NHS
Yorkshire
Ambulance Service
NHS Trust

Annual Report and Accounts 2022-23

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Annual Report

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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 7,020* staff, who together with 1,071 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 5,876 whole-time equivalents (as at 31 March 2023).*

Our main focus

We receive 999 calls in our **emergency operations centres** (Wakefield and York).

We 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.

We provide the region's **Integrated Urgent Care** (IUC) service which includes the NHS 111 urgent medical help and advice line.

We take eligible patients to and from their hospital appointments and treatments with our non-emergency **Patient Transport Service** (PTS).

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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.

We provide clinicians to work on the two helicopters operated by the **Yorkshire Air Ambulance Charity.**

We 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.

We provide **clinical cover at major sporting events and music festivals.**

We 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.

In 2022-23 we were led by a Board of Directors which met in public quarterly and comprised the Trust chair, 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.

OUR VALUES

Chief Executive's Foreword

'I look back on the last three years with immense pride when I consider the resilient and dedicated way in which colleagues and volunteers at the Trust have conducted themselves.'

During 2022-23 it was most welcome to see some sort of normality returning to all of our lives and communities as we started to recover from the prolonged challenges of the COVID-19 pandemic.

Whilst the virus remains in circulation, albeit at much reduced levels and strength, we keep infection prevention and control (IPC) high on our list of priorities to maintain patient and colleague safety. That said, as the 2022-23 year progressed, we were able to scale back some of the IPC measures in place, including a return to multiple-patient journeys in our non-emergency Patient Transport Service (PTS) vehicles.

I look back on the last three years with immense pride when I consider the resilient and dedicated way in which colleagues and volunteers at the Trust have conducted themselves and kept the delivery of high-quality patient care at the forefront of their minds.

The health and wellbeing of staff has rightly been in the spotlight, and many initiatives have been introduced and developed in an effort to support colleagues' mental and physical health.

Operational pressures

Like all other ambulance services across the country, our frontline services have experienced increased pressure during the year, particularly our Emergency Operations Centre (EOC) and A&E Operations where higher demand, increased call volumes of category 1 incidents, hospital handover delays and fluctuating staff sickness levels all contributed to the challenges we faced.

Despite these challenges, we focused on continuous improvement, embedding the principles of Team Based Working which centres on supportive leadership, improving internal structures, processes and systems to increase efficiency whilst further developing our staff.

We have continued to work alongside ambulance sector colleagues, as well as regional partners, to identify solutions and address the shared demand and capacity challenges being faced. In addition, we have taken further steps to fully implement a career pathway for entry level frontline staff through to specialist and advanced paramedics which include enhancements to the emergency care assistant to paramedic career pathway and recruiting specialist paramedics in critical care and urgent care.

Industrial action

From December 2022 through to the end of the financial year we, along with the majority of ambulance trusts in England, were subject to industrial action by staff in a national dispute over pay. At the time of writing, this matter remains unresolved and the beginning of 2023-24 saw further strike action taking place by members of some unions.

'We have taken further steps to fully implement a career pathway for entry level frontline staff through to specialist and advanced paramedics.'

Whilst we recognise and respect individuals' legal right to participate in industrial action, our priority remains ensuring that patient and staff safety, welfare, dignity, and respect are maintained. During strike periods, the Trust put a number of contingency plans in place to allow it to respond to life-threatening and very serious cases, and meet the needs of patients requiring non-emergency transport to hospital for essential renal and oncology treatment.

International recruitment

During the year, the Trust has participated in an international recruitment drive to employ paramedics and senior clinical advisors from India, Australia and New Zealand.

Working in conjunction with Health Education England (HEE), and their International Paramedics Programme, we have been able to recruit 30 newly qualified paramedics, who have studied at a Paramedicine Board of Australia approved programme. They joined us from Australia and New Zealand in the summer of 2022 and are fully operational across Leeds and Sheffield.

A more recent recruitment trip to Brisbane, Sydney and Melbourne has resulted in 37 further job offers being made to newly qualified paramedics following a successful interview process, and they join us from June 2023.

In addition, our Integrated Urgent Care (IUC) service has been successful in recruiting nurses from Kerala in India to work as senior clinical advisors in the NHS 111 call centre in Wakefield. Job offers were accepted by 15 applicants following interview and the new starters are due to arrive in three separate groups from May 2023 to embark on six months of training.

Supporting the new NHS landscape

Integrated care systems have continued to establish themselves and grow effective partnerships between health and care providers across their geographic areas – Humber and North Yorkshire, South Yorkshire, and West Yorkshire – to deliver more joined-up health and care services.

Closer working relationships with our NHS and local authority partners, and alignment of our services to a shared set of priorities, are aimed at keeping people healthier in our communities and out of hospital.

In support of their coordinated approach, which is aimed at smarter planning to benefit the health of local populations and reduce inequalities between different groups, we have recruited three system partnership directors to provide dedicated support to each of these areas and strengthen existing relationships.

Our 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. During 2022-23 the Clinical Team has developed additional pathways which are highlighted later in the annual report.

Inspections and external recognition

In April and May 2022, the Care Quality Commission undertook a two-day announced inspection of our IUC/EOC service as part of a system-wide inspection of urgent and emergency care providers in West Yorkshire.

The inspection aimed to better understand patient experiences and identify how local services work together to ensure patients receive safe, effective and timely care and how well services respond to the challenges they face both as individual providers and as part of a system.

'Our improvement programmes in both NHS 111 and EOC were recognised, as was our focus on improving performance and supporting and recruiting staff.'

Given the unprecedented pressures we found ourselves under, the positive findings in their reports demonstrate the effort and dedication shown by our staff and how we work together as One Team and are doing all we can to deliver the best care for our patients and to support each other.

The reports highlighted that our staff treat patients with kindness, respect and compassion and that staff respected their privacy and dignity and took account of their individual needs. The inspectors recognised the exceptional pressure and associated risks that we were facing, and how we understood the operational challenges and identified actions to reduce these risks.

Our improvement programmes in both NHS 111 and EOC were recognised, as was our focus on improving performance and supporting and recruiting staff.

Our staff continually demonstrate everything good about Yorkshire, something that I'm delighted others recognise as well. In December the Trust was named 'Winner of the Ambulance Trust of the Year' (for the second year running) at the 2022 Health Business Awards. Special mention was made of our Emergency Operations Centre reaccreditation from the International Academies of Emergency Dispatch® (IAED) for 999 call handling, and our Ambulance Service Worker (ASW) apprenticeship programme.

'Over the past ten years, the region's 111 staff have answered more than 15 million calls.'

Celebrating ten years of NHS 111

In March 2023 we celebrated ten years of providing the region's NHS 111 service. Initially launched in March 2013 to respond to people's urgent healthcare needs 24/7, 365 days a year, the service took over from NHS Direct, a nationally run service that had been in place since 1998 as a nurse-led advice line. NHS 111 was intended to give the public a clear, simple choice, between an emergency situation requiring 999 and for all other urgent health needs calling 111.

Over the past ten years, the region's 111 staff have answered more than 15 million calls, and the service has gone on to introduce a national online option, with the launch of the NHS 111 Online service www.111.nhs.uk in December 2017.

NHS 111 has become a key component of the Trust's services and the wider healthcare system, creating strong partner relationships across Integrated Urgent Care in Yorkshire.

Engagement activity

In 2022-23 we restarted some of our usual community engagement activities including face-to face first aid awareness sessions. We also returned to Yorkshire's secondary schools in October 2022 to provide 30,000 students with free CPR training on Restart a Heart Day.

In addition, we were able to hold in-person events for staff during the year to recognise both their long service, and those who had gone above and beyond for their patients or colleagues as part of our STARS Awards.

'During the summer of 2022, we hosted our second 'Get Started' programme in Leeds in partnership with The Prince's Trust.'

Partnership working

Partnership working is a vital element of everything we do, and we continue to work alongside colleagues in the Northern Ambulance Alliance (Yorkshire, North West, North East and East Midlands ambulance services) and the Yorkshire Air Ambulance.

During the summer of 2022, we hosted our second *Get Started* programme in Leeds in partnership with The Prince's Trust. It aims to support younger adults to build their confidence and gain essential skills for work. Around 20 people aged between 15 and 27 took part in sessions on recruitment and interview skills, understanding different roles within the ambulance service, as well as learning vital CPR skills.

Future Ways of Working

Our Future Ways of Working programme has made progress over the past year to ensure we evolve to meet new challenges and expectations from both inside and outside of YAS, for our patients and for our people.

There are two elements to this work to help us to deliver our One Team, Best Care priorities and ambitions – our operating model, and the way we all work together and embed a consistent way of working across the Trust.

More than 700 colleagues took the time to share their views to help us take this important work forward. This highlighted areas of good practice and areas where we need to change. Moving forward, the basis for our focus will be talent-management, leadership and decision making, employee experience, and behaviours and routines.

Heartfelt thanks

I'd like to take this opportunity to thank Kathryn Lavery, our Chair until the end of November 2022, for her many years of support and her effervescent contribution to the Trust. Following the completion of her term of office at YAS, Kath moved Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) as Chair and we wish her well.

I'd also like to pass on sincere thanks to Phil Storr, Associate Non-Executive Director up to the end of March 2023, for his valued contribution in many areas, but particularly in relation to emergency preparedness and resilience, and latterly the YAS Charity.

In addition, I would like to formally welcome Martin Havenhand to the Trust as our Chair. Martin joined us from The Rotherham NHS Foundation Trust in April 2023, and is a very experienced Chair and Non-Executive Director having served on many public, private and voluntary sector boards. Thanks go to Tim Gilpin, our Deputy Chair, who took on the role of Interim Chair between December 2022 and March 2023.

We would be nothing without the continued dedication, resilience, compassion and hard work of our staff and volunteers and, on behalf of the Trust Board, I would like to formally thank everyone for all that they do to care for patients across Yorkshire.

Rod Barnes
Chief Executive

It should be noted that Chief Executive and Accounting Officer for the year 2022-23 was Rod Barnes, who left the Trust in May 2023. The interim Chief Executive of the Trust is Peter Reading, who took up this post on 1 June 2023.

Deputy/Interim Chair's Report

As we move on from the disruption, challenges and sadness of the COVID-19 pandemic, I'd like to reiterate the Chief Executive's message and thank all our staff and volunteers for their continued hard work and resilience in providing care to our patients across Yorkshire and the Humber. During the most serious public health emergency that the NHS has ever faced, we saw the very best from our staff and volunteers who continued to respond to patients' needs and keep us all safe.

As the country returned to 'business as usual', operational pressures were a significant challenge to the Trust, and across the NHS, for much of the 2022-23 year. It went way beyond the usual winter challenges we normally experience. This is why the health and wellbeing of our staff remains so important, and much of our focus has been on introducing and extending initiatives to support both their mental and physical health.

Across the wider healthcare landscape, we continued to work with our partners in the region to develop and embed the integrated care systems and ensure that the voice of the ambulance service is represented in all areas of Yorkshire.
This has included providing the right support for patients in mental health crisis and we have worked closely with our partners over the past two years to pilot new approaches to care.

At Yorkshire Ambulance Service, we have a dedicated mental health team with experienced colleagues finding new and innovative ways of working on behalf of patients.

Their work has included:

- developing mental health response vehicles to support people in crisis
- working with the voluntary sector to ensure "safe spaces" for people who need support
- rolling out mental health training to staff.

A new mental health response vehicle starting service in South Yorkshire.

After a successful pilot scheme in Hull, we now have three dedicated mental health response vehicles in the region to support people in mental health crisis. The vehicles are operated by ambulance staff who have had additional mental health training, and this has not only delivered real benefits for patients, but also contributed to reducing the pressure on emergency departments and to releasing ambulance resources for other emergency calls.

This is one of the many initiatives we have been progressing to better support patients and is just a snapshot of some the amazing work done within the Trust. You can find out more about what we have been doing in 2022-23 by reading on into the Annual Report.

In my role as Interim Chair for the latter part of 2022-23, and on behalf of the Board, I'd like to conclude by paying tribute to the remarkable contribution of colleagues and volunteers in helping patients every day and making a real positive difference to their lives.

Thank you.

Tim Gilpin

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 focused on critical services, and supporting the health and wellbeing, aspirations, and development of our staff as we continue to deliver high quality care to our patients. We continue to support the national ambitions to recover our core services and productivity, and make progress in delivering the key ambitions of the NHS Long Term Plan, as part of transforming the NHS.

Progress on our priorities in 2022-23 is covered throughout the Annual Report. In addition to supporting our staff to deliver excellent patient care, there is ongoing culture and wellbeing work across the Trust, a focus on recruitment and retention of our staff, and delivering integrated care with our system partners.

We continue to drive improvement, innovation and investment across our core service lines: Integrated Urgent Care/NHS 111, Emergency Operations Centre (EOC)/A&E Operations and our non-emergency Patient Transport Service (PTS). This includes key initiatives to support managing call volumes, reducing hospital handover delays, supporting patient access for elective recovery and developing effective referrals to alternative pathways. We are committed to being a strong partner in the development of integrated care, and supporting 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. We need to respond to changing and increasing demand for our services which now has a different profile and nature; this complexity has intensified the pressure on service lines, and we continue to find ways to respond to these demands.

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, and we recognise the significant contribution they have made to keep people safe and to deliver vital services under significant pressure. We are proud of them, and we want to ensure that our people feel valued and are able to seek support when they need it and access opportunities for development within the Trust. We also want to attract new people who reflect our values and the diversity of our communities.

We are committed to being a strong partner in the development of integrated care, and supporting recovery in the wider system as part of joined-up health services.

Tackling health inequalities

We remain focused on tackling health inequalities, reaching out to those who need us most, and providing a transparent and accessible service for all. We have been working to scope how we, as an organisation, can work more effectively as a partner across our systems to reduce health inequalities within our populations and communities. We can do this in relation to access, experience and outcomes for our patients, but also in our role as an anchor organisation and our ability to impact on the wider determinants of health such as low income and unemployment.

We have mapped existing work that can impact on this area, as well as identifying where we can add most value and opportunities to prioritise work. We have undertaken internal stakeholder engagement across the organisation to determine an overarching vision for our role in reducing health inequalities. We have also identified the key activities being undertaken to support this vision, together with what is needed to embed this approach. This has been initially reviewed with our external system partners and we will continue to engage as it develops to ensure that this aligns with their priorities. As part of this engagement, we will also identify the system-level discussions that we need to be involved in with regard to reducing health inequalities. In addition, Northern Ambulance Alliance funding has been secured for a specific piece of data analysis on ambulance activity through an inequalities' lens. This will provide examples of how ambulance data may be used to gain insights into health inequalities and what this might inform in terms of service delivery both within the ambulance service and the wider system. It will also help to focus future data analysis by stimulating discussion about additional studies that ambulance service data may be able to support.

We have plans for more electric charging points at our ambulance stations to make them ready for zero emission and hybrid vehicles joining the fleet.

Our Green Plan

We are also continuing to develop our Green Plan to demonstrate our commitment to work towards a Net Zero target to address the climate agenda. The ambitious plan identifies areas where we can reduce our carbon emissions from the estates, fleet, procurement and information technology parts of our organisation, as well as implement behavioural change programmes.

This includes plans for more electric charging points at our ambulance stations to make them ready for zero emission and hybrid vehicles joining the fleet, and work 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 committed to reducing wider environmental and social impacts associated with the procurement of goods and services and our fleet and estates operations.

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

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. 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-occupancy vehicles, increase a more efficient fleet and ensure that we continue to reduce our carbon footprint through a variety of different carbon reduction initiatives.

There are a significant number of national policy drivers for this work such as the NHS Long Term Plan and the strategic purposes of the ICSs driving integration and joint planning of services. It's a strong theme which runs throughout the 2023-24 operational planning guidance and therefore the Trust's business planning process and priorities moving forward.

Performance Report

Operational Review - Caring for our Patients

The purpose of this section is to describe how well the Trust responds and delivers services to its patients against a number of key national measures. The relevant details are provided in the service-line sections.

A&E Operations

Commissioning and contracting

The interim commissioning, contracting and finance processes introduced during the pandemic came to an end in 2022-23. Updated processes, including a return to formal service contracts, were introduced this year with a focus on system collaboration and service recovery. The commissioning context changed considerably from July 2022 with the abolition of Clinical Commissioning Groups (CCGs) and the transfer for statutory commissioning responsibilities to Integrated Care Boards (ICBs). ICBs operate on a much larger geographical footprint and are intended to work in close collaboration with local authorities and NHS Trusts – forming broader Integrated Care Systems.

In response to ongoing capacity and performance challenges faced by ambulance services, national ambulance support funding (£14.5m for YAS) was made available to Trusts in 2022-23. This funding supported the Trust to recurrently maintain improvements that were implemented in the later stages of the pandemic – including increased ambulance staffing, call handling capacity and service resilience. Additional regional funding from ICBs was also made available (via non-recurrent 'Special Pressures' Funding) to support the Trust with its 2022-23 Operational Plan, including ongoing recruitment in A&E Operations.

The Integrated Commissioning Framework (ICF) has continued to develop in 2022-23. The ICF brings together YAS and the three Yorkshire and Humber ICBs to collaboratively commission emergency ambulance, non-emergency Patient Transport Service (PTS) and Integrated Urgent Care/NHS 111 services. A&E Operations is involved at all levels of the ICF structures, including groups focused on service development, operational performance, and as a key part of the regional Integrated Commissioning Forum. ICF priorities for this year continued to focus on:

- Rotational Paramedics
- Ambulance Mental Health Response
- Interfaces with urgent and emergency care pathways.

An ICF governance review is ongoing to improve the efficiency and effectiveness of the collaborative commissioning arrangements. System planning for 2023-24 is underway, aiming to continue service recovery and improve system interfaces impacting on ambulance performance and patient outcomes – particularly hospital handovers and access to alternative care pathways.

Some of our Specialist Paramedics in Urgent Care split their clinical time between working for YAS and in local GP surgeries.

Forecasting and demand

Demand analysis and modelling at the start of 2022-23 indicated a significant reduction in demand for a sustained period of time both throughout and post-COVID-19, leading to a re-forecast of 2022-23. Incidents were therefore forecast to reduce from 2021-22 by 3.5%. There was however an expectation of growth in call volumes into our emergency operations centre of 15.4% compared to 2021-22 actual calls, though with a re-forecast process in place to keep track of current trends.

Performance against national targets

In 2022-23, our Emergency Operations Centre (EOC) staff received 1,208,907 emergency and routine calls, an average of 3,312 calls a day; this was a 7% decrease on the number of calls received in 2021-22. We responded to a total of 780,774 emergency 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 146,238 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 42 seconds** (9 minutes and 15 seconds in 2021-22)	7 minutes	**17 minutes and 0 seconds** (16 minutes and 6 seconds in 2021-22)	15 minutes
Category 2	**42 minutes and 1 second** (36 minutes and 5 seconds in 2021-22)	18 minutes	**1 hour, 35 minutes and 46 seconds** (1 hour, 19 minutes and 32 seconds in 2021-22)	40 minutes
Category 3	**1 hour, 55 minutes and 34 seconds** (1 hour, 47 minutes and 39 seconds in 2021-22)	1 hour	**4 hours, 38 minutes and 57 seconds** (4 hours, 21 minutes and 33 seconds in 2021-22)	2 hours
Category 4			**4 hours, 52 minutes and 33 seconds** (6 hours, 9 minutes and 59 seconds in 2021-22)	3 hours

We responded to a total of

780,774 emergency incidents

through either a vehicle arriving on scene or by telephone advice

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 A&E Operations.

At the outset of the year, it was anticipated that YAS would recruit and train the following, providing places for:

- an additional 264 Emergency Care Assistants (ECAs)
- 264 external Paramedics and newly qualified Paramedics, including up to 60 paramedics through international recruitment
- driving the upskilling of employed clinical support staff using the Associate Ambulance Practitioner (AAP) and Ambulance Practitioner (AP) pathway, providing 144 places for future paramedics.

Recruitment of international paramedics was lower than anticipated, with 30 being recruited. The Recruitment and Training Team therefore had to increase recruitment of UK paramedics to maintain the required level of clinical recruitment and, as a result, a number of ECA courses were removed and replaced with paramedic courses. Across the year, we delivered 186 ECAs and 264 Paramedics which puts YAS in a stronger staffing position going into 2023-24.

Staff retention within 2022-23 improved against forecasts across all roles within A&E Operations. Forecasted attrition from April 2022 to the end of March 2023 was 211 FTE across all roles however actual attrition was 181 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.

Each of the localities has been extensively involved in the recruitment of staff within its geographical areas. Close working with Health Education England and the international recruitment in Australia and New Zealand mentioned above, resulted in the successful appointments of 30 paramedics into West and South Yorkshire. The focus of the next phase will include East Yorkshire and initial recruitment took place in February 2023. There has been a comprehensive support package for these staff to help them settle into their new roles, which will be replicated. We hope to welcome our new colleagues later in 2023.

Staff engagement continues in all areas of the region and station surgeries are one such method of engagement. A new staff engagement group was set up in North and East Yorkshire in February. Invitations have been sent to one member of staff per station to meet monthly and we are confident that engaged staff will hopefully result in an increase in retention rates.

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 multi-disciplinary team to deliver high quality, person-centred, evidence-based care; and
- Ensuring that patients experience a consistently safe, compassionate, high standard of care.

Clinical developments

The Consultant Practitioner (CP) is a new role within A&E Operations providing strategic clinical support to the local teams. Some have been leading on and setting up the clinical advice line (local support) to improve patient safety, supporting the national "no decision in isolation" work, as well as ensuring patients are receiving the right care first time.

The teams are also setting up local Incident and Near Miss Review Groups to explore themes and trends from all reported incidents within the Clinical Business Unit (CBU) to ensure any opportunities to improve staff and patient safety are taken, as well as risks mitigated across the CBU. One element of improving clinical practice is through reflective practice and hearing patient stories through Serious Incident reviews have been utilised. There is a strong desire from external partners to understand more about YAS and issues we face, and realisation of this through patient stories from serious incidents. Going forward these discussions will take place at a more local level.

There is a Stroke Video Triage Scheme that is still running in South Yorkshire. This project has provided excellent evidence to support that this is improving patient care and outcomes by bringing neurological expertise to the community while transporting patients to stroke centres.

The CORE20Plus5 work has meant we can push certain public health messages to our local communities. The Area Clinical Lead (ACL) in South Yorkshire has helped define our processes and explore how incidental findings can be flagged to primary care partners. The work across the wider service continues to be developed by the YAS Public Health Lead.

Colleagues have also been working alongside the Allied Health Professions Council to ensure YAS's visibility across both medical and allied health professional groups. These positive messages at a national level will help to give YAS a positive external profile.

Critical Care Team

The team was formed in April 2022 and following initial recruitment (including five recruited for outside YAS) they completed initial internal training. The team is led by two advanced paramedics, but this will soon extend to three. The team then extended to include seven Hazardous Area Response Team (HART) members who will provide critical care cover as part of the HART who are now dispatched automatically to incidents that require extended critical care skills. All team members are enrolled onto a higher education pathway and have commenced their studies at Sheffield Hallam University.

As part of the governance framework to support this, the Specialist Practice Clinical Governance Framework was developed along with the creation of the Critical Care Desk in the Emergency Operations Centre (EOC). In addition to the deployment of critical care paramedics in rapid response vehicle (RRVs), this desk acts as central hub and provides specialist advice to crews attending serious trauma and medical incidents across the region.

Major incident exercises enable us to test and improve our preparedness, response and coordination during adverse large-scale events.

As part of the development of the team, and to test its integration with frontline crews, Exercise Critical Response was created, delivered and reviewed. This involved seven tri-service exercises written and delivered to test the abilities of the critical care paramedics in a major incident scenario that involved a high number of casualties.
The feedback from this exercise will inform the role of the critical care paramedics at mass casualty incidents.

The team has been developed to support frontline paramedics and a key function of is to support frontline staff. The Critical Care Team has supported:

- Operational investment days
- Post-incident debriefs
- Operations-focused Standard Operating Procedure review
- Clinical action plan support
- Newly Qualified Paramedic portfolio support
- Operations-focused education facilitation
- Clinical audit.

Urgent Community Response (UCR) Development

Pathways

Throughout the year, local management teams, alongside the Clinical Pathways Team, have worked with partners to identify improvements in patient pathways to improve the service for patients, ensure they access the right service in a timely manner, and avoid any unnecessary conveyance to hospital. The focus in all the areas has been with Same Day Emergency Care (SDEC) teams and enhancing service provision and increasing awareness with our teams.

The YAS Clinical Pathways Team has focused on work related to key priorities, in line with the YAS Clinical Strategy and national directives such as the NHS England Winter Letter and the Urgent and Emergency Care Recovery Plan.

For **urgent care**, our work has encompassed improving our collaborative working with Urgent Community Response services, increasing our frontline crews' access to Same Day Emergency Care (SDEC) units at acute hospitals, and enhancing our ability to respond with system partners to patients who have fallen and require assistance up off the floor. Some examples of this work are as follows.

UCR 'Push' Model

Improvements to our EOC systems now allow Clinical Navigators to 'push' suitable 999 calls directly to UCR and other healthcare teams after initial triage in YAS. This means that patients get reviewed sooner and can be directed to the most appropriate service for their needs, without unnecessary waits for additional clinical review or ambulance dispatch. Colleagues in EOC and our area leadership teams have worked hard with system partners to implement this rapidly and at scale, and there are now more than 30 different UCR, GP and falls teams across Yorkshire and the Humber accepting calls in this way. Since the start of December 2022, EOC teams have made more than 600 successful referrals through the 'Push' system.

System improvements mean patients get reviewed sooner and can be directed to the most appropriate service for their needs.

SDEC access at additional hospitals

Over the year, we have added or updated referral pathways to a number of SDEC units across the region, including at Darlington, James Cook (Middlesbrough), Bradford, Sheffield, Doncaster, York and Barnsley. Direct access to SDEC means patients who are unlikely to require hospital admission can be seen quickly by the right specialists and discharged home, and our crews in turn spend less time waiting to handover at an emergency department.

Falls alternative response teams

We have worked closely with partners in the Telecare, VCSE and Local Authority sectors to improve our links with non-clinical falls response services and allow our clinicians in EOC to send the nearest, most appropriate response to patients who are on the floor but do not require any medical treatment. We have also worked with UCR teams and colleagues in our local Integrated Care Boards to ensure the maximum possible coverage of UCR falls services in the region – this means patients who fall but have a minor injury or illness can be cared for quickly by the right professionals through a UCR response.

For **acute care**, we have worked with partners on improvements to the stroke and heart attack pathways. Examples of recent work on acute pathways include:

Stroke video triage pilot in South Yorkshire

South Yorkshire was selected as pilot site by NHS England to test the use of video technology when ambulance clinicians are referring a patient with a suspected stroke to a specialist in hospital. This technology enables the hospital specialist to undertake a more detailed assessment before the patient arrives, improving the decision-making in the pre-hospital phase and allowing for treatment to start more quickly once a patient is in hospital.

We have also led work on internal improvements to our data collection and analysis tools related to clinical pathways. An update to the YAS electronic patient record (ePR) in November 2022 allowed us to capture details of patient referrals more accurately, and we are currently working with colleagues in our Clinical Informatics and Audit Team to produce a dashboard which will allow us to more easily understand which pathways are working well and where there are opportunities for improvement.

Working with the area leadership teams and the Mental Health Programme Team, develop improved pathways for patients who present with mental health conditions, including better access to CAMHS and third sector organisations (e.g. safe spaces and crisis cafés), and enhance partnership working between the mental health response vehicle (MHRV) clinicians and local mental health services.

Hospital handovers

Like other ambulance services across the country, delayed hospital handovers have been a challenge for YAS and there has been exploration of Quality Improvement (QI) projects to look at workable solutions with our local hospitals. There has been a QI ongoing project at Northern General Hospital in Sheffield concentrating on improving hospital handover and turnaround times. This work will be rolled out to other hospitals in the patch. Linked to this has been the use of Hospital Ambulance Liaison Officer (HALO) roles in some of our areas. HALO roles at Leeds Teaching Hospitals NHS Trust emergency department (ED) sites have been introduced before winter. Their role is to work closely with colleagues and partners at ED to improve handover compliance and procedures. The HALOs promote the use of self-handover, fit-to-sit, and discuss the alternatives to ED utilising pathways. This work is built on the lessons learned from the Pinderfields rapid process improvement workshop at The Mid Yorkshire Hospitals NHS Trust. There has also been piloting of an Ambulance Resource Coordinator (ARC) role to manage hospital handover delays.

Another initiative introduced following joint working with EDs has been use of the option of 'Emergency Clear'. This has been utilised when there are delayed handovers and if ambulances are queuing to hand over patients in ED, and patients calling for ambulance have long waits. Implementing 'Emergency Clear' means that patients are left with the hospital staff as a matter of priority and ambulances become available to respond to outstanding emergencies. The rationale for activation and the impact have had to be carefully considered. Close working across the system to ensure patient safety has been paramount – there is recognition that patients cannot be waiting for ambulances, but also balance of risks within EDs.

Numerous initiatives have been introduced to improve the hospital handover process.

There is also a commitment to look at closer working between service lines and, as a consequence, there is a newly developed Patient Transport Service/A&E Operations joint working group looking at improvement opportunities. The winter planning group this year was very successful in enhancing cross-directorate working and enabling a more coordinated approach to winter pressures.

Linked to paramedic recruitment is the support for Newly Qualified Paramedics (NQPs). The NQP programme has continued to develop across the localities. In West Yorkshire and there are currently 170 NQPs based in West Yorkshire. This is going to increase with a large intake of NQPs from universities. The NQP programme offers three opportunities to carry a placement with an external provider, such as hospice, mental health provider, Same Day Emergency Care (SDEC) or Urgent Community Response (UCR) team. NQPs can also shadow with Specialist Paramedics in Critical or Urgent Care. This programme is designed to expand the knowledge of the NQPs and support them in their career with YAS. Similarly, there has been local NQP induction held in Hull for Hull University NQPs for the first time, ensuring they didn't have to travel or undertake a residential placement. The NQP Development Programme was reduced over winter, but training away-days have resumed with the Scheduling Department planning in third-crewing shifts. There are similar examples for the other localities in our region.

Investment days have now been implemented throughout the region. In West Yorkshire subjects such as trauma, clinical decision-making and maternity have all been covered, and these have been welcomed by staff. Due to these being implemented, there has shown a reduction in clinical incidents happening in West Yorkshire.

Continuing professional development (CPD) has increased over the previous 12 months. Best practice days on paediatric care, and palliative and end-of-life care have been carried out with a large attendance of staff from across the Trust. There have also been several multi-agency CPD sessions planned with West Yorkshire Fire and Rescue Service covering road traffic collision extractions of patients and how to manage a large-scale incident. There have also been individual sessions on first person on scene, primary and secondary triage, and head injuries and how to manage the patient.

Another development in early winter of 2022 was the launch of the consultation process for the current Emergency Care Assistants (ECAs) as part of the Enhanced Career Pathway Development Framework for A&E Operations. This initiative will give greater opportunities for current clinical support staff and improve the pipeline of future, internally developed, paramedics. The initial proposal recommended a new career structure within A&E Operations with a view to recognising the group of ECA staff who have undertaken and completed the Ambulance Support Worker (ASW) apprenticeship programme and those that have evidenced, over a prolonged period, that they are able to work competently to their current job description, enabling progression to paramedic.

The new pre-Paramedic career structure will consist of the following job roles. Ambulance Care Assistant (ACA), Ambulance Support Worker (ASW), Associate Ambulance Practitioner (AAP) and Ambulance Practitioner (AP). 1,262 staff were affected by this change and commenced the new roles from October 2022.

We are committed to improving the career pathway for clinical support staff to progress to paramedics.

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Both Emergency Operations Centres have achieved multi-site Centre of Excellence status for the fourth time.

Our Emergency Operations Centre (EOC) has also successfully introduced several interventions to benefit our patients and staff.

The EOC was awarded re-certification following re-assessment in February 2023 and met all ISO 22301 requirements. ISO 22301 is an internationally recognised standard that determines the capability of an organisation to continue to deliver services and products during a disruption. It utilises a Business Continuity Management System (BCMS) and a documented business continuity plan to enable businesses to respond effectively to disruption.

The standard emphasises the importance of developing and monitoring business continuity management processes, and continuous organisational improvement based on audits and performance measurements. It includes a framework for BCMS policies, personnel, management processes and documented controls.

In 2022, the YAS EOC was awarded Accredited Centre of Excellence (ACE) status from the International Academies of Emergency Dispatch® (IAED) for their emergency call handling. Both EOCs in Wakefield and York have been re-accredited and have achieved multi-site Centre of Excellence status for the fourth time.

The accreditation is awarded to emergency services across the world that can demonstrate superior performance in training, quality assurance and improvement process and/or management, and very high compliance to protocol within their communication centre environments. Currently there are only 296 out of 3,600 agencies worldwide with accreditation and YAS was commended at the recent UK and Ireland Navigator 2022 Conference.

A dedicated Health and Wellbeing Team has been successfully implemented in EOC. The team is responsible for managing attendance at work of operational staff to ensure that this is managed in the most effective and timely way whilst also delivering the best quality support.

The team is also responsible for health and wellbeing improvements, ensuring that EOC remains at the forefront of the latest support, guidance and best practice.

The EOC continues to develop its clinical model to maximise effectiveness in delivering the right care to the right patient at the right time. They have developed their Clinical Navigators in partnership with various other healthcare providers across the Yorkshire footprint to allow a "PUSH" approach where they will contact and manage patients with appropriate needs directly without an ambulance attendance or a secondary clinical triage in the EOC.

With support from key stakeholders within the organisation, they now have over 30 different providers taking incidents in this way. To speed up the process they have trialled using administrative support to free up clinical time and encourage the use of these "PUSH" partners.

Following initial success, they are now moving to incorporating this functionality into their staffing structure and continuing to develop more relationships with system partners with an ambition over the next 12 months to automate more of this process with their "PUSH+" model.

Digital developments

Over winter a number of urgent care hubs were set up in localities with the aim of increasing clinical capacity for the Emergency Operations Centre. Local crew advice lines being one example where they provide clinical support to crews and reduce admissions to ED.

A local clinical hub set up at Sutton Fields, in conjunction with EOC, houses facilities for staff to work remotely from EOC, in East Yorkshire, providing cover for the Specialist Paramedic Urgent Care desk and crew advice line. The crew advice line is now well established and functioning across the key times each day. There are plans to expand this facility imminently with local access to the senior clinical advice line, supporting EOC in triage of low acuity incidents.

In West Yorkshire the Clinical Hub Crew Line - West (CHCL), based at Manor Mill, Leeds, was introduced in January 2023. The CHCL has been implemented to support local crews, community first responders (CFRs) and private providers with safe clinical decision making and pathway referral advice. This is currently staffed with five full-time clinicians working 06.00-16.00 and 16.00-02.00 seven days a week.

EOC systems

EOC systems continue to develop and implement enhancements to meet and support operational requirements. In addition, EOC continues to develop performance frameworks and associated tools at all levels. This has included the recent development of self-service dashboards for EOC call handlers and the launch of Clinical Hub dashboards to better manage on-day clinical performance.

Yorkshire & Humber Care Record (YHCR) - Sharing our 999/electronic Patient Record (ePR) data

Ambulance clinician access to rich patient information and wider healthcare records is key to provision of individualised patient care in the right place, at the right time. YAS is prioritising data sharing with both our own clinicians and health and social care partners to ensure that patients experience joined up, safer care through the urgent and emergency care pathway.

Over the last year, we have been working to share information on all 999 ambulance frontline and 999 call centre patient encounters through the Yorkshire & Humber Care Record (YHCR), providing a rich history to help inform ongoing patient care.

By sharing data electronically we can provide a rich history to help inform ongoing patient care.

The YAS 999 patient and encounter information is available to view via the YHCR Portal for all participating health and social care organisations.

This will help enable:

- Care providers to gain a fuller knowledge of patients' use of emergency services, with access to the clinical record from those encounters.
- Improvements to patient experience and care options' evaluation through access to the emergency care patient record.
- Identification of patients who frequently access services, and information on recent patient observations and treatments to improve continuity of care.

Access to GP record from electronic Patient Record (ePR)

Provision of patient information to aid our clinicians now includes direct access of the GP patient record from the YAS (ePR) system on scene at incidents.

We are able to obtain and display a copy of the patient's GP record from the national GP Connect service, which allows authorised clinical staff, at scene, to view GP practice clinical information quickly and efficiently. This informs our clinicians of vital clinical information, which aids them in the decision-making process for the most appropriate pathway to provide the best outcome.

Medicines Management Application

We have worked together with Hub and Spoke, Logistics and Clinical Teams to develop a Medicines Management Mobile Application for the monitoring of medicines by the Logistics Team and frontline crews on the movement and usage of medicines.

The focus of the application is to fully digitalise the process, reduce data errors and improve auditing and monitoring. This was achieved by implementing a QR and barcode scanner and managing the business process.

Functionality includes moving medicines from location to location such as medicine pouches and safes. To meet legislative requirements for controlled drugs, the process required full auditing capabilities and witnessing provided by the solution. We also improved and enhanced the medicines management solution to include dashboards, information, and intelligence to support decision making.

999 Intelligent Routing Protocol (IRP)

Due to a significant and sustained increase in 999 activity levels and higher COVID-related absence among ambulance control room staff, call answering times for 999 calls worsened significantly over the second half of 2022. Ambulance trusts in England and devolved administrations collaborated to improve pre-existing mutual aid arrangements to provide support to services experiencing extraordinary delays and pressures.

NHS England introduced intelligent routing protocol (IRP) to automate and improve the speed and accuracy of the existing manual BT practices to identify the ambulance services best placed to provide support most quickly. It provides the capability to distribute unanswered and delayed 999 calls to other ambulance services that can answer calls when needed.

IRP enhances ambulance service infrastructure and interoperability at a national level and builds further 999 call handling resilience for extraordinary events such as major incidents, extreme weather events and sudden localised technology failures.

A real-time IRP dashboard displays call-answering information at local and national levels using data from ambulance service telephony systems.

A YAS digital lead was elected to represent the national digital ambulance group, in the delivery of IRP. Working with the national ambulance technical team and co-ordinating all the technical workstream activities, the YAS digital lead has ensured that the IRP meets specific technical requirements for a safe and successful implementation.

The project went live in November 2022, and has been a considerable success, especially during peak times. In December alone, 29,237 calls were re-routed by IRP to another trust with call handling capacity. Each call answered by an alternate trust is then logged and passed electronically back to the home trust for dispatch.

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Mobile Data Vehicle Solution (MDVS)

YAS is working with the national team to replace the ageing Mobile Data Terminals (MDTs) in all ambulances with the latest MDVS technology to display patient and location information from the control room to the frontline crews.

The new MDVS will be fully compliant with the Road Traffic Act 2018 regulations (voice commands and message readers enabled with touchscreen access disabled whilst mobile above 7mph), and any exemptions that apply to emergency services. The new technology includes text to voice which will allow frontline crews to be kept informed of any changes to the patient's condition or location whilst on route.

Rigorous testing of the solution from an emergency operations centre and A&E vehicle perspective has been successful, with operational training well underway to commence a live trial followed by full deployment into service.

Business Intelligence

YAS has a wealth of data that can help to support service planning across the region enabling partners to provide the right services to the right patients.

The Trust is working with regional partners to provide intelligence to support service planning across each area and nationally with near real-time transfer of information. The Business Intelligence Team is providing online self-serve intelligence and more detailed data analysis to support specific projects including Population Health Management.

Near real-time information helps the System Control Centres to manage on-day demand and highlights where there are pressures. Data is being fed to these systems every 15 minutes, giving a near real-time view of demand, hospital handover delays and performance across the region.

Ambulance Data Set

We continue to partner with the national Ambulance Data Set programme to enable collection of an improved, consistent, level of information on how ambulance services across the country respond to and treat the thousands of calls received by the 999 service every day.

YAS has developed an application, for use by any ambulance service, to collate and send 999 and ePR information through to NHS England. YAS is also taking a leading role to support onboarding the use of the application by other ambulance trusts.

This year we enhanced the application to include patient contact information gathered by our frontline crews, in line with the final Ambulance Data Set specification published in August 2022.

Session Initiation Protocol (SIP)

The Trust has embarked on a programme replacing the ageing legacy telephone lines, to migrate our services to the latest model of voice lines based on internet technology, which include our 999, 111 and Patient Transport Service call centres.

The new technology is highly flexible and scalable depending on the needs of the business. It provides High Definition Voice, meaning that the quality of the audio is improved, and also reduces the cost of running the lines for both rental and calls.

We have also procured a secondary, cloud-based telephony solution to enhance our resilience.

COVID-19 response

COVID-19 related absence has been intermittent over this year and there have been lower levels of prevalence in our work community. The strict infection control procedures that were in place during the height of the pandemic were lifted within our station settings, allowing some semblance of normality.

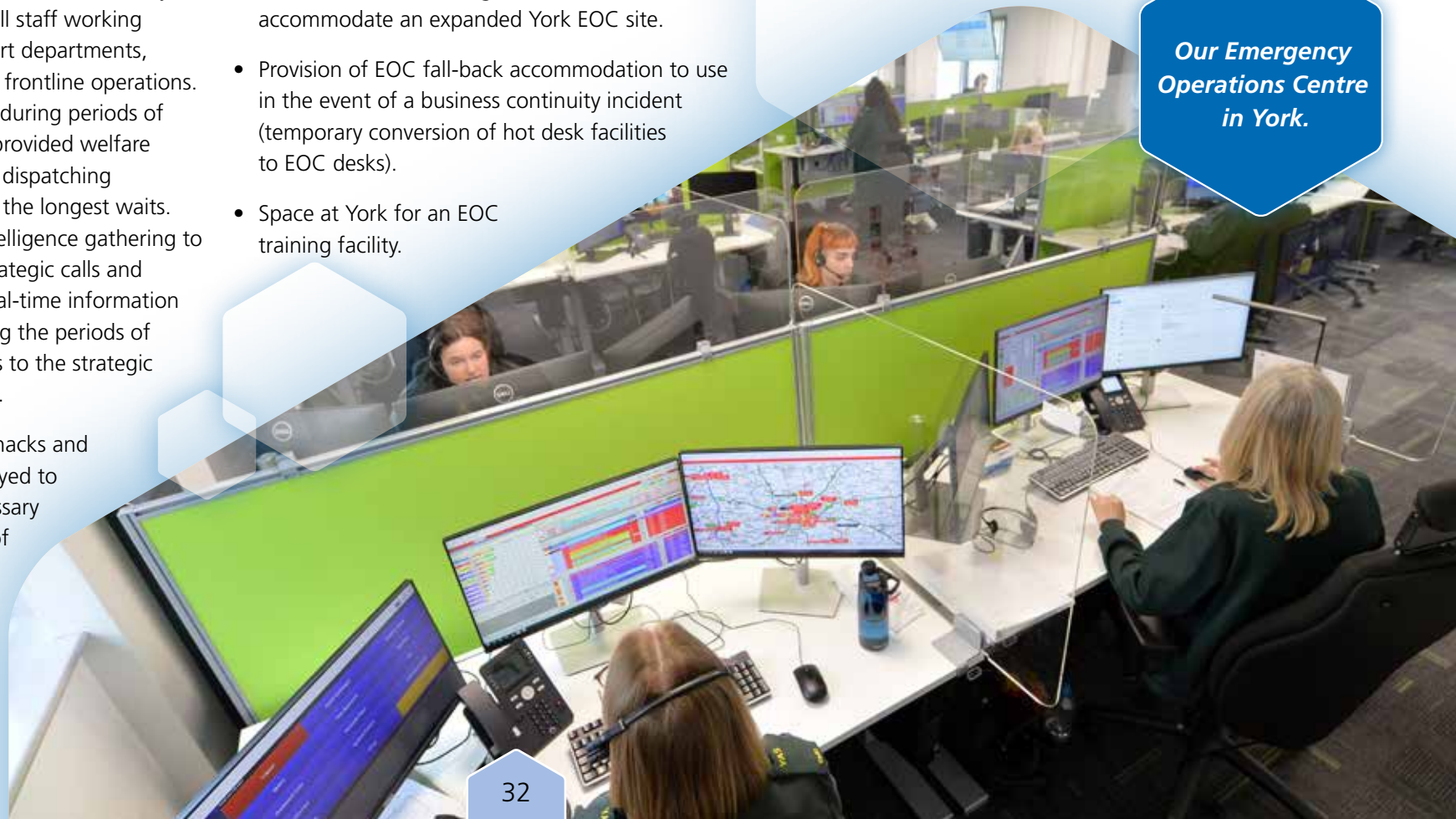
Local Operations Coordination Centres, which were a legacy of the COVID-19 pandemic, have continued to be operational seven days a week. These centres provide additional operational resilience and business continuity, and are a single point of contact for all staff working within frontline operations and support departments, and hence improve efficiencies within frontline operations. They have also been extremely useful during periods of protracted handover times and have provided welfare contact with crews. This also includes dispatching cohorting teams to the hospitals with the longest waits. The function of collating data and intelligence gathering to provide daily briefs for tactical and strategic calls and ensuring systems are updated with real-time information continues. This has been pivotal during the periods of industrial action where regular reports to the strategic command on-call team were required.

The wellbeing vehicle, stocked with snacks and drinks, has and continues to be deployed to EDs across the region whenever necessary to support the health and wellbeing of our frontline operational staff who are experiencing delays.

A&E projects

EOC business continuity improvements have been a large focus in 2022-23. This project aims to improve the resilience of the EOC in the event of a business continuity event which leads to the loss of EOC services. One of the key objectives is to ensure the York EOC site has sufficient space and equipment to effectively accommodate 50% of all core dispatch staff and this has included the redevelopment of the Fairfields, York site. Key aspects are as follows:

- To undertake a re-modelling and refurbishment of York Fairfields site, converting the whole first floor to accommodate an expanded York EOC site.
- Provision of EOC fall-back accommodation to use in the event of a business continuity incident (temporary conversion of hot desk facilities to EOC desks).
- Space at York for an EOC training facility.



Our Emergency Operations Centre in York.

Emergency Preparedness, Resilience and Response (EPRR)

The Emergency Preparedness, Resilience and Response (EPRR) and Special Operations Team has once again completed its assurance process against the national EPRR Core Standards. A key area of focus since the audit has been to enhance the continuous improvement process of the organisation. The EPRR team has made significant progress in terms of establishing a robust system and process to capture lessons, notable practice, and recommendations. The EPRR team worked through the recommendations from Volume 2 of the Manchester Arena Inquiry report with internal and external stakeholders, identifying a number of areas where YAS can strengthen its response to major incidents and developing action plans to deliver these.

A substantial amount of work has been undertaken to support the introduction of new requirements to risk assess and develop response plans for large publicly accessible locations and preparing for the introduction of the Protect Act (also known as 'Martyn's Law'), which is a new duty that will require venues to take steps to improve public safety. These changes will increase multi-agency planning, which is already manifesting in a significant increase in work supporting the region's Safety Advisory Groups (SAGs). SAGs are local authority lead multi-agency groups that advise on public safety at large events, and YAS is a key member of the SAGs across the region.

We have practised our response to major incidents by taking part in simulated counter-terrorism exercises.

Special Operations

The Special Operations Team, led on two large multi-agency exercises undertaken in 2022-23. Exercise Adonis Oscar was the largest multi-agency exercise in the region since before pandemic. It was a simulated terrorist attack and took place at Sheffield Arena. Exercise Spring Resolve was large national counter-terrorism exercise run over two days with the first day based in London and the second day based in York and North Yorkshire. YAS was heavily involved in the planning of these exercises, as well as contributing significant resources on the day to make both exercises a success. During this year the team also completed audits on all 14 acute hospital trusts in the region on their preparations for terrorist attacks using chemical, biological, radiological, and nuclear (CBRN) methods.

Hazardous Area Response Team

The Hazardous Area Response Team (HART) has recruited additional staff to ensure they remain compliant with the National Ambulance Resilience Unit (NARU) core standard to maintain a minimum of six staff on duty. This has also created additional opportunities for A&E Operations staff to rotate through HART as 'bank staff'. The appointment of seven Specialist Paramedics in Critical Care has also been embedded within the unit with these staff now undertaking academic qualifications and clinical governance days to underpin the delivery of their extended clinical skills. The delivery of extended clinical skills in hazardous environments is a recommendation from the Manchester Arena Inquiry.

The Yorkshire HART was dispatched to 1,487 incidents in 2022-23, including emergencies at height, in water and fire-related. Several High Consequence Infectious Disease (HCID) patient transfers were undertaken by HART over the past 12 months. Some of these required patient retrieval from other regions and national coordination. A number of YAS HART staff have had the opportunity to spend time at NARU for both personal development and to support the delivery of national training.

HART is looking to introduce 'Airbox' locally and nationally from April 2023. This online tracking and mapping system will provide greater information and situational awareness to enhance response, command and control. A number of exercises were delivered by HART with colleagues from West Yorkshire Police and West Yorkshire Fire and Rescue Service. The aim of these exercises was to allow staff to explore complex decision making and clinical leadership during multiple and mass casualty incidents and promote Advanced Paramedic and Critical Care Paramedic joint working.

Special Operations Response Team (SORT)

The Trust has delivered the new requirement to provide a Special Operations Response Team (SORT), which provides nearly 300 trained operatives capable of responding to marauding terrorist or CBRN incidents. This supplements the HART, which is the primary response. This year YAS increased its fleet of SORT vehicles from two to four and replaced the two older vehicles, using national funding.

Each year, NHS England sets 163 interoperability standards for ambulance trusts to meet. These cover a range of response standards, including command, mass casualty, terrorist response, and joint emergency services working. Against the 2021-22 standards, YAS was 62% compliant, which equates to "Partially Compliant". Due to the hard work of the Special Operations Team, along with colleagues across the organisation, in 2022-23 YAS moved to 89% ("Substantially Compliant").

As well as the ongoing COVID-19 response, this year YAS had to invoke its business continuity plans for an outage of a key IT system for Integrated Urgent Care/NHS 111 in August 2022 and the national ambulance industrial action which started in December 2022. The business continuity plans were implemented successfully, allowing YAS to continue to provide essential services throughout these incidents.

In February 2023, YAS underwent recertification for the business continuity standard, ISO 22301, and undertook its annual business continuity audit, including the three-yearly strategic review. YAS maintained its compliance for certification to this standard. The auditor's report stated that "this assessment has demonstrated YAS' high level of resilience and continued support of the community".

Estates, Facilities (Fleet and Equipment) developments

During 2022 the Estates Department refreshed its condition survey of all Trust buildings. The final quarter of 2022-23 has seen major investment across a significant number of ambulance stations and corporate areas in order to reduce backlog maintenance items.

Work continues on the upgrading of the Bradford Ambulance Station estate. The roof, infrastructure, car parking, office and mess-room areas were all completed in the last financial year. This current phase is looking at the refurbishment of the fleet, Ambulance Vehicle Preparation (AVP) and garage area.

There is ongoing work with the Hull Hub site the Estates Team is also working to secure premises to house the East Yorkshire management/leadership team at Brough adjacent to Brough Ambulance Station. The new station in Scarborough is still in its planning phase and work continues to progress this. Once developed, this will be the first net zero ambulance station and will also serve as an AVP site, enabling crews from surrounding stations to pick up a vehicle that has been 'made ready' for them to use.

At Fairfields, York the refurbished first floor area is now in operational use and the ground floor adaptions and refurbishment are complete. Externally, works for the new sub-station and power supply are nearing completion and then the existing car parking area will be extended.

Fleet

2022-23 has been busy for our Fleet Services Team ensuring vehicle availability levels were kept high throughout the year to meet the needs of the frontline teams whilst carrying out the procurement and delivery of 106 Skoda Kodiaq rapid response vehicles to replace the Skoda Octavia Scouts.

We have also seen the introduction of eight driver training vehicles to further enhance our ability to deliver against the requirements of Section 19 of the Road Safety Act 2006.

The fleet environment is evolving, with the introduction of Clean Air Zones (CAZs) within two Yorkshire cities. Bradford and Sheffield introduced CAZs during in 2022-23 and this heightened pressure to improve vehicle emissions particularly in our Support Services fleet. Blue-light services currently have an exemption, with non-emergency PTS vehicles currently compliant with Euro 6 regulation vehicles with these two areas.

To assist with the CAZs and 2022-23 financial pressures, the Fleet Department has been able to bring forward a number of schemes:

- 20 replacement Support Service vehicles.
- Three replacement rapid response motorbikes.
- Five replacement ex-lease double crew ambulances for the Private Events Team.

Investment in our staff has continued through 2022-23, with increased activity in electric vehicle training and all mechanics completing level 3 training. Level 4 training is underway and this will allow our in-house workshops to repair electric vehicle components.

Integrated Urgent Care (NHS 111)

Integrated Urgent Care (IUC) has seen additional pressures in the year 2022-23. The third year of the pandemic saw significant challenges for the service (patients and staff) and local health system.

The NHS 111 telephone and online services have remained a key gateway to the NHS, supporting patients through the pandemic as access to other services has become more difficult and, in some instances, complex. The service has seen the patient profile remain different to pre-pandemic levels with more in-week and in-hours demand (between 08.00 and 18.30) than has been seen historically. However, the overall pattern of demand remains similar with the busiest periods being evening and weekends.

In the previous pandemic years, the service received fewer calls relating to winter illness (for example norovirus, colds, and flu) than has historically been the case and continuing the trend of 2020-21. However, this winter there has been an increase in calls received for cold, flu and Streptococcus A concerns.

Like other providers, the service has been impacted by significant COVID-19 infections across its workforce with 24.82% of all absence being linked to COVID-19 infection. IUC, in line with the wider Trust, adopts strict infection prevention and control measures, over and above those in place nationally for members of the public. These additional measures are in place to support staff and maintain patient access to the service.

Service demand and performance

For 2022-23 we saw a decrease in demand compared to last year. For April 2022 – March 2023 calls offered were down by 10% compared to 2021-22. However, unlike last year, we did see a large increase in demand in December, including more calls for COVID-19, colds, flu and winter bugs. It may be that winter illness demand is now returning to pre-pandemic levels.

Key performance information:

- 1,766,792 calls were received.
- 1,518,926 patient calls answered (14.0% of calls were abandoned).
- On top of the above demand, YAS received some call handling support in December, January and February from DHU Healthcare. DHU received 65,992 calls and answered 65,445 calls on our behalf. Those patients who needed clinical oversight were added to the YAS clinical queue.
- 40.2% of calls were answered within 60 seconds, formerly a key performance indicator (KPI) but now locally tracked.
- An average speed of answer of 413 seconds; this remains a new developmental KPI across IUC.

Data for August, September, October and November 2022 is excluded from the following figures due to missing Adastra data from the outage experienced during this period.

- 46.2% of clinical calls received a call-back within one-hour target of 60%.
- 22.9% of core clinical advice provided to patients (target 30%).
- 40.2% Emergency Department (ED) validations (target 50%).
- 97.6% 999 validations (target 95%).

- Of the calls triaged, 10.3% were referred to 999; 4.5% were given self-care advice and 14.6% were signposted to the 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, 1,164 calls per month on behalf of other services.
- In an independent survey 96% 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.
- 87% would recommend NHS 111 to their friends and family and overall satisfaction for the service continues to be extremely positive with 42 formal compliments received.

We received a total of

1,766,792 calls

during the year

IUC Improvement Plan

The IUC Improvement Plan has been developed as a direct response to the challenges we face around attraction and retention. Importantly, the plan is based on direct feedback from our people through a series of engagement events. The plan is also directly linked to CQC Key Lines of Enquiry and the NHS People Promise.

Key areas of work are:

- **Culture** - We have an ongoing Civility Saves Lives initiative to encourage our people to treat each other with kindness and respect. We are currently devising a leadership development plan to drive a positive and inclusive culture. This will be linked to tools which will enable our leaders to deliver support to their teams. In addition, we have delivered, and will continue to deliver, regular staff engagement sessions and team huddles throughout the year to ensure that everyone has a voice. This is supported further by our Change Champions who are in place to ensure our people have a voice and their views and needs are considered.
- **Attraction** - Quality and performance is affected by demand and capacity, so a workforce plan, with associated trajectory, is in place to ensure we increase workforce numbers and achieve our funded capacity. This is supported through a simplified application process. We are working with agencies to generate high numbers of candidates and we are currently benefitting from a marketing campaign to ensure that we maximise our recruitment pipeline. When new staff are offered a role with IUC, we provide 'Keep Warm Evenings' to ensure they are engaged and informed.

We also employ new recruits one week earlier, prior to the commencement of their formal training, to support induction, statutory and mandatory training, and preparation for the NHS Pathways exams.

- **International Recruitment** - We aim to open new supply lines for clinical recruitment and this includes a pilot supported by Health Education England to explore the possibility of international recruitment of experienced nurses. We have made offers to 15 international nurses and the first four have arrived to commence their induction and training.

- **Training** - We have recently devised a part-time course, and developed the ability to deliver more training remotely, to target new demographics and ensure that we are able to offer more flexibility, removing barriers for those who are unable to undertake our full-time training, which was previously their only option. We have also developed extended preceptorship and coaching to develop our new recruits post training and better prepare them for their role, and have greater capacity to welcome and support new staff when they arrive at their operational roles.

- **Home working** - We have extended a pilot for Health Advisors to undertake home working and now have 30 staff involved. If successful, following evaluation, we intend to phase up this opportunity and offer a home working model for a greater number of our people. We already offer home working for some of our clinicians, but we now intend to extend this. We have recently received expressions of interest and have ordered additional home-working equipment to facilitate this. We also plan to extend this opportunity to our bank and agency clinicians. The pilot has been successful to date; therefore we have a plan to phase up to 130 staff by September 2023.

We have developed part-time and remote training courses to offer greater flexibility for candidates.

- **Wellbeing** - Our Wellbeing Team supports the management of sickness absence, but also drives proactive wellbeing initiatives. The team has been enhanced with a further two Wellbeing Officers and a Wellbeing Operational Service Manager to provide leadership and support. In addition, we have peer support in place through our new Wellbeing Champions and we have trained a cadre of Mental Health First Aiders to support staff. This year, we have implemented paid wellbeing breaks to support colleagues in their demanding roles.

- **Rota Review** - We have clear feedback from our people that the rotas need to be improved. The demand for weekend working is high and we will be looking at how we may address this. We will also seek to build in supportive measures such as Team Based Working, Preceptorship for new staff and Restorative Supervision for all staff. We are now awaiting agreement to take work forward as there are potential cost implications, which need to be resolved.

- **Career Structure** - We are developing a career structure to provide staff with a clear view of the opportunities which are available to them. Our aim is to develop career opportunities in specialist roles, leadership, and management, delivering education and training and also clinical careers. These will be underpinned by an education, training, CPD and clinical supervision framework.

IUC Service Development

The Service Development team continues to work alongside Place and Integrated Care Board colleagues to increase flexibility in supporting patient demand and enabling and improving access to care pathways, ensuring better use of clinical capacity across local systems. This includes working with Place and Integrated Care Board colleagues to increase referral rates into services across the region, testing and implementing new referral methods into primary and urgent and emergency care services. This includes working closely alongside Directory of Services (DoS) colleagues to ensure any issues routing patients to the right services are dealt with swiftly.

Working with national, regional, and local colleagues around the ongoing development of the Single Virtual Contact Centre (SVCC). This included setting up a joint working group with North East Ambulance Service (NEAS), overseen by the Regional Office, ensuring all Trust deliverables, gap analysis and operational solutions were completed on time and ready for the initial go-live date. As part of this, the Service Development Team worked with DoS and wider system colleagues to develop service profiles across the region, standardising referral instructions across Yorkshire, Humber and the North East in readiness for the implementation of the SVCC workflow. We are testing the SVCC model to ensure we are able to share capacity at a regional level.

Developing and rolling out several technological improvements including:

- Successful implementation of Automatic Electronic Ambulance Dispatch referrals between both Yorkshire Ambulance Service (YAS) and North East Ambulance Service (NEAS) in order to further improve the ambulance dispatch time and reduce the overall call length within IUC.
- SMS technical work to enable ‘slot type recognition’, allowing for SMS appointment confirmations for different appointment types across Yorkshire, Humber and the North East to ensure our patients get the right information to support them in accessing any necessary onward care.
- Coordination and management of the delivery of multiple upgrades to both our host system (Adastra) and the clinical triaging tool NHS Pathways. Bringing forward and developing system enhancements, and innovations such as the ability to activate a single service return within the DoS and improving the address look-up providers within Adastra to speed up the process.

Working to support the service to run as effectively as possible during a major system outage including:

- Development of Business Continuity Web application - a strategic option to replace paper call process in the event of prolonged BC incidents.
- Supporting IT colleagues with any necessary system testing.
- Supporting future audit by converting approx.70,000 paper cases into a digital format and providing an effective method of filing and retrieval.

Working with Estates and Facilities colleagues on infrastructure projects brought about by changes to ways of working as a result of the pandemic. This includes support of the Trust's hybrid working project while ensuring the necessary expansion of areas for IUC operations in Wakefield and improving health and wellbeing accommodation, training areas and Team Leader facilities as part of the staff recruitment.

Piloting and continuing to develop safe homeworking options for our 111 contact centre colleagues. An initial pilot implemented with our non-clinical Health Advisors was so successful that this has now been extended from the initial ten members of staff to a potential of up to 50 within the coming months.

Working to improve our staff wellbeing by project manging and rolling out Dog Therapy Support within the Trust's IUC and EOC call centres

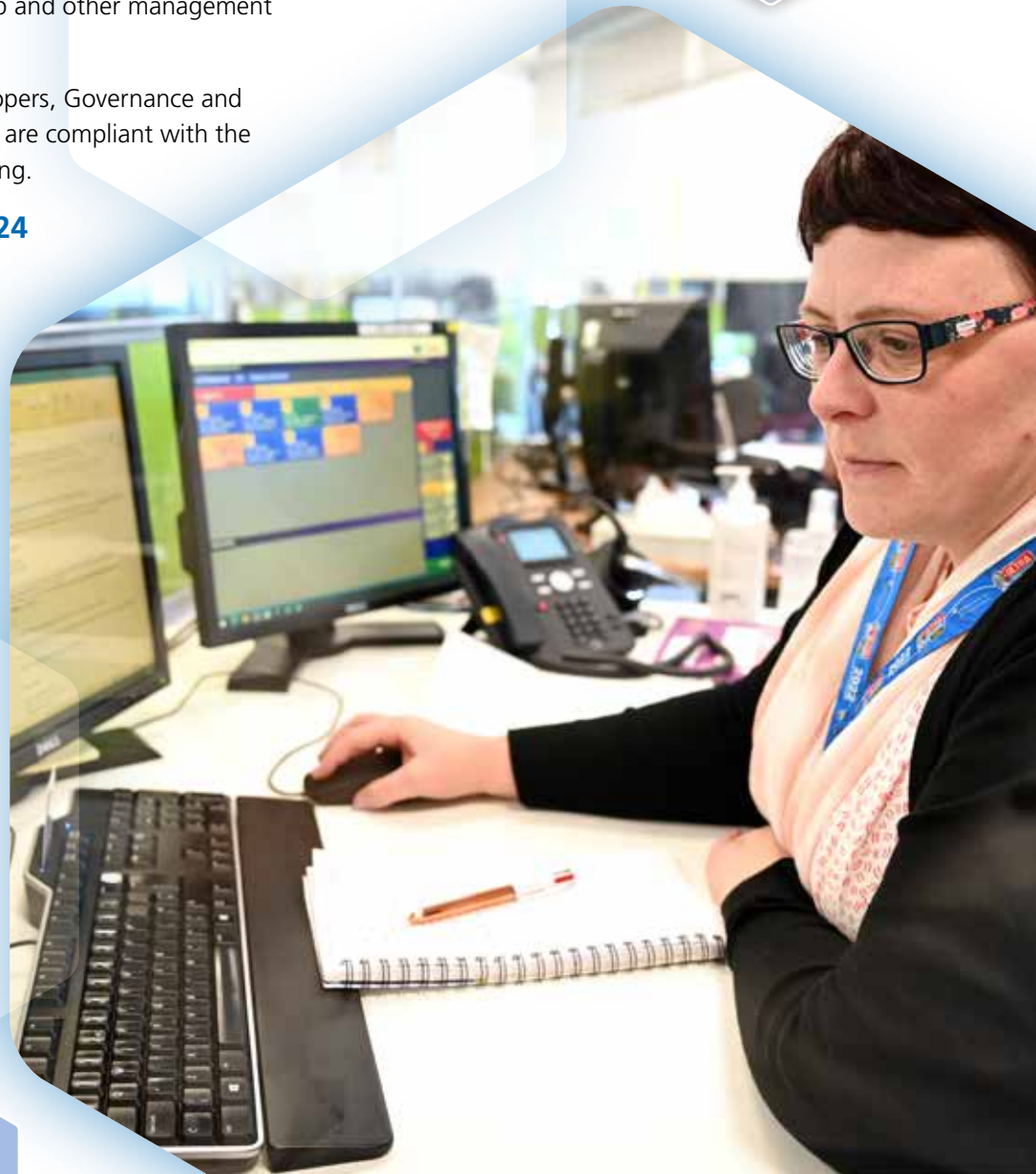
All of this was alongside our regular workload such as:

- Completing deep-dive analysis into IUC operational performance, tracking themes, trends and presenting opportunities to deliver improvements in performance to the Trust Management Group and other management groups.
- Working with Practice Developers, Governance and Operations to ensure all staff are compliant with the latest Pathways version training.

Looking ahead to 2023-24

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.



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.

During the year we completed

722,466 non-emergency journeys

and covered

7,621,032 miles

Between April 2022 and March 2023 our PTS completed 722,466 non-emergency journeys, covering 7,621,032 miles, making us one of the largest providers in the UK. Total demand, including delivered journeys, escorts and aborted journeys was 887,290.

We have just over 770 staff; including 602 in our operations teams, 60 managing bookings, 82 coordinating our fleet and resources and 27 supporting the overall running of our service-line.

187 volunteers are registered to support us and, this year, 169 provided 6.8% of our journeys, covering 1,303,884 miles. 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 48.4% of our journeys.

Returning to normal operations following the COVID-19 pandemic

In June 2022, we began increasing the number of patients in our vehicles due to the removal of physical distancing in healthcare settings as confirmed by the UK Health Security Agency (UKHSA). This enabled us to plan and deliver multiple-patient journeys on a larger scale than when COVID-19 restrictions were initially relaxed in June 2021. This also included private providers, taxis and our volunteer car service drivers.

For the safety of our patients and staff, we increased capacity in our vehicles in a phased approach so that we could evaluate and manage risk at every stage.

Even though we increased the number of patients in our vehicles, level 2 personal protective equipment (PPE) was still required for our staff, and patients (where able to) were also asked to wear a face covering.

As part of this move to increased capacity, we introduced extra questions at the point of booking transport, to identify whether they were suspected of having a respiratory infection. These questions were also repeated by PTS operations staff and volunteers as part of their courtesy call, prior to collecting the patient.

Alternative resources

Since April 2022, the PTS Alternative Resource Team has continued to support the PTS service line. The use of alternative resource providers brings with it the flexibility to respond quickly to ever changing demand levels, especially as we move out of the constraints of the COVID-19 pandemic. Currently, our PTS alternative resource providers carry out just under 50% of all PTS activity.

Our Alternative Resource providers also assist the A&E service-line by conveying patients who have been appropriately triaged.

November 2022 saw the successful implementation of our new PTS private provider framework, YAS118. This bolstered our alternative resources to:

- 22 private ambulance providers
- three community transport providers
- 16 taxi companies.

Volunteers generously give their time and use their own cars to transport some of our patients to their appointments.

PTS Volunteers

Our PTS is very grateful to have the support of 187 volunteers who generously give their time to transport some patients in their own cars. They have completed 50,090 journeys since April 2022, covering an impressive 1,303,884 miles.

That said, 2022 has not been without its challenges; the increasing cost of fuel has impacted the recruitment and retention of our volunteers - some have taken a break for several months and others have withdrawn from the scheme. However, to address this, volunteers can now claim an extra 5p per mile for every part of a journey with a passenger on board.

This year we have re-established face-to-face listening sessions in which volunteers can share their views and provide feedback on their volunteering experience. We have also delivered drop-in sessions to support volunteers with completing mandatory training modules.

Throughout 2022-23 we have attended a number of the events to raise awareness of volunteering opportunities within the Trust, if you see us at one this year, come and say hello. Alternatively, if you are interested in volunteering with us, visit: www.yas.nhs.uk/get-involved

Key activity and developments within PTS throughout 2022-23

Healthcare Transport Options – national review and PTS Pathfinder

In August 2021 NHS England (NHSE) and NHS Improvement (NHSI) published its review of non-emergency patient transport. This review set out a framework for PTS providers to support them in becoming consistently fair and sustainable. Specifically, it looked at:

- A revised minimum data set – this is the data that we provide to our commissioners for them to inform NHSE.
- New eligibility guidance to clarify core eligibility criteria.
- A new single set of mobility definitions.
- Improvement of the Healthcare Travel Costs Scheme.
- A commitment to one hundred percent zero-emission journeys.

In response to the review, a dedicated team within PTS has been managing the West Yorkshire Pathfinder Project, since March 2022 to develop and test new ways of working and provide feedback and learning on the recommendations.

Working alongside colleagues from NHSE, West Yorkshire Integrated Care Board and Calderdale and Huddersfield NHS Foundation Trust, the team has managed the development and testing of key workstreams.

For the Trust, this means supporting a fantastic PTS team which has undertaken work including:

- developing the Trust's relationship with community, voluntary and social enterprise groups
- testing revised eligibility questions
- testing the signposting of patients who are not eligible for PTS and provide them with alternative ways of making their way to hospital.

The learning from these workstreams is being used to help other providers to develop their services as part of nationwide Communities of Interest sessions.

Wheelchair safety belts

In the summer of 2022, we took delivery of 500 adjustable lap-belts to support the safe transportation of patients in wheelchairs. This is part of a wider wheelchair campaign which is being developed into 2023, and encourages patients to maintain their wheelchairs to ensure they are fit-for-purpose and safe for travel with us.

Dementia training for PTS staff

In 2022-23 we conveyed 60,500 patients living with dementia. As many of our patients are living with dementia or caring for someone living with dementia, our staff are regularly presented with dementia training opportunities, such as visiting the Dementia Bus, which is an immersive training opportunity on a mobile simulator. It allows staff to experience dementia first-hand and is a scientifically and medically proven method of experiencing what dementia might be like.

New equipment for PTS

Two new pieces of equipment were introduced in early 2022 to help move patients safely, comfortably and with dignity as well as protecting staff from injury; these were the EZ-Glide with Powertraxx and the Portable Telescopic Ramps.

The EZ-Glide with Powertraxx provides improved safety when going up and down stairs, is suitable for any patient within its load capacity and can be used for up to 20 flights of stairs per charge.

The Portable Telescopic Ramps provide improved accessibility when ascending or descending a small number of steps. At full extension the seven-foot ramps can go up or down a maximum height of 355mm or 14 inches and can carry a total load of 275kg or 43.3 stone.

Staff development

After a break from face-to-face PTS training and away-days due to the COVID-19 pandemic, we were pleased to be able to hold four PTS away-days in June and July 2022.

These training sessions were an opportunity for PTS leaders to network and a range of guest speakers from across the Trust attended to deliver familiarisation training and updates.The topics included:

- An overview of PTS developments.
- A session on health and wellbeing support for staff.
- Feedback and analysis on the PTS staff responses to the latest NHS Staff Survey with a session on developing next steps.
- A refresher on compression-only Basic Life Support (BLS).
- Conducting structured dynamic risk assessments and assisting patients walking.
- A demonstration of the new Cleric module – accessing patient risk assessments online.

Looking forward to 2023-24

We plan to present recommendations that, in consultation with West Yorkshire, South Yorkshire & Bassetlaw; North Yorkshire & Humber ICS Boards, the Trust adopts NHSE revised and mandated application of national eligibility criteria for Non-Emergency Patient Transport Services (NEPTS); agreeing standardised regionwide interpretation across the three ICS areas.

Engagement will outline the requirements of the new NHSE guidance, and recommend an approach which will meet the needs of the guidance and enable YAS to continue to deliver a high quality, safe and sustainable service for patients.

We are also in the process of developing a signposting website for members of the public to easily access a directory of the healthcare transport options to ensure the sustainability of PTS contracts with commissioners, and ensure that those patients who truly need NEPTS are provided with the appropriate levels of service and the highest quality of service possible.

In 2023-24, we are looking to increase our PTS recruitment and develop staff training for new recruits with the implementation of two additional recruitment courses for PTS ambulance care assistants (ACAs).

We will be introducing 70 new PTS vehicles into our fleet as part of the wider NHS Net Zero project and meeting future Net Zero Carbon targets.

In early 2020, members of the Alternative Response Team (ART) embarked on a project to look at volunteering roles in hospitals – specifically to determine the feasibility of extending our Volunteer Car Service offering to that of volunteers acting as porters on our behalf within hospital settings.

Given the ongoing struggles with parking at hospital sites, and the amount of time it can take to escort a patient from a vehicle to the hospital appointment area, we began to explore the feasibility of the project in conjunction with St John Ambulance.

Members of the ART team visited North East Ambulance Service in February 2020 to discuss how they had successfully implemented a similar project within a major Newcastle hospital. As a direct result of the COVID-19 pandemic, the project unfortunately had to be paused. However, in late 2022 the project was again revisited. Meetings have been underway with volunteer representatives from hospitals in Leeds and Wakefield with a view to undertaking a trial in 2023-24.

Within PTS we currently use a programmed called AutoPlan, which is a tool within Cleric that can automatically allocate a vehicle to our patients. Our PTS Resource Team uses this tool primarily to plan pre-booked and planned patient journeys.

During the COVID-19 pandemic, co-horting of patients was suspended and therefore AutoPlan was not used for this period. As social distancing restrictions were lifted in July 2022, it was agreed that we would make a phased return to using AutoPlan.

It was implemented in the Leeds area initially and, following some teething issues, was extended to Mid Yorkshire, Pennine North and Pennine South. We are planning to continue with the roll-out into East Yorkshire, Scarborough and North Yorkshire and then later into South Yorkshire.

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	Looking after our people/ Belonging in the NHS	New ways of working and delivering care/Growing for the future
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 including Diversity and Inclusion** • **Recruitment, Retention and Resourcing** • **Employee Voice** • **Health and Wellbeing** • **Education and Learning**	**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.

Informed by the results of our National Staff Survey 2021 (published in March 2022), it was decided that priority work for the Leadership and Organisational Development Team was to focus specifically on targeted culture work and improve the compliance and quality of appraisals.

Targeted culture work

This year, the Leadership and Organisational Development Team has supported several areas across the organisation working with key stakeholders, responding to feedback, and addressing cultural concerns raised. Specific projects and interventions have been designed and implemented, working with partners, to ensure high impact on agreed success measures.

A YAS Culture Development Approach has been developed to provide a framework for ongoing culture work. This framework considers the drivers for work through to commissioning, contracting, implementation, monitoring, and review.

The approach has clear lines of governance and reporting to ensure all key stakeholders and the commissioners of the work are continuously updated and informed of the progress and outcomes.

Appraisal and career conversations

The other area of focus was on appraisals and the wider conversations staff have with their line managers. The work aimed to give support for these to be compassionate, inclusive, and of a quality nature. Following its launch last year, the Trust continued to embed the revised policy and process across the organisation and focused on improving completion of appraisals as well as mandated training for managers on how to conduct an appraisal for this to create a positive staff experience.

The Trust developed a holistic approach to evaluation of appraisals and developed a dashboard that enables individuals, their managers, and the wider organisation to monitor compliance and quality.

YAS Accelerated Development Programme

The YAS Accelerated Development Programme 'Future Leaders' continued with its second cohort supporting aspirational and new people leaders to develop their skills and a wider understanding of leadership and management within our organisation. The format includes development input, learning sessions and pairing of each learner with an internal mentor to embed the learning into practice.
The programme was evaluated and received positive feedback from both the learners and the mentors who have continued to support the programme.

Awards

STARS Awards 2022

The Trust celebrated its STARS Awards 2022 in November 2022 where we looked back over the previous 12 months and highlighted the exceptional work of teams and individuals.

Overall, there were 100 nominations, and the winners and highly commended nominees were selected by former Chair Kath Lavery, Chief Executive Rod Barnes, and Phil Gleeson from YAS's Critical Friends' Network.

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

There were also awards for Volunteer of the Year and Commitment to Diversity and Inclusion as well as Chief Executive's Commendations.

Executive Director of Operations Nick Smith and Claire Lindsay, Head of Service Central Delivery (EOC), took to the stage to host the evening and announce the winners following a series of video presentations for each category.

Non-Executive Director Tim Gilpin joined Rod Barnes on stage to present certificates and awards to the winners and highly commended colleagues.

Long Service Awards

Many staff from across the Trust were honoured at our annual Long Service and Retirement Awards after clocking up a combined 3,280 years' service between them.

Seventy-three members of staff attended two ceremonies to collect their awards from Chief Executive Rod Barnes, Executive Director of Operations Nick Smith and special guest Reverend Brian Hunt, Deputy Lieutenant (North Yorkshire).

In total, 43 individuals were congratulated for achieving 20 years' NHS service and 10 individuals for reaching the 30 years' service milestone. Seven staff were recognised for an incredible 40 years of service – Paramedic Bill Wilkinson, Clinical Educator Mark Cheetham, Specialist Paramedic Tim Crookes, Specialist Paramedic Stephen Day, Ambulance Care Assistant Jean Stafford, Major Trauma Clinical Triage Co-ordinator Gordon Stewart and Academy Educator Neil White.

Our longest serving member of staff in attendance was Service Development Project Manager (IUC) Bob Sunley, who picked up an award for an outstanding 50 years' service. Bob started his career with Humberside Ambulance Service on 1 August 1971 as an ambulance cadet, working initially as an ambulanceman in Beverley and Bridlington. Latterly, he has been a huge part of the NHS 111 management team, delivering many successful projects.

The honours also included the Queen's Long Service and Good Conduct Medal, which was awarded to 32 staff on the day for 20 years' exemplary frontline emergency service and 14 retirees were also recognised for their valuable service to the Trust and communities across Yorkshire.

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 as well as our workforce. We aim to be an employer of choice for all individuals regardless of their background or characteristics. We 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 groups. To support this our Equality Impact Assessment process has been simplified to ensure inclusion is at the forefront of development and supported by the Diversity and Inclusion Team.

The Trust has four established Staff Networks (BME (Black and Minority Ethnic), Pride@YAS (LGBTQ+), Women and Allies and Disability Support Network).

The Women's and Allies' Network was launched in October 2022 to coincide with World Menopause Day. A week of activities at a number of locations across the region helped to raise awareness of the network. Network members went out and about in the health and wellbeing vehicle to meet with colleagues, listen to the issues that are affecting them and to finalise the three emerging network priorities:

- Enabling women to progress in YAS;
- Promoting women's safety;
- Championing women's health including, but not exclusively, the menopause.

A new Armed Forces Staff Network will launch in 2023-24 as part of our ongoing commitment to the 'Armed Forces Covenant' to be a recognised Veteran Aware NHS organisation and work towards achieving a silver award in the Defence Employer Recognition Awards.

Despite operational pressures and industrial action, our commitment to our staff networks remains strong. Key highlights include:

- All staff equality networks have continued to hold regular meetings.
- The Disability Staff Network continues to hold weekly 'virtual' drop-ins for staff.
- Staff network representatives are invited to a number of key stakeholder sessions to enable them to input and influence workforce action plans.
- Chairs of staff networks have a standing item on the Diversity and Inclusion Steering Group agenda.
- A relaunch of Pride@YAS and BME Staff Network in Spring 2023 aims to increase staff engagement following the success of the Women's and Allies' Network launch.

The Trust met its responsibilities under the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap statutory reporting requirements.

For both WRES and WDES, we improved on some standards.Areas of improvement are subject to an action plan, restorative culture work to be rolled out and included in HR policy to enhance the Trust's approach to reporting of bullying, harassment, and abuse at work, ensuring that processes are transparent, and set out the key routes to reporting incidents. A review of mass recruitment and selection practices commenced to improve inclusivity. This work is continuing in 2023-24 to introduce diverse recruitment panels for leadership roles and extend the provision of inclusive and compassionate conversation training and data-led recruitment and progression targets.

Targeted culture work where diversity and inclusion is a concern continues in specific directorates. This is also supported by the Diversity and Inclusion Team with targeted sessions delivered on Allyship, White Privilege and Race.

For the Gender Pay Gap, our pay gap unfortunately increased from 6.86% in 2021 to 7.96% in 2022, mainly due to the composition of our workforce i.e., 58.6% of our female staff are at Band 4 and below. Although it is disappointing this did not result in a reduction of our gap, we made good progress on our action plan which covers tangible actions up to March 2024. The focus moving forward to address our gap includes recruitment and promotion processes; ensuring our vacancies are attractive to all and how we select new staff through a gender-neutral process. We will also undertake some data analysis to review our data by specific departmental concerns.

To support staff with disabilities and long-term conditions, our Workplace Adjustments Working Group continues to work collaboratively with key stakeholders to understand barriers to staff accessing support to help them in their daily working lives with a collaborative approach for solutions generation of the issues identified. The Group relaunched our Health Passport designed to support individuals to easily record information about their condition, any reasonable adjustments they may have in place and any difficulties they face.

Our Equality, Diversity and Inclusion (EDI) programme of work for the coming year aims to focus on a number of measurable objectives and impactful actions. The introduction of the diversity census will provide a regional comparison from the national census data (2021) to inform directorate-level objectives; this will ensure focused efforts to address specific inclusion needs, a review of our recruitment and selection practices to ensure they are inclusive i.e., re-design Emergency Care Assistant and Call Handler assessments, and a deep-dive analysis of candidates through the recruitment pathway.

Yorkshire Ambulance Service
Armed Forces Network

PRIDE @ YAS
Yorkshire Ambulance Service LGBT+ Network

Yorkshire Ambulance Service
BME Staff Network

Women & Allies' Network
Yorkshire Ambulance Service

Disability
Support Network

Recruitment, retention and resourcing

Recruitment this year concentrated on our frontline and call centre workforce. Between April 2022 and March 2023, 183 Ambulance Support Workers (ASWs) previously known as Emergency Care Assistants (ECAs), 219 Paramedics (including newly qualified paramedics), and 30 International Paramedics joined our workforce, along with 344 call centre staff.

To support our A&E Career Pathway Model, we have a clear training and recruitment plan for the year ahead for our frontline A&E workforce.

Following our participation in a further international recruitment programme, supported by Health Education England, 37 successful International Paramedics will be joining us during 2023 from Australia and New Zealand. To help address a shortfall of Clinical Advisors, the Integrated Urgent Care (IUC) Team has participated in a pilot to recruit nurses from India and Dubai, with Heath Education England, which has resulted in 15 successful offers being made and they will join the Trust during 2023. A robust and supportive pastoral care programme is in place to support these new staff.

As part of the national NHSE Overhauling Recruitment Sprint Programme, the Trust had been successfully chosen to participate in 'Sprint 4', with specific objectives aiming to reduce the time to hire and streamline pre-employment checks. Ongoing process review recommendations and suggested amendments to the NHS Employment Standards guidance is underway.

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 commitment from our Trust Board, was renewed during the year with assurance 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 five other senior managers are paid under NHS England'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	**2022-23 Total £000**	2021-22 Total £000
Salaries and wages	223,741	508	**224,249**	199,593
Social security costs	22,397	-	**22,397**	19,814
Apprenticeship levy	1,159	-	**1,159**	993
Employer's contributions to NHS pension	25,736	-	**25,736**	23,863
Pension cost - employer Contributions paid by NHSE on provider's behalf (6.3%)	11,289	-	**11,289**	10,379
Termination benefits	385	-	**385**	382
Temporary staff	-	2,666	**2,666**	3,645
Total staff costs	**284,707**	**3,174**	**287,881**	258,669

Staff Profile - Gender (Headcount)

	2021 (31 March 2021)	2022 (31 March 2022)	**2023 (31 March 2023)**
Male	3,168 (46.55%)	3,234 (44.90%)	**3,133 (44.63%)**
Female	3,637 (53.45%)	3,969 (55.10%)	**3,887 (55.37%)**

Average Number of Employees (WTE basis)

	Permanent Number	Bank/ Agency Number	**2022-23 Total Number**	2021-22 Total Number
Medical and dental	2	-	**2**	3
Ambulance staff	4,384	96	**4,480**	4,321
Administration and estates	973	29	**1,002**	964
Nursing, midwifery and health visiting staff	74	58	**132**	104
Scientific, therapeutic and technical staff	5	2	**7**	8
Total average numbers	**5,438**	**185**	**5,623**	5,400

Volunteers

We are proud of the 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	232
Community First Responder	838
Pets at Therapy Volunteer	1
Total	**1,071**

Our Workforce Profile (Headcount)

	2021 (31 March 2021)	2022 (31 March 2022)	**2023 (31 March 2023)**
Paramedics	2,135	2,347	****1,953**
Technicians (including Ambulance Practitioners*)	532	561	**1,373**
Emergency Care Assistants	1,039	1,093	**404**
Other frontline staff (including Assistant Practitioners, A&E Support Assistants, Intermediate Care Assistants)	32	40	**43**
Patient Transport Service (Band 2, Band 3 and apprentices)	764	771	**800**
Emergency Operations Centre (EOC)	511	576	**621**
Integrated Urgent Care (NHS 111)	715	780	**760**
Administration and Clerical	892	809	**823**
Managerial (including Associate Directors)	171	211	**226**
Other (Chief Executive, Directors and Non-Executive Directors)	14	15	**17**

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

*** Establishment for 2021 and 2022 included Student Paramedics; for 2023 they are excluded*

Workforce Levels (Whole Time Equivalent (WTE))

Staff category	Establishment 31 March 2021		Establishment 31 March 2022		**Establishment 31 March 2023**	
	Headcount	WTE	Headcount	WTE	**Headcount**	**WTE**
A&E Operations	3,743	2,841	4,041	2,998	**3,773**	**3,297**
PTS	757	618	771	623	**800**	**629**
EOC/NHS 111	1,214	880	1,356	1,004	**1,381**	**1,001**
Support staff	883	658	809	677	**823**	**722**
Management	201	195	226	216	**243**	**227**
Apprentices*	7	7	-	-	**-**	**-**
Total	**6,805**	**5,200**	7,203	5,518	**7,020****	**5,876****

** The Trust has 658 staff who are undertaking apprenticeship programmes of study (9.88% of workforce) where the apprenticeship levy is utilised. These staff are undertaking substantive roles and hence are not shown separately in the data above.*

*** Establishment for 2021 and 2022 included Student Paramedics; for 2023 they are excluded.*

Exit Packages (subject to audit)

Details of exit packages agreed over the year are detailed in the following tables.

Exit Packages Agreed in 2022-23

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	£000	Number	£000	Number	£000
Less than £10,000	-	-	2	10	2	10
>£200,000	-	-	1	211	1	211
Total	**-**	**-**	**3**	**221**	**3**	**221**

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	£000	Number	£000	Number	£000
Less than £10,000	-	-	3	12	3	12
£10,000 - £25,000	1	11	1	12	2	23
£100,001 - £150,000	3	347	-	-	3	347
Total	**4**	**358**	**4**	**24**	**8**	**382**

Exit Packages – Other Departures Analysis

Other exit packages - disclosures (Excludes Compulsory Redundancies)	2022-23 Number of exit package agreements	2022-23 Total value of agreements	2021-22 Number of exit package agreements	2021-22 Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	2	10	4	24
Exit payments following employment tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Twelve-month paid secondment	1	211	-	-
Total	**3**	**221**	**4**	**24**
Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	-	-	-	-

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.

There were no departures where special payments have been made in 2022-23 nor 2021-22.

As a single exit package can be made up of several components, each of which will be counted separately in this table, the total number of exit packages may not necessarily match the total number in the table.

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Freedom to Speak Up (FTSU) Guardian

An independent review into creating an open and honest reporting culture in the NHS (Francis) was published in February 2015. The aim of the review was to provide advice and recommendations to ensure that NHS staff would feel 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 has since continued to develop FTSU across the organisation, responding to national guidance when required and playing an active role in regional and national developments. The Trust's FTSU policy and associated guidance documents were comprehensively reviewed in 2022 considering the Trust's own learning and the latest guidance from the National Guardian's Office.

All staff, volunteers and contractors can raise concerns directly with the Trust's FTSU Guardian, by phone or through a confidential email address. There is also a dedicated network of 14 FTSU Ambassadors who can provide support and advice to staff wishing to raise concerns regarding the quality of care, patient safety, bullying and harassment or simply anything that gets in the way of staff doing a good job or bringing their true self to work.

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 and feedback on the final outcomes, actions to be implemented or lessons learned.

Sam Bentley is our Freedom to Speak Up Guardian

Partnership working

Our commitment to working in partnership with UNISON, GMB, Unite the Union and the Royal College of Nursing remains strong despite the challenges linked to the national dispute on pay negotiations. Throughout this period our relationships have continued to develop both locally and regionally and we have undertaken some focused partnership working development with some support from an independent leader.

We have worked closely with unions on implementing a number of projects and organisational changes including A&E career pathways, Specialist Paramedic role reviews, rota reviews across the Trust and some changes to our corporate structures. Our trade unions continue to play a significant role in the development and improvement of our policies, terms and conditions and working environments.

The Trust's approach to People Management issues has been adapted to make decisions person-centric and restorative in nature. This methodology has been reflected in recently revised policies and management advice.

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 2023, as per our statutory obligations, we published information covering Trade Union representatives within the reference period 1 April 2022 to 31 March 2023.

Joint Steering Group (JSG)

To support our ongoing partnership with our trade union colleagues, Trust leaders meet with lead trade union representatives on a monthly basis to discuss operational and strategic matters. This year through the partnership development work, we jointly established that operation of these arrangements required review. This work commenced with various workshops which gave members the opportunity to comment on the JSGs functionality, purpose membership and effectiveness. The outcomes will be used to inform the future partnership working arrangements and will extend to include the Policy Development Group. This work will be a continued priority for us over the coming year.

National Quarterly Pulse Survey (NQPS)

The National Quarterly Pulse Survey (replacing the Staff Friends and Family Test) was first implemented at the Trust in January 2022. The NQPS is administered in January, April and July of each year. The NQPS consists of nine questions, which support the Trust to gain regular insight into staff engagement.

The results from the NQPS are used to provide insight and evaluation into whether the changes made as a result of the NHS Staff Survey are improving staff experience and engagement.

National NHS Staff Survey (NSS)

The national NHS Staff Survey is mandated for all NHS organisations. The questions have been developed to ensure that they provide insights into the NHS People Promise as well as staff engagement and morale. The People Promise sets out matters that would most improve the employee experience of NHS colleagues and is made up of seven elements.

To increase participation and inclusivity NHS England 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 the survey online, and operational staff being offered 15 minutes abstraction time to complete it.

The 2022 survey ran from 3 October until 25 November when the Trust was experiencing significant organisational and operational pressures. This impacted on YAS's response rate which was only 34% for a second year running.

YAS 2022	SECTOR AVERAGE 2022	+/-	YAS 2021	SECTOR AVERAGE 2021	YAS 2020	SECTOR AVERAGE 2020	YAS 2019	SECTOR AVERAGE 2019
34%	50%	-16%	34%	57%	37%	56%	50%	50%

The Trust's staff engagement score increased from 5.92 in 2021 to 6.03 in 2022.

Headline NHS Staff Survey results for 2022 - Theme results and trends (score out of 10)									
	YAS 2022	YAS 2021	YAS 2020	YAS 2019	YAS 2018	+/- 2022-21	Sector average 2021	Sector average 2022	YAS vs 2022 Sector+/-
We are compassionate and inclusive	6.8	6.5	-	-	-	0.3	6.6	6.7	0.1
We are recognised and rewarded	5.0	4.9	-	-	-	0.1	5.1	5.0	=
We each have a voice that counts	6.0	5.9	-	-	-	0.1	5.9	5.8	0.2
We are safe and healthy	5.4	5.3	-	-	-	0.1	5.3	5.4	=
We are always learning	4.7	4.1	-	-	-	0.6	4.4	4.6	0.1
We work flexibly	5.3	5.2	-	-	-	0.1	4.9	5.0	0.3
We are a team	6.1	5.6	-	-	-	0.5	5.9	6.0	0.1
Staff Engagement	6.0	5.9	6.5	6.6	6.3	0.1	5.9	5.9	0.1
Morale	5.4	5.3	6.0	6.0	5.7	0.1	5.3	5.2	0.2

All YAS scores have positively increased from 2021 with all but two themes scoring slightly higher than the sector average (these two themes being the same as the sector average). 'We are always learning' and 'we are a team' saw the biggest increase, with 0.6 and 0.5 increase respectively.

'We are compassionate and inclusive' and 'we are a team' saw the highest scores (6.8 and 6.1) with both scores being 0.1 above the sector average.

The results from the NHS Staff Survey are used to support improvement both at a Trust-wide and local level.

Health and Wellbeing

The health and wellbeing of our staff remains a top priority and, as such, the Trust had a detailed Health and Wellbeing Plan for 2022-23 with a focus on key enabling strategies and interventions responding appropriately and addressing the unique challenges we face. The plan was monitored through the Health and Wellbeing Group, which meets bi-monthly with senior management membership and reports brought to the Board.

The Health and Wellbeing Plan for 2022-23 was informed by input from staff across the Trust, as well as research including results from our staff survey. The plan was aligned to the 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.

Throughout the year, our staff continued to face unprecedented challenges and high operational pressures meant they needed to rely on our value of resilience to maintain our vision to provide the best care. Hence, to support staff to remain well at work, we enhanced our service provision during this period, with a greater focus on mental, physical and financial wellbeing. This included extra support for our frontline staff with welfare vehicles offering refreshments, the provision of drop-in psychological wellbeing support sessions, and increased frequency of Therapy Dog sessions following the high demand.

As some of our teams are exposed to more traumatic and challenging situations than others, we have been working with different teams to create bespoke welfare support packages relevant to their needs supported with the ongoing up-skilling of some our staff to become peer supporters, trauma risk practitioners and mental health first aid instructors.

Occupational Health

Our occupational health, physiotherapy and mental health services have continued to provide high quality support to our staff. The contracts are closely monitored with clear key performance indicators in place.

We continue to provide the Employee Assistance Programme, a confidential 24/7 support service to our staff. Services offered include counselling, trauma support, general life management and support for managers.

Staff have shared their experiences following contact with the services and the Trust undertook a host of engagement sessions to help us shape what our future provision should look like once our existing contracts come to an end. The procurement process continues into 2023-24 with new contracts due to begin in April 2024.

Flu vaccination and COVID-19 booster programme

The 2022-23 flu vaccination programme was successfully delivered within the Trust with clinics held throughout the region. Communication was ongoing during the vaccination period, promoting the benefits of protection; 51.3% of frontline staff came forward for their flu vaccination. COVID-19 booster vaccines were promoted alongside the flu vaccination campaign encouraging staff to protect themselves, their families, colleagues and our patients; the COVID-19 autumn booster had a 38.7% uptake.

Absence management

Given the challenges faced by our incredible staff, it's not surprising that the Trust continued to manage high levels of sickness absence throughout the year and provided some dedicated resources in identified hot-spot areas.

To support staff to have regular attendance at work, we recognised that our processes to compassionately support our staff required review, hence commenced some improvement work in partnership with our trade union colleagues.

The review of our Managing Attendance Policy is the subject of a series of partnership workshops using our refreshed approach of ensuring the process is person-centric; this work is a people priority for the coming year. A leadership training package will accompany the implementation for managers to acquire the soft skills to enable compassionate conversations regarding health and wellbeing.

In addition to this, we recognised a requirement for improved systems to support case management to help us in managing absence more efficiently. Work to implement this will also take place in 2023-24.

Calendar Days Lost

	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total (2022-23)	**16,089**	**13,731**	**14,017**	**16,045**	**13,874**	**12,969**	**14,615**	**13,270**	**15,309**	**12,539**	**10,660**	**12,436**
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

Sickness Absence Percentage

	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total (2022-23)	**10.04%**	**8.28%**	**8.74%**	**9.61%**	**8.28%**	**7.94%**	**8.62%**	**8.01%**	**8.89%**	**7.25%**	**6.79%**	**7.15%**
Total (2021-22)	7.20%	7.30%	7.30%	8.40%	9.50%	9.50%	9.60%	9.50%	12.1%	12.5%	10.0%	11.2%

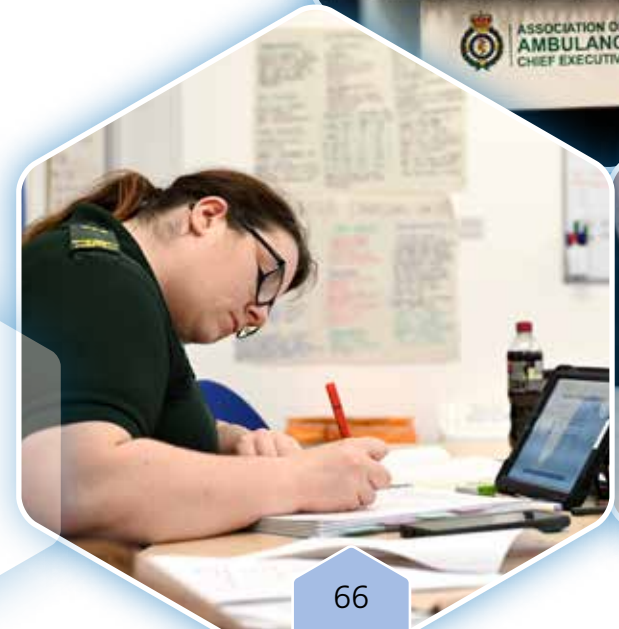
Details of staff sickness and absence data can be found via NHS Digital publication services on: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/december-2022-provisional-statistics

Learning and Education

The Trust's Learning and Education Team, YAS Academy, continued to work collaboratively with a wide range of internal and external stakeholders to provide high quality, relevant and accessible learning. Our approach was designed to equip our people with the requisite knowledge, skills and behaviours enabling them to feel empowered, valued and engaged to perform at their best, providing the best person-centred care.

YAS is committed to providing quality apprenticeship programmes across a diverse range of clinical and non-clinical roles. This commitment is demonstrated by the number of apprentices we support as these accounted for half of all new starters into the Trust. Our main apprenticeship programmes are part of the clinical career development pathway for Paramedics, which continues to grow year-on-year.

Following the success of the Trust's award-winning Level 3 Ambulance Support Worker apprenticeship (Apprenticeship Programme of the Year 2021 at the Learning Awards), this year our level 4 Associate Ambulance Practitioner apprenticeship was one of seven shortlisted as a finalist for the same prestigious award. YAS did not win on this occasion, however this significant achievement recognises the quality of the programme and the strength of the career pathway to Paramedic. Both programmes are delivered by the YAS Academy Team.



YAS successfully retained its status on the public sector Register of Apprenticeship Training Providers (RoATP) following the annual re-application. The YAS Academy continued to work closely with Health Education England to secure the transfer of unused apprenticeship levy funds to YAS from ten partners (Morrisons PLC, NHS Trusts and local councils) to support apprenticeship pathways. Morrisons' levy transfer is the largest in England and has now exceeded £1m with a total of £2.6m confirmed over the next two years. The levy transfers offset 5% co-investment funding that YAS would otherwise need to pay for each apprentice, when the Trust's levy pot has been spent.

The first cohorts of the Level 6 Paramedic Degree Apprenticeship graduated this year from our two partner Higher Education Institutes (HEIs); University of Huddersfield and Teesside University. The graduates have been inducted as Newly Qualified Paramedics to the Trust. They joined the record number of over 250 new Paramedics recruited and inducted into YAS which includes 30 International Paramedics.

YAS works in partnership with six HEIs to secure a pipeline of Paramedics through paramedic science undergraduate programme provision. This Paramedic career development pathway has now been extended for Specialist and Advanced Paramedic roles, providing a clear post-registration progression route to advanced practice. Our HEI partners also provide a variety of valuable continuing professional development opportunities for new and existing practitioners.

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. Over 282,000 placement hours was supported, equating to an average of 77 students on placement with YAS every day.

Our Driving Education Team supports colleagues to pass their blue-light driving courses

The Driving Education Team was strengthened across the year with one of the team qualifying as a National Principal Assessor and new instructors developed and qualified. A record 275 staff in a variety of roles (15% increase) undertook and passed the four-week blue-light driver training course. In addition, 72 Patient Transport Service colleagues passed a five-day driving course and over 100 Volunteer Car Service assessments were conducted. Although the requirement to conduct high-speed driving reassessments every five years has not yet been enacted as legislation, over 750 reassessments have been conducted, with more than three-quarters of eligible staff completing new blue-light theory continuing professional development (CPD) eLearning.

An innovative and intuitive dashboard was developed to provide managers with up-to-date information on the compliance of their team members' essential learning requirements. Coupled with local team-based Essential Learning Champions and regular communications, the completion of statutory and mandatory eLearning modules has seen a strong increase to above pre-pandemic compliance levels.

The promotion and support for continuing professional development has been a continued 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

During 2022-23 we have engaged with a wide range of communities across Yorkshire, delivering over 100 events incorporating training, education and public engagement. We also delivered an additional 133 events as part of Restart a Heart Day on 14 October, supporting CPR training in schools across Yorkshire and at professional football clubs.

Our priorities 2022-23

We launched our Community Engagement Strategy in November 2021, setting 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.

Over the last year we have developed new partnerships and projects that focus on the following priorities:

- Engaging vulnerable populations.
- Supporting communities and our staff and volunteers to provide life-saving skills training.
- Supporting people into employment.
- Community events that enable people to learn about our services and meet our staff.

Engaging our communities

New partnerships to expand our free first aid training

Our free first aid training is available to voluntary and community sector organisations and schools, and during 2022-23 we have developed new partnerships to help us reach our communities.

We now have established rolling programmes of free first aid training with partner organisations that help us reach communities that do not have good access to services . This includes Neesie, a Bradford based charity that supports vulnerable women, and The Peel Project, a Hull-based charity supporting BAME communities in the local area. These partnerships have expanded to include engagement on YAS careers and wider community events alongside the host charities.

Supporting people recovering from alcohol and drug addiction

In September 2022 we completed our first seven-week Achieve programme in partnership with Change Grow Live (CGL), a national social care charity. Working with the Bradford branch of the charity we delivered seven weekly practical sessions focused on life skills and first aid for people recovering from drug or alcohol addiction.

A participant in the programme said: *"This programme has really helped me in my recovery; it is something to look forward to and it has given me an insight into what I could do in the future like volunteering, I have learnt some valuable skills."*

Building on the success of the first programme, we completed a second course In November, this time working with a female-only group.

The Project Manager for the outreach teams for CGL in Bradford, said: *"It has been amazing to see this project come to life from what started as a conversation around offering basic life support skills to service users following their feedback on what would be beneficial to them in recovery groups."*

We are now expanding the programme to CGL in Hull, and to support CGL in Bradford to deliver the course independently.

Supporting young people into employment with The Prince's Trust

Over this year we have worked with the Prince's Trust to encourage and support young people into employment with us, while also providing them with wider life and employability skills.

In July 2022 we delivered our 'Get Started with YAS' programme alongside the Prince's Trust. The course was a week-long taster of working with YAS for 18 young people not in work. The course provided practical skills to support young people's employability alongside sessions focused on different careers in YAS.

One 16-year-old participant fed back on the personal benefit to his confidence that attending the programme has had. Struggling to engage with education because of social anxiety and bullying, the participant would often avoid school and had lost confidence in himself. Through the Get Started programme he pushed himself out of his comfort zone and felt that, after his negative experiences with education, this was the start of a positive change for him. His confidence notably increased over the week of the programme, and he has an ambition to work for the ambulance service in the future. He is undertaking training courses to develop his skills and is looking to volunteer with St John Ambulance Service until he is old enough to apply for employment.

Following this programme, we wanted to do more to support young people directly into roles within YAS. Working with Integrated Urgent Care and Emergency Operations Centre staff we developed a 'Get into YAS' programme with The Prince's Trust focused specifically on our call handler roles.

In February 2023, twelve young people completed this new programme, taking part in exercises designed around our call handler roles. They now have the opportunity to interview for live vacancies potentially leading to employment with the Trust.

Training community partners to be life-savers

This year we launched our Community Partners Programme, which will support staff, students and volunteers in community organisations and colleges to deliver life-saving skills training to the communities that they work with.

Through a train-the-trainer course we are equipping people to become community trainers, providing a structured programme and training equipment that will enable them to work independently, providing life-saving skills training.

The Community Partners Programme is a pilot project funded by YAS Charity initially working with CGL Bradford, Hull Community and Voluntary Services (CVS) and Leeds City College. Those organisations will be rolling out their YAS-supported life-saving skills training over 2023-24. Hull CVS is supporting a further four community organisations to develop community trainers as part of the programme. The full list of community partner organisations is:

- Change Grow Live Bradford
- Leeds City College
- Hull CVS
- East Riding Voluntary Action Services (ERVAS)
- Moorlands Centre, Goole
- The SHoRes Centre, Withernsea
- West Hull Amateur Rugby League Football Club (ARLFC)

Working with our Community Engagement Volunteers

This year we have been recruiting YAS staff and volunteers to train as Community Engagement Volunteers (CEVs). Our CEVs are colleagues who are passionate about supporting their local communities and want to represent YAS at local events and activities in their spare time. We have trained 26 volunteers and staff as CEVs this year, supporting them to deliver training and community engagement in their own communities. Our CEVs also support activities alongside our community engagement team.

Engaging communities YAS roadshows

This year we rolled out a programme of YAS roadshows, partnering with grassroots community organisations to engage with people across Yorkshire and holding larger events at shopping centres.

Our roadshows give local people a chance to meet our staff, learn about our career and volunteering opportunities as well as opportunities to learn and practice CPR. These events bring the whole of YAS to our communities and give people the opportunity to meet us and learn what we do.

Our roadshows give local people a chance to meet our staff, find out about our career and volunteering opportunities and learn CPR.

Community Resilience

Volunteers in local communities have continued to play a major role in patient care and business continuity for Yorkshire Ambulance Service. 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 around 700 CFRs who belong to 253 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 2022-23, they responded to 17,451 calls, including 3,214 Category 1 incidents. They were first on scene at 1,594 of those Category 1 incidents and attended 601 cardiac arrests. The total number of on-call hours provided by CFRs was 187,228.

Volunteers have now been trained and equipped to attend uninjured patients who have fallen and are unable to get back up. 3,223 patients who had fallen were cared for by volunteers 2022, 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 few years.

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.

Community defibrillators and CPR awareness

There are 7,207 defibrillators registered with Yorkshire Ambulance Service which include 2,879 static defibrillator sites at places such as business premises, supermarkets, airports, railway stations, shopping centres, GP and dental practices and police custody suites.

We continue to support and use a national defibrillator database for registering Community Public Access Defibrillators (CPADs) called The Circuit. The Circuit advises guardians as soon as we have activated a defibrillator to an incident, guardians can then check their CPADS and make them available through their log in. This means we have defibrillators made available for use by communities much quicker. This has been the busiest year yet for activations of Community Public Access Defibrillators (CPADs). In 2022-23 we activated a CPAD to a life-threatening emergency 7,679 times.

In 2022-23, around 1,500 members of the public were also provided with free automated external defibrillator (AED) training at over 100 locations across the region.

Yorkshire Air Ambulance (YAA)

During 2022-23, Yorkshire Air Ambulance (YAA) responded to a total of 1,586 incidents, of which the aircraft attended 75% of these calls and the rapid response vehicles (RRVs) attended 25%. YAA received assistance from other air ambulances on six these calls. 845 of all calls were trauma related.

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 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.

The Yorkshire Air Ambulance responded to a total of 1,586 incidents in 2022-23.

Financial Review

Strategic context

Following two years dominated by the challenges of the coronavirus pandemic; 2022-23 has focused on recovering services, building resilience and working with system partners to address the considerable backlogs in care resulting from the COVID-19 crisis. Issues relating to public sector pay awards have resulted in extensive strike action throughout the latter half of the year. This has all taken place against a backdrop of one of the worst winters the NHS has ever experienced.

This year saw a significant shift in the structure of the NHS with the formal introduction of Integrated Care Systems (ICSs) which encourage system collaboration, deliver integrated care for patients and make the most effective use of resources.

The centralised funding regime that was implemented in response to the pandemic was scaled back and arrangements began to transition back to pre-pandemic BAU. The focus has switched to recovery, with systems again taking direct control of the commissioning process.

Specifically, 2022-23 funding arrangements reflected:

- Reduction in COVID funding
- Increased focus on efficiencies/savings and reinstatement of an efficiency factor in the tariff uplift.
- A return to contracting arrangements
- Reinstatement of CQUIN.

Whilst 2022-23 saw the return to formal signed contracts; commissioners opted to maintain the block payment arrangements. The Trust received a global sum payment based on the principles of the planning guidance. CQUIN schemes were developed across A&E and PTS service lines with the agreement that the Trust would not be financially disadvantaged for under performance against the agreed indicators.

In the second half of 2021-22 the Trust had committed to significant levels of recurrent expenditure, at the request of NHSE/I, to improve performance across IUC, EOC and A&E which had deteriorated due to increased demand. This was without the assurance of future recurrent funding and left the Trust with an underlying recurrent deficit heading into 2022-23. £14.5m of additional recurrent funding was made available in to cover this investment in services.

Ambulance service performance remained challenging throughout 2022-23; with response times particularly impacted by delays in hospital handovers and increases in the acuity of ambulance demand.

IUC/NHS 111 services also continued to receive dedicated additional investment in 2022-23. £5.07m of national Service Development Funding (SDF) was made available non-recurrently to the Trust to support increasing NHS 111 call handling capacity. IUC recruitment was particularly difficult in the first half of the year, with low uptake against call handler recruitment plans. Recruitment challenges have slowed recovery of IUC performance, which has also been negatively impacted by a national outage in a core IUC software platform that spanned several months leading into winter.

Enhanced infection prevention control standards and increased discharge demand have continued to impact on the efficiency of the Trust's Patient Transport Service. The requirement for single patient journeys and a sustained increase in on-day demand had reduced efficiency by nearly 30% and required significant additional expenditure in both for independent sector sub-contractors to provide additional capacity and maintain service performance. Updated infection prevention and control standards have allowed PTS services to safely re-introduce co-horting of patients during 2022-23, increasing service efficiency steadily throughout the year. PTS efficiency has returned to near pre-pandemic levels – an average of 1.3 patients per vehicle compared to 1.4 pre-pandemic. However sustained changes in patient acuity and high levels of on-day demand have continued to require increased use of independent sector sub-contractors and significant additional expenditure in-year.

The Trust has continued to develop its system-wide working and integration with the West Yorkshire ICS. This is particularly pertinent to the planning process and system-wide performance monitoring.

2022-23 saw the continued capital investment across our estate; most notably completion of the Emergency Operations Centre (EOC) at Fairfields in York, the new Logistics Hub and purchase of land for the new Scarborough Hub and Spoke facility.

The detailed Trust position for 2022-23 is set out overleaf.

2022-23 financial regime

At the beginning of the financial year the Trust had a deficit plan of £30.6m and budgets were initially set on this basis.

Following the initial plan submission; in May 2022, NHSE/I announced further recurrent funding of £150m nationally, to support the unique financial pressures faced by the ambulance sector. The Trust's share of this funding was £14.48m. Additional regional funding of £8.99m was also made available on a non-recurrent basis. It was agreed with system partners that this funding would be drawn down only if required, otherwise would be returned to the system.

Alongside these two additional funding streams, YAS were able to reduce costs by £5m and as a result, achieve a balanced financial plan which was approved by the Trust Board. Budgets were revised in year to reflect this break-even position.

The 2022-23 pay award was announced in July 2022, which committed to a minimum uplift of £1,400 per annum for all Agenda for Change paid staff and enhanced rates for band 6 and 7 staff, to guarantee an uplift of 4%. Funding was made available via a 1.66% uplift to the contract value. The actual cost of the pay award to the Trust was calculated at 5% causing a recurrent cost pressure. This was managed in year through slippage on recruitment and non-recurrent benefits from provisions.

Income and expenditure

The Trust delivered a £0.24m surplus in 2022-23 against a break-even plan.

	Plan	Actual
	2022-23	2022-23
	£m	£m
Income	**367.94**	**382.21**
Pay	**(278.17)**	**(287.75)**
Non Pay	**(87.23)**	**(94.16)**
PDC Dividend	**(2.31)**	**(1.96)**
Finance Income/(Costs)	**(0.24)**	**2.13**
Reported surplus/(deficit) for the year	**0.00**	**0.46**
Adjusted financial system performance		
Add back I&E impairments	**-**	**(0.16)**
Remove net impact of COVID consumables centrally provided	**-**	**(0.06)**
Adjusted Financial System Performance	**0.00**	**0.24**

Income

The Trust received income of £382.2m. £345m is contract income from NHS commissioners for the provision of 999/ PTS and IUC services, and £12m is accrued income with NHSE in respect of the 2022-23 non-consolidated pay award. The Trust also recognises £11.3m of notional funding from NHSE to cover the increased staff pension contributions and £0.7m for centrally provided personal protective equipment (PPE).

YAS receives additional Patient Care funding from the Embrace contract for neonatal services, from Primary Care Networks for rotational paramedics and NARU.

Non-patient care income includes Education and Training, Research and Development, salary recharges and the apprenticeship levy.

Due to a number of non-recurrent benefits in year relating to provisions, technical adjustments and slippage on recruitment; the Trust opted not to draw down the £8.99m regional funding.

Service	**2022-23**		2021-22
	£m	%	£m
Patient Care Income	360.5	94	316.6
Non-Patient Care Income	9.7	3	10.1
Other*	11.3	3	10.4
Vaccination and Testing	-	-	0.2
System Top-up/COVID	-	-	21.0
Centrally Provided PPE	0.7	0	0.9
Total Income	**382.2**	**100**	**359.2**

* £11.3m centrally funded pension costs (£10.4m in 2021-22).

Expenditure

Combined revenue expenditure in 2022-23 was £381.9m.
The breakdown of total expenditure can be seen in the table below:

Expenditure	**2022-23**		2021-22
	£m	%	£m
Pay Costs	287.8	75	258.2
Non Pay Costs	77.9	20	78.8
Depreciation (including impairment)	15.6	4	11.1
Centrally Provided PPE	0.6	0	1.0
Total Expenditure	**381.9**	**100**	**349.1**

The Trust has seen a significant increase in pay costs from the previous year. This is due to:

- Investment in A&E frontline and EOC services to respond to increasing demand and acuity.
- An accrued £12m for the 2022-23 non-consolidated pay award which has been agreed nationally towards the end of the financial year, but not yet transacted.

Whilst pay costs have increased overall, there are a number of areas where costs have been lower than planned. Both EOC and IUC in particular have struggled to achieve and retain the planned level of staffing, whilst strike action has impacted on pay costs across all services. A number of provisions for job evaluations have been resolved favourably and costs for unsocial hours is steadily reducing as a higher proportion of staff are under section 2 arrangements.

Higher non pay costs can be attributed to two factors:

- Volume-related costs that have risen in line with the increased service demands e.g., such as interpreting services, clinical waste and consumables.
- Inflationary price rises affecting fuel, ICT contracts and building materials, creating pressure on both capital and revenue budgets.

Increased depreciation expenditure is a result of the transition to IFRS16. The Trust holds a significant number of leases across fleet and estates. Costs previously reported as rent and operating lease expenditure (within non pay) are now represented as Right of Use assets depreciation and interest.

Quality and efficiency savings

The Trust had an efficiency target of £14.18m during 2022-23 and has delivered the planned cost reduction overall. Some specific planned schemes (such as increasing PTS volunteer drivers) were not successful, however other cost savings have been identified in year.

Yorkshire Ambulance Service continues to evaluate and develop initiatives to improve efficiency and reduce waste through the Organisational Efficiency Group.

Capital expenditure

The Trust received capital funds for purchased assets of just over £17m in 2022-23 and total capital expenditure was slightly under at £16.9m.

The Trust also implemented International Financial Reporting Standard IFRS16: Leases for the first time, although funding allocations were held nationally. IFRS16 requires organisations to recognise assets that are secured under lease arrangements as capital assets (known as Right of Use (ROU) assets) in a similar way as if they had been purchased outright.

Capital plans were developed for both Purchased and Right of Use assets.

2022-23 presented the Trust with considerable challenges in delivering the planned capital investment.

The Logistics Hub and the Emergency Operations Centre (Fairfields) developments and Bradford Ambulance Station refurbishment were undertaken but were affected by inflationary price pressures. There were delays to Hub and Spoke initiatives and the planned DCA fleet replacement programme.

The Trust was able to accelerate some future years' projects, including other fleet replacement programmes and purchases of ICT and medical equipment.

Some leased expenditure was not completed as planned; there was a delay in signing some property lease renewals and the PTS fleet replacement programme was deferred due to long lead times for vehicles.

Capital Expenditure	Plan	Actual	**Variance**
	£000	£000	**£000**
OWNED ASSETS			
Estates	3,956	4,649	**693**
Fleet	6,761	5,873	**(888)**
ICT	1,955	3,252	**1,297**
Medical Equipment	-	777	**777**
Transformation	4,361	2,702	**(1,659)**
Total Excluding Disposals	17,033	17,253	**220**
Disposals NBV		(356)	**(356)**
Total	**17,033**	**16,897**	**(136)**
ROU ASSETS			
Estates	5,302	3,852	**(1,450)**
Fleet	9,042	2,727	**(6,315)**
Total	14,344	6,579	**(7,765)**

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 Charitable Funds Committee.

In 2022-23, the YAS Charity purchased a new financial accounting system, which will be implemented fully from the start of the financial year in 2023-24. The committee received an audit of 'significant assurance' following an internal audit review of the Charitable Funds in May 2022.

The YAS Charity had one part-time manager during 2022-23, supported by the head of communications and community engagement, 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. During the final month of 2022-23, the YAS Charity appointed a new head of charity, with ambitions to grow and develop the charity, which will begin in 2023-24.

During 2022-23, the YAS Charity has continued to focus its efforts on supporting staff and volunteers, as well as our communities in dealing with the impacts of COVID-19, as well as the challenges of the cost-of-living crisis.

With the continued benefit of grants from the NHS Charities Together COVID-19 Appeal, we have continued to support the work of responding to patients who have fallen, through volunteers and dedicated equipment. The grants have also provided support for health and wellbeing for staff and volunteers.

Our support for YAS colleagues and volunteers continued with the provision of payments to those in financial hardship, increasing the designation during the year, and the Charity approved the introduction of a provision for death in service financial support for serving employees and volunteers, which sadly has already been accessed a number of times during the year.

The YAS Charity has supported a series of awareness training activities to help colleagues better support patients with dementia or with learning difficulties, along with wellbeing support for unpaid carers and support for YAS colleagues running activities to promote health and wellbeing outside the workplace, including a number of sports teams.

YORKSHIRE AMBULANCE SERVICE CHARITY

Through the Charity's work to support and engage communities, financial support was again provided for the annual Restart a Heart campaign, training children in hundreds of schools across Yorkshire and the Humber, as well as continued support for 'Pillow Partners', aids to support CPR training. The Charity has also continued its support for saving lives with the approval of grants in partnership with local communities across the region to fund community public access defibrillators, with the support of community first responders and the Trust's Community Resilience team.

By supporting initiatives developed by the Trust's Community Engagement team, the YAS Charity has supported the production of materials to enable them to deliver training and engagement in communities, as well as support the development of the train-the-trainer project, which will enable more communities to benefit from life-saving skills.

Despite the continued operational challenges faced by colleagues in the Trust, and the prolonged impact of COVID-19 and the rising costs of living, fundraising activities continued throughout the year. The joint ambulance charity campaign 'Outrun an Ambulance' was supported by colleagues and their families, as well as suppliers Mitie, raising money for the YAS Charity, and being recognised with a national award for 'Working in Partnership' at the national NHS Communicate Awards.

Colleagues and volunteers were involved with activities and events across the year to raise funds, including organising two brass band concerts, launching a book to recognise our volunteers, 'Ordinary People who do something Extraordinary' featuring over 100 portraits of the volunteers. Support for the lottery also continues and we had a number of runners and walkers taking part in the Great North Run and the Yorkshire Three Peaks.

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 the region to be able to continue our support for our three priority areas. If you would like to make a donation, take on a fundraising challenge or find out more about the work of the YAS Charity, please visit **www.yascharity.org.uk** or email **yas.charity@nhs.net** and you can follow us on **Facebook (www.facebook.com/YASCF) or Twitter (www.twitter.com/YAS_Charity).**

YORKSHIRE AMBULANCE SERVICE CHARITY

Accountability Report

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

Since 2007, Yorkshire Ambulance Service has laid out its climate agenda, working to reduce carbon emissions and tackle the ever-increasing threats from climate change.

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. Yorkshire Ambulance Service has aligned its Green Plan with these timescales and has a bold ambition to decarbonise before that date.

Green Plan

The Trust Board approved the Trust's 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 with 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.

The Trust was the first ambulance service in the country to create a Carbon Management Plan in 2010 (now known as the Green Plan). We are working 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, work closely with the Northern Ambulance Alliance, and are also members of the regional Yorkshire and Humber Climate Commission.

We have identified a five-year plan for decarbonising our organisation that would help us to reach a 2040 target if not earlier. Some key highlights from our Green Plan include:

- 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 Service vehicle to a hydrogen-diesel hybrid.
- In 2020, YAS committed to eliminating fossil fuels from its energy mix as we moved to a renewable electricity contract.
- We have stopped sending waste to landfill (a small amount is still produced as 'flock' from incineration) and are working to reduce the amount of waste that we generate through more paperless operations and returning waste to the suppliers. Waste diverted from landfill now goes to recovery for fuel.
- 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 we have hydrogen-hybrid vehicles as well as electric vehicles. 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 installed solar panels on our new fleet of double crewed ambulances which trickle charge batteries to reduce the impact of idling.
- Through the Warp It furniture reuse platform, we saved over £150,000 of furniture from landfill, reusing within YAS or donating it to worthy charities across the country.
- Sustainability issues are included in the Trust's corporate risk register. These include climatic challenges like flooding, flash floods and heatwaves. They also include supply chain issues associated with these issues within the UK and from abroad.

The Yorkshire Ambulance Service Green Plan can be reviewed at Green Plan for Yorkshire Ambulance Service (yas.nhs.uk) - https://www.yas.nhs.uk/media/3402/tb20063i-greenplan_yas_2020-2025.pdf

Ambulance service for the future

Climate change is set to be the biggest threat to humanity in the future and the Trust is working to reduce the impact of the NHS. Our estates, fleet, projects and the Hub and Spoke programmes have the Net Zero agenda at their core and we are ensuring that we create Net Zero, energy efficient and zero emission buildings for the future.

Our Road to Zero and Future Fleet Strategy ensures that we are procuring low to zero emission vehicles, working to reduce emissions and eliminate tailpipe emissions in the longer term. We have been working with NHS England to look at the duty cycles of our vehicles, ensuring that they continue to function and perform as we require. We are linked in with the national specification and design teams to ensure that we create zero emission vehicles powered by hydrogen and electric.

We have started to roll out electric vehicle (EV) charging points at our stations to support the transition to zero emission vehicles for our fleet. Our EV charging strategy is being developed to lay out the route to decarbonisation. In 2023, we will start to run several electric Patient Transport Service vehicles as part of our transition to a zero-emission fleet.

Carbon footprint

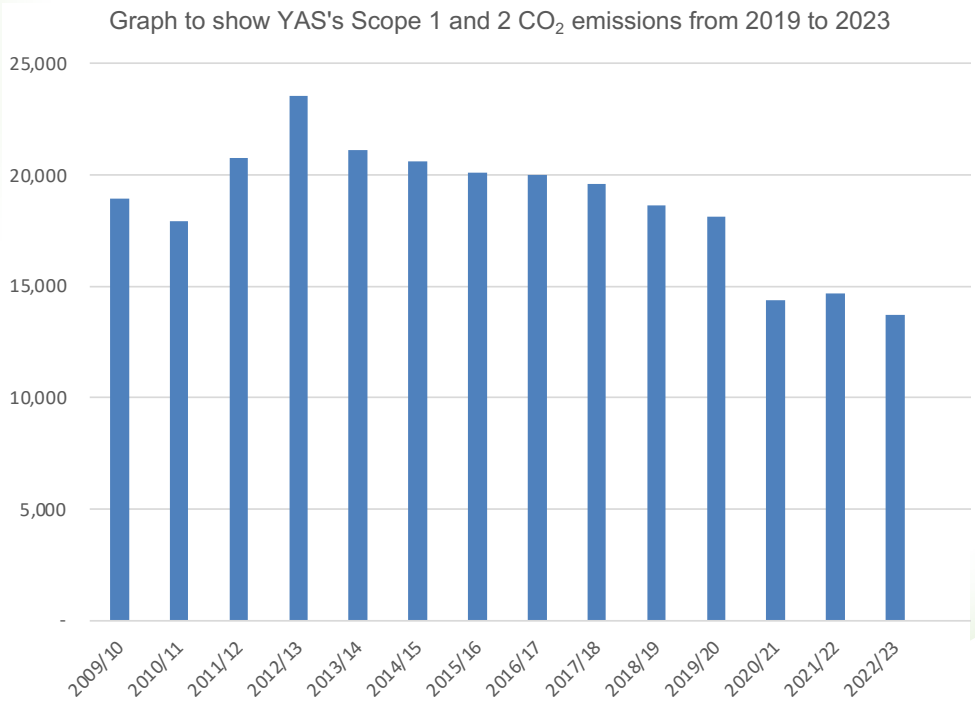
Baseline emissions footprint

Our baseline emissions are a record of the greenhouse gases that have been produced in the past and were produced prior to the introduction of any strategies to reduce emissions. Baseline emissions are the reference point against which emissions' reduction can be measured. We have monitored our Scope 1 and 2 emissions since 2007. Our Scope 3 carbon footprint has proven difficult to assess due to it being associated with spend data. The data provided in 2022-23 is based on spend at present and will the carbon footprint information will improve over time with the quality of the data.

Baseline Year: 2007	
Scope 1:	15,856 tonnes CO_2e
Scope 2:	2,639 tonnes CO_2e
Scope 3:	Data being collated
Reporting Year: 2023	
Scope 1:	13,619 tonnes CO_2e
Scope 2:	75 tonnes CO_2e
Scope 3:	22,145 tonnes CO_2e

We are working with our supply chain to ensure that our Scope 3 emissions are reduced and ultimately eliminated.

The graph below shows our Scope 1 and 2 carbon emissions which have decreased by 38% on our baseline year.



Emissions reduction targets

Yorkshire Ambulance Service is committed to reducing its Scope 1 and 2 emissions to zero by the Greener NHS targets of 2040 and working with our supplier to reduce our emission completely by 2045. We project that we will decrease our carbon emissions for Scope 1 and 2 in line with the Greener NHS targets by 80% by 2030, decreasing emissions to 3,750 tonnes CO_2e. We aim to decarbonise our service completely by 2045 for all scopes in line with the NHS Carbon Footprint Plus.

Looking forward to 2023-24

Our Green Plan lays out a five-year plan to work towards a Net Zero target in line with the climate agenda. The ambitious plan identifies areas that 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. We will start the process of reviewing our actions and impacts during 2023.

In this coming year, the following priorities will be progressed:

- The Sustainable Action Working Group will continue work to reduce the emissions across the Trust.
- We will commission a heat decarbonisation plan to assess the direction for our estate to remove fossil fuel sources from our heating. We are looking at a longer-term heat decarbonisation programme as well to identify ways in which thermodynamic heating systems, heat pumps and solar heating can work within our estates to remove the need for gas.
- We will roll out more electric charging points at our ambulance stations to make them ready for zero emission and hybrid vehicles joining the fleet. We are 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.
- 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, increase a more efficient fleet and ensure that we continue to reduce our carbon footprint through a variety of different carbon reduction initiatives.
- We are committed to reducing the wider environmental, social value and social impacts associated with the procurement of goods and services and this is set out in our policies on sustainable procurement. We will work with our suppliers to identify routes to decarbonising our supply chain and establish a decarbonisation path and strategy.
- We will work with other ambulance services to address the plastic challenge within the ambulance sector looking at reductions in plastic waste from packaging, PPE and gloves.
- We will undertake a research project to identify ways in which to reduce and replace the analgesic gas, Entonox (Nitrous Oxide) that we use nationally within the ambulance service.
- We will conduct a resource strategy assessment to identify where waste can be reduced, eliminated and reused.

YAS Sustainability Report 2022-23

In Yorkshire during 2022, our estate, fleet and staff faced increased pressures and challenges through the climatic issues that occurred. 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.

In 2022-23, the following actions took place:

- We planted 750 trees across the estate.
- We established a Memorial Forest in the grounds of our York administration and emergency operations centre.
- We installed over 50 electric vehicle charging points across the estate.
- We decommissioned two oil-powered heating systems within our estate, replacing the heating with solar and thermodynamic heating. We now have nine sites that have solar generation systems installed on their roofs.
- We established a Sustainable Action Working Group to reduce the emissions across the Trust with representatives from every department.
- We increased our fleet of zero-emission vehicles and approval was provided to the non-emergency Patient Transport Service for the provision of several zero-emission vehicles in the next few years.
- We developed a climate adaptation plan, identifying 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.

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 Trust complies with its information governance and data protection obligations as defined by the General Data Protection Regulations (GDPR) and the Data Protection Act.

The Senior Information Risk Owner (SIRO) for the Trust is Clare Ashby, Executive Director Quality, Governance and Performance Assurance. 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 Steven Dykes, Acting 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 in 2022-23 was 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 10 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.

The deadline for publication of the 2021-22 DSPT assessment was 30 June 2022. The assessment showed YAS as Approaching Standards; one improvement item remains outstanding in relation to staff data security training, as compliance has been affected by operational pressures. The Trust's DSPT self-assessment is subject to an annual internal audit review to tests its rigour and provide assurance about the declared degree of compliance. For the 2021-22 audit review, the overall risk assessment across all 10 Standards was rated as moderate, with a high level of confidence in the veracity of the self-assessment.

The Trust has a dedicated Information Governance (IG) Team that leads the annual information governance work programme along with a network of Information Asset Owners (IAOs) within each service. The Trust's Information Governance Framework, along with related policies and procedures, details the arrangements in place for managing and controlling risks relating to information and data security. 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.

The IG Team 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 2022-23.

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 2022-23

Chairman
Kathryn Lavery
(Up to 30 November 2022)

Tim Gilpin
(Acting in role from 1 December 2022 – 31 March 2023)

*(**Martin Havenhand** took on the role of Chair from 1 April 2023)*

Chief Executive
Rod Barnes

*(**Peter Reading** took on the role of interim Chief Executive of the Trust on 1 June 2023)*

Executive Director of Finance
Kathryn Vause

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

(Interim from 1 July 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

Director of Urgent Care and Integration (formerly Director of Planning and Development)
Karen Owens
(Interim from 23 April 2019)

Chief Information Officer
Simon Marsh

Non-Executive Directors

Phil Storr
(Associate)

(Up to 31 March 2023)

Tim Gilpin
(Deputy Chair)

Anne Cooper

Jeremy Pease

Andrew Chang

Amanda Moat

Zafir Ali

(Associate Non-Executive Director (NExT Programme Development Post)

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 2022-23

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 2022-23 (as at 18 January 2023)

Name/Dates	Paid/Unpaid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
YAS Board Members and Non-voting Directors							
Tim Gilpin Deputy Chairman 1 August 2018 Acting Chair from 1 December 2022 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
Andrew Chang NED and Chair of the Audit Committee 22 Oct 2020	Non-Executive Director at Bradford District Care NHS Foundation Trust (to 31 December 2022)	None	None	None	Chair and Governor at Leeds City College (to 31 August 2022) Governor of Luminate Education Group (to 31 August 2022) Vice Chairman of the Audit Committee at Luminate Education Group (to 31 December 2022) Governor at York St John University (from 1 August 2022) Co-opted Non-Executive at Chartered Institution of Water and Environmental Management	Non-Executive Director and Chair of the Audit & Risk Committee, National Metrology Institute, NPL Management Limited (also known as National Physical Laboratory) (from 1 August 2022)	Fellow of Chartered Institute of Management Accountants Member of Chartered Institution of Water and Environment Management

Declaration of Interests for the Financial Year 2022-23 (as at 18 January 2023)

Name/Dates	Paid/Unpaid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/ trade association or bodies
YAS Board Members and Non-voting Directors							
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) Self-Employed, Anne Cooper, 46, WF14 9JE	Director Ethical Healthcare Consulting Ltd, 4 The Green, Matfen, Newcastle upon Tyne, NE20 0RJ (non-salaried but paid for any delivery work) September 2020 Director (shareholding) Ethical Healthcare Consulting Ltd, 4 The Green, Matfen, Newcastle upon Tyne, NE20 0RJ 18 January 2019 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	None	None	None	None	Nursing and Midwifery Council Registration

Declaration of Interests for the Financial Year 2022-23 (as at 18 January 2023)

Name/Dates	Paid/Unpaid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
YAS Board Members and Non-voting Directors							
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
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
Rod Barnes Chief Executive Officer 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

Declaration of Interests for the Financial Year 2022-23 (as at 18 January 2023)

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Name/Dates	Paid/Unpaid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
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 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 *On secondment from June 2022*	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

Declaration of Interests for the Financial Year 2022-23 (as at 18 January 2023)

Name/Dates	Paid/Unpaid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association 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

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Name/Dates	Paid/Unpaid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association 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 – Programme Director, NHS Resilience national team Member- Advisory Committee for Clinical Excellence Awards Committee (Yorkshire & Humber)	Burn Grange Properties Ltd.	None	None	Committee Chair – Yorkshire Ambulance Service Charity	None	Health and Care Professions Council Member of College of Paramedics Member of 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

Declaration of Interests for the Financial Year 2022-23 (as at 18 January 2023)

Name/Dates	Paid/Unpaid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association 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

Declaration of Interests for the Financial Year 2022-23 (as at 18 January 2023)

Name/Dates	Paid/Unpaid Employment	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/ trade association or bodies
Archived Interests: Non-Executive, Executive and Non-Voting Directors							
Kathryn Lavery Chairman 1 July 2016 – 30 November 2022	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	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

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 England (NHSE).

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 NHSE responsible for the North of England. Non-Executive Directors are appointed by NHSE 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 Chair 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 and Social Care guidance. The current consumer price index (CPI) applied to pensions is 3.1%.

Remuneration (salaries, benefits in kind and pensions) 2022-23 (subject to audit)

	Notes	(a) Salary (bands of £5,000)	(b) Benefits in kind* and taxable expenses to nearest £100	e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e)** (bands of £5,000)
Name and title		£000	£00	£000	£000
Kathryn Lavery Chairman	1	30-35	-	-	30-35
Tim Gilpin Deputy Acting Chairman	2	15-20	-	-	15-20
Rod Barnes Chief Executive	3	160-165	59	-	165-170
Kathryn Vause Executive Director of Finance		130-135	23	50-52.5	180-185
Dr Steven Dykes Acting Executive Medical Director		130-135	-	52.5-55	180-185
Dr Julian Mark Executive Medical Director	4	100-105	-	40-42.5	140-145
Nick Smith Executive Director of Operations		115-120	15	27.5-30	145-150
Amanda Wilcock Director of People and Organisational Development		120-125	-	67.5-70	185-190
Karen Owens Director of Urgent Care and Integration		120-125	-	32.5-35	155-160
Claire Ashby Interim Executive Director of Quality, Governance and Performance Assurance		105-110	-	30-32.5	135-140
Simon Marsh Chief Information Officer		115-120	-	27.5-30	145-150
Phil Storr Associate Non-Executive Director		10-15	-	-	10-15
Ali Zafir Associate Non-Executive Director (NeXT Development)		10-15	-	-	10-15
Anne Cooper Non-Executive Director		10-15	-	-	10-15

	Notes	(a) Salary (bands of £5,000)	(b) Benefits in kind* and taxable expenses to nearest £100	e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e)** (bands of £5,000)
Name and title		£000	£00	£000	£000
Tim Gilpin Non-Executive Director	2	5-10	-	-	5-10
Amanda Moat Non Executive Director		10-15	-	-	10-15
Jeremy Pease Non-Executive Director		10-15	-	-	10-15
Andrew Chang Non-Executive Director		10-15	-	-	10-15
Adam Layland System Partnership Director	5	40-45	-	45-47.5	85-90
Jeevan Gill System Partnership Director	6	35-40	-	37.5-40	75-80
Rachel Gillott System Partnership Director	7	35-40	-	47.5-50	80-85

* Benefits in kind relate to use of vehicles provided by the Trust in 2022-23 and 2021-22

** There were no (c) Performance pay and bonuses or (d) Long-term Performance pay and bonuses in 2022-23 or 2021-22.

Notes

1. Kathryn Lavery left the position of Chair on 30 November 2022. The full year equivalent salary was £45,000 - £50,000.
2. Tim Gilpin commenced in the role of Acting Chair on 1 December 2022. The full year equivalent salary is £45,000 - £50,000. Immediately prior to that Tim Gilpin held a Non-Executive role. The full year equivalent salary for this role is £10,000 - £15,000.
3. Rod Barnes 2021-22 included backdated pay award for the prior year.
4. From June 2022 Dr Julian Mark has been on secondment to NHS England to support national patient safety and ambulance policy, funded by the Trust. From 11 December 2023 100% of salary costs for this secondment have been recharged to NHS England. The full year equivalent salary is £135,000 - £140,000.
5. Adam Layland commenced in post on 1 November 2022. The full-year equivalent salary is £100,000 - £105,000.
6. Jeevan Gill commenced in post on 7 November 2022. The full-year equivalent salary is £100,000 - £105,000.
7. Rachel Gillott commenced in post on 28 November 2022. The full-year equivalent salary is £100,000 - £105,000.

Remuneration (salaries, benefits in kind and pensions) 2021-22 (subject to audit)

	Notes	(a) Salary (bands of £5,000)	(b) Benefits in kind* and taxable expenses to nearest £100	e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e)** (bands of £5,000)
Name and title		£000	£00	£000	£000
Kathryn Lavery Chairman		40-45	-	-	40-45
Rod Barnes Chief Executive		165-170	91	127.5-130	300-305
Kathryn Vause Executive Director of Finance	1	120-125	-	90-92.5	210-215
Dr Steven Dykes Acting Executive Medical Director	4	50-55	-	-	50-55
Dr Julian Mark Executive Medical Director		130-135	-	27.5-30	160-165
Nick Smith Executive Director of Operations		110-115	-	25-27.5	135-140
Amanda Wilcock Director of People and Organisational Development	6	95-100	-	-	95-100
Suzanne Hartshorne Interim Director of People and OD	3	0-5	-	20-22.5	20-25
Karen Owens Director of Urgent Care and Integration		115-120	-	22.5-25	140-145
Claire Ashby Interim Executive Director of Quality, Governance and Performance Assurance	5	45-50	-	102.5-105	150-155
Simon Marsh Chief Information Officer		110-115	-	2.5-5	115-120
Steve Page Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive	2	30-35	16	-	30-35
Phil Storr Associate Non-Executive Director		10-15	-	-	10-15
Ali Zafir Associate Non-Executive Director (NeXT Development)	7	10-15	-	-	10-15

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	Notes	(a) Salary (bands of £5,000)	(b) Benefits in kind* and taxable expenses to nearest £100	e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e)** (bands of £5,000)
Name and title		£000	£00	£000	£000
Anne Cooper Non-Executive Director		10-15	-	-	10-15
Tim Gilpin Non-Executive Director		10-15	-	-	10-15
Amanda Moat Non Executive Director	8	5-10	-	-	5-10
Jeremy Pease Non-Executive Director		10-15	-	-	10-15
Andrew Chang Non-Executive Director		10-15	-	-	10-15
John Nuttong Non-Executive Director	9	0-5	-	-	0-5

* Benefits in kind relate to use of vehicles provided by the Trust in 2022-23 and 2021-22

** There were no (c) Performance pay and bonuses or (d) Long-term Performance pay and bonuses in 2022-23 or 2021-22.

Notes

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

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 2023 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2022	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2023	(h) Employer's contribution to stakeholder pension	(i) All pension related benefits (bands of £2,500)
Name and title		£000	£000	£000	£000	£000	£000	£000	£000	£000
Rod Barnes Chief Executive	1	0 - 2.5	-	65-70	135 - 140	1297	5	1,364	22	-
Kathryn Vause Executive Director of Finance		2.5 - 5	0 - 2.5	40-45	80 - 85	719	49	807	17	50 - 52.5
Dr Steven Dykes Acting Executive Medical Director		2.5 - 5	2.5 - 5	40-45	65 - 70	545	41	620	17	52.5 - 55
Dr Julian Mark Executive Medical Director	2	2.5 - 5	-	50-55	100 - 105	910	26	995	13	40 - 42.5
Nick Smith Executive Director of Operations		0 - 2.5	-	45-50	60 - 65	717	27	780	14	27.5 - 30
Amanda Wilcock Director of People and Organisational Development - Non Voting		2.5 - 5	2.5 - 5	45-50	110 - 115	822	70	934	15	67.5 - 70
Karen Owens Director of Urgent Care and Integration (Interim)		0 - 2.5	0 - 2.5	50-55	110 - 115	981	43	1,070	15	32.5 - 35

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 2023 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2022	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2023	(h) Employer's contribution to stakeholder pension	(i) All pension related benefits (bands of £2,500)
Name and title		£000	£000	£000	£000	£000	£000	£000	£000	£000
Claire Ashby Interim Executive Director of Quality, Governance and Performance Assurance		0 - 2.5	0 - 2.5	30-35	60 - 65	523	30	583	13	30 - 32.5
Simon Marsh Chief Information Officer		0 - 2.5	-	10-15	-	160	27	208	16	27.5 - 30
Adam Layland System Partnership Director	3	0 - 2.5	0 - 2.5	15-20	20 - 25	154	6	187	6	45 - 47.5
Jeevan Gill System Partnership Director	4	0 - 2.5	0 - 2.5	20-25	30 - 35	276	7	314	5	37.5 - 40
Rachel Gillott System Partnership Director	5	0 - 2.5	0 - 2.5	35-40	70 - 75	611	13	683	5	47.5 - 50

As non-executive directors do not receive pensionable remuneration, there will be no entries in respect of pensions for non-executive directors.

Notes

1. Rod Barnes 2021-22 included backdated pay award for the prior year.
2. From June 2022 Julian Mark has been on secondment to NHS England to support national patient safety and ambulance policy, funded by the Trust. From 11 December 2023 100% of salary costs for this secondment have been recharged to NHS England.
3. Adam Layland commenced in post on 1 November 2022.
4. Jeevan Gill commenced in post on 7 November 2022.
5. Rachel Gillott commenced in post on 28 November 2022.

Cash Equivalent Transfer Values (CETV) (subject to audit)

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time.

The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred into the NHS Pension Scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was existent at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

Pay ratio information (subject to audit)

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

Remuneration is calculated on the annualised full-time equivalent staff of the Trust at each reporting date.

The banded remuneration of the highest paid director in the Trust in the financial year 2022-23 was £165,000 - £170,000 (2021-22: £165,000 - £170,000). The relationship to the remuneration of the organisation's workforce is disclosed in the table below:

In 2022-23 and 2021-22 no employees received remuneration in excess of the highest-paid director. Remuneration ranged from £9,405 to £169,358 (2021-22: £8,408 - £165,679).

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.

2022-23	25th percentile	Median	75th percentile
Total remuneration (£)	29,073	35,093	47,168
Salary component of total remuneration (£)	29,073	35,093	47,168
Pay ratio information	5.76 : 1	4.77 : 1	3.55 : 1
2021-22	**25th percentile**	**Median**	**75th percentile**
Total remuneration (£)	25,137	31,337	43,504
Salary component of total remuneration (£)	25,137	31,337	43,504
Pay ratio information	6.66 : 1	5.34 : 1	3.85 : 1

2022-23 pay award

Staff under the Agenda for Change (AfC) contract include nurses, paramedics and mid-wives. All eligible AfC staff received payments in the following pay years in relation to the 2022-23 pay award:

- 2022-23 pay rise of £1,400 or 9.3% backdated to April 2022.
- 2023-24 two one-off non-consolidated awards on top of the 2022-23 pay award:
  - non-consolidated award worth 2%
  - one-off 'NHS backlog bonus' ranging between £1,250 and £1,600.

The pay ratio information above includes all elements of the 2022-23 pay award, irre-spective of payment date.

The highest-paid director mid-point banding remained the same as the last financial year. The pay awards detailed above have caused the ratio to the highest pay director to reduce when compared to last financial year.

Peter Reading
Interim Chief Executive

(26 September 2023)

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 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust Board

The Trust Board has overall responsibility for the management of risk within the organisation. The Board provides accountable leadership within a framework of prudent, proportionate and effective controls that enables risk to be identified, assessed, managed, and controlled. The Board ensures that the Trust's governance, risk management and internal controls meet the needs of the organisation, align with good practice, and comply with regulatory requirements.

The Board sets the strategic objectives for the Trust and allocates suitable resources to deliver these. The Board receives assurance regarding principal risks to its strategic objectives, including updates on controls and mitigation actions. This is achieved through assurance and scrutiny via the Board Assurance Framework, risk management reports, and other assurance, compliance and performance reports received from internal and external sources.

The Trust Board membership is as follows:

- Chair*
- Five Non-Executive Directors*
- One Associate Non-Executive Director
- Chief Executive Officer*
- Executive Director of Finance*
- Executive Director of Operations*
- Executive Medical Director*+
- Executive Director of Quality, Governance and Performance Assurance*+
- Director of People and Organisational Development
- Director of Urgent Care and Integration+
- Chief Information Officer

(denotes voting members; + denotes interim appointments at 31 March 2023)*

During 2022-23 there were no changes to Executive Director positions or personnel. However, subsequent to the end of 2022-23 the following changes have taken place:

- Rod Barnes left the position of Chief Executive Officer.
- Peter Reading joined the Trust as interim Chief Executive Officer.
- Karen Owens retired from the position of Director of Urgent Care and Integration.
- Nick Smith commenced as interim Chief Operating Officer.

Changes to Non-Executive Director personnel were as follows:

- Kathryn Lavery left the position of Trust Chair.
- Martin Havenhand was appointed Trust Chair commencing from 1 April 2023.
- Tim Gilpin served as acting Trust Chair pending the appointment and commencement of a new Chair.
- Phil Storr left the position of Associate Non-Executive Director.
- Zafir Ali was confirmed as an Associate Non-Executive Director following a successful period as a NeXT Non-Executive Director.

The Board is primarily responsible for:

- Strategy: vision, Trust objectives, key plans, organisational development and change.
- Accountability: significant decisions, delivery priorities, and performance assurance.
- Culture: focus on patients, clinicians, and care; Trust values; visible and supportive leadership.
- Engagement: sustaining value-adding relationships with 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 formal meetings and informal development sessions. The 2021-22 Annual General Meeting took place as a virtual event in September 2022.

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 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. Key items addressed during the 2022-23 Board development sessions included:

- Organisational Development and Culture
- Well-Led Framework
- Winter Planning
- Industrial Action
- Manchester Arena Inquiry
- Serious Incidents Process and Framework
- Trust Business Plan
- Board Assurance Framework

During 2022-23 the Trust Board was supported by key committees and management groups, including:

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

Additional Board committees include:

- 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.
- Charitable Funds Committee, with supports Board members in discharging their responsibilities as trustees of the Trust's charitable funds.

A 2022 internal audit review of governance arrangements found significant assurance regarding the effectiveness of the Trust Board and its committees. During 2023-24 the Trust will implement a revised committee structure, including a new People Committee.

Trust Executive Group

As Chief Executive Officer I lead the Trust Executive Group in maintaining an effective risk management system within the Trust, meeting statutory requirements and adhering to guidance issued by governmental and other statutory or regulatory bodies. As Accountable Officer, I present a progress report from the Trust Executive Group to each public meeting of the Trust Board.

The main corporate governance responsibilities of the Trust Executive Group are to:

- Develop organisational strategy, business plans and operational priorities.
- Manage the system of integrated governance, risk management and internal control.
- Develop and embed policies, processes and systems required to support effective internal controls.
- Ensure completion of all formal disclosure statements relating to risk, assurance, and controls.
- Manage significant risks, incidents, and events, ensuring effective action to mitigate risk exposures.

The Trust Executive Group includes key roles relating to governance, risk and assurance including:

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 advises the Trust Board, Board committees, and Trust management groups on governance, risk, and assurance. The Executive Director of Quality, Governance and Performance Assurance is the Trust's Senior Information Risk Owner (SIRO).

The Executive Director of Finance is responsible for managing all aspects of financial risk and controls. This Director advises the Trust Board, Board Committees, and Trust management groups about risk, assurance and controls relating to the Trust's financial systems and procedures, income and expenditure, investment and procurement, and the Trust's estate and fleet.

The Executive Medical Director is responsible for clinical risk management, ensuring that clinical practice is appropriate, effective and current. This Director advises the Trust Board, Board committees, 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 the Trust's Caldicott Guardian.

During 2022-23 three new System Partnership Director roles were added to the Trust Executive Group. Aligned to the three Integrated Care Systems operating within the Trust's footprint, these provide leadership capacity for system-level governance, risk management and assurance.

During 2023-24 the Trust's leadership structure is expected to evolve further, including changes to Executive Director responsibilities relating to governance, risk management and assurance. This includes the establishment, from 1 June 2023, of a new Chief Operating Officer role.

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 senior managers.

The remit of the Trust Management Group includes:

- Monitoring and review of organisational performance.
- Development and approval of Trust policies and procedures.
- Shaping the development of Trust strategy, operational plans, business plans and improvement opportunities.
- Identifying, managing and mitigating key risks and issues.
- Overseeing compliance with statutory requirements and regulatory and frameworks.

Everybody's business

Directors and managers throughout the Trust ensure that effective risk management is implemented in their areas of responsibility in accordance with Trust policies and procedures. The Trust considers risk management to be everybody's business and promotes a positive risk culture that empowers all employees and volunteers to identify and assess risks. The Trust supports staff and volunteers to manage risk through:

- Corporate and local induction processes, which includes content on risk management and learning from incidents.
- Risk management training, delivered by a suite of e-learning modules.
- The Trust's Risk Management Policy, guidance, and procedures, including tools and templates to identify, evaluate and manage risk.
- The Risk and Assurance Group, which provides oversight and moderation of risks and emerging risks and is a forum for developing and sharing good practice.

- Thematic groups which oversee areas of technical or specialist risk, such as the Information Governance Working Group, the Incident Review Group, and the Clinical Governance Group.
- An active network of designated risk management champions in directorates, services and teams.
- The corporate Risk and Assurance Team, which supports staff to develop consistent risk management practice.
- Access for all staff to the Trust's risk management system (Datix) and internal audit system (Pentana), plus training and support to make the most effective use of these systems.

The Risk and Control Framework

Risk management

The Board and senior managers proactively identify risk as part of their strategic development 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 Assurance Framework captures strategic risks to Trust objectives and is reviewed and refreshed by the Board at least annually. The Board agrees a statement of risk appetite which informs the Board Assurance Framework and its use during the year.

Corporate risks, and areas of emerging risk, are reviewed and moderated by the Risk and Assurance Group. The Chair of the Risk and Assurance Group 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 or 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 governance and managerial processes in the Trust, including incident management, 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 primarily understood in terms of three dimensions: patient safety, clinical effectiveness, and patient experience. Assurance reporting includes a focus on key quality indicators, supplemented by detailed reports containing qualitative and quantitative information on specific aspects of quality.

The Quality Committee, chaired by a Non-Executive Director, 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 learning from adverse events, and infection prevention and control. In addition, the Quality Committee provides scrutiny in relation to the Trust's Quality Improvement strategy, actions resulting from external investigations and inspections, patient involvement, complaints and concerns, and Freedom to Speak Up.

For 2023-24 the Quality Committee has a revised Terms of Reference with stronger focus on quality, clinical, and patient matters. Under these revised governance arrangements oversight of service performance transfers to a reconstituted Finance and Performance Committee. Oversight of staffing, culture and organisational development transfers to a new People Committee.

During 2022-23 no nationally defined 'Never Events' occurred as a result of failures in the quality 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 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.

Board Assurance Framework

The Board Assurance Framework is owned by the Trust 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 2022-23 were set out in the Board Assurance Framework and organised under the Trust's four strategic ambitions as follows:

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 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 reviewed by the Trust's internal auditors to test its rigour and effectiveness. For 2022-23 this review reported significant assurance.

Corporate risks

The Board and its committees receive regular corporate risk reports to enable oversight of current risk exposures and to provide early sight of emerging risks. During 2022-23 the most significant new areas of corporate risk mitigated by the Trust included the following:

- The impact of industrial action, particularly on operational services and patient safety.
- The impact of hospital handover delays on ambulance capacity and patient safety.
- Staff mental and physical health and well-being, notably non-COVID sickness absence due to fatigue, stress and anxiety.
- Recruitment and retention, including sufficient staffing levels in the Emergency Operations Centre and clinical capacity in the NHS 111 service.
- The impact on NHS 111 provision of a prolonged system outage (Adastra) resulting from a cyber-attack on an external supplier.
- Risks affecting medical supplies and equipment, including the timely replacement of certain medicines and technical faults affecting Corpuls3 defibrillators.

- Technology risk, including a global shortage of computer chips, delays to the ambulance radio programme (MDVS), SMART phone utilisation, and the short notice decommissioning of ISDN lines that support 999 and NHS 111 telephony.
- Capacity and capability to manage safeguarding allegations, incident investigations, and other patient-related governance and assurance processes.

Strategic risk outlook

The Trust's strategic risk outlook for 2023-24 is informed by routine review of corporate risks and the Board Assurance Framework combined with analysis of ongoing developments and changes affecting the organisation and the wider system.

The Board reviews the Trust'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 Board Assurance Framework remain broadly applicable during the initial months of 2022-23. However, greater risk exposures have emerged relating to the scarcity of capital resources which presents constraints on Trust priorities for estates, fleet, net zero, and technology.

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

Financial risk

Executive management of 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, Board committees, 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.

During 2022-23 the Board's duties relating to financial risk were discharged in part by the Finance and Investment Committee. For 2023-24 this body has become the Finance and Performance Committee with an expanded Terms of Reference. Chaired by a Non-Executive Director, the Finance and Performance 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 organisational efficiency initiatives.

In common with other NHS organisations, during 2022-23 the Trust was required by NHS England to undertake a financial management self-assessment against guidelines developed by the Healthcare Financial Management Association. A sample of the Trust's self-assessment was subject to third line assurance via internal audit testing. This assurance process reported a positive outcome, with 11 out of 12 Trust responses fully validated. The one area not fully validated related to communications and training for budget holders. The Trust has an approved action plan to deliver improvement opportunities identified by this exercise, with oversight from the Finance and Performance Committee.

Information risk and data security

The Trust has an Information Governance Framework and supporting policies and procedures which set out controls regarding information risk and data security.

The Trust complies with information governance and data protection obligations as defined by the General Data Protection Regulations (GDPR) and the Data Protection Act. In accordance with GDPR requirements, the Trust has a Senior Information Risk Owner, a Data Protection Officer, and a register of Data Protection Impact Assessments.

Management 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 2022-23 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 2022-23 the Trust took the following actions to mitigate information and data security risks and to strengthen assurance relating to these:

- Provision of mandatory Data Security Awareness e-Learning to all staff, including achievement of the relevant Data Security and Protection Toolkit standard.
- Communications campaigns to raise staff awareness of malicious emails and how to manage these.
- Continued engagement and development of Information Asset Owners, including Cyber Security e-Learning training.
- Updated information governance policies and procedures.
- Reviewed and updated the Information Asset Register.
- Reviewed and updated the suite of data flow maps.
- Data Protection Impact Assessments relating to system and service developments.
- Secure archiving and destruction of records in accordance with the Records Management Policy and retention schedule.
- Actions arising from the Trust's Data Security and Protection Toolkit submission.

The Trust observes the expectations of the Data Security and Protection Toolkit, a regulatory framework that requires NHS organisations to assess compliance with 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 reviewed annually by internal auditors to provide third line assurance regarding the declared degree of compliance. For 2022-23 this exercise reported a 'moderate' level of assurance, which represents the second highest of four available ratings. The main improvement areas identified were staff compliance with data security awareness training and clarity regarding information governance roles and responsibilities. Action plans were developed and successfully implemented to address these improvement requirements.

The Trust has a designated Caldicott Guardian and upholds the Caldicott principles concerning the governance of patient identifiable information.

During 2022-23 the Trust experienced no information governance incidents of sufficient significance to merit reporting to the Office of the Information Commissioner (ICO) or other statutory or regulatory bodies.

Data quality

During 2022-23 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 and information flows.
- Embedded the use of an 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 the Electronic Staff Record (this reported significant assurance).
- Adopted a new Data Quality Policy, approved by the Trust Management Group in July 2022.
- Implemented effective data capture and recovery arrangements in response to a major outage affecting the Adastra system which supports NHS 111 operations.
- Continued to provide general staff training in the use of systems, including on the importance of accurate data entry, data quality and reporting.

During 2022-23 the Trust did not submit records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics datasets published by NHS England. 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 longer-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.

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's counter fraud work is delivered via an annual counter fraud plan approved by the Audit Committee. For 2022-23 the Trust is reporting full compliance with the counter fraud functional standards developed by the NHS Counter Fraud Authority (NHSCFA). Third line assurance of the Trust's counter fraud work is provided by 360 Assurance (who also provide the organisation's internal audit service) and monitored by the Audit Committee.

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 2022-23 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 and during 2023-24 will expand the capacity of this function. 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, and via periodic internal audit reviews.

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 and its supporting committees, 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' of 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 assurance reviews and advisory work, 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 statutory 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 Care Quality Commission (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 2022-23. The Trust has not been subject to any special reviews or investigations by the CQC during 2022-23 and has contributed as appropriate to wider system reviews.

The most recent full inspection of the Trust took place in 2019. The CQC rated all functions examined during the inspection as 'good' across all domains and rated the Trust's Well-Led arrangements as 'good'. The inspection found no breaches in regulations and reported no actions that the Trust must take.

During 2022-23 the Trust experienced some CQC inspection activity as part of a review of urgent and emergency care across West Yorkshire. For the Trust, this review mainly looked at the Emergency Operations Centre, ambulance station operations, and the NHS111 / Integrated Urgent Care (IUC) service. Feedback was generally positive with no new areas of risk identified. The review identified some issues regarding workplace culture in the IUC service but acknowledged that the Trust had already recognised these issues and is proactively addressing them.

During 2022-23 NHS England supported the Trust to undertake a self- assessment against the Well-Led framework. The outcome of this exercise was generally positive, albeit with improvement opportunities identified in most areas of the framework. The Trust has developed a Well-Led action plan which is monitored by TEG and the Board.

Effectiveness of risk assurance

The Trust's risk assurance approach is based on the three lines assurance 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 assurance contains functions that directly manage risks, such as teams and managers in operational functions. Typically, these are operational managers and staff who handle risks as part of their day-to-day work.

The Trust's second line assurance 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 effectively.

The Trust's third line 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 assurance. 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 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 system of internal control.
- A regular review of the Trust's Risk Management and Assurance Strategic Framework. The next review will take place during 2023-24.
- Reviews in each meeting of the Audit Committee of the adequacy of assurances received by the other Board committees in relation to the principal risks assigned to them.
- Quarterly reviews of the Board Assurance Framework, including reports to the Trust 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 third line assurance on matters of risk management, compliance and internal control. Reports from internal audit reviews provide assurance regarding the effectiveness of control frameworks and the degree of compliance with these. Outcomes of audit reviews reported during 2022-23 were as follows:

- Four reviews reported significant assurance.
- Five reviews reported limited assurance.
- One review reported a split assurance opinion (part significant, part limited).
- Four reviews were advisory.
- No reviews reported weak assurance.

One of the advisory reviews related to the Trust's submission to the HFMA Improving NHS Financial Sustainability exercise. As this review was mandated by NHS England and not originally included in the Internal Audit plan for 2022-23, audit time was refocused from other planned core assurance reviews of financial management controls.

In addition to the above review outcomes, the review of Data Security and Protection Toolkit compliance, which uses the NHS Digital methodology, found 'moderate' assurance (the second highest of four available ratings).

'Limited assurance' indicates that controls are not suitably designed or are not operating with sufficient effectiveness. The reviews which reported limited assurance were:

- Sickness Absence Management (carried forward from 2021-22)
- Pay Expenditure (carried forward from 2021-22)
- Business Planning
- IT Asset Management
- Management of Safeguarding Allegations
- Appraisals (limited in respect of compliance with the appraisals process and the quality of appraisals)

Management action plans have been agreed to address the governance, risk management and control issues identified by these reviews. Across these reviews only one area of high risk was identified, relating to inconsistencies in the information held in two IT asset management systems used by the Trust. The Trust has an approved action plan to resolve this.

For the purposes of this Annual Governance Statement, none of the individual matters identified by the 2022-23 internal audit reviews are at a level of materiality that constitutes a significant internal control issue. Similarly, the Trust considers that amongst the matters identified by internal audit reviews there is no common theme or discernible pattern, or cumulative materiality, that could constitute a significant internal control issue.

The Audit Committee is focused on the timely completion of management actions arising from internal audit reviews. During 2022-23 the organisation made good progress in reducing historically overdue actions and in improving the timely completion of new actions. Timely completion of audit actions remains an area for sustained management attention during 2023-24.

Head of Internal Audit annual opinion

The Head of Internal Audit issues an annual 'opinion' regarding the adequacy of the Trust's system of internal control. For 2022-23 the Head of Internal Audit has reported a 'moderate' level of assurance, meaning that that there are areas for improvement in the framework of governance, risk management and control and some inconsistent application of controls puts the achievement of the organisation's objectives at risk. This is the second highest of four available assurance ratings.

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

I am providing an interim opinion of moderate assurance that there are areas for improvement in the framework of governance, risk management and control and some inconsistent application of controls puts the achievement of the organisation's objectives at risk.

In providing my opinion three main areas are considered:

- Board Assurance Framework (BAF)
- Individual assignments
- Follow up of actions.

I am providing an opinion of significant assurance for the BAF element.

I am providing an opinion of moderate assurance in respect of the outturn of individual audit assignments as only three of the eight core reviews completed this year received a significant assurance opinion and one had a split significant/limited opinion.

I am providing an opinion of moderate assurance for the follow-up of actions; the first follow-up implementation rate is currently 60%. The Trust has made improvements in its processes for implementing actions during the year and has achieved an overall implementation rate of 92%. In addition, four historic actions from before 1 April 2022 remain outstanding.

My opinion is based on the work completed in-year, however we note that external audit has raised a significant weakness in respect of the Trust's governance arrangements relating to an isolated incident. My opinion of moderate assurance recognises that there are areas for improvement in the framework of governance, risk management and control.

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 effectiveness of the organisation's system of internal control, including a focus on the Board Assurance Framework and the annual internal audit programme.

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 and from other Board committees, each of which provides formally reported assurances to the Audit Committee on risks relevant to their terms of reference.

During 2022-23 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. During 2023/24 this committee will adopt a new Terms of Reference and will be referred to as the Audit and Risk Committee.

Conclusion

The Trust's External Auditors have concluded that there is evidence of weaknesses in proper arrangements for how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance.

As interim Chief Executive Officer of the Trust from 1 June 2023, and in my role as Accountable Officer, I have issued this Annual Governance Statement for 2022-23. However, it should be noted that the Chief Executive and Accountable Officer for the year 2022-23 was Rod Barnes, who left the Trust on 31 May 2023.

Peter Reading
Interim Chief Executive

26 September 2023

Financial Accounts

Statement of the Chief Executive's responsibilities as the accountable officer of the Trust

The Chief Executive of NHS England 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.

Peter Reading
Interim Chief Executive

26 September 2023

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.

By order of the Board

Peter Reading
Interim Chief Executive
26 September 2023

Kathryn Vause
Executive Director of Finance
26 September 2023

Independent Auditor's Report

Opinion

We have audited the financial statements of Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2023 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 36, including a summary of significant accounting policies.

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 2022-23 HM Treasury's Financial Reporting Manual (the 2022-23 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2022 to 2023 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 2023 and of the Trust's 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 2022 to 2023; and
- have been prepared properly in accordance with the National Health Service Act 2006.

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 to 31 October 2024.

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:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022 to 2023.

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

We have nothing to report in these respects.

In respect of the following, we have matters to report by exception:

Proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023

We report to you, if we are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency, and effectiveness in its use of resources for the year ended 31 March 2023.

On the basis of our work, having regard to the Code of Audit Practice 2020 and guidance issued by the Comptroller and Auditor General in January 2023, we have identified the following significant weakness in the Trust's arrangements for the year ended 31 March 2023.

Significant weakness in arrangements

Nature of the weakness identified

A decision was taken by the Remuneration Committee and, although the Trust sought legal advice on potential options available to them, there was no documentation retained by the Trust to support the following:

- the Remuneration Committee being provided details of discussions with legal advisors or NHS England on the proposals that were put forward for agreement;
- members of the Remuneration Committee being provided with, or considered, available NHS guidance to facilitate them in effectively challenging the position being outlined; reflect on appropriateness of their decision making criteria; and consider whether they had properly received guidance to help inform their decision;
- the decision taken by the Remuneration Committee that there was no need for a formal investigation to be undertaken in line with the Trust's own performance management policies.

Evidence on which our view is based

We have formed our view on the Trust's arrangements by reviewing: the relevant NHS guidance, the minutes of the Remuneration Committee, the papers presented to the Remuneration Committee; and through inquiry that there is no further documented legal advice, or advice from NHS England received by the Remuneration Committee, in support of the action proposed.

Impact on the Trust

The absence of formally documented consideration of legal advice and NHS guidance being provided to the Remuneration Committee and the decisions taken not being fully documented, presents a risk that the Trust does not make properly informed decisions which increases the risk that value for money is not being achieved in the use of public funds.

Action the body needs to take to address the weakness

We recommend that the Trust ensures that:

- where relevant, decisions are based on formal written guidance to ensure that relevant guidance can be considered and applied; and
- there is proper consideration of potential options presented to committees and that this is fully reflected in the minutes of meetings.

Conclusion

This issue is evidence of weaknesses in proper arrangements for how the body ensures it makes properly informed decisions and properly manages its risks, including how decisions are supported by appropriate evidence to allow for challenge and transparency. This includes arrangements for effective challenge from those charged with governance.

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 120, 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 of the Trust, 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', as the accountable officer of Yorkshire Ambulance Service NHS 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, the Health and Social Care Act 2012 and the Health and Care Act 2022, 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 and 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, the Trust's internal audit provider, those charged with governance and the legal services manager 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 and expenditure), 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 and expenditure, we performed the following procedures:
  - » Reviewed the intra NHS agreement of balances outputs and investigated significant variances between parties, corroborating the Trust's position to third party evidence where possible;
  - » Inspected a sample of income arrangements and contracts entered in to by the Trust in the financial year and reconciled the income value in the contract to the value recognised in the financial statements;
  - » Tested the completeness of accrued income by selecting a sample of debtors raised in April 2023 to check that the income was recorded in the correct period; and
  - » Tested a sample of expenditure accruals and provisions recognised in the financial statements to supporting documentation and challenged assumptions and judgements taken by management, where appropriate.
- To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested a sample of the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.
- To address the presumed 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 testing specific journal entries identified as unusual following our analysis of the Trust's data. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

During our audit, we identified circumstances that suggested there was an increased risk of management override of control. To address this risk we performed the following procedures:

- revisited our risk assessment to confirm that our audit work was focussing on the more judgemental areas of the financial statements;
- reduced the level of materiality to which we performed our work, increasing sample sizes for testing where required; and
- performed a search of journal entries in the general ledger based on targeted words and phrases.

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 January 2023, 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 2023.

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(2A)(c)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. The Code of Audit Practice does not require us to refer to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resource 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.

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 2023. 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 NHS Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

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.

Janet Dawson (Key Audit Partner)

Ernst & Young LLP (Local Auditor)
London
16 October 2023

Completion Certificate

Issue of audit opinion on the financial statement

In our audit report for the year ended 31 March 2023 issued on 16 October 2023 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the financial position of Yorkshire Ambulance Service NHS Trust as at 31 March 2023 and of it's expenditure and income for the year then ended;
- had been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022 to 2023; and
- had been prepared properly in accordance with the National Health Service Act 2006.

Certificate

In our report dated 16 October 2023, we explained that we could not formally conclude the audit on that date until we had issued our Auditor's Annual Report for the year ended 31 March 2023. We have now completed our procedures and no matters have come to our attention that would have resulted in a different opinion on the financial statements or additional exception reporting on significant weaknesses in the Trust's value for money arrangements.

We certify that we have completed the audit of the accounts of Yorkshire Ambulance Service NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice.

Janet Dawson (Key Audit Partner)

Ernst & Young LLP (Local Auditor)
London
11 December 2023

Annual accounts for the year ended 31 March 2023

Statement of Comprehensive Income

		2022-23	2021-22
	Note	£000	£000
Operating income from patient care activities	3	371,810	348,138
Other operating income	4	10,398	11,056
Operating expenses	5, 7	(381,917)	(349,086)
Operating surplus/(deficit) from continuing operations		**291**	**10,108**
Finance income	9	1,962	40
Finance expenses	10	(103)	48
PDC dividends payable		(1,964)	(2,092)
Net finance costs		**(105)**	**(2,004)**
Other gains / (losses)	11	269	423
Surplus / (deficit) for the year		**455**	**8,527**
Other comprehensive income. Will not be reclassified to income and expenditure:			
Impairments	6	-	-
Revaluations	15	1,897	2,478
Total comprehensive income / (expense) for the period		**2,352**	**11,005**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		455	8,527
Remove net impairments not scoring to the Departmental expenditure limit		(155)	(411)
Remove net impact of inventories received from DHSC group bodies for COVID response		(64)	87
Adjusted financial performance surplus / (deficit) 2022-23		**236**	**8,203**
Less: gains on disposals			(423)
Adjusted System performance surplus / (deficit) 2021-22			**7,780**

Adjusted financial performance surplus is a key performance monitoring measure for the Trust and System. A change in this measure since last year has been that gains on disposals of assets are no longer adjusted for.

Statement of Financial Position

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Intangible assets	12	3,328	3,523
Property, plant and equipment	13	114,011	106,844
Right of use assets	16	14,181	-
Receivables	18	297	320
Total non-current assets		**131,817**	**110,687**
Current assets			
Inventories	17	2,555	2,245
Receivables	18	20,901	11,309
Non-current assets for sale and assets in disposal groups	19	-	235
Cash and cash equivalents	20	61,887	75,927
Total current assets		**85,343**	**89,716**

	Note	31 March 2023 £000	31 March 2022 £000
Current liabilities			
Trade and other payables	21	(39,216)	(32,152)
Borrowings	23	(3,900)	(337)
Provisions	24	(5,982)	(10,483)
Other liabilities	22	(217)	(991)
Total current liabilities		**(49,315)**	**(43,963)**
Total assets less current liabilities		**167,845**	**156,440**
Non-current liabilities			
Borrowings	23	(13,597)	(3,165)
Provisions	24	(7,132)	(8,652)
Total non-current liabilities		**(20,729)**	**(11,817)**
Total assets employed		**147,116**	**144,623**
Financed by			
Public dividend capital		93,326	93,185
Revaluation reserve		19,218	17,599
Income and expenditure reserve		34,572	33,839
Total taxpayers' equity		**147,116**	**144,623**

The notes on the following pages form part of these financial statements.

Peter Reading
Interim Chief Executive

26 September 2023

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	**Total**
	£000	£000	£000	**£000**
Taxpayers' and others' equity at 1 April 2022 - brought forward	**93,185**	**17,599**	**33,839**	**144,623**
Surplus/(Deficit) for the year	-	-	455	**455**
Revaluations	-	1,897	-	**1,897**
Transfer to retained earnings on disposal of assets	-	(278)	278	**-**
Public dividend capital received	141	-	-	**141**
Taxpayers' and others' equity at 31 March 2023	**93,326**	**19,218**	**34,572**	**147,116**

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**
Transfer to retained earnings on disposal of assets	-	-	-	**-**
Public dividend capital received	495	-	-	**495**
Taxpayers' and others' equity at 31 March 2022	**93,185**	**17,599**	**33,839**	**144,623**

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 and Social Care as the PDC 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

		2022-23	2021-22
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		291	10,108
Non-cash income and expense:			
Depreciation and amortisation	5	15,769	11,527
Net impairments	6	(155)	(411)
(Increase) / decrease in receivables and other assets		(8,990)	3,139
(Increase) / decrease in inventories		(310)	(310)
Increase / (decrease) in payables and other liabilities		4,759	6,686
Increase / (decrease) in provisions		(6,373)	(5,190)
Net cash generated from / (used in) operating activities		**4,991**	**25,549**
Cash flows from investing activities			
Interest received		1,655	40
Purchase of intangible assets		(1,217)	(1,581)
Purchase of PPE and investment property		(14,469)	(11,006)
Sales of PPE and investment property		625	477
Net cash generated from / (used in) investing activities		**(13,406)**	**(12,070)**
Cash flows from financing activities			
Public dividend capital received		141	495
Movement on loans from DHSC		(334)	(334)
Capital element of lease liability repayments		(3,023)	-
Interest on loans		(64)	(70)
Interest element of lease liability repayments		(76)	-
PDC dividend (paid) / refunded		(2,269)	(1,823)
Net cash generated from / (used in) financing activities		**(5,625)**	**(1,732)**
Increase / (decrease) in cash and cash equivalents		**(14,040)**	**11,747**
Cash and cash equivalents at 1 April - brought forward		**75,927**	**64,180**
Cash and cash equivalents at 31 March	20	**61,887**	**75,927**

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 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

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. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

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.

The Trust continues to enjoy a healthy cash position of £61.9m with low borrowings of £3.2m (excluding IFRS 16 lease arrangements) and has sufficient liquidity with working capital (total current assets, less current liabilities) of £36m and a cash ratio (cash and cash equivalents/total current liabilities) of 1.25, to continue to operate through to 31 July 2024.

Our going concern assessment is made up to 31 March 2024. 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 and Social Care arrangements for 2023-24 and beyond will continue to support Yorkshire Ambulance Service in delivering high quality healthcare services for the foreseeable future. On that basis the Trust extends its "going concern" assessment to 30 September 2024.

Note 1.3 Consolidation

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 contracts with NHS commissioners and performance obligations are therefore met as a consequence of elapsed time; typical timing of payment is monthly. Given these factors, the application IFRS 15 to contract balances does not result 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 NHS commissioners for health care services. System funding envelopes, held by commissioners, are set nationally at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity at agreed performance standards.

In 2022-23 the values of the fixed payments were agreed with commissioners through the annual planning and contracting process. 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.

A proportion of the Trust's income from commissioners is associated with the delivery of the local and national initiatives under the Commissioning for Quality Innovation (CQUIN). Delivery under this scheme is part of how care is provided to patients.

As such CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner. In 2022-23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria, with local agreement that the trust's entitlement to consideration for CQUIN will not vary based on performance.

The Trust also receives additional income outside of the core fixed payments to reimburse specific costs incurred in 2022-23, notably delivery of the Ambulance Mental Health Programme under the national Mental Health Investment Standard (MHIS). For this programme local agreement has been reached that income will equal expenditure. Reimbursement for MHIS is therefore 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.

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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 employers, 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 and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Trust (NEST)

The Trust provides certain employees, who are not enrolled into the NHS Pensions Scheme, with cover from the defined contributions scheme which is managed by the National Employment Savings Trust (NEST).

The cost to the Trust is taken as equal to the contributions payable to the scheme for the accounting period.

Note 1.7 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 1.8 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, eg, 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 (ie 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 meeting the 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 has been reclassified as 'held for sale' cease to be depreciated upon the reclassification.

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 are shown in the table below:

	Min life	Max life
	Years	Years
Buildings, excluding dwellings	10	60
Plant and machinery	5	15
Transport equipment	2	7
Information technology	2	7
Furniture and fittings	4	10

Note 1.9 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.

Software

Software which is integral to the operation of hardware, eg 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, eg 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 are shown in the table below:

	Min life	Max life
	Years	Years
Software licences	2	7

Note 1.10 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 .

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 1.11 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 1.12 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, ie, 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 or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and liabilities are 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.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Initial application of IFRS 16

"IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application.

Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

2021-22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021-22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

Lease modifications

In the event that a lease contract has expired, but the Trust remains in occupation pending negotiations for a renewed term, a new lease for the purposes of IFRS 16 will only be recognised when negotiations have concluded and a new lease is in place and contractual terms clarified.

Applying the recognition criteria to lease dilapidations

Dilapidation expenditure can arise in connection with leases and leasehold improvements. To the extent that such costs are capital in nature i.e. material costs of exiting leasehold building and restoration, such costs are recognised as a dilapidation provision and correspondingly capitalised as part of the right-of-use asset.

Expenditure which is revenue in nature i.e. repairs which have been deferred due to the requirements for the leased asset to remain operational, will be recognised and a provision and expensed to the statement of Comprehensive Income.

Note 1.14 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 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

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 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

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 24.1 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 particular claims are charged to operating expenses when the liability arises.

Note 1.15 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 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 25, 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 1.16 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 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 1.17 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 1.18 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 1.19 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 1.20 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022-23.

Other standards, amendments and interpretations

The following is a list of recently issued IFRS Standards and amendments that have not yet been adopted within the government financial reporting manual (FReM), and are therefore not applicable to DHSC group accounts in 2022-23:

- IFRS 14 Regulatory Deferral Accounts - not applicable to DHSC group bodies; and
- IFRS 17 Insurance Contracts - application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be from April 2025.

Note 1.22 Critical judgements in applying accounting policies

Where critical judgements are made, apart from those involving estimations that management has made in the process of applying the Trust's accounting policies that have the most significant effect on the amounts recognised in the financial statements, details are provided in the relevant notes to the accounts.

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 1.23 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:

Valuation of Property, Plant and Equipment - Note 1.8 and Note 13

The Trust has used valuations carried out at February 2023 with a prospective valuation date of 31 March 2023 by an independent professional valuer (District Valuer Service, part of the Valuation Office Agency of HM Revenue and Customs) to determine the value of property. These property valuations and useful lives are based on the Royal Institute of Chartered Surveyors valuation standards insofar as these are consistent with the requirements of HM Treasury and the Department of Health and Social Care.

Note 2 Operating Segments

The Trust has determined that the 'chief operating decision maker' (as defined by IFRS 8) is the Board of Directors (Trust Board) on the basis that all strategic decisions are made by the Board.

The Trust has judged that it only operates as one operating segment; that of the provision of healthcare. The main source of Trust income was received from NHS commissioners.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.

Note 3.1 Income from patient care activities

	2022-23	2021-22
Income from patient care activities received from:	**£000**	£000
NHS England*	25,503	12,552
Clinical Commissioning Groups	81,605	333,772
Integrated Care Boards	262,048	-
Other NHS providers	1,083	1,265
Local authorities	51	2
Non-NHS: private patients	36	55
Injury cost recovery scheme	569	492
Non NHS: other	915	-
Total income from activities	**371,810**	**348,138**
Of which:		
Related to continuing operations	371,810	348,138

Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022-23 National Tariff payments system documents.

https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

*Included within NHS England: additional pension contribution central funding £11.3m (2021-22 £10.4m); and agenda for change 2022-23 pay offer central funding £12m (see note 31 Events after the reporting period).

**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 4 Other operating income

	2022-23			2021-22		
	Contract income	**Non-contract income**	**Total**	Contract income	Non-contract income	Total
	£000	**£000**	**£000**	£000	£000	£000
Research and development	345	-	**345**	520	-	**520**
Education and training	5,180	774	**5,954**	3,986	460	**4,446**
Reimbursement and top up funding	-	-	**-**	242	-	**242**
Income in respect of employee benefits accounted on a gross basis	910	-	**910**	1,418	-	**1,418**
Other contributions to expenditure*	-	711	**711**	-	905	**905**
Other income**	2,479	-	**2,479**	3,525	-	**3,525**
Total other operating income	**8,913**	**1,485**	**10,398**	**9,691**	**1,365**	**11,056**
Of which						
Related to continuing operations			10,398			11,056

* Other contributions relate to centrally procured personal protective equipment provided by the Department of Health and Social Care. See also note 17 Inventories.

** Other income includes income relating to Private Events, with other smaller income generation from Payroll and ICT services provided to other trusts.

Note 5 Operating expenses

	2022-23	2021-22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	219	186
Purchase of healthcare from non-NHS and non-DHSC bodies	15,465	15,564
Staff and executive directors' costs	287,754	258,195
Remuneration of non-executive directors	150	146
Supplies and services - clinical (excluding drugs costs)	6,556	7,781
Supplies and services - general	3,468	2,391
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	417	262
Consultancy costs	1,317	987
Establishment	5,703	7,508
Premises	13,640	10,869
Transport (including patient travel)	27,850	21,322
Depreciation on property, plant and equipment	14,750	10,790
Amortisation on intangible assets	1,019	737
Net impairments	(155)	(411)
Movement in credit loss allowance: contract receivables / contract assets	43	(1)

	2022-23	2021-22
	£000	£000
Increase/(decrease) in other provisions	(4,309)	365
Change in provisions discount rate(s)	(1,820)	177
Fees payable to the external auditor audit services - statutory audit	132	115
Internal audit costs	109	109
Clinical negligence	2,632	2,351
Legal fees	280	167
Research and development	14	224
Education and training	2,846	2,628
Expenditure on short term leases (current year only)	2,806	-
Operating lease expenditure (comparative only)	-	5,786
Losses, ex-gratia and special payments	331	314
Other services, eg external payroll	-	201
Other	700	323
Total	**381,917**	**349,086**
Of which:		
Related to continuing operations	381,917	349,086

Note 5.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2021-22: £2 million).

Note 6 Impairment of assets

	2022-23	2021-22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(155)	(411)
Total net impairments charged to operating surplus / deficit	**(155)**	**(411)**
Impairments charged to the revaluation reserve	-	-
Total net impairments	**(155)**	**(411)**

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 2023 with a prospective valuation date of 31 March 2023.

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 is a net £155k impairment reversal (gain) as a result of these valuations due to changes in market price.

Note 7 Employee benefits

	2022-23	2021-22
	£000	£000
Salaries and wages	224,249	199,593
Social security costs	22,397	19,814
Apprenticeship levy	1,159	993
Employer's contributions to NHS pensions	37,025	34,155
Pension cost - other	-	87
Termination benefits	385	382
Temporary staff (including agency)	2,666	3,645
Total gross staff costs	**287,881**	**258,669**
Recoveries in respect of seconded staff	**-**	-
Total staff costs	**287,881**	**258,669**
Of which		
Costs capitalised as part of assets	127	474

Note 7.1 Retirements due to ill-health

During 2022-23 there were 12 early retirements from the Trust agreed on the grounds of ill-health (17 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £578k (£1,145k in 2021-22).

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

Included within employee benefits is the agenda for change 2022-23 pay offer central funding £12m, see note 31 Events after the reporting period.

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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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 actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

c) National Employment Savings Trust Pension (NEST)

Under the terms of the Pensions Act 2008 the Trust is required to provide a pension scheme for employees who are not eligible for membership of the NHS Pension Scheme. Qualifying employees are enrolled in the National Employment Savings Trust (NEST) managed scheme.

NEST is a defined contribution scheme managed by a third party organisation. It carries no possibility of actuarial gain or loss to the Trust and there are no financial liabilities other than payment of the 3% employers contribution of qualifying earnings. Employer contributions are charged directly to the Statement of Comprehensive Income and paid to NEST monthly. Further details of the scheme can be found at www.nestpensions.org.uk.

Note 9 Finance income

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

	2022-23	2021-22
	£000	£000
Interest on bank accounts	1,962	40
Total	**1,962**	**40**

Note 10 Finance expenditure

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

	2022-23	2021-22
	£000	£000
Interest expense:		
Interest on loans from the Department of Health and Social Care	64	70
Interest on lease obligations	76	-
Total interest expense	**140**	**70**
Unwinding of discount on provisions	(37)	(118)
Total finance costs	**103**	**(48)**

Note 10.1 The late payment of commercial debts (interest) Act 1998/Public Contract Regulations 2015

No payments were made in respect of this legislation during 2022-23.

Note 11 Other gains / (losses)

	2022-23	2021-22
	£000	£000
Gains on disposal of assets	**269**	**423**
Total other gains / (losses)	**269**	**423**

Note 12 Intangible assets - 2022-23

	Software licences	Intangible assets under construction	**Total**
	£000	£000	**£000**
Valuation/gross cost at 1 April 2022 - brought forward	**7,404**	**47**	**7,451**
Additions	764	60	**824**
Valuation/gross cost at 31 March 2023	**8,168**	**107**	**8,275**
Amortisation at 1 April 2022 - brought forward	**3,928**	**-**	**3,928**
Provided during the year	1,019	-	1,019
Amortisation at 31 March 2023	**4,947**	**-**	**4,947**
Net book value at 31 March 2023	**3,221**	**107**	**3,328**
Net book value at 1 April 2022	**3,476**	**47**	**3,523**

Note 12.1 Intangible assets - 2021-22

	Software licences	Intangible assets under construction	**Total**
	£000	£000	**£000**
Valuation/gross cost at 1 April 2021	**5,511**	**10**	**5,521**
Additions	1,893	47	**1,940**
Reclassifications	-	(10)	**(10)**
Valuation/gross cost at 31 March 2022	**7,404**	**47**	**7,451**
Amortisation at 1 April 2021	**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 Property, plant and equipment

Note 13.1 Property, plant and equipment - 2022-23

	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 2022 - brought forward	**20,075**	**47,557**	**5,755**	**16,238**	**52,970**	**18,915**	**285**	**161,795**
Additions	389	(8)	13,096	176	24	2,749	-	**16,426**
Impairments	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	17	-	-	-	-	-	**17**
Revaluations	135	395	-	-	-	-	-	**530**
Reclassifications	-	-	(2,087)	410	1,643	34	-	**-**
Transfers to/from assets held for sale	-	-	-	-	-	-	-	**-**
Disposals/derecognition	-	-	-	(143)	(3,899)	-	-	**(4,042)**
Valuation/gross cost at 31 March 2023	**20,599**	**47,961**	**16,764**	**16,681**	**50,738**	**21,698**	**285**	**174,726**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**-**	**-**	**7,498**	**35,066**	**12,192**	**195**	**54,951**
Provided during the year	-	1,505	-	2,056	5,087	2,513	29	**11,190**
Impairments	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	(138)	-	-	-	-	-	**(138)**
Revaluations	-	(1,367)	-	-	-	-	-	**(1,367)**
Disposals/derecognition	-	-	-	(143)	(3,778)	-	-	**(3,921)**
Accumulated depreciation at 31 March 2023	**-**	**-**	**-**	**9,411**	**36,375**	**14,705**	**224**	**60,715**
Net book value at 31 March 2023	**20,599**	**47,961**	**16,764**	**7,270**	**14,363**	**6,993**	**61**	**114,011**
Net book value at 1 April 2022	**20,075**	**47,557**	**5,755**	**8,740**	**17,904**	**6,723**	**90**	**106,844**

Note 13.2 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**
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 13.3 Property, plant and equipment financing - 2022-23

	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								
Owned - purchased	20,599	47,961	16,764	7,270	14,363	6,993	61	**114,011**
Total net book value at 31 March 2023	**20,599**	**47,961**	**16,764**	**7,270**	**14,363**	**6,993**	**61**	**114,011**

Note 13.4 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								
Owned - purchased	20,075	47,557	5,755	8,740	17,904	6,723	90	**106,844**
Total net book value at 31 March 2022	**20,075**	**47,557**	**5,755**	**8,740**	**17,904**	**6,723**	**90**	**106,844**

Note 14 Donations of property, plant and equipment

There were no donations of property, plant and equipment received during the year.

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 2023 with a prospective valuation date of 31 March 2023.

Note 16 Leases - Yorkshire Ambulance Service NHS Trust as a lessee

The Trust has lease arrangements for both property and vehicles in line with the normal course of its business.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Note 16.1 Right of use assets - 2022-23

	Property (land and buildings)	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
IFRS 16 implementation - adjustments for existing operating leases / subleases	2,936	7,837	**10,773**	709
Additions	2,727	3,852	**6,579**	-
Movements in provisions for restoration / removal costs	389	-	**389**	**-**
Valuation/gross cost at 31 March 2023	**6,052**	**11,689**	**17,741**	**709**
Provided during the year	800	2,760	**3,560**	134
Accumulated depreciation at 31 March 2023	**800**	**2,760**	**3,560**	**134**
Net book value at 31 March 2023	**5,252**	**8,929**	**14,181**	**575**
Net book value of right of use assets leased from other NHS providers				**360**
Net book value of right of use assets leased from other DHSC group bodies				**215**

Note 16.2 Revaluations of right of use assets

The Trust did not undertake any revaluation of its Right of Use assets during 2022-23

Note 16.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 23.

	2022-23
	£000
Carrying value at 31 March 2022	
IFRS 16 implementation - adjustments for existing operating leases	10,773
Lease additions	6,579
Interest charge arising in year	76
Lease payments (cash outflows)	(3,099)
Carrying value at 31 March 2023	**14,329**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 5. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 16.4 Maturity analysis of future lease payments at 31 March 2023

	Total 31 March 2023	Of which leased from DHSC group bodies: 31 March 2023
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	3,563	135
- later than one year and not later than five years;	6,246	318
- later than five years.	5,001	145
Total gross future lease payments	**14,810**	**598**
Finance charges allocated to future periods	(481)	(19)
Net lease liabilities at 31 March 2023	**14,329**	**579**
Of which:		
Leased from other NHS providers		**363**
Leased from other DHSC group bodies		**216**

Note 16.8 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.13.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	**11,637**
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	**11,629**
Less:	
Commitments for short term leases	(627)
Commitments for leases of low value assets	(229)
Total lease liabilities under IFRS 16 as at 1 April 2022	**10,773**

Note 17 Inventories

	31 March 2023	31 March 2022
	£000	£000
Drugs	125	142
Consumables	1,967	1,796
Other	463	307
Total inventories of which:	**2,555**	**2,245**
Held at fair value less costs to sell	2,555	2,245

Inventories recognised in expenses for the year were £10,417k (2021-22: £8,611k).

There were no write-down of inventories recognised in both 2022-23 and 2021-22.

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 2022-23 the Trust received £711k of items purchased by DHSC (2021-22: £905k).

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 18 Receivables

Note 18.1 Receivables

	31 March 2023	31 March 2022
	£000	£000
Current		
Contract receivables*	16,608	5,147
Allowance for impaired contract receivables/assets	(586)	(573)
Prepayments	2,963	5,753
Interest receivable	307	-
PDC dividend receivable	272	-
VAT receivable	879	684
Other receivables	458	298
Total current receivables	**20,901**	**11,309**
Non-current		
Contract receivables	297	320
Total non-current receivables	**297**	**320**
Of which receivables from NHS and DHSC group bodies:		
Current	14,438	2,487

*Included within contract receivables is the agenda for change 2022-23 pay offer central funding £12m, see note 31 Events after the reporting period.

Note 18.2 Allowances for credit losses

	2022-23	2021-22
	Contract receivables and contract assets	Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	**573**	**598**
New allowances arising	33	-
Changes in existing allowances	10	(1)
Utilisation of allowances (write offs)	(30)	(24)
Allowances as at 31 March 2022	**586**	**573**

Note 18.3 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 19 Non-current assets held for sale and assets in disposal groups

	2022-23	2021-22
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**235**	**-**
Assets classified as available for sale in the year	-	235
Assets sold in year*	(235)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**235**

* The asset sold was Bentley Ambulance Station

Note 20 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.

	2022-23	2021-22
	£000	£000
At 1 April	**75,927**	**64,180**
Net change in year	(14,040)	11,747
At 31 March	**61,887**	**75,927**
Broken down into:		
Cash at commercial banks and in-hand	-	1
Cash with the Government Banking Service	61,887	75,926
Total cash and cash equivalents as in SoFP	**61,887**	**75,927**
Total cash and cash equivalents as in SoCF	**61,887**	**75,927**

Note 21 Trade and other payables

	31 March 2023	31 March 2022
	£000	£000
Current		
Trade payables	755	5,815
Capital payables	4,865	3,301
Accruals*	29,971	19,666
Social security costs	13	-
PDC dividend payable	-	33
Pension contributions payable	3,568	3,295
Other payables	44	42
Total current trade and other payables	**39,216**	**32,152**
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	2,987	1,512

*Included within accruals is the agenda for change 2022-23 pay offer central funding £12m, see note 31 Events after the reporting period.

Note 22 Other liabilities

	31 March 2023	31 March 2022
	£000	£000
Current		
Deferred income: contract liabilities	217	991
Total other current liabilities	**217**	**991**
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 2022-23. It is anticipated these costs will be incurred in 2023-24.

Note 23 Borrowings

	31 March 2023	31 March 2022
	£000	£000
Current		
Loans from DHSC	337	337
Lease liabilities*	3,563	-
Total current borrowings	**3,900**	**337**
Non-current		
Loans from DHSC	2,831	3,165
Lease liabilities*	10,766	-
Total non-current borrowings	**13,597**	**3,165**

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 16.

Note 23.1 Reconciliation of liabilities arising from financing activities - 2022-23

	Loans from DHSC	Lease Liability	Total
	£000	£000	£000
Carrying value at 1 April 2022	**3,502**	**-**	**3,502**
Cash movements:			
Financing cash flows - payments and receipts of principal	(334)	(3,023)	(3,357)
Financing cash flows - payments of interest	(64)	(76)	(140)
Non-cash movements:			
Impact of implementing IFRS 16 on 1 April 2022	-	10,773	10,773
Additions	-	6,579	6,579
Application of effective interest rate	64	76	140
Carrying value at 31 March 2023	**3,168**	**14,329**	**17,497**

Note 23.2 Reconciliation of liabilities arising from financing activities - 2021-22

	Loans from DHSC	Lease Liability	Total
	£000	£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 24 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	**Total**
	£000	£000	£000	£000	£000	**£000**
At 1 April 2022	**584**	**6,982**	**211**	**-**	**11,358**	**19,135**
Change in the discount rate	(59)	(1,587)	-	-	(174)	**(1,820)**
Arising during the year	8	317	213	375	2,013	**2,926**
Utilised during the year	(77)	(421)	(148)	-	(759)	**(1,405)**
Reversed unused	-	-	(63)	-	(5,622)	**(5,685)**
Unwinding of discount	(6)	(69)	-	-	38	**(37)**
At 31 March 2023	**450**	**5,222**	**213**	**375**	**6,854**	**13,114**
Expected timing of cash flows:						
- not later than one year;	67	348	213	375	4,979	**5,982**
- later than one year and not later than five years;	281	1,597	-	-	979	**2,857**
- later than five years.	102	3,277	-	-	896	**4,275**
Total	**450**	**5,222**	**213**	**375**	**6,854**	**13,114**

Pensions related provisions represent amounts payable to the NHS Business Services Authority (NHS BSA) to meet the costs of early retirements and industrial injury benefits. Amounts are determined by the NHS BSA - Pensions Division based on actuarial estimates of life expectancy and there is therefore, a degree of uncertainty regarding the value of future payments.

Legal claims relate to employer and public liability claim estimates 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 £10,000.

Included in Other are provisions categorised as: leased fleet vehicles and tenancy properties provisions for estimated deferred repairs and restoration costs as applicable £2,886k (2021-22 £2,138k); staff related claims and employment tribunals £3,756k (2021-22 £9,220).

Note 24.1 Clinical negligence liabilities

At 31 March 2023, £30,043k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Yorkshire Ambulance Service NHS Trust (31 March 2022: £31,103k).

Note 25 Contingent assets and liabilities

	31 March 2023	31 March 2022
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(88)	(165)
Gross value of contingent liabilities	**(88)**	**(165)**
Amounts recoverable against liabilities	**-**	**-**
Net value of contingent liabilities	**(88)**	**(165)**

The Trust has no contingent assets.

Note 26 Contractual capital commitments

	31 March 2023	31 March 2022
	£000	£000
Property, plant and equipment	9,042	5,363
Total	**9,042**	**5,363**

Note 27 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 28 Financial instruments

Note 28.1 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 end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under aligned payment and incentive contract arrangements with NHS Commissioners which are financed from resources voted annually by Parliament. The Trust is not, therefore, exposed to significant liquidity risks.

Note 28.2 Carrying values of financial assets

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2023		
Trade and other receivables excluding non financial assets	17,084	**17,084**
Cash and cash equivalents	61,887	**61,887**
Total at 31 March 2023	**78,971**	**78,971**

	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**

Note 28.3 Carrying values of financial liabilities

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2023		
Loans from the Department of Health and Social Care	3,168	**3,168**
Obligations under leases	14,329	**14,329**
Trade and other payables excluding non financial liabilities	35,635	**35,635**
Provisions under contract	7,442	**7,442**
Total at 31 March 2023	**60,574**	**60,574**

	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**

Note 28.4 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 2023	31 March 2022
	£000	£000
In one year or less	44,679	40,693
In more than one year but not more than five years	8,550	2,567
In more than five years	7,564	2,819
Total	**60,793**	**46,079**

Note 28.5 Fair values of financial assets and liabilities

Book value (carrying value) is considered to be a reasonable approximation of fair value.

Note 29 Losses and special payments

	2022-23		2021-22	
	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	37	31	39	218
Total losses	**37**	**31**	**68**	**233**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Ex-gratia payments*	40	2,036	55	211
Total special payments	**40**	**2,036**	**59**	**282**
Total losses and special payments	**77**	**2,067**	**127**	**515**

*Ex-gratia payments for 2022-23 includes the following exceeding £300,000:

(1) Payments related to VAT reimbursement to staff with salary sacrifice lease car agreements. The total value of reimbursements made was £877k. NHS England has obtained HM Treasury/DHSC blanket approval on behalf of NHS organisations for this special payment.

(2) Staff 'cost of living' payments. The total value paid was £995k. NHS England is seeking collective approval from HM Treasury on behalf of NHS organisations for these special payments.

There were no individual losses or special payments exceeding £300,000 in 2021-22.

Note 30 Related parties

The Department of Health and Social Care is regarded as a related party. During the year Yorkshire Ambulance Service NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These include NHS England and the entities listed below. In addition, the Trust has had a number of significant transactions with other government departments and their agencies e.g. HMRC.

NHS Trusts
NHS Foundation Trusts
NHS Litigation Authority
NHS Resolution
NHS Property Services

The following note discloses related parties where income or expenditure is more than 1% of the Trust's operating income or expenditure (the Trust's main NHS commissioners). Transactions below this level are not considered material for the purposes of this disclosure.

CCG Name	ICB Name*
NHS East Riding Of Yorkshire CCG	NHS Humber and North Yorkshire ICB
NHS Hull CCG	
NHS North East Lincolnshire CCG	
NHS North Lincolnshire CCG	
NHS North Yorkshire CCG	
NHS Vale of York CCG	
NHS Barnsley CCG	NHS South Yorkshire ICB
NHS Doncaster CCG	
NHS Rotherham CCG	
NHS Sheffield CCG	
NHS Bradford District & Craven CCG	NHS West Yorkshire ICB
NHS Calderdale CCG	
NHS Leeds CCG	
NHS Kirklees CCG	
NHS Wakefield CCG	

*The Integrated Care Boards (ICBs) were legally established with effect on 1 July 2022, following the Health and Care Act 2022 receiving Royal Assent on 28 April 2022. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being closed down. The note above details the abolished CCGs and their replacement ICB.

No defined related party transactions were noted with key management personnel other than the compensation paid to them.

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 31 Events after the reporting date

In March 2023 the government announced an additional pay offer for 2022-23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022-23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022-23 based on individuals in employment at 31 March 2023.

Note 32 Better Payment Practice Code

	2022-23		2021-22	
	Number	**£000**	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	31,373	103,995	28,619	91,718
Total non-NHS trade invoices paid within target	28,919	98,156	25,860	81,489
Percentage of non-NHS trade invoices paid within target	92.2%	94.4%	90.4%	88.8%
NHS Payables				
Total NHS trade invoices paid in the year	613	13,881	490	5,684
Total NHS trade invoices paid within target	549	13,403	383	5,019
Percentage of NHS trade invoices paid within target	89.6%	96.6%	78.2%	88.3%

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:

	2022-23	2021-22
	£000	£000
Cash flow financing	10,824	(11,586)
External financing requirement	**10,824**	**(11,586)**
External financing limit (EFL)	10,824	(11,586)
Under / (over) spend against EFL	**-**	**-**

Note 34 Capital Resource Limit

	2022-23	2021-22
	£000	£000
Gross capital expenditure	23,829	11,908
Less: Disposals	(356)	(54)
Charge against Capital Resource Limit	**23,473**	**11,854**
Capital Resource Limit	23,473	11,854
Under / (over) spend against CRL	**-**	**-**

Note 35 Breakeven duty financial performance

	2022-23	2021-22
	£000	£000
Adjusted financial performance surplus / (deficit) (control total basis)	236	8,203
Breakeven duty financial performance surplus / (deficit)	**236**	**8,203**

Note 36 Breakeven duty rolling assessment

	1997-98 to 2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
		£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		518	237	428	2,223	2,633	2,991	6,103
Breakeven duty cumulative position	3,501	4,019	4,256	4,684	6,907	9,540	12,531	18,634
Operating income		197,910	195,228	200,333	209,772	233,384	241,328	248,965
Cumulative breakeven position as a percentage of operating income		2.0%	2.2%	2.3%	3.3%	4.1%	5.2%	7.5%

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	**2022-23**
	£000	£000	£000	£000	£000	£000	**£000**
Breakeven duty in-year financial performance	2,719	10,154	9,250	5,524	(960)	8,203	**236**
Breakeven duty cumulative position	21,353	31,507	40,757	46,281	45,321	53,524	**53,760**
Operating income	255,424	269,451	281,698	288,172	334,125	359,194	**382,208**
Cumulative breakeven position as a percentage of operating income	8.4%	11.7%	14.5%	16.1%	13.6%	14.9%	**14.1%**

Glossary

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.
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.
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.

Term/Abbreviation	*Definition/Explanation*
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 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 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.
Computer Aided Dispatch (CAD)	A method of dispatching ambulance resources.

Term/Abbreviation	*Definition/Explanation*
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 and Social Care (DHSC)	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.
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.

Term/Abbreviation	*Definition/Explanation*
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.
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.

Term/Abbreviation	*Definition/Explanation*
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.
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.
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	NHS England leads the National Health Service (NHS) in England and has seven regional teams that support the commissioning of healthcare services for different parts of the country.

Term/Abbreviation	*Definition/Explanation*
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.
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.
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.

Term/Abbreviation	*Definition/Explanation*
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.
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, urgent care and non-emergency ambulance services in Yorkshire and the Humber.

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YAS-23-AR-FINAL

Design: **Philip Smithson Design**