NHS
Yorkshire
Ambulance Service
NHS Trust

Responding to a changing NHS landscape

ANNUAL REPORT AND FINANCIAL ACCOUNTS 2021-22

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Cover photograph by Chris Dodd - Bishopdale

ANNUAL REPORT

Photograph by
Steve Johnson, Paramedic - Bridlington

Introducing Yorkshire Ambulance Service

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 7,203* staff, who together with over 1,300 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 5,518 whole-time equivalents.*

Our main focus

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; this service was also extended to the transport of critically ill adults during the pandemic.
- 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, one associate non-executive director, one associate non-executive director (NExT Development Programme), five executive directors, including the chief executive, and three 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, integrated care systems and other emergency services.

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.

Chief Executive's Foreword

It is difficult to believe that the COVID-19 pandemic has dominated another full year and brought continued challenges across our Trust, our communities, the wider NHS, and our everyday lives.

The comprehensive roll-out of COVID-19 vaccines during 2021-22 was very welcome and helped to protect us from the more serious consequences of the virus, and we have continued to have infection prevention and control at the forefront of our minds. This has been vital to maximise protection for our patients, staff and volunteers so that people could continue to receive the healthcare they needed in a safe environment.

I remain immensely proud of the efforts of everyone associated with the Trust and the resilience and dedication they have continued to show in this prolonged and difficult period.

Thanks to the Yorkshire Ambulance Service Charity and NHS Forest, we have developed a memorial forest at one of our locations in York to commemorate those who died during the COVID-19 pandemic and to support the health and wellbeing of colleagues by providing somewhere for our staff to rest and reflect.
I look forward to seeing the area grow and evolve in coming years and months.

Whilst it has been encouraging to see the severity of COVID-19 infection decline, it has been a tough period as the waves of infection from new variants ebbed and flowed. It's clear to see how colleagues have been significantly affected by the pandemic and one of our main priorities continues to be the health and wellbeing of our staff. The relentless nature of what we have all endured has taken its toll on many people's mental health and we are acutely aware of the need to provide the right support to both staff and patients.

Changing trends and extra support

What has become very clear since summer 2021 are the changing trends in demand for our 999 and NHS 111 services with some of the highest levels of demand we have ever seen.

In recognition of this significant demand, additional funding was made available to provide extra staff in our contact centres, Hospital Ambulance Liaison Officers (HALOs) who facilitate the timely clinical handover process of a patient at hospital, keep additional fleet on the road and utilise support from private providers whilst we recruited more staff.

Our Yorkshire Ambulance Service Charity also benefited from grants totalling £728,500 from NHS Charities Together. This has funded numerous initiatives including training and equipment to enable our volunteer Community First Responders to attend different types of incidents, with a particular focus on patients who have fallen, as well as additional specialist mental health and wellbeing expertise to support staff who are facing increasing pressures.

Fairfield memorial forest planting

Liverpool football captain Jordan Henderson, a Charity Champion for NHS Charities Together, visited the Trust in February to meet staff and volunteers and find out how they money he helped to raise has been spent which provided a great morale-boost for our teams involved in the event.

We also worked with ambulance sector colleagues across the country, as well as regional partners, to identify solutions and address the shared demand and capacity challenges being faced.

In January 2022 we requested additional support from the military due to our ongoing operational pressures exacerbated by COVID-19 related staff absence. 60 military personnel supported us by assisting with the transportation of patients with less urgent needs, enabling us to make more efficient use of our emergency resources.

In April 2021 we launched a pilot mental health response vehicle to provide dedicated support to patients who are in mental health crisis. Emergency departments are not always the most appropriate place for these patients and their needs can often be met just as effectively, or even more so, in their own homes, in the community or with alternative care or services.

Launched in the Hull area, the vehicle is operated by ambulance staff who have had additional mental health training and was developed in partnership with Humberside Police and Humber Teaching NHS Foundation Trust.

A new NHS landscape

All of this activity has been happening against a changing landscape in the health and social care system with integrated care systems establishing themselves and developing new partnerships between health and care providers across their respective areas.

Their coordinated approach is aimed at improving and refining planning that improves the health of local populations and reduces inequalities between different groups. We are committed to participating fully and strengthening these partnerships by aligning our services to this direction of travel. It means working more closely with our NHS, local council and other important strategic partners from the voluntary, community and social enterprise sector to develop better and more convenient services, keep people healthy and out of hospital, and set shared priorities for the future.

Many of the changes we made in 2020-21 to our working practices continued throughout 2021-22 to ensure we operated effectively and safely. Our staff continued to wear personal protective equipment (PPE) and support the constantly changing conditions and requirements.

Teams from across all directorates, including our vital support services and volunteers, have continued to go above and beyond, to ensure that we provided responsive services to meet the needs of our patients, partners and communities.

In January 2022 we reached the incredible milestone of completing over two million electronic Patient Records (ePRs) since the project pilot was first introduced in December 2017.

In addition, we rolled out Team Based Working in A&E Operations, with the aim of delivering transformational change in the leadership culture of the directorate with a clearly defined management structure, roles and areas of responsibility. We want frontline colleagues to feel more engaged, supported, valued, and empowered to contribute to improving patient care. It is also pivotal in supporting the implementation of our Clinical Strategy and will play a part in the achievement of the Trust's values.

The Clinical Strategy supports the delivery of an integrated urgent and emergency care service and is aimed at ensuring everyone in our communities receives the right care, whenever and wherever they need it. It puts patients and clinicians at the heart of the organisation and focuses on continuous improvement and innovation of clinical care, delivering a high standard of safe and compassionate care. During 2021-22 the Clinical Team has developed new pathways, critical care and maternity services, and participated in important research.

Digital developments

Digital technology has remained at the forefront of our operations and response to COVID-19, particularly whilst many corporate services' staff have continued to work from home and free up additional office space for our call centre operations.

In January 2022 we reached the incredible milestone of completing over two million electronic Patient Records (ePRs) since the project pilot was first introduced in December 2017. This in-house developed technology has been fully implemented across the Trust since June 2019 and emergency departments in South, West, East and North Yorkshire, and bordering areas, use the YAS ePR hospital dashboard to view incoming patients and process their records.

In partnership with the regional Yorkshire & Humber Care Record (YHCR) programme, YAS is also the first ambulance trust in the country to introduce automatic transfer of care, with YAS ePRs being transferred directly into hospital patient record systems. The successful uptake of the system means that key patient observations are captured, and this enables us to share timely information with other healthcare providers involved in patient care, leading to improved quality, clinical safety and patient experience.

Engagement activity

As in 2020-21, many of our usual community engagement activities were deferred, but we were able to hold a catch-up Long Service Awards ceremony in September 2021 and recognise those members of staff who have dedicated 20, 30 and 40 years' service to the ambulance service.

We were also able to return to Yorkshire's secondary schools to provide 30,000 students with free CPR training on Restart a Heart Day in October 2021 after a year when the event had to be delivered online.

Partnership working

Partnership working remains very important and we continue to work alongside colleagues in the Northern Ambulance Alliance (Yorkshire, North West, North East and East Midlands ambulance services) where we have been progressing the work required to procure and implement a new Computer Aided Dispatch (CAD) system.

We continue to have close links with the Yorkshire Air Ambulance and are liaising closely with them on a new operating model for 2022-23.

We forged a new partnership arrangement with Bradford-based Morrisons which transferred £2.1m of its Apprenticeship Levy fund to Yorkshire Ambulance Service to help train the county's future paramedics. We were looking for additional levy funding to support our Pathway to Paramedic apprenticeship programme in Yorkshire and the Humber, which provides a career development route to becoming a paramedic with learning on the frontline and in the classroom. The levy transfer is paying for 200 apprentices to be trained and means that the Trust will not have to access additional Government Apprenticeship Levy funding itself.

Another difficult year

This has been another very difficult year, and the workload in ambulance services across the NHS has been relentless. Last year I referenced the need to take the time to reflect, recover and re-group. I believe this applies even more strongly in 2022-23 where we continue to live with COVID-19 and colleagues' fatigue is tangible. We are committed to supporting staff during this period of recovery and looking forward to being able to re-focus our efforts on new developments and opportunities as the new financial year progresses.

The Executive Team would like to formally thank all of our dedicated staff and volunteers, our Non-Executive Team and our partners for their positive support, dedication, compassion and resilience in helping us to care for our patients. Their contribution is much appreciated every day.

Rod Barnes
Chief Executive

Chair's Report

Following a second difficult year of the pandemic, I'd like to echo the words of our Chief Executive and pass on my personal thanks to YAS staff and volunteers for their unflagging resilience, tenacity and compassion.

I'm very proud of the 'One Team' spirit which has continued to shine through, and this makes me even more proud to be the Chair of this vital service provider. I continue to feel very privileged to be part of this Trust and celebrate the fact that everyone in 'Team YAS' has been caring, compassionate and committed during 2021-22, always putting patients' needs first. However, we very much recognise the toll coronavirus has taken on our staff, and the Trust Board is committed to doing all that it can to support colleagues wherever they work in the organisation.

I have, once more, spent much of the year continuing to work remotely from home, but now it is such a pleasure seeing things starting to open up and being able to hold at least some meetings in person. Whilst we've all made changes in our lives and continue to be cautious, there's nothing like seeing people face-to-face to lift your spirits and truly be able to gauge how everyone is doing.

The health and wellbeing of our staff remains a priority and now, more than ever, there is real acknowledgement that the Trust needs to be committed to supporting people's mental health, as well as their physical health. We are increasing our provision of support services to colleagues as we recognise how important it is that we take care of each other.

Some of the funding we have received from NHS Charities Together has provided very welcome specialist mental health and wellbeing support for staff, as well as training for managers to better enable them to support their colleagues.

As a frontline NHS emergency service, we remain at the sharp end of system-wide pressures and during 2021-22, as the country started to reopen, we have seen unprecedented levels of demand for our core services.

In addition to the dedication from our staff in responding to this increased workload, the Trust's 1,300 volunteers have continued to provide excellent support during these tough times. They readily give up their own time to help others in their local communities and provide a valuable resource to the Trust, to colleagues and our patients.

I'd like to pass on my sincere thanks to all of our staff and volunteers for this enormous contribution in providing safe and responsive patient care and for taking care of each other. My sincere thanks also go to everyone working as an employee or volunteer at YAS for making a real difference to the lives of so many people across the Yorkshire region every single day.

Kathryn Lavery
Chair

Our Priorities and Ambitions

Our purpose is

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

with our core values embedded in all we do

- One Team
- Innovation
- Resilience
- Empowerment
- Integrity
- Compassion

Our Vision

By 2023 we will be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients

Our Ambition for 2023 is that

- Patients and communities experience fully joined-up care responsive to their needs
- Our people feel empowered, valued and engaged to perform at their best
- We achieve excellence in everything we do
- We use resources wisely to invest in and sustain services

Delivery is directly supported by a range of enabling strategies

- COMMUNITY ENGAGEMENT
- PEOPLE
- QUALITY IMPROVEMENT
- DIGITAL
- FLEET
- ESTATES
- FINANCE

Our ambitions remain central to our focus on our critical services, and supporting the health and wellbeing, aspirations and development of our staff as we start the recovery from the COVID-19 pandemic.

Our priorities during 2021-22 included a continued focus on our patients, our staff and our partners and communities. Progress on these priorities is covered throughout the Annual Report.

Our key priorities include supporting our staff to deliver excellent care to patients, the ongoing culture and wellbeing work across the Trust, a focus on recruitment and retention of our staff, and the development and roll-out of hybrid working arrangements to support our workforce.

We retain our focus on our core services to ensure we continue to provide effective patient care across our service lines: Integrated Urgent Care/NHS111, Emergency Operations Centre (EOC)/A&E Operations and our non-emergency Patient Transport Service (PTS). This includes key initiatives to support managing call volumes, and supporting the system in reducing handover delays, improving access to elective recovery and developing effective referrals to alternative pathways.

We will continue to provide high quality, innovative services, and ensure that we continue to invest in our frontline services. We will also continue our work to be a strong partner in the development of integrated care, and support recovery in the wider system as part of joined-up health services. These central ambitions drive our core and transformational developments and ensure they are fully aligned both internally and externally.

One Team, Best Care and supporting strategies

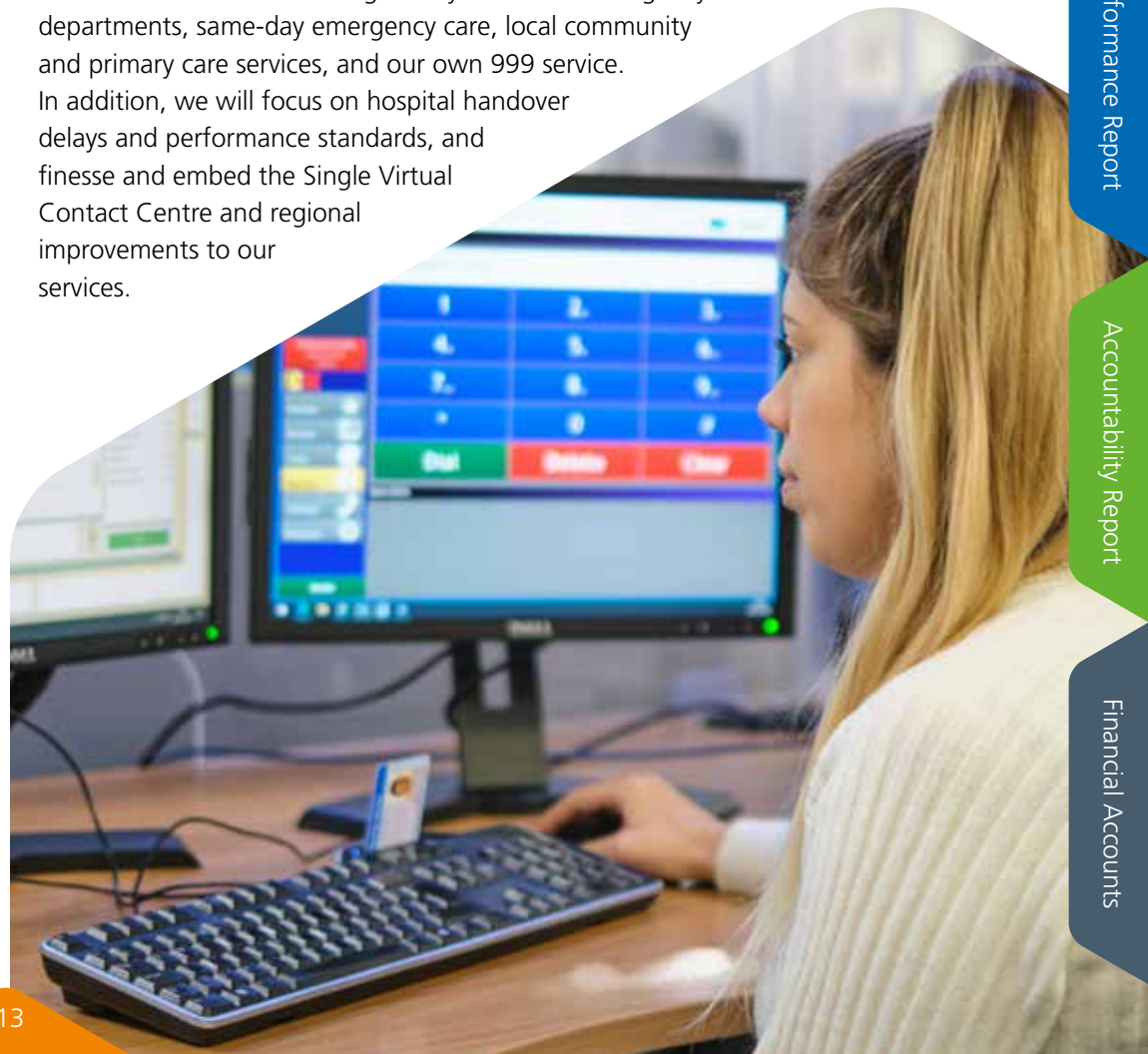
Our Business Plan

System priorities - 2022-23 Operational Planning	Transformation Programme	Directorate service developments and priorities

Our response to the NHS 2022-23 priorities and operational planning guidance

We need to respond to changing demand for our services which is increasing and has a different profile and nature; this complexity has intensified the pressure on service lines. Our current staff sickness levels are also a challenge as we support our workforce post-COVID, to ensure we can develop capacity to meet these increasing demands.

We have worked hard throughout the pandemic to continue to provide joined-up care for our patients and communities. This has been a challenging time for all, and we will continue this hard work to ensure that patients received access to the right care, in the right place, at the right time. This is demonstrated by our developments around NHS 111 and working closely with local emergency departments, same-day emergency care, local community and primary care services, and our own 999 service. In addition, we will focus on hospital handover delays and performance standards, and finesse and embed the Single Virtual Contact Centre and regional improvements to our services.



This continues to be a challenging period and we will keep working hard to support the health and wellbeing of our colleagues, and maintain momentum on recruitment and retention of our staff.

We have a dedicated and highly skilled workforce; we recognise the impact working through the pandemic has had on our staff, and the significant contribution they have made to keep people safe and continue to deliver vital services at such a critical time. We are proud of them, and we want to ensure that our people feel valued and are able to seek support and opportunities for development within the Trust.

We also want to attract new people who reflect our values and the diversity of our communities. Our award-winning apprenticeship programme, alongside new career development frameworks and remote learning platforms are integral to our success as an employer of choice.

We continue to focus on delivering highly effective and efficient services, as part of the integrated health system, improving the lives of the people of Yorkshire. We will continue to invest in our frontline services and improve our offer to our communities. We are focused on tackling health inequalities, reaching out to those who need us most, and providing a transparent and accessible service for all.

Tackling Health Inequalities

YAS is committed to its role in tackling health inequalities, developing a series of key actions to embed this across the organisation and working closely with key partners as part of a wider system response. This includes developing effective governance and processes, and clear action plans to review and improve the approach to tackling health inequalities, and support implementation in the context of the national and ICS-led priorities.

There are a significant number of national policy drivers for this work such as the NHS Long Term Plan, the government mandate to the NHS in the context of 'levelling up', the CQC Well-led Framework and the emerging strategic purposes of the ICSs. It's a strong theme which runs throughout the 2022-23 operational planning guidance and therefore the Trust's business planning process and priorities moving forward.

The Association of Ambulance Chief Executives (AACE) agreed that a change in mindset is needed in order to best articulate the ambulance service offer as a provider, a partner and an employer. A national agreement on the ambulance sector role in tackling health inequalities will be developed to ensure that a purposeful approach is embedded across the sector, working closely with ICSs.

Our continuing response to the COVID-19 pandemic

With the NHS's continued focus on responding to the waves of coronavirus, our priorities have remained on caring for our patients, dealing pragmatically with implications of the pandemic, and working with our system partners to plan and coordinate our response and to support and safeguard our staff.

As the region's provider of its emergency ambulance service, NHS 111 and non-emergency patient transport, all three of our core service areas continued to operate with adaptations to meet the COVID-19 challenges they have faced.

The core themes that were central to our approach in keeping our staff and patients safe during the first waves of the pandemic in 2020-21 remained our central focus in 2021-22 – Clinical, Infection Prevention and Control (IPC), Digital, Health and Wellbeing, Support Services, and Partnership Working – and are referenced throughout the report.

PERFORMANCE REPORT

Photograph by James - Scarborough

Operational Review - Caring for our Patients

A&E OPERATIONS

Commissioning and Contracting

Standard commissioning and contracting processes for NHS trusts continued to be suspended due to the COVID-19 pandemic. An interim national finance regime was in place for the duration of 2021-22, aimed at streamlining local commissioning processes and providing surety of income to allow Trusts to focus on meeting the operational challenges of the pandemic.

Throughout 2021-22 there has been a wide-ranging programme of work to develop a new model of collaborative commissioning for our services. Ahead of the national transition to Integrated Care Systems (ICSs), an updated Integrated Commissioning Framework (ICF) is being implemented to align ambulance service commissioning across the three ICSs in Yorkshire and the Humber – West Yorkshire Health and Care Partnership, Humber, Coast and Vale Health and Care Partnership, and South Yorkshire and Bassetlaw ICS.

The A&E Operations Team is involved in the development and ongoing refinement of the ICF model, along with direct representation at key ICF groups, including the Regional Commissioning Forum. Whilst the formal commissioning cycle remains disrupted; the ICF has supported system engagement in several key service developments including:

- **Specialist and Advanced Paramedics/Rotational Paramedics**
- **Ambulance Mental Health Response**
- **Interfaces with urgent and emergency care pathways.**

In response to significant demand and capacity challenges faced by ambulance services, national funding was made available in the second half of the year to support A&E performance throughout the winter. This funding supported a programme of work to improve call handling capacity and service resilience. The recurrent impact of the developments introduced through the national ambulance support funding have been highlighted as a priority for ongoing investment from 2022-23. Planning for 2022-23 system priorities and intentions has an expectation of transition from the national pandemic arrangements towards ICS and place-level commissioning over the coming year.

Forecasting and demand

Demand analysis and modelling at the start of 2021-22 was dominated by considerations on the impact of COVID-19. Due to the uncertainty caused by the pandemic and impact of changing public guidelines on 999 demand (measured by incidents) it was agreed to forecast in line with non-COVID years, outpacing population growth estimates within the YAS boundary of 1.2% each year for the next three years and continuing established long-term growth trends.

Our Emergency Operations Centre (EOC) staff received 1,294,184 emergency and routine calls, an average of over 3,545 calls a day; this was a 25% increase on the number of calls received in 2020-21

Incidents were therefore forecasted to rise from 2019-20 by 4.9%, though this represented an increase of 11.5% from 2020-21 which was recognised as low due to demand management protocols rather than organic demand. There was also an expectation of more rapid growth in call volumes into our emergency operations centre of 6.6% compared to 2019-20, though this was forecast growth of 18.2% compared to 2020-21.

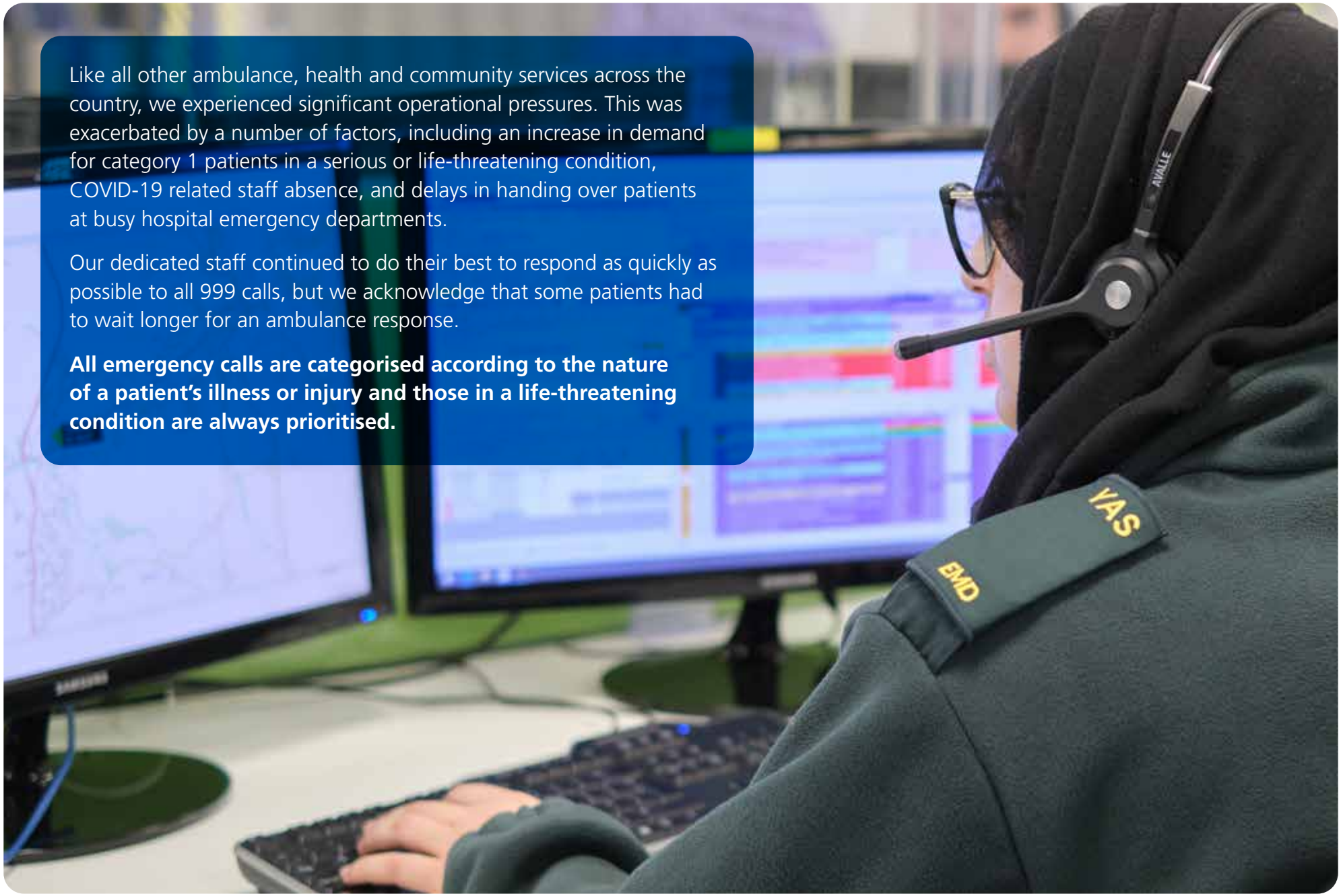
Demand levels continued to be compromised by COVID-19, meaning the continuation of the National Escalation Levels (NEL) which were introduced as a result of the pandemic to help manage demand into 999 services and ensure the sickest patients were treated in a timely manner.

Performance against national targets

In 2021-22, our Emergency Operations Centre (EOC) staff received 1,294,184 emergency and routine calls, an average of over 3,545 calls a day; this was a 25% increase on the number of calls received in 2020-21. We responded to a total of 849,173 incidents through either a vehicle arriving on scene or by telephone advice. Clinicians and call handlers based in our Clinical Hub, which operates within the EOC, triaged and helped 90,723 callers with their healthcare needs over the telephone.

Performance against national targets

Categories	Mean Performance	TARGET	90th Centile Performance	TARGET
Category 1	**9 minutes and 16 seconds** (7 minutes and 37 seconds in 2020-21)	7 minutes	**16 minutes and 6 seconds** (13 minutes and 9 seconds in 2020-21)	15 minutes
Category 2	**36 minutes and 6 seconds** (20 minutes and 36 seconds in 2020-21)	18 minutes	**1 hour, 19 minutes and 32 seconds** (43 minutes and 33 seconds in 2020-21)	40 minutes
Category 3	**1 hour, 47 minutes and 39 seconds** (47 minutes and 24 seconds in 2020-21)	1 hour	**4 hours, 21 minutes and 35 seconds** (1 hour, 58 minutes and 25 seconds in 2020-21)	2 hours
Category 4			**6 hours, 9 minutes and 59 seconds** (2 hours, 32 minutes and 16 seconds in 2020-21)	3 hours



Like all other ambulance, health and community services across the country, we experienced significant operational pressures. This was exacerbated by a number of factors, including an increase in demand for category 1 patients in a serious or life-threatening condition, COVID-19 related staff absence, and delays in handing over patients at busy hospital emergency departments.

Our dedicated staff continued to do their best to respond as quickly as possible to all 999 calls, but we acknowledge that some patients had to wait longer for an ambulance response.

All emergency calls are categorised according to the nature of a patient's illness or injury and those in a life-threatening condition are always prioritised.

The Recruitment and Training Team only saw minimal shortfall to the revised plan, delivering 147 ECAs and 211 Paramedics which puts YAS in a stronger staffing position going into 2022-23.

A&E Operations Workforce

The A&E Workforce Development project continues to ensure YAS can recruit and train sufficient A&E frontline staff in each financial year. This includes targeted recruitment in specific geographical areas and accelerating the upskill training of our own staff to increase the qualified staffing levels across operations.

At the outset of the year, it was anticipated that with continuing restrictions on class sizes due to COVID-19 YAS would recruit and train the following, providing places for:

- An additional 102 Emergency Care Assistants (ECAs)
- 134 external Paramedics and newly qualified Paramedics
- Driving the upskilling of employed Emergency Medical Technicians (EMT1s) using the Associate Ambulance Practitioner (AAP) and Ambulance Practitioner (AP) pathway, providing 156 places for future Paramedics.

Plans were revisited mid-year, with additional funding provided to support ambulance service performance, and recruitment and training provision accelerated with additional venues and tutors bringing the total training provision to:

- 162 places for ECAs, anticipated to put 150 out to A&E Operations
- 242 Paramedic recruitment anticipated to put 228 out to A&E Operations
- Upskill training compromised leaving 54 places for EMT1 to AAP.

Despite the addition of COVID-19 isolation requirements to the normal circumstances surrounding short-notice course withdrawal, the Recruitment and Training Team only saw minimal shortfall to the revised plan, delivering 147 ECAs and 211 Paramedics which puts YAS in a stronger staffing position going into 2022-23.

Staff retention within 2021-22 improved against forecast across all roles within A&E Operations. Forecasted attrition from April 2021 to February 2022 was 148 FTE across all roles, however actual attrition was 113 FTE. This has also improved our staffing position going into the new financial year and closes the gap of our clinical/non-clinical skill mix.

Future plans will continue to focus on ensuring A&E Operations has robust sources of qualified and support staffing in each area through combined upskill and recruitment.

Military Support

The Trust requested additional support from the military in January 2022 as it continued to experience operational pressures which were exacerbated by COVID-19 related absence.

The request for aid saw 60 military personnel from 10 The Queen's Own Gurkha Logistic Regiment (Aldershot) supporting YAS clinicians by assisting with the transportation of patients with less urgent needs, enabling the Trust to make more efficient use of its emergency resources.

They worked alongside YAS colleagues in South, West and East Yorkshire in January and February 2022 to transfer patients between hospitals and assist with our non-emergency patient transport service, conveying our most vulnerable patients for life-saving treatments and transporting patients discharged from hospital.

Our sincere thanks go to 10 The Queen's Own Gurkha Logistic Regiment (Aldershot) for their excellent support during a challenging period.

Clinical Developments

Due to COVID-19 there was a pause during 2021-22 in terms of some clinical developments, however this has started to increase again. There has been a change from Clinical Development Managers (CDMs) to Area Clinical Leads (ACLs), who provide clinical support to the newly introduced Team Leaders (TLs), working alongside Area Operations Managers (AOMs) and Area Clinical Governance Leads (ACGLs) to identify themes and trends from clinical incidents and assess the support required for clinical development.

"Safer Right Care" was implemented in October 2021. The TL induction week included an introduction to the concept and the Oxford Handbook in Clinical Examination and Practice Skills was distributed to TLs and clinicians within their teams. The roll-out of this project will continue in 2022-23.

Midwifery

A midwife from The Mid Yorkshire Hospitals NHS Trust has been on secondment to the Trust in West Yorkshire for a six-month period, supporting CPD sessions and delivering "Train the Trainer" sessions for TLs. To date, 110 road staff and TLs have completed refresher training in maternity.

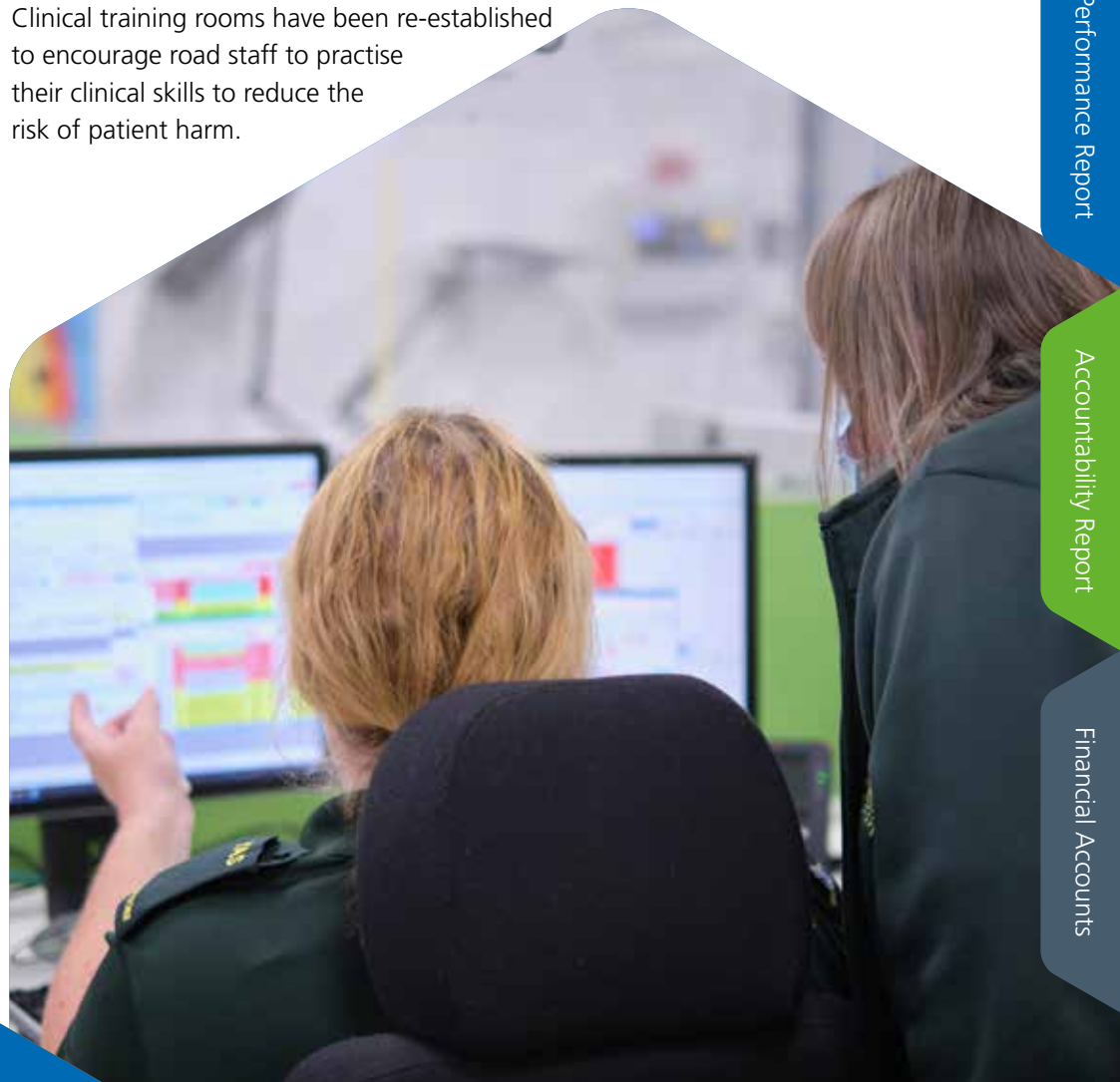
Another 72 places of CPD were offered before the secondment ended in March 2022. A team leader from every station in Bradford, Calderdale, and Kirklees has taken the opportunity to be trained in delivering the maternity session and are now able to provide CPD sessions themselves at a local level. This training will be supported by the delivery of new maternity mannequins approved by the midwife.

The Newly Qualified Paramedic (NQP) programme was changed to a West Yorkshire trial whilst the CDMs were still in post. This has been extended and pushed forward with the new team leaders. NQPs have a one-to-one session with their team leader every three months to provide additional support and also have the opportunity to take advantage of a placement day every six months to increase their knowledge and confidence with clinical decision making.

CPD sessions have occurred with Leeds Virtual Ward (frailty) and there have also been opportunities for clinical staff to shadow district nurses within the community.

This has not only increased referrals into the pathway, but has also widened the knowledge of clinicians and enabled them to make safer clinical decisions to avoid busy emergency departments and keep patients at home or refer them to alternative care pathways.

Investment days have been reintroduced following COVID-19 and include medicines management, learning from serious incidents and deaths, the importance of correct documentation and how to complete coroner's reports. CPD sessions facilitated by West Yorkshire Fire and Rescue Service are also in development in terms of how to look for fire risks in patients' properties.
Clinical training rooms have been re-established to encourage road staff to practise their clinical skills to reduce the risk of patient harm.



Digital developments

A&E smartphone personal issue devices

ICT has worked with A&E Operations to provide a personal issue mobile smartphone device for all A&E frontline crews. Devices have been issued to ensure communication resilience between YAS control rooms and crews and to enable access to pre-installed clinical applications (guidelines and pathways) to enhance patient care, and internal communication tools.

ePR Phase 4

We have continued to enhance our electronic patient record (ePR) application, which has been developed by the Trust with input from our frontline crews. The ePR application captures patient assessment and interaction information and allows us to communicate this quickly and efficiently with other healthcare providers. During 2021-22 we've focused on working with regional and national shared care record initiatives to provide our own crews and other healthcare providers with more comprehensive health-related information on the person they are attending to help improve patient experience and care. We've also worked closely with clinical colleagues to support the Trust's new Safer Right Care approach to clinical assessment.

Transfer of care

As part of our partnership working across the region, York, Scarborough and Hull hospitals went live this year with the YAS Transfer of Care through the Yorkshire and Humber Care Record. Transfer of Care sends the YAS pre-hospital patient record automatically to the receiving hospital patient systems, speeding up the ED booking-in process for patients and making their care information quickly available to all hospital clinicians. We've enhanced the message sent from the YAS ePR to include structured patient observations data, which hospitals can now pull out separately for display within their systems. Combined with the observations taken by the hospital, this provides at-a-glance information on any changes in the patient's condition.

Shared care plans

We've worked with the Yorkshire and Humber Care Record to enable our crews to see shared care plans for their patients who are at end-of-life or have mental health conditions. The Humber region has been the first to share this information. Our frontline crews, including the Humber mental health vehicle crews, have piloted use of this information to help inform clinical and conveyance decisions.

Ambulance Data Set

YAS is a key partner in a national programme to collect an improved, consistent level of information on how ambulance services respond to and treat the thousands of calls that are received by the 999 service every day. The national Ambulance Data Set programme aims to:

- improve patient care through better and more consistent information
- allow better planning of healthcare services
- improve communication between health and care professionals
- allow better linkage to other data sets, such as the Emergency Care Data Set, to understand the patient outcomes associated with ambulance service interventions.

YAS has piloted the new data set and developed an app, for use by any ambulance service, to collate and send information through to the national team.

We've added new screens into our ePR application to collect an enhanced level of structured detail in line with the new Ambulance Data Set. This work has also been aligned with the YAS Safer Right Care standards for history taking, patient assessment, decision making and documentation.

Body worn cameras

In March 2021, YAS and the other ambulance services across England and the devolved nations all received funding from NHS England to participate in a national pilot regarding the use of body worn cameras by frontline ambulance crews. This pilot is due to run until April 2023.

Research studies have identified positive impacts following the use of body worn cameras, including the reduction in severity of behaviour and inflicted injuries, reduction in the requirement to use restraint and an improvement in patient experience.

The purpose of the national pilot is to evaluate two key issues:

- **The potential impact of the presence of body worn cameras in deterring acts of violence and aggression towards staff.**
- **The potential effectiveness of body worn cameras in providing conclusive visual evidence to support the prosecution of perpetrators of violence and aggression towards staff.**

Estates, Facilities (Fleet and Equipment) developments

Work continues on the upgrading of the Bradford Ambulance Station estate. The first phase saw a new roof equipped with solar charging facilities, improved parking, and exterior security. The second phase was completed in mid-January 2022 and included a refit of the management and administrative suite to a high specification. Work in continued to upgrade the mess-room and changing rooms. Thanks go to the staff who have coped tremendously well and demonstrated patience and flexibility whilst the work has continued around them.

New automatic doors were installed at Brighouse Ambulance Station to improve access and egress from the station for emergency vehicles. Leeds Ambulance Station has also had an upgrade to the management and administrative offices.

Land has been purchased on the Scarborough Hospital site for the development of a new ambulance station in the area. This will be the first net zero ambulance station and will also serve as an Ambulance Vehicle Preparation (AVP) site where crews from surrounding stations will be able to collect a vehicle that has been 'made ready' for them to use at the start of their shift.

Approval has also been obtained for the Hull Hub and Spoke project; a site has been identified and progress has been made on development and planning. The Hull Hub has a projected opening date of March 2024.

COVID-19 response

COVID-19 sickness and absence has significantly challenged operational resources over the year, and support remains in place for staff absent from work due to COVID-19 related issues.

Local Operations Coordination Centres were established and are in operation seven days a week. These centres provide additional operational resilience and business continuity through:

- Being a single point of contact for all staff working within frontline operations and support departments
- Ensuring an efficient and effective use of key resources including vehicle requirements, fleet movements, IP&C requests
- Addressing on day scheduling issues, for example, single-handed staff
- Collating data and intelligence gathering to provide daily briefs for tactical and strategic calls and ensuring systems are updated with real-time information
- Monitoring of hospital handover screens and early escalation of issues to operational commanders and our Regional Operations Centre (ROC)
- Liaison with hospitals on causes of delays, estimated times to handover, establishment of protracted delays and providing information to the operational commanders and ROC
- Providing welfare contact with crews with protracted handover times
- Providing a centralised area to manage the localised COVID testing initiatives
- Stocking and staffing the welfare vehicles and deploying these resources to emergency departments.

Pathways

Throughout the year, local management teams, alongside the Clinical Pathways Team, have worked with partners to identify new patient pathways and improve the service for patients, ensure they access the right service in a timely manner, and avoid unnecessary conveyance to hospital.

Some examples of the new pathways introduced are listed below:

Calderdale and Kirklees Urgent Care Hub	A pathway initially designed to enable access to the Kirklees Urgent Community Response (UCR) 0-2-hour Crisis Team, expanded to incorporate all urgent care services within the area to offer a 'one-stop shop' model. This model was designed by the Pathways Team to enable streamlined access to services and is being promoted across the region as other UCR services develop. It was expanded to include the Calderdale UCR team, and the provider alliance they have built. The Pathways Team is currently working with the other UCR development teams with the intention of developing a West Yorkshire-wide 'one-stop shop' pathway, facilitated by Local Care Direct (LCD).
Local Single Point of Access (SPA)	Promotional working with a community-based team, offering 24/7 nursing support to residents in the Kirklees area. This included a number of virtual CPD sessions that helped to increase awareness and referrals to the service. Discussions are currently underway to amend the pathway in light of access to the Kirklees UCR. The pathway will remain as the 'one-stop shop' model and is only available between 08.00 and 20.00, so access to services outside of these times is still required.
Leeds Virtual Ward (frailty)	This service offers a community virtual ward for patients over the age of 65 who are living with frailty. In January 2021 referrals into this service by frontline clinicians were low at approximately six a month. The Pathways Team approached the CCG for funding to support a project designed to give ambulance clinicians with the opportunity to work overtime shifts with the service with the aim of increasing knowledge and usage of the service. The project has been extremely successful, and, with additional CPD sessions and promotional work, we have managed to significantly increase referral rates. In December 2021 there were 40 referrals to this service from YAS clinicians and these continue to increase on a monthly basis, enabling more patients to care for closer to home, avoiding hospital attendance, and improving patient experiences and outcomes.
Scarborough Frailty Pathway	There is a new frailty pathway being developed for crews to use in Scarborough which will prevent frail, elderly patients having to wait in the emergency department.
Pinderfields Emergency Respiratory Team (PERT)	This pathway is specifically designed to enable the safe care at home for patients with Chronic Obstructive Pulmonary Disease (COPD). The pathway was discontinued due to the pandemic when respiratory specialists were needed in acute trusts. However, the pathway was redesigned and relaunched in August 2021 and now provides an alternative to hospital for this patient cohort.

Airedale Digital Care Hub	Initially launched in 2020 as a frailty hub due the pandemic, with access to a super rota of consultants and clinicians, this was scaled back at the beginning of 2021-22. The service now offers monitoring for patients in care homes in the Bradford area via Immedicare (a virtual telemedicine-based system). It enables frontline crews to refer vulnerable patients with infections, or following a fall, to be monitored remotely, either hourly, daily, or weekly. The service escalates patients to other local community services if required, ensuring they receive the care and support needed to remain in the care home safely. The service also provides a monitoring service for patients with mild COPD symptoms, and a similar escalation route. Goldline; the end of life/ palliative care service is also available via this pathway.
Leeds Primary Care Advice Line (PCAL)	This is an in-hospital acute care navigation hub, staffed by dedicated triage nurses, able to direct crews to specialities throughout the Leeds Teaching Hospitals NHS Trust's (LTHT) footprint (Leeds General Infirmary and St James's University Hospital). This pathway helps patients to get to the right place, first time, and avoid long waits in the emergency department. The pathway has been in place since 2019 but continued promotion of the service over the last year has resulted in an increase in referrals, from 90 a month in January 2021 to almost 170 in January 2022. These increased levels are being maintained and growing, indicating a significant change to clinical practice is emerging. The Same Day Emergency Care pathways at LTHT were incorporated within this pathway in 2021.
Urgent Community Response (UCR)	The Pathways Team has been instrumental in the development of UCR services across the region. In Kirklees, the team was involved in the accelerator site from commencement and influenced its development into the 'one-stop shop' model (the ideal model for ambulance clinician access – one front door for access to all urgent care services in each area, backed by a provider alliance).
Same Day Emergency Care (SDEC)	The Pathways Team continues to develop access to SDEC services across the region, redesigning existing pathways such as the Bradford and Airedale Ambulatory Emergency Care pathways into the SDEC model, SDEC at Scarborough Hospital and implementing new pathways such as the frailty SDEC at Calderdale and Huddersfield Foundation Trust (CHFT) and the Medical and Older People's SDEC at LTHT. Discussions are progressing with Mid-Yorkshire about redesigning the Pinderfields SDEC to include patients living with frailty, and with CHFT regarding access to medical SDECs. The Pathways Team is promoting the development of PCAL (Primary Care Access Line)-type services at each hospital site, enabling the streamlining of access to all specialities, and reducing the number of pathways required. Mid-Yorkshire has already started this work, initially offering services to primary care, but will expand to the ambulance service following trials.
Wakefield Crisis Pathway **Calderdale & Kirklees Crisis Pathway**	A new pathway launched in November 2021 which allows direct access into adult mental health crisis services. This consists of the SPA during working hours and home-based treatment team during the out-of-hours period. This facilitates direct discussion with a mental health professional and referrals for urgent metal health assessment of those experiencing a mental health crisis.
Wakefield Safe Space	A new pathway launched in April 2021 which allows the direct referral of patients experiencing a mental health crisis for non-clinical support and to prevent avoidable emergency department attendance. This has since expanded to cover seven evenings a week for patients aged 16+.
Mental Health Vehicles	Already established in Hull, a pilot with a dedicated mental health vehicle is being progressed for wider roll-out.

Well-Bean Cafés in Huddersfield, Dewsbury and Leeds Leeds Dial House	The service provided telephone and video support during the pandemic but has since re-opened for face-to-face appointments for adults experiencing a mental health crisis, providing non-clinical support. The service also presented a CPD session to the Pathways Champions to raise awareness of the service and how they can support patients.
Bradford Alternatives to ED	Involvement with MIND in Bradford and the Cellar Trust to develop their bid to provide a new crisis alternative in the Bradford district.
West Yorkshire Mental Health Helpline	Introduction of this signposting resource which is available 24/7 to residents of Leeds, Wakefield, Calderdale, Kirklees and Barnsley for confidential support, advice, and guidance.
Night OWLS	Introduction of this signposting resource which is available from 8pm-8am, seven days a week for children, young people, their parents, and carers.
Kooth	Introduction of this signposting resource which provides online counselling to children and young people aged 10-18 living in Yorkshire and Humber.
Qwell	Introduction of this signposting resource which provides online counselling to adults living in Bradford, Craven, Airedale, Wharfedale, Vale of York, Humber Coast and Vale (for men only in Humber, Coast and Vale).
Dementia Connect	Introduction of this signposting resource which provides free advice and support to people living with dementia, their families, and carers.

There have been limited changes to acute pathways (stroke, PPCI, etc.). However, the Pathways Team is embedded in the recently formed cardiac/respiratory ICS network and the West Yorkshire Integrated Stroke Delivery Network (ISDN).

We are looking to influence a change in the primary angioplasty pathway, moving to a whole chest pain pathway, which will help to ensure patients are directed to the most appropriate service; this will include NSTEMI patients and access to CCUs and SDECs. We are also working to improve the existing pathway by adding in the option to send ECGs electronically from the field, made possible due to the roll-out of the Trust-issued smartphones.

With regard to stroke services, we are pursuing telemedicine functionality and reviewing pre-alert systems to standardise across the Hyper Acute Stroke Units (HASUs). Mechanical thrombectomy is another area of interest and we are involved in discussions of how we can aid in the implementation of the National Optimal Stroke Imaging Pathway (NOSIP).

Pathways Champions

A network of Pathways Champions has been established throughout the region. They volunteer to attend monthly pathway update meetings in addition to promoting pathways with colleagues and acting as station contacts for pathway related issues. These clinicians have access to tailored CPD activities, involving pathway service providers, with hopes of increasing their knowledge, and with the understanding they spread this through their networks.

Rotational Mental Health Nurse (MHN) Recruitment

There has been collaboration with our partner organisations in the advertisement and recruitment of rotational mental health nurses. This has included the development of the role profile, person specification, advertisement, communications, shortlisting, interview and selection.

A&E Projects

Team Based Working

An alternative approach to the supervision of operational staff has been introduced during 2021-22 with the intention of improving patient care, contributing to achieving the Trust's strategic objectives and vision and values, and supporting the wider healthcare economy.

A significant period of engagement with frontline A&E Operations staff was undertaken in order to further evidence the key issues staff faced and discuss the potential future approaches to frontline supervision. This feedback helped provide direction for the future leadership model within A&E Operations in order to achieve a highly skilled, valued clinical workforce who are empowered to do the right things and are supported to deliver high quality and safe patient care every time.

The Team Based Working model has been fully implemented across A&E Operations and the new senior operations management structure consists of:

- Five Deputy Heads of Operations
- 20 Area Operations Managers
- 126 Team Leaders managing teams of frontline staff with approximately 20-25 colleagues per team
- Five Operational Service Support Managers.

There was wide support from the Operations and Clinical directorates to support the roll-out of Team Based Working, including assessments at the recruitment stage. All the new roles have been successfully recruited to and all staff have completed an induction into these roles.

Career Pathway Phase 2 – Paramedic and Above

The Career Pathway Phase 2 project establishes the career framework for paramedics wishing to progress into specialist and advanced practice. Three key work streams have been progressed throughout 2021-22:

- Development of a post-registration paramedic career pathway/education framework to include Specialist Paramedic, Advanced Paramedic and Consultant Paramedic in the context of primary, urgent, emergency, and critical care.
- Recruitment and induction of thirty-six Specialist Paramedic Critical Care (SPCC) roles to fulfil the requirements of Team Based Working and the recruitment of one Advanced Paramedic Critical Care (APCC) and nine Advanced Paramedic Urgent Care roles to support the post-registration paramedic career pathway.
- Realignment of Specialist Paramedics, Urgent Care Practitioners, Emergency Care Practitioners, Aspirant Specialist Paramedics, and Paramedic Practitioners to the new Specialist Paramedic Urgent Care role which has been progressed via a staff consultation.

An Education Governance Framework for Specialist and Advanced Practice in Urgent Care - Phase 2 Career Framework has been developed and signed off by the Clinical Governance Group. The project team successfully recruited to all the SPCC posts, the APCC post and six of the nine APUC posts as of the year-end.

Emergency Preparedness, Resilience and Response (EPRR)

Apart from continuing to support the Trust in its ongoing COVID-19 response, the overarching theme for the reporting period has been one of managing change while preparing for a return to business as usual. This has seen YAS audit itself against the EPRR Core Standards and undergo an audit by the National Ambulance Resilience Unit (NARU) on its delivery of the full range of interoperable capabilities.

The Career Pathway Phase 2 project establishes the career framework for paramedics wishing to progress into specialist and advanced practice

The Hazardous Area Response Team (HART)

The team is in the final stages of implementing a structural review, which sees HART teams increasing in size from six to seven members, building greater resilience to meet contractual standards. Team composition is also changing to reflect the need for greater accountability and clinical excellence. This is being delivered by the establishment of dedicated Team Leaders and Specialist Paramedics in Critical Care.

HART has also taken receipt of new vehicles, with the arrival of the new all-terrain vehicle to replace the existing Polaris, which is used to access and extricate patients who are in difficult-to-reach locations such as fields and wooded areas. In addition, HART took receipt of the EpiShuttle, which is a single-patient isolation and transport style of incubator utilised for patients who have a suspected or confirmed high consequence infectious disease, which will provide protection for both patients and the staff.

During this period of significant change, the Yorkshire HART dispatched to 1,439 incidents in the period between 1 April 2021 and 31 March 2022, attending scene on 61% of incidents, with the most common responses being:

- Operational support incidents – supporting crews with clinical enhancements and manual handling.
- Safe working at height incidents – assessment and treatment of patients at height.
- Fires –including residential properties where there are patients reported and large fires where there are no reported patients but to provide support to partner agencies.
- Yorkshire HART Operatives also assisted the Scottish Ambulance Service (SAS) as part of a mutual aid request, to enhance national HART support to SAS as part of the UN Climate Change Conference of Parties (COP 26).

YAS also underwent ISO 223001 recertification and undertook its annual business continuity audit. The Trust maintained its compliance for certification to the ISO 22301 standard, successfully transitioning to the new ISO 22301 2019 standard, completing its recertification audit in February 2022, which identified only seven minor non-conformities and four opportunities for improvement.

The outcomes of the internal assessment against the EPRR Core Standards and the NARU audit identified a number of action points, many of which were the direct result of command decisions made during the COVID response to maintain essential services. The Trust now has a robust action plan in place to return to full compliance, with quarterly reports being made available to NHS England via the Local Health Resilience Partnerships.

The EPRR Team has supported the planning and preparation for a number of large-scale events during the year, including the National Armed Forces Day, Leeds Fest, the Euros and Tramlines Festival in Sheffield. As a forward-facing team, EPRR has also restructured to be better prepared to support resilience in the post-COVID era in recognition of envisaged changes resulting from the review of the National Resilience Strategy, Public Accessible Locations (PALs) and the Protect Act (Martyn's Law). These changes are designed to increase capacity in multi-agency planning, which is already manifesting in a significant increase in work supporting the region's Safety Advisory Groups.

Significant upgrades in the Interoperable Capabilities' fleet have seen the Trust receive two new vehicles to enhance the planned response to Marauding Terrorist Attacks (MTAs), and replacement of ten other vehicles, with two more due.

Significant work has been undertaken to bring Medical Emergency Response Intervention Team (MERIT) plans and policies up to date, with plans to exercise the deployment of the MERIT capability. The Trust has also updated its CBRN/Hazmat Guidance in line with new national guidance, and the team is supporting a number of CBRN exercises including SATON and ADONIC OSCAR.

The Trust has committed significant energy in preparing for the provision of the Special Operations Response Team (SORT) Enhancement Programme which is on course to deliver nearly 300 trained operatives capable of responding to either an MTA or CBRN incident by the deadline of September 2022.

The programme is resulting in a significant uplift in equipment and training, and the priority is now in operationalising the capability so that it is fit for purpose within the context of regional threats.

Events Medical and Private Ambulance Service

The Events Medical and Private Ambulance Service 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 sports grounds or event footprints without having to pull upon 999 frontline services.

The EPRR Team has supported the planning and preparation for a number of large-scale events during the year, including the National Armed Forces Day, Leeds Fest, the Euros and Tramlines Festival in Sheffield.

A Clinical Perspective

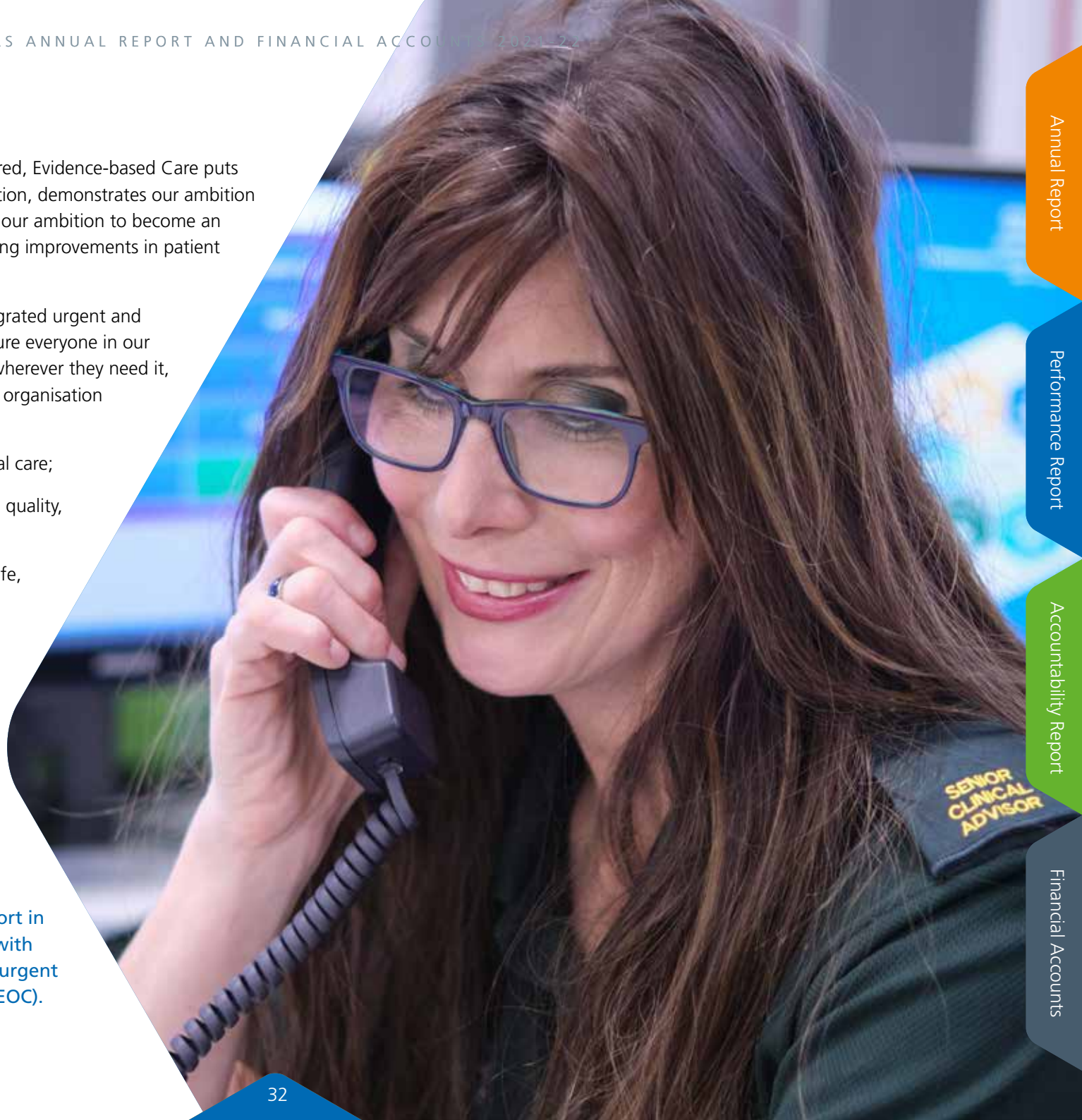
The Trust's Clinical Strategy 2019-24 for Person-centred, Evidence-based Care puts the patient and clinician at the heart of the organisation, demonstrates our ambition for the future and provides the road map to support our ambition to become an integrated urgent and emergency care provider, driving improvements in patient outcomes, patient safety and clinical quality.

The Clinical Strategy supports the delivery of an integrated urgent and emergency care service which will save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it, and puts the patient and clinician at the heart of the organisation through three core aims:

- Continuous improvement and innovation of clinical care;
- Enabling our multidisciplinary team to deliver high quality, person-centred, evidence-based care; and
- Ensuring that patients experience a consistently safe, compassionate, high standard of care.

During 2021-22 we have:

- developed structures to empower and develop our clinical teams
- implemented team-based working to improve clinical supervision and leadership
- commenced our paramedic career progression with specialist and advanced paramedics in critical care and urgent care
- increased the provision of senior clinical support in our EOC and improved cross service working with joint clinical governance between integrated urgent care (IUC) and emergency operations centre (EOC).



Safer Right Care

We are constantly working to improve patient experiences and outcomes and place patients at the heart of decisions (patient-centred care), ensuring that they receive the safest care in the right place at the right time. It is also about our clinicians, as assessment and decision-making can sometimes be complex, and we want to make sure they are fully supported to make the right decisions for their patients.

Within our Clinical Strategy, is the objective of ensuring everyone in our communities receives the right care, whenever and wherever they need it. One of the clinical priorities within the strategy is to ensure that the sickest patients get the best treatment on scene and are taken to the most appropriate facility swiftly, and that those patients with less severe illness and injury are treated as close to home as possible. We regularly look at the services we provide to our patients and review incidents to understand what we can learn from them. This is important so that we are continually learning and improving. One of these reviews highlighted key areas and key conditions where we needed to provide more support to our frontline clinicians and as a result the Safer Right Care project was initiated.

We are constantly working to improve patient experiences and outcomes and place patients at the heart of decisions (patient-centred care), ensuring that they receive the safest care in the right place at the right time.

The project has launched a template for improved clinical decision making and provided textbooks to support better patient assessment and examination. The electronic Patient Record (ePR) will be aligned to improve documentation and will be supported by a coordinated education and supervision programme during the next year.

Clinical Research

Our Research Team continues to deliver and participate in high-quality research. We have worked collaboratively with our partners and are pleased to have high levels of engagement from YAS staff undertaking research.

To date 199 ambulance paramedics have taken part in training to enable them to enrol patients into the PACKMaN clinical drug trial (pain relief for traumatically injured patients). This level of involvement demonstrates how YAS colleagues are keen to push forward the evidence needed to continue to improve patient care and experience, through the delivery of and participation in high quality research. This supports our goal of embedding a culture of research in YAS by highlighting that our workforce seeks new knowledge and uses best evidence in line with our research strategy.

We have taken part in a broad range of studies investigating breathlessness, staff retention, menopause transition, end of life care, major trauma, community first responders and CPR instructions given over the phone.

Following on from the collaborations between YAS and other NHS Trusts in the region to deliver COVID-19 vaccine studies in 2020 and 2021, several research partnerships have been developed. In our role as members of key research collaboratives, YAS continues to support the development and delivery of research in partnerships across Yorkshire such as birth cohort studies and vaccine booster trials. In 2022, the YAS Research Team, with the support of the YAS Charity, is hosting the 999 EMS Research Forum conference in March and June 2022, with the theme of "collaboration in pre-hospital research". This will bring together several academics, researchers, and paramedics to share their research, present and build new networks.

For more information about the Trust's research projects, visit https://www.yas.nhs.uk/our-services/additional-services/research-support/

Clinical Pathways

In 2021 the Clinical Pathways Team continued at pace to support changes to acute care pathways, necessary due to the ongoing pandemic, ensuring patients with relevant conditions received the specialist care they required. The team is also working with system partners to improve existing acute care pathways, utilising new technologies and approaches designed to streamline access and improve patient outcomes, principally in relation to heart attack and stroke services.

This work resulted in the creation of many new pathways, including access to mental health home-based treatment teams throughout the region, enabling more patients to be cared for at home and avoid hospital attendance. In addition, the team has been instrumental in assisting health and social care partners to design and develop new Urgent Community Response (UCR) teams within the area. The UCR teams offer a 0-2-hour crisis response to patients in their home environments, employing multi-disciplinary teams of health and social care professionals who deliver expert care in community settings, and are especially relevant to patients living with frailty who are proven to have poorer experiences and outcomes when conveyed to hospital. The team is currently piloting an innovative project in cooperation with our operational colleagues in the Emergency Operations Centre (EOC), the UCR teams in Calderdale and Kirklees, and Local Care Direct (LCD). This project has been designed as a 'test of concept' to determine how the ambulance service and the UCR teams can best work together for the benefit of patients.

The Clinical Pathways team has also been working closely with acute trust partners to develop pathways to hospital-based Same Day Emergency Care (SDEC) services, allowing patients to be assessed, and their care managed, in areas other than the Emergency Department, helping to reduce waiting times and facilitating faster turnarounds.

During the next 12 months the team will continue to pursue improvements to existing acute care pathways and prioritise the development of pathways to UCR, SDEC and mental health services across the region. In addition, the team will look to capitalise on the new Team Based Working structure, linking with the A&E Operations Directorate to design and initiate new and innovative methods to promote pathway usage, consistent with the deliverables outlined in the Trust's Safer Right Care project.

The Clinical Pathways team is focused on improving patient experiences and outcomes, and will continue to work with partners across the health and social care spectrum to achieve this fundamental driving aim.

Critical Care

Since October 2021 the Trust has embarked upon a journey to improve patient outcome and experience for those who are the sickest, we see and treat. In addition to the Helicopter Emergency Medical Service (HEMS) team at Yorkshire Air Ambulance, a new team of clinicians who are embarking on a learning and development journey, have been recruited and are on a development pathway into specialist and advanced practice. This journey will see them develop as individuals and as a team through a blended approach of academic and credentialed internal learning, developed and delivered by the Advanced Paramedic for critical care, Pre-Hospital experts and our higher education partner at Sheffield Hallam University.

The primary function of the Specialist Paramedics in critical care is to support and enable attending clinicians to provide high quality pre-hospital critical care, either remotely or directly. A key component of this service will be the creation and delivery of a new Critical Care Cell within the EOC, which will have many functions, but primarily will be there on a 24/7 basis to provide specialist support to ambulance crews remotely by phone or video link and to have clinical oversight of the dispatch of specialist clinical resources.

Once the team is fully complemented, there will be six RRV teams of critical care paramedics spread across the region and a critical care paramedic within each Hazardous Area Response Team (HART). They will work closely with our HEMS colleagues by drawing together the three teams under one governance umbrella to ensure the care we provide, is not only patient-focused, but safe and evidence-based.

Alongside this we will support Team Based Working, by providing education and training opportunities, clinical leadership and supervision. The team will also be supporting external relationships, developing practice within our trust and contributing to the research agenda and strategy.

Falls and Frailty

People who fall continue to make up a large proportion of the calls we receive, both through the 999 and 111 routes. Evidence shows that one in three people over age 65 and one in two people aged over 80 will fall each year, with many of these sometimes unable to get up from the floor themselves, and help is needed. Half of hospital admissions for injury are due to falls and they cost the NHS £2.3 billion each year, with hip fracture being the most common serious injury in older people.

We know that being on the floor for long lengths of time can be harmful, and lead to increased risk of hospital admission and potentially result in deconditioning. This is a complex process of physiological change following a period of inactivity, bedrest or sedentary lifestyle. It results in functional losses in such areas as mental status, degree of continence and ability to accomplish activities of daily living.

Falls can occur outside and in people's own homes, and a prompt and appropriate response is always needed, particularly if the person is older and may be living with frailty. Falls can often be prevented, so we have continued to maintain a robust falls referral pathway for all people who fall who we don't convey to hospital. Patients are referred 24/7 via our health desk in our Emergency Operations Centre (EOC), and the referral is passed electronically to a range of services across our region. We consistently refer over 400 patients every month. Patients are then contacted and followed up by community falls services so that a multi-factorial falls risk assessment can be carried out.

Due to the sustained pressures on our service and the COVID pandemic, we were very aware that patients who fall and are uninjured may experience long delays before we can get an ambulance response to them. Building on our established teams of community first responders we have trained more of them in additional skills to be able to attend people who fall and help to get them off the floor. Equipment such as lifting devices has been purchased, additional training has been delivered in manual handling, and education has been provided around how to assess people who fall.

We have also formed more partnerships with other organisations so that they can respond on our behalf to people who fall. These include local authority and housing associations where they already have trained teams that respond to telecare alarms.

Working closely with our clinicians in EOC, we have been able to safely identify suitable patients, refer them to alternative teams and ensure that we get to many patients quicker, help them from the floor quicker, and be able to relay any clinical concerns for onward referral or an ambulance response if needed.

In light of these developments, we conducted a survey to gain the views of patients around receiving alternative responses and found that they were very satisfied and were not concerned that it was not an ambulance response that attended them.

Maternity

A practice development midwife funded by the Local Maternity System was seconded to the Trust for the last six months of the financial year.

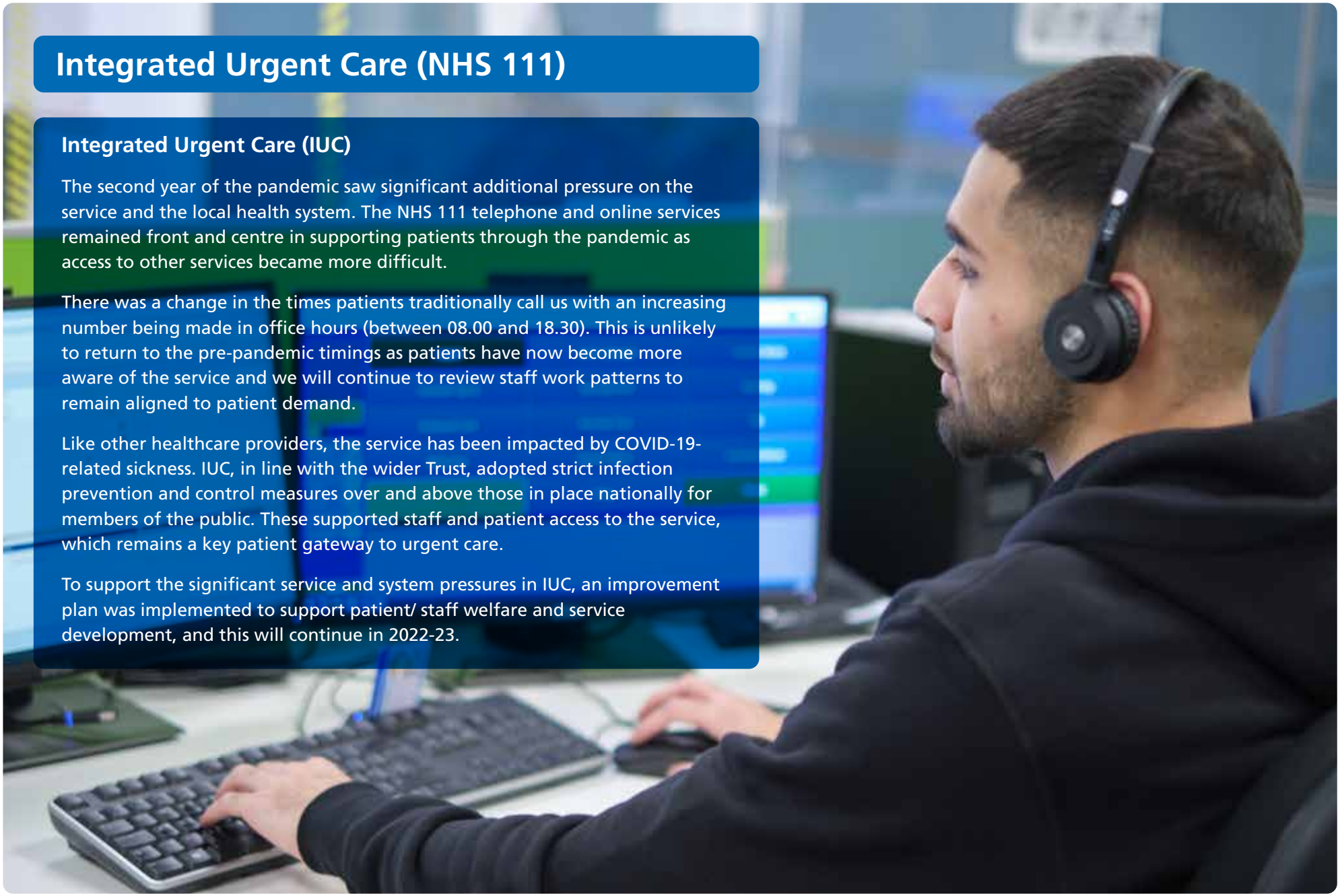
A maternity review was already underway by a consultant midwife and the practice development midwife was able to contribute to the report with audits and evaluations of the maternity care being provided by the Trust. In addition, guidelines that ambulance staff, and NHS 111 and EOC call handlers work within have been reviewed.

Staff expressed that they would welcome additional maternity training and, so far, 140 members of staff have benefited from maternity workshops for small groups, full day 'midwifery in a day' sessions for the newly formed critical care team, and train the trainer sessions arranged for ambulance staff to attend external training with local maternity units.

Ten new birthing simulators have been purchased and they will have considerable benefits for the YAS Academy and will also be available across the Trust for ongoing professional development. The mannikins are anatomically accurate and allow the baby to pass through the pelvis as it would in a real birth, making the learning opportunity more realistic.

Future plans include having ambulance service staff attend hospital-based obstetric emergency training. This would be beneficial for midwives and ambulance staff to gain an understanding of each other's roles and of what is expected of each other in an emergency situation.

Integrated Urgent Care (NHS 111)



Integrated Urgent Care (IUC)

The second year of the pandemic saw significant additional pressure on the service and the local health system. The NHS 111 telephone and online services remained front and centre in supporting patients through the pandemic as access to other services became more difficult.

There was a change in the times patients traditionally call us with an increasing number being made in office hours (between 08.00 and 18.30). This is unlikely to return to the pre-pandemic timings as patients have now become more aware of the service and we will continue to review staff work patterns to remain aligned to patient demand.

Like other healthcare providers, the service has been impacted by COVID-19-related sickness. IUC, in line with the wider Trust, adopted strict infection prevention and control measures over and above those in place nationally for members of the public. These supported staff and patient access to the service, which remains a key patient gateway to urgent care.

To support the significant service and system pressures in IUC, an improvement plan was implemented to support patient/ staff welfare and service development, and this will continue in 2022-23.

Service demand and performance

The service saw an 11.9% rise in demand from last year with most impact seen across the first quarter. However, the service did not see the projected call increases across the 'normal' winter period. This was due to fewer calls relating to winter illnesses like colds, flu and winter bugs as there was less social mixing than before the pandemic.

Patient access to 111 was more challenging with the proportion of calls answered within 60 seconds falling in comparison to previous years. This was due to increased demand and high staff sickness levels.

In response to an increasing number of patients abandoning their calls, local telephony messaging was changed to encourage patients to remain on the line by providing them with an indicative timeframe of their likely wait time. This helped to encourage patients to remain on hold for assessment and reduced the risk of them exploring more acute options.

Key performance information:

- 1,964,057 calls received
- 1,669,087 patient calls answered (15% of calls were abandoned)
- 37.9% of calls answered within 60 seconds, formerly a KPI but now locally tracked
- An average speed of answer of 407 seconds; this remains a new developmental KPI across IUC.
- 45.6% of clinical calls received a call back within one hour target of 60%
- 26.2% of core clinical advice provided to patients (target 30%)
- 41.7% Emergency Department (ED) validations (target 50%)
- 99.3% 999 validations (target 95%)
- Of the calls triaged, 10.7% were referred to 999; 5.1% were given self-care advice and 14.5% were signposted to ED. The remainder were referred to attend a primary or community care service or attend another service such as a dental surgery.
- Through the national contingency plan, YAS answered, on average, 2,817 calls per month on behalf of other services, equating to 2.1% of overall demand.
- In an independent survey 95% of patients agree/strongly agree that they were treated with dignity and respect, and 97% of patients fed back that they followed some, or all of the advice that they were given.
- 93% would recommend NHS 111 to their friends and family and overall satisfaction for the service continues to be extremely positive with 37 formal compliments received.

IUC service development

- Agreed changes with local commissioners to provide more flexibility to support patient demand and enable improved patient pathways for certain groups over the winter period to use wider local system clinical capacity.
- NHS 111 First implementation including direct booking to emergency departments.
- Three version implementations of NHS Pathways.
- Upgrades to Adastra, the clinical patient management software.
- Use of SMS technology to provide fast and efficient 'comfort calling' messages to patients, along with the ability to close non-urgent cases by text message at times of high demand.
- Core Clinical Advice Service (CAS) development.
- Support and engagement with Humber, Coast and Vale and West Yorkshire integrated care systems in their development of local CAS offers to ensure patients receive the most appropriate care.
- Review and enhancement of NHS 111 local telephony messaging .
- Adoption of Pathways Clinical Consultation Support (PACCS) which supports clinicians performing remote clinical consultations.

Looking ahead to 2022-23

IUC service improvement and pandemic recovery will be the key focus with an increase in staff engagement to help shape the service in line with national, regional development and local improvement plans.

Key elements will include a review of how staff schedules are aligned to patient demand and how leadership teams can support staff more effectively with an emphasis on health and wellbeing initiatives.

IUC Project Manager Bob Sunley is in his 50th year of working for the ambulance service

Patient Transport Service

Our Patient Transport Service (PTS) provides NHS-funded transport for eligible people who are unable to travel to their healthcare appointments by other means due to their medical condition or mobility needs.

Between April 2021 and March 2022 our PTS completed 706,176 non-emergency journeys, covering 7,546,273 miles, making us one of the largest providers in the UK. Total demand, including delivered journeys, escorts and aborted journeys was 842,147.

We have just over 750 staff; including 592 in our operations teams, 49 managing bookings, 85 coordinating our fleet and resources and 28 supporting the overall running of our service-line.

More than 250 volunteers are registered to support us and, this year, 181 provided 8.1% of our journeys, covering 1,312,283 miles. Less of our volunteers were able to offer their time this year due to the pandemic. Patients allocated to our volunteers are able to walk but may need a helping hand to the vehicle, getting in and out of the vehicle, to the location of their clinic, or back to their home.

Further information on becoming a volunteer is available at:
https://www.yas.nhs.uk/get-involved/patient-transport-service-volunteers/

A framework of 42 quality-assured partner providers to provide flexible support for our operations teams. This year they supported us with 52.2% of our journeys when we began transporting one patient at a time due to the pandemic.

National Review and PTS Pathfinder

In August 2021, NHS England and NHS Improvement published its national review of non-emergency patient transport services (NEPTS).

The summary report set out a new national framework for PTS to become consistently more responsive, fair and sustainable. It outlined five components with a number of recommendations relating to:

1. More consistent eligibility.
2. Improved wider transport support.
3. Greater transparency on performance.
4. A path to net zero carbon emissions.
5. Improved procurement and contracting.

More than 250 volunteers are registered to support us and, this year, 181 provided 8.1% of our journeys, covering 1,312,283 miles

To test and develop the recommendations, NHSEI asked for various organisations to become pathfinder sites.

Our bid, made in partnership with the West Yorkshire Health and Care Partnership, to ensure improvements to the commissioning and delivery of PTS take place at a system-level, was successful.

Within YAS, the PTS pathfinder pilots will focus on:

- Exploring ways to better signpost people to non-emergency transport options.
- Strengthening the role of community transport in patient transport, particularly through improving the recruitment (and retention) of volunteer drivers and integrating community transport better into local coordination platforms, with potential scoping for YAS to be the lead PTS provider in the region.
- The impact of uptake of the new eligibility criteria developed by the review (separate consultation by NHSEI was carried out).

Colleagues within the West Yorkshire Health and Care Partnership will lead on the following pathfinder projects with collaborative support and involvement from YAS PTS teams:

- Improving the accessibility and timeliness of the Healthcare Travel Costs Scheme (HTCS); overhauling HTCS to make it easier for people on a low income to claim back journey costs.
- The impact of new proposed procurement, commissioning and contract management principles.

The objective of the pathfinder pilots will be to generate best practice in these specific areas to support continuous improvement of services in other areas around the country. The work will also inform national measures to improve the HTCS and any other national enablers of local improvement.

PTS response to COVID-19

Like the rest of the Trust, our PTS continued to be significantly affected by COVID-19. Last year we conveyed 8,871 patients confirmed as having COVID-19, and 3,478 suspected COVID-19.

Patient cohorts

In July 2021, as COVID-19 restrictions continued to change and the demand for our PTS steadily increased, we began grouping some patients and no longer restricted some journeys to one patient at a time.

The safety of our patients and staff is always our highest priority and careful consideration has been made to ensure that grouping patients is done safely - we staggered the roll-out to ensure that our processes were safe and effective. One patient is only planned to travel with another when it is safe to do so and when social distancing of at least one metre can be maintained.

To support our teams with the complex nature of planning and carrying out patient journeys, we identified five rules that must always be adhered to; these are:

1. Two patients may travel together if neither are suspected or confirmed as having COVID-19.
2. Patients who are isolating, require oxygen during their journey, require an escort, travel in a wheelchair, are exempt from wearing a facemask, are receiving cancer treatment or are categorised as 'Must Travel Alone' must not travel with any other patients.
3. Only one patient will be planned to a standard car (including volunteer or taxi).
4. A definitive list of YAS vehicles that are appropriate for grouping is available on the PTS Teamsite; no other vehicles will be used to convey grouped patients.
5. Patients must always be seated at least one metre away from another patient.

Providing transport for patients receiving COVID-19 treatment

In December 2021, we began providing transport for patients who needed to travel to receive COVID-19 treatment in order to avoid hospitalisation. These are patients, who test positive for COVID-19, are at a higher risk of developing severe illness and more likely to be hospitalised, that are offered neutralising monoclonal antibody (nMAB) treatments at clinics across the region.

The treatment is administered intravenously or orally to patients who have mild to moderate COVID-19 and at least one risk factor for developing severe illness – this includes people who have Down's syndrome, certain types of cancer, or a condition or treatment that makes them more likely to get infections.

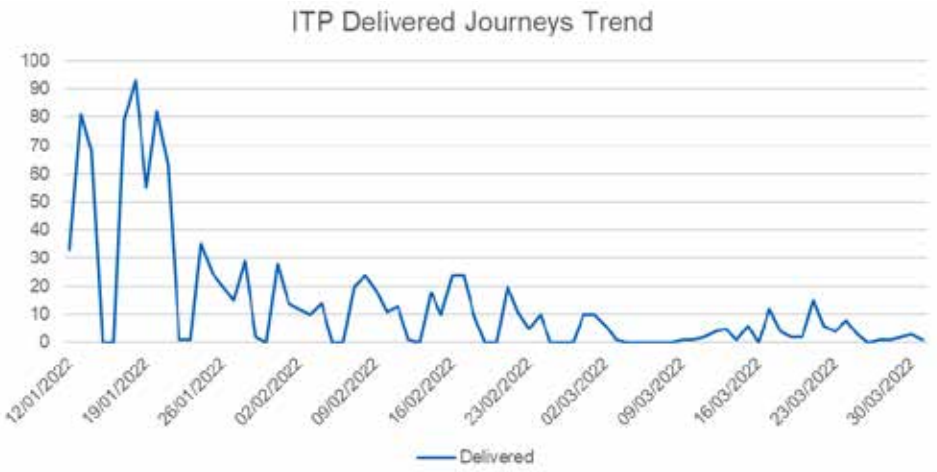
Whilst we have been transporting patients who are COVID-positive for some time, we are very proud to support our most vulnerable patient in receiving this newly-developed life-saving treatment.

Supporting A&E colleagues

In early January 2022, the Omicron variant of COVID-19 had a significant impact on infection rates in Yorkshire and unprecedented levels of staff absence across the Trust caused significant operational pressures. YAS implemented a number of actions to prioritise patient care which included our PTS staff being deployed to convey clinically triaged and appropriate 999 patients. This meant that, routine PTS journeys to non-essential clinics had to be suspended to free-up ambulance resources required for patients who needed our services the most.

Our crews were supported by clinicians in the Clinical Hub, we dedicated staff in the PTS Logistics team to manage these journeys and provide a point-of-contact for crews, and staff provided non-clinical handovers to hospital colleagues.

This support for our A&E service has continued with PTS teams providing transport for low acuity patient when capacity allows. From January 2022 to March 2022, our PTS has supported A&E with 1,091 journeys (see graph below).

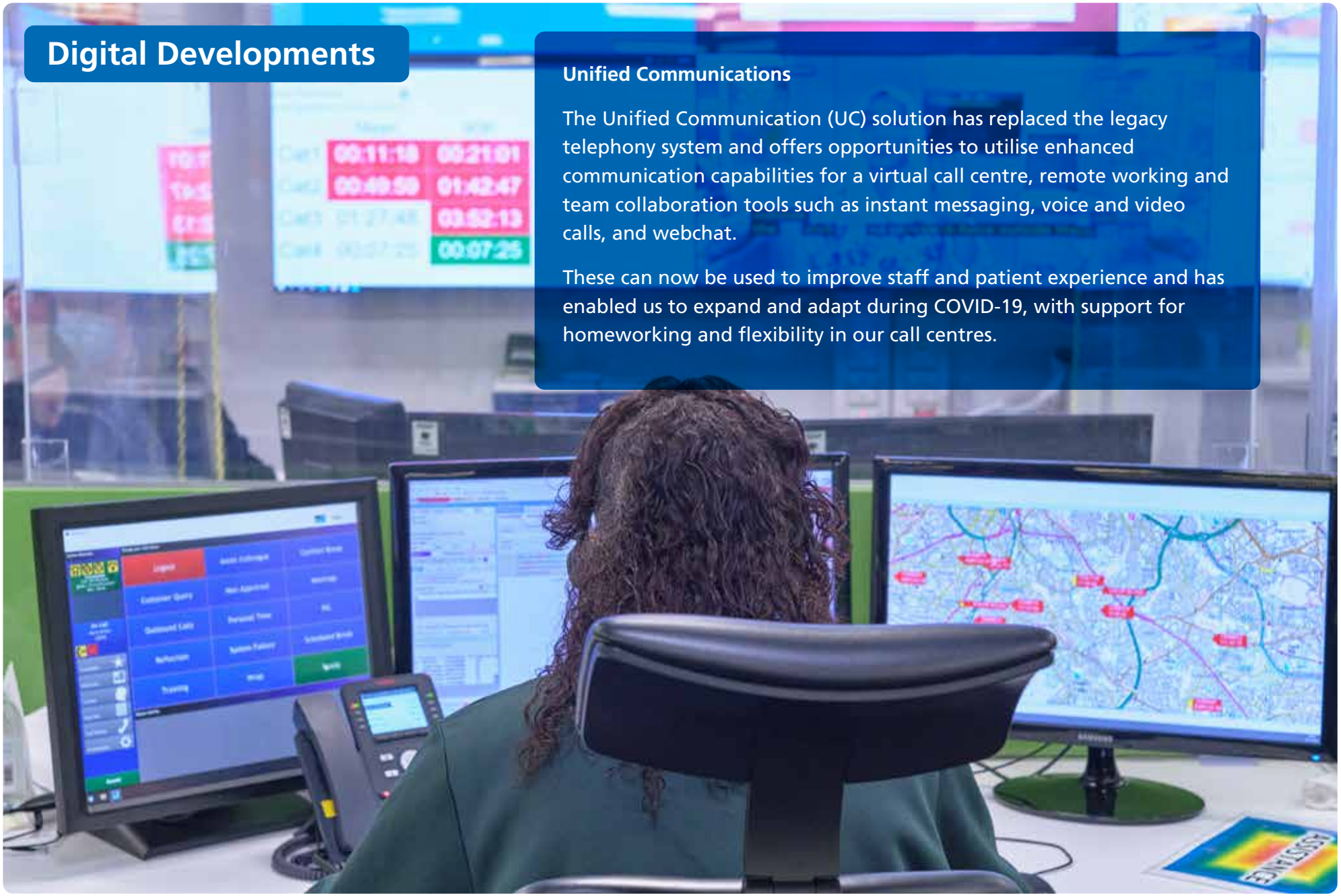


Looking ahead: our quality focus for 2022-23

In 2022-23, our focus for improving quality across PTS will be to:

- Continue responding to the COVID-19 pandemic with a view to developing new ways of working to support the wider Trust.
- Continue as an NHSEI pathfinder site, testing and developing recommendations from the national review of PTS, informing and shaping the outcomes for the benefit of our patients.
- Implement the new eligibility criteria when published by NHSEI to ensure parity and equity for all patients, regardless of where they live.
- Continue with our developments to become dementia friendly.

Digital Developments



Unified Communications

The Unified Communication (UC) solution has replaced the legacy telephony system and offers opportunities to utilise enhanced communication capabilities for a virtual call centre, remote working and team collaboration tools such as instant messaging, voice and video calls, and webchat.

These can now be used to improve staff and patient experience and has enabled us to expand and adapt during COVID-19, with support for homeworking and flexibility in our call centres.

Homeworking has improved our business continuity capabilities and has allowed staff who were isolating, but not unwell, to work from home, mitigating some of the impact of the pandemic on our ability to deliver services.

The UC platform provided a 'virtual call-centre/office' experience, making it easier for staff to work remotely with flexible hours. This has led to improved staff experience and staff retention, particularly for specialist clinical staff.

The new platform has a bespoke interface with the 999 command and control system and with Integrated Urgent Care to enable the Trust to receive caller information and a call-back facility within the 999 and 111 systems.

The new UC platform is a fully resilient environment across three call centres and provides a seamless failover between sites.

Further benefits include:

- Secure video calls for remote clinical assessment with full recording facilities for clinicians in the control room or paramedic at scene
- Call automation to allow:
  - Natural Language Processing to improve the patient journey and signpost the patient to the right pathway.
  - Digital Deflection to assist callers in receiving the correct information whilst enabling the Trust to prioritise critical calls.
- Multi-channel communication options for patients to contact is including chat online, video and web links.

N365

In May 2020, NHS Digital reached an agreement with Microsoft to develop a specific NHS licensing proposal of the Office 365 solution which is known as N365.

We were the first Trust to pilot and go live with the file migration to N365 which was completed in August 2021. This means that we are now able to take advantage of:

- increased cyber and data security
- the ability to create, share and edit documents online
- access to traditional Office products online using any devices and without reliance on YAS infrastructure, enabling staff to work from any location using any device (including bring your own device)
- Access to new and improved products such as:
  - SharePoint (including OneDrive) for file storage and sharing
  - Teams, enabling voice and video conferencing as well as chat, document sharing and other collaboration tools.
  - Sway, an alternative to PowerPoint, allowing the creation of interactive presentations, projects and reports.
  - Stream, a service that makes it easy to create and share video content.

Emergency Service Mobile Communications Programme

The national Emergency Services Mobile Communications Programme (ESMCP) is responsible for ensuring the next generation of communications in emergency services. The purpose of the programme is to replace the existing emergency service radio and communication network.

As part of this programme, we will need to update the system used by the Emergency Operations Centre dispatchers to communicate with ambulance crews, and also the mobile data system used on the ambulances.

YAS ICT, Operations and Fleet teams are working with the Ambulance Radio Programme to test and pilot the new systems and make the technical preparations necessary for a seamless switch:

- Control Room Solution (CRS) – The CRS will replace the current dispatch communications system used in the Emergency Operations Centre. Work has been ongoing this year in preparation for the new YAS Control Room Solution (CRS) to go live in quarter 3.
- Mobile Data Vehicle Solution (MDVS) - MDVS will replace the current, ageing mobile data in-vehicle devices on ambulances. The pilot began in February 2022 and will be fitted across the entire ambulance fleet by the end of this financial year.

NMA for Community First Responders (CFRs)

Included within the ESMCP Programme is the National Mobilisation Application (NMA) for frontline vehicles better known as Mobile Data Vehicle Solution (MDVS). A tailored version of NMA is also being developed so that it can be deployed onto android smartphones used by Community First Responders (CFRs) known as NMA Lite. Our ICT, Community Resilience and EOC teams are working with the Ambulance Radio Programme to test and pilot the new systems and make the technical preparations necessary for a seamless switch to NMA Lite. The work is expected to be completed by the end of quarter one in 2022.

Cyber Security

Secure Event and Incident Management

In 2021 we invested in a Security Event and Incident Management (SEIM) platform for the safe storage of logs and changes across our estate. These can be used to identify threat activity as well as further analysis should an incident occur. The SEIM platform also addresses a number of points within the Data Security and Protection Toolkit (DSPT), further strengthening our approach and management towards Cyber Security.

Data Security and Protection Toolkit

The Data Security and Protection Toolkit (DSPT) is one of several mechanisms in place to support health and social care organisations in their ongoing journey to manage data security and data protection risk. The toolkit allows organisations to measure their performance against the National Data Guardian's ten data security standards, as well as supporting compliance with legal and regulatory requirements (e.g., the GDPR and NIS Directive) and Department of Health and Social Care policy through completion of an annual DSPT online self-assessment.

YAS is fully compliant with the DSPT. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. DSPT is an annual audit and in 2021-22 YAS received an audit score of 'moderate'.

Solution System Centre Configuration Manager (SCCM)

In 2021 the Trust has invested in and implemented SCCM. This improves the efficiency of software deployment and the build of devices allowing better reporting and assurance of security compliance to the Trust.

New Trust intranet

Working alongside the Corporate Communications Team we successfully migrated the YAS intranet (Pulse) to the National NHS Tenant in July 2021. This included a site-wide rebranding of Pulse, restructure of the site and development of content. Improvements include access from any device (personal/work/desktop/mobile), enhanced searchability of content and joined-up areas of work including Team Sites and Departmental Shares sites.

Site expansion and new sites

Over the past 12 months, ICT has continued to support the Trust during the COVID-19 pandemic and has expanded its infrastructure and equipment to manage the unprecedented high demand of calls in 999/111/PTS. This has resulted in a requirement to increase staff, and in the opening of new sites.

- **IUC (111)**
  - 15 additional positions (while retaining social distancing).
  - 20 homeworker kits.
- **EOC (999)**
  - New area to accommodate 45 positions for EOC.
  - New site for EOC training to accommodate 44 positions.
  - 40 homeworker laptops for various roles within EOC.
- **PTS**
  - New training room.
  - 20 homeworker positions.
- **A&E Operations**
  - 128 laptops for Team Based Working to support the new management structure and an agile approach to working.
  - 250 PCs across all the ambulance stations to support our virtual training/ hybrid working and refresh any legacy PCs.

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. We therefore 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 People Strategy and its **five strategic aims** supports the Trust's 'One Team, Best Care' strategy and underpins the **four pillars of the NHS People Plan.**

NHS PEOPLE PLAN - Four pillars			
Looking after our people	**Belonging in the NHS**	**New ways of working and delivering care**	**Growing for the future**
YAS PEOPLE STRATEGY - Five strategic aims			
Culture and Leadership We will through effective leadership develop a positive and inclusive culture **Health and Wellbeing** We will create a healthy working environment to enable staff to perform to their best **Employee Voice** We will listen, engage and respond to our staff to make them feel truly valued		**Education and Learning** We will ensure our staff have the right skills, competencies, attitudes and behaviours **Recruitment, Retention and Resourcing** We will attract and retain the right people, to do the right things at the right time	

Culture and Leadership

Our Senior Leadership Team

Our Senior Leadership Team consists of 25 senior managers from across each of the directorates. They meet fortnightly in our Trust Management Group to discuss important Trust issues, approve policies and business cases, and agree our Trust's strategic direction.

Organisational Development

The Living Our Values Behavioural Framework continues to sit at the heart of all we do. We are proud of our values and behavioural framework and use these when developing our leaders at all levels to clearly set expectations and equip our leaders to role-model the values and behaviours.

Leadership and Management Development

Our current offerings for Leadership and Management Development are three main programmes that consider the needs of aspiring and existing 'People Leaders' and aim to develop and retain our internal talent and foster leadership in the organisation.

Our programmes are:

YAS Accelerated Development Programme

The YAS Accelerated Development Programme has been designed in two formats, each focused on specific needs in the development of our talent. The 'Future Leaders' programme, for colleagues who have not yet obtained leadership experience, and 'Developing Leaders' for those already in management roles aspiring to progress further and to strengthen their leadership skill and knowledge. The first cohort of the Future Leaders programme began in the summer of 2021; the remaining cohorts of Future Leaders and Developing Leaders programmes were put on hold due to organisational and operational pressures. They continue to be on hold as the Trust embarks on a piece of work around the future strategic direction for the Trust aligned to a new operating model. Once underway this will inform a thorough review and refresh of the leadership and organisational development offers.

Leadership in Action

Our Leadership in Action programme, mandated for all people leaders at YAS, was revised to include a strengthened focus on a Compassionate, Inclusive and Collaborative Leadership approach. A pilot of the revised programme was delivered online in May 2021 and, with the ongoing pandemic, it was further developed to offer more flexible formats of delivery including a modular approach.

The programme is currently on hold awaiting a review and will be refreshed in alignment with the previously mentioned work on defining the future strategic direction for the Trust.

Team Based Working in A&E Operations

As part of the new Team Based Working structure in A&E Operations, all new Area Operations Managers and Team Leaders undertook a bespoke leadership development programme. This aims to set the scene in terms of the expectations of those frontline leaders and will be an important building block on which further support can be put in place for the ongoing implementation of Team Based Working.

Appraisal and Career Conversations

YAS developed a new policy, process and template for Appraisals and Career Conversations, previously known as personal development reviews (PDRs) through wide stakeholder engagement and with the aim of improving the quality of the conversation.

The new format includes expectations from the NHS People Plan to discuss wellbeing as well as career aspirations and firmly embed the YAS values and behaviours. Training for managers were developed and mandated. The delivery of this new training commenced and will continue in 2022-23.

Queen's Ambulance Medal (QAM) Award

Dr Julian Mark, Executive Medical Director, was awarded the Queen's Ambulance Medal for Distinguished Service (QAM) in the Queen's New Year's Honours List.

Julian qualified in Medicine from Leeds University in 1994 (BSc Hons, MB ChB) and has been a senior leader at the region's ambulance service for 14 years and the Trust's Executive Medical Director since October 2013.

During the last two years he has been at the forefront of the UK ambulance sector's response to the COVID-19 pandemic, leading national work, as well as the clinical response in Yorkshire. He has supported colleagues through the challenging clinical environment of COVID-19, rising to the challenge of being at the helm of the national ambulance response as Chair of the National Ambulance Service Medical Directors (NASMeD) group, a sub-group of the Association of Ambulance Chief Executives (AACE).

Julian has been Chair of NASMeD since March 2015 and was unanimously re-elected for a further three-year term in 2018. His numerous achievements include developing national clinical best practice including airway management, care of children, standardising equipment for paediatric and maternity care, leading the establishment of learning from deaths processes and complex coroners' inquests.

He is passionate about ensuring patient safety and reducing harm. In his quest for safe, evidence-based, high-quality patient care, Julian engages and liaises with many organisations and partners at local and national levels, including the Healthcare Safety Investigation Branch (HSIB), NHS England/Improvement and the Department of Health and Social Care. Julian also sits on the UK Council of Caldicott Guardians and co-chairs the National Advisory Board for The Circuit (British Heart Foundation).

Long Service and Retirement Awards

After a delay of 12 months, due to the COVID-19 pandemic, in mid-September 2021 we were able to honour a total of 279 colleagues, who had clocked up a combined 5,353 years' service between them, at our Long Service and Retirement Awards.

The awards ceremony took place at the Pavilions of Harrogate, North Yorkshire and recognised staff who had reached their long service milestones by 2020.

91 members of staff attended the event with their guests to collect their awards from Chairman Kath Lavery, Chief Executive Rod Barnes and special guest Mrs Johanna Ropner, Her Majesty's Lord-Lieutenant of North Yorkshire.

In total, 46 individuals were congratulated for achieving 20 years' service and seven individuals for reaching the 30 years' service milestone. Six staff were recognised for an incredible 40 years of service – **Trevor Baldwin, QAM** (Head of Service Development, A&E Operations), **Steven Bennett** (Paramedic Practitioner in South Yorkshire), **Kerry Bittan** (EMT1 in South Yorkshire), **Karen Cooper** (Project Manager – Planning & Development (IUC)/Event Manager – Private & Events), **Kerry Hibbert** (EMT1, South Yorkshire) and **Carol Tosney** (Ambulance Vehicle Preparation Operative, Leeds).

The honours also included the Queen's Long Service and Good Conduct Medal, which was awarded to 13 staff on the day for 20 years' exemplary frontline emergency service. 19 retirees were also recognised for their valuable service to the Trust and people of Yorkshire.

Speeches were given by Rod Barnes, Kath Lavery and the Lord-Lieutenant about the commitment, compassion and professionalism of staff and their dedication to serving their communities and the people of Yorkshire. They acknowledged what a challenging period the previous 18 months had been for all staff and recognised the contribution that experienced staff had made to help support those newer to the Trust.

Those members of staff who were unable to attend the ceremony received their awards locally.

The Trust is passionate about ensuring our services and employment practices are accessible and inclusive for the diverse communities we serve and the people we employ

Embracing Diversity – Promoting Inclusivity

The Trust is passionate about ensuring our services and employment practices are accessible and inclusive for the diverse communities we serve and the people we employ. We want to be an employer of choice for all individuals regardless of their background and characteristics and strive to make YAS a place free from discrimination, bullying, harassment and victimisation, 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.

Our Work

We endeavour to ensure all our policies, services and practices are inclusive to ensure developments do not adversely affect any particular staff groups. To support this our Equality Impact Assessment process has been refreshed. The process is supported by the Diversity and Inclusion Team, and feedback on its user-friendliness has been incorporated.

The Trust has three established Staff Networks (BME, Pride@YAS (LGBTQ+) and Disability Support Network) and a working group for a new Women and Allies Staff Network has been formed to launch and fully establish the group in 2022. The Trust approved a Terms of Reference for Staff Networks providing protected time for Committee Members of each network to undertake Staff network duties each month and also securing protected time for staff to attend Staff Network meetings on a quarterly basis.

Despite operational pressures and the ongoing effect on our services because of the pandemic, our commitment to our Staff Networks remains.

- All Staff Equality Networks have continued to hold Staff Network meetings;
- The Disability Staff Network held weekly 'virtual' drop-ins for shielding staff;
- Chairs of Staff Networks have a Standing Item on the Diversity and Inclusion Steering Group agenda;
- Staff Networks have been invited to a number of key stakeholder sessions to enable them to input and influence key workforce action plans.

Our Staff Networks and Diversity and Inclusion Team launched their Allyship campaign and highlights what being a good ally looks like and is aligned to the Trust's values. Ongoing materials will be developed during 2022 to strengthen the message and help foster good working relationships through positive conversations.

The Trust met its responsibilities under the Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES) and Gender Pay Gap statutory reporting requirements. For both WRES and WDES, we improved on some standards and areas of improvement are subject to an action plan, which includes a comprehensive review of our recruitment, progression and selection processes.

For the Gender Pay Gap, our pay gap increased from 3.91% in 2020 to 6.86%% in 2021, mainly due to the composition of our workforce i.e., nearly 40% of our female staff are at Band 5 and below. We have developed an action plan with tangible actions to address our gap. However, our use of the NHS terms and conditions with the national job evaluation scheme is in place to ensure our roles are evaluated through criteria that has been nationally, rigorously tested, and supports our commitment to reducing our gap in future years.

The Trust is supporting the development of a more diverse workforce at all levels. To increase BAME representation and voice at Board, the Trust appointed a BAME Associate NED through the NHSE/I NExT programme in April 2021.

To improve our senior leaders' understanding of the issues and barriers faced by our BAME staff a Reverse Mentoring pilot for BAME staff with four Executive Directors commenced in April 2021. The scheme pairs individuals from different ethnicities and at different levels for them to learn from one another in terms of lived experience. Following evaluation of the initiative it is intended to widen this scheme out to other staff from other protected characteristics.

To support staff with disabilities and long-term conditions, the Trust launched its Reasonable Adjustment Guidance and Health Passport in November 2021. The Health Passport has been designed for individuals within YAS who live with a disability, long term health condition, mental health issue or learning disability/ difficulty. It allows individuals to easily record information about their condition, any reasonable adjustments they may have in place and any difficulties they face.

To support staff with disabilities and long-term conditions, the Trust launched its Reasonable Adjustment Guidance and Health Passport in November 2021

YAS also launched its Carer Support Group in September 2021, inviting staff and volunteers of YAS with unpaid caring responsibilities to come together, share their lived experience, create a positive support mechanism and influence relevant policy. We also launched a carer passport alongside the health passport to ensure our carers have the right support in place to enable them to remain well and at work whilst providing unpaid care.

Working with our Pride@YAS staff (LGBTQ+) equality network the Trust submitted to Stonewall's Equality Workplace Index. The results have highlighted where the Trust needs to focus its priorities on its journey to becoming an LGBT+ Friendly Workplace.

Our programme of work for the coming year aims to focus on a number of measurable objectives and impactful actions. The work includes carrying out a diversity census so that our data is correct to ensure we focus our efforts to address specific inclusion needs, refreshing and delivering our 'Say Yes to Respect' (with allyship) programme in areas where we feel this is most needed to bring about change.

Recruitment, Retention and Resourcing

Recruitment this year concentrated on our frontline and call centre workforce. Between April 2021 and March 2022, 147 Emergency Care Assistants (ECAs) and 101 Paramedics (including newly qualified paramedics) joined our workforce, along with 372 call centre staff.

We have a clear training and recruitment plan for the year ahead which includes 35 Paramedics joining us in July and August 2022 from Australia and New Zealand, following our involvement in an international recruitment programme supported by Health Education England.

In accordance with our safeguarding responsibilities, the Trust 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. Our review of our recruitment and selection practices with our stakeholders continues to ensure these are inclusive, as well as supporting our five-year People Strategy, to ensure that we attract and retain the best people, recognising our workforce ethnicity profile, whilst an improving picture, does not reflect the communities we serve.

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. Our Executive Team and two other senior managers are paid under NHS Improvement's Very Senior Manager (VSM) Framework.

Permanent and Other Staff

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

Staff costs	Permanent £000	Bank/ Agency £000	2020-21 Total £000	**2021-22 Total £000**
Salaries and wages	182,935	4,494	187,429	**199,593**
Social security costs	17,335	-	17,335	**19,814**
Apprenticeship levy	894	-	894	**993**
Employer's contributions to NHS pension	22,175	-	22,175	**23,863**
Pension cost - employer Contributions paid by NHSE on provider's behalf (6.3%)	9,633		9,633	**10,379**
Termination benefits	-	-		**382**
Temporary staff		4,490	4,490	**3.645**
Total staff costs	**232,972**	**8,984**	241,956	**258,669**

Average number of employees (WTE basis)	Permanent Number	Bank/ Agency Number	2020-21 Total Number	**2021-22 Total Number**
Medical and dental	3	0	3	**3**
Ambulance staff	4,158	83	4,241	**4,321**
Administration and estates	805	55	860	**964**
Nursing, midwifery and health visiting staff	79	25	104	**104**
Scientific, therapeutic and technical staff	9	1	10	**8**
Total average numbers	**5,054**	**164**	5,218	**5,400**

Our Workforce Profile (Headcount)	2020 (31 March 2020)	2021 (31 March 2021)	**2022 (31 March 2022)**
Paramedics (including student paramedics)	1,984	2,135	**2,347**
Technicians (including Ambulance Practitioners*)	577	532	**561**
Emergency Care Assistants	935	1,039	**1,093**
Other frontline staff (including Assistant Practitioners, A&E Support Assistants, Intermediate Care Assistants)	32	32	**40**
Patient Transport Service (Band 2, Band 3 and apprentices)	703	764	**771**
Emergency Operations Centre (EOC)	468	511	**576**
Integrated Urgent Care (NHS 111)	613	715	**780**
Administration and Clerical	800	892	**809**
Managerial (including Associate Directors)	182	171	**211**
Other (Chief Executive, Directors and Non-Executive Directors)	14	14	**15**

** Ambulance Practitioner – new role introduced in 2021-22*

Workforce Levels (Whole Time Equivalent (WTE)						
Staff category	Establishment 31 March 2020		Establishment 31 March 2021		**Establishment 31 March 2022**	
	Headcount	WTE	Headcount	WTE	**Headcount**	**WTE**
A&E Operations	3,528	2,686	3,743	2,841	**4,041**	**2,998**
PTS	700	578	757	618	**771**	**623**
EOC/NHS 111	1,067	781	1,214	880	**1,356**	**1,004**
Support staff	787	628	883	658	**809**	**677**
Management	220	210	201	195	**226**	**216**
Apprentices*	6	6	7	7	**0**	**0**
Total	**6.308**	**4,889**	**6,805**	**5,200**	**7,203**	**5,518**

** The Trust has 461 staff who are undertaking apprenticeship programmes of study (7.8% of workforce) where the apprenticeship levy is utilised. These staff are undertaking substantive roles and hence are not shown separately in the data above.*

Staff Profile - Gender (Headcount)			
	2020 (31 March 2020)	2021 (31 March 2021)	**2022 (31 March 2022)**
Male	3,038 48.16%	3,168 46.55%	**3,234** **44.90%**
Female	3,270 51.84%	3,637 53.45%	**3,969** **55.10%**

Volunteers

We have a number of individuals who provide unpaid work for the Trust who are a crucial part of our workforce. These roles support colleagues working in our Patient Transport Service (PTS) and operational roles.

Volunteer role	Sum of Headcount
Volunteer Car Driver	267
Volunteer Doctor	3
Community First Responder	1,031
Pets at Therapy Volunteer	1
Total	**1,302**

Exit Packages

Eight exit packages were provided during 2021-22 with a combined value of £382,000. This compares to £32,760 for five staff in 2020-21.

Exit Packages agreed in 2021-22

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	0	0	3	12	3	12
£10,000 - £25,000	1	11	1	12	2	23
£25,001 - £50,000	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0
£100,001 - £150,00	3	347	0	0	3	347
Total	4	358	4	24	8	382

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.

Exit Packages agreed in 2020-21

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	0	0	0	0	4	20,424
£10,000 - £25,000	0	0	0	0	1	12,336
£25,001 - £50,000	0	0	0	0	0	0
Total	0	0	0	0	*5	32,760

** Five individuals had exit packages including payments in lieu of notice.*

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.

Exit Packages – other departures analysis				
Other exit packages - disclosures (Excludes Compulsory Redundancies)	2020-21 Number of exit package agreements	2020-21 Total value of agreements	2021-22 Number of exit package agreements	2021-22 Total value of agreements
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	5	32,760	4	24,000
Exit payments following employment tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	**5**	**32,760**	**4**	**24,000**
Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

Employee Voice

In 2019 YAS launched a Cultural Ambassador role and over 50 colleagues from across the Trust were recruited to engage with this initiative.

Cultural Ambassadors are colleagues invested in improving our culture, act as role models for our values and behaviours and be the first port of call for their colleagues to listen to their views and ideas and signpost them to appropriate channels for help and support. They share feedback and ideas from colleagues and engage in improving "the way we do things around here", the culture of YAS.

Reconnecting with our Cultural Ambassadors was a priority for 2021-22 although it was challenging due to organisational and operational pressures. Engagement with them was not possible in person, so different ways of connecting virtually were implemented – including a quarterly newsletter, regular virtual informal 'drop-in' sessions, and the use of a dedicated forum on Microsoft Teams as a quick and easy way for them to communicate with the Trust leads on Living our Values, Quality Improvement, Freedom to Speak Up, Employee Health and Wellbeing, and Diversity and Inclusion.

Freedom to Speak Up Guardian (FTSU)

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 (YAS) NHS Trust was quick to implement the recommendations set out in the Freedom to Speak Up Review and appointed its first Freedom to Speak Up Guardian in 2016. YAS has continued to develop Freedom to Speak Up across the Trust, responding to national guidance when required and playing an active role in regional and national developments.

At YAS all staff, volunteers and contractors can raise concerns directly with the Trust's FTSU Guardian Luzani Moyo (pictured left) 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.

All NHS Trusts in England are required by the National Guardian's Office (NGO) to submit brief details of all concerns raised through the FTSU process. This provides an opportunity to compare YAS FTSU activity with other Trusts.

Apart from the exception of truly anonymous concerns, all workers who raise concerns through FTSU receive updates to their concerns and feedback on the final outcomes, actions to be implemented or lessons learned.

Partnership Working

We continue to 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 trade union colleagues in reviews of services, policies and procedures.

We worked closely together on implementing a number of projects and organisational changes including Team Based Working in A&E, rota reviews across the Trust and some changes to our corporate structures. We are committed to working in partnership over the coming years.

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 2021, we published information covering Trade Union representatives within the reference period 1 April 2020 to 31 March 2021.

Joint Steering Group (JSG)

Representatives from the Trust Management Group and recognised unions meet on a monthly basis to discuss issues affecting staff, approve policies which have been through the Policy Development Group and consult on key Trust developments. In efforts to further improve the quality of our partnership working, it was agreed towards the end of the year to rotate the chair role between management and trade union colleagues. Additionally, we are working together with a facilitator to agree how we can further improve our partnership working.

National Quarterly Pulse Survey (NQPS)

The Staff Friends and Family Test has been replaced with a new National Quarterly Pulse Survey. This aligns with the NHS People Plan and is an integral part of the People Promise: We each have a voice that counts. The survey will be live for a short period during the first month of each quarter (apart from quarter 3 when the National Staff Survey will be running). Staff will be able to answer the nine engagement questions (from the National Staff Survey) on a quarterly basis. YAS ran its first new quarterly survey in January 2022.

National NHS Staff Survey (NSS)

The national NHS Staff Survey is mandated for all NHS organisations. The questions have been reviewed by NHS England and Improvement (NHSEI) to ensure that they align to the NHS People Plan's People Promise. The People Promise sets out the things that would most improve the employee experience of NHS colleagues and is made up of seven elements.

To increase participation and inclusivity NHSEI have; improved eligibility (now including staff on long term sickness of more than 90 days and staff on secondment to YAS for more than 12 months), included two new demographic questions to support gender identity and international recruitment, and improved accessibility by adding a QR code to paper surveys.

The Trust maintained its methodology from 2019, with all staff (apart from those on maternity/paternity/adoption leave and long-term sickness absence) receiving their surveys online, and operational staff offered 15 minutes abstraction time to complete.

The survey ran from 4 October until 26 November 2021 when the Trust was experiencing significant organisational and operational pressures. This impacted on YAS's response rate for a second year running; this year achieving only 34% compared to 37% in 2020 and 50% in 2019.

The Trust's staff engagement score has reduced from 6.55 in 2020 to 5.92 in 2021.

NHS Staff Survey 2020 - Theme results and trends							
	YAS 2021	YAS 2020	YAS 2019	YAS 2018	+/- 2021-20	Sector average 2021	YAS vs Sector+/-
We are compassionate and inclusive	6.5	-	-	-	-	6.6	-0.1
We are recognised and rewarded	4.9	-	-	-	-	5.1	-0.2
We each have a voice that counts	5.9	-	-	-	-	5.9	=
We are safe and healthy	5.3	-	-	-	-	5.3	=
We are always learning	4.1	-	-	-	-	4.4	-0.3
We work flexibly	5.2	-	-	-	-	4.9	+0.3
We are a team	5.6	-	-	-	-	5.9	-0.3
Staff Engagement	5.9	6.5	6.6	6.3	-0.6	5.9	=
Morale	5.3	6.0	6.0	5.7	-0.7	5.3	=

As the seven People Promise themes are new in the 2021 National NHS staff survey, there is no historical comparison data for those themes. The only themes that were carried forward were Staff Engagement and Morale. Both of these themes have decreased from 2020, however the theme scores for 2021 are equal to the sector average scores.

YAS achieved above the sector average for the 'We work flexibly' theme, which is testament to the undergoing work of improving flexible working and hybrid ways of working where possible. YAS achieved the same score as the sector average for four themes but disappointingly also below sector average for four themes. This will partially be as a result of a lot of training and development being stood down during the prolonged period of extreme operational pressure.

Health and Wellbeing

The Health and Wellbeing support for staff was delivered on the basis of YAS's Health and Wellbeing Plan for 2020-22 which was drafted in the early stages of the COVID19 pandemic. YAS also secured additional funding and established a number of further actions to support staff during these challenging pressured times. The plans and interventions are monitored through the Health and Wellbeing Group, which meets bi-monthly with senior management membership and one of the Trust Board's Non-Executive Directors as YAS's formal Wellbeing Guardian.

The Health and Wellbeing Plan for 2022-23 will be aligned to the new NHS Wellbeing Framework, the ambulance sector's Blue Light Together Mental Health at Work Commitment, and the AACE (Association of Ambulance Chief Executives) Toolkit on Working Together to Prevent Suicide in the Ambulance Service, alongside being informed by input from staff and the results from our latest staff survey.

The pandemic has brought about unprecedented challenges to our staff, ranging from COVID-19 exposure, demand on service and worries about oneself and loved ones. To ensure we adequately support staff, our service provision has been enhanced during this period, supporting our colleagues to remain well whilst at work or whilst absent. Services provided included on-site and roving clinics for vaccinations, in addition to the service provided within local vaccination centres, pilot on site psychological support sessions and Therapy Dogs for our call centre staff.

Staff wellbeing has been and continues to play a pivotal role in everything we do and we work closely with managers to ensure wellbeing is embedded into daily practices. Using data insights and learning we have started the journey of up-skilling some staff from various teams across the Trust to become peer supporters and trauma risk practitioners as part of our newly procured Mental Health Support Service. This is the start of the journey which will see this area of work expanding further over the next year.

Alongside this, additional funding enabled us to pilot the use of welfare vehicles to support our frontline staff, which is proving to be a valuable resource.

Occupational Health

The occupational health, physiotherapy, mental health and absence reporting services have continued to provide high quality services to staff. The contracts are closely managed with clear key performance indicators in place.

As a package we continue to provide the Employee Assistance Programme, a confidential 24/7 support service to our staff. Services offered include counselling, trauma support, life management and support for managers plus more. The Post Incident Care and Support Process continues to be rolled out. The process helps ensure our staff can easily reach the relevant support when they need it. Due to operational demand pressures, the training has however been on hold for a period.

Provision of high-quality physiotherapy services has continued supporting our focus on promoting good musculoskeletal health. Due to working arrangements, some remote support was put in place until face-to-face sessions could resume. Staff working remotely are supported in how they can successfully manage their physical health and wellbeing whilst working from home. As part of that, the Trust's Health and Wellbeing Group developed a "Working from Home Self Care Guide" which was made available to staff online as well as in a printed booklet.

Flu Vaccination and COVID-19 Booster Programme

The 2021-22 flu vaccination programme was run in conjunction with COVID-19 booster vaccination campaign.

Booster vaccination uptake was 61.4% for all employees and flu vaccination uptake was 51.4% for all employees. National figures received from NHSE identify 85% of the current workforce to be boosted for COVID-19 and 56% have received the flu vaccine. Work will continue to enhance this take-up supported by appropriate communications and planning already underway for the 2022-23 flu campaign.

Absence Management

The Trust continues to manage high levels of sickness absence with an increase due to the COVID-19 pandemic.

Work continues on reviewing the Managing Attendance Policy and a review of current activities in place to address sickness levels is planned. 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, and expenditure lost to ill health.

The Trust believes sickness absence rates will be further driven down with more proactive approaches in place, such as a more effective, post-COVID approach to remote/agile working, allowing employees to work in ways that encourages higher attendance rates and where possible allows a quicker return to duties/alternative duties. Work continues in this regard.

Calendar Days Lost												
	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total (2021-22)	**11,162**	**11,644**	**11,254**	**13,480**	**15,260**	**14,844**	**15,770**	**15,166**	**19,863**	**20,607**	**15,045**	**18,698**
Total (2020-21)	11,843	9,715	7,665	7,922	8,259	9,294	11,749	12,045	11,716	13,709	10,438	12,322

Sickness Absence Percentage												
	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total (2021-22)	**7.20%**	**7.30%**	**7.30%**	**8.40%**	**9.50%**	**9.50%**	**9.60%**	**9.50%**	**12.10%**	**12.50%**	**10.00%**	**11.20%**
Total (2020-21)	8.01%	6.32%	5.10%	5.09%	5.31%	6.14%	7.42%	7.84%	7.37%	8.58%	7.19%	7.65%

Education and Learning

The YAS Academy worked collaboratively with a wide range of internal and external stakeholders to provide high quality, relevant and accessible learning designed to enable our people to feel empowered, valued and engaged to perform at their best.

YAS is committed to providing quality apprenticeship programmes across a diverse range of clinical and non-clinical roles. The proportion of apprentices that make up our workforce is between 5-7% where the national Government target is 2.3%. The number of apprentices accessing and utilising the career development pathway for Paramedics, that includes three apprenticeship programmes at level 3, 4 and 6, has increased in 2021-22. This includes our award-winning Ambulance Support Worker apprenticeship that is delivered by the YAS Academy Team to provide valuable Emergency Care Assistants with a formal level 3 qualification that allows for seamless progression onto the level 4 apprenticeship. Funding is supported by Morrisons, who agreed to transfer £2.1m of their unused Apprenticeship Levy funds, saving the Trust £100,000 (5% co-contribution that we would have had to pay) which has been re-invested in our patient care in the region.

Ofsted recognised the quality apprenticeship provision in October 2021 conducting a new provider monitoring visit. A judgement of 'significant progress' was given for each of the three inspection themes: quality of education, leadership and management and safeguarding. The Trust was commended for having a clear vision, an ambitious curriculum for apprenticeship provision which goes beyond the requirements of the qualification, and experienced and knowledgeable educators delivering high quality training. Progress is deemed significant when it has been rapid and is already having considerable beneficial impact on learners. Less than 10% of apprenticeship providers have achieved significant progress across all three inspection themes.

YAS works in partnership with six Higher Education Institutions to secure a pipeline of Paramedics through a range of programme provision and access valuable continuing professional development opportunities for new and existing practitioners. The Paramedic career development pathway has now been extended for Specialist and Advanced Paramedic roles, providing a clear post-registration progression route to advanced roles.

High quality placements are offered to students on academic development programmes to ensure the application of knowledge to clinical practice and to build confidence in clinical decision making. Placement provision has continued throughout the pandemic supporting over 270,000 placement hours, equating to an average of 74 students on placement with YAS every day.

The learning and development provision has adapted throughout the year in response to the changing COVID-19 pandemic. COVID-secure learning environments have ensured the safe provision of critical workforce development that could only take place face-to-face, e.g., blue-light driver training and clinical skills development programmes. Where possible, other essential learning has been delivered using technology-enabled solutions including eLearning, bite-sized videos and live online learning sessions.

The promotion and support for continuing professional development has also been a focus across the year. Registered healthcare professionals have been actively encouraged to take up their personal CPD budget, funded by Health Education England, and Trust Commanders have been provided with tailored support to evidence and build CPD portfolios.

Partnership Working

Community Engagement

Overview

2021-22 saw the Trust return to face-to-face community engagement as COVID-19 restrictions eased. This allowed the return of CPR training in schools on Restart a Heart Day and in-person interactions across our broader training and education activities.

We launched the Trust's new Community Engagement Strategy which sets out our ambitions to build relationships with communities across Yorkshire, reduce health inequalities through targeted engagement and ease demand.
This strategy responds to a growing desire across the ambulance sector nationally to do more work to prevent people needing our services and to take action to reduce health inequalities.

Our free first aid training is available to voluntary and community sector organisations and schools

Community Engagement Strategy

Our Community Engagement Strategy sets out how we will broaden our community engagement focus and be proactive in engaging with communities most likely to need our services now or in the future.

It has four key objectives:

- Saving lives.
- Encouraging appropriate use of our services.
- Using our position as an anchor institution to provide employment and training opportunities in our communities, and to support and strengthen them.
- Being responsive to the needs of our communities.

Underpinning these objectives are a set of core principles that guide how we will undertake community engagement. They provide a focus on working in partnership, supporting our staff and volunteers to engage with our communities and doing more to understand our communities and build relationships with them.

Engaging our communities

We engaged with nearly 3,000 people through our core community activity over the last year. This includes providing free first aid and basic life-saving skills training and engaging young people to encourage them to consider Yorkshire Ambulance Service as a place to work. A return to face-to-face CPR training for Restart a Heart Day also saw us train 30,000 young people across Yorkshire in October 2021.

Free first aid training for community organisations

Our free first aid training is available to voluntary and community sector organisations and schools and, over the last year, we have worked with a diverse range of organisations and the communities they support, including:

- Case, Hull (supporting people with a learning disability)
- Refugee Council, Bradford
- Hull Community and Voluntary Services
- Selby Dementia Steering Group
- Neesie, Bradford (supporting vulnerable women).

This course teaches basic first aid, shares key public health messages and provides information on how to use NHS 111 and 999 appropriately.

Engaging young people

Building on the Aspire Programme from 2020, which was a 12-week programme aimed at 14-18-year-olds and focused tackling knife crime, we have continued to proactively engage with young people at risk of disengagement or exclusion from school.

Our careers conversations with young people are focused on the whole breadth of YAS career opportunities and tailored to young people unlikely to be able to train for a clinical qualification who would not see us as a potential employer.

We have also used the connections made through the Aspire Programme to continue working with partners supporting vulnerable young people, delivering first aid and basic life-saving skills as part of wider programmes.

Restart a Heart Day

30,000 young people learnt CPR on Restart a Heart Day in 2021, from 600 YAS staff and volunteers. This takes the total number of people trained in Yorkshire through this campaign to 180,000 since 2014.

In 2021 we also established partnerships with local professional football league clubs, enabling us to reach a further 161,000 people attending matches with messages about CPR and live demonstrations. The support of the clubs has also helped to amplify the reach of the campaign beyond those attending matches.

YAS is the lead organisation for the Restart a Heart Day campaign in the Yorkshire region and we work alongside national strategic partners to plan and co-ordinate events and ensure the key messages are shared widely.

Our 2021 campaign was supported by a variety of resources, including foreign language materials and subtitled videos.

Community engagement in 2022-23

Key projects that will enable us to deliver against the ambitions in our Community Engagement Strategy include a focus on three specific populations that we know experience poor health outcomes and barriers to accessing health and care services, including our own.

Alongside our core community engagement activity, we will have a particular spotlight on engaging with homeless communities, people with a learning disability and vulnerable women. As well as delivering bespoke life-saving skills' programmes with these communities we will also work with them to understand their experiences of our services and their wider health and wellbeing needs.

We want to empower our communities so that they are better able to support themselves. In 2022-23 we will undertake a number of pilot Train-the-Trainer programmes with voluntary and community sector organisations. These will equip local community leaders with the ability to deliver basic life-saving skills training in their own communities.

We want to use our relationship with local communities to support people into employment, recognising that long-term unemployment has a significant impact in people's health and wellbeing. We will deliver employability programmes and work with young people at risk of school exclusion to inspire them to consider YAS as a potential future employer.

We know that many of our staff and volunteers already work with their local communities, outside of their core YAS roles. We want to do more to support them and will be providing training and resources to staff and volunteers who want to be ambassadors for the Trust.

We would like the Trust to be recognised as a visible community partner and, over the summer months, we will be holding community roadshows to enable people to learn more about the organisation, the services we provide and the opportunity to meet our staff and volunteers. These events will put us into the grassroots of our communities, so that we can interact directly with people across Yorkshire outside of our core service delivery.

Community Resilience

Volunteers in local communities have continued to play a major role in patient care and business continuity, quickly supporting many departments in Yorkshire Ambulance Service at short notice during the pandemic. This was made possible as they are all screened to NHS England volunteer standards.

Community defibrillation trainers were rapidly redeployed to our YAS Academy and NHS 111 to facilitate the training of volunteers into new roles. Over 150 existing volunteers were retrained and offered support to NHS 111, PTS, Fleet, Estates and EOC over the course of the year. Volunteers carried out a variety of tasks such as refitting vehicles with covid safe bulkheads, assisting with clinical waste, answering NHS 111 and 999 calls, and supporting non-emergency transport of patients.

Many of our volunteers gained a greater insight into the organisation and were able to secure paid employment during an uncertain time when many people lost their regular income. Some volunteers were also trained and equipped to attend uninjured patients who had fallen and were unable to get back up. Several hundred of these patients were cared for by volunteers, assisted by remote clinicians and able to stay at home with appropriate care plans in place. The work of our volunteers attending uninjured patients who have fallen continues and we are committed to increasing and developing this scheme over the next two years.

In 2021-22, Community First Responders attended 15,684 calls, including 1,831 Category 1 incidents

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 852 CFRs who belong to 276 CFR teams across Yorkshire and the Humber. In addition, we work with 36 co-responders in 16 teams which include fire and rescue services, Coastguard and Mountain Rescue and the Police.

In 2021-22, they responded to 15,684 calls, including 1,831 Category 1 incidents. They were first on scene at 1,021 of those Category 1 incidents and attended 455 cardiac arrests.

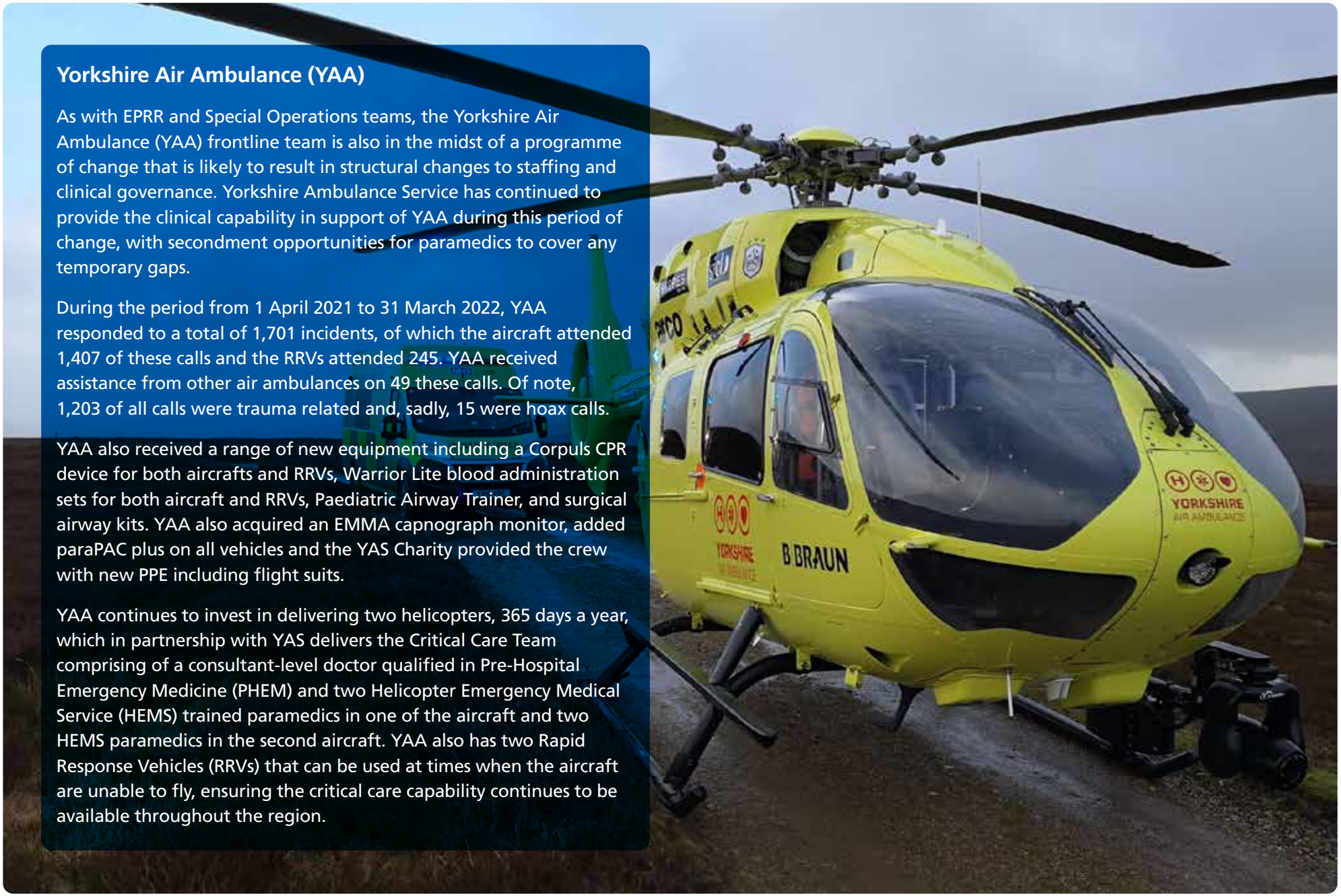
The total number of on-call hours provided by CFRs was 195,415 which is equivalent to 5,211 37.5-hour working weeks.

Community Defibrillators and CPR Awareness

There are 2,648 static defibrillator sites at places such as airports, railway stations, shopping centres, GP and dental practices and police custody suites. There are also 5,127 community Public Access Defibrillator (cPAD) sites which are available 24/7, 365 days a year.

Nearly 2,000 members of the public at 98 different locations in the region were also provided with free automated external defibrillator (AED) training.

The Community Resilience Team has continued collaborative working with partner agencies, the YAS Charity and other departments within the organisation and recently secured funding to further develop volunteering within the Trust.



Yorkshire Air Ambulance (YAA)

As with EPRR and Special Operations teams, the Yorkshire Air Ambulance (YAA) frontline team is also in the midst of a programme of change that is likely to result in structural changes to staffing and clinical governance. Yorkshire Ambulance Service has continued to provide the clinical capability in support of YAA during this period of change, with secondment opportunities for paramedics to cover any temporary gaps.

During the period from 1 April 2021 to 31 March 2022, YAA responded to a total of 1,701 incidents, of which the aircraft attended 1,407 of these calls and the RRVs attended 245. YAA received assistance from other air ambulances on 49 these calls. Of note, 1,203 of all calls were trauma related and, sadly, 15 were hoax calls.

YAA also received a range of new equipment including a Corpuls CPR device for both aircrafts and RRVs, Warrior Lite blood administration sets for both aircraft and RRVs, Paediatric Airway Trainer, and surgical airway kits. YAA also acquired an EMMA capnograph monitor, added paraPAC plus on all vehicles and the YAS Charity provided the crew with new PPE including flight suits.

YAA continues to invest in delivering two helicopters, 365 days a year, which in partnership with YAS delivers the Critical Care Team comprising of a consultant-level doctor qualified in Pre-Hospital Emergency Medicine (PHEM) and two Helicopter Emergency Medical Service (HEMS) trained paramedics in one of the aircraft and two HEMS paramedics in the second aircraft. YAA also has two Rapid Response Vehicles (RRVs) that can be used at times when the aircraft are unable to fly, ensuring the critical care capability continues to be available throughout the region.

Financial Review

Strategic Context

2021-22, as last year, has been a year dominated by the operational and resulting financial challenges of delivering healthcare services during a coronavirus pandemic.

The COVID funding arrangements continued across the NHS during 2021-22, enabling the Trust to maintain and deliver services across the region in response to the ongoing COVID crisis.

Ongoing system pressures associated with the continued pandemic presented the ambulance sector with particular challenges. The National Ambulance Support Programme was launched by NHS England in August 2021 to support trusts to develop additional capacity and bolster performance leading into winter. Through this programme, the Trust received £5.1m of additional non-recurrent investment for:

- Recruitment of additional call handlers and clinicians in the Emergency Operations Centre
- Expanding frontline ambulance crew capacity
- Increasing the ambulance fleet.

The additional national resource was vital to sustaining and improving A&E performance, however, these developments required the Trust to make strategic recurrent investments against non-recurrent national income – creating risks for 2022-23 and beyond. These risks were highlighted and accepted by our ICS and system partners, enabling the Trust to access this national ambulance support funding.

IUC/NHS 111 services also continued to receive dedicated additional investment in 2021-22. The national NHS 111 First investment extended for the first half of the year to maintain staff capacity and allow for national evaluation.

Demand continued to increase throughout 2021-22, IUC/NHS 111 received further national investment (Service Development Fund) via the ICS, for the second half of the year. In Yorkshire and the Humber, IUC services received an additional £7.2m funding linked to sustaining and increasing IUC service capacity.

Enhanced infection prevention and control standards continue to impact on the Trust's Patient Transport Service. To maintain patient and staff safety, most journeys have remained single patient only. This requirement has reduced service efficiency by nearly 30% and required significant additional expenditure in both 2020-21 and 2021-22 (ca. £12m) for independent sector sub-contractors to provide additional capacity and maintain service performance.

From a financial perspective the Trust has continued and further developed its system-wide working and integration with the West Yorkshire ICS, in particular, planning at a system-wide level including shared financial risk arrangements.

2021-22 saw the continued capital investment across our estate, IT/digital infrastructure and the Trust's Fleet (Double Crew Ambulances and Patient Transport Service vehicles). COVID has again impacted our planned capital and strategic initiatives with supplier and production delays throughout the year.

The detailed Trust position for 2021-22 and revised NHS arrangements are set out below.

2021-22 Financial Regime

The financial plan for 2021-22 was based on the principles from the 2020-21 interim COVID-19 financial regime and sets a budgetary framework 2021-22, although with differing arrangements for H1 (Apr '21 - Sep '21) and H2 (Oct '21 - Mar '22). This approach continued to provide a level of income that allowed the Trust to plan its resources and expenditure for the changing operational requirements and the ongoing response to COVID-19.

Financially, the Trust's planning and reporting was as part of the West Yorkshire ICS. Whilst the planning cycles were approved separately for H1 and H2, they are considered as a single financial year, and at an ICS level there was a consolidated balanced H1 and H2 financial plan.

It should be noted that a balanced plan is only possible due to the high level of non-recurrent income received throughout the year. The Trust has committed to significant levels of recurrent expenditure to meet demand across IUC and A&E at risk, whilst not having the assurance of future recurrent funding. To mitigate this risk the Trust has engaged early in discussions with commissioners and system partners who are supportive of the actions undertaken.

Income and Expenditure

The Trust delivered a £8.53m surplus in 2021-22 against a breakeven plan.

	Plan			**Actual**
	Months 1-6	Months 7-12	**2021-22**	**2021-22**
	£m	£m	**£m**	**£m**
Income	162.19	179.45	**341.65**	**359.19**
Pay	(120.82)	(141.42)	**(262.24)**	**(258.20)**
Non Pay	(40.15)	(37.17)	**(77.31)**	**(90.89)**
PDC Dividend	(1.19)	(0.87)	**(2.06)**	**(2.09)**
Finance Income/ (Costs)	(0.04)	-	**(0.04)**	**0.51**
Total	**(0.00)**	**(0.00)**	**(0.00)**	**£8.53**

Adjustments for financial system performance

	Plan			**Actual**
	Months 1-6	Months 7-12	**2021-22**	**2021-22**
	£m	£m	**£m**	**£m**
Gains on Disposal of Assets	-	-	**-**	**(0.42)**
I&E Impairments and Reversals	-	-	**-**	**(0.41)**
Net impact of COVID consumables centrally provided	-	-	**-**	**0.09**
Adjusted Financial System Performance	**(0.00)**	**(0.00)**	**(0.00)**	**7.78**

Income

The Trust received income of £359.2m including £0.9m for centrally provided personal protective equipment (PPE), £0.2m for staff vaccinations and COVID testing, £5.1m for the specific Ambulance Support Programme, and £21.0m system top-up funding. The Trust also received £10.4m central funding to cover the increased staff pension contributions.

Service	**2021-22**		2020-21
	£m	%	£m
Patient Care Income	316.6	88	298.3
Non-Patient Care Income	10.1	3	6.9
Other*	10.4	3	9.6
Vaccination and Testing	0.2	0	0.4
System Top-up/Covid	21.0	6	13.8
Centrally Provided PPE	0.9	0	5.1
Total	**359.2**	**100**	**334.1**

* £10.4m centrally funded pension costs (£9.6m in 2020-21)

Expenditure

Combined revenue expenditure in 2021-22 was £349.1m. The breakdown of total expenditure can be seen in the table below:

Expenditure	**2021-22**		2020-21
	£m	%	£m
Pay Costs	258.2	74	241.7
Non Pay Costs	78.8	23	75.5
Depreciation	11.1	3	11.9
Centrally Provided PPE	1.0	0	5.1
Total	**349.1**	**100**	**334.2**

During 2021-22 pay costs increased by £16.5m; this reflects the investment in additional staff as part of the National Ambulance Support Programme, the nationally agreed NHS annual pay award and the costs resulting from the additional shifts and hours worked by our staff in response to the COVID-related absence and increased operational demands.

Whilst the lockdown and restrictions have been eased across the UK throughout 2021-22, the Trust has experienced ongoing pressures on our services with the continued restrictions due to reduced and sole occupancy journeys and the impact of hospital discharges and acute hospital bed pressures.

Non-pay expenditure has increased by £3.3m. The requirement for increased fleet capacity using private providers, enhanced cleaning of vehicles at emergency departments, and of contact centres and other premises, and estates-related work on infection prevention and control to create safe workplace environments has continued at the levels seen in the previous year.

The Trust also utilised £0.9m of centrally procured personal protective equipment (PPE).

Quality and Efficiency Savings

The Trust had an efficiency target of £5.5m during 2021-22 (£1.4m in H1 and £4.1m for H2). There was an increased efficiency requirement in the second half of 2021-22 reflecting anticipated gradual lifting of COVID restrictions and a phased return to the pre-pandemic financial regime. The savings requirement had been suspended in the 2020-21 in recognition of the significant operational challenges faced by the Trust in responding to the pandemic.

The Trust delivered the planned efficiency in 2021-22, mainly through additional apprenticeship income and non-pay cost reductions.

Yorkshire Ambulance Service continues to evaluate and develop efficiency opportunities through the reinstated Waste Reduction Management Group, improve efficiency and reduce waste in the future.

Capital Expenditure

The Trust approved a Trust Capital Plan of £14.2m to fund programmes across Estates, Fleet, ICT and Transformation for 2021-22. We were also successful in securing £0.5m of additional IT capital made available by NHS Digital.

2021-22 continued to present the Trust with challenges in delivering the planned capital investment. The Trust's planned Hub and Spoke initiatives did not progress due to the inability to finalise land purchases in year; and planned expenditure on the ambulance fleet replacement programme was impacted by supplier production delays in Italy, deferring delivery into 2022-23.

Where planned expenditure was delayed due to pandemic and economic factors, the Trust was able to accelerate some future years' projects, including smaller ambulance station refurbishments/fleet replacements and purchases of ICT and medical equipment. Contingency funds were used to support the Ambulance Support Programme, the remainder of the Trust's in-year unutilised capital funding being reallocated to the benefit and support the overall West Yorkshire ICS capital position for 2021-22, although the Trust will be able to access this in future years as part of the ICS capital planning protocols.

Capital Expenditure	Trust Capital	NHSi Capital	**Total Capital**		2020-21
	£m	£m	**£m**	**%**	
Estates	2.2	-	**2.2**	19	2.3
Fleet	4.0	-	**4.0**	34	5.2
ICT	3.4	0.5	**3.9**	33	3.0
Medical Equipment	1.4	-	**1.4**	12	3.0
Transformation	0.4	-	**0.4**	3	-
Total	**11.4**	**0.5**	**11.9**	100	13.5

YORKSHIRE AMBULANCE SERVICE CHARITY

Yorkshire Ambulance Service is aligned to a charity which receives funding and donations from grateful patients, members of the public and our own staff and volunteers. The Yorkshire Ambulance Service Charity (YAS Charity) also holds events and has other fundraising initiatives throughout Yorkshire.

The YAS Charity operates by providing grants to fund items, activities and projects in three key areas. These are:

- Engaging communities
- Supporting colleagues and volunteers
- Saving lives.

Funding is only provided by the YAS Charity for items of expenditure which are not the responsibility of government funding to the NHS. This means that donations do not subsidise the work of Yorkshire Ambulance Service NHS Trust, they enhance it.

The YAS Charity (registered Charity No. 1114106) is a separate legal entity from Yorkshire Ambulance Service NHS Trust with the Trust Board being the Charity's trustee. 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 completely independently from our public funding by administering them through a separate Charity Committee.

The YAS Charity currently has one part-time manager who is a Yorkshire Ambulance Service NHS Trust employee, but the cost of this salary and other administrative support is charged back to the charity annually.

2021-22 Has been a remarkable year for the YAS Charity, as we continued to respond to the effects of the COVID-19 pandemic.

Notably the Charity applied for and secured more than £555,000 from the NHS Charities Together COVID-19 Appeal. This was an unprecedented amount for the YAS Charity, with £434,000 secured to support the development of volunteering within the Trust, and a further £121,000 to support colleagues' health and wellbeing.

In 2021-22, the YAS Charity extended its support for community engagement by securing approximately £23,000 to fund a YAS colleague-led pilot project to engage with Roma communities in South Yorkshire. We also funded translation and interpretation of various materials including video content for the benefit of communities across Yorkshire for whom English is not their first language with the objective of increasing awareness of CPR and the ambulance service.

Our support for YAS colleagues and volunteers continued with the provision of payments to staff and volunteers in financial hardship. The Charity also funded smaller initiatives such as Christmas Day food and soft drinks for colleagues working over the festive season.

We provided funding for a series of awareness training activities to help colleagues better deal with patients experiencing dementia, and continued to support activities run by YAS colleagues outside of the workplace which improve health, wellbeing and teamworking. These included grants to various sports teams and the Blue Light Theatre Company – groups made up exclusively or mainly of YAS staff and volunteers.

The Charity continued to help save more lives by providing financial support for the annual Restart a Heart Day and with the placement of community public access defibrillators – approving grants to install 27 devices across the region in partnership with local communities, plus a small number of partial replacements. We also funded the provision of "Pillow Partner" CPR aids, which have proved extremely popular with schools, Scout and Girl Guide groups, and other community associations.

Despite ongoing COVID-19 restrictions, fundraising activities resumed with a fantastic response to our Yorkshire Three Peaks Challenge Event with a record 65 walkers taking part, and exceptional support from community events lead by YAS colleagues and volunteers such as "Kart4Life" raising in excess of £5,000.

We also introduced our Lottery in 2021, which has seen a great uptake from YAS colleagues and the wider public alike, pledging just £2 per week each, to help our work, with the chance of winning up to £1,000 every week – new players can sign up on our website https://www.yascharity.org.uk/

In early 2022, we launched "Outrun an Ambulance", a fundraising challenge in partnership with several other ambulance service charities. Participants aim to walk, run, cycle or otherwise propel themselves further than the average mileage an ambulance at their local station covers in a 12-hour shift.

Make a Donation

The YAS Charity is completely dependent on the generosity of YAS colleagues and volunteers, patients and their families, and the wider public in Yorkshire to be able to continue our grant-making programmes in support of our three priority areas. If you would like to make a donation, take on a fundraising challenge or simply find out more about the work of the YAS Charity, please get in touch:

Visit: **www.yascharity.org.uk**

Phone: **01924 584369**

Email: **yas.charity@nhs.net**

Follow us on social media -

www.facebook.com/YASCF

www.twitter.com/YAS_Charity

ACCOUNTABILITY REPORT

Photograph by
Sean Dooley - Harrogate

Corporate Governance

Openness and Accountability Statement

The Trust complies with the Nolan Principles on Conduct in Public Life and the Trust's Duty of Candour 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

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

Environmental Considerations

Yorkshire Ambulance Service's Green Ambitions

The Trust has had a bold climate agenda for the past ten years, targeting carbon emission reductions and working to create a more efficient ambulance service.

The Greener NHS was launched in October 2020, preparing the NHS for a Net Zero future. New targets are laid out to eliminate carbon emissions by 2045 from all NHS activities including the supply chain. We have aligned our Green Plan with these timescales and have a strong ambition to decarbonise before the date.

Green Plan

The Trust Board approved our Green Plan for 2020-25, setting out a long-term commitment to sustainable reductions of our CO_2 emissions and carbon footprint. Understanding that the climate emergency is a health emergency, this plan incorporates the 2045 Greener NHS targets and lays out a roadmap to decarbonising our fleet, estates, IT and procurement. We are also identifying ways in which we can reach Net Zero earlier through changes to our models of care.

Sustainability Report 2021-22

In 2021-22, against the backdrop of the pandemic, the Trust faced many environmental and climate change challenges which affected our procurement, estates and fleet departments as well as frontline staff. In Yorkshire, we experienced heatwaves, drought, heavy rain, flash floods and prolonged flooding. Climate change is now on our corporate risk register and we have developed risk assessments and mitigation plans that assess the impact that climate change could have on our service and staff as well as patients.

Yorkshire Ambulance Service was the first ambulance service in the country to have hydrogen electric powered vehicles on its fleet and convert a diesel Patient Transport Vehicle to a hydrogen diesel hybrid. This year, we have increased our fleet of zero-emission vehicles on our journey to Net Zero. We now have thirteen electric and hydrogen hybrid vehicles on the fleet that are used for pool cars and support vehicles and our zero-emission fleet is set to increase in 2022-23.

We continue to work closely with the national Greener NHS team at NHS England as well regional ICS teams to eliminate carbon emissions. We lead the national GrEAN (Green Environmental Ambulance Network) of ambulance services responsible for driving emissions down and work closely with the Northern Ambulance Alliance. We are also members of the Leeds Climate Commission as well as the newly established regional Yorkshire and Humber Climate Commission.

Our Green Plan

We have incorporated the following points into our Green Plan:

- We have identified a five-year plan for decarbonising our organisation that would help us to reach the 2040 target.
- 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 paperless operations and returning waste to suppliers. Waste diverted from landfill now goes to recovery for fuel.
- We have seven sites that have solar generation systems installed on their roofs.
- We have installed LED lights and lighting panels at all of our sites in order to reduce our energy use.
- Through the estates upgrade programme, we are ensuring that we insulate our stations and retrofit them to an energy efficient standard.
- We are adding more zero-emission vehicles into our fleet and where we don't have zero- emission vehicles we have a Euro 6 fleet, ensuring we are using the most up-to-date and efficient vehicles. We have installed solar panels on our new fleet of double crewed ambulances which trickle charge batteries to reduce the impact of idling.
- We have installed EV charging points at several sites to support our road to zero emission vehicles.
- We are improving the biodiversity of our sites and we have planted over 3,000 trees across our sites. This includes the Fairfields Memorial Forest in York which will include a forest, wildflower meadow and a pond.
- With the massive demand for PPE during 2020, we worked with suppliers to develop reusable, multiuse Type IIR facemasks that would dramatically reduce demand for facemasks.
- Through the Warp It furniture re-use platform, we saved over £150,000 of furniture from landfill, reusing within YAS or donating to worthy charities across the country.
- NHS organisations have a statutory duty to assess the risk posed by climate change and the Trust is considering the potential need to adapt the organisation's activities, buildings and estates in line with this policy. This will pose a challenge to both service delivery and infrastructure in the future. YAS has created a Climate Change Adaptation Plan to look to the challenges we face as we travel into the future.

Environmental Policy

Yorkshire Ambulance Service has long strived to green its operations. We aim to ensure that our buildings, fleet and all goods and services we buy are manufactured, delivered, used and managed at the end of their useful life in an environmentally and socially acceptable way. YAS is committed to reducing the carbon footprint of its buildings, fleet and staff whilst not compromising the core work of our services, patient care.

The Trust has an Environmental Policy in place to ensure the reduction of its actions on the environment.

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 looking for best practice, changes to mandatory and legislative drivers and adopt early to maximise benefits.

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

Ambulance service for the future

Climate change is set to be the biggest threat to humanity in the future and YAS has a role to play in reducing its impact. Through the Estate, Special Projects and the Hub and Spoke programmes we are ensuring that we create net zero, energy efficient and zero-emission buildings for the future. We are working with colleagues across the country to establish a national specification for ambulance stations to create the design for a net zero location.

The Fleet Team is trialling viable vehicles that will operate within our duty cycles, ensuring that vehicles continue to function and perform as we require. We are working with the national specification and design teams to ensure that we create zero-emission vehicles powered by hydrogen and electric. The ZERRO (Zero Emission Rapid Response Operations) was launched at COP26, a zero-emission frontline ambulance that is being trialled at London Ambulance Service and is set to change the fuel of the ambulance service. We have started to roll out electric vehicle charging points at our stations to support the transition to zero-emission vehicles.

Through the newly established Innovation Hub, YAS is looking at new innovations that will work to improve patient care, support a circular economy and minimise waste. We are also integrating reusable PPE (personal protective equipment) into our operations, like reusable facemasks and gowns that have a lower carbon footprint and generate less waste.

Through the newly established Innovation Hub, YAS is looking at new innovations that will work to improve patient care, support a circular economy and minimise waste

Green recognition

Over the past ten years, YAS has been recognised for some of the ground-breaking work that it has been conducting in making the ambulance service and NHS more sustainable.

The Trust was shortlisted for the HSJ Environment Award in 2021 and the Environmental and Sustainability Manager has been identified as one of Green Fleet's Top 100 most influential between 2017 and 2022.

Looking Forward to 2022-23

Our five-year Green Plan lays out our work towards a net zero target in line with the climate agenda. The ambitious plan identifies areas where we can cut our carbon emissions from the estates, fleet, procurement and information technology parts of our organisation as well as implement behavioural change programmes.

Although the pandemic has put on hold some of the projects that we were anticipating rolling out, we are looking to ensure that during the next year we are bold in our impact. We will be introducing additional electric charging points at our ambulance stations to make them ready for zero-emission and hybrid vehicles joining the fleet. We are also working with our civic partners to implement changes to our fleet that will improve air quality across our regional cities as part of the clean air zones.

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. This is set out in our policies on sustainable procurement.

We will be working with other ambulance services to address the plastic challenge within the sector, looking at reductions in plastic waste from our canteen facilities, packaging, PPE and gloves. We are also assessing the quantities and impact of Entonox (Nitrous Oxide) that we use nationally within the ambulance service.

In order to assess the challenges that climate change will present in the future, we have developed a climate adaptation plan. This looks at the impact across the region of flooding, heatwaves, drought, fires and sea level rise. Many of these are already having impacts on our service, staff and patients.

In 2020, YAS committed to eliminating fossil fuels from our energy mix as we moved to a renewable electricity contract. We are looking at a longer-term heat decarbonisation programme as well as investigating the heat pumps and solar heating to remove the need for gas from our heating systems.

We are looking to roll out more solar panels on our buildings, install more bike racks, implement travel plans to reduce our impact from single-use vehicles, develop a more efficient fleet and ensure that we continue to reduce our carbon footprint through a variety of different carbon reduction initiatives.

Information Governance and Data Security

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) for the Trust is Clare Ashby, Executive Director Quality, Governance and Performance Assurance (interim). 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 for the Trust is 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 is Juliana Field, Head of Corporate Affairs. The role of the Data Protection Officer is to ensure compliance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

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 is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's ten data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

Due to the ongoing COVID-19 situation, the deadline for the 2020-21 DSPT assessment was extended to 30 June 2021. The 2020-21 publication showed YAS as 'Approaching Standards'; due to operational pressures, the data security training target of 95% has not been met.

The Trust has a dedicated Information Governance Team that leads the annual information governance work programme along with a network of Information Asset Owners (IAOs) within each service.

In 2021-22, the Trust has taken the following actions to identify and mitigate information governance and data security risks and strengthen its assurance:

- Rolled out Data Security Awareness eLearning to all staff;
- Continued engagement and development of our established network of Information Asset Owners (IAOs) through well embedded confidentiality audit and risk review processes which allow us to undertake information governance and data security checks within IAOs' respective business areas and identify areas for improvement;
- Reviewed the Information Asset Register and data flow maps through engagement with relevant IAOs;
- Rolled out a Cyber Security eLearning course for IAOs;
- Maintained robust archiving and destruction of records in accordance with our Records Management Policy and retention schedule.

Information Governance incidents

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 reporting system of all incidents relating to the loss or disclosure of personal and special category data via Datix. 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.

There have been no serious incidents (SIs) relating to information governance and data security reported during 2021-22.

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 in 2021-22 was via 360 Assurance, Oak House, Moorhead Way, Bramley, Rotherham, South Yorkshire S66 1YY, www.360assurance.co.uk

Directors Report

The Board of Directors 2021-22 - Executive Directors

Chairman

Kathryn Lavery

Chief Executive

Rod Barnes

Executive Director of Finance

Kathryn Vause

(Acting in role from 1 August 2020 until 31 July 2021 and substantive thereafter)

Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive

Clare Ashby

(Interim from 1 July 2021)

Steve Page

(up to 30 June 2021)

Executive Medical Director

Dr Julian Mark

Dr Steven Dykes

(Acting from 13 October 2021)

Executive Director of Operations

Nick Smith

Director of Workforce and Organisational Development

Amanda Wilcock

(from 1 June 2021)

Suzanne Hartshorne

(Interim from 1 January 2021 until 18 June 2021)

Director of Urgent Care and Integration (formerly Director of Planning and Development)

Karen Owens

(Interim from 23 April 2019)

Chief Information Officer

Simon Marsh

The Board of Directors 2021-22 - Non-Executive Directors

John Nutton

(up to 4 June 2021)

Phil Storr

(Associate)

Andrew Chang

Tim Gilpin

(Deputy Chair)

Jeremy Pease

Zafir Ali

(Associate Non-Executive Director (NExT Programme Development Post) from 5 June 2021)

Anne Cooper

Amanda Moat

(from 5 June 2021)

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 2021-22

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

Committee	Membership
Quality Committee	Three Non-Executive Directors Executive Director of Quality, Governance and Performance Assurance Executive Medical Director Executive Director of Workforce and Organisational Development Executive Director of Operations Director of Urgent Care and Integration
Audit Committee	Three Non-Executive Directors
Finance and Investment Committee	Three Non-Executive Directors Chief Executive Executive Director of Finance Associate Director of Business Development
Charitable Funds Committee	Two Non-Executive Directors (or Associate Non-Executive Directors) one of whom will act as Chairman, deputised by the other Chief Executive Executive Director of Finance (deputised by the Head of Financial Services) Associate Director of Corporate Affairs Head of Financial Services Fund Manager Head of Corporate Communications and Community Engagement
Remuneration Committee	Chairman of the Board of Directors All Non-Executive Board members

Declaration of Interests for the Financial Year 2021-22

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
YAS Board Members and Non-voting Directors							
Kathryn Lavery 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	80% shareholding in K Lavery Associates Ltd	None	Chairman of Humber Business Week Board member of Johnnie Whitely Foundation (resigned in October 2021)	Member of Northern Ambulance Alliance Board Chair of the Yorkshire and Humber Panel of the ACCEA (Advisory Committee on Clinical Excellence Awards) - fee received for marking award applications	None
Andrew Chang NED and Chair of the Audit Committee 22 Oct 2020	Non-Executive Director at Bradford District Care NHS Foundation Trust	None	None	None	Governor at Leeds City College Vice Chairman of the Audit Committee at Luminate Education Group Co-opted Non-Executive at Chartered Institution of Water and Environmental Management	None	Fellow of Chartered Institute of Management Accountants Member of Chartered Institution of Water and Environment Management

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
Anne Cooper NED and Senior Independent Director 18 Jan 2019	Non-Salaried Director Ethical Healthcare Consulting CIC, 4 The Green, Matfen, Newcastle upon Tyne, NE20 0RJ (paid for any delivery work) Associate Thrive by Design (formerly mHabitat), Leeds and York Partnership FT, 2150 Century Way, Thorpe Park, Leeds (Paid) Self-Employed, Anne Cooper, 46, WF14 9JE	Director Ethical Healthcare Consulting Ltd, 4 The Green, Matfen, Newcastle upon Tyne, NE20 0RJ	None	None	None	None	Nursing and Midwifery Council Registration
Tim Gilpin Deputy Chairman 1 August 2018 Associate NED 31 Jan 2017 - 31 July 2018	Managing Director of TGHR Ltd.	Managing Director of TGHR Ltd.	None	None	None	None	Member of Chartered Institute of Personnel and Development
Amanda Moat NED 5 June 2021	None	KinSpirits Ltd - Wholesale Craft Distillery Candam Ltd - Taekwondo Academy Non-Executive Director Bolton at Home Group Non-Executive Director Arcon Housing Association	None	None	Institute of Risk Management: Health and Care SIG Committee Member NHS Regional Volunteer Steering Group for Learning Disabilities, Mental Health and Autism: West Yorkshire and Harrogate Health Inequalities project lead The British Beekeepers Association (from Oct 2021)	School Governor Highfield Special School (up to 13 July 2021)	Institute of Risk Management Fellow and full member of the Chartered Institute of Public Finance and Accountancy

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
Jeremy Pease 14 February 2019	Green Oak Associates Ltd. (paid employment providing consultancy – including for the NHS)	Director Green Oak Associates Ltd.	None	None	None	None	None
Rod Barnes Chief Executive 6 May 2015	None	None	None	None	Trustee of CATCH (Community Action To Create Hope) (from July 2020)	Member of Northern Ambulance Alliance Board	Chartered Institute of Management Accountants
Kathryn Vause Interim Executive Director of Finance Acting in role from 1 August 2020 until 31 July 2021 and substantive thereafter) *(Joined the Trust in in June 2017)*	None	None	None	None	None	None	Member of Chartered Institute of Public Finance and Accountancy
Dr Julian Mark Executive Medical Director 1 October 2013	None	None	None	None	None	Urgent and Emergency Care Clinical Lead Yorkshire & Humber Digital Care Board Co-chair of the National Advisory Board 'The Circuit' *(from Sept 2020)*	General Medical Council Medical Protection Society Faculty of Medical Leadership and Management British Medical Association

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
Dr Steven Dykes Acting Executive Medical Director (from 13 October 2021) (Joined the Trust in October 2013)	None	None	None	None	Trustee of West Yorkshire Medic Response Team	None	Member of the British Medical Association Registered with a licence to practise with the General Medical Council Member of the Faculty of Medical Leadership and Management
Clare Ashby Interim Executive Director of Quality, Governance and Performance Assurance In post from: 1 July 2021 (Joined the Trust in July 2013)	None	None	None	None	None	None	Nursing & Midwifery Council Registration
Nick Smith Executive Director of Operations 12 November 2018	None	None	None	None	None	None	None

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
Associate Non-Executive Directors (Non-Voting)							
Phil Storr 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	NHS Interim Management & Support (NHS IMAS) NHS England East of England Region Member- Advisory Committee for Clinical Excellence Awards Committee (Yorkshire & Humber)	Director of MRL Limited, MRL Safety Limited and MRL Eye Limited Burn Grange Properties Ltd.	None	Member of Burn Parish Council	Committee Chair – Yorkshire Ambulance Service Charity	None	Associate - Emergency Planning Society Health and Care Professions Council Member of College of Paramedics Member Institute of Healthcare Management
Zafir Ali (Associate Non-Executive Director (NExT Development Programme) 5 June 2021	Government Internal Audit Agency, Senior Audit Manager roles: Deputy Head of Internal Audit for DHSC Head of Internal Audit for the NHS Counter Fraud Authority Head of Internal Audit for the NHS Health Research Authority	None	None	None			Member of Chartered Institute of Internal Auditors

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
Non-Voting Directors (Officers)							
Amanda Wilcock Director of People and Organisational Development 1 June 2021 (Joined the Trust in April 2019)	None	None	None	None	None	None	Member of Chartered Institute of Personnel and Development
Karen Owens Interim Director of Urgent Care and Integration 23 April 2019	None	Director of Property Management (owner)	None	None	None	None	Nursing & Midwifery Council Registration 86Y243OE
Simon Marsh Chief Information Officer (Joined the Trust on 30 March 2020)	None	None	None	None	None	None	None

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
Archived Interests: Non-Executive, Executive and Non-Voting Directors							
John Nutton 5 June 2015	Self-employed Corporate Finance practitioner, Springwell Corporate Finance in association with Cattaneo LLP	The Carbis Beach Apartments Management Company Limited The Marque Management Company (Cambridge) Limited July	None	None	Member of The Wakefield Grammar School Foundation Clayton Hospital Site Fund Raising Committee	None	Fellow of Institute of Chartered Accountants in England & Wales
Steve Page Executive Director of Quality, Governance and Performance Assurance 1 October 2009 – 30 June 2021	None	None	None	None	None	Care Quality Commission Well Led Reviewer	Nursing & Midwifery Council Registration
Suzanne Hartshorne Acting Director of Workforce and Organisational Development In post from 1 January 2020 – 18 June 2021 *(joined YAS in January 2017)*	None	None	None	None	None	None	Member Chartered Institute of Personnel and Development

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 2021-22

		2021-22				2020-21			
	Notes	(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)
Name and title		£000	£00	£000	£000	£000	£00	£000	£000
Kathryn Lavery Chairman		40-45	-	-	40-45	35-40	1	-	35-40
Rod Barnes Chief Executive		165-170	91	127.5-130	300-305	140-145	91	32.5-35	185-190
Steve Page Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive	2	30-35	16	-	30-35	110-115	67	7.5-10	125-130
Kathryn Vause Executive Director of Finance	1	120-125	-	90-92.5	210-215	65-70	-	50-52.5	120-125
Suzanne Hartshorne Interim Director of People and OD	3	0-5	-	20-22.5	20-25	25-30	-	2.5-5	30-35
Dr Julian Mark Executive Medical Director		130-135	-	27.5-30	160-165	130-135	-	27.5-30	160-165
Karen Owens Director of Urgent Care and Integration (Interim)		115-120	-	22.5-25	140-145	115-120	-	75-77.5	190-195
Nick Smith Executive Director of Operations		110-115	-	25-27.5	135-140	105-110	-	7.5-10	115-120
Simon Marsh Chief Information Officer		110-115	-	2.5-5	115-120	25-30	-	0-2.5	25-30
Dr Steven Dykes Acting Executive Medical Director	4	50-55	-	-	50-55	-	-	-	-
Claire Ashby Interim Executive Director of Quality, Governance and Performance Assurance	5	45-50	-	102.5-105	150-155	-	-	-	-

		2021-22				2020-21			
	Notes	(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)
Name and title		£000	£00	£000	£000	£000	£00	£000	£000
Amanda Wilcock Director of People and Organisational Development - Non Voting	6	95-100	-	-	95-100	-	-	-	-
Ali Zafir Associate Non-Executive Director (NeXT Development) - Non voting	7	10-15	-	-	10-15	-	-	-	-
Phil Storr Associate Non-Executive Director		10-15	-	-	10-15	10-15	-	-	10-15
Tim Gilpin Non-Executive Director /Deputy Chairman		10-15	-	-	10-15	10-15	-	-	10-15
Andrew Chang Non-Executive Director		10-15	-	-	10-15	5-10	-	-	5-10
Anne Cooper Non-Executive Director		10-15	-	-	10-15	10-15	-	-	10-15
Jeremy Pease Non-Executive Director		10-15	-	-	10-15	10-15	-	-	10-15
Amanda Moat Non Executive Director	8	5-10	-	-	5-10	-	-	-	-
John Nutton Non Executive Director	9	0-5	-	-	0-5	10-15	-	-	10-15

** Benefits in kind relate to use of vehicles provided by the Trust*

Notes - 2021-22

1. Full year (acting in role until 31 July 2021) - Executive Director of Finance
2. to 30 June 2021
3. to 15 April 2021
4. from 13 October 2021
5. from 1 July 2021
6, full time from 1 June 2021
7. from 5 June 2021
8. from 5 June 2021
9. to 4 June 2021

Pension Entitlement Table 2021-22

This table has been subject to audit	Notes	(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 2022 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2021	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2022	(i) All pension related benefits (bands of £2,500)
Name and title		£000	£000	£000	£000	£000	£000	£000	£000
Rod Barnes Chief Executive		5-7.5	10-12.5	65-70	140-145	1,139	131	1,297	127.5-130
Steve Page Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive	2	-	-	-	-	1,308	0	-	-
Kathryn Vause Executive Director of Finance	1	2.5-5	7.5-10	35-40	75-80	617	82	719	90-92.5
Suzanne Hartshorne Interim Director of People and OD	3	0-2.5	-	25-30	50-55	423	0	454	20-22.5
Dr Julian Mark Executive Medical Director		0-2.5	-	50-55	95-100	857	31	910	27.5-30
Karen Owens Director of Urgent Care and Integration (Interim)		0-2.5	-	45-50	110-115	930	32	981	22.5-25
Nick Smith Executive Director of Operations		0-2.5	0-2.5	40-45	60-65	670	30	717	25-27.5
Simon Marsh Chief Information Officer		0-2.5	-	5-10	-	120	24	160	2.5-5
Dr Steven Dykes Acting Executive Medical Director	4	0-2.5	0-2.5	35-40	60-65	518	0	545	-

This table has been subject to audit	Notes	(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 2022 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2021	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2022	(i) All pension related benefits (bands of £2,500)
Name and title		£000	£000	£000	£000	£000	£000	£000	£000
Claire Ashby Interim Executive Director of Quality, Governance and Performance Assurance	5	2.5-5	7.5-10	25-30	55-60	415	67	523	102.5-105
Amanda Wilcock Director of People and Organisational Development - Non Voting	6	0-2.5	-	40-45	105-110	811	0	822	-

Notes

1. Full year (acting in role until 31 July 2021) - Executive Director of Finance
2. to 30 June 2021
3. to 15 April 2021
4. from 13 October 2021
5. from 1 July 2021
6. full time from 1 June 2021

Fair Pay Disclosure 2021-22

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce.

Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director / member in the Trust in the financial year 2021-22 was £165,000 - £170,000 (2020-21, £150,000 - £155,000). The relationship to the remuneration of the organisation's workforce is disclosed in the table below.

Fair Pay - 2021-22			
Year	25th percentile remuneration ratio	Median pay ratio	75th percentile remuneration ratio
2021-22	6.66	5.34	3.85
2020-21	6.29	5.02	3.65

Note: The Trust changed policy during 2021-22 so that apprentices were paid as Agenda for Change Band 2, rather than the former apprentice rate. This increased the lowest rate of annual pay.

In 2021-22, 0 (2020-21, 0) employees received remuneration in excess of the highest-paid director / member. Remuneration ranged from £8,408 to £165,679 (2020-21, £7,625 - £152,201).

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 2020-21.

Rod Barnes
Chief Executive

14 June 2022

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 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 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 the 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 the Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust Board

The Board recognises its accountabilities and provides leadership within a framework of prudent, proportionate and effective controls which enables risk to be identified, assessed, managed, and controlled.

The Board ensures that the Trust's corporate governance, risk management and system of internal control meet the needs of the organisation, align with guidance and best practice, and comply with regulatory requirements such as the Care Quality Commission Fundamental Standards and Well-Led Framework.

The Board sets the strategic objectives for the Trust and ensures that suitable resources are allocated to deliver them. The Board receives assurance regarding principal risks to these strategic objectives, including updates on controls and mitigation actions. This is achieved through the Board Assurance Framework, risk management reports, assurance reports, appropriate scrutiny, and other reports received from Board committees, Executive Directors, and external sources of assurance.

Trust Board membership is as follows:

- Chair*
- Five Non-Executive Directors*
- One Associate Non-Executive Director
- One 'NExT' Non-Executive Director (This NExT role is two-year programme for aspiring Non-Executive Directors and this appointment supports the Trust's plan to increase diversity at Board and senior leadership levels)
- Chief Executive Officer*
- Executive Director of Finance*
- Executive Director of Operations*
- Executive Medical Director*
- Executive Director of Quality, Governance and Performance Assurance*+
- Director of People and Organisational Development
- Director of Urgent Care and Integration+
- Chief Information Officer

** denotes voting members;*
+ denotes posts subject to interim appointments at 31 March 2022

2021-22 saw the following changes to Non-Executive Director positions:

- June 2021: John Nutton left the position of Non-Executive Director.
- June 2021: Amanda Moat was appointed to the position of Non-Executive Director.
- June 2021: Zafir Ali was appointed to the position of NExT Non-Executive Director.

2021-22 saw the following changes to Board-level Director positions:

- June 2021: Steve Page retired as Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive.
- July 2021: Clare Ashby was appointed interim Executive Director of Quality, Governance and Performance Assurance.
- June 2021: Amanda Wilcock was appointed Director of Workforce and Organisational Development.
- August 2021: Kathryn Vause was appointed Executive Director of Finance.
- October 2021: Dr Stephen Dykes was appointed acting Executive Medical Director.

The Board is primarily responsible for:

- Trust Strategy: vision, strategic objectives, key plans, significant decisions, organisational change and transformation.
- Accountability: delivery excellence and performance assurance.
- Culture: a focus on patients, clinicians, and care; Trust values; visible and supportive leadership.
- Engagement: sustaining value-adding relationships with internal and external stakeholders to promote the Trust and its objectives.
- Resources: investing in people and infrastructure whilst safeguarding the Trust's financial stability.
- Corporate health: organisational resilience, compliance with statutory, regulatory and policy requirements, and a robust system of internal control.

The Board meets quarterly in public, with additional private sessions. In response to social distancing advice relating to COVID-19, during 2021-22 the Board held a combination of in-person and virtual meetings. The Annual General Meeting took place as a virtual event in September 2021.

Board functions are co-ordinated and supported by the Corporate Affairs function, which fulfils the role of Trust Secretariat. Activities of the Board are managed via a structured work plan co-ordinated across the Board and its Committees. This ensures appropriate focus on strategy, key decisions and formal governance and assurance, and is sufficiently agile to flex as required by urgent matters or changing circumstances.

Regular Board development sessions facilitate in-depth coverage of specific topics, strategic developments and Trust priorities. Items addressed during the 2021-22 programme of Board development sessions included:

- Diversity and Inclusion
- Organisational Culture
- System Engagement and Integrated Commissioning
- Trust Business Priorities
- Strategic Risk and Risk Appetite
- Board Assurance Framework

The Board is supplemented by key committees and management groups, including:

- The Finance and Investment Committee
- The Quality Committee
- The Audit Committee
- The Trust Executive Group; and
- The Trust Management Group

Additional Board committees include:

- The Remuneration Committee, which advises the Trust Board about appropriate remuneration, terms of service, contractual arrangements and performance evaluation for the Chief Executive and Executive Directors.
- The Charitable Funds Committee, with supports Board members in discharging their responsibilities as trustees of the Trust's charitable funds.

The above mechanisms allow the Board to assure itself in relation to the Trust's provider licence compliance requirements.

Trust Executive Group

As Chief Executive Officer, and in my role as Accountable Officer, I present a progress report from the Trust Executive Group to each meeting of the Trust Board. In terms of corporate governance, the Trust Executive Group:

- Develops organisational strategy, business plans and operational priorities.
- Manages the system of integrated governance, risk management and internal control which supports delivery of Trust objectives and upholds compliance with statutory, regulatory and policy requirements.
- Reviews key areas of governance and risk; monitors controls and actions associated with risk mitigation.
- Develops and embeds policies, processes and systems required to support effective internal controls.
- Ensures completion of all formal disclosure statements relating to risk, assurance, and controls.
- Manages significant risks, incidents, and events, ensuring effective action to mitigate current and future risk exposures.

As Chief Executive Officer I lead the Trust Executive Group in maintaining an effective risk management system within the Trust, meeting all statutory requirements and adhering to guidance issued by the Department of Health and Social Care and other statutory or regulatory bodies.

Leadership is also provided by directors and managers at all levels, who ensure that effective risk management is implemented across their areas of responsibility in line with Trust policies and procedures.

Specifically:

The Executive Director of Quality, Governance and Performance Assurance is responsible for developing and implementing risk management (excluding financial risk management) and integrated governance. This Director provides advice and reports on risk, assurance and controls to the Trust Board, the Quality Committee, the Audit Committee and Trust management groups. This Director ensures that the Trust Board has access to regular and appropriate risk management information, advice, support and training where required. The Executive Director of Quality, Governance and Performance Assurance is also the Trust's designated Senior Information Risk Owner (SIRO).

The Executive Director of Finance is responsible for managing financial risk and controls. This Director advises the Trust Board, the Audit Committee, the Finance and Investment Committee and Trust management groups about risk, assurance and controls relating to the Trust's financial systems and procedures, income and expenditure (capital and revenue), investment and procurement, and the Trust's estate and fleet.

The Executive Medical Director is responsible for clinical risk management, ensuring that clinical procedures and practice guidelines are appropriate, effective and current. This Director advises the Trust Board, the Quality Committee, the Clinical Governance Group and other management groups regarding risks associated with the Trust's clinical strategy, policies, procedures and practices. The Executive Medical Director is also the Trust's designated Caldicott Guardian.

Trust Management Group

The Trust Management Group is the primary managerial decision-making body of the organisation. The Trust Management Group reports to the Board via the Trust Executive Group, and consists of the Executive Directors, Deputy and Associate Directors, and other designated senior managers.

The remit of the Trust Management Group includes:

- Monitoring and review of performance relating to operational, quality, workforce, and finance.
- Overseeing the development and approval of Trust policies and procedures.
- Contributing to the development of Trust strategy, operational plans, business plans and improvement opportunities.
- Identification and management of key risks, including actions to address key delivery risks and operational issues.
- Overseeing compliance with statutory, regulatory and assurance frameworks.

Everybody's Business

The Trust considers risk management to be everybody's business. The organisation encourages and expects any employee or volunteer to identify and assess risks in accordance with Trust policies and procedures. The Trust supports staff to manage risk through:

- Corporate and Local Induction processes, which include a session on risk management and learning from incidents.
- Risk Management training, which is delivered by a suite of e-learning modules.
- The Trust's Risk Management Policy, guidance, and procedures, including a standard template and evaluation matrix to assess risk.
- The Risk and Assurance Group, which engages operational, and service leads across all Trust departments and functions to ensure oversight and moderation of risks and emerging risks, and to provide a forum for developing and sharing good practice.
- Thematic groups which consider specific areas of technical or specialist risk. These include, but are not limited to, the Information Governance Working Group, the Incident Review Group, the Clinical Governance Group, and the Strategic Workforce Group.
- Each directorate has a nominated risk management lead. The corporate Risk and Assurance Team supports these risk leads to develop consistent risk management practice.
- All staff can access the Trust's incident and risk management system, Datix, and receive training and support as required to make the most effective use of this system for risk and incident management.

The risk and control framework

Risk Management

The Board and senior managers proactively identify risk as part of strategic development activities and planning cycles. The Board assesses its overall risk profile, considering key business risks, Trust capacity and capability to address these, and its appetite for risk exposure and tolerance of residual risk.

The Board agrees a statement of risk appetite, guided by an NHS risk appetite tool developed by the Good Governance Institute. This information informs the Board Assurance Framework and its use during the year. The Board Assurance Framework captures strategic risks to Trust objectives and is reviewed and refreshed by the Board at least annually.

Corporate risks, and areas of potential corporate risk, are reviewed and moderated by the Risk and Assurance Group. The Chair of the Risk and Assurance Group (usually the Associate Director for Performance Assurance and Risk) reports monthly to the Trust Management Group and quarterly to Board committees regarding strategic risks, corporate level operational risks, and areas of emerging risk.

Risks that cannot be managed through the Risk and Assurance Group or the Trust Management Group are escalated to the Trust Executive Group and to the Trust Board. The Trust Board is routinely notified of all corporate risks via the corporate risk register and other assurance reports.

Risk management is linked to other related governance and managerial processes in the Trust, including the management of incidents and near misses, operational risk assessments, and impact assessments relating to quality and equalities and diversity.

Quality Governance

Quality is critical to the Trust's mission and is central to proceedings of the Trust Board. Quality is understood in terms of three broad dimensions: patient safety, clinical effectiveness, and patient experience. Performance and assurance reports include a focus on key quality indicators.

This is supplemented by detailed reports containing qualitative and quantitative information on specific aspects of quality.

The Quality Committee is a key mechanism for the governance of quality risks. A Non-Executive Director chairs the Quality Committee. This Committee scrutinises the Trust's clinical governance and quality plans, provides oversight of clinical strategy and practice, compliance with external quality regulations and standards, processes to ensure effective learning from adverse events, and infection prevention and control. In addition, the Quality Committee supports the Board in gaining assurance on quality risk management, workforce, health and safety, and information governance issues. It also provides scrutiny in relation to the Trust's Quality Improvement strategy, quality impact assessments, the Trust's transformation programme, improvement actions resulting from external investigations and enquiries, complaints and concerns, and Freedom to Speak Up.

During 2021-22 no nationally defined 'Never Events' have occurred as a result of Trust care or services.

Annual Quality Account

Under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) the Trust is required to prepare Quality Accounts for each financial year. The Quality Account reports on key indicators of quality relating to patient safety, clinical effectiveness, and patient experience. The Trust's Quality Account is formally published as part of the Annual Report and Accounts.

Risk Governance

The Trust recognises that risk management must be embedded in the organisation's culture, practices, and business processes.

Risk Management and Assurance Strategic Framework

The Risk Management and Assurance Strategic Framework sets out the Trust's overall approach to risk management. The Framework is based on the Three Lines of Defence assurance model and is consistent with established good practice. It emphasises the links between risk management and organisational strategies, plans and objectives, and it explains the roles and responsibilities of individuals, management groups and governance bodies, including the Trust Board.

Board Assurance Framework

The Board Assurance Framework is owned by the Board. It embodies the ownership by the Board of strategic risks to Trust objectives.

The Board Assurance Framework sets out the strategic risks to the organisation's objectives and associated controls and mitigations. It identifies opportunities to develop and strengthen controls, and it identifies key sources of internal and external assurance.

Strategic risks for 2021-22 were carried forward from 2020-21. However, the Trust's strategic context underwent notable change during 2021-22, altering risk profiles such that the Board Assurance Framework required an in-year re-set.

The updated Board Assurance Framework captures twelve areas of strategic risk organised under the Trust's four strategic ambitions:

1. Patients and communities experience fully joined-up care responsive to their needs

- Ability to deliver high quality care in 999/A&E operations
- Ability to deliver high quality care in Integrated and Urgent Care/NHS 111 services
- Ability to deliver high quality care in the Patient Transport Service

2. Our people feel empowered, valued, and engaged to perform at their best

- Ability to ensure provision of sufficient clinical workforce capacity and capability
- Ability to support the physical and mental health and well-being of staff
- Ability to promote and embed positive organisational culture

3. We achieve excellence in everything we do

- Capacity and capability to plan and deliver Trust strategy, transformation, and change
- Ability to influence and respond to change in the wider health and care system
- Ability to respond well to climate change and other significant business continuity threats

4. We use resources wisely to invest in and sustain services

- Ability to plan, manage and control Trust finances effectively
- Ability to deliver key technology and cyber security developments effectively
- Ability to deliver key enabling infrastructure effectively: estates and fleet

Mitigation plans were developed and implemented for each strategic risk. Progress in implementing the actions set out in the Board Assurance Framework is assessed following review by Executive Directors and other senior leaders, triangulated with other sources of corporate intelligence and assurance, and reported to the Trust Board and its committees. Quarterly iterations of the Board Assurance Framework are supported by reports on current and forecast risk exposures and analysis of deviations from expected levels of risk.

The Board Assurance Framework is subject to an annual assessment by internal auditors to evaluate its rigour and effectiveness. The 2021-22 review found a significant level of assurance regarding Board Assurance Framework.

Pandemic Risks

Throughout 2021-22 the ongoing impact of the COVID-19 pandemic presented multiple risks to the Trust. Extreme operational pressures required the Trust to escalate to REAP4 for an extended period, and to activate other plans and procedures relating to incident response and business continuity.

The Trust identified specific risks relating to the pandemic. Some of these risks did not derive exclusively from COVID-19, but their impact or likelihood were exacerbated by the pandemic and its effects. The main pandemic risks managed by the Trust during 2021-22 were:

- Patient harm resulting from call handling delays, extended response times, hospital handover delays, and skills-fade relating to reduced training delivery.
- Physical and mental health and well-being of staff.
- Impact on services of fluctuating levels and patterns of demand.
- Impact on services of reduced staff availability due to community transmission of COVID-19 and internal outbreaks and clusters.
- Impact of decisions to temporarily suspend some Patient Transport Service provision to support emergency ambulance operations
- Quality, supply and distribution of equipment and supplies, especially personal protective equipment.
- Impact on premises, facilities, equipment and working patterns of social distancing and hygiene requirements.
- Staff compliance with lateral flow testing requirements.
- Staff compliance with Personal Protective Equipment requirements.
- Impact on the ICT function and infrastructure of requirements regarding remote working.
- Supply, provision, and uptake of vaccinations, including national requirements regarding mandatory vaccinations (subsequently relaxed).
- Pressures and uncertainty around financial planning.
- Impact on transformation and business development priorities.
- Impact on corporate functions of redeployment of staff to COVID-19 response activity.
- Impact on governance, compliance, and regulatory matters, including ability to meet statutory timescales and standards.

Other Corporate Risks

The Board and its committees receive reports on corporate risks to enable full oversight of current significant of risk exposures and to provide early sight of emerging risks. During 2021-22 the most significant areas of non-pandemic corporate risk included the following:

- Sufficient staffing levels, including general capacity in A&E Operations and the Emergency Operations Centre, paramedic workforce supply, clinical capacity in the NHS 111 service, and provision of volunteers for the Patient Transport Service.
- Technical faults affecting Corpuls3 defibrillators

- Global shortage of computer chips
- Staff compliance with cyber security and information governance requirements, including susceptibility to phishing campaigns.
- Non-COVID sickness absence
- Violence and aggression towards staff
- The delivery of multiple digital change programmes, including Unified Communications, N365, and personal-issue smartphones.

Strategic Risk Outlook

The Trust's strategic risk outlook for 2022-23 is informed by routine review of corporate risks and the Board Assurance Framework combined with analysis of ongoing system-wide developments, organisational changes, and pandemic recovery implications. The Trust's strategic risk outlook is also influenced by global events. For example, the conflict in Ukraine has created potential risk exposures relating to supply chains, fuel and energy costs, and cyber security.

The Board reviews the organisation's strategic risks as part of its annual refresh of the Board Assurance Framework. The Board has determined that the strategic risks captured in the revised 2021-22 Board Assurance Framework, as outlined in the previous section, remain applicable in 2022-23.

Review of economy, efficiency, and effectiveness of the use of resources

Financial Risk

Executive management of the financial risk is led by the Executive Director of Finance. This Director has lead responsibility for all aspects of financial risk, including revenue and capital planning and expenditure, income, procurement, contract management, estates, and fleet. This Director advises the Trust Board, the Finance and Investment Committee, the Audit Committee, the Trust Executive Group and other Trust management groups about risks associated with the Trust's overall financial position, the effectiveness of financial procedures and systems, and the financial implications of Trust activities.

The Board's duties relating to financial risk are discharged in part by the Finance and Investment Committee. A Non-Executive Director chairs the Finance and Investment Committee, and includes three Non-Executive Directors, the Executive Director of Finance, the Chief Executive, and other senior managers. This committee scrutinises the Trust's financial plans, policies and major investment decisions, reviews proposals for major business cases, and oversees the commercial activities of the Trust. The Committee also scrutinises the content and delivery of the Trust's annual Waste Reduction programme.

In common with other NHS organisations, during 2021-22 the Trust operated under a nationally determined framework which included the suspension of normal funding and financial management processes. The usual contracting and commissioning arrangements were replaced with direct funding via two six-monthly block allocations. This presented financial risk to the Trust; however, the organisation has reported a year-end surplus position.

Information Risk and Data Security

The Trust's Information Governance Framework, policies and procedures detail the arrangements for managing and controlling information and data security risk.

The Trust complies with information governance and data protection obligations as defined by the General Data Protection Regulations (GDPR) and the Data Protection Act. The Trust has a designated Senior Information Risk Owner (the Executive Director of Quality, Governance and Performance Assurance) and a designated Data Protection Officer (the Head of Corporate Affairs). The Trust maintains a register of Data Protection Impact Assessments in accordance with GDPR requirements.

Identification and assurance of information risks is supported by the Trust's Information Governance Working Group, which reports into the Trust Management Group via the Risk and Assurance Group. Areas of information risk identified and assured by the Information Governance Working Group during 2021-22 included:

- Storage and retention of paper records.
- Management and destruction of confidential waste.
- Compliance with mandatory data security awareness training.
- Staff susceptibility to email phishing campaigns.

- Information governance relating to remote technology and homeworking.
- Cleanse and re-structuring of data files in preparation for Cloud migration.
- Closure of NHSmail accounts for employees who leave the Trust.
- Management of shared mailboxes and distribution lists within NHSmail.

During 2021-22 the Trust took the following actions to identify and mitigate information and data security risks and to strengthen assurance relating to these:

- Provision of mandatory Data Security Awareness e-Learning to all staff.
- Two phishing campaigns to test staff susceptibility to malicious emails, and action plans arising from these
- Continued engagement and development of Information Asset Owners (IAOs).
- Updated policies and procedures relating to information governance, data protection and records management.
- Reviewed and updated the Information Asset Register.
- Reviewed and updated the suite of data flow maps.
- Multiple Data Protection Impact Assessments relating to system and service developments
- Rolled out a Cyber Security e-Learning course for IAOs.
- Maintained robust archiving and destruction of records in accordance with the Records Management Policy and retention schedule.
- Renewed value-for-money contracts with external suppliers for secure document storage and destruction of confidential waste
- Actions arising from the internal audit review of the Trust's Data Security and Protection Toolkit submission.

The Trust adheres to the requirements of the Data Security and Protection Toolkit, a framework developed and supported by NHS Digital that allows organisations to assess compliance with the data security standards set by the National Data Guardian.

The Trust uses this toolkit to provide assurance that it practises good data security, and that personal information is handled correctly.

The Trust's Data Security and Protection Toolkit self-assessment is subject to an annual internal audit review to test its rigour and provide assurance about the declared degree of compliance. For 2021-22 this internal audit review reported a 'moderate' level of assurance, which in the NHS Digital methodology represent the second-highest of four available ratings. The main area in which the Trust needs to improve is staff compliance with data security awareness training. Failure to achieve the required levels of training during 2021-22 meant that the Trust did not achieve full compliance with the Data Security and Protection Toolkit.

The Trust upholds the Caldicott principles regarding the governance of patient identifiable information. The Trust has a designated Caldicott Guardian (the Executive Medical Director).

During 2021-22 the Trust experienced no information governance incidents of sufficient significance to merit reporting to the Office of the Information Commissioner (ICO), to the Department of Health and Social Care, or to Commissioners.

Data Quality

During 2021-22 the Trust took multiple actions to support good data quality. The Trust:

- Continued to develop the Electronic Patient Record and Electronic Staff Record systems, delivering enhancements that improve the quality and use of data.
- Progressed digital change projects that present opportunities to improve the quality and use of data.
- Cleansed and restructured data held on shared drives ahead of successful migration to Cloud-based corporate systems
- Deployed the Microsoft N365 platform and associated business applications, including SharePoint.
- Implemented a new electronic expenses and travel claims system that strengthens the management, analysis, and reporting of expenses data.

- Furthered the use of the analytics platform, Power BI, including the development of dashboards to support the performance management of teams and individuals.
- Undertook an internal audit review of data quality relating to incidents data and Quality Account performance indicators.
- Undertook a review and update of the Trust's Data Quality Policy (final approval of the updated policy is due in early 2022-23).
- Continued to refine and embed the enhanced suite of Datix applications.
- Delivered cyber security diagnostic and improvement works to protect the Trust's systems integrity and data quality.
- Continued to provide general staff training in the use of systems, including on the importance of accurate data entry, data quality and reporting

During 2021-22 the Trust did not submit records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics suite of health and care datasets published by NHS Digital. This requirement does not apply to ambulance trusts.

General Compliance

The Trust maintains robust internal overview of statutory and regulatory compliance to ensure that standards are maintained across all functions. The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust ensures that short, medium and long-term workforce strategies and staffing systems are in place which assure the Board that staffing processes are safe, sustainable and effective. This includes recruitment and retention plans and strategies relating to specific roles and staff groups, and workforce planning models being developed in partnership with an external third party.

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.

The Trust has in place a Counter Fraud programme delivered via an annual Counter Fraud Plan, which is approved by the Audit Committee. The key focus of this plan is to maintain compliance with the counter fraud functional standards developed by the NHS Counter Fraud Authority (NHSCFA). For 2021-22 the priority was to establish a baseline assessment against the new standards. Independent and objective assurance of Counter Fraud activity is provided by the Trust's internal auditors and monitored via the Audit Committee.

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.

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Control measures are in place to ensure that the Trust complies with its statutory and regulatory obligations under equality, diversity, disabilities and human rights legislation, including in relation to gender pay gap reporting.

The Trust complies with its obligations under the Modern Slavery Act 2015.

During 2021-22 the Trust maintained robust processes to support staff in raising concerns about quality and safety in line with the national Freedom to Speak Up recommendations.

The Trust has a designated "Freedom to Speak Up" Guardian to further support a culture of openness and transparency in the management and mitigation of risks across the Trust. Assurance regarding the Trust's Freedom to Speak Up activity is provided through regular reporting to the Quality Committee, the Audit Committee and Trust Board.

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 internal audit, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for and operate within the internal control framework.

My review is informed by external auditors via 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 Trust Board, the Audit Committee, the Finance and Investment Committee and the Quality Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review of effectiveness is informed by other key sources of assurance, including:

- The Trust's Head of Internal Audit, who provides a formal 'opinion' regarding of overall assurance regarding risk management, governance, systems and internal controls.
- Assurance reports from Executive Directors and senior managers who are accountable for developing and operating the system of internal control.
- The Board Assurance Framework which provides me with evidence of effective risk management, controls and mitigations relating to strategic risks.

My review is also informed by:

- Periodic internal self-assessment against the Care Quality Commission Fundamental Standards and the Well-Led Framework.
- Audited self-assessment against the Data Security and Protection Toolkit standards.
- Reports issued by the Trust's internal auditors, including core audit, assurance and advisory reviews, counter fraud assurance and technology risk assurance.
- Reports issued by the Trust's external auditors.
- Ad hoc reports commissioned from external agencies regarding the Trust's governance arrangements, leadership and management, systems and controls, and strategic capacity and capability, including periodic external evaluations against the Well-Led Framework.
- The most recent regulatory compliance reporting and processes overseen by bodies such as the Care Quality Commission, NHS England / NHS Improvement, and the Department of Health and Social Care.

Care Quality Commission

The Trust is fully compliant with the registration requirements of the CQC. The Trust is registered with the CQC and has no conditions on its registration. The CQC has not taken any enforcement action against the Trust during 2021-22. The Trust has not been subject to any special reviews or investigations by the CQC during 2021-22 and has contributed as appropriate to wider system reviews.

The most recent full Care Quality Commission inspection of the Trust took place in 2019. The inspection covered two key service-line functions: the Emergency Operation Centre and the Patient Transport Service. It also addressed overall leadership and governance in accordance with the Well-Led Framework. The CQC rated all functions examined during the inspection as 'good' across all five inspection domains ('safe;' 'effective;' 'caring;' 'responsive'; 'well-led'). The inspection found no breaches in regulations and reported no actions that the Trust must take.

Regarding the effectiveness of internal controls, the inspection of the Trust's leadership and governance arrangements found that:

- The Trust has effective structures, systems, and processes.
- The Board and other levels of governance function effectively.
- The Board Assurance Framework comprehensibly outlines key controls in place to address risks.
- The Trust has comprehensive assurance systems to manage risk.
- Performance issues are escalated appropriately through clear structures and processes.

Effectiveness of Risk Assurance

The Trust's risk assurance approach is based on the Three Lines of Defence model. This model sets out how the Trust's risk management and assurance functions operate, including the interactions and boundaries between different roles, managerial functions and governance bodies. This supports the Trust to maintain effective risk management, governance, and control.

The Trust's first line of defence contains functions that directly manage risks, such as teams and managers in operational functions. Typically, these are operational managers and staff who manage risks as part of their day-to-day work.

The Trust's second line of defence contains specialist functions that oversee risk management, control, and compliance activities. These second line functions provide policies and procedures, systems and tools, advice, guidance and other support to enable first line functions to manage risk well.

The Trust's third line of defence provides independent and objective assurance regarding the effectiveness of risk management and controls. Internal audit is the key function in the Trust's third line of defence. This third line often has interfaces with other providers of independent assurance, including external audit, regulators, and commissioners.

The Board draws evidence from all three lines of defence to gain assurance that risk management systems and processes are identifying and managing risk appropriately.

Sources of risk assurance include:

- At least annually, a review of the effectiveness of the Trust's system of internal control. The Board ensures that the review covers all elements of the risk management system and all material controls, including financial, clinical, operational, and technology compliance controls.
- A regular review of the Trust's Risk Management and Assurance Strategic Framework. The next review will take place during 2022-23.
- Reviews in each meeting of the Audit Committee of the adequacy of assurances received by the Finance and Investment Committee and the Quality Committee in relation to the principal risks assigned to them in the Board Assurance Framework.
- A quarterly review of the Board Assurance Framework, including reports to the Board regarding the trajectory of risk exposures.
- Monthly integrated performance reports outlining achievement against key performance, safety, workforce, and quality indicators.
- Assurance reports at each meeting of the Board and its Committees.
- Assurance from internal and external audit reports.

Internal Audit Programme

The Trust undertakes an annual programme of internal audit reviews to provide independent and objective assurance on matters of risk management, compliance and internal control. From the start of 2021-22 the Trust had a new provider of internal audit and counter fraud services, 360 Assurance, who were appointed following a competitive tendering exercise using an appropriate procurement framework.

Reports from internal audit reviews provide assurance regarding the effectiveness of governance and control frameworks and the degree of compliance with these. Following an internal audit review one of four levels of assurance can be reported: 'substantial,' 'significant,' 'limited' or 'weak.' The Trust aims to achieve 'significant' and 'substantial' levels of assurance from its internal audit reviews.

Within the 2021-22 internal audit programme all but three reviews completed during the year found either 'substantial' or 'significant' levels of assurance (the review of Data Security and Protection Toolkit compliance found 'moderate' assurance, but this applied the NHS Digital methodology in which 'moderate' assurance is equivalent to 'significant' assurance).

Three reviews found only 'limited' assurance, meaning that in those areas reviewed the risk management controls and activities are not suitably designed or are not operating with sufficient effectiveness. These were:

- Data Quality Framework: Quality Account Indicators
- Patient Experience: Patient Transport Services
- Cyber Security: Email Phishing Campaign (Part 2)

Management action plans have been agreed to address the issues identified by the above reviews. During 2021-22 no internal audit reviews found 'weak' assurance.

The issues identified by internal audit reviews are considered by relevant management groups and remedial actions are agreed. The Audit Committee reviews management assurance regarding timely completion of such actions. During 2021-22 the organisation made progress in reducing the number of outstanding management actions due from internal audit reviews. However, timely completion of internal audit actions remains an area sustained management attention during 2022-23.

The Head of Internal Audit issues an annual 'opinion' regarding the adequacy of the Trust's system of internal control. For 2021-22 the Head of Internal Audit has reported a 'significant' level of 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. This is second highest of five available assurance ratings.

The formal statement of the Head of Internal Audit Annual Opinion is as follows:

I am providing an opinion of significant assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

In providing my opinion three main areas are considered:

- Board Assurance Framework (BAF) and strategic risk management
- Individual assignments
- Follow up of actions

BAF and strategic risk management: significant assurance.

Individual assignments: significant assurance. During the year we have issued fifteen reports of which three contained a limited assurance opinion. Two of these were in relation to core areas where we would expect the Trust to have robust arrangements in place; data quality framework (quality account indicators) and patient experience (patient transport service).

Follow up of actions: moderate assurance. The 2021-22 closing first follow up implementation rate was 59% (80% overall). There were 11 historic actions outstanding from before 1 April 2021. This opinion has taken into account the circumstances, including the change in internal audit provider and new system for follow up, the delay in obtaining previous actions and the impact of COVID-19.

Audit Committee

The Audit Committee provides independent oversight of risk management, governance and controls within the Trust. A Non-Executive Director chairs the Audit Committee.

The Audit Committee concludes upon the adequacy and effective operation of the organisation's system of internal control. This includes a focus on the Board Assurance Framework and the annual internal audit programme as key mechanisms for managing risks, controls, and related assurances.

The Audit Committee utilises the work of internal audit, external audit, and other assurance functions, but is not limited to these. It also seeks reports and assurances from directors and managers as appropriate and from other Board Committees. The Quality Committee and the Finance and Investment Committee each provide formally reported assurances to the Audit Committee on risks relevant to their terms of reference, covering strategic risks captured by the Board Assurance Framework as well as notable corporate risks.

During 2021-22 the Trust reviewed the skills and experience of the Audit Committee membership and conducted a review of its effectiveness. The Committee reviewed and updated its Terms of Reference, agreed and delivered an annual work plan, and issued an annual report.

Conclusion

No significant internal control issues have been identified.

Rod Barnes
Chief Executive

14 June 2022

FINANCIAL ACCOUNTS

Photograph by Simon - Hull

Head of Internal Audit Opinion

Introduction

Further to my Interim Head of Internal Audit Opinion, provided to the Trust on 4 April 2022, this report contains my Final Opinion, along with a summary of your internal audit service for the 2021-22 financial year.

The provision of assurance services is the main role for an internal audit provider within the public sector. As part of this role, and in compliance with Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit will provide an opinion that is based on an objective assessment of the framework of governance, risk management and internal control, in the context of work undertaken as part of an agreed Internal Audit Plan.

Context of Head of Internal Audit Opinion

Throughout 2021-22 we have worked with you in a pragmatic way to deliver your Internal Audit Plan. In making any changes to your Plan, we have ensured that we can still provide a balanced Head of Internal Audit Opinion to support the Annual Governance Statement (AGS) that will form part of the Accounts and Annual Report.

Whilst NHSE/I have supported organisations in managing through the pandemic, there is still a statutory responsibility to ensure effective and robust governance arrangements are in place.

In providing an opinion for the financial year, it is important to reflect on the environment in which the Trust has been required to function. The impact of the pandemic has continued during 2021-22 presenting significant challenges throughout the year. Organisations were asked to work collaboratively across systems to meet priorities for the year. The system of internal control is designed to manage risk to a reasonable level rather than eliminate all risk of failure.

During the 2021-22 year, the Trust's Board has undergone some change with the following appointments made in year:

- Director of Workforce and Organisational Development, June 2021
- Two new Non-Executive Directors joined, June 2021
- Interim Executive Director of Quality, Governance and Performance Assurance, July 2021
- Interim Executive Director of Finance postholder made substantive, August 2021
- Acting Executive Medical Director, October 2021.

In April 2022, the Trust reported to Board a year end surplus of £8.5m (£7.8m after gains on disposals and impairments are removed). The Trust reported it had received higher income than planned and incurred lower staff costs due to vacancies across all service lines and corporate functions.

Your 2021-22 Head of Internal Audit Opinion

The Public Sector Internal Audit Standards (PSIAS) state that *'The chief audit executive must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement.'* The annual internal audit opinion must conclude on the overall adequacy and effectiveness of an organisation's framework of governance, risk management and control for the period for which it relates.

My opinion is provided primarily on the basis of work undertaken within the Internal Audit Plan for the 2021-22 financial year and is limited to the scope of work defined in the terms of reference and as detailed within our final reports. Any opinion level provided must, therefore, be considered in terms of the agreed review scope only and no inference may be assumed by the Trust (or other users of my report) that this opinion extends to the adequacy of controls and processes outside the scope agreed.

In reaching my Opinion, I have reflected on the context in which the Trust operates, as well as the significant challenges currently facing all organisations operating in the NHS.

Head of Internal Audit Opinion

I am providing an opinion of **significant assurance** that there is a generally sound framework of governance, risk management and control designed to

meet the organisation's objectives, and that controls are generally being applied consistently.

In providing my opinion three main areas are considered:

- Board Assurance Framework (BAF) and strategic risk management
- individual assignments
- follow up of actions.

BAF and strategic risk management: significant assurance.

Individual assignments: significant assurance. During the year we have issued fifteen reports of which three contained a limited assurance opinion. Two of these were in relation to core areas where we would expect the Trust to have robust arrangements in place; data quality framework (quality account indicators) and patient experience (patient transport service).

Follow up of actions: Moderate assurance. The 2021-22 closing first follow up implementation rate was 59% (80% overall). There were 11 historic actions outstanding from before 1 April 2021. This opinion has taken into account the circumstances, including the change in internal audit provider and new system for follow up, the delay in obtaining previous actions and the impact of COVID-19.

This opinion should be taken in its entirety for the Annual Governance Statement and any other purpose for which it is repeated.

Leanne Hawkes, Director
360 Assurance

Independent Auditor's Statement

Opinion

We have audited the financial statements of Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2022 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 35.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the 2021-22 HM Treasury's Financial Reporting Manual (the 2021-22 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2021-22 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.

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 2022 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021 to 2022; and
- have been prepared properly in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

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. 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 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

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report.

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.

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 course of 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 themselves. 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 Code of Audit Practice

In our opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with the National Health Service Act 2006 and the Accounts Directions issued thereunder.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- in our opinion the 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 (as amended) 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 and schedule 7of the Local Audit and Accountability Act 2014 (as amended); or
- we make a written recommendation to the Trust under section 24 and schedule 7of the Local Audit and Accountability Act 2014 (as amended); 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 2022.

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 XXX, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are 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 they either intend 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 chief executive is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State and 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.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- *We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), as well as relevant employment laws of the United Kingdom. In addition, the Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.*

- *We understood how Yorkshire Ambulance Service NHS Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Trust's board minutes, through enquiry of employees to verify Trust policies, and through the inspection of employee handbooks and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.*
- *We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance (through improper recognition of revenue), inappropriate capitalisation of revenue expenditure and management override of controls to be our fraud risks.*
- *To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed the Trust's manual year end income accruals, challenging assumptions and corroborating the income to appropriate evidence.*
- *To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.*
- *To address our fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included identification of unusual trends and analysis in monthly postings across all areas of the accounts with additional focus on our significant risk areas. We have, for each journal selected, tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.*

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 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in December 2021, as to whether the Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria 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 2022.

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 (as amended) 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 (as amended) 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

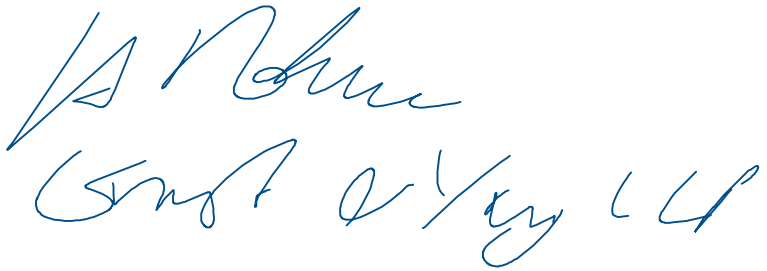
Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have issued our Auditor's Annual Report for the year ended 31 March 2022. We have completed our work on the value for money arrangements and will report the outcome of our work in our commentary on those arrangements within the Auditor's Annual Report.

Until we have completed these procedures, we are unable to certify that we have completed the audit of the accounts in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice issued by the National Audit Office.

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 (as amended) 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

Ernst & Young LLP Manchester

20 June 2022

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, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

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

14 June 2022

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of 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, other items of comprehensive income 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 and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

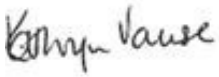
The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction of the Secretary of State. They 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.

Rod Barnes
Chief Executive

14 June 2022



Kathryn Vause
Executive Director of Finance

14 June 2022

Annual Accounts for the year ended 31 March 2022

Statement of Comprehensive Income

		2021-22	2020-21
	Note	£000	£000
Operating income from patient care activities	3	348,138	318,933
Other operating income	4	11,056	15,192
Operating expenses	5, 7	(349,086)	(334,227)
Operating (deficit) / surplus from continuing operations		**10,108**	**(102)**
Finance income	10	40	12
Finance expenses	11	48	(46)
PDC dividends payable		(2,092)	(1,599)
Net finance costs		**(2,004)**	**(1,633)**
Other gains	12	423	724
(Deficit) / surplus for the year		8,527	(1,011)
Other comprehensive income. Will not be reclassified to income and expenditure:			
Impairments	6	-	(759)
Revaluations	15	2,478	140
Total comprehensive (expense) / income for the period		**11,005**	**(1,630)**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		8,527	(1,011)
Remove net impairments not scoring to the Departmental expenditure limit		(411)	241
Remove net impact of inventories received from DHSC group bodies for COVID response		87	(190)
Adjusted financial performance (deficit) / surplus		**8,203**	**(960)**
Less: gains on disposals		**(423)**	(724)
Adjusted System performance surplus / (deficit)		**7,780**	**(1,684)**

Statement of Financial Position

	Note	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Intangible assets	13	3,523	2,330
Property, plant and equipment	14	106,844	105,056
Receivables	17	320	325
Total non-current assets		**110,687**	**107,711**
Current assets			
Inventories	16	2,245	1,935
Receivables	17	11,309	14,679
Non-current assets for sale	18	235	-
Cash and cash equivalents	19	75,927	64,180
Total current assets		**89,716**	**80,794**
Current liabilities			
Trade and other payables	20	(32,152)	(27,026)
Borrowings	22	(337)	(337)
Provisions	23	(10,483)	(15,396)
Other liabilities	21	(991)	(77)
Total current liabilities		**(43,963)**	**(42,836)**
Total assets less current liabilities		**156,440**	**145,669**
Non-current liabilities			
Borrowings	22	(3,165)	(3,499)
Provisions	23	(8,652)	(9,047)
Total non-current liabilities		**(11,817)**	**(12,546)**
Total assets employed		**144,623**	**133,123**
Financed by			
Public dividend capital		93,185	92,690
Revaluation reserve		17,599	15,121
Income and expenditure reserve		33,839	25,312
Total taxpayers' equity		**144,623**	**133,123**

The notes on pages 123 to 154 form part of these accounts.

Rod Barnes
Chief Executive

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	**Total**
	£000	£000	£000	**£000**
Taxpayers' and others' equity at 1 April 2021 - brought forward	**92,690**	**15,121**	**25,312**	**133,123**
Surplus/(Deficit) for the year	-	-	8,527	**8,527**
Revaluations	-	2,478	-	**2,478**
Public dividend capital received	495	-	-	**495**
Taxpayers' and others' equity at 31 March 2022	**93,185**	**17,599**	**33,839**	**144,623**

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	**Total**
	£000	£000	£000	**£000**
Taxpayers' and others' equity at 1 April 2020 - brought forward	**90,293**	**15,915**	**26,148**	**132,356**
Surplus/(Deficit) for the year	-	-	(1,011)	**(1,011)**
Impairments	-	(759)	-	**(759)**
Revaluations	-	140	-	**140**
Transfer to retained earnings on disposal of assets	-	(175)	175	**-**
Public dividend capital received	2,397	-	-	**2,397**
Taxpayers' and others' equity at 31 March 2021	**92,690**	**15,121**	**25,312**	**133,123**

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

		2021-22	2020-21
	Note	£000	£000
Cash flows from operating activities			
Operating (deficit) / surplus		10,108	(102)
Non-cash income and expense:			
Depreciation and amortisation	5	11,527	11,640
Net impairments	6	(411)	241
(Increase) / decrease in receivables and other assets		3,139	(791)
(Increase) / decrease in inventories		(310)	(352)
Increase / (decrease) in payables and other liabilities		6,686	11,465
Increase / (decrease) in provisions		(5,190)	5,663
Net cash generated from / (used in) operating activities		**25,549**	**27,764**
Cash flows from investing activities			
Interest received		40	12
Purchase of intangible assets		(1,581)	(875)
Purchase of PPE and investment property		(11,006)	(10,159)
Sales of PPE and investment property		477	1,024
Net cash generated from / (used in) investing activities		**(12,070)**	**(9,998)**
Cash flows from financing activities			
Public dividend capital received		495	2,397
Movement on loans from DHSC		(334)	(334)
Interest on loans		(70)	(76)
PDC dividend (paid) / refunded		(1,823)	(1,774)
Net cash generated from / (used in) financing activities		**(1,732)**	**213**
Increase / (decrease) in cash and cash equivalents		**11,747**	**17,979**
Cash and cash equivalents at 1 April - brought forward		**64,180**	**46,201**
Cash and cash equivalents at 31 March	19	**75,927**	**64,180**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 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 2021-22 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 circumstances of the Trust for the purpose of giving a true and fair view has been selected. The policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

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.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis, in accordance with the definition as set out in section 4 of the DHSC Group Accounting Manual (GAM) which outlines the interpretation of IAS1 'Presentation of Financial Statements' as "the anticipated continuation of the provision of a service in the future, as evidenced by the inclusion of financial provision for that service in published documents". In line with that guidance, the Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. No circumstances were identified causing the Directors to doubt the continued provision of NHS services.

This year the Trust's operating surplus was £10.1m, reflecting income of £359.1m and expenditure of £349m. After finance costs, other income, and a dividend payment of £2m the total surplus was £8.5m for the year.

During 2021-22 funding continued to be provided through the simplified block payments system, introduced during 2020-21 in response to the COVID-19 pandemic. This supported the Trust's working capital and cash flow during the year including the ongoing and additional costs resulting from the operational pressures experienced in that year.

These arrangements remain in place for 2022-23. The Trust remains part of the West Yorkshire Integrated Care System (ICS) for planning purposes and continues to work with the ICS and our system partners in delivering a balanced West Yorkshire system plan for 2022-23.

The Trust continues to enjoy a healthy cash position with low borrowings and has sufficient liquidity to continue to operate throughout 2022-23.

Our going concern assessment is made up to 31st March 2023. NHS operating and financial guidance as is customary is not produced beyond the next financial year. The Trust has assumed, in the absence of anything to the contrary, that the Department of Health arrangements for 2023-24 and beyond will continue to support Yorkshire Ambulance Service in delivering high quality healthcare services for the foreseeable future.

These factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts. On that basis the Trust extends its "going concern" assessment to 30th June 2023.

Note 1.3 Consolidation

NHS Charitable Fund

The Trust is the Corporate Trustee to Yorkshire Ambulance Service NHS Charities Fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns

and other benefits for itself, patients and staff from its involvement with the charitable fund and could affect those returns and other benefits through its power over the fund.

The balances of Charity Funds, and transactions between the Charity and the Trust during the year were not material. The Charity accounts have not been consolidated in these accounts.

Note 1.4 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).

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.

Most of the 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. Given 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. In 2021-22 and 2020-21 most of the trust's income from NHS commissioners was in the form of block contract arrangements.

The Trust receives block funding from its commissioners, where funding envelopes are set at Integrated Care System level. For the first half of the 2020-21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred in 2020-21 and 2021-22, and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

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 performance obligations are satisfied. In practical terms this means that treatment has been given, 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.

Note 1.5 Other forms of income

Apprenticeship service income

The value of the benefit received when accessing funds from 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 from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 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 two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care 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: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as 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).

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.

Note 1.7 Property, plant and equipment

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, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

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.

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.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back-office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into 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.

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 have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

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 expenditure.

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.'

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.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

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 and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. 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.

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.

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 is 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.

Note 1.8 Intangible assets

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.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

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.

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. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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.

Useful lives 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 is shown in the table below:

	Min life	Max life
	Years	Years
Intangible assets - purchased		
Software licences	2	7

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method

In 2020-21 and 2021-22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities

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.

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).

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.

De-recognition

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.

Note 1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust 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 in other liabilities on the statement of financial position 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.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.13 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 HM Treasury's discount rates effective from 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
Very long-term	Exceeding 40 years	0.66%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2022:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

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 23.1 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 claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets but are disclosed in note 24 where an inflow of economic benefits is probable.

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.

Note 1.15 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.

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, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and- foundation-trusts.

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 calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 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.

Note 1.17 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.18 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.

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.

Note 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021-22.

Note 1.20 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term.

For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition.

For leases commencing in 2022-23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Note 1.21 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.

Note 1.22 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:

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.

Non-Current Assets

Values are as disclosed in notes 14, tangible assets, and 13 intangible assets.

Asset lives, with the exception of land, are set out in note 1.7 with maximum lives being set by reference to the type of asset and its expected useful life in normal use. Land and building lives are based on the recommendations received from the District Valuer.

A revaluation of the Trust's land and buildings has been conducted by the District Valuer (note 6). These values and assets lives reflect both local and national property indices and will reflect any changes relating to Covid 19 during the year.

Provisions for injury benefits and early retirements (note 23)

The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the year, considering 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 minus 1.3% in real terms (2020-21 - minus 0.95%). 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.

Other Provisions (note 23)

Provisions including 'Flowers' holiday pay, staff claims, and employment tribunals have been estimated based on the best information available at the time of the compilation of the accounts.

Estimates of employer and public liability legal claims are made on 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 the reinstatement costs for our leased\tenancy properties and leased fleet vehicles.

Allowance for credit losses (note 17.1)

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.

Note 2 Operating Segments

The Trust has judged that it only operates as one business segment; that of healthcare. The majority of Trust income was received from NHS organisations.

The Trust Board is the chief operating decision maker for the Trust.

Income by group	**2021-22**	2020-21
	£000	£000
DHSC group	342,216	315,885
Other	16,978	18,240
Total income	359,194	334,125
Percent from DHSC group	**95.3%**	**94.5%**

Note 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

Note 3.1 Income from patient care activities (by nature)

	2021-22	2020-21
	£000	£000
Ambulance services		
A&E income	247,663	226,827
Patient Transport Services income	41,086	37,610
Other income	49,010	44,863
Additional pension contribution central funding*	10,379	9,633
Total income from activities	**348,138**	**318,933**

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019-20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2021-22	2020-21
	£000	£000
Income from patient care activities received from:		
NHS England	12,552	16,916
Clinical Commissioning Groups	333,772	300,442
Other NHS providers	1,265	968
Local authorities	2	5
Non-NHS: private patients	55	15
Injury cost recovery scheme	492	587
Non NHS: other	-	-
Total income from activities	**348,138**	**318,933**
Of which:		
Related to continuing operations	348,138	318,933

Note 4 Other operating income

	2021-22			2020-21		
	Contract income	**Non-contract income**	**Total**	Contract income	Non-contract income	Total
	£000	**£000**	**£000**	£000	£000	£000
Research and development	520	-	**520**	418	-	**418**
Education and training	3,986	460	**4,446**	2,824	162	**2,986**
Reimbursement and top up funding	242		**242**	3,222		**3,222**
Income in respect of employee benefits accounted on a gross basis	1,418		**1,418**	1,121		**1,121**
Other contributions to expenditure*		905	**905**		5,060	**5,060**
Other income**	3,525	-	**3,525**	2,385	-	**2,385**
Total other operating income	**9,691**	**1,365**	**11,056**	**9,970**	**5,222**	**15,192**
Of which						
Related to continuing operations			11,056			15,192

* Other contributions relate to centrally procured personal protective equipment provided by the Department of Health and Social Care. See also note 16.

** Other income includes £596k VAT refund, £670k from sale of medical equipment, £612k IT income and £888k from private events.

Note 5 Operating expenses

	2021-22	2020-21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	186	187
Purchase of healthcare from non-NHS and non-DHSC bodies	15,564	12,454
Staff and executive directors' costs	258,195	241,597
Remuneration of non-executive directors	146	114
Supplies and services - clinical (excluding drugs costs)	7,781	12,420
Supplies and services - general	2,391	2,207
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	262	233
Inventories written down	-	53
Consultancy costs	987	686
Establishment	7,508	6,384
Premises	10,869	11,809
Transport (including patient travel)	21,322	18,090
Depreciation on property, plant and equipment	10,790	11,058
Amortisation on intangible assets	737	582
Net impairments	(411)	241
Movement in credit loss allowance: contract receivables / contract assets	(1)	(26)
Increase in other provisions	365	5,840
Change in provisions discount rate(s)	177	681

	2021-22	2020-21
	£000	£000
Audit fees payable to the external auditor		
audit services - statutory audit	115	144
other auditor remuneration (external auditor only)	22	-
Internal audit costs	109	135
Clinical negligence	2,351	1,800
Legal fees	167	354
Insurance	-	46
Research and development	224	188
Education and training	2,628	2,250
Rentals under operating leases	5,786	3,677
Hospitality	-	8
Losses, ex-gratia and special payments	314	4
Grossing up consortium arrangements	-	-
Other services, eg external payroll	201	-
Other	301	1,011
Total	**349,086**	**334,227**
Of which:		
Related to continuing operations	349,086	334,227
Related to discontinued operations	-	-

Note 5.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2020-21: £2 million).

Note 6 Impairment of assets

	2021-22	2020-21
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(411)	241
Total net impairments / (reversals) charged to operating surplus / deficit	**(411)**	**241**
Impairments charged to the revaluation reserve	-	759
Total net impairments / (reversal of impairments)	**(411)**	**1,000**

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 2022 with a prospective valuation date of 31 March 2022.

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 £411k impairment reversal (gain) as a result of these valuation due to changes in market price.

Note 7 Employee Benefits

	2021-22	2020-21
	£000	£000
Salaries and wages	199,593	187,396
Social security costs	19,814	17,335
Apprenticeship levy	993	894
Employer's contributions to NHS pensions	34,155	31,808
Pension cost - other	87	-
Termination benefits	382	33
Temporary staff (including agency)	3,645	4,490
Total gross staff costs	**258,669**	**241,956**
Recoveries in respect of seconded staff	-	-
Total staff costs	**258,669**	**241,956**
Of which		
Costs capitalised as part of assets	474	359

Note 7.1 Retirements due to ill-health

During 2021-22 there were 17 early retirements from the trust agreed on the grounds of ill-health (11 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £1,145k (£331k in 2020-21).

These estimated costs are calculated on an actuarial basis and will be borne by the NHS Pension Scheme.

Note 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. 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 and Social Care 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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

c) NEST Scheme

In 2021-22 employee contributions to NEST started at 5% of pensionable pay. HMRC provide basic tax relief for 1% of this. Employer contributions were 3% 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.

Note 9 Operating leases

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 buildings.

The vehicle commitments are based on 559 vehicles, of which 133 are due to expire within 1 year and 426 are due to expire between 1 and 5 years.

The commitment on land consists of 3 leases are due to expire between 1 and 7 years

The commitment on buildings consists of 49 leases, of which 6 are due to expire after 5 years, 17 will expire between 1 and 5 years, and 26 will expire within 1 year.

	2021-22	2020-21
	£000	£000
Operating lease expense		
Minimum lease payments	5,786	3,677
Total	**5,786**	**3,677**

	31 March 2022	31 March 2021
	£000	£000
Future minimum lease payments due:		
- not later than one year;	634	2,004
- later than one year and not later than five years;	9,446	5,623
- later than five years.	1,557	148
Total	**11,637**	**7,775**

Note 10 Finance Income

Finance income represents interest received on assets and investments in the period.

	2021-22	2020-21
	£000	£000
Interest on bank accounts	-	12
Other finance income	40	
Total	**40**	**12**

Note 11 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2021-22	2020-21
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	70	76
Total interest expense	**70**	**76**
Unwinding of discount on provisions*	(118)	(30)
Total finance costs	**(48)**	**46**

** The current negative discount rates on staff retirement provisions reduces the finance costs through the unwinding of discount*

Note 11.1 The late payment of commercial debts (interest) Act 1998/Public Contract Regulations 2015

No payments were made in respect of this legislation during 2021-22.

Note 12 Other gains

	2021-22	2020-21
	£000	£000
Gains on disposal of assets	423	724
Total gains on disposal of assets	**423**	**724**

Note 13 Intangible assets - 2021-22

	Software licences	Intangible assets under construction	**Total**
	£000	£000	**£000**
Valuation/gross cost at 1 April 2021 - brought forward	**5,511**	**10**	**5,521**
Additions	1,893	47	**1,940**
Reclassifications to property plant and equipment	-	(10)	**(10)**
Valuation/gross cost at 31 March 2022	**7,404**	**47**	**7,451**
Amortisation at 1 April 2021 - brought forward	**3,191**	**-**	**3,191**
Provided during the year	737	-	737
Amortisation at 31 March 2022	**3,928**	**-**	**3,928**
Net book value at 31 March 2022	**3,476**	**47**	**3,523**
Net book value at 1 April 2021	**2,320**	**10**	**2,330**

Note 13.1 Intangible assets - 2020-21

	Software licences	Intangible assets under construction	**Total**
	£000	£000	**£000**
Valuation/gross cost at 1 April 2020	**3,942**	**653**	**4,595**
Additions	926	-	**926**
Reclassifications	643	(643)	**-**
Valuation/gross cost at 31 March 2021	**5,511**	**10**	**5,521**
Amortisation at 1 April 2020	**2,609**	**-**	**2,609**
Provided during the year	582	-	582
Amortisation at 31 March 2021	**3,191**	**-**	**3,191**
Net book value at 31 March 2021	**2,320**	**10**	**2,330**
Net book value at 1 April 2020	**1,333**	**653**	**1,986**

Note 14 Property, plant and equipment - 2021-22

	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**
Valuation/gross cost at 1 April 2021 - brought forward	**19,109**	**44,072**	**11,097**	**13,785**	**53,109**	**15,193**	**285**	**156,650**
Additions	-	1,560	5,797	27	237	2,347	-	**9,968**
Impairments	-	(43)	-	-	-	-	-	**(43)**
Reversals of impairments	64	68	-	-	-	-	-	**132**
Revaluations	1,137	132	-	-	-	-	-	**1,269**
Reclassifications	-	1,768	(11,139)	2,483	5,523	1,375	-	**10**
Transfers to / from assets held for sale	(235)	-	-	-	-	-	-	**(235)**
Disposals/derecognition	-	-	-	(57)	(5,899)	-	-	**(5,956)**
Valuation/gross cost at 31 March 2022	**20,075**	**47,557**	**5,755**	**16,238**	**52,970**	**18,915**	**285**	**161,795**
Accumulated depreciation at 1 April 2021 - brought forward	**-**	**-**	**-**	**5,667**	**35,357**	**10,404**	**166**	**51,594**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	1,531	-	1,879	5,563	1,788	29	**10,790**
Impairments	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	(322)	-	-	-	-	-	**(322)**
Revaluations	-	(1,209)	-	-	-	-	-	**(1,209)**
Disposals/derecognition	-	-	-	(48)	(5,854)	-	-	**(5,902)**
Accumulated depreciation at 31 March 2022	**-**	**-**	**-**	**7,498**	**35,066**	**12,192**	**195**	**54,951**
Net book value at 31 March 2022	**20,075**	**47,557**	**5,755**	**8,740**	**17,904**	**6,723**	**90**	**106,844**
Net book value at 1 April 2021	**19,109**	**44,072**	**11,097**	**8,118**	**17,752**	**4,789**	**119**	**105,056**

Note 14.1 Property, plant and equipment - 2020-21

	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**
Valuation/gross cost at 1 April 2020	**19,012**	**45,004**	**6,631**	**11,237**	**53,689**	**12,174**	**285**	**148,032**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	-	451	10,018	232	-	1,849	-	**12,550**
Impairments	(45)	(1,335)	-	-	-	-	-	**(1,380)**
Reversals of impairments	142	238	-	-	-	-	-	**380**
Revaluations	140	(1,454)	-	-	-	-	-	**(1,314)**
Reclassifications	-	1,168	(5,552)	2,834	289	1,261	-	**-**
Transfers to / from assets held for sale	(140)	-	-	-	-	-	-	**(140)**
Disposals/derecognition	-	-	-	(518)	(869)	(91)	-	**(1,478)**
Valuation/gross cost at 31 March 2021	**19,109**	**44,072**	**11,097**	**13,785**	**53,109**	**15,193**	**285**	**156,650**
Accumulated depreciation at 1 April 2020	**-**	**-**	**-**	**4,306**	**30,252**	**8,774**	**136**	**43,468**
Provided during the year	-	1,454	-	1,879	5,974	1,721	30	**11,058**
Impairments	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	(1,454)	-	-	-	-	-	**(1,454)**
Disposals/derecognition	-	-	-	(518)	(869)	(91)	-	**(1,478)**
Accumulated depreciation at 31 March 2021	**-**	**-**	**-**	**5,667**	**35,357**	**10,404**	**166**	**51,594**
Net book value at 31 March 2021	**19,109**	**44,072**	**11,097**	**8,118**	**17,752**	**4,789**	**119**	**105,056**
Net book value at 1 April 2020	**19,012**	**45,004**	**6,631**	**6,931**	**23,437**	**3,400**	**149**	**104,564**

Note 14.2 Property, plant and equipment financing - 2021-22

	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**
Net book value at 31 March 2022								
Owned - purchased	20,075	47,557	5,755	8,740	17,904	6,723	90	**106,844**
NBV total at 31 March 2022	**20,075**	**47,557**	**5,755**	**8,740**	**17,904**	**6,723**	**90**	**106,844**

Note 14.3 Property, plant and equipment financing - 2020-21

	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**
Net book value at 31 March 2021								
Owned - purchased	19,109	44,072	11,097	8,118	17,752	4,789	119	**105,056**
NBV total at 31 March 2021	**19,109**	**44,072**	**11,097**	**8,118**	**17,752**	**4,789**	**119**	**105,056**

Note 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'. Details are provided in note 6.

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 2022 with a prospective valuation date of 31 March 2022.

Note 16 Inventories

	31 March 2022	31 March 2021
	£000	£000
Drugs	142	125
Consumables	1,796	1,349
Other	307	461
Total inventories of which:	**2,245**	**1,935**
Held at fair value less costs to sell	2,245	1,935

Inventories recognised in expenses for the year were £8,611k (2020-21: £12,319k). Write-down of inventories recognised as expenses for the year were £0k (2020-21: £53k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021-22 the Trust received £905k of items purchased by DHSC (2020-21: £5,060k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 17 Receivables

	31 March 2022	31 March 2021
	£000	£000
Current		
Contract receivables	5,147	8,371
Allowance for impaired contract receivables/assets	(573)	(598)
Prepayments (non-PFI)	5,753	5,894
PDC dividend receivable	-	236
VAT receivable	684	579
Other receivables	298	197
Total current receivables	**11,309**	**14,679**
Non-current		
Contract receivables	320	325
Non-current receivables	**320**	**325**
Of which receivables from NHS and DHSC group bodies:		
Current	2,487	6,099

Note 17.1 Allowances for credit losses

	2021-22	2020-21
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	598	624
Changes in existing allowances	(1)	-
Reversals of allowances	-	(26)
Utilisation of allowances (write offs)	(24)	-
Allowances as at 31 March 2022	**573**	**598**

Note 17.2 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.

Note 18 Non-current assets held for sale and assets in disposal groups

	2021-22	2020-21
	£000	£000
NBV of non-current assets for sale at 1 April	**-**	**160**
Assets classified as available for sale in the year*	235	140
Assets sold in year	-	(300)
NBV of non-current assets for sale and assets in disposal groups at 31 March	**235**	**-**

** The asset held for sale is Bentley Ambulance Station*

Note 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.

	2020-21	2020-21
	£000	£000
At 1 April	**64,180**	**46,201**
Net change in year	11,747	17,979
At 31 March	**75,927**	**64,180**
Broken down into:		
Cash at commercial banks and in-hand	1	6
Cash with the Government Banking Service	75,926	64,174
Total cash and cash equivalents as in SoFP	**75,927**	**64,180**
Total cash and cash equivalents as in SoCF	**75,927**	**64,180**

Note 19.1 Third party assets held by the Trust

Yorkshire Ambulance Service NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

Note 20 Trade and other payables

	31 March 2022	31 March 2021
	£000	£000
Current		
Trade payables	5,815	3,907
Capital payables	3,301	3,980
Accruals	19,666	16,116
PDC dividend payable	33	-
Other payables	3,337	3,023
Total current trade and other payables	**32,152**	**27,026**
Non-current		
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	1,512	394

Note 20.1 Early retirements in NHS payables above

The payables note above does not include any amounts in relation to early retirements. Such retirements are provided for as part of the NHS pension scheme.

Note 21 Other liabilities

	31 March 2022	31 March 2021
	£000	£000
Current		
Deferred income: contract liabilities	991	30
Deferred grants	-	47
Total other current liabilities	991	77
Total other non-current liabilities	-	-

Deferred income relates to initiatives and training commitments that have been delayed due to the ongoing operational pressures experienced throughout 2021-22. It is anticipated these costs will be incurred in 2022-23.

Note 22 Borrowings

	31 March 2022	31 March 2021
	£000	£000
Current		
Loans from DHSC	337	337
Total current borrowings	**337**	**337**
Non-current		
Loans from DHSC	3,165	3,499
Total non-current borrowings	**3,165**	**3,499**

Note 22.1 Reconciliation of liabilities arising from financing activities - 2021-22

	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2021	**3,836**	**3,836**
Cash movements:		
Financing cash flows - payments and receipts of principal	(334)	(334)
Financing cash flows - payments of interest	(70)	(70)
Non-cash movements:		
Application of effective interest rate	70	70
Carrying value at 31 March 2022	**3,502**	**3,502**

Note 22.2 Reconciliation of liabilities arising from financing activities - 2020-21

	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2020	**4,170**	**4,170**
Cash movements:		
Financing cash flows - payments and receipts of principal	(334)	(334)
Financing cash flows - payments of interest	(76)	(76)
Non-cash movements:		
Application of effective interest rate	76	76
Carrying value at 31 March 2021	**3,836**	**3,836**

Note 23 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Holiday Pay ("Flowers")	Staff Related	Salary Sacrifice VAT refund	Lease Dilapidations	Other	**Total**
	£000	£000	£000	£000	£000	£000	£000	£000	**£000**
At 1 April 2021	**657**	**7,179**	**317**	**8,519**	**5,326**	**-**	**2,160**	**285**	**24,443**
Change in the discount rate	7	211	-	-	-	-	(41)	-	**177**
Arising during the year	10	75	182	-	3,204	805	458	-	**4,734**
Utilised during the year	(84)	(416)	(202)	(4,224)	(828)	-	(45)	(142)	**(5,941)**
Reversed unused	-	-	(86)	(3,582)	-	-	(349)	(143)	**(4,160)**
Unwinding of discount	(6)	(67)	-	-	-	-	(45)	-	**(118)**
At 31 March 2022	**584**	**6,982**	**211**	**713**	**7,702**	**805**	**2,138**	**-**	**19,135**
Expected timing of cash flows:									
- not later than one year;	76	349	211	713	7,702	805	627	-	**10,483**
- later than one year and not later than five years;	337	1,721	-	-	-	-	1,077	-	**3,135**
- later than five years.	171	4,912	-	-	-	-	434	-	**5,517**
Total	**584**	**6,982**	**211**	**713**	**7,702**	**805**	**2,138**	**-**	**19,135**

Staff related provisions include staff claims and employment tribunals. These have been estimated based on the best information available at the time of the compilation of the accounts. We have provided the reinstatement costs for our leased\tenancy properties and leased fleet vehicles.

See note 1.22

Note 23.1 Clinical negligence liabilities

At 31 March 2022, £31,103k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Yorkshire Ambulance Service NHS Trust (31 March 2021:£20,320k). See note 1.22

Note 24 Contingent assets and liabilities

The Trust has a contingent liability in respect of employee related litigation. The value of this is assessed to be £253k. The Trust has no contingent assets.

Note 25 Contractual capital commitments

	31 March 2022	31 March 2021
	£000	£000
Property, plant and equipment	5,363	393
Intangible assets	-	9
Total	**5,363**	**402**

Other than the commitments noted above the Trust is not committed to making other payments under non-cancellable contracts which are not leases.

Note 26 Other financial commitments

Other than the commitments noted above the Trust is not committed to making other payments under non-cancellable contracts which are not leases..

Note 27 Financial instruments

Note 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 2022 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under block contract arrangements with Clinical Commissioning Groups which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.

Note 27.2 Carrying values of financial assets

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2022		
Trade and other receivables excluding non financial assets	4,574	**4,574**
Cash and cash equivalents	75,927	**75,927**
Total at 31 March 2022	**80,501**	**80,501**

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2021		
Trade and other receivables excluding non financial assets	7,946	**7,946**
Cash and cash equivalents	64,180	**64,180**
Total at 31 March 2021	**72,126**	**72,126**

Note 27.3 Carrying values of financial liabilities

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2022		
Loans from the Department of Health and Social Care	3,502	**3,502**
Trade and other payables excluding non financial liabilities	32,119	**32,119**
Provisions under contract	10,552	**10,552**
Total at 31 March 2022	**46,173**	**46,173**

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2021		
Loans from the Department of Health and Social Care	3,836	**3,836**
Trade and other payables excluding non financial liabilities	24,003	**24,003**
Provisions under contract	16,246	**16,246**
Total at 31 March 2021	**44,085**	**44,085**

Note 27.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows.
This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2022	31 March 2021 restated*
	£000	£000
In one year or less	40,693	38,715
In more than one year but not more than five years	2,567	3,523
In more than five years	2,819	2,308
Total	**46,079**	**44,546**

** This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.*

Note 27.5 Fair values of financial assets and liabilities

Book value (carrying value) is considered to be a reasonable approximation of fair value.

Note 28 Losses and special payments

	2021-22		2020-21	
	Total number of cases	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000**	Number	£000
Losses				
Cash losses	26	7	-	-
Fruitless payments and constructive losses	3	8	-	-
Bad debts and claims abandoned	39	218	3	1
Total losses	**68**	**233**	**3**	**1**
Special payments				
Compensation under court order or legally binding arbitration award	4	71	3	103
Ex-gratia payments	55	211	32	4,521
Total special payments	**59**	**282**	**35**	**4,624**
Total losses and special payments	**127**	**515**	**38**	**4,625**
Compensation payments received	-	-	-	-

Ex-gratia payment for 2020-21 includes the costs relating to the National Holiday Pay agreement. There were no individual losses or special payments amounting to more than £300,000

Note 29 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 Wakefield CCG
NHS Leeds CCG
NHS Bradford District and Craven CCG
NHS North Yorkshire CCG
NHS Sheffield CCG
NHS Kirklees CCG
NHS East Riding of Yorkshire CCG
NHS Vale of York CCG
NHS Hull CCG
NHS Doncaster CCG
NHS Calderdale CCG
NHS Barnsley CCG
NHS Rotherham CCG
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. 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 medical 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.

Note 30 Prior period adjustments

There are no prior period adjustments.

Note 31 Events after the reporting date

There have been no adjusting or non-adjusting events after the reporting date.

Note 32 Better Payment Practice Code

	2021-22		2020-21	
	Number	**£000**	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	28,619	91,718	23,785	129,459
Total non-NHS trade invoices paid within target	25,860	81,489	19,914	119,325
Percentage of non-NHS trade invoices paid within target	90.4%	88.8%	83.7%	92.2%
NHS Payables				
Total NHS trade invoices paid in the year	490	5,684	356	1,539
Total NHS trade invoices paid within target	383	5,019	233	1,041
Percentage of NHS trade invoices paid within target	78.2%	88.3%	65.4%	67.6%

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.

Note 33 External financing

The Trust is given an external financing limit against which it is permitted to underspend:

	2021-22	2020-21
	£000	£000
Cash flow financing	(11,586)	(15,916)
External financing requirement	**(11,586)**	**(15,916)**
External financing limit (EFL)	(11,586)	(15,838)
Under spend against EFL	**-**	**78**

Note 34 Capital Resource Limit

	2021-22	2020-21
	£000	£000
Gross capital expenditure	11,908	13,476
Less: Disposals	(54)	(300)
Charge against Capital Resource Limit	**11,854**	**13,176**
Capital Resource Limit	11,854	13,254
Under spend against CRL	**-**	**78**

Note 35 Breakeven duty financial performance

	2021-22
	£000
Adjusted financial performance	8,203
Breakeven duty financial performance	**8,203**

Note 35.2 Breakeven duty rolling assessment

	1997-98 to 2008-09 Total	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
		£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		518	237	428	2,223	2,633	2,991
Breakeven duty cumulative position	3,501	4,019	4,256	4,684	6,907	9,540	12,531
Operating income		197,910	195,228	200,333	209,772	233,384	241,328
Cumulative breakeven position as a percentage of operating income		2.0%	2.2%	2.3%	3.3%	4.1%	5.2%

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	**2021-22**
	£000	£000	£000	£000	£000	£000	**£000**
Breakeven duty in-year financial performance	6,103	2,719	10,154	9,250	5,524	(960)	**8,203**
Breakeven duty cumulative position	18,634	21,353	31,507	40,757	46,281	45,321	**53,524**
Operating income	248,965	255,424	269,451	281,698	288,172	334,125	**359,194**
Cumulative breakeven position as a percentage of operating income	7.5%	8.4%	11.7%	14.5%	16.1%	13.6%	**14.9%**

GLOSSARY OF TERMS

Term/Abbreviation	*Definition/Explanation*
Accident and Emergency 999 (A&E) Service	A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
Advanced Medical Priority Dispatch System (AMPDS)	An international system that prioritises 999 calls using information about the patient as supplied by the caller.
Ambulance Quality Indicators (AQIs)	AQIs were introduced in April 2011 for all ambulance services in England and look at the quality of care provided as well as the speed of response to patients. The AQIs are ambulance specific and are concerned with patient safety and outcomes.
Ambulance Response Programme (ARP)	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.
Ambulance Service Cardiovascular Quality Initiative	The initiative aims to improve the delivery of pre-hospital (ambulance service) care for cardiovascular disease to improve services for people with heart attack and stroke.
Annual Assurance Statement	The means by which the Accountable Officer declares their approach to, and responsibility for, risk management, internal control and corporate governance. It is also the vehicle for highlighting weaknesses which exist in the internal control system within the organisation. It forms part of the Annual Report and Accounts.
Automated External Defibrillator (AED)	A portable device that delivers an electric shock through the chest to the heart. The shock can then stop an irregular rhythm and allow a normal rhythm to resume in a heart in sudden cardiac arrest.
Bare Below the Elbows	An NHS dress code to help with infection, prevention and control.
Basic Life Support (BLS)	When a patient has a cardiac arrest and their heart stops beating they can be provided with basic life support to help their chance of survival. Essentially chest compressions are provided to pump blood from the heart and around the body, ensuring the tissues and the brain maintain an oxygen supply.
Better Payment Practice Code (BPPC)	The BPPC was established to promote a better payment culture within the UK and urges all organisations to adopt a responsible attitude to paying on time. The target is to pay all invoices within 30 days of receipt.
Board Assurance Framework (BAF)	Provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their strategic objectives.

GLOSSARY OF TERMS

Term/Abbreviation	*Definition/Explanation*
British Association for Immediate Care (BASICS)	A network of doctors who provide support to ambulance crews at serious road traffic collisions and other trauma incidents across the region.
Bronze Commander Training	A course designed to develop and equip ambulance services, health colleagues and Voluntary Aid Society Incident Managers at operational/bronze level to effectively manage major/catastrophic incidents.
Caldicott Guardian	A senior member of staff appointed to protect patient information.
Cardio-pulmonary Resuscitation (CPR)	A procedure used to help resuscitate a patient when their heart stops beating and breathing stops.
Care Bundle	A care bundle is a group of interventions (practices) related to a disease process that, when carried out together, result in better outcomes than when implemented individually.
Care Quality Commission (CQC)	An independent regulator responsible for monitoring and performance measuring all health and social care services in England.
Chair	The Chair provides leadership to the Board of Directors and chairs all Board meetings. The Chair ensures key and appropriate issues are discussed by the executive and non-executive directors.
Chief Executive	The highest-ranking officer in the Trust, who is the Accountable Officer responsible to the Department of Health for the activities of the organisation.
Chronic Obstructive Pulmonary Disease (COPD)	COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease.
Clinical Commissioning Group (CCG)	Groups of clinicians who commission healthcare services for their communities. They replaced primary care trusts (PCTs).
Clinical Hub	A team of clinical advisors based within the Emergency Operations Centre providing support for patients with non-life-threatening conditions.
Clinical Pathways	The standardisation of care practices to reduce variability and improve outcomes for patients.
Clinical Performance Indicators (CPIs)	CPIs were developed by ambulance clinicians and are used nationally to measure the quality of important areas of clinical care. They are designed to support the clinical care we provide to patients by auditing what we do.

GLOSSARY OF TERMS

Term/Abbreviation	*Definition/Explanation*
Clinical Quality Strategy	A framework for the management of quality within YAS.
Commissioners	Ensure that services they fund can meet the needs of patients.
Community First Responders (CFRs)	Volunteers in their local communities, who respond from their home addresses or places of work to patients suffering life-threatening emergencies.
Comprehensive Local Research Networks (CLRNs)	Coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community.
Computer Aided Dispatch (CAD)	A method of dispatching ambulance resources.
Commissioning for Quality and Innovation (CQUIN)	The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.
Dashboards	Summary of progress against Key Performance Indicators for review by managers or committees.
Dataset	A collection of data, usually presented in tabular form.
Department of Health (DH)	The government department which provides strategic leadership for public health, the NHS and social care in England.
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)	For a small number of people who are approaching the last days of life, cardiopulmonary resuscitation (CPR) would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes.
Electrocardiograms (ECG)	An interpretation of the electrical activity of the heart.This is done by attaching electrodes onto the patient which record the activity of the different sections of the heart.
Electronic Patient Record (ePR)	A comprehensive electronic record of the care provided to patients.
Emergency Care Assistant (ECA)	Emergency Care Assistants work with clinicians responding to emergency calls. They work alongside a more qualified member of the ambulance team, giving support and help to enable them to provide patients with potentially life-saving care at the scene and transporting patients to hospital.
Emergency Care Practitioner (ECP)	Emergency Care Practitioners are paramedics who have received additional training in physical assessment, minor illnesses, minor injuries, working with the elderly, paediatric assessment, mental health and pharmacology.

GLOSSARY OF TERMS

Term/Abbreviation	*Definition/Explanation*
Emergency Department (ED)	A hospital department responsible for assessing and treating patients with serious injuries or illnesses.
Emergency Medical Technician (EMT)	Works on an emergency ambulance to provide the care, treatment and safe transport of patients.
Emergency Operations Centre (EOC)	The department which handles all our emergency and routine calls and deploys the most appropriate response. The two EOCs are based in Wakefield and York.
Equality and Diversity	Equality legislation protects people from being discriminated against on the grounds of their sex, race, disability, etc. Diversity is about respecting individual differences such as race, culture, political views, religious views, gender, age, etc.
Face, Arm, Speech Test (FAST)	A brief test used to help determine whether or not someone has suffered a stroke.
Foundation Trust (FT)	NHS organisations which operate more independently under a different governance and financial framework.
General Practitioner (GP)	A doctor who is based in the community and manages all aspects of family health.
Governance	The systems and processes, by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community.
Hazardous Area Response Team (HART)	A group of staff who are trained to deliver ambulance services under specific circumstances, such as at height or underground.
Health Overview and Scrutiny Committees (HOSCs)	Local authority-run committees which scrutinise matters relating to local health services and contribute to the development of policy to improve health and reduce health inequalities.
Healthwatch	Healthwatch England is the independent consumer champion for health and social care in England. There are also local Healthwatch organisations where networks of individuals and community groups, such as faith groups and residents' associations, work together to improve health and social care services.
Human Resources (HR)	A function with responsibility for implementing strategies and policies relating to the management of individuals.
Immediate Life Support (ILS)	ILS training is for healthcare personnel to learn cardiopulmonary resuscitation (CPR), simple airway management and safe defibrillation (manual and/or AED), enabling them to manage patients in cardiac arrest until arrival of a cardiac arrest team.

GLOSSARY OF TERMS

Term/Abbreviation	*Definition/Explanation*
Information Asset Owner (IAO)	An IAO is an individual within an organisation that has been given formal responsibility for the security of an information asset (or assets) in their particular work area.
Information, Communication and Technology (ICT)	The directorate responsible for the development and maintenance of all ICT systems and processes across Yorkshire Ambulance Service.
Information Governance (IG)	Allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.
Information Management and Technology (IM&T)	This department consists of the IT Service Desk, Voice Communications Team, IT Projects Team and Infrastructure, Systems and Development Team which deliver all the Trust's IT systems and IT projects.
Integrated Business Plan (IBP)	Sets out an organisation's vision and its plans to achieve that vision in the future.
Integrated Care System (ICS)	In 2016, NHS organisations and local councils came together to form Sustainability and Transformation Partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients. These partnerships have evolved to form Integrated Care Systems (ICSs), which are the new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.
Key Performance Indicator (KPI)	A measure of performance.
Major Trauma	Major trauma is serious injury and generally includes such injuries as: • traumatic injury requiring amputation of a limb • severe knife and gunshot wounds • major head injury • multiple injuries to different parts of the body e.g., chest and abdominal injury with a fractured pelvis • spinal injury • severe burns.
Major Trauma Centre	A network of centres throughout the UK, specialising in treating patients who suffer from major trauma.
Mental Capacity Act (MCA)	Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.

GLOSSARY OF TERMS

Term/Abbreviation	*Definition/Explanation*
Myocardial Infarction (MI)	Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die.
National Early Warning Score (NEWS)	The NEWS is a simple physiological scoring system that can be calculated at the patient's bedside, using agreed parameters which are measured in unwell patients. It is a tool which alerts healthcare practitioners to abnormal physiological parameters and triggers an escalation of care and review of an unwell patient.
National Health Service (NHS)	Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is funded by taxes.
National Learning Management System (NLMS)	Provides NHS staff with access to a wide range of national and local NHS eLearning courses as well as access to an individual's full training history.
National Reporting and Learning System (NRLS)	The NRLS is managed by 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.
NHS 111	NHS 111 is an urgent care service for people to call when they need medical help fast but it's not a 999 emergency. Calls are free from landlines and mobile phones.
NHS England and NHS Improvement	NHS Improvement and NHS England have worked together as a single organisation since 1 April 2019, to help improve care for patients and provide leadership and support to the wider NHS. NHS Improvement is an executive non-departmental public body, sponsored by the Department of Health and Social Care.
Non-Executive Directors (NEDs)	Drawn from the local community served by the Trust, they oversee the delivery of ambulance services and help ensure the best use of financial resources to maximise benefits for patients. They also contribute to plans to improve and develop services which meet the area's particular needs.
Paramedic	Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with colleagues, they assess a patient's condition and provide essential treatment.
Paramedic Practitioner	Paramedic practitioners come from a paramedic background and have additional training in injury assessment and diagnostic abilities.

GLOSSARY OF TERMS

Term/Abbreviation	*Definition/Explanation*
Patient Report Form (PRF)	A comprehensive paper record of the care provided to patients.
Patient Transport Service (PTS)	A non-emergency medical transport service, for example, to and from out-patient appointments.
Personal Development Reviews (PDRs)	The PDR process provides a framework for identifying staff development and training needs and agreeing objectives.
Personal Digital Assistants (PDAs)	Small computer units which help to capture more accurate data on Patient Transport Service performance and journey times and identify areas which require improvements.
Private and Events Service	Provides medical cover to private and social events for example, football matches, race meetings, concerts and festivals. It also provides ambulance transport for private hospitals, corporations and individuals.
Quality Governance Framework	A process to ensure that YAS is able to monitor and progress quality indicators from both internal and external sources.
Quality Strategy	Framework for the management of quality within Yorkshire Ambulance Service.
Rapid Response Vehicle (RRV)	A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance capable of transporting patients.
Resilience	The ability of a system or organisation to recover from a catastrophic failure.
Return of Spontaneous Circulation (ROSC)	ROSC is resumption of sustained perfusing cardiac activity associated with significant respiratory effort after cardiac arrest.
Safeguarding	Processes and systems for the protection of vulnerable adults, children and young people.
Safeguarding Referral	Yorkshire Ambulance Service staff are given information to help them identify warning signs of abuse or neglect and to report this via our Clinical Hub, to social care. Social care will follow up each referral to ensure that the vulnerable adult or child involved is safe.
Serious Incidents (SIs)	Serious Incidents include any event which causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud or has the potential to cause significant reputation damage.
Stakeholders	All those who may use the service, be affected by or who should be involved in its operation.

GLOSSARY OF TERMS

Term/Abbreviation	*Definition/Explanation*
ST Elevation Myocardial Infarction (STEMI)	A type of heart attack.
Year to Date (YTD)	The period from the start of a financial year to the current time.
Yorkshire Air Ambulance (YAA)	An independent charity which provides an airborne response to emergencies in Yorkshire and has YAS paramedics seconded to it.
Yorkshire Ambulance Service (YAS)	The NHS provider of emergency and non-emergency ambulance services in Yorkshire and the Humber.

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