all have similar economic characteristics. Private patient activity is not considered material enough to warrant segmental reporting.

###### Charities consolidation

Management consider the Yorkshire Ambulance Services Charitable Fund, of which the Trust is a corporate Trustee, to have an immaterial impact on the group results. Therefore these accounts do not include a consolidated position under the requirements of IFRS10.



## Income recognition

The impact of IFRS 15 has been assessed against the Trust's main sources of income. The majority of Trust income comes through block contracts with Clinical Commissioning Groups so that the timing of revenue recognition is not materially affected by the adoption of IFRS 15.

### 1.2.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

#### Non-Current Assets

Values are as disclosed in notes 14.1, tangible assets, and 13.1 intangible assets.

Asset lives, with the exception of buildings are set out in note 1.6.5 and note 1.7.3 with maximum lives being set by reference to the type of asset and its expected useful life in normal use. Building lives are based on the recommendations received from the District Valuer.

Land and buildings have been re-valued as at 31 March 2019 and have not been subject to indexation in the year. The results of this are disclosed in note 14.1.

#### Provisions

Values are as disclosed in note 23.1.

These have been estimated based on the best information available at the time of the compilation of the accounts.

Estimates of employee's legal claims are made including the advice received from the National Health Service (NHS) Litigation Authority to the size and likely outcome of each individual claim. The Trust's maximum liability regarding each claim is limited to £10k.

We have provided for the costs of reinstating dilapidations to leased and tenancy properties based on a professional evaluation by Lambert Smith Hampton.

We have provided for the costs of reinstating dilapidations to leased vehicles based on the historic costs of undertaking that work.

#### Provisions for injury benefits (note 23.1)

The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the year, taking into account the risks and uncertainties. The carrying amount of injury benefit provisions is estimated as the present value of those cash flows using HM Treasury's discount rate of 0.29% in real terms (2017-18 0.1%). The period over which future cash flows will be paid is estimated using the England life expectancy tables as published by the Office of National Statistics.

#### Allowance for credit losses (note 17.2)

The Trust recognises the credit and liquidity risk of receivables which are past their due date. The impairment of such debt is based on a combination of the age of the debt and likelihood of payment and information held by management on the individual circumstances surrounding the debt.

### 1.3.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018-19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised.



Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The majority of Trust income comes through block contracts with clinical commissioning groups, and performance obligations are therefore met as a consequence of elapsed time. Typical timing of payment is monthly. Give this, the adoption of contract balances IFRS 15 has not resulted in a material change to the timing of income recognition.

#### Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients.

That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

#### Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

#### NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment.



The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

### 1.3.2 Revenue grants and other contributions to expenditure

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

### 1.3.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

## 1.4 Expenditure on employee benefits

### Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

### Pension costs

#### NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales.

The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

#### National Employment Savings Trust (NEST)

There are a small number of staff who are not entitled to join the NHS pension scheme, for example:

- Those already in receipt of an NHS pension who have taken benefits from the 1995 section of the scheme;
- Those who work full time at another Trust;
- Those over 75 years of age.

The National Employment Savings Trust (NEST) has been set up specifically to help employers to comply with the Pensions Act 2008. Employees who have taken their benefits from the 1995 section of the NHS pension scheme and are under state retirement age are enrolled in the NEST scheme. NEST Corporation is the Trustee body that has overall responsibility for running NEST; it is a non-departmental public body that operates at arm's length from government and is accountable to Parliament through the Department of Work and Pensions (DWP).

In 2018-19 employee contributions to NEST were 2.4% of pensionable pay and employer contributions were also 3.0% of pensionable pay. NEST levies a contribution charge of 1.8% and an annual management charge of 0.3% which is paid for from the employee contributions. There are no separate employer charges levied by NEST and the Trust is not required to enter into a contract to utilise NEST qualifying pension schemes.



## 1.5 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

## 1.6 Property, plant and equipment

### 1.6.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

### 1.6.2 Measurement

#### Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either frontline services or back office functions) are measured at their current value in existing use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

#### Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above.

The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

#### Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification.

#### Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses.



A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

### 1.6.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
  1. management are committed to a plan to sell the asset
  2. an active programme has begun to find a buyer and complete the sale
  3. the asset is being actively marketed at a reasonable price
  4. the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
  5. the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'.

Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

### 1.6.4 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

### 1.6.5 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Buildings excluding dwellings	5	48
Plant and machinery	5	15
Transport equipment	3	7
Information technology	2	7
Furniture and fittings	4	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.



## 1.7 Intangible assets

### 1.7.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

#### Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

### 1.7.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

#### Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

### 1.7.3 Useful economic life of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Software licences	2	7

## 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

## 1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

## 1.10 Financial assets and financial liabilities

### 1.10.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.





This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

### 1.10.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

#### Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

### Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Income from organisations within the NHS group reflect contractual agreements which are ultimately underwritten by the Department of Health and Social Care. The amounts involved are determined according to the contractual agreements involved and there are processes in place to resolve disagreements in respect of those agreements. Given this the Trust does not normally recognise expected credit losses in relation to other NHS bodies.

For non-NHS debt the Trust makes use of a simplified model and recognises the expected loss on initial recognition of receivables. Expected losses are analysed between trade receivables and amounts repayable by staff.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

### 1.10.3 Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.



Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

## 1.11 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

### 1.11.1 The Trust as lessee

#### Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

## 1.12 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

#### Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 23.2 but is not recognised in the Trust's accounts.

## Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk-pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

## 1.13 Contingencies

Contingent liabilities are not recognised, but are disclosed in note 24, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

## 1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:



- donated assets (including lottery funded assets),
- average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

### 1.15 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### 1.16 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

### 1.17 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018-19.

### 1.18 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases was published in January 2016 and is expected to be adopted by the NHS for 2020-21. The standard removes the distinction between operating and finance leases, and will involve the identification of leases and additional disclosures within the 2020-21 account. The amounts involved are determined according to the contractual agreements involved and there are processes in place to resolve disagreements in respect of those agreements. Given this the Trust does not normally recognise expected credit losses in relation to other NHS bodies.

For non-NHS debt the Trust makes use of a simplified model and recognises the expected loss on initial recognition of receivables. Expected losses are analysed between trade receivables and amounts repayable by staff.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

## 2 Operating Segments

The Trust has judged that it only operates as one business segment; that of healthcare. 96% (£270m) of the Trust's income in 2018-19 (2017-18 96%, £258m) is received from NHS organisations.



### 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.1

#### 3.1 Income from patient care activities (by nature)

	2018-19	2017-18
	£000	£000
<b>Ambulance services</b>		
A&E income	195,276	188,349
Patient Transport Services income	30,985	30,272
Other income	41,423	40,590
Agenda for Change pay award central funding	3,197	-
<b>Total income from activities</b>	<b>270,881</b>	259,211

#### 3.2 Income from patient care activities (by source)

	2018-19	2017-18
	£000	£000
<b>Income from patient care activities received from:</b>		
NHS England	2,143	2,099
Clinical commissioning groups	263,284	255,108
Department of Health and Social Care	3,237	-
Other NHS providers	1,156	1,059
Local authorities	13	10
Non-NHS: private patients	22	14
Injury cost recovery scheme	963	887
Non-NHS: other	63	34
<b>Total income from activities</b>	<b>270,881</b>	259,211
Of which: related to continuing operations	<b>270,881</b>	259,211

### 4 Other operating income

	2018-19	2017-18
	£000	£000
<b>Other operating income from contracts with customers:</b>		
Research and development (contract)	241	234
Education and training (excluding notional apprenticeship levy income)	1,210	1,640
Provider sustainability/sustainability and transformation fund income (PSF/STF)	5,563	5,320
Income in respect of employee benefits accounted on a gross basis	1,121	630
Other contract income	2,335	2,304
<b>Other non-contract operating income</b>		
Education and training - notional income from apprenticeship fund	347	112
<b>Total other operating income</b>	<b>10,817</b>	10,240
Of which: related to continuing operations	<b>10,817</b>	10,240



## 5.1 Operating expenses

	2018-19	2017-18
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	185	185
Purchase of healthcare from non-NHS and non-DHSC bodies	19,888	19,382
Staff and executive directors costs	186,167	174,898
Remuneration of non-executive directors	69	82
Supplies and services - clinical (excluding drugs costs)	7,393	6,080
Supplies and services - general	1,627	1,628
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	193	295
Consultancy costs	1,000	546
Establishment	5,677	5,410
Premises	9,526	11,154
Transport (including patient travel)	18,735	16,945
Depreciation on property, plant and equipment	9,443	8,868
Amortisation on intangible assets	390	550
Net impairments	1,920	283
Movement in credit loss allowance: contract receivables / contract assets	30	-
Movement in credit loss allowance: all other receivables and investments	-	56
Change in provisions discount rate(s)	(178)	187

	2018-19	2017-18
	£000	£000
Audit fees payable to the external auditor audit services - statutory audit	70	68
Internal audit costs	143	145
Clinical negligence	1,275	1,143
Legal fees	102	1,270
Insurance	3,029	3,209
Education and training	1,967	1,767
Rentals under operating leases	2,629	2,808
Redundancy	184	235
Hospitality	51	277
Losses, ex-gratia and special payments	147	125
Other	571	64
Total	272,233	257,660
Of which: related to continuing operations	272,233	257,660



## 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2017-18: £2m).

## 6 Impairment of assets

	2018-19	2017-18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	587	274
Other	1,333	9
<b>Total net impairments charged to operating surplus / deficit</b>	<b>1,920</b>	283
Impairments charged to the revaluation reserve	-	-
<b>Total net impairments</b>	<b>1,920</b>	283

The Trust's land and buildings valuations were undertaken by the District Valuer Service, part of the Valuation Office Agency of HM Revenue and Customs during February 2019 with a prospective valuation date of 31 March 2019. Valuations are carried out on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property. There are a net £587k of impairments as a result of these valuation due to changes in market price. The Trust also impaired historic capital expenditure related to a strategic development venture which is now being expensed to income and expenditure £1,333k.

## 7 Employee Benefits

	2018-19	2017-18
	£000	£000
Salaries and wages	150,212	140,203
Social security costs	14,556	13,714
Apprenticeship levy	731	683
Employer's contributions to NHS pensions	18,433	17,111
Termination benefits	184	235
Temporary staff (including agency)	2,235	3,187
<b>Total staff costs</b>	<b>186,351</b>	175,133

### 7.1 Retirements due to ill-health

During 2018-19 there were 10 early retirements from the Trust agreed on the grounds of ill-health (11 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £711k (£920k in 2017-18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.



## 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.



## 9 Operating Leases

### 9.1 Yorkshire Ambulance Service NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Yorkshire Ambulance Service NHS Trust is the lessee.

The Trust's operating lease commitments relate to land and vehicles and medical equipment. The vehicle commitments are based on 404 vehicles, of which 139 are due to expire within one year and 265 are due to expire between one and five years.

The medical equipment consists of five stretchers. The leases will expire between one and five years. The commitment on land consists of two leases which is for the car parking facility at the Springhill Headquarters and Fleet Unit M which are due to expire within one year. The commitment on land and buildings consists of 40 leases, of which three are due to expire after five years, five will expire between one and five years, and 32 will expire within one year.

	2018-19	2017-18
	£000	£000
<b>Operating lease expense</b>		
Minimum lease payments	2,629	2,808
<b>Total</b>	<b>2,629</b>	2,808

	31 March 2019	31 March 2018
	£000	£000
<b>Future minimum lease payments due:</b>		
not later than one year;	1,356	1,296
later than one year and not later than five years;	3,908	5,049
later than five years.	923	1,022
<b>Total</b>	<b>6,187</b>	7,367

## 10 Finance Income

Finance income represents interest received on assets and investments in the period.

	2018-19	2017-18
	£000	£000
Interest on bank accounts	231	84
<b>Total</b>	<b>231</b>	84

### 11.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018-19	2017-18
	£000	£000
<b>Interest expense:</b>		
Loans from the Department of Health and Social Care	88	104
<b>Total interest expense</b>	<b>88</b>	104
Unwinding of discount on provisions	(29)	22
<b>Total finance costs</b>	<b>59</b>	126

## 12 Other gains

	2018-19	2017-18
	£000	£000
Gains on disposal of assets	-	165
Losses on disposal of assets	(64)	-
<b>Total finance costs</b>	<b>(64)</b>	165





### 13.1 Intangible assets - 2018-19

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
<b>Valuation/gross cost at 1 April 2018 - brought forward</b>	<b>3,357</b>	<b>166</b>	<b>3,523</b>
Additions	99	138	<b>237</b>
Reclassifications	175	(175)	-
Disposals/derecognition	(456)	-	<b>(456)</b>
<b>Valuation/gross cost at 31 March 2019</b>	<b>3,175</b>	<b>129</b>	<b>3,304</b>
<b>Amortisation at 1 April 2018 - brought forward</b>	<b>2,256</b>	-	<b>2,256</b>
Provided during the year	390	-	<b>390</b>
Disposals/derecognition	(456)	-	<b>(456)</b>
<b>Amortisation at 31 March 2019</b>	<b>2,190</b>	-	<b>2,190</b>
<b>Net book value at 31 March 2019</b>	<b>985</b>	<b>129</b>	<b>1,114</b>
<b>Net book value at 1 April 2018</b>	<b>1,101</b>	<b>166</b>	<b>1,267</b>

### 13.2 Intangible assets - 2017-18

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
<b>Valuation/gross cost at 1 April 2016</b>	<b>3,359</b>	<b>211</b>	<b>3,570</b>
Additions	378	166	<b>544</b>
Reclassifications	211	(211)	-
Disposals/derecognition	(591)	-	<b>(591)</b>
<b>Valuation/gross cost at 31 March 2018</b>	<b>3,357</b>	<b>166</b>	<b>3,523</b>
<b>Amortisation at 1 April 2017</b>	<b>2,297</b>	-	<b>2,297</b>
Provided during the year	550	-	<b>550</b>
Disposals/derecognition	(591)	-	<b>(591)</b>
<b>Amortisation at 31 March 2018</b>	<b>2,256</b>	-	<b>2,256</b>
<b>Net book value at 31 March 2018</b>	<b>1,101</b>	<b>166</b>	<b>1,267</b>
<b>Net book value at 1 April 2017</b>	<b>1,062</b>	<b>211</b>	<b>1,273</b>



## 14.1 Property, plant and equipment - 2018-19

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	<b>Total</b>
	£000	£000	£000	£000	£000	£000	£000	<b>£000</b>
<b>Valuation/gross cost at 1 April 2018 - brought forward</b>	<b>18,806</b>	<b>37,789</b>	<b>4,733</b>	<b>8,369</b>	<b>48,454</b>	<b>11,141</b>	<b>686</b>	<b>129,978</b>
Additions	-	414	13,927	489	2,385	537	-	<b>17,752</b>
Impairments	(130)	(1,882)	-	-	-	-	-	<b>(2,012)</b>
Reversals of impairments	-	92	-	-	-	-	-	<b>92</b>
Revaluations	138	(3,323)	-	-	-	-	-	<b>(3,185)</b>
Reclassifications	-	1,931	(11,163)	777	8,154	301	-	-
Disposals/derecognition	-	(171)	-	(878)	(5,800)	(1,563)	(464)	<b>(8,876)</b>
<b>Valuation/gross cost at 31 March 2019</b>	<b>18,814</b>	<b>34,850</b>	<b>7,497</b>	<b>8,757</b>	<b>53,193</b>	<b>10,416</b>	<b>222</b>	<b>133,749</b>
<b>Accumulated depreciation at 1 April 2018 - brought forward</b>	-	-	-	<b>2,808</b>	<b>28,833</b>	<b>7,435</b>	<b>554</b>	<b>39,630</b>
Provided during the year	-	1,457	-	996	5,610	1,357	23	<b>9,443</b>
Impairments	-	-	-	-	-	-	-	-
Revaluations	-	(1,455)	-	-	-	-	-	<b>(1,455)</b>
Disposals/derecognition	-	(2)	-	(878)	(5,786)	(1,549)	(464)	<b>(8,679)</b>
<b>Accumulated depreciation at 31 March 2019</b>	-	-	-	<b>2,926</b>	<b>28,657</b>	<b>7,243</b>	<b>113</b>	<b>38,939</b>
<b>Net book value at 31 March 2019</b>	<b>18,814</b>	<b>34,850</b>	<b>7,497</b>	<b>5,831</b>	<b>24,536</b>	<b>3,173</b>	<b>109</b>	<b>94,810</b>
<b>Net book value at 1 April 2018</b>	<b>18,806</b>	<b>37,789</b>	<b>4,733</b>	<b>5,561</b>	<b>19,621</b>	<b>3,706</b>	<b>132</b>	<b>90,348</b>



## 14.2 Property, plant and equipment - 2017-18

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	<b>Total</b>
	£000	£000	£000	£000	£000	£000	£000	<b>£000</b>
<b>Valuation/gross cost at 1 April 2017</b>	<b>19,079</b>	<b>35,172</b>	<b>6,503</b>	<b>6,372</b>	<b>57,225</b>	<b>30,444</b>	<b>813</b>	<b>155,608</b>
Additions	-	399	3,379	2,327	506	406	-	<b>7,017</b>
Impairments	(23)	(283)	-	-	-	-	-	<b>(306)</b>
Reversals of impairments	-	32	-	-	-	-	-	<b>32</b>
Revaluations	-	2,751	-	-	-	-	-	<b>2,751</b>
Reclassifications	-	243	(5,149)	4	4,871	31	-	<b>-</b>
Transfers to / from assets held for sale	(250)	(525)	-	-	-	-	-	<b>(775)</b>
Disposals/derecognition	-	-	-	(334)	(14,148)	(19,740)	(127)	<b>(34,349)</b>
<b>Valuation/gross cost at 31 March 2018</b>	<b>18,806</b>	<b>37,789</b>	<b>4,733</b>	<b>8,369</b>	<b>48,454</b>	<b>11,141</b>	<b>686</b>	<b>129,978</b>
<b>Accumulated depreciation at 1 April 2017</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,497</b>	<b>37,297</b>	<b>25,687</b>	<b>658</b>	<b>66,139</b>
Provided during the year	-	1,227	-	640	5,491	1,487	23	<b>8,868</b>
Impairments	-	-	-	5	3	1	-	<b>9</b>
Revaluations	-	(1,227)	-	-	-	-	-	<b>(1,227)</b>
Disposals/derecognition	-	-	-	(334)	(13,958)	(19,740)	(127)	<b>(34,159)</b>
<b>Accumulated depreciation at 31 March 2018</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2,808</b>	<b>28,833</b>	<b>7,435</b>	<b>554</b>	<b>39,630</b>
<b>Net book value at 31 March 2018</b>	<b>18,806</b>	<b>37,789</b>	<b>4,733</b>	<b>5,561</b>	<b>19,621</b>	<b>3,706</b>	<b>132</b>	<b>90,348</b>
<b>Net book value at 1 April 2017</b>	<b>19,079</b>	<b>35,172</b>	<b>6,503</b>	<b>3,875</b>	<b>19,928</b>	<b>4,757</b>	<b>155</b>	<b>89,469</b>

All valuations of Land and buildings are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation Standards.



### 14.3 Property, plant and equipment financing - 2018-19

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Net book value at 31 March 2019</b>								
Owned - purchased	18,814	34,850	7,497	5,831	24,536	3,173	109	<b>94,810</b>
<b>NBV total at 31 March 2019</b>	<b>18,814</b>	<b>34,850</b>	<b>7,497</b>	<b>5,831</b>	<b>24,536</b>	<b>3,173</b>	<b>109</b>	<b>94,810</b>

### 14.4 Property, plant and equipment financing - 2017-18

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Net book value at 31 March 2018</b>								
Owned - purchased	18,806	37,789	4,733	5,561	19,617	3,706	132	<b>90,344</b>
Owned - donated	-	-	-	-	4	-	-	<b>4</b>
<b>NBV total at 31 March 2018</b>	<b>18,806</b>	<b>37,789</b>	<b>4,733</b>	<b>5,561</b>	<b>19,621</b>	<b>3,706</b>	<b>132</b>	<b>90,348</b>



## 15 Revaluations of property, plant and equipment

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

## 16 Inventories

	31 March 2019	31 March 2018
	£000	£000
Drugs	75	74
Consumables	1,139	1,085
Other	174	171
<b>Total inventories</b>	<b>1,388</b>	<b>1,330</b>

Inventories recognised in expenses for the year were £10,918k (2017-18: £12,622k). Write-down of inventories recognised as expenses for the year were £0k (2017-18: £0k).

## 17.1 Trade receivables and other receivables

	31 March 2019	31 March 2018
	£000	£000
<b>Current</b>		
Contract receivables*	11,189	
Trade receivables*		3,555
Accrued income*		7,597
Allowance for impaired contract receivables / assets*	(579)	
Allowance for other impaired receivables	-	(562)
Prepayments	4,564	5,206
PDC dividend receivable	50	-
VAT receivable	695	319
Other receivables	152	206
<b>Total current trade and other receivables</b>	<b>16,071</b>	<b>16,321</b>
<b>Non-current</b>		
Accrued income*		561
Other receivables	547	-
<b>Total non-current trade and other receivables</b>	<b>547</b>	<b>561</b>
<b>Of which receivables from NHS and DHSC group bodies:</b>		
Current	8,602	9,041

\*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.



## 17.2 Allowances for credit losses - 2018-19

	Contract receivables and contract assets	All other receivables
	£000	£000
<b>Allowances as at 1 Apr 2018 - brought forward</b>		562
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	562	(562)
<b>Allowances at start of period for new FTs</b>	-	
New allowances arising	55	
<b>Allowances as at 31 Mar 2019</b>	<b>579</b>	-

## 17.2 Allowances for credit losses - 2017-18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All other receivables
	£000
<b>Allowances as at 1 Apr 2017 - as previously stated</b>	532
Prior period adjustments	
Increase in provision	56
Amounts utilised	(26)
<b>Allowances as at 31 Mar 2018</b>	<b>562</b>

## 17.4 Exposure to credit risk

The nature of the Trust's income and operations as part of the NHS mean that the Trust is not significantly exposed to credit risk.

## 18 Non-current assets held for sale and assets in disposal groups

	2018-19	2017-18
	£000	£000
<b>NBV of non-current assets for sale and assets in disposal groups at 1 April</b>	935	160
Assets classified as available for sale in the year	-	775
Assets sold in year	(775)	-
<b>NBV of non-current assets for sale and assets in disposal groups at 31 March</b>	<b>160</b>	935

The asset held for sale in year is Bramham, a former ambulance station.



## 19 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in-hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2018-19	2017-18
	£000	£000
<b>At 1 April</b>	<b>30,165</b>	<b>19,085</b>
Net change in year	5,945	11,080
<b>At 31 March</b>	<b>36,110</b>	<b>30,165</b>
Broken down into:		
Cash at commercial banks and in-hand	35	26
Cash with the Government Banking Service	36,075	30,139
<b>Total cash and cash equivalents as in SoFP</b>	<b>36,110</b>	<b>30,165</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>36,110</b>	<b>30,165</b>

## 20 Trade and other payables

	31 March 2019	31 March 2018
	£000	£000
<b>Current</b>		
Trade payables	1,809	6,818
Capital payables	2,565	1,948
Accruals	7,518	7,715
Social security costs	-	15
Other taxes payable	-	5
PDC dividend payable	-	38
Accrued interest on loans*		4
Other payables	2,505	2,224
<b>Total current trade and other payables</b>	<b>14,397</b>	<b>18,767</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	<b>715</b>	306

\*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note. IFRS 9 is applied without restatement therefore comparatives have not been restated.

Other payables include £2.490m in respect of pension costs (2017-18: £2.224m)

There were no amounts payable in relation to early retirements.



## 21 Other liabilities

	31 March 2019	31 March 2018
	£000	£000
<b>Current</b>		
Deferred grants	110	134
<b>Total other current liabilities</b>	<b>110</b>	<b>134</b>

## 22 Borrowings

	31 March 2019	31 March 2018
	£000	£000
<b>Current</b>		
Loans from the Department of Health and Social Care	338	334
<b>Total current borrowings</b>	<b>338</b>	<b>334</b>
<b>Non-current</b>		
Loans from the Department of Health and Social Care	4,167	4,501
<b>Total non-current borrowings</b>	<b>4,167</b>	<b>4,501</b>

## 22.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC	Total
	£000	£000
<b>Carrying value at 1 April 2018</b>	<b>4,835</b>	<b>4,835</b>
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(334)	(334)
Financing cash flows - payments of interest	(88)	(88)
<b>Non-cash movements:</b>		
Impact of implementing IFRS 9 on 1 April 2018	4	4
Application of effective interest rate	88	88
<b>Carrying value at 31 March 2019</b>	<b>4,505</b>	<b>4,505</b>





## 23.1 Provisions for liabilities and charges analysis

	Pensions - early departure costs	Pensions: injury benefits*	Legal claims	Re-structuring	Other	Total
	£000	£000	£000	£000	£000	£000
<b>At 1 April 2018</b>	<b>804</b>	<b>7,502</b>	<b>518</b>	<b>6</b>	<b>5,997</b>	<b>14,827</b>
Change in the discount rate	(7)	(137)	-	-	(34)	<b>(178)</b>
Arising during the year	62	456	329	25	1,438	<b>2,310</b>
Utilised during the year	(114)	(537)	(356)	(6)	(634)	<b>(1,647)</b>
Reversed unused	(5)	(198)	(115)	-	(130)	<b>(448)</b>
Unwinding of discount	1	8	-	-	(38)	<b>(29)</b>
<b>At 31 March 2019</b>	<b>741</b>	<b>7,094</b>	<b>376</b>	<b>25</b>	<b>6,599</b>	<b>14,835</b>
<b>Expected timing of cash flows:</b>						
- not later than one year;	91	429	376	25	5,130	<b>6,051</b>
- later than one year and not later than five years;	650	6,665	-	-	1,469	<b>8,784</b>
- later than five years.	-	-	-	-	-	-
<b>Total</b>	<b>741</b>	<b>7,094</b>	<b>376</b>	<b>25</b>	<b>6,599</b>	<b>14,835</b>

Restructuring provisions have been made in respect of reorganisations within Corporate Services.

'Other' provisions comprise:

Provision for staff costs including 'Frozen Leave' costs, debts outstanding on the Salary Sacrifice Scheme for Cars, and holiday pay.

Provision for anticipated dilapidation costs: for leased buildings based on an independent assessment by Lambert Smith Hampton, and for leased vehicles based on past costs of restoration.

Provisions for costs arising from legal cases and for employment tribunals.

Provisions for costs arising from membership of service consortium.



## 23.2 Clinical negligence liabilities

At 31 March 2019, £5,807k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Yorkshire Ambulance Service NHS Trust (31 March 2018: £4,817k).

## 24 Contingent assets and liabilities

	31 March 2019	31 March 2018
	£000	£000
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	(160)	(339)
<b>Gross value of contingent liabilities</b>	<b>(160)</b>	<b>(339)</b>
Amounts recoverable against liabilities	-	-
<b>Net value of contingent liabilities</b>	<b>(160)</b>	<b>(339)</b>
Amount Included in the Provisions of the NHS Resolution in Respect of Clinical Negligence Liabilities:		
As at 31 March 2019	<b>5,807</b>	
As at 31 March 2018	4,817	

## 25 Contractual capital commitments

	31 March 2019	31 March 2018
	£000	£000
Property, plant and equipment	3,389	510
Intangible assets	55	34
<b>Total</b>	<b>3,444</b>	<b>544</b>

## 26 Other financial commitments

The Trust is not committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement).

## 27 Financial instruments

### 27.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.



The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Trust's Management Board. Treasury activity is subject to review by the Trust's internal auditors.

### Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

### Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

### Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

## 27.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Total book value
	£000	£000
<b>Carrying values of financial assets as at 31 March 2019 under IFRS 9</b>		
Trade and other receivables excluding non financial assets	10,762	<b>10,762</b>
Cash and cash equivalents at bank and in hand	36,110	<b>36,110</b>
<b>Total at 31 March 2019</b>	<b>46,872</b>	<b>46,872</b>

	Loans and receivables	Total book value
	£000	£000
<b>Carrying values of financial assets as at 31 March 2018 under IAS 39</b>		
Trade and other receivables excluding non financial assets	11,340	<b>11,340</b>
Cash and cash equivalents at bank and in hand	30,165	<b>30,165</b>
<b>Total at 31 March 2018</b>	<b>41,505</b>	<b>41,505</b>



## 27.3 Carrying value of financial liabilities

	Held at amortised cost	Total book value
	£000	£000
<b>Carrying values of financial liabilities as at 31 March 2019 under IFRS 9</b>		
Loans from the Department of Health and Social Care	4,505	<b>4,505</b>
Trade and other payables excluding non-financial liabilities	14,397	<b>14,397</b>
Provisions under contract	5,185	<b>5,185</b>
<b>Total at 31 March 2019</b>	<b>24,087</b>	<b>24,087</b>

	Other financial liabilities	Total book value
	£000	£000
<b>Carrying values of financial liabilities as at 31 March 2018 under IAS 39</b>		
Loans from the Department of Health and Social Care	4,835	<b>4,835</b>
Trade and other payables excluding non-financial liabilities	18,705	<b>18,705</b>
Provisions under contract	4,669	<b>4,669</b>
<b>Total at 31 March 2018</b>	<b>28,209</b>	<b>28,209</b>

## 27.4 Fair values of financial assets and liabilities

The book value (carrying value) of the Trust's financial assets and liabilities is a reasonable approximation of fair value.

## 27.5 Maturity of financial liabilities

	31 March 2019	31 March 2018
	£000	£000
In one year or less	19,920	23,708
In more than one year but not more than two years	334	334
In more than two years but not more than five years	1,002	1,002
In more than five years	2,831	3,165
<b>Total</b>	<b>24,087</b>	<b>28,209</b>



## 28 Losses and special payments

	2018-19		2017-18	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
<b>Losses</b>				
Cash losses	23	14	13	14
Bad debts and claims abandoned	27	105	30	56
Stores losses and damage to property	6	1	8	5
<b>Total losses</b>	<b>56</b>	<b>120</b>	<b>51</b>	<b>75</b>
<b>Special payments</b>				
Compensation under court order or legally binding arbitration award	1	1	1	-
Extra-contractual payments	1	24	-	-
Ex-gratia payments	80	365	82	433
<b>Total special payments</b>	<b>82</b>	<b>390</b>	<b>83</b>	<b>433</b>
<b>Total losses and special payments</b>	<b>138</b>	<b>510</b>	<b>134</b>	<b>508</b>
Compensation payments received	-	-	-	-

There were no individual losses or special payments amounting to more than £300,000.



## 30 Related parties

The Department of Health and Social Care is regarded as a related party. During the year Yorkshire Ambulance Service NHS Trust has had a significant number of material transactions with the Department (defined as constituting over 1% of turnover), and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

NHS Leeds CCG

NHS Sheffield CCG

NHS Wakefield CCG

NHS Bradford Districts CCG

NHS East Riding of Yorkshire CCG

NHS Vale of York CCG

NHS Greater Huddersfield CCG

NHS Doncaster CCG

NHS Calderdale CCG

NHS Hull CCG

NHS North Kirklees CCG

NHS Barnsley CCG

NHS Rotherham CCG

NHS Harrogate and Rural District CCG

NHS Airedale, Wharfedale and Craven CCG

NHS Hambleton, Richmondshire and Whitby CCG

NHS England

NHS Scarborough and Ryedale CCG

NHS Bradford City CCG

Department of Health and Social Care

NHS Pension Scheme

HM Revenue & Customs

This note discloses related parties where income or expenditure is more than 1% of our operating income or expenditure, or that are material by nature (the YAS Charitable Fund). Other than the Charitable Fund transactions below this level are not considered material for the purposes of this disclosure.

Except as detailed below no Trust Board Members had any interest in any of these organisations during the financial year. No Trust Board Member has declared an interest in any other organisation with which the Trust does business.

The Trust works with the Yorkshire Air Ambulance charity and provides clinical staff for that service.

The Trust Board is the Corporate Trustee of the Yorkshire Ambulance Service NHS Charitable Trust

Charity No. 1114106. Transactions between the Charity and the Trust during the year were not material.

## 31 Prior period adjustments

There are no prior period adjustments

## 32 Events after the reporting date

There have been no adjusting post-balance sheet events, and no material non-adjusting post balance sheet events.



### 33 Better Payment Practice Code

	2018-19		2017-18	
	Number	£000	Number	£000
<b>Non-NHS Payables</b>				
Total non-NHS trade invoices paid in the year	26,911	128,244	23,877	103,909
Total non-NHS trade invoices paid within target	21,258	110,994	20,326	96,949
Percentage of non-NHS trade invoices paid within target	79.0%	86.5%	85.1%	93.3%
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	433	3,063	527	3,048
Total NHS trade invoices paid within target	329	2,175	415	2,444
Percentage of NHS trade invoices paid within target	76.0%	71.0%	78.7%	80.2%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

### 34 External financing

The Trust is given an external financing limit against which it is permitted to underspend:

	2018-19	2017-18
	£000	£000
Cash flow financing	2,110	(12,750)
<b>External financing requirement</b>	<b>2,110</b>	<b>(12,750)</b>
External financing limit (EFL)	3,204	(4,448)
<b>Under spend against EFL</b>	<b>1,094</b>	<b>8,302</b>

### 35 Capital Resource Limit

	2018-19	2017-18
	£000	£000
Gross capital expenditure	17,989	7,561
Less: Disposals	(972)	(190)
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal from capital grants in kind	-	-
<b>Charge against Capital Resource Limit</b>	<b>17,017</b>	<b>7,371</b>
Capital Resource Limit	17,886	8,664
<b>Under spend against CRL</b>	<b>869</b>	<b>1,293</b>



## 36 Breakeven duty financial performance

	2018-19
	£000
Adjusted financial performance surplus	9,250
<b>Breakeven duty financial performance surplus</b>	<b>9,250</b>

### 36.1 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017-18	2018-19
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		518	237	428	2,223	2,633	2,991	6,103	2,719	10,154	<b>9,250</b>
Breakeven duty cumulative position	3,501	4,019	4,256	4,684	6,907	9,540	12,531	18,634	21,353	31,507	<b>40,757</b>
Operating income		197,910	195,228	200,333	209,772	233,384	241,328	248,965	255,424	269,451	<b>281,698</b>
Cumulative breakeven position as a percentage of operating income		2.0%	2.2%	2.3%	3.3%	4.1%	5.2%	7.5%	8.4%	11.7%	<b>14.5%</b>





# GLOSSARY

<b>Term/Abbreviation</b>	<b>Definition/Explanation</b>
<b>Accident and Emergency (A&amp;E) Service</b>	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.
<b>Advanced Medical Priority Dispatch System (AMPDS)</b>	An international system that prioritises 999 calls using information about the patient as supplied by the caller.
<b>Algorithm</b>	A self-contained step-by-step set of operations to be performed. Algorithms exist that perform calculation, data processing, and automated reasoning.
<b>ALS</b>	Advanced life support.
<b>Ambulance Quality Indicators (AQIs)</b>	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.
<b>Ambulance Response Programme (ARP)</b>	The Ambulance Response Programme (ARP) was established by NHS England in 2015 to review the way ambulance services operate, increase operational efficiency and to ensure a greater clinical focus. The trial helped to inform changes in national performance standards for all ambulance services which were introduced in 2018.
<b>Ambulance Service Cardiovascular Quality Initiative</b>	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.
<b>Annual Assurance Statement</b>	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.
<b>Automated External Defibrillator (AED)</b>	A portable device that delivers an electric shock through the chest to the heart. The shock can then stop an irregular rhythm and allow a normal rhythm to resume in a heart in sudden cardiac arrest.
<b>AutoPulse</b>	An automated, portable, battery-powered chest compression device composed of a constricting band and half backboard that is intended to be used as an adjunct to CPR.
<b>Being Open</b>	The process of having open and honest communication with patients and families when things go wrong.
<b>Bare Below the Elbows (BBE)</b>	An NHS dress code to help with infection, prevention and control.



<b>Term/Abbreviation</b>	<b>Definition/Explanation</b>
<b>Basic Life Support (BLS)</b>	When a patient has a cardiac arrest and their heart stops beating they can be provided with basic life support to help their chance of survival. Essentially chest compressions are provided to pump blood from the heart and around the body, ensuring the tissues and the brain maintain an oxygen supply.
<b>Better Payment Practice Code (BPPC)</b>	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.
<b>Board Assurance Framework (BAF)</b>	Provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their strategic objectives.
<b>British Association for Immediate Care (BASICS)</b>	A network of doctors who provide support to ambulance crews at serious road traffic collisions and other trauma incidents across the region.
<b>Bronze Commander Training</b>	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.
<b>Caldicott Guardian</b>	A senior member of staff appointed to protect patient information.
<b>Cardio-pulmonary Resuscitation (CPR)</b>	A procedure used to help resuscitate a patient when their heart stops beating and breathing stops.
<b>Care Bundle</b>	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.
<b>Care Quality Commission (CQC)</b>	An independent regulator responsible for monitoring and performance measuring all health and social care services in England.
<b>Chairman</b>	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.
<b>Chief Executive</b>	The highest-ranking officer in the Trust, who is the Accountable Officer responsible to the Department of Health for the activities of the organisation.
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
<b>Clinical Commissioning Group (CCG)</b>	Groups of clinicians who commission healthcare services for their communities. They replaced primary care trusts (PCTs).
<b>Clinical Governance Group (CGG)</b>	Internal regulatory group that agrees and approves all clinical decisions.
<b>Clinical Hub</b>	A team of clinical advisors based within the Emergency Operations Centre providing support for patients with non life-threatening conditions.
<b>Clinical Pathways</b>	The standardisation of care practices to reduce variability and improve outcomes for patients.



<b>Term/Abbreviation</b>	<b>Definition/Explanation</b>
<b>Clinical Performance Indicators (CPIs)</b>	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.
<b>Clinical Quality Strategy</b>	A framework for the management of quality within YAS.
<b>Clinical Supervisor</b>	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.
<b>Commissioners</b>	Ensure that services they fund can meet the needs of patients.
<b>Community First Responders (CFRs)</b>	Volunteers in their local communities, who respond from their home addresses or places of work to patients suffering life-threatening emergencies.
<b>Comprehensive Local Research Networks (CLRNs)</b>	Coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community.
<b>Computer Aided Dispatch (CAD)</b>	A method of dispatching ambulance resources.
<b>Commissioning for Quality and Innovation (CQUIN)</b>	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.
<b>Dashboards</b>	Summary of progress against Key Performance Indicators for review by managers or committees.
<b>Dataset</b>	A collection of data, usually presented in tabular form.
<b>DATIX</b>	Patient safety software for healthcare risk management, incident and adverse event reporting.
<b>Department of Health and Social Care (DHSC)</b>	The government department which provides strategic leadership for public health, the NHS and social care in England.
<b>Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)</b>	For a small number of people who are approaching the last days of life, cardiopulmonary resuscitation (CPR) would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes.
<b>Duty of Candour</b>	Regulation that ensures providers are open and transparent with people who use their services.
<b>Electrocardiogram (ECG)</b>	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.
<b>Emergency Care Assistant (ECA)</b>	Emergency Care Assistants work with clinicians responding to emergency calls. They work alongside a more qualified member of the ambulance team, giving support and help to enable them to provide patients with potentially life-saving care at the scene and transporting patients to hospital.
<b>Emergency Care Practitioner (ECP)</b>	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.



<b>Term/Abbreviation</b>	<b>Definition/Explanation</b>
<b>Emergency Department (ED)</b>	A hospital department responsible for assessing and treating patients with serious injuries or illnesses.
<b>Emergency Medical Technician (EMT)</b>	Works on an emergency ambulance to provide the care, treatment and safe transport of patients.
<b>Emergency Operations Centre (EOC)</b>	The department which handles all our emergency and routine calls and deploys the most appropriate response. The two EOCs are based in Wakefield and York.
<b>Epidemiology</b>	Is the study and analysis of the patterns, causes, and effects of health and disease conditions in defined populations.
<b>Equality and Diversity</b>	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.
<b>Expert Patient</b>	Independent person who works with YAS and offers a patient perspective to the Trust.
<b>Face, Arm, Speech Test (FAST)</b>	A brief test used to help determine whether or not someone has suffered a stroke.
<b>Foundation Trust (FT)</b>	NHS organisations which operate more independently under a different governance and financial framework.
<b>General Practitioner (GP)</b>	A doctor who is based in the community and manages all aspects of family health.
<b>Governance</b>	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.
<b>GRS</b>	GRS Web is a web-based function which allows staff to view their shift information electronically.
<b>Hazardous Area Response Team (HART)</b>	A group of staff who are trained to deliver ambulance services under specific circumstances, such as at height or underground.
<b>Healthcare Commission</b>	A non-departmental public body sponsored by the Department of Health of the United Kingdom. It was set up to promote and drive improvement in the quality of health care and public health in England and Wales.
<b>Health Overview and Scrutiny Committees (HOSCs)</b>	Local authority-run committees which scrutinise matters relating to local health services and contribute to the development of policy to improve health and reduce health inequalities.
<b>Healthwatch</b>	There is a local Healthwatch in every area of England. Healthwatch is the independent champion for people using local health and social care services. Healthwatch listens to what people like about services and what could be improved and share their views with those with the power to make change happen. Local information is also shared with Healthwatch England, the national body, to help improve the quality of services across the country.
<b>Human Resources (HR)</b>	A function with responsibility for implementing strategies and policies relating to the management of individuals.
<b>Incident</b>	Any unplanned event which has given rise to actual personal injury, patient dissatisfaction, property loss or damage, or damage to the financial standing or reputation of the Trust.



<b>Term/Abbreviation</b>	<b>Definition/Explanation</b>
<b>Immediate Life Support (ILS)</b>	ILS training is for healthcare personnel to learn cardiopulmonary resuscitation (CPR), simple airway management and safe defibrillation (manual and/or AED), enabling them to manage patients in cardiac arrest until arrival of a cardiac arrest team.
<b>Information Asset Owner (IAO)</b>	An IAO is an individual within an organisation that has been given formal responsibility for the security of an information asset (or assets) in their particular work area.
<b>Information, Communication and Technology (ICT)</b>	The directorate responsible for the development and maintenance of all ICT systems and processes across Yorkshire Ambulance Service.
<b>Information Governance (IG)</b>	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.
<b>Information Management and Technology (IM&amp;T)</b>	This department consists of the IT Service Desk, Voice Communications Team, IT Projects Team and Infrastructure, Systems and Development Team which deliver all the Trust's IT systems and IT projects.
<b>Integrated Business Plan (IBP)</b>	Sets out an organisation's vision and its plans to achieve that vision in the future.
<b>Joint Decision Model (JDM)</b>	A national information and intelligence model that gathers information around patient/location/threat to aid a safer response.
<b>Joint Royal Colleges Ambulance Liaison Committee (JRCALC)</b>	Is the Joint Royal Colleges Ambulance Liaison Committee. Their role is to provide robust clinical speciality advice to ambulance services within the UK and it publishes regularly updated clinical guidelines
<b>KA34</b>	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.
<b>Key Performance Indicator (KPI)</b>	A measure of performance.
<b>Knowledge and Skills Framework (KSF)</b>	A competence framework to support personal development and career progression within the NHS.
<b>Local Education and Training Board (LETB)</b>	Responsible for the training and education of NHS staff, both clinical and non-clinical, within their area.
<b>Major Trauma</b>	Major trauma is serious injury and generally includes such injuries as: <ul style="list-style-type: none"> <li>• traumatic injury requiring amputation of a limb</li> <li>• severe knife and gunshot wounds</li> <li>• major head injury</li> <li>• multiple injuries to different parts of the body eg chest and abdominal injury with a fractured pelvis</li> <li>• spinal injury</li> <li>• severe burns.</li> </ul>
<b>Major Trauma Centre</b>	A network of centres throughout the UK, specialising in treating patients who suffer from major trauma.



<b>Term/Abbreviation</b>	<b>Definition/Explanation</b>
<b>Manchester Triage System</b>	The Manchester Triage System (MTS) is a tool utilised within the YAS Clinical Hub when undertaking clinical telephone triage. It allows clinicians to safely manage patients by achieving the correct care outcome based on their clinical presentation.
<b>Mental Capacity Act (MCA)</b>	Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.
<b>Myocardial Infarction (MI)</b>	Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die.
<b>National Ambulance Non-conveyance Audit (NANA)</b>	National indicator for re-contact rates within 24 hours for patients treated and discharged at scene by ambulance services.
<b>National Early Warning Score (NEWS)</b>	Standardises the use of a NEWS system across the NHS in order to drive the 'step change' required in the assessment and response to acute illness.
<b>National Health Service (NHS)</b>	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.
<b>NHS Improvement (NHSI)</b>	NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. They offer the support providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
<b>National Learning Management System (NLMS)</b>	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.
<b>National Reporting and Learning System (NRLS)</b>	The NRLS is managed by the NHS Improvement. The system enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.
<b>Near-Miss</b>	Any occurrence, which does not result in injury, damage or loss, but has the potential to do so. Investigation of individual incidents allows us to address the immediate issues, whilst aggregation of data ensures wider themes and trends are identified across the organisation. Triangulation of data from multiple sources such as incidents, complaints, claims, coroners' inquiries and safeguarding cases provides us with a valuable opportunity for organisational learning that utilises both the staff and patient perspective.
<b>NHS 111</b>	NHS 111 is an urgent care service for people to call when they need medical help fast but it's not a 999 emergency. Calls are free from landlines and mobile phones.
<b>NHS England</b>	NHS England is responsible for Clinical Commissioning Groups (CCGs), working collaboratively with partners and encouraging patient and public participation in the NHS.
<b>Non-conveyance</b>	Non-transportation of patients to hospital.



<b>Term/Abbreviation</b>	<b>Definition/Explanation</b>
<b>Non-Executive Directors (NEDs)</b>	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.
<b>Paramedic</b>	Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with colleagues, they assess a patient's condition and provide essential treatment.
<b>Paramedic Practitioner</b>	Paramedic practitioners come from a paramedic background and have additional training in injury assessment and diagnostic abilities.
<b>Patient Group Directives (PGDs)</b>	Good practice recommendations, for individual people and organisations, aiming to ensure patients receive safe and appropriate care and timely access to medicines, in line with legislation.
<b>Patient Report Form (PRF)</b>	A comprehensive record of the care provided to patients.
<b>Patient Safety Alerts</b>	Incidents identified by NHS England reporting system that spots emerging patterns at a national level, so that appropriate guidance can be developed and issued to protect patients from harm.
<b>Patient Transport Service (PTS)</b>	A non-emergency medical transport service, for example, to and from out-patient appointments.
<b>Peer Review</b>	The evaluation of work by one or more people of similar competence to the producers of the work. It constitutes a form of self-regulation by qualified members of a profession within the relevant field.
<b>Personal Development Reviews (PDRs)</b>	The PDR process provides a framework for identifying staff development and training needs and agreeing objectives.
<b>Personal Digital Assistants (PDAs)</b>	Small computer units which help to capture more accurate data on Patient Transport Service performance and journey times and identify areas which require improvements.
<b>Pharmacological agents</b>	A biologically active substance applied to the body for their therapeutic effects on one or more tissues or organs.
<b>PREVENT</b>	Prevent is part of counter-terrorism strategy. Its aim is to stop people becoming terrorists or supporting terrorism.
<b>Private and Events Service</b>	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.
<b>Quality Governance Framework</b>	A process to ensure that YAS is able to monitor and progress quality indicators from both internal and external sources.
<b>Quality Strategy</b>	Framework for the management of quality within Yorkshire Ambulance Service.
<b>Qualitative research</b>	Is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations.
<b>Quantitative research</b>	Is used to quantify the problem by way of generating numerical data or data that can be transformed into useable statistics.



<b>Term/Abbreviation</b>	<b>Definition/Explanation</b>
<b>Rapid Response Vehicle (RRV)</b>	A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance.
<b>Resilience</b>	The ability of a system or organisation to recover from a catastrophic failure.
<b>Return of Spontaneous Circulation (ROSC)</b>	ROSC is resumption of sustained perfusing cardiac activity associated with significant respiratory effort after cardiac arrest.
<b>Safeguarding</b>	Processes and systems for the protection of vulnerable adults, children and young people.
<b>Safeguarding Referral</b>	Yorkshire Ambulance Service staff are given information to help them identify warning signs of abuse or neglect and to report this via our Clinical Hub, to social care. Social care will follow up each referral to ensure that the vulnerable adult or child involved is safe.
<b>Safety Thermometer</b>	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.
<b>Sepsis</b>	Is a life-threatening condition that arises when the body's response to infection injures its own tissues and organs.
<b>Serious Incidents (SIs)</b>	Serious Incidents include any event which causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud or has the potential to cause significant reputation damage.
<b>Stakeholders</b>	All those who may use the service, be affected by or who should be involved in its operation.
<b>ST Elevation Myocardial Infarction (STEMI)</b>	A type of heart attack.
<b>Transient Ischaemic Attack (TIA)</b>	Mini stroke.
<b>Urgent Care Practitioner (UCP)</b>	Has enhanced skills in medical assessment and extra clinical skills.
<b>Utstein comparator</b>	A set of guidelines for uniform reporting of cardiac arrest.
<b>VCS</b>	Volunteer Car Service.
<b>Year to Date (YTD)</b>	The period from the start of a financial year to the current time.
<b>Yorkshire Air Ambulance (YAA)</b>	An independent charity which provides an airborne response to emergencies in Yorkshire and has YAS paramedics seconded to it.
<b>Yorkshire Ambulance Service (YAS)</b>	The NHS provider of emergency and non-emergency ambulance services in Yorkshire and the Humber.











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