



Annual General Meeting

Agenda and Meeting Papers

Thursday 26 September 2024



Our Strategy 2024-29

| | |
|---------------------|---|
| Our Purpose | To provide and co-ordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes |
| Our Vision | Great Care Great People Great Partner |
| Our Values | Kindness Respect Teamwork Improvement |
| YAS Together | Care Lead Grow Excel Everyone |

Our Bold Ambitions

| | |
|------------------------------|--|
| Our Patients | Our ambition is to deliver exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience |
| Our People | Our ambition is to be a diverse and inclusive organisation with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive |
| Our Partners | Our ambition is to be a collaborative, integral and influential partner across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities |
| Our Planet and Pounds | Our ambition is to be a responsible and sustainable organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resource |



AGENDA

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|-------------------------------|---|---|
| Meeting: | Annual General Meeting | |
| Date: | 26 September 2024 | |
| Time: | 1600 hrs | |
| Venue: | Springhill HQ: Kirkstall, Fountains and Rosedale / Broadcast via MS Teams | |
| Voting Directors | Martin Havenhand Tim Gilpin Anne Cooper Andrew Chang Amanda Moat Jeremy Pease Peter Reading Nick Smith Dave Green Kathryn Vause Julian Mark | Chair Non-Executive Director (Deputy Chair) Non-Executive Director (Senior Independent Director) Non-Executive Director <i>(via MS Teams remotely)</i> Non-Executive Director Non-Executive Director Chief Executive Chief Operating Officer Executive Director of Quality and Chief Paramedic Executive Director of Finance Executive Medical Director |
| Non-Voting Directors | Marc Thomas Mandy Wilcock | Deputy Chief Executive Director of People and Organisational Development |
| Contributing Directors | Adam Layland Jeevan Gill Rachel Gillott Carol Weir David O'Brien Sam Robinson | Director of Partnerships and Operations (SY) Director of Partnerships and Operations (HNY) Director of Partnerships and Operations (WY) Director of Strategy, Planning and Performance Director of Corporate Services and Company Secretary Chief Digital Information Officer |
| In Attendance | Rebecca Randell Helen Edwards Odette Colgrave Jo Jennings | NeXT Director Associate Director of Communications and Community Engagement Corporate Governance Manager Senior Executive Officer |
| Apologies: | | |

| AGENDA | | | | |
|----------|---|---------------|--|-----------|
| Item No. | Description | Format | Lead | Time |
| 1. | OPENING BUSINESS | | | |
| 1.1 | Welcome and Apologies (information) | Verbal | Martin Havenhand, Chair | 1600-1605 |
| 1.2 | Declaration of Interests (assurance) <i>Any Board Member who is aware of a conflict of interest relating to any item on the agenda will be required to disclose it at this stage or when the conflict arises during consideration of the item.</i> | Attached | | |
| 1.3 | Minutes of Previous Meetings (approve) | To Follow | | |
| 1.3.1 | Minutes of the Annual General Meeting held on 26 October 2023 | | | |
| 1.4 | Matters Arising (assurance) <i>Any Matters Arising in addition to items included on the agenda.</i> | Verbal | | |
| 2. | | | | |
| 2.1 | Review of Financial Year 2023/24 <ul style="list-style-type: none">2023/24 Annual Report and Accounts | Attached | Peter Reading Chief Executive Kathryn Vause Executive Director of Finance | 1605-1615 |
| 2.2 | Performance Highlights 2023/24 | Presentations | Nick Smith, Chief Operating Officer Dave Green, Executive Director of Quality and Chief Paramedic Julian Mark, Executive Medical Director | 1615-1645 |

| AGENDA | | | | |
|------------------------|---------------------------|--------------|---|---------------|
| Item No. | Description | Format | Lead | Time |
| | | | Mandy Wilcock, Director of People and OD Kathryn Vause, Executive Director of Finance | |
| 2.3 | Overview of 2024/25 Plans | Presentation | Peter Reading, Chief Executive | 1645- 1650 |
| 2.4 | Questions from the Public | Verbal | Martin Havenhand Chair | 1650- 1655 |
| 3 | CLOSING BUSINESS | | | |
| 3.1 | Closing Remarks | Verbal | Martin Havenhand, Chair | 1655- 1700 |
| MEETING CLOSE 1700 hrs | | | | |



Yorkshire Ambulance Service Annual Report and Accounts 2023-24



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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 7,073* staff, who together with 977 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 5,883 whole-time equivalents (as at 31 March 2024).

Our main focus is to:

- receive 999 calls in our emergency operations centres (Wakefield and York)
- respond to 999 calls, arrange the most appropriate response to meet patients' needs and get help to patients who have serious or life-threatening injuries or illnesses as quickly as possible
- provide the region's Integrated Urgent Care (IUC) service which includes the NHS 111 urgent medical help and advice line

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

In addition, we:

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

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

In 2023-24 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, 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 (in place during 2023-24)

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



Our new strategy for 2024-29

The Trust's new strategy recognises that the Trust operates in a rapidly changing world, which has changed significantly in just a few years. Standing still is not an option and the new strategy represents a major step change in how YAS will deliver services fit for the future.

Our vision for our 2024-29 strategy is clear: **Great Care, Great People, Great Partner**. By 2029, we will be best known for delivering great care, being a great place to work and being a great partner to work with.

To achieve this, we have set ourselves four bold ambitions that will drive our actions and outcomes over the next five years, centred around:

Our patients: our ambition is to deliver exceptional patient-centred out-of-hospital emergency, urgent and non-emergency care, which is safe, kind and responsive, seamlessly integrating services and utilising technology to deliver a high-quality patient experience.

Our people: our ambition is to be a diverse and inclusive organisation with a culture of continuous improvement, where everyone feels valued, included, proud to work and can thrive.

Our partners: our ambition is to be a collaborative, integral and influential partner across a joined-up health and social care network that works preventatively, reduces inequality and improves population health outcomes, supporting all our communities.

Our planet and pounds: our ambition is to be a responsible and sustainable organisation in the use of our financial and physical resources, reducing our environmental impact and ensuring the most effective use of all our resources.

In developing our strategy, we have engaged extensively with our people, partners and communities to ensure that their views are represented and our plans meet the needs of those we serve and work with.

You can read more about the 2024-29 strategy on the [Trust's website](https://www.yas.nhs.uk) (www.yas.nhs.uk)

Our Purpose, Vision and Values from 2024-25

Our Purpose

To provide and co-ordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes.

Our Vision

Great Care, Great People, Great Partner

Our Values

Our values underpin everything we do and how we do it.

They reflect the behaviours our patients, colleagues, volunteers, partners and others can expect from us all.



Kindness

As a Trust, we believe kindness is shown by caring as we would care for our loved ones.

- We will care for others as we would want to be cared for.
- We will be compassionate, courteous and helpful at all times.
- We will be calm, professional and considerate at all times.

Respect

As a Trust, we believe respect is having due regard for the feelings, contribution and achievements of others, adhering to the highest professional standards, even in the most challenging of circumstances.

- We will be open and honest and do what we say.
- We will celebrate and appreciate the successes of others.
- We will actively listen to, respect and involve others, valuing diversity and taking the time to understand personal and cultural viewpoints.

Teamwork

As a Trust, we believe teamwork is working collaboratively and openly with colleagues, patients, volunteers and partners, striving to achieve an exceptional standard in everything we do.

- We will work positively and openly with all.
- We will celebrate success together and be there for each other through both good and difficult times.
- We will work together to deliver exemplary care and services.

Improvement

As a Trust, we believe improvement is a commitment to learning, developing and implementing best practice to deliver better care and services.

- We will strive to do the best for patients, colleagues, staff and partners by continually seeking to learn, develop and deliver better care and services.
- We will create a culture in which all staff and volunteers are empowered to pioneer new and better ways of working across the Trust to improve patient care and services.
- We will pursue excellence by taking personal responsibility for learning and improving.

Chair's Report

I was appointed as the Yorkshire Ambulance Service (YAS) Chair on 1 April 2023, and would like to say how much I have enjoyed my first year here. My sincere thanks go to everyone for making me feel so welcome and, more importantly, for the incredible work my colleagues and volunteers carry out every day.



Our Chief Executive Rod Barnes stepped down at the end of May 2023 and I'd like to take this opportunity to thank him for his many years' service in the NHS.

Priorities

My first priority was to ensure that we had robust corporate governance in place and to review our Board and committee structure and the future work programme. We have established a new assurance committee – the People Committee – to focus on the important area of our workforce and their health and wellbeing.

Secondly, we have strengthened our leadership capacity at the Trust. We secured the appointment of Peter Reading, a very experienced NHS Chief Executive, and created new posts of Deputy Chief Executive, Chief Operating Officer and Executive Director of Quality and Chief Paramedic.

Our Associate Non-Executive Director (NED) colleague Zafir Ali left YAS at the end of January 2024 to join Bradford Teaching Hospitals NHS Foundation Trust as a NED. We wish him well in his new role.

YAS Strategy

The YAS Strategy came to an end in December 2023, so during the year we developed a new five-year strategy which was signed off by the Board and launched in January 2024.

Our vision for our 2024-29 strategy is [Great Care, Great People, Great Partner](#), and by 2029, we will be best known for delivering great care, being a great place to work and being a great partner to work with. To achieve this, we have set ourselves four bold ambitions that will drive our actions and outcomes over the next five years, centred around:

- Our patients
- Our people
- Our partners
- Our planet and pounds.

As part of the development of our new strategy we have refreshed the Trust's values to reflect our direction of travel and the behaviours we expect. They are **Kindness, Respect, Teamwork** and **Improvement**, which are so important in bringing the organisation together and pursuing common aims.

Culture

At YAS, we invested in a significant engagement exercise to review our culture with the aim of understanding current practices, ways of working, good practice and key cultural challenges. This

information has been used to shape our cultural change programme which led to the creation of *YAS Together*.

Support networks

During the year we have strengthened Board support for our five support networks – Pride@YAS, Race Equality, Disability, Women and Allies, and Armed Forces – with non-executive champions and executive director sponsors. We have also improved Board to frontline liaison with a programme of visits to all our sites including quality and safety walkabouts with executive and non-executive directors. Seeing things at the sharp end and providing colleagues with the opportunity to share their experiences with Board members is immensely valuable and helps us to improve our decision-making.

Business planning

As part of the development of our strategy and leadership, we have put a new business planning cycle in place to ensure there is a clear drumbeat of YAS operating cohesively throughout the year. A new performance management framework will help to underpin this, with regular updates from service-lines and support services presented to the Board. In addition, our Board Development Programme focuses on developing our directors to ensure that we have a high performing unitary board with clear leadership and direction.

NHS Staff Survey

The annual NHS Staff Survey is an important barometer of working at YAS and is used to identify areas requiring attention and improving colleagues' experience of work. In 2022, staff participation in the survey was 34% and well below the ambulance sector average of 50%. The organisation has focused on better engagement with colleagues and, in 2023, 51% of staff responded to the NHS Staff Survey. Whilst we are pleased with the higher response rate, we want colleagues to share more with us about working for YAS.

Performance

One of the key national ambulance targets is the 30-minute category 2 mean performance measure. Unfortunately, the Trust didn't deliver on this and achieved 32 minutes and 32 seconds across the year. This is a really important issue for YAS and ambulance services across the country; getting to seriously ill patients as quickly as possible is vitally important and remains a key priority in 2024-25.

The NHS generally and YAS have continued to face many challenges, including the struggle to recruit competent colleagues and retain them. As part of our drive to attract and retain the best workforce, we are continuing to focus our efforts on providing comprehensive health and wellbeing services for our staff.

In terms of finance, it has also been a challenging year, but we did deliver our revised financial plan as agreed.

The recent changes in NHS structure in developing health and care systems have meant a new way of working for all trusts. We work with three integrated care systems in the region we cover – South Yorkshire, West Yorkshire, and Humber and North Yorkshire. We are heavily focused on developing relationships and enhancing partnership working opportunities, and we are embedding our three Directors of Partnerships and Operations as part of this. We hope that this will help to

improve services for the public in terms of joined-up working with GPs, acute and mental health trusts and community health services.

During 2023-24, our staff have done a great job, often in very challenging circumstances with prolonged periods of high demand and operational pressures. I've seen tremendous commitment to patient care and resilience, and I'd like to pass on my sincere thanks to all of our staff and volunteers for their enormous contribution in caring for our patients and looking out for each other; they make a real difference to the lives of many people across Yorkshire.

Martin Havenhand

Chief Executive's Foreword

This is my Annual Report foreword for Yorkshire Ambulance Service NHS Trust, following my interim appointment as Chief Executive in June 2023 and subsequent substantive appointment from 1 January 2024.

I am immensely proud to be leading this organisation with our incredible staff and volunteers at its heart. The 2023-24 year has been focused on delivering the best care to patients, forging stronger links with partners, improving the health and wellbeing of colleagues, and helping to plan our future.



Operational Review

Like other ambulance services across the country, our frontline operations have remained under pressure during the year, particularly our Emergency Operations Centre (EOC) and A&E Operations where hospital handover delays and system pressures all contributed to the challenges we faced.

We focused on ensuring patients remained safe and received appropriate care as quickly as possible, and we have continued to work in partnership with ambulance service colleagues, as well as local and regional partners, to address the challenges.

We have also concentrated on providing supportive leadership, improving internal structures, processes and systems to increase efficiency, and making opportunities for our staff to develop.

Once again, the response of our staff to the challenges they faced has been outstanding. Their tireless care and compassion have continued to shine through in everything they do to care for patients and support their colleagues. They come to work, day in and day out, showing remarkable levels of resilience and motivation. It is a privilege to be their Chief Executive and I would like to express heartfelt gratitude for all that they do and recognise the huge difference they make to so many lives.

Whilst 2023-24 was another challenging year for our service and health and social care partners, we saw significant improvements on the previous year's performance.

In our A&E Operations service (999) in 2023-24, the average response time for a category 1 incident (the most serious incident) was eight minutes and 26 seconds; an improvement on the year before, but not achieving the national standard of seven minutes. The other performance measure is to reach at least nine out of 10 patients (the 90th percentile) within 15 minutes and we achieved 14 minutes and 39 seconds.

For category 2 incidents, our average response time in 2023-24 was 32 minutes and 32 seconds against the standard of 30 minutes (this has previously been 18 minutes). The 90th percentile response time was 73 minutes and 28 seconds, against the standard of 40 minutes and there were significant variances across the region, with West Yorkshire performing well and some more challenging performance in North and East Yorkshire; this is an area of focus for the year ahead.

There were no ambulance service trusts in England that achieved the category 1 standard and only two out of 10 trusts achieved the category 2 standard in 2023-24.

In our Emergency Operations Centre, we achieved an average answer time of 10 seconds for 999 calls. Significantly, performance improved from the first half of the year, where the average answer time was 14 seconds, improving to six seconds from September onwards and three seconds from January onwards. This is a considerable improvement on 2022-23 when our average answer time was 50 seconds.

In Integrated Urgent Care (NHS 111), our performance in 2023-24 was one of the best in the country, although we know we still have work to do. The average answer time was two minutes, but we did see one in 20 people wait more than nine minutes. 63.4% of calls were answered within 60 seconds. For those patients who needed a call back from a clinician, 47% received this within one hour.

Our Patient Transport Service also made significant improvements in call answering times. The average time for calls answered within three minutes was 52% for the whole year, but since January 2024 this was 81% and continued to rise to 93% by the end of March 2024. Our performance for regular renal patients saw 99% of patients arriving at hospital before their appointment time and 97% were picked up within an hour of their appointment finishing.

Our fleet and estate

This year we introduced new vehicles for both 999 and our non-emergency Patient Transport Service (PTS).

Improvements to the PTS vehicles include features to enhance the experience of patients living with dementia, by creating a calmer environment and helping to put them at ease. This includes printed blinds, which feature a landscape of the countryside for a sense of comfort and familiarity, and improved contrasting on the seats, floor and steps for better visibility.

We have added over 100 fully converted Škoda Kodiaqs to our rapid response vehicle (RRV) fleet to replace vehicles that had clocked up substantial mileage. The Kodiaq has 4x4 capability to help us reach patients in rural or remote areas and features a large interior to carry life-saving equipment.

We remain committed to our Green Plan 2020-25 and reducing the impact of our service on the environment. Our work towards net zero is incorporated into all our new developments, embracing the latest technology and innovation. We are now looking to increase the availability of electric charging points at various sites as we begin to introduce electric vehicles in PTS and our new dedicated mental health response vehicles.

A major new logistics hub for the Trust opened in 2023, an important investment to ensure we have the facilities and infrastructure our services need to deliver for patients in the years ahead.

Sharing 999 patient records through the Yorkshire & Humber Care Record

We have continued to invest in digital technology to further enhance the care we provide to patients.

This includes the sharing of electronic care records for all emergency patient encounters, via the Yorkshire and Humber Care Record (YHCR), with health and social care professionals in the region to benefit individuals' ongoing clinical care.

Since its launch in mid-October 2023 up until the end of March 2024, over 495,000 records have been shared and this has helped other health and social care partners to be as well informed as possible about someone's condition and treatment.



YAS is responsible for conveying over 400,000 patients every year into 21 emergency departments across the Yorkshire and Humber region and thousands more patients are helped via telephone advice.

Records of these encounters, from 18 October 2023 onwards, are now available to view via the YHCR Interweave Portal for all participating health and social care organisations. This presents a holistic view of the patient for providing ongoing care and supports informed decision-making.

Benefits from this development include care providers gaining a fuller knowledge of patients' use of emergency services, improvements to patient experience by reducing the need for them to repeat information already recorded, and improved continuity of care.

Patient Safety Incident Response Framework

In September 2023, we launched the new Patient Safety Incident Response Framework (PSIRF). This is a new national approach to patient safety and marks a considerable change in the way we deal with patient safety incidents.

It supports the key principles of a patient safety culture, focusing on understanding how incidents happen, rather than apportioning blame. It supports effective learning, which will in turn lead to safety improvements for our patients. We already use 'Just Culture' principles across our investigation functions, this will continue and be enhanced as we embed PSIRF. It will help us achieve and deliver safer care for our patients, a better-quality experience for patients and families and safer systems and environments for colleagues.

Patient safety is at the heart of what we do, and we are proud to be part of the Association of Ambulance Chief Executives (AACE) #SafeintheBack campaign, to improve safety inside ambulances. The campaign is designed to highlight the serious implications of not wearing seatbelts or harnessing patients properly in the back of ambulance vehicles. YAS also created its own training module for staff, which was rolled out earlier in the year and is aimed at all our drivers.

Our Strategy

Great Care, Great, People, Great Partner: Our Strategy 2024-29

We launched our new strategy at the beginning of 2024 to take us through to 2029. This followed the culmination of months of hard work and engagement when we have actively listened to our colleagues, patients, volunteers, communities and healthcare partners to ensure our strategy is reflective of their views and experiences and meets the needs of those we serve and work with.

We operate in a rapidly changing world, which has changed significantly in just a few years since our previous strategy was developed. Standing still is not an option and our new strategy represents a major step-change in how we will deliver services fit for the future.

Our vision for our 2024-29 strategy is clear: Great Care, Great People, Great Partner. By 2029, we will be best known for delivering great care, being a great place to work and being a great partner to work with. It also sets out how we will be an integral and influential system partner, supporting action to improve health outcomes, patient and carer experience, and reducing health inequalities for our communities.

More details are provided later in this report and on the Trust's [website](#).

National vision for the ambulance sector

At a national level, [a vision for the NHS ambulance sector](#) was developed and shared by the Association of Ambulance Chief Executives (AACE), NHS Providers and NHS Confederation, as a conversation prompter with systems and partner providers. The report calls for a fresh approach to designing and delivering urgent and emergency care, including an expanded role for paramedics in helping to treat people at home and ease pressure on hospitals.

Workforce and Leadership

We continued to implement our Future Ways of Working programme to ensure we evolve to meet new challenges and expectations. We are ensuring our organisation is structured and organised to maximise the opportunities the new system can bring to our patients and communities, and embed a consistent way of working across the Trust, built on our values.

To complement our new strategy, we have also launched our new values – Kindness, Respect, Teamwork and Improvement as well as YAS Together which is based on the principles of care, lead, grow, excel and everyone.

As part of the changes to our operating model, our leadership team has been enhanced with a Director of Strategy, Planning and Performance, a Corporate Services Director/Company Secretary, three Directors of Partnerships and Operations, Associate Chief Operating Officer (Remote Patient Care), Associate Chief Operating Officer (Central Services), Heads of Service Delivery and Quality and Consultant Practitioners, as well as Area Clinical Governance Leads and System Support and Delivery Managers.

At the beginning of 2024, Nick Smith was appointed to the role of Chief Operating Officer (COO). This newly introduced role provides overarching leadership for all aspects of operational patient care delivery at YAS including 999 delivery, Integrated Urgent Care (NHS 111), Patient Transport Service, Community Resilience, the Hazardous Area Response Team, Emergency Planning, Business Continuity and Private Events.

During 2023-24 we also appointed Dave Green as Executive Director of Quality and Chief Paramedic. Dave has been with the Trust for some time in a variety of roles, most recently as our interim Associate Director of Quality and Safety. This new role will play an important part in the Trust's new operating model, and encompasses patient and staff safety, infection prevention and control, safeguarding, patient experience, quality improvement and, importantly, strategic professional leadership for our paramedic and nursing workforce.

Thanks go to Clare Ashby who was in the former role of Interim Executive Director of Quality, Governance and Performance Assurance up until the end of October 2023, and Karen Owens, our Interim Director of Urgent Care and Integration, until her retirement in May 2023. Simon Marsh, our Chief Information Officer, retired on 31 March 2024 after four years with the Trust.

Executive Medical Director Dr Julian Mark returned to the Trust in October 2023 following the completion of his secondment at NHS England, and I would like to express my thanks to Dr Steven Dykes, our Deputy Medical Director, for his excellent contribution during Julian's absence.

Towards the end of 2023 we recruited Marc Thomas, NHS England's lead for ambulance services and other out-of-hospital urgent and emergency care, as our Deputy Chief Executive. Marc joined us at the beginning of the 2024-25 year and he will play an important part in the Trust's new operating model, adding senior capacity and capability at board and executive level and providing essential support to me and the Chief Executive role. This new role also encompasses responsibility for strategy, planning and performance; corporate services; communications and community engagement and ICT.

During summer 2023 we welcomed more nurses from India to join our NHS 111 team as senior clinical advisors. A third cohort of nurses arrived in November 2023 and a fourth in February 2024.

Two cohorts of Newly Qualified Paramedics from Australasia who arrived in Summer 2023 are now fully operational and mainly working out of Sheffield and Hull.

NHS Staff Survey results show improvement

The 2023 NHS Staff Survey results, published in March 2023, saw YAS record improvements across all nine themes explored by the survey's questions and significantly higher scores in seven of the nine themes. We also saw improved scores to almost all individual questions and the majority of our results are either above average or average for the ambulance sector.

Whilst welcoming the marked improvements in results, we also recognise the need for further work. Although our own scores are some of the best in the ambulance sector, it is one of the lowest scoring sectors in the NHS and there are some overarching issues to address around sexual safety and improving culture. Details of our results are available on our [website](#).

Good Ofsted outcome for apprenticeship provision

Our apprenticeship provision, which accounts for around 9% of the workforce, has been hailed as good with outstanding features, following a full Ofsted inspection.

The inspection of the Trust's apprenticeship programmes took place in June 2023 and included the clinical Ambulance Support Worker, which includes advanced and emergency driving, and the Associate Ambulance Practitioner roles.

The Ofsted inspectors were impressed by the behaviour of the apprentices, their extremely positive attitudes to learning and the way in which they support and constructively challenge each other to develop their skills.

The inspectors also recognised the expertise of our Educators, the well-planned curriculum and quality of assessments. Learner support was deemed strong with Educators building the confidence and resilience of apprentices very effectively.



Celebrating national apprenticeship success

I'm delighted to report that the Trust was named the Health and Science Apprenticeship Provider of the Year in the national Annual Apprenticeship Conference Apprenticeship Awards 2024.



The accolade recognises our employer provider career development pathway to paramedic and our overall commitment to using apprenticeships to support the professional development of our staff. We are exceptionally proud to be recognised, not just amongst other health organisations, but nationally and across the whole apprenticeships education sector.

Employer Recognition Scheme (ERS) Silver Award

We were proud to be presented with our Silver Award at the Defence Employer Recognition Awards in September 2023, in a scheme that focuses on employers supporting defence and inspiring others to do the same. The scheme encompasses bronze, silver and gold awards for employer organisations that pledge, demonstrate or advocate support to defence and the armed forces community.

The award recognises YAS as a valued employer of choice for those leaving the military and our commitment to supporting the military community. Our Armed Forces Network provides a voice to the community at YAS and creates a platform to improve the workplace experience of our veterans, reservists and family members working and volunteering at YAS. The network is a supportive space for colleagues with similar experiences and backgrounds – it also influences policy-making and monitors existing policies to ensure that equality is proactively considered for the Trust's armed forces community.

The Armed Services Network complements our already established support networks – LGBT, BME, Women and Allies, and Disability – all of which have executive sponsors. In November 2023, we held the first YAS Joint Support Network which was attended by 100 colleagues from across the Trust who came together for a day focused on the power of networks.

Launch of Research Institute

In another exciting development, we launched the YAS Research Institute, which not only enables us to continue our involvement in research with a variety of partners, but also puts us in a position to deliver and carry out research that meets the needs, priorities and realities of everyday business at the Trust. By working differently with our partners in a more collaborative way, we aim to use research to benefit the population we serve and improve the health and wellbeing of the Yorkshire region.



We have a great track record of undertaking and supporting research and continue to play an integral role in pushing the boundaries of the healthcare system across the region and beyond. The Research Institute builds on our well-established and successful research activities that already take place across the Trust and will allow us to build our contribution to help improve future health and care practice.

Conclusion

No-one knows when they may need urgent or emergency care, but I am assured that, as a regional ambulance service serving patients across Yorkshire and the Humber, we are doing all that we can to provide the very best services and are committed to continuous quality improvement where responsive patient care will remain at the heart of all that we do.

Sincere thanks go to all our colleagues and volunteers for everything that they do every day to care for our patients.

Peter Reading

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

System collaboration, income and contracting

The Trust continues to work closely with the three Yorkshire and Humber Integrated Care Boards (ICBs) through the regional Integrated Commissioning Framework (ICF).

The ICF brings together YAS and the ICBs to collaboratively commission ambulance, PTS and IUC/NHS 111 services. This includes setting joint strategic priorities, collaborative planning, contracting and funding, as well as joint oversight of service delivery.

The ICF priorities for 2023-24 focused on:

- Rotational Paramedics
- Ambulance Mental Health Response
- Interfaces with urgent and emergency care pathways
- Application of National Patient Transport Eligibility Criteria.

Collaborative planning and contracting for 2023-24 recognised the ongoing challenges within the ambulance sector, and prioritised several significant investments in A&E Operations to improve resilience, expand capacity and recover performance.

These included:

- £13.4m of national ambulance capacity funding as a non-recurrent investment to support measures to improve Category 2 mean response times.
- £16m of recurrent System Resilience Funding from the ICBs to maintain gains made in 2022-23 and support the delivery of the YAS Operational Plan.
- A recurrent commitment of £5m, (£2.9m payable in 2023-24) to fund the deployment of Mental Health Response Vehicles and provide additional mental health training for frontline ambulance staff.
- Confirmation of a recurrent increase in Hazardous Area Response Team (HART) service funding to meet the updated national running costs' benchmark.

System planning for 2024-25 is underway. A&E Operations and our system partners in ICBs, acute trusts and community services are developing joint plans to further improve Category 2 mean response times, while also recognising the contribution of the ambulance service towards wider system goals for Urgent and Emergency Care.

Forecasting and demand

Demand analysis and modelling at the start of 2023-24 indicated a return to growth following reduced demand during COVID-19, forecasting a rate increase similar to pre-COVID trends.

Incidents were therefore forecast to rise from 2022-23 by 2.4%. There was an expectation at the start of the year of growth of 11.3% in full-year call volumes into our emergency operations centre compared to actual calls in 2022-23, though with a re-forecast process in place to keep track of current trends and ensuring appropriate staffing levels are maintained.

Performance against national targets

In 2023-24, our Emergency Operations Centre (EOC) staff received 1,176,634 emergency and routine calls, an average of 3,215 calls a day; this was a 2% decrease on the number of calls received in 2022-23. We responded to a total of 837,043 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 140,824 callers with their healthcare needs over the telephone.

| | Mean Performance | Target | 90 th Centile Performance | Target |
|-------------------|---|---|---|------------|
| Category 1 | 8 minutes and 26 seconds (9 minutes and 42 seconds in 2022-23) | 7 minutes | 14 minutes and 39 seconds (17 minutes and 0 seconds in 2022-23) | 15 minutes |
| Category 2 | 32 minutes and 32 seconds (42 minutes and 1 second in 2022-23) | 30 minutes in 2023-24 (interim target) (18 minutes in 2022-23) | 1 hour, 13 minutes and 28 seconds (1 hour, 35 minutes and 46 seconds in 2022-23) | 40 minutes |
| Category 3 | 1 hour, 37 minutes and 43 seconds (1 hour, 55 minutes and 34 seconds in 2022-23) | 1 hour | 3 hours, 41 minutes and 15 seconds (4 hours, 38 minutes and 57 seconds in 2022-23) | 2 hours |
| Category 4 | | | 4 hours, 58 minutes and 26 seconds (4 hours, 52 minutes and 33 seconds in 2022-23) | 3 hours |

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 2023-24, 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 33 recruited. The recruitment and training team therefore had to increase recruitment of UK paramedics to maintain clinical recruitment levels and, as a result, several Ambulance Support Worker (ASW) courses were removed and replaced with paramedic courses. We delivered 205 ASWs and 256 Paramedics which puts YAS in a stronger staffing position going into 2024-25.

Staff retention within 2023-24 has improved across all roles within A&E Operations. Actual leavers from the Trust from A&E Operations over this period were 164.2FTE which is lower than previous years and assists in meeting staffing requirements, whilst ensuring knowledge and experience is retained within the operation.

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

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 Australasia mentioned above, resulted in the successful appointments of 33 paramedics into South and East Yorkshire. The majority (23) are working in the East of our patch. International paramedic recruitment is now an established source of clinicians coming to YAS, providing an additional stream of qualified staff to supplement both UK undergraduate newly qualified paramedics, as well as internal progression through apprenticeships.

Staff engagement continues in all areas of the region and station surgeries are one such method of engagement. Additional staff engagement groups have been set up in North and East Yorkshire with invitations sent to one member of staff per station to meet monthly. Engaged staff will hopefully contribute to an increase in retention rates.

Emergency Operations Centre (EOC) workforce

Within the Emergency Operations Centre, the focus was on increasing call handler staffing to meet the challenge of anticipated demand, whilst maintaining diverse recruitment streams to the Dispatcher and Clinician roles. Recruitment and training delivery is timed in order to maximise operational staffing at times of peak demand.

Call taker recruitment originally provided 140 places over the year, however this was expanded to include a further 45 places in February and March 2024 following low fulfilment in Q1 2023-24, delivering 140 FTE to the operation over the year. The programme focused on operational mentorship to ensure the optimal mix of speed to competency and support from experienced call handlers.

Dispatcher recruitment provided 40 places to both internal and external recruits, delivering 21.6 FTE staff to the operation, ensuring that central co-ordination of ambulance crews was maintained to a robust level.

Recruitment of clinicians to support remote clinical triage provided 70 places over the year, delivering 39 FTE staff to the operation in a variety of roles designed to provide support and clinical oversight to ambulance crews, rapid assessment of some of the most acute cases and signposting to alternative pathways for patients.

Emergency Operations Centre update

Over the past year EOC has continued to recruit Emergency Medical Dispatchers which has resulted in improved call-answer times, meaning we are able to assist with interventions for patients at an earlier point. We are consistently answering the phone within the 10-second target and are within the top half of trusts from a national perspective.

We have also seen an improved Hear and Treat percentage which has consistently been increasing over a number of months now. This is due to varying reasons; the Trust took the decision to move all suitable Category 5 calls over to Integrated Urgent Care (IUC) for a secondary triage to try and arrange alternative pathways or other suitable arrangements and we have also carried on increasing the number of system partners that we are able to 'push' incidents out to. By utilising the newly formed Clinical Navigator Team, they are able to manage patients more appropriately by directing them without an ambulance attendance or any form of secondary triage within the EOC.

The EOC has also introduced a dispatch audit tool within the last year. This allows EOC to robustly audit and provide feedback on dispatcher performance. This brings with it all the benefits of any auditing system and has allowed for learning to be identified proactively and also brought about changes to practice.

The EOC Health and Wellbeing Team now manages all EOC staff absence and has continued to have a positive impact on staffing. Since their inception within the EOC, rates of absence have continued to fall and the duration of periods of long-term absence have also been decreasing dramatically. The work they are doing preventatively has meant that we have also started see reductions in the number of staff off work with stress/anxiety-related reasons as the team is proactively trying to identify and intervene early, avoiding the need for staff to be off work. They are looking to continue the preventative work in the coming year to carry on this supportive approach.

EOC recruitment pipelines continue to be strong and attrition rates have seen a reduction in the last year. Bringing back the recruitment 'carousels' on site and utilising existing EOC staff to assist with recruitment events has proved popular and successful with feedback from the recruitment days being extremely positive for all involved. The Training Team continues to re-evaluate the initial training offering with a view to reacting to the outputs seen and have recently increased

mentorship for new call handlers following feedback, ensuring our people feel adequately equipped to carry out their duties.

Now the work has finished on the York EOC refurbishment, we are gradually seeing staff numbers grow, meaning we are moving towards a more equitable split across our two sites. In any business continuity event, this will ensure that we are still able to deliver a core service until we are able to relocate staff from the second site.

In order to continually improve our processes, we have undertaken a review of the paper process used during any 'downtime' event caused by a business continuity event. We have worked with staff and other key stakeholders to understand what works well, what could be improved and put new processes in place to ensure we are still able to deliver a safe and as streamlined process as possible. Once finally agreed, this will be rolled out to all EOC staff with a view to implementation when required.

Over the last year, we have also replaced our Business Continuity disaster recovery telephony system and provided training to all staff within the EOC on how to utilise it in the event of a loss of our normal telephony system. This was a project that had to be planned well with stakeholders and suppliers, working collaboratively to ensure the project was delivered smoothly and on time.

The EOC Governance Team has had huge success over the last year, working to eliminate the backlog of DATIX incidents. This now means that reported incidents relating to EOC are being dealt with as they arise, ensuring that EOC can learn rapidly and provide assurance. Due to the ability to learn quickly and have a greater focus overall, we are seeing the incident acuity reduce.

The team is imperative to providing responses to legal queries in a timely fashion, explaining concepts and ways of working that are of particular interest to the coronial process. There are very few staff with the requisite knowledge and understanding in the Trust to do this and support other areas, including A&E Operations, IUC and Patient Transport Service in providing this information. They work proactively to support the changes from learning, including the recent new approach to requesting assistance in EOC, formulating and submitting proposals for change to the International Academies of Emergency Dispatch (IAED) and with our input directly affecting international maternity guidelines. They lead on and organise after-action reviews in the EOC, ensuring we can provide a meaningful learning response as well as investigate and prepare information and packs to support senior EOC staff in meeting patients' families for complaints and concerns and support the wider Patient Relations Team in responding to those concerns.

Clinical developments

The Consultant Practitioner (CP) is now an embedded role within 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 local Incident and Near Miss Review Groups explore themes and trends from all reported incidents within their Clinical Business Unit (CBU) to ensure any opportunities to improve staff and patient safety are taken, as well as mitigating risks. Reflective practice is one way of improving clinical practice and this is constantly promoted with our staff. There is opportunity to ensure that learning is embedded into staff investment days. In East Yorkshire there has been a joint Learning from Deaths Group with Hull University Teaching Hospitals NHS Trust.

Remote Clinical Hubs

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

We have a local clinical hub set up at Sutton Fields (Hull) and York, with paramedics undertaking rotational roles into the clinical advisor role, supporting 'hear and treat'. The crew advice line also operates from the hubs supporting crews with decision making and ED avoidance. We have introduced a remote clinical hub in Keighley, in West Yorkshire, staffed by five paramedics trained as clinical advisors. The hub utilises staff that would not ordinarily be able to work from Wakefield EOC and provides valuable support in managing our Category 3 and Category 4 demand as well as supporting crews with clinical advice. In South Yorkshire, the team works from Sheffield and is a developing and expanding project for this patch too.

This is a project in conjunction with EOC and houses facilities for staff to work remotely in East Yorkshire, providing cover for the Specialist Paramedic - Urgent Care desk and crew advice line, 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.

The Clinical Hub Crew Lines (CHCLs) in West and South Yorkshire were implemented January 2023. The CHCLs have been implemented to support local crews, Community First Responders and private providers with safe clinical decision making, pathway referral advice and decision making at cardiac arrests. Due to the increase in demand supporting clinicians to ensure no decision in isolation, staff will work on a rotational basis - four weeks on CHCL and four weeks on the road, working a mixture of 10- and 12-hour shifts to ensure 24-hour cover.

In North and East Yorkshire there has been really positive example of system collaboration to establish Care Co-ordination/Single Points of Access pilots for Category 3 clinical triage, and a multi-disciplinary approach to ED avoidance.

We have also recruited a number of Specialist Paramedics - Urgent Care into South Yorkshire to support a timely response and deliver high quality care to appropriate urgent and emergency care patients and incidents.

Hospital handovers

Delayed hospital handovers have continued to be a challenge for the Trust and we have continued to explore Quality Improvement (QI) projects to look at workable solutions with our local hospitals. There has been work undertaken with Scarborough and Hull trusts to look at ambulance handover, which have contributed to performance improvements and enhanced working relationships with system partners. Hull has presented a challenge for a considerable period and there has been progress with our engagement of external partners and working jointly with acute providers to achieve the under 45-minute handover, zero-tolerance approach.

Once again there has been use of the Hospital Ambulance Liaison Officer (HALO) role in some of our patches from November 2023. Their role is to work closely with colleagues and partners at emergency departments (EDs) to improve handover compliance and procedures. The HALOs promote the use of self-handover, fit-to-sit, and aims to influence the use of alternative pathways to ED and improve patient flow. This work is built on the lessons learned from the previous winter period and there are plans for a formal review of this role in March 2024.

The HALO may also support with discussions to implement cohorting of patients and the new 'Duty to Rescue Protocol'. YAS has worked with NHS England and local acute trusts to develop a protocol that will allow ambulance crews to be released from an ED queue so that they can respond to those patients who are critically unwell in the community and provide the clinical care they require.

The introduction of the Operations Performance Manager role has focused on increasing availability and encouraging crews to be 'patient ready'. They have been supporting the Regional Operations Centre (ROC) to help manage hospital handover delays by having an oversight on where there is reduced availability in the patches.

Seasonal planning

The Trust Executive Group (TEG) supported the proposal to move to a year-round seasonal planning approach. The year-round planning allows us to respond to the challenges that pose a risk to operational delivery are being considered and managed holistically. YAS produced its first Seasonal Plan to manage demand variations from October 2023 to March 2024. The Operational Resilience Oversight Group (OROG) was established as a tactical working group to manage the key dates as part of business as usual and use surge and escalation plans as needed. The April-September 2024 plan has also been developed to review the potential challenges over the coming months.

Newly Qualified Paramedics

We have recruited experienced and Newly Qualified Paramedics (NQPs). Support for all these staff is especially important to us and the NQP programme has continued to develop across the localities. In West Yorkshire there are currently 243 NQPs; of these, 118 are due to complete before the end of 2024 with 64 completing their programme in 2023. 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 hospices, mental health providers, Same Day Emergency Care (SDEC) or Urgent Community Response teams. An NQP can also shadow with Specialist Paramedic in Critical Care, Urgent Care or Mental Health. This programme is designed to expand the knowledge of the NQPs and support them in their career with YAS.

Investment days

Investment days have now been implemented throughout the area and embedded throughout. The subjects for the investment days are planned according to the emerging themes and trends from local incidents. The subjects covered so far for West Yorkshire have been Trauma, Clinical Decision Making, Maternity and Paediatrics. All these sessions have been well received by staff, and since their implementation there has been a reduction in the number of clinical incidents in West Yorkshire. South Yorkshire colleagues have also delivered sessions relating to Trauma, Clinical Decision Making, Maternity and Paediatrics, as well as the Trust's 'Say Yes to Respect' campaign and the People Strategy.

Continuing Professional Development

Continuing Professional Development (CPD) in West Yorkshire is something which is always well attended by staff. There has been a strong focus on running CPD centrally with sessions covering Paediatric care, Palliative and End of Life, Resuscitation, Mental Health and Capacity, Trauma, Sudden Unexpected Death in Infancy and Childhood (SUDIC) process and Safeguarding. Staff have valued multi-agency CPD jointly with West Yorkshire Fire and Rescue Service (WYFRS) and

YAS. We value the strong relationship we have with them that enables delivery of these interactive sessions. Acadoodle, a CPD desk-top weblink, has also been procured by the Trust looking at ECG recognition; this will also be developed to look at themes and trends.

Embedding the Enhanced Career Pathway Development Framework for A&E Operations has continued during the year. This initiative will give greater opportunities for current clinical support staff and improve the pipeline of future, internally developed, paramedics. Our apprenticeship programme has had national recognition, which we are immensely proud of. We have been busy recruiting to the Ambulance Care Assistant (ACA) and Ambulance Support Worker (ASW) roles and have faced some challenges with delays in obtaining C1 driving licences from the Driver and Vehicle Licensing Agency. Increasing the providers who can deliver the C1 driver training helped to increase capacity to meet the heightened demand.

Some of the other roles that have been recruited to include Specialist Paramedics in Urgent Care and Specialist Paramedics in Critical Care. West Yorkshire is recruiting to the Advanced Paramedic - Critical Care role and they will be able to look at data and themes specific to the patch and support any future developments to improve patient care.

West Yorkshire is also piloting the project where team leaders audit a sample of electronic patient records to ensure all the fields have been completed accurately. This will mean that each clinician will have a minimum of three records audited every twelve months. Once again, reflection of these audits with the clinician enhances learning and patient care.

The Mental Health Response Vehicles have continued to provide bespoke care to some of our most vulnerable patients. There are some vehicles operating in all of our CBU areas. One of the most recent additions has been in York and we will continue to monitor the effectiveness of these resources. In South Yorkshire this has extended into Sheffield and complements the service running out of Maltby Ambulance Station.

Digital developments

The replacement of the existing Airwave voice and data radio network by the Mobile Data Vehicle Solution (MDVS) is almost complete and will be utilised by the three emergency services (ambulance, police, fire and rescue services) and other organisations that currently use the Airwave network. The new system is being supplied by the national programme and is called National Mobilisation Application (NMA). As well as providing updated software, the implementation also included a refresh of all the existing hardware on A&E frontline vehicles. Installation will be complete by April 2024.

Estates, Fleet and Equipment developments

The Trust was successful in a bid for match funding for the replacement of oil-fired heating systems at Bainbridge and Preston ambulance stations. The systems are now being installed and will provide the same thermal output as the existing systems but will reduce the carbon produced by 84%.

Work was completed on the upgrading of the Goole Ambulance Station estate. It has undergone a full refurbishment and reconfiguration. The Leadership Hub has been established at Brough Ambulance Station, with good provision of office and meeting room capacity. A new East Academy site has been secured in East Yorkshire, with courses booked in from mid-March 2024 onwards. This will reduce the need for staff in the area having to travel long distances to access

training courses.

- **Bradford Ambulance Station**
The major refurbishment of this station which has been undertaken over the last two financial years is nearing completion. Work on Phases 4 and 5, which is principally the garage area, is currently underway with completion due by the financial year-end.
- **Fairfields, York**
With the refurbished first-floor area of Fairfields now in operational use and the ground floor adaptations and refurbishment complete, minor works are underway in the superseded EOC which will complete the internal fit-out. Externally, works for the new substation and power supply are also nearing completion and the existing car park will be extended.
- **Conditional Survey**
During 2023 the Estates Department refreshed its conditional survey of all Trust buildings. The final quarter of 2023-24 has seen major investment across a significant number of stations and corporate areas in order to reduce backlog maintenance items that posed a high risk of failure.

Pathways

Throughout the year, local management teams, alongside the Clinical Pathways Team, have worked with partners to identify improvements in patient pathways, 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 within our teams.

North and East Yorkshire have continued with the implementation of the Pathways promotion plan. There has been a 7.1% increase in crews accessing alternative pathways in North, and 1.7% in East since recruitment of Pathways Managers and Pathways Co-Ordinator in October 2023.

A&E projects

A&E workstream portfolios have been a large focus in 2023-24. This portfolio of work aims to deliver improvements in Category 2 response times in line with national guidance. Four key objectives have been identified to achieve this by end of March 2024:

- **Increase Hear and Treat to 20%.**
This will be achieved by paramedics rotating into remote clinical triage hubs in each CBU; increasing referrals to our system partners; having clinical navigator roles in EOC and clinicians in EOC making direct GP appointment for patients.
- **Handover to Clear within 15 minutes**
To achieve the objective, the Operations team has introduced a (HALO) hospital ambulance liaison officer role to ensure consistent clear, common, robust support is in place to manage hospital handover delays.
- **Deliver Recruitment Targets (999/EOC)**
This objective aims to ensure A&E Operations and EOC have the right number of staff with the right skills in the right place at the right time.

- **Ensure A&E Operations have an engaged and valued frontline workforce supported by strong accountable leaders.**

By ensuring the above we anticipate evidencing a 1% sickness absence reduction for A&E frontline staff and a 2% reduction for EOC staff by quarter four. Investment days in each CBU have been planned and implemented. A training plan (including links to relevant resources) for team leaders and Area Operations Manager has been developed and implemented. Rotas, where possible, are being aligned to Team Based Working principles. A clinical dashboard has been developed and used by operational staff and the leadership team to support learning and development.

Partnerships

Each of our localities has a Director of Partnerships and Operations and this has facilitated conversations with Integrated Care Boards and Place-based Care Providers. There are more opportunities for joined-up thinking and developing care pathways that will impact positively on our patients.

A Clinical Perspective

Clinical pathways

In 2023-24, the Clinical Pathways Team helped ensure patients contacting YAS received the right care, in the right place and at the right time, working collaboratively with our area leadership teams, system partners and other health and care providers.

Improving data capture and analysis were a key focus for the team, refining and updating the pathways data dashboard launched in 2022. This has enabled us to track the utilisation of referral pathways and identify opportunities and barriers more effectively. We have used this information to guide our work on improving referral pathways with several key system partners and Integrated Care Boards.

In 2024-25 we expect to be able to produce more detailed analyses and to incorporate other data streams to understand pathway utilisation from a health inequalities perspective. This will allow us to better understand population need and target YAS and system improvements more effectively for communities at risk of poorer health outcomes.

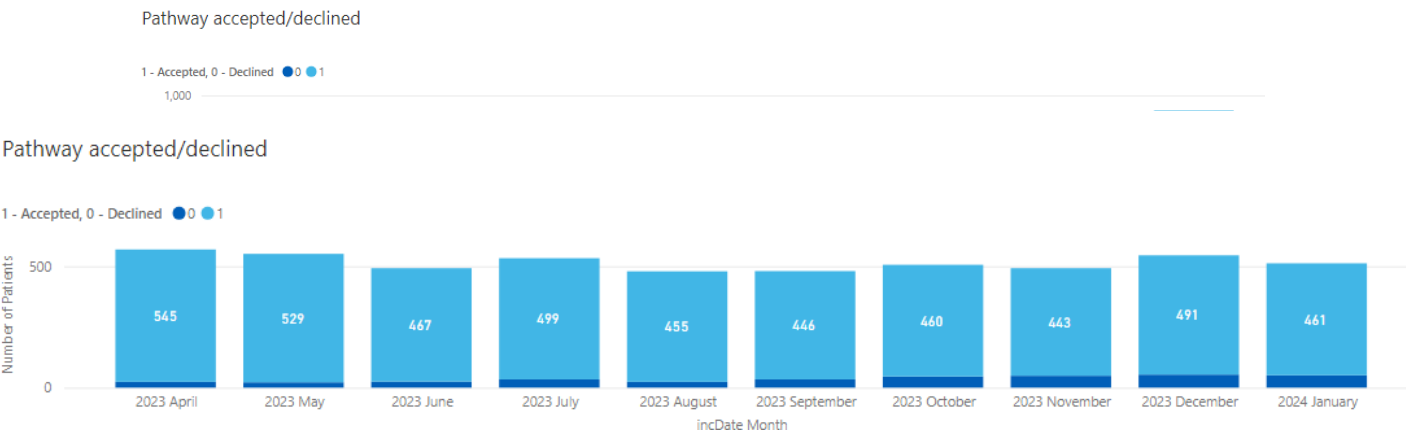
Other work undertaken by the Clinical Pathways Team includes updates to guidance, improvements to mental health pathways, and development of training and professional development days:

- The team has developed a new governance framework for the development of clinical pathways in the organisation, which will allow us to be more flexible and responsive to patient needs and to changes to the wider health system. This new framework was launched in February 2024.
- In recognition of the demand and challenges faced by our colleagues in general practice, we have worked to co-produce updated guidance for our staff on making appropriate referrals to primary care, with a view to improving relationships and maintaining access for patients in need of urgent GP input. This guidance is due to launch by the end of March 2024.
- The team has also worked to support regional updates and improvements to a number of acute care pathways – including for patients with out-of-hospital cardiac arrest, myocardial

infarction, stroke and acute vascular emergencies – and urgent care pathways such as Urgent Community Response (UCR), Same Day Emergency Care (SDEC) and alternative falls responses.

- Our Mental Health Pathways Manager opened access for referrals into a number of crisis cafes and safe spaces and worked to improve referrals to mental health crisis teams. We saw a rise in the number of referrals to all types of mental health services over the year.
- We received funding from NHS England which allowed us to develop and deliver a number of professional development days on complex decision-making and safe referrals, which will help boost staff confidence and ability to use referral pathways more effectively. Our team also ran a programme for operational staff to undertake short placement shifts with UCR services, improving interprofessional working and staff awareness of the UCR offer.

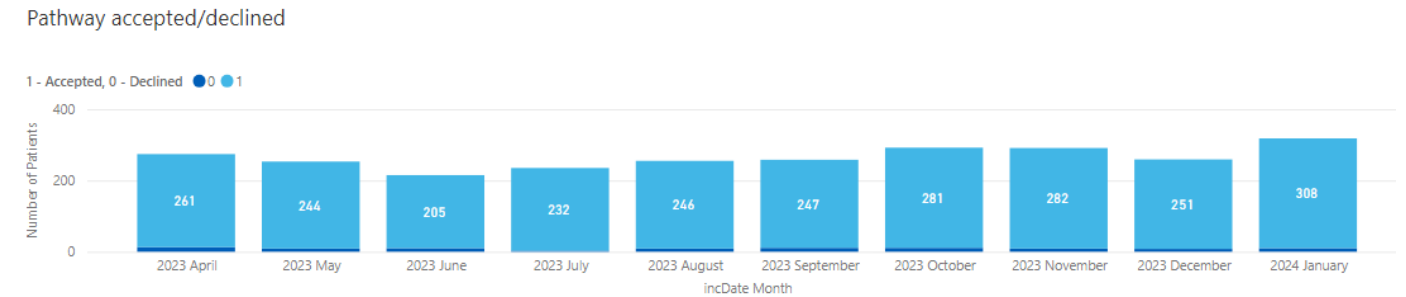
Referral numbers by month to key admission-avoidance pathways are shown below:
Direct access to hospital units including SDEC:



Referrals by ambulance crews to UCR and community Single Points of Access:*

*Although crew referrals to UCR and related services were lower in December/January compared to April/May, this likely reflects the work done by colleagues in the YAS EOC to identify and ‘push’ calls to UCR services without an ambulance dispatch, meaning the number of patients seen by ambulance crews and suitable for a UCR referral is now lower. The number of Push calls accepted across the YAS footprint has risen month-on-month since the Push system was initiated in late 2022, meaning UCR teams are now receiving more referrals for these patients ‘upstream’, sooner in the patient journey, which is not reflected in the data shown.

Referrals by ambulance crews to mental health services



The role of the ambulance sector in reducing health inequalities

Every day, ambulance services take thousands of calls from the public and at the point of contact

the priority is undoubtedly the provision of high-quality clinical care. However, we also see first-hand that in our least well-off neighbourhoods, people are dying years earlier than they should. Ambulance services are often the first to respond to these health issues, but we also have a real opportunity to make a difference to their causes.

In support of this, Integrated Care Board (ICB) commissioning guidance for English ambulance services highlights the need for a clear understanding of how services can support their ICSs to deliver on their four core purposes of improving outcomes, tackling inequalities and enhancing productivity as well as supporting broader social and economic development.

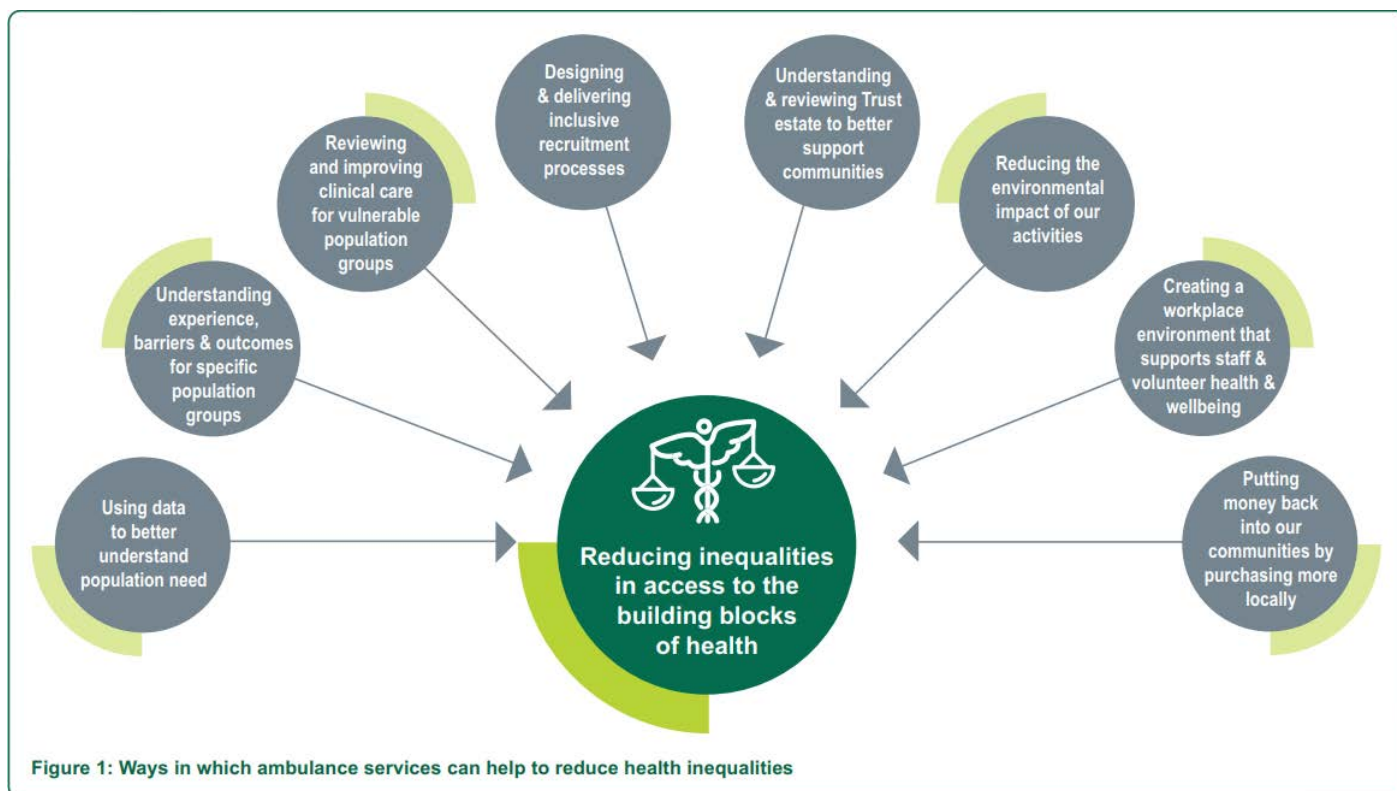
Based on a review of what we already know about the ambulance sector, the Association of Ambulance Chief Executives (AACE) recently launched a consensus statement with key national stakeholders. This consensus articulates the role that everyone working in the sector can play in reducing health inequalities, both as providers of care and as anchor institutions, and commits stakeholders to supporting the sector to develop in this space.

There are also a number of statutory and legal obligations that ambulance services are expected to meet in relation to reducing health inequalities. These include:

- NHS England's five strategic priorities for health inequalities (2021/22)
- NHS England's statement on information on health inequalities
- The Equality Delivery System
- The Patient Safety Incident Response Framework.

Opportunities for reducing health inequalities

There are a number of ways in which ambulance services can and do work to reduce the health inequalities experienced by their communities, as outlined in Figure 1. Whilst improvement across all these areas is ongoing within YAS, in 2023-24 we have focused on developing our use of data to better understand population need alongside an improved understanding of experience, barriers and outcomes for specific population groups.



Using data to better understand population need and health inequalities

Building on last year's work with the Northern Ambulance Alliance, and through improved analysis of our data, we have a key role to play in both measuring and describing the health inequalities experienced by some of our most vulnerable and excluded populations.

Evidence shows that people who are in the most deprived 20% of the population of England face the worst inequalities in relation to healthcare access, experience and outcomes (<https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/deprivation/>). Overall, across the communities that YAS serves, this equates to around 29% of our communities. However, this varies significantly across the region. For example, over half (53%) of the population in Hull is classified as living in areas of high deprivation. A similar picture (45%) is seen in Bradford. In comparison, there are no members of the population in places such as Hambleton and Ryedale who live in areas of high deprivation.

When looking at ambulance calls by deprivation we also see that there is a higher demand for the ambulance service in the most deprived areas. Patients in the most deprived areas account for 36% of all calls compared to less than 10% in the least deprived areas. When converted to a rate, calls in the most deprived group are almost twice that in the least deprived.

NHS England in its recently published statement on information on health inequalities (<https://www.england.nhs.uk/publication/nhs-englands-statement-on-information-on-health-inequalities/>) suggests a number of topics on which trusts should focus their attention when measuring inequalities. These include:

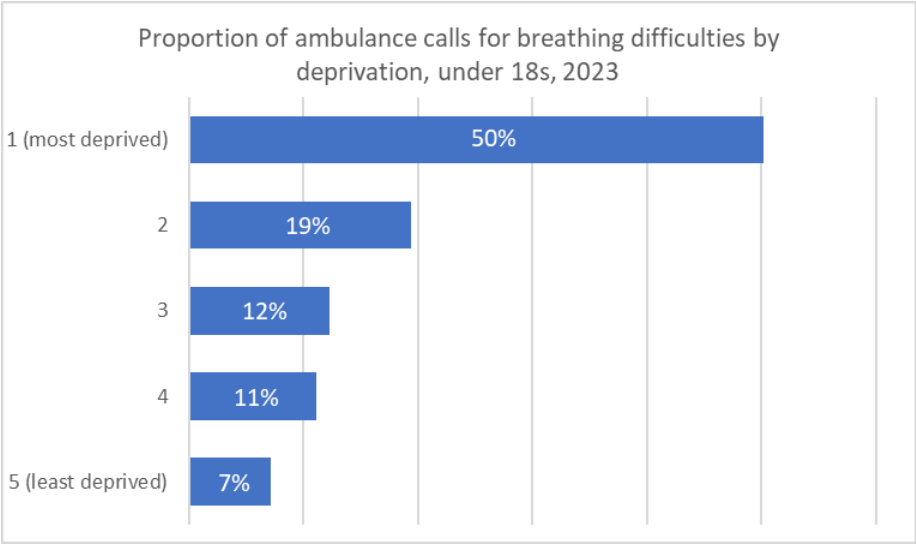
- urgent and emergency care
- respiratory disease
- mental health

- cardiovascular disease
- maternity.

Urgent and emergency care has been shown to be strongly linked to deprivation and around a fifth of all emergency A&E attendances arrive via ambulance. Taking calls for those under the age of 18 specifically, in 2023 YAS received over 61,700 calls. 44% of these calls (26,300) were from patients in the most deprived areas. This is more than five times the number from the least deprived areas (8%, 4,560).

Chronic respiratory disease (in particular COPD) is one of the biggest contributors to the gap in life expectancy between the most and least deprived populations nationally and calls for breathing difficulties are one of the most common call types received by YAS.

In 2023 there were almost 64,000 ambulance calls for breathing difficulties in adults. 40% of all calls for breathing difficulties in adults are from the most deprived areas. This is 4.5 times higher than the least deprived areas. Higher levels of breathing difficulties in adults in the most deprived groups are likely to be related to high levels of COPD and other smoking-related illnesses. However, a corresponding relationship with deprivation is also seen in the under 18s, with half of all calls for breathing difficulties from the most deprived groups. This would be interesting to explore further to understand the reasons behind this and how YAS may be able to support this population differently. As expected, a peak in calls for breathing difficulties can be seen in winter, but this is substantially greater in the most deprived areas.

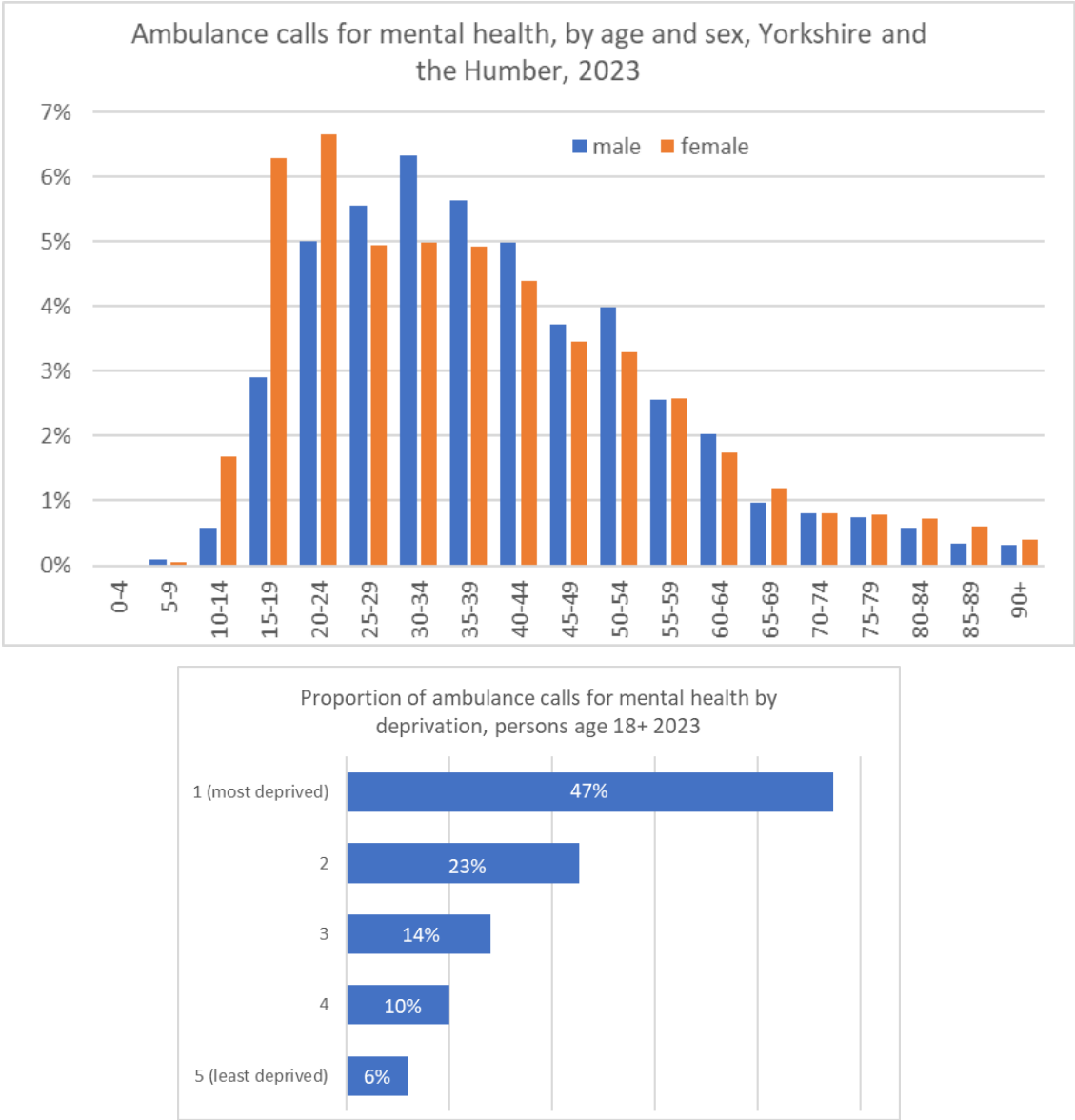


Understanding the prevalence of **mental health** conditions can be difficult and we are often reliant on surveys or recorded prevalence from general practice to understand the level of need in our population. Unlike other conditions where we might use hospital data to measure a condition, many mental health conditions do not necessarily require a hospital admission.

The ambulance sector, however, is often the first service to see a patient in mental health crisis and in 2023 YAS responded to over 45,000 ambulance calls for mental health problems. This compares to a recorded prevalence of around 54,000 patients with common mental health conditions across Yorkshire and the Humber as a whole (note: this is a larger footprint than YAS). This may suggest a significant level of unmet need.

In addition, over half of all calls for mental health were for patients under 40 and almost a quarter (23%) in those aged under 25. Females between 10 and 24 were more likely than males to have

an ambulance call for mental health and 15% of all calls were for these young females. The relationship with mental health and deprivation is stark, with almost half (47%) of all ambulance calls for mental health from the most deprived areas. This is almost eight times the number in the least deprived areas (6%).



Inclusion health is an umbrella term used to describe people who are socially excluded and who typically experience multiple overlapping risk factors for poor health such as poverty, violence and complex trauma. Poor access to services, together with negative experiences when people from these population groups do seek help, can be commonplace for inclusion health groups due to multiple barriers often related to the way healthcare services are delivered. For some inclusion health populations, such as the homeless population, the ambulance service may be the first, and in some cases the only, port of call. Since December 2022, YAS has been collecting data on homelessness and this is now a valuable source of information on this population.

Clinical research

The Trust has a strong track record in delivering high-quality research projects that have changed how ambulance services care for patients. Attracting funding to support recruitment into key research leadership and delivery roles in the research team to build our capacity and capability to lead ambulance research was a Trust strategic priority.



Our senior research fellow, research data analyst and paramedic research fellow were substantively employed during 2023, and an event to launch the **YAS Research Institute** in October 2023 was planned. The event showcased research carried out in YAS, either in partnership or by our staff, and outlined our ambition to strengthen the organisation's ambition to lead and deliver ambulance research.

The YAS Research Institute also has a number of key partnerships in place with local NHS trusts and universities, which have supported the recent expansion. Through both the new leadership posts and partnerships, the Institute is moving forward with designing and developing new research projects that will have a real-world impact on patients.

Research activity in YAS has continued to grow in the last year. We have continued to support National Institute for Health and Care Research (NIHR CRN) portfolio studies, including recruiting trauma patients into two investigational trials.

In the PACKMaN study over 250 paramedics were trained to recruit patients who were injured to test the effectiveness of either ketamine or morphine in reducing their pain, with 224 YAS patients consenting and receiving the trial intervention before the study closed in May 2023. In October YAS was able to open the CRASH-4 study and has trained over 140 paramedics to recruit patients to test the effectiveness of a treatment to reduce bleeding on the brain after a mild head injury in older adults. We have supported many other projects, including by our staff completing PhDs and further study, and have been successful in securing increased grant income. The new Research Institute aims to build on these successes and ensure our staff and patients are offered more opportunities to take part in high quality ambulance-led research.

Digital Developments

YAS has been working with Yorkshire and Humber Care Record (YHCR) over the past year to provide access to rich patient information and wider healthcare records for the provision of individualised patient care in the right place, at the right time.

We are prioritising data sharing with both our own clinicians and health and social care partners, via the YHCR portal, to ensure that patients experience joined up, safer care through the urgent and emergency care pathway.

Sharing our 999/electronic Patient Record (ePR) data

We are now sharing electronic care records of all emergency patient encounters, via the Yorkshire and Humber Care Record (YHCR), with health and social care professionals in the region to benefit individuals' ongoing clinical care.

Since its launch in mid-October 2023 up until the end of March 2024, over 495,000 records have been shared and this has helped other health and social care partners to be as well informed as

possible about someone's condition and treatment. YAS is responsible for conveying over 400,000 patients every year into 21 emergency departments across the Yorkshire and Humber region and thousands more patients are helped via telephone advice.

Records of these encounters, from 18 October 2023 onwards, are now available to view via the YHCR Interweave Portal for all participating health and social care organisations. The portal is a web app which presents a holistic view of the patient for frontline health and social care partners providing direct care and supports informed decision-making.

Benefits from this development include:

- Care providers gain a fuller knowledge of patients' use of emergency services, with access to the clinical record and data from those encounters.
- Improvements to patient experience, reducing the need for them to repeat information already recorded.
- Improved 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.
- YAS staff can access records created by other areas of YAS improving clinical and non-clinical care throughout patient journey.

Access to the Yorkshire & Humber Care Record from the YAS ePR

Frontline clinicians will have access to a new feature of the YAS electronic patient record (ePR) application which provides immediate access to the patient's regional shared care record via the Yorkshire & Humber Care Record Interweave Portal. The portal provides details of the patient's medical history and their encounters with regional health and social care organisations.

This supplementary information will help to inform clinical decision making and improve patient experience, with YAS clinicians having rapid access to information relevant for the patient's care.

Ambulance Data Set (ADS)

YAS has been working with NHS England to pilot submission of both 999 call and electronic patient record data into the national [Ambulance Data Set](#).

This national programme aims to provide an improved, consistent, level of information on how ambulance services across the country respond to and treat the thousands of calls received every day. The information collected by ambulance services will help identify best practice to drive clinical improvement and will inform the commissioning of services to best support patients' onward care.

YAS will be working on receiving hospital outcomes through linking ADS with Emergency Care Data Set (ECDS).

Medicines management mobile application

A further enhancement to the existing medicines management system application has been extended to frontline staff and support services to manage controlled drugs. Results have shown an improvement in clinical safety, alerting and reporting with the new digitised solution providing capability for proactive management of out-of-date medication or medication that has been recalled.

Clinical Audit Application

The new Clinical Audit Application is a tool developed and implemented to enable the YAS Clinical Information Audit (CIA) Team to provide a solution that supports business rules, data validation and efficiency savings to replace the current manual process.

The application digitalises the workflow for the Clinical Audit Team. The business benefits include improving data quality with validation, alerting and reporting, reducing the chance of human error, strengthening the information governance processes, and speeding up the YAS delivery of the national ambulance clinical outcome indicators (AmbCO) in a more efficient and timely manner.

Mobile device management

YAS supports hybrid and remote working, which raises challenges with managing different devices that access organisation resources. Our staff need to collaborate, work from anywhere, and securely access and connect to these resources. ICT needs to protect organisational data, manage end-user access, and support users from wherever they work using end-device management (Microsoft Intune).

As part of the NHS-wide Microsoft 365 contract, trusts are entitled to use Microsoft Endpoint (Intune) Manager. Migration of the 8000+ devices is nearly complete. The new solution provides greater control and management of devices with a more restricted set of corporate applications to improve performance and cyber security.

Mobile Data Vehicle Solution (MDVS)

The solution to replace the Mobile Data Terminal (MDT) in our ambulance and rapid response vehicle fleet, with a modern, secure, platform to deliver patient and location information from the control room to frontline crews, is now complete.

YAS was the first trust to go live with the new solution and has been working with the national team to share lessons with other ambulance trusts to achieve national success.

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. Patient information and location are also available to view by crews on Trust mobile devices.

Ordnance Survey mapping, that is also used in the control room, is a key feature of the new solution. Having access to accurate and up-to-date mapping is essential to all the emergency services, and with ambulances it can make all the difference to our patient care and response times through improved navigation.

Implementation of this solution from a control room and A&E vehicle perspective has been successful, achieving a highly commended team award for the project at the Trust's STARS Awards 2023.

Emergency Services Network (ESN) coverage testing

In readiness of the national move to migrate all emergency services from the Airwave network to EE, YAS has been working with the national team and the Home Office to test EE coverage throughout the Yorkshire region, identifying any areas of poor coverage, and providing surveys for all YAS-specific response locations, including, ambulance stations, hospitals, stand-by points and administrative centres.

YAS reports have been submitted for national review, to address any areas of signal weakness prior to the migration.

Back-up telephones – Emergency Operations Centre

In 2023 we implemented a new business continuity cloud solution for our telephony service in our 999 contact centres. The solution provides resilience, in case of the loss of our main telephony system and supports the Trust's critical services. It is available in our emergency operations centres in Wakefield and York and provides increased capacity to accommodate organisation growth and response to increased demand.

Booking and Referral System (BaRS)

We are working with the national team from NHS England on the delivery of the latest interoperability using Booking and Referral System (BaRS) technology, to allow the passing of 999 data from CAD to 999, clinical assessment centres, NHS 111, hospitals and GPs. This will also provide us with seamless transfer of data and booking in real time. It will enhance the transfer of data between 999 and 111 and support the delivery of a virtual 999 call centre. It will enable YAS to take calls on behalf of another trust and to triage the call before sending it to the home trust electronically using BaRS, providing a national triage system across the UK.

ICT Service Desk move

We moved our ICT Service Desk, engineers, and purchasing team to a new site in Wakefield. This has created efficiencies in team communication, and streamlined the process for storing, and building IT equipment, as well as improving our responses to incidents and requests.

Data warehouse

The Digital Team has redesigned our data warehouse to make it more efficient, and resilient, improving processes to provision data from critical systems, and enhance importing data to systems for reporting.

Using business analytics cutting-edge tools to provide interactive visualisation and business intelligence capabilities, this has enabled improved collaboration with internal and external partners.

Data and insight have been used to formulate the new corporate strategy and support business planning across the Trust. Regional planning and process improvement have been supported by the use of YAS data, including the use of the Ambulance Data Set with the Business Intelligence Team and Systems Team collaborating closely to ensure the highest quality solution for the provision of data.

A data analyst has been embedded within the Quality Improvement Team to support projects that are delivering quality improvement.

The YAS data warehouse has become an important asset for the Trust, supplying vital information in real time to national bodies and regional partners, assisting decision makers to shape and improve our service. It brings in data from all sources in a structured way to allow for efficient reporting.

Integrated Urgent Care (NHS 111)

Service demand and performance

For 2023-24 we saw an increase in demand compared to last year. For April 2023 – March 2024 the number of calls offered was up by 1.1% compared to 2022-23. However, unlike last year, we did not see a significant increase in demand during December.

Key performance information:

- 1,786,561 calls were received.
- 1,591,620 patient calls answered (10.9% of calls were abandoned).
- 63.4% of calls were answered within 60 seconds, formerly a key performance indicator (KPI) but now locally tracked.
- An average speed of answer of 124 seconds; this remains a new developmental KPI across IUC.
- 47.2% of clinical calls received a call-back within one hour target of 60%.
- 21.5% of core clinical advice provided to patients (target 30%).
- 42.5% Emergency Department (ED) validations (target 50%).
- 99.5% 999 validations (target 95%).
- Of the calls triaged, 12.2% were referred to 999; 4.3% were given self-care advice and 15.3% 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, 453 calls per month on behalf of other services.
- In an independent survey 97% of patients agree/strongly agree that they were treated with dignity and respect, and 96% of patients fed back that they followed some, or all of the advice that they were given.
- 90% stated they would recommend NHS 111 to their friends and family and overall satisfaction for the service continues to be extremely positive.

Workforce

Health Advisor staffing levels remain below our required capacity plan; however, our recruitment trajectory has been achieved across the year. We launched a new recruitment campaign in January 2024 to maintain our recruitment supply line across Quarter 4 and we are developing our marketing plan for 2024-25 to maintain this positive momentum. Continued recruitment at this level will be a priority until full Health Advisor establishment is achieved.

Clinical Advisor recruitment is also progressing well, with the trajectory for the year being achieved and an encouraging number of new applicants in process. We are currently developing a streamlined training process to significantly reduce barriers to the recruitment and training of clinicians and ensure that the role is attractive. In addition, the first and second cohorts of experienced international nurse recruits are now with us, and we are also working with NHS England on developing a Return to Practice Programme.

Improvement plan

The Integrated Urgent Care Improvement Plan was developed as a direct response to the challenges we face around attraction and retention. Importantly, the plan was based on direct feedback from our people through a series of engagement events. The plan is also directly linked to the Care Quality Commission (CQC) Key Lines of Enquiry and the NHS People Promise.

Over the past 12 months, the plan has been developed further, in line with the NHS People Plan, into a comprehensive Case for Change, aiming to:

- Provide improved Employee Value Proposition for our people to attract, motivate, and retain the workforce we need to deliver a quality NHS 111 service to our patients.
- Deliver improved working patterns with built-in time for supporting our people through a Team Based Working model, regular one-to-one meetings, clinical supervision and support, continued professional development and post-training preceptorship.
- Provide a robust leadership, education and training and clinical career structure improving culture and focusing on high-quality patient care.
- Deliver a productive and cost-effective service which provides a safe and high-quality experience for our patients and meets national key performance indicators around call taking.

The key deliverables in 2024 are:

- Implementation of new rotas and Team Based Working by 3 June.
- Implementation of a Career/Leadership Structure by 3 June.
- Implementation of a Leadership Development Programme for Team Leaders by September.
- Implementation of a strategic marketing and recruitment plan aimed at developing a strong supply line and reducing reliance on agency and incentive payments by 31 March.
- Implementation of uniform for IUC staff by September.

The Case for Change has been through corporate governance, and the delivery of the above initiatives was agreed and prioritised by the Trust's Board of Directors on 30 November 2023.

A governance structure has been established to deliver the Case for Change and this will also ensure that other work plans are incorporated. Specifically, remaining outstanding actions from the previous IUC Improvement Plan, the HR deep dive into retention and the Moorhouse change delivery recommendations.

Other work which is currently underway and being contributed to by IUC is:

- Design and implementation of Integrated Education and Development Team across the Emergency Operations Centre (EOC) and IUC.
- Implementation of a quality assurance framework for the delivery of education and training, led by the YAS Academy.
- Implementation of the Integrated Clinical Assessment Service (ICAS) for IUC and EOC.
- Scoping the possibility of Health Advisor apprenticeships.
- Continued roll-out of the International Nurse Recruitment Project.
- Continued roll-out of the Hybrid Working Model for Health Advisors and Clinical Advisors.

Other areas of work which are being delivered as part of our usual business activities are as follows:

- The recruitment process has been reviewed and a plan for simplifying and expediting the process were introduced in Quarter 4.
- Training and development material has been devised and all new staff now receive training on cultural matters through Civility Saves Lives course work in their first week with the Trust.

- A part-time training course has been developed with the aim of attracting applicants from a wider demographic. This is linked directly to our current work with local universities to attract students to part-time evening and weekend roles.
- Staff engagement sessions are being held every other month, to gauge feedback from staff on areas of importance to them. This will be key to understanding and responding to Staff Survey results and have informed the rota review which is currently in progress.

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 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 and working closely alongside Directory of Services (DoS) colleagues to ensure any issues routing patients to the right services are dealt with swiftly.

Key programmes of work delivered in 2023-24

We supported national, regional, and local colleagues around the ongoing development of the Single Virtual Contact Centre (SVCC). This included:

- 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 planned go-live.
- Working closely with YAS IT, NHS England Telephony Service and Vodafone to successfully connect IUC telephony to the national Storm platform (*May 2023*); all inbound calls now pass through this platform for the benefit of national monitoring and call balancing between YAS and NEAS.
- Successful testing of call balancing between YAS and NEAS, demand-based threshold testing completed and reviewed.

We developed and rolled out several technological improvements including:

- Progressing the implementation of Automatic Electronic Ambulance Dispatch referrals between Yorkshire Ambulance Service and North West Ambulance Service, South Central Ambulance Service and South Western Ambulance Service to further improve the ambulance dispatch time and reduce the overall call length within IUC.
- Implementation of an improved address look-up tool within our Case Management System (Adastra), to reduce call length, improve accuracy and Personal Demographics Service (PDS) match rates for successful Electronic Ambulance Dispatch referrals.
- Development and roll-out of clinical video triage in IUC through an integrated video triage tool within the Adastra system. Enabling video triage for all clinicians in IUC both on-site and remotely.
- Coordinating and managing 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 Directory of Services (DoS). This change has directly led to IUC hitting and exceeding KPI 9.
- Completed the roll-out of self-service reporting dashboards for operational staff groups, alongside enhanced line management reporting, to provide the tools for performance improvement as the IUC Case for Change is implemented.

- Completed development of Business Continuity (BC) web application - a strategic option to replace the paper call process in the event of prolonged BC incidents. Live test to complete before roll-out to operational use.
- Worked with our host system supplier to develop the ability to provide NHS Pathways care advice via SMS, with the aim of reducing call length. Due to roll out in Spring 2024.
- Completed the initial development of an Integrated Clinical Assessment Service queue in our host system (Adastra); appropriate cases from both IUC and EOC can be sent to this single queue and will be managed by the proposed CAS, integrating service lines.

We continued to develop robust homeworking options for our NHS 111 contact centre colleagues including:

- Clinical Advisor and Health Advisor hybrid working is now a business-as-usual function offering a portion of staff members' contracted hours to be worked remotely from their homes. Currently our hybrid working team consists of 34 Health Advisors and 50 Clinical Advisors. This aids retention and improves work-life balance. We now have data to suggest working remotely benefits the service as staff are more productive, and many find it easier and more convenient, enabling them to take up more overtime hours.

Patient survey

NHS 111 has used an external provider to assist in collating information from the public in the form of a patient survey. This survey has historically been sent to patients at the end of each month and Quality Health analyses the data and returns the figures to NHS 111 every quarter: this is a randomly generated survey of 2% of all patients in the month.

The results demonstrate that over 90% of the public would recommend the service to family and friends and 94% of respondents felt that the call handler listened to the caller effectively. Members of the public were also confident in following the advice given. In addition, 96% of respondents also believed that they were treated with respect and dignity.

Following a procurement process, as of November 2023, NHS 111 adopted a new method in surveying our patients via text message, this included a review of the questions sent out to patients and concluded with reducing the number of questions from 22 to 12. SMS surveys are sent out within the first week of every month; patients then have until the last week of the final month in the quarter to complete their survey sent to them. With the information gained, Quality Health creates a final report that will give an overview on the quarter and an overview of the year-to-date provision, broken down by the previous quarter across the fiscal year.

The Clinical Governance and Quality Assurance Team obtains feedback from members of the public and internal incidents relating to NHS 111. All feedback is investigated in line with local processes and individual feedback to the call taker is managed in a timely manner to ensure learning. Themes and trends from all incidents are correlated and disseminated to the wider organisation to be used to help future service improvements. The Clinical Governance and Quality Assurance teams also complete and participate in multi-disciplinary meetings, After Actions Reviews and Swarm Huddles, to elicit learning from events.

The Clinical Governance Team has been working closely with the Patient Safety teams to facilitate a smooth transition to align with the NHS Patient Safety Strategy, the Patient Safety Incident Response Framework, and the Complaints Standards Framework, and has been completing

focused audits to determine the efficiency of recommendations from learning from incidents.

Audit Team

The IUC Audit Team consists of 12 part-time IUC Health Advisors who work rotationally. They are skilled individuals within audit and are able to apply the Pathways competencies at an expert level. The team is committed to quality improvement and understands the importance of audit within in IUC and the objective to ensure patient safety and acceptable levels of call performance both clinically and from a customer service focus.

The Audit Team's primary role is to ensure that all IUC staff are audited monthly with feedback provided as soon as possible and in 2023-24 period, the IUC Audit Team has completed, on average, over 7,000 routine audits.

Staff wellbeing

NHS 111 also has a team of Welfare Advisors to assist, support and help employees manage their attendance at work by holding regular stage meetings for short-term and long-term absences.

The Welfare Advisors provide further support by signposting the individual to the Trust's support services, Resilience Hubs and national support lines such as Shout for Mental Health.

The Welfare Advisors produce monthly newsletters to keep the IUC staff updated on relevant topics such as the Mental Health Continuum and how to recognise and manage stress. They are further trained in managing display screen equipment and can help employees feel more comfortable at work, for example, specialist chairs to support any underlying health conditions and/or disabilities.

The Welfare Champions support the Welfare Team by actively engaging with staff and providing feedback to management. They plan, organise, and encourage attendance to wellbeing activities and initiative such as, Time to Talk Day, Self-Care Week and information regarding any wider Health and Wellbeing updates within the Trust. They inform and provide information about how to look after one's wellbeing, incorporating the seven dimensions, and ensuring that employees have a voice.

Patient Transport Service

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

Between April 2023 and March 2024 PTS has operated 681,456 journeys (including abortions and escorts). This is a 2.3% increase to the same period in 2022-23. Since May 2023, PTS demand has continuously been above 73,000 journeys per month; November 2023 saw the highest demand levels (80,702) over the past two years.

In Quarter 2, PTS introduced new dedicated planning desks for discharge journeys. This has had a positive impact on outward journey performance. The average monthly KPI for performance since these desks were introduced was 85.4% as opposed to 78.6% in Quarter 1, a 6.8% increase.

Call performance has also been on an upward trend since September 2023. There was a call handler recruitment drive in November 2023, with 7.8 full-time equivalent (FTE) positions extra now working in comparison to April 2023. In December 2023, the percentage of calls answered within 180 seconds KPI was 74.5%, the highest it has been since January 2022.

PTS continues to support 999 through the Integrated Transport Programme. On average since July 2023, 1,377 A&E journeys have been carried out by PTS per month. This is a 28.5% increase to the 2022-23 average.

PTS Reservations handled 820,616 bookings (online and telephone) in 2023-24 which is a 6% decrease on 2022-23. From April 2023 – March 2024, 530,954 bookings were made over the telephone and 276,390 online.

The number of patients travelling with infections has been steadily increasing in Quarters 2 and 3, however remains well below the number of infectious patients during the height of the COVID-19 pandemic. This is usually the case in the winter months and follows similar patterns of previous years.

Alternative resources

PTS continues to be supported by a framework of quality-assured resources at key stages throughout the year. The flexibility of having other transport providers on our framework allows us to respond quickly, and dynamically to ever-changing situations, from extreme weather conditions to the provision of additional support during periods of industrial action.

During the 2023-24 financial year, our private providers undertook 50.2% of all PTS journeys.

The framework is currently made up of 33 active providers:

- 17 private ambulance providers
- 3 community transport providers
- 15 taxi companies.

Our PTS alternative resources continue to support the A&E service line, providing 28 crews transporting patients who, following an emergency call have been appropriately triaged, freeing up valuable frontline A&E vehicles and crews.

Following a comprehensive review, with effect from 1 January 2024, the Alternative Resource Team has also taken responsibility for the contract and governance management of private ambulance providers on the A&E framework. This change will generate operational efficiencies, and further bolster the governance of all our private providers across the wider Trust.

PTS Volunteers

During 2023-24 we focused on ensuring that our volunteers were fully compliant with their statutory and mandatory training. We provided drop-in sessions to help our volunteers complete this training and will continue to hold these sessions going forward.

We have produced a range of promotional materials that we are asking our volunteers to take out with them to help with recruitment and to also gather feedback from our patients about the service we provide.

We have continued to hold the quarterly sessions for volunteers, and we have found that this has had a great improvement on the attendance of the volunteers but also support in which they require for any issues that they may have.

During the coming year we will be focusing on the recruitment and retention of volunteers. This will involve going out to hospitals and handing out leaflets (which we have done previously) and also asking volunteers to distribute them to patients and their local communities. We have also had promotional pieces in local magazines to advertise the volunteering role within PTS and we have made a video for social media channels.

Do you have friends or family that enjoy driving, like meeting new people, and might have some time to spare? Please share our details with them: Phone: **0330 678 4003** Email: yas.vcsrecruitment@nhs.net

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

Key activity and developments within PTS throughout 2023-24

RITA pilot at Huddersfield Ambulance Station

At the end of March 2023, several members of PTS staff completed training on RITA – Reminiscence Interactive Therapy Activities – a software solution designed to help reduce distress, agitation, isolation and improve the wellbeing of all patients with a focus on those living with dementia, mental health, learning disabilities, those who are neurodivergent, acute brain injuries and patients with complex needs.

18 tablet devices with RITA installed are being trialled by PTS staff on board their ambulances for several months. By using RITA with patients who are agitated, distressed, in pain, or non-communicative, PTS staff are able to encourage communication and help their patients to feel more comfortable and at ease.

RITA is pre-loaded onto YAS hand-held devices with appropriate content, such as photographs, music and interactive games and doesn't require Wi-Fi or network connectivity. The content, aimed at enhancing the experience of the patient spans various generations and diverse backgrounds, and can easily be searched and selected. RITA also hosts a Show Me Where body map, which allows patients to select a part of the body that hurts and also a Hear Me App that will aid communication between different languages.

RITA can also be used by PTS staff in their downtime to relax and regroup before collecting their next patient or at the end of the day, and it will hopefully improve their health and wellbeing. The Welsh Ambulance Service was the first ambulance trust to pilot RITA and has seen great results. YAS is the first in England to pilot this solution.

PTS staff are asked to give regular feedback on their experience of RITA and they also gathered feedback from their patients where appropriate. Following the completion of the trial, it is hoped that RITA will be rolled out into other areas of PTS and A&E Operations.

Introduction of Patient Safety Incident Response Framework (PSIRF)

In November 2023 the PSIRF was introduced within PTS in response to the NHS England mandate requiring all NHS organisations to focus on learning, taking action and tackling trends, rather than identifying and conducting complex investigations.

PSIRF:

- Allows local teams to take responsibility for learning.
- Focuses on how incidents happen to facilitate wider learning and to prevent them from happening again.
- Offers more opportunities for shared learning experiences.
- Improves the quality of our approach to investigations.

PSIRF will change the way we think, respond and learn when something has not gone as we would have expected.

Significant changes include:

- Additional questions asked at the incident reporting stage.
- A weekly PTS incident review group will be established with attendance from across all teams, dependant on the incidents to be discussed that week.
- PTS leaders will have oversight over the breadth of incidents.
- New investigation tools will be introduced – the learning response toolkit.
- The Service and Standards team will provide more support with investigations and learning from investigations.

To further complement the introduction of PSIRF and to enable our PTS staff to use this framework to its full potential, our Governance Team designed and implemented a Learning Response Toolkit.

The toolkit is a set of guidance documents and templates to help PTS staff conduct an investigation that is proportionate to the severity of the incident and the learning that can be identified. The different options allow them to spend more time and resources on learning from incidents rather than identifying and investigating them.

Repose Pressure Relieving equipment trial

In September 2023, PTS began trialling eight Repose Trolley Companions and 12 Repose Care-Sits. The pressure-relieving equipment has been introduced to address the potential harm posed to patients who are at risk of pressure ulcers, or patients who already have existing pressure ulcers.

Always Events

Always Events seek to understand what really matters to people who use our service, their families and carers and then work together to produce changes to improve their experience of care.

We are working on Always Events with NHS England and the Institute for Healthcare Improvement. The aim of the programme was to have 90% of patients in the Leeds area feel satisfied with the information given to them about their journey by December 2023.

As part of this improved experience, PTS ambulance care assistants would give their patient a briefing at the beginning of their journey, including:

- Introducing themselves to each patient upon collection
- Advising how long the journey will take and the destination
- Advising what route will be taken to get the patient to their appointment
- Confirming their appointment time and advise of any further pick-ups en route.

We have been making regular visits to hospital sites to gather and measure data to establish whether the above information was still being given to each of our patients. This data has now been gathered and analysed and showed that all patients asked were given the required information above at the start of their journey.

Looking forward to 2024, the aim is to roll this project out across the whole of West Yorkshire by March/April and then later into North, East and South Yorkshire. We will continue to visit clinical settings to gather patient data. This will be used to measure sustainability.

Removal of respiratory questions for bookings

In line with guidance on living with COVID-19, we have adapted the questions we ask at booking stage for patients with infections. These questions allow us to identify a broader range of infections and plan journeys that continue to protect patients and staff; this includes conveying some people alone and tailoring cleaning regimes appropriately. A support guide was developed by our Infection Prevention and Control and PTS Governance teams to support our call handlers with identifying the most common infections, and our schedulers with planning journeys for these patients.

Our staff have told us that they find the new process easier to follow and the supporting information gives them the confidence to know when a patient should travel alone. Managing this more closely also allows us to safely convey other patients, with lower risk of infections, together and increases our capacity to deliver more journeys for those who need us.

New PTS wellbeing room at Trust headquarters

A new space was created and furnished in April 2023 at Trust headquarters for PTS staff to use as a wellbeing room. The space is designed for PTS staff to have private conversations, appraisals, wellbeing discussions or formal meetings.

Harnesses for assistance dogs

In August 2023, adjustable safety harnesses were distributed to each PTS locality. These harnesses mean that we can convey assistance dogs more safely for patients who do not have their own; limiting the risk of injury in the event of an accident and reducing stress for patients who rely on their assistance dog. The harnesses can be used for dogs of all sizes and can be easily secured to the seatbelt clip of PTS ambulances.

PTS Commissioning for Quality and Innovation (CQUIN)

As part of the 2023-24 CQUIN, YAS PTS developed an application to record, store and electronically share individual patient risk assessments. This ensures that frontline crews consistently have access to risk assessment information prior to arrival with the patient, leading to fewer delayed and aborted journeys.

The app is accessible to team leaders to create an electronic risk assessment document which, in turn, is then automatically stored as a PDF and immediately visible to operations staff as part of the patient's journey information. This has been developed within the PTS journey management system, Cleric, which is available on the individual-issue smartphones held by operations staff. The previous process was paper-based and completed assessments were held in a shared folder which meant that relevant information was not readily available to view for the staff who are transporting the patient.

This project also supported the NHS Long Term Plan, the paperless agenda, and the digital innovation – 'Give health and care staff the technology they need to help them complete administrative tasks more quickly, freeing up time to spend with patients'.

Our People

Our workforce is central to achieving our vision: *“To be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients”*. We cannot achieve this without a fully engaged, well-trained and committed workforce. We therefore endeavour to support and involve our staff in order to ensure that they can flourish and have the ability and confidence to provide the very best care for our patients.

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

| | | |
|---|--|--|
| NHS People Plan Four pillars <ul style="list-style-type: none"> • looking after our people • belonging in the NHS • new ways of working and delivering care • growing for the future | 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 <ul style="list-style-type: none"> • Culture and Leadership including Diversity and Inclusion • Recruitment, Retention and Resourcing • Employee Voice • Health and Wellbeing • Education and Learning | Culture and Leadership <i>We will through effective leadership develop a positive and inclusive culture</i> Health and Wellbeing <i>We will create a healthy working environment to enable staff to perform to their best</i> Employee Voice <i>We will listen, engage and respond to our staff to make them feel truly valued</i> | Education and Learning <i>We will ensure our staff have the right skills, competencies, attitudes and behaviours</i> Recruitment, Retention and Resourcing <i>We will attract and retain the right people, to do the right things at the right time</i> |

Culture and Leadership

Our Senior Leadership arrangements

During 2023-24, we reviewed our senior leadership communication and decision-making arrangements and until July 2023, the Trust Management Group met fortnightly to discuss important Trust issues, approve policies and business cases, and agree our Trust’s strategic

direction. From August 2023, we expanded this forum to include all Band 8 and above leaders to create a Senior Leadership Community. This forum meets monthly for a briefing and consultation session and quarterly in person for a more focused discussion on delivery of our strategic objectives.

To give greater focus on our people, and how we support their employment journey, a new group called the People and Culture Group, chaired by our Director of People, was created in November 2023. This group reports to our Trust Executive Group, with assurance through to the People Committee; a new Board-Level Committee created in May 2023 and chaired by a Non-Executive Director/Deputy Chair.

Cultural development

At the end of 2022 and into 2023, a significant engagement exercise was undertaken with the support of Moorhouse consulting services. The aim was to understand current practices, ways of working, good practice and key cultural challenges. This process directly engaged with over 800 staff with the information used to shape a cultural change programme. This led to the creation of YAS Together and its five pillars (shown below).



Over 2023-24 we have developed, piloted and begun roll out on a variety of organisational development tools and other support for colleagues, that directly address key concerns and areas of development from the consultation feedback. The development tools are designed to enable the YAS Together pillars to be accessed directly by staff and managers or in partnership with Leadership and Organisational Development colleagues, and include:

- Appreciation and recognition guide
- Team effectiveness (self-assessment tool)
- Team communication best practice toolkit
- Succession planning
- Team Charter
- Manage2Lead (bite-sized management development learning resources)
- Leadership behaviours as part of a values-based behavioural framework.

The roll-out of these development approaches continues into 2024-25 with further cultural development tools aligned to the YAS Together pillars designed and piloted. An extensive engagement programme started in March 2024, aligned to the 2024-29 YAS Strategy, to share progress and updates on YAS Together with all staff through face-to-face sessions.

To support specific cultural development needs with teams or business areas, the YAS Culture Development Approach is used. This framework offers a systematic approach from the identification of the drivers for this culture development work through to the 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. This approach has been used successfully throughout 2023-24 and made good use of the YAS Together development tools where appropriate.

Leadership development

To support the development of our leaders, a revised leadership development pathway for leaders at all levels has been developed including a blend of learning approaches including bite-sized self-directed learning (Manage2Lead), coaching and mentoring, Healthcare Leadership 360 feedback and the Insights Discovery psychometric tool, as well as revised leadership development programmes. All elements of the pathway adopt a values-based approach setting clear behavioural expectations and equipping our leaders to role-model these values and behaviours in their practice.

Manage2Lead skills-based learning resources are available to all managers providing accessible bite-sized learning on key topics identified through a comprehensive training needs analysis exercise. The skills offer is curated using the people management areas of technical, transactional, and relational, and designed to provide essential leadership skills for successful people management.

Two new leadership development programmes were created and delivered with positive feedback:

- Aspiring Leaders Programme for those aspiring to move into a leadership and management role; and
- Lead Together for those in a first line management role.

Development work was also undertaken for middle and senior leadership development.

Appraisal and career conversations

Work has continued to realise our ambition for all colleagues to have the opportunity on at least an annual basis, to have a meaningful 1:1 appraisal and career conversation with their manager. An easy-to-use dashboard of appraisal compliance information has provided leaders with up-to-date information on appraisal compliance, training compliance to upskill managers to conduct compassionate and value-added appraisals, and the quality ratings of appraisals.

Awards

STARS Awards 2023

The Trust celebrated its **STARS Awards 2023** in November 2023 where we looked back over the previous 12 months and highlighted the exceptional work of teams and individuals.

The awards ceremony took place in York and the evening was hosted by Dr Steven Dykes, Deputy Medical Director, and Claire Lindsay, Head of Service Central Delivery (EOC), who announced the winners following a series of video presentations for each category before certificates and awards were presented to the winners and highly commended.

This year, we received over 170 nominations, which were reviewed by panels of judges made up of our executive and non-executive directors who had the difficult job of selecting individuals and teams to be shortlisted.

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.

The awards identify members of staff who inspire others, deliver beyond expectations and are shining examples of all that is excellent about YAS.

Long Service Awards

Many staff from across the Trust were honoured at our annual Long Service and Retirement Awards in September 2023.

With 225 colleagues reaching 20-, 30- and 40-years' service in the NHS, more than 100 awardees and their guests attended the event, held in Harrogate, during which awards were presented by our Chair Martin Havenhand and Chris Blundell DL, His Majesty's Deputy Lieutenant for North Yorkshire.

In addition to speeches from our Chair and the Deputy Lieutenant, guests heard from our Interim Chief Executive, Peter Reading who shared his personal congratulations and thanks to our awardees.

The honours handed out also included the Queen's Long Service and Good Conduct Medal, given to colleagues with 20 years' exemplary frontline emergency service.

Patient Transport Service manager wins national award for outstanding contribution

YAS Senior Logistics Manager Ann-Marie Kelly received a prestigious national award in recognition of her outstanding contribution and commitment to the non-emergency Patient Transport Service (PTS) and her positive impact on local patients.

The award was presented at the Ambulance Leadership Forum (ALF), a national ambulance sector event organised by the Association of Ambulance Chief Executives (AACE), which was held in Wales in October 2023.



Senior Logistics Manager Ann-Marie Kelly receiving her award

Chris Dexter, Managing Director of PTS at Yorkshire Ambulance Service, said: “Ann-Marie has made a valuable contribution in all roles she has fulfilled at the Trust; she’s an exemplar employee of PTS and YAS.

“Her cheery and approachable disposition, and a built-in ability to communicate well, have a positive impact on patients, colleagues, and hospital staff, often in challenging situations. Patients receiving treatments and renal clinic colleagues across the region know her name and face, consistently feeding back about improvements to the services and the re-assurance that Ann-Marie provides. I recall one renal unit member of staff describing her as ‘an angel’.

“She can be relied upon to do what she commits to, and always has done in a variety of roles from frontline control room to lead manager in PTS today, resulting in positive outcomes for her dynamic and agile 24/7 control room and planning team.”

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 five established Support Networks (BME (Black, Minority, Ethnic), Pride@YAS (LGBTQ+), Women and Allies’ Network, Disability Support Network and Armed Forces Network).

A new Armed Forces Staff Network, launched in June 2023, received a Silver Award in the Defence Employer Recognition Awards. This was in addition to the renewed commitment to the ‘Armed Forces Covenant’ to be a recognised Veteran Aware NHS organisation. Work is ongoing with an update to the Reservists and Special Leave policies to support the YAS Armed Forces Community with an expectation to work towards a Gold Award in the next 2-3 years.

Our commitment to our Equality Support Networks continues and key highlights include:

- A Joint Support Network Conference was held and focused on the ‘Power of Staff Networks’ on 8 November 2023.
- A development session was held in February 2024 for chairs and deputies which included modules on understanding the role of networks, getting organised and getting proactive, increasing influence and engagement, building a network profile and action planning.
- Protected time for network chairs and deputies was increased from 10.5 hours to 15 hours per month in 2023.
- Networks have been assigned a Sponsor (Executive Director) and a Champion (Non-Executive Director) to provide support from our senior leadership.

- All networks have developed clear objectives to work towards and established a steering group model to drive actions to support staff from protected characteristics and these are aligned to the EDI Action Plan.
- All Staff Equality Networks have continued to hold regular meetings.
- The Disability Staff Network continues to hold weekly 'virtual' drop-ins for staff.
- Staff networks are invited to key stakeholder sessions to enable them to input and influence key workforce action plans.
- Chairs of networks have a standing item on the Diversity and Inclusion Steering Group agenda.

The Trust met its responsibilities under the Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES) The Equality Delivery System (EDS 2022) and Gender Pay Gap statutory reporting requirements.

For WDES, we improved across all nine metrics, with staff living with disabilities sharing a positive experience in the workplace. Specific work around the introduction of revised arrangements and centralised coordination to access reasonable adjustments to ensure a consistent and robust process across the whole Trust and development and launch of guidance on Neurodiversity which encompasses the lifecycle of employment through the Enabling Staff Working Group are underway to continue this upward trajectory.

Disappointingly, there was a decline in experiences for BME staff in the WRES data in 8 out of 9 metrics. 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. In addition, actions to improve leadership skills and behaviours including effective appraisals and career conversations and access to revised leadership development programmes will provide support from managers to staff.

Work continues to review data by protected characteristics on bullying, harassment, discrimination, and violence (NSS, WRES, WDES) and undertake targeted culture work in areas where diversity and inclusion is of particular concern.

The Trust launched a Diversity Census in 2023 to encourage staff to share information on their equality and diversity status. This resulted in a small increase in recording, across all protected characteristics, as staff updated their profile on the Electronic Staff Record (ESR). The number of unknown/not recorded also decreased by 1%. Our efforts to raise awareness will continue in the coming year with a quarterly reminder, this will aim to provide improved data on the makeup of our staff population.

For the Gender Pay Gap, our pay gap unfortunately increased from 7.96% in 2022 to 8.84% in 2023, mainly due to the composition of our workforce i.e., 86.2% of our female staff are in Bands 2-5. Although it is disappointing, we made good progress on our action plan which covered tangible actions up to March 2024. As part of this a Trust-wide roll-out of free sanitary products made available in all female and accessible toilets was successfully launched in 2023.

The focus moving forward to address our gap includes four key themes aligned to the Women and Allies' Network these include: Progression, Well-Woman, Women's Safety and Engagement. Actions to support include the championing of specific policies such as the New Parent, Flexible Working and Menopause, are consistently applied throughout the Trust.

Actions to raise awareness of the YAS Sexual Safety Charter and Lone Worker policy, how to raise concerns and the support available have also been agreed whilst working collaboratively to equip managers with the knowledge and skills to handle concerns and allegations compassionately. The launch of a mentoring programme in February 2024, for senior women supporting progression of junior women through mentorship has also been supported by the Leadership and Organisational Development Team.

To support staff with disabilities and long-term conditions, our Enabling Staff 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 has continued to drive the use of the Health and Wellbeing Passport, relaunched last year, and is currently developing a process for centralised budgets to streamline the funding of any adaptations required. Work to develop a minimum building standard for estates, to support accessibility for those living with disabilities and working at YAS, also continues.

Our EDI programme of work for the coming year aims to focus on a number of measurable objectives and impactful actions including the development of an Allyship programme to build on the success of the Say Yes to Respect programme, implementing a toolkit for our international recruitment of nurses and paramedics, the introduction of EDI objectives for our Board and the continued roll-out of the recruitment overhaul from the attraction stage to onboarding.

Recruitment, retention and resourcing

The Trust is committed to fair and inclusive recruitment and aims to recruit individuals with the appropriate skills, experience, qualifications and values to deliver the Trust's objectives.

Recruitment this year concentrated on our frontline and call centre workforce. Between April 2023 and March 2024, 183 Ambulance Support Workers (ASWs) previously known as Emergency Care Assistants (ECAs), 14 A&E Ambulance Care Assistants (new role in A&E Operations to respond to our Low Acuity Tier calls across Leeds and Wakefield), 217 Paramedics (including newly qualified paramedics), and 32 international Paramedics joined our workforce, along with 462 call centre staff across our IUC, EOC and PTS departments. New recruitment initiatives have been introduced to attract high quality candidates to the call handler roles and to reduce the reliance on agency staff.

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. We reviewed our fit and proper person processes in line with the new arrangements, aligned to the KARK Review recommendations, published by NHS England.

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.

The Trust actively seeks to be representative of the communities it serves and recognises the benefits of having a diverse workforce. The Trust welcomes applications from all sections of the community and endeavours for our processes to be inclusive for all. However, given our workforce profile, we recognise there is much to do, hence a review of our recruitment and selection

practices with our stakeholders continues to ensure these reach a diverse pool of potential applicants, as well as attracting and retaining the best people.

The Trust is accredited as a 'disability confident' employer (previously known as 'two ticks') which means we guarantee to invite to assessment all applicants with a disability who meet the essential criteria for a job vacancy and to consider them on their ability. Reasonable adjustments for successful applicants with a disability will be made on appointment.

International recruitment

The gaps in our professionally registered/clinical workforce led us to recruit internationally for the second year and, supported by NHS England, we recruited 33 Newly Qualified Paramedics from Australia and New Zealand over 2023-24 with all three groups placed in Hull. This takes the total recruited over the last two years to 64. In our NHS 111 call centre, over the year we recruited 13 nurses from Kerala, India into Senior Clinical Advisor roles. Feedback regarding pastoral care and induction was good.

Retention

The Trust's retention rates are set out below and whilst the Trust turnover is consistent with other ambulance services, and is not a significant concern, the turnover in our call centres is much higher than the Trust total, hence we are focusing our efforts in these areas to improve staff retention.

| Financial Year | Month | | | | | | | | | | | |
|----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
| 2022-23 | 12.0% | 12.2% | 12.3% | 12.6% | 12.4% | 12.3% | 12.4% | 12.0% | 12.0% | 9.2% | 11.5% | 11.0% |
| 2023-24 | 10.8% | 10.6% | 10.6% | 10.0% | 10.4% | 9.8% | 10.3% | 10.3% | 10.4% | 10.4% | 10.4% | 10.4% |

Pay and reward

The Trust pays the majority of staff in accordance with Agenda for Change NHS Terms and Conditions of Service. The Trust utilises the NHS Job Evaluation process as this is a key part of the pay system. Our Executive Team and six 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 following table.

Staff Costs (subject to audit)

| | 2022-23 | | | 2023-24 | | |
|--|---------------------------|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| | Permanent £000 | Other £000 | Total £000 | Permanent £000 | Other £000 | Total £000 |
| Salaries and wages | 223,741 | 508 | 224,249 | 235,532 | 648 | 233,180 |
| Social security costs | 22,397 | - | 22,397 | 24,851 | 0 | 24,851 |
| Apprenticeship levy | 1,159 | - | 1,159 | 1,061 | 0 | 1,061 |
| Employer's contributions to NHS pension | 25,736 | - | 25,736 | 29,297 | 0 | 29,297 |
| Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%) | 11,289 | - | 11,289 | 12,495 | 0 | 12495 |
| Termination benefits | 385 | - | 385 | 325 | 0 | 325 |
| Temporary staff | - | 2,666 | 2,666 | 0 | 4,988 | 4,988 |
| Total Staff Costs | 284,707 | 3,174 | 287,881 | 300,561 | 5,636 | 306,197 |

| Average number of employees (WTE basis) (subject to audit) | 2022-23 | | | 2023-24 | | |
|---|------------------|--------------|--------------|------------------|--------------|--------------|
| | Permanent Number | Other Number | Total Number | Permanent Number | Other Number | Total Number |
| Medical and dental | 2 | - | 2 | 2 | 0 | 2 |
| Ambulance staff | 4,384 | 96 | 4,480 | 4,624 | 173 | 4,797 |
| Administration and estates | 973 | 29 | 1,002 | 1002 | 22 | 1024 |
| Nursing, midwifery and health visiting staff | 74 | 58 | 132 | 83 | 15 | 98 |
| Scientific, therapeutic and technical staff | 5 | 2 | 7 | 2 | 1 | 3 |
| Total average numbers | 5,438 | 185 | 5,623 | 5,713 | 211 | 5,924 |

Our Workforce Profile (Headcount)

| | 2022 (31 March 2022) | 2023 (31 March 2023) | 2024 (31 March 2024) |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Paramedics | 2,347 | 1,953 | 1,960 |
| Technicians (including Ambulance Practitioners*) | 561 | 1,373 | 1,532 |
| Emergency Care Assistants | 1,093 | 404 | 235* |
| Other frontline staff (including Assistant Practitioners, A&E Support Assistants, Intermediate Care Assistants) | 40 | 43 | 72 |
| Patient Transport Service (Band 2, Band 3, and apprentices) | 771 | 800 | 816 |
| Emergency Operations Centre (EOC) | 576 | 621 | 600 |
| Integrated Urgent Care (NHS 111) | 780 | 760 | 781 |
| Administration and Clerical staff | 809 | 823 | 821 |
| Managerial (including Associate Directors) | 211 | 226 | 242 |
| Other (Chief Executive, Directors, and Non-Executive Directors) | 15 | 17 | 14 |

* A reduction in Emergency Care Assistants is due to the regrading of this role, those regraded now sit in the Technicians' category.

Staff Profile – Gender (Headcount)

| | 2022 (31 March 2022) | 2023 (31 March 2023) | 2024 (31 March 2024) |
|--------|---|---|---|
| Male | 3,234 44.90% | 3,133 44.63% | 3,103 43.87% |
| Female | 3,969 55.10% | 3,887 55.37% | 3,970 56.13% |

Workforce Levels (Whole Time Equivalent (WTE))

| Staff category | Establishment 31 March 2022 | | Establishment 31 March 2023 | | Establishment 31 March 2024 | |
|----------------|--------------------------------|--------------|--------------------------------|----------------|--------------------------------|--------------|
| | Headcount | WTE | Headcount | WTE | Headcount | WTE |
| A&E Operations | 4,041 | 2,998 | 3,773 | 3,297 | 3,854 | 3,369 |
| PTS | 771 | 623 | 800 | 629 | 750 | 590 |
| EOC/IUC | 1,356 | 1,004 | 1,381 | 1,001 | 1,387 | 967 |
| Support staff | 809 | 677 | 823 | 722 | 843 | 731 |
| Management | 226 | 216 | 243 | 227 | 239 | 225 |
| Total | 7,203 | 5,518 | 7,020** | 5,876** | 7,073 | 5,883 |

* The Trust has 671 staff who are undertaking apprenticeship programmes of study (9.8% of workforce) where the apprenticeship levy is utilised. These staff are undertaking substantive roles and hence are not shown separately in the data above.

** Establishment for 2022 included Student Paramedics, for 2023 and 2024 they are excluded.

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 | 188 |
| Community First Responder | 787 |
| Patient Safety Partner | 2 |
| Total | 977 |

Exit Packages (subject to audit)

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

Exit Packages agreed in 2023-24

| Exit packages 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 | - | - | 1 | 2 | 1 | 2 |
| £10,000 - £25,000 | 1 | 14 | 1 | 11 | 2 | 25 |
| £25,001 - £50,000 | - | - | - | - | - | - |
| £50,001 - £100,000 | - | - | - | - | - | - |
| £100,001 - £150,00 | 1 | 120 | - | - | 1 | 120 |
| £150,001 - £200,000 | 1 | 178 | - | - | 1 | 178 |
| >£200,000 | - | - | - | - | - | - |
| Total | 3 | 312 | 2 | 13 | 5 | 325 |

Exit Packages agreed in 2022-23

| Exit packages 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 |
| £10,000 - £25,000 | - | - | - | - | - | - |
| £25,001 - £50,000 | - | - | - | - | - | - |
| £50,001 - £100,000 | - | - | - | - | - | - |
| £100,001 - £150,00 | - | - | - | - | - | - |
| £150,001 - £200,000 | - | - | - | - | - | - |
| >£200,000 | - | - | 1 | 211 | 1 | 211 |
| Total | - | - | 3 | 221 | 3 | 221 |

Exit Packages – other departures analysis

| Other exit packages - disclosures (Exclude Compulsory Redundancies) | 2022-23 Number of exit package agreements | 2022-23 Total value of agreements | 2023-24 Number of exit package agreements | 2023-24 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 | 2 | 13 |
| Exit payments following employment tribunals or court orders | - | - | - | - |
| Non-contractual payments requiring HMT approval | - | - | - | - |
| Total | 2 | 10 | 2 | 13 |
| 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 above.

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.

Consultancy costs

The Trust spent £705K on external consultancy costs.

Off-payroll engagements

The Trust does not have any off-payroll engagements.

Freedom to Speak Up Guardian (FTSU)

Freedom to Speak Up (FTSU): 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 (NGO).

At YAS all staff, volunteers and contractors can raise concerns directly with the Trust's FTSU Guardian, by phone or through a dedicated confidential email address. There is also a dedicated network of 10 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 NGO to submit brief details of all concerns raised through the FTSU process. This provides an opportunity to compare YAS FTSU activity with other trusts.

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

Partnership working

Our commitment to working in partnership with UNISON, GMB, Unite the Union and the Royal College of Nursing remains strong despite some conflicting views on internal matters. Our relationships continue 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 launching the Sexual Safety Charter and our approach to managing safeguarding allegations against staff, policy revisions, Clinical Supervisor and PTS Call Handler re-banding, job evaluation processes, A&E career pathways, Specialist Paramedic role reviews, rota reviews across the Trust and some changes to our corporate structures and the establishment of a new Trust Operating Model which confirmed the new senior leadership structure for the Trust following a phased consultation process over the course of the year. Our trade unions continue to play a significant role in the development and improvement of our policies, terms and conditions and working environments; we value their contribution enormously.

The Trust continues to adopt more person centric people management practices which align with YAS Together and the new values and behavioural framework. This methodology has been reflected in recently revised policies and management advice and will feature in future iterations of training content.

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 2023 to 31 March 2024. Under the Trade Union Facilities (Facility Time Publication Requirements) Time 2017 regulations the Trust is required to collate, publish, and report on 4 specific calculations:

Calculation 1: Relevant union officials

What was the total number of your employees who were relevant union officials during the relevant period?

| Year | Number of employees who were union officials during the period | Full-time equivalent employee number (FTE) |
|---------|--|--|
| 2021-22 | 55 | 45.57 |
| 2022-23 | 65 | 58.21 |

Calculation 2: Percentage of time spent on facility time

How many of your employees, who were relevant union officials employed during the relevant period spent, a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

| Percentage of working time | Number of employees (2021/2022) | Number of employees (2022/2023) |
|----------------------------|---------------------------------|---------------------------------|
| 0%-0.9% | 8 | 19 |
| 1-50% | 40 | 33 |
| 51%-99% | 3 | 7 |
| 100% | 4 | 5 |

Calculation 3: Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

| | 2021-22 | 2022-23 |
|--|--------------|--------------|
| Provide the total cost of facility time | £440,556* | £557,669* |
| Total pay bill | £258,669,000 | £276,615,049 |
| Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100 | 0.17% | 0.20% |

* This number includes notional pension, but excludes unsocial hours

Calculation 4: Paid trade union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

| | 2021-22 | 2022-23 |
|--|---------|---------|
| Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100 | 0% | 0% |

No representatives reported undertaking any activity time in Trust paid time in the last three years.

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 were used to design an alternative model to joint decision making and this work continues to be a priority for us over the coming year.

NHS National Staff Survey

The NHS National 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 is made up of seven themes that make a difference to and improve the employee experience of NHS colleagues.

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.

Surveys were completed electronically for most staff, apart from those on maternity, paternity, and adoption leave and long-term sickness absence who received a paper copy by post. All staff were offered 15 minutes protected time to complete the survey. For the first time, the NHS National Staff Survey 2023 (NSS2023) was open to Bank staff colleagues.

The NSS2023 survey ran from 2 October until 24 November 2023 and achieved the highest ever response rate of 51%. This increased from 34% in 2022, was higher than the national average of 48% and slightly lower than the ambulance sector average of 52%.

| National Staff Survey Response Rate | | | | | |
|-------------------------------------|---------------------|----------|---------------------|----------|---------------------|
| YAS 2023 | SECTOR AVERAGE 2023 | YAS 2022 | SECTOR AVERAGE 2022 | YAS 2021 | SECTOR AVERAGE 2021 |
| 51% | 52% | 34% | 50% | 34% | 57% |

NHS Staff Survey 2023 Headline Results

The seven People Promise and the two 'staff engagement' and 'morale' themes are scored out of 10.

| Theme | YAS 2021 | YAS 2022 | YAS 2023 | Statistical change* | Ambulance Sector average 2023 | YAS Difference to Sector Average |
|------------------------------------|----------|----------|------------|----------------------|-------------------------------|----------------------------------|
| We are compassionate and inclusive | 6.5 | 6.8 | 7.0 | Significantly higher | 6.9 | +0.1 |
| We are recognised and rewarded | 4.9 | 5.0 | 5.4 | Significantly higher | 5.4 | Average |
| We each have a voice that counts | 5.9 | 6.0 | 6.1 | Higher | 6.0 | +0.1 |
| We are safe and healthy | 5.3 | 5.4 | 5.7 | Significantly higher | Not available** | NA |
| We are always learning | 4.1 | 4.7 | 5.1 | Significantly higher | 4.9 | +0.2 |
| We work flexibly | 5.2 | 5.3 | 5.5 | Higher | 5.3 | +0.2 |
| We are a team | 5.6 | 6.1 | 6.3 | Significantly higher | 6.2 | +0.1 |
| Staff Engagement | 5.9 | 6.0 | 6.2 | Significantly higher | 6.0 | +0.2 |
| Morale | 5.3 | 5.4 | 5.7 | Significantly higher | 5.3 | +0.4 |

*Statistical significance is tested using a two-tailed t-test with a 95% level of confidence

**National 'We are safe and healthy' scores not yet available due to a national reporting issue

All YAS scores have positively increased from the 2022 results with the majority scoring marginally higher than the sector average. 'We are always learning' and 'We are recognised and rewarded' saw the largest increases (0.4 increase). 'We are compassionate and inclusive' and 'We are a team' recorded the highest scores (7.0 and 6.3 respectively).

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

National Quarterly Pulse Survey (NQPS)

First implemented in YAS in January 2022, the National Quarterly Pulse Survey (replacing the Staff Friends and Family Test) is administered in January, April, and July of each year. The NQPS focuses on the core set of nine questions which make up the engagement theme from the NHS Staff Survey that provide insight into motivation, involvement and advocacy.

Providing regular insight into the engagement theme and generally completed by 10-13% of the Trust, the quarterly pulse survey provides a useful sense-check of the extent to which staff are engaged and the impact of staff experience and engagement improvement initiatives.

Health and Wellbeing

The Health and Wellbeing of our staff remains a top priority for the Trust. A detailed 2023-24 Health and Wellbeing Plan was developed and launched to support delivery against this priority capturing 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 assurance provided to the People Committee and Trust Board at key points throughout the year.

The Health and Wellbeing Plan was informed by input from staff across the Trust, as well as staff feedback including results from our staff survey. The plan was aligned to the NHS Wellbeing Framework, the Mental Health at Work Commitment, and the AACE (Association of Ambulance Chief Executives) Toolkit on Working Together to Prevent Suicide in the Ambulance Service.

Demand for services has remained high, including exposure to more frequent and traumatic incidents. The Health and Wellbeing team have continued to support all staff during these challenging times with increased provision at peak times throughout the year for operational staff. The additional resource invested by the Trust into Health and Wellbeing has positively contributed to the support being offered to our staff. This commitment is a true embodiment of the significance that the Trust places on the health and wellbeing of its people, living to our Trust values.

Putting our people at the heart of what we do and ensuring a holistic offer of right support at the right time has been important for us this year. Thus, the support has included a focus around mental, physical, and financial wellbeing. Key highlights have included the launch of the menopause policy, suicide awareness toolkit, embedding the Therapy Dogs interventions into our core offer, development of the health and wellbeing guidance providing clear pathways, and supportive resources for our staff and managers, including starting the journey towards upskilling our managers to be better placed to support themselves and their staff, modelling positive behaviours. Focus on specialist training has continued with the on-going up-skilling of some of our staff to become peer supporters, trauma risk practitioners and mental health first aid instructors to support the roll-out of the mental health first aid training.

We know that 'one size fits all' approach is not fit for purpose; every team operating within the Trust has and continues to be exposed to different and challenging situations including vicarious trauma. We have been working with several teams to create bespoke support packages relevant to their needs. This work continues and will be closely monitored.

To keep learning and providing the best care, innovation has been important to us, where work is still on-going piloting and measuring a number of new interventions.

Occupational health

The occupational health, physiotherapy and mental health services have continued to provide high quality services to our staff. Given that we outsource these services, our contract management is fully embedded with positive relationships fostered between the providers and the Trust. During 2024, we tendered for these services and the new contracts commencing in the new financial year. Extensive engagement with our staff and managers has helped to shape this future provision, a journey which we are excited to get underway.

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

Seasonal vaccination programme

The 2023-24 seasonal vaccination programme (including flu and COVID-19 vaccinations) was successfully delivered within the Trust with clinics held throughout the region. Delivery against the programme started in October and concluded in December 2023. YAS arranged 52 combined flu and COVID-19 clinics and an additional 33 flu vaccination clinics. Communication with staff promoting the benefits and how to access a clinic has been on-going during the campaign period, using a range of trusted internal communication platforms. Support offered via the peer-to-peer vaccinators has been incredible who delivered flu vaccinations at all the main hospitals and ambulance stations across the region. 41.77% of frontline staff came forward to receive their flu vaccination and 20.5% receiving COVID-19 vaccination (made available to staff involved in direct patient-facing clinical roles).

Absence management

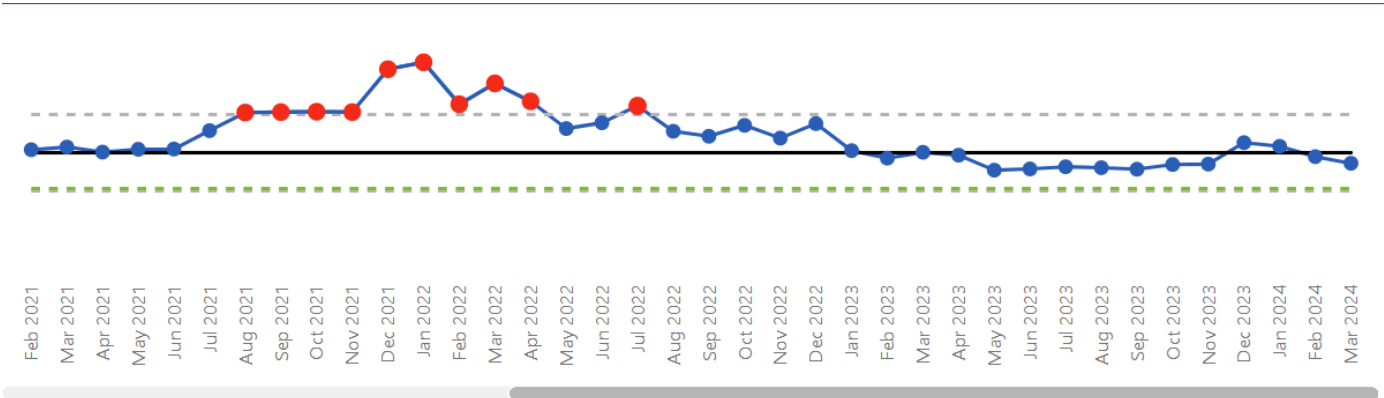
Levels of sickness absence have continued to exceed the Trust’s target of 5%, however when looking at monthly absence totals, a consistent improvement has been demonstrated from the previous year. At year-end, as per our objectives, the Trust reduced sickness absence by 1.7% with reduced lost days of 26,358, when compared to 2022-23.

Throughout 2023-24 HR, trade unions and Trust-wide managers worked in partnership to design the new Supporting Attendance Policy which was ratified in February 2024. The implementation aims to provide a more person-centric framework.

An Absence Reduction Sub-group of the Organisational Efficiency Group was established to oversee progress towards the following aims: Improved policies and procedures, improved access to and use of data, improving workplace accessibility, delivery of training and communication, direct health and wellbeing interventions and continuous organisational learning. Service line sub-groups focusing on specific hotspots relevant to their areas are set up to feed into the Absence Reduction Sub-group.

Significant improvements to the provision of absence data through Power BI support targeted absence reduction interventions. It was previously recognised that improved systems to support case management were required and work on this project continued through 2023-24 with an aim to implement a new solution during 2024-25.

Our absence data



Calendar Days Lost

| | April | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Trust Total (2023-24) | 11,576 | 10,492 | 10,371 | 11,046 | 10,981 | 10,545 | 11,553 | 11,151 | 13,929 | 13,585 | 11,628 | 11,982 |
| Trust 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 |

Sickness Absence Percentage

| | April | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|------------------------------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Trust Total (2023-24) | 6.93% | 6.06% | 6.17% | 6.29% | 6.20% | 6.09% | 6.41% | 6.38% | 7.71% | 7.45% | 6.75% | 6.50% |
| Trust 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% |

The average absence for the year 2023-24 was 6.58%.

Education and Learning

The YAS Academy is the Trust's education and learning team providing a wide range of programmes that include regulated qualifications and apprenticeships, internal programmes, Continuous Professional Development (CPD) and subject-specific training that ranges from conflict resolution to highly specialist clinical skills.

The YAS Academy works collaboratively with stakeholders to develop and provide accessible training and career pathways, which support our demand-based workforce and professional development requirements. All provision is robustly governed both internally and by external bodies such as Ofsted and Awarding Organisations (AOs). Our approach is 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 has continued its commitment to providing quality apprenticeship programmes across a diverse range of clinical and non-clinical roles. Our commitment to investing in our people and meeting the ambitions of the NHS Long Term Workforce Plan (published in 2023) 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.

A full Ofsted Inspection of our 'employer provider' apprenticeships took place in June 2023. In scope was the Level 3 Ambulance Support Worker (ASW) apprenticeship including the four-week blue light driver training, and the Level 4 Associate Ambulance Practitioner (AAP) apprenticeship. Our apprenticeship provision was judged as 'Good' with safeguarding as 'effective'. The inspection themes of 'Behaviour and Attitudes' and 'Personal Development' were deemed Outstanding, with 'Quality of Education' and 'Leadership and Management' judged as Good.



Following the success of the Trust's award-winning Level 3 ASW (Apprenticeship Programme of the Year 2021) and our Level 4 AAP apprenticeship as a finalist in 2023 at the prestigious Learning Awards in the same award category, our apprenticeship provision has won further accolades in 2023-24.

YAS was the highest placed NHS organisation (all sectors) in the Top 100 Apprenticeship Employers 2023 ranked at number 36. Two YAS Academy team members attended a Parliamentary reception at the House of Commons hosted by the Minister of State for Apprenticeships and Higher Education. In 2024 YAS was awarded the Health and Science Apprenticeship Provider of the Year at the national Annual Apprenticeship Conference hosted by the Association of Employers and Apprenticeship Providers.



A review of the Associate Ambulance Practitioner (AAP) programme has been completed including alignment to a revised Awarding Organisation qualification specification, requiring new content and significant development work.

The YAS Academy continues to maximise the benefit of the apprenticeship levy transfer to enable the increasing number of apprenticeships offered in Trust to support the professional development of our staff. Working closely with Health Education England (now NHS England), unused levy funds (£2.7m) from eight partner organisations were secured providing a cost saving to the Trust of over £135,000 (off-setting a 5% co-investment). Our partner organisations include other NHS trusts, local councils, and private companies.

The career pathway to Paramedic continues to see apprentices graduate with BSc (Hons) degrees, with over 50% achieving a First Class Honours. The Level 6 Paramedic Degree Apprenticeship is provided in partnership with the University of Huddersfield and Teesside University. The graduates are inducted as Newly Qualified Paramedics into the Trust and commence a two-year preceptorship programme supported by experienced clinicians in the Trust (Practice Educators).

A new teaching classroom at Burn Hall, York, and additional teaching space in Morley, Leeds, has given the YAS Academy increased delivery capacity and enhanced the available training estate.

YAS hosted a Senior Leader Engagement event with NHS England, Yorkshire and the Humber region in November 2023. The aim of the event was to strengthen working relationships with

senior leaders in the Trust, to develop an understanding around the commitment to the education and training quality. Areas of good practice were shared in the final published report and included:

- Reward and recognition of good and outstanding practice of Practice Educators.
- Robust and clearly articulated educator development pathway including rotational associate educator roles providing a strong pipeline of educators.
- Critical success factors developed for YAS apprenticeship provision and shared in the South Yorkshire region to support wider system work and promoted nationally by NHS Employers.
- Practice Educator course increasing capability and confidence and working with newly appointed Higher Education Institute Placement Leads to increase quality and standardisation of Trust placements.

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 310,000 placement hours were supported, equating to an average of 85 students on placement with YAS every day.

Partnership Working

Community engagement

Community engagement enables us to make contact with people across Yorkshire outside of our emergency response or service delivery role. We engage with our communities to raise awareness of our services, teach important skills, build trust and to learn about how we can improve access to our services.

We recognise that health inequalities have a significant impact on people's likelihood to need our services, their ability to access them and their access to other services and support. While we engage widely with all communities across Yorkshire, we have a particular focus on reaching communities most likely to experience poor health and face barriers to accessing services.

YAS's community engagement is wide ranging. We work with communities across Yorkshire to deliver training on basic life-saving skills; awareness raising of our services; projects that improve people's life skills and employability; public engagement events and engagement to understand the experience different communities have of our services.

When we engage our communities we make a difference to people's lives, we build trust between our organisation and the people we serve, and we gain insight into how we can improve our services.

During 2023-24 we engaged over 12,000 people from across Yorkshire, delivering a wide range of events, activities and projects. 2023 also saw the tenth anniversary of Restart a Heart Day in Yorkshire, this year teaching 32,000 people CPR across 166 separate events on 14 October.

Over the last year we have focused on four priorities for community engagement:

- Delivering targeted interventions to improve people's lives
- Raising awareness of life saving skills
- Engaging with communities to be visible and build relationships
- Improving access to our services for vulnerable populations

Teaching life skills and improving confidence – Achieve programme

During the last year we have expanded our 'Achieve' programme, delivering the seven-week skills course with people in recovery from drug and alcohol addiction; vulnerable women and in partnership with a prison as part of pre-release support for offenders.

Achieve teaches valuable life skills, including first aid; team working and resilience, and aims to give participants skills and confidence to support them in moving forward with their lives. The programme is delivered in partnership with organisations that work with people needing support through challenges such as substance misuse, domestic violence or offending.

This year we have delivered six Achieve courses, supporting 42 people to improve their lives.

Restart a Heart Day 10-year anniversary

This was YAS's tenth year participating in the Resuscitation Council UK's (RCUK) national Restart a Heart campaign, held on 14 October every year.

The day saw 32,000 people receive CPR training across 166 events. Restart a Heart represents a huge effort to introduce secondary schoolchildren to CPR training and our tenth year of the campaign saw 700 volunteers joining events in schools to support training.

“I know you already know, but your campaign makes a huge difference. Not only are students learning a life-saving skill, but they’re learning more about healthcare and seeing positive role models, and us volunteers are getting a chance to remember why we do what we do, particularly when the day job is so tough at the moment.” **Consultant in Paediatric Emergency Medicine**

Supporting Community Trainers to deliver life-saving skills awareness courses in their own communities – Community Partners Programme

In 2022 we launched our Community Partners Programme, supporting staff, volunteers and students in community organisations and colleges to deliver life-saving skills training. This year saw new Community Trainers created across five organisations. Collectively, our Community Trainers delivered 30 training sessions, teaching nearly 300 people basic life-saving skills.

The Community Partners Programme provides people with the equipment and skills they need to deliver life-saving skills training to their own peers, or in their own community. Funded by the YAS Charity, we are currently supporting Community Trainers in the following organisations:

- New Visions Bradford
- Leeds City College
- Hull CVS
- East Riding Voluntary Action Services (ERVAS)
- The SHoRes Centre, Withernsea.

Free First Aid Courses

We have continued to roll out our free first aid courses, teaching first aid awareness to community groups across Yorkshire.

Our rolling programme of free first aid is delivered in partnership with a wide range of community organisations, enabling us to reach a diverse range of communities. This year we have worked with young parents’ groups, charities supporting ethnically diverse communities, primary and secondary schools and Saturday schools for Eastern European children to teach first aid and raise awareness of our services.

YAS staff and volunteers supporting community engagement – Community Engagement Volunteers

Community engagement was supported over the last year by our Community Engagement Volunteers (CEVs). CEVs are members of YAS staff and volunteers who undertake community engagement activities on behalf of the Trust, outside of their paid or voluntary role.

Over 2023-24 CEVs delivered 38 engagement activities and events, reaching over 2,500 people across Yorkshire.

Engagement sessions for people with a learning disability

This year we worked with people who have a learning disability and/or those who are neurodivergent to develop a series of workshops to raise awareness of our services and how to use them.

Between October and December 2023, we piloted the sessions with five organisations that support people with a learning disability and/or those who are neurodivergent. Sessions were delivered with Disability Action Yorkshire (Harrogate); Case Training Services (Hull); Scarborough and District Mencap; Coleman Training Development (Bradford); and Enable (Sheffield). The pilot formed part of the Trust's wider programme of work to improve services for people with a learning disability and/or those who are neurodivergent.

A total of 70 people were engaged across the five sessions. Participants have fed back they are more confident in accessing YAS services should they need to. A full programme of engagement, based on the format co-produced and piloted, is being rolled out in 2024.

Engaging rough sleepers on their experience of YAS services

Over 2023-24 we have been working with Healthwatch Hull on a project to understand the experience of rough sleepers of our services, and the barriers they face in accessing them.

We know that people at risk of rough sleeping have worse health outcomes than the wider population, a high level of need for our services and are more likely to experience barriers in accessing our own and others' services.

Healthwatch Hull has engaged with our staff, with people at risk of or currently rough sleeping and with the agencies that support them to understand issues that the population face in accessing YAS services.

The project, which will produce its final report in April 2024, has enabled the views of nearly 200 people to be gathered with a focus on understanding people's experiences so we can improve our care and services in the future.

The project is funded by the YAS Charity.

Launch of YAS's Volunteer Development Framework

2023-24 saw significant developments for volunteering at YAS. We launched our first Volunteer Development Framework, which sets out our commitment to supporting and enhancing volunteering, recognising the significant benefits volunteering brings to our patients, staff, communities and to volunteers themselves.



The framework aims to establish a planned approach to volunteer development and sets out four ambitions for volunteering across the Trust:

1. A robust infrastructure to enable, sustain and enhance current and future volunteering opportunities
2. An organisational culture that values, encourages, promotes and supports volunteering
3. Volunteer programmes that maximise volunteer contribution and represent the diversity of our communities
4. Build collaborative partnerships with other health and social care providers, voluntary, community and third sector organisations to further enhance our care offer through volunteering.

Towards the end of 2023 the Trust started working towards reaccreditation of the Investing in Volunteers award, which is the UK quality standard for good practice in volunteer management. It

is used to assess the quality of volunteer management and involvement and reviews the effectiveness of the organisation's work with volunteers. The process has enabled YAS to highlight areas of good practice and areas for development. This work will continue into 2024-25 and beyond.



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, strokes and seizures.

We currently have 787 CFRs who belong to 314 CFR teams across Yorkshire and the Humber. In addition, we work with numerous system-wide co-responders in 10 teams across the county, which include fire and rescue services, Coastguard and Mountain Rescue and the Police.

In 2023-24, they responded to 21,138 (compared to 17,451 in 2022-23), including 5,292 Category 1 incidents (compared to 3,214 in 2022-23). They were first on scene at 2,887 of those Category 1 incidents and attended 634 cardiac arrests.

At the beginning of the year Community First Responders (CFRs) came together from across the region to network, share best practice and develop their skills and knowledge with taught CPD sessions to use what they had learnt out in the field. This resulted in Community First Responders providing over 210,000 hours in total.

We successfully rolled out new phones, along with the National Mobilisation Application (NMA) to all the CFR schemes across the region, to enable them to receive incidents and respond to patients. The roll-out enabled us to dispatch CFRs more quickly and accurately due to being able to track their location. We also introduced CORA (Category One Resource Allocation) enabling us to automatically dispatch CFRs to category one patients. This resulted in a 50% increase in 'activations' (CFRs being dispatched) and a 30% increase in the number of cases where the CFR was the first on scene.

We have invested just short of £500,000 replacing all CFR scheme defibrillators with the latest technology that gives CPR feedback both on scene and afterwards. This has increased the quality of both CFR training and debriefing through feeding back the quality of CPR compressions.

We have also continued our work on volunteers attending our fallen patients through the NHS Charities Together funding where we have attended 1,129 category three fallen patients, reducing ambulance conveyance by 49%. By attending these patients, we have been able to reduce the amount of time patients are lying on the floor by 50%. Through this work, we have also trained around 90% of all our CFRs in moving and handling patients, meaning a significant cohort of patients can be cared for by volunteers, assisted by remote clinicians and able to stay at home with appropriate care plans in place. The work of our volunteers attending uninjured patients who have fallen continues and we are committed to increasing and developing this scheme over the next few years.

Community defibrillators and CPR awareness

In 2023-24, in total there were 6,724 defibrillators registered with Yorkshire Ambulance Service on The Circuit (www.thecircuit.uk). 4,811 of those are public access defibrillators (available 24/7) and 1,913 of those are restricted/static sites where the defibrillators are only available when their host location/premises are open. Static defibrillator sites include 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, exceeding last year's record, for activations of cPADs. In 2023-24 we activated a cPAD to a life-threatening emergency 12,186 times (compared to 7,679 in 2022-23).

In 2023-24, around 2,027 members of the public were also provided with free automated external defibrillator (AED) training at over 105 locations across the region.

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

Yorkshire Air Ambulance (YAA)

During 2023-24, Yorkshire Air Ambulance (YAA) responded to a total of 2,199 incidents, of which the aircraft attended 82% of these calls and the rapid response vehicles (RRVs) attended 18%. 1,410 of all calls were trauma-related or attendance at road traffic collisions.

YAA continues to invest in delivering two helicopters, 365 days a year, which in partnership with YAS delivers the Critical Care Team which generally comprises of a consultant-level doctor qualified in Pre-Hospital Emergency Medicine (PHEM) and one Helicopter Emergency Medical Service (HEMS) trained paramedic 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.

Peter Reading
Chief Executive

27 June 2024

Financial Review

Strategic Context

In 2023-24 there has been continued focus on elective recovery, to address the considerable backlogs in care resulting from the COVID-19 crisis. Pressure in other sectors has led to increased demand and increasing acuity of demand in the ambulance sector. Handover delays at hospital emergency departments continue to be a significant driver of increased resource requirements.

Core ICB allocations were finalised following a baseline reset exercise which reversed some of the payment arrangements implemented during the COVID-19 pandemic and realigned funding flows for provider trusts with the appropriate responsible commissioner. The focus on Elective Recovery continued and the unique pressures faced by the ambulance sector were specifically recognised in national allocations, with ambulance trusts receiving Urgent and Emergency Care (UEC) capacity funding to improve performance in Category 2 mean response times to under 30 minutes.

Specifically, 2023-24 funding arrangements reflected:

- £13.4m non-recurrent UEC capacity funding.
- £16m recurrent commissioner funding to replace non-recurrent ambulance capacity support/IUC service development funding provided in the prior year
- This covered additional investment in the Hazardous Area Response Team (HART) to ensure compliance with national interoperability standards.
- Removal of the Low-Volume Activity allowance from ICB allocations and the reintroduction of invoicing arrangements for non-contractual activity.

Commissioners again opted to maintain the block payment arrangements, with the Trust receiving 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.

Ambulance service performance remained challenging throughout 2023-24; with response times impacted by delays in hospital handovers and increases in the acuity of ambulance demand. Revenue funding for investment in frontline staffing has not been supported with additional capital funding and vehicle availability became a limiting factor to the deployment of additional crews. Trust Board approved an uplift to the fleet of 80 additional vehicles, achievable in the short-term by retaining vehicles that would have been due for replacement. Additional capital investment for the associated increase in medical devices and ICT kit was covered from movements in other planned capital expenditure.

Recruiting and retaining sufficient staff to deliver our services remains a key challenge for the organisation, not only across operational areas but also our support services e.g. fleet mechanics, where A4C salaries are not competitive with the private sector. Significant underspends across pay budgets were generated as a result of recruitment and retention issues.

At month 7, NHS England announced new funding alongside a reprioritisation of national budgets. At this time the Trust was able to reset its budgets and, in doing so, financially support its system partners in meeting the challenges caused in part by ongoing industrial action in the acute sector.

The Trust Board approved the IUC 'Case for Change', which set out a new approach to delivering the NHS 111 service, including new rota patterns, uniform and team based working alongside a Leadership Development Programme and improved career pathways. The positive benefits were emerging by the end of the financial year.

The number of PTS journeys delivered in 2023-24 increased from 2022-23 levels but was lower than planned (due to industrial action in the acute sector). The Trust had a planned cohorting ratio of 1.3 patients per vehicle (compared to 1.4 pre-pandemic). The actual cohorting ratio stabilised at 1.28 during the latter half of the year; linked to a sharp rise in respiratory infections over the winter period, resulting in an increased number of patients being deemed as 'must travel alone'. The service saw an increase in the acuity of patients, and also felt the impact of significant non-pay inflation.

The detailed Trust position for 2023-24 is set out below.

2023-24 Financial Regime

The Trust set a break-even financial plan and budgets were set within the parameters of this plan. The replacement of non-recurrent funding with recurrent income streams enabled the Trust to reduce the underlying deficit down to £4.3m

Plans were initially based on an assumed 2% inflationary uplift. The pay award was subsequently confirmed at 5% and backdated pay award was transacted in June 2023. Additional commissioner funding was provided via a contract variation of 1.6% plus a further 0.6% (total 2.2%) for the ambulance sector; in recognition of the higher proportion of pay costs to total expenditure, that is typical of ambulance trusts.

Income and Expenditure

The Trust delivered a £51k surplus in 2023-24 against a breakeven plan.

| | 2023/2024 | |
|---|-----------|--------------|
| | PLAN | ACTUAL |
| | £000s | £000s |
| Operating Income & Expenditure | | |
| Income | (388,843) | (405,520) |
| Pay | 294,372 | 306,084 |
| Non Pay | 95,191 | 99,963 |
| Finance Costs | | |
| Finance Income | (2,918) | (3,860) |
| Finance Costs | 102 | 605 |
| PDC Dividend | 2,096 | 2,485 |
| Other (gains)/losses | - | (14) |
| (Surplus)/Deficit | 0 | (257) |
| Remove capital grants I&E impact | - | 32 |
| Add back all I&E impairments / (reversals) | - | 341 |
| Remove net impact of consumables centrally provided | - | (167) |
| Reported (Surplus)/Deficit | 0 | (51) |

Income

The Trust received total operating income of £405.5m; of which, £374.5m is contract income from NHS commissioners for the provision of 999/PTS and IUC services. The Trust also recognises £12.5m of notional funding from NHSE to cover the increased staff pension contributions.

YAS receives additional Patient Care funding from the Embrace contract for neonatal services, from Primary Care Networks for rotational paramedics and from the National Ambulance Resilience Unit (NARU).

Non-patient care income (£10.3m) includes Education and Training, Research and Development, digital funding and the apprenticeship levy.

Finance income is from interest receivable on the Trust's bank account; this was higher than anticipated as interest rates remained high and average cash balances were higher than plan due to underspends on pay budgets and delays to capital expenditure.

| Service | 2023/24 | | 2022/23 |
|--------------------------------|---------------|-------------|---------------|
| | £m | % | £m |
| Patient Care Income | £382.7 | 94% | £360.5 |
| Non-Patient Care Income | £10.3 | 3% | £10.4 |
| Centrally funded pension costs | £12.5 | 3% | £11.3 |
| Other* | £3.9 | 1% | £2.2 |
| Total Income | £409.4 | 100% | £384.4 |

*Finance income and gain on disposal

Expenditure

Operating expenditure in 2023-24 was £406m. The breakdown of total expenditure can be seen in the table below:

| Operating Expenditure | 2023/24 | | 2022/23 |
|--------------------------------|---------------|-------------|---------------|
| | £m | % | £m |
| Pay Costs | £306.1 | 75% | £287.8 |
| Non Pay Costs | £84.9 | 21% | £77.9 |
| Depreciation (Incl Impairment) | £15.1 | 4% | £15.6 |
| Centrally Provided PPE | | - | £0.6 |
| Total Expenditure | £406.0 | 100% | £381.9 |

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

- i) Investment in A&E frontline and EOC services to respond to the challenge to improve Category 2 mean response times, although recruitment plans were not fully realised
- ii) 5% pay award
- iii) Pressures on holiday pay and end-of-shift overtime as a result of operational demand, and the use of incentive payments
- iv) Successful job re-banding and associated back-pay for Clinical Supervisors' roles.

Overall, non-pay expenditure was broadly aligned with the previous year with the following exceptions:

- i) Significant additional expenditure on Supplies and Services - Clinical, associated with the additional investment in fleet and the contractual services with other trusts and third parties for call-handling/clinical support in EOC and IUC.
- ii) Lower expenditure in the previous financial year due to prior-year benefits on unutilised provisions and change in discount factor rates, that have not been replicated in 2023-24.

Quality and Efficiency Savings

The Trust had an efficiency target of £15.7m during 2023-24. Actions taken to reduce sickness absence in the Trust were successful, and interest receivable exceeded the planned target. Hear and Treat rates increased steadily over the year but fell short of the planned average annual target. Overall, shortfalls in the efficiency programme were offset by pay underspends.

The focus on efficiencies and productivity gains intensifies as we move into 2024-25 and the Trust continues to evaluate and develop initiatives to improve efficiency and reduce waste through its Organisational Efficiency Group.

Capital Expenditure

The Trust received operational capital funds (for purchased assets) of just over £16.6m in 2023-24.

Funds for leased assets were not confirmed until mid-way through the financial year which led to uncertainty. The Trust were given a notional allocation of £14.5m although allocations were held at system level.

Funds were ring-fenced separately for purchased and leased assets which decreased potential flexibilities for managing overall capital expenditure.

Capital expenditure for 2023-24 is summarised in the table below.

| Capital Expenditure Analysis 2023-24 | | Plan | Actual |
|--------------------------------------|--|--------|--------|
| | | £'000s | |
| PURCHASED ASSETS | | | |
| Estates | | 6,242 | 4,559 |
| Fleet | | 7,749 | 8,749 |
| ICT | | 1,597 | 3,286 |
| Medical Devices | | 1,836 | 84 |
| TOTAL Excluding Disposals | | 17,424 | 16,678 |
| Overplan allowance | | (795) | - |
| Less: Disposals NBV | | | (133) |
| TOTAL PURCHASED ASSETS | | 16,629 | 16,545 |
| LEASED ASSETS | | | |
| Estates | | 1,414 | 1,342 |
| Fleet | | 7,388 | 4,184 |
| ICT | | - | - |
| Medical Devices | | 5,660 | 5,885 |
| TOTAL LEASED ASSETS | | 14,462 | 11,411 |
| TOTAL CAPITAL EXPENDITURE | | 31,091 | 27,956 |

Two issues created significant challenges for managing the capital plan:

- i) The pause of the new build Scarborough Ambulance Station. Escalating costs meant that the project was no longer affordable within the Trust's capital allocation.
- ii) Delays in delivery of vehicles, including emergency ambulances, PTS, HART and Mental Health vehicles.

Actions were implemented to mitigate underspends (and minimise the potential cost pressure to the 2024-25 capital plan) which included

- i) Accelerating a number of programmes from the 2024-25 capital plan e.g. replacement of medical devices, ICT hardware/infrastructure and several estates refurbishments.
- ii) Switching between lease and purchase plans so that vehicle chassis could be purchased and work-in-progress accounted for.

Completed capital projects within the year include:

- Major refurbishment of Goole Ambulance Station
- Delivery of 61 new emergency ambulances; enabling the Trust to increase the fleet to support growth in A&E frontline
- Installation of 96 new electric vehicle (EV) charging points, in readiness for the transition to electric fleet for PTS, the delivery of 9 new electric Mental Health Response Vehicles and our first battery-electric emergency ambulances, due early in 2024-25.

Final outturn was expenditure against the Purchased Asset allocation of £16.55m (small underspend of £84k) and expenditure against the Leased Asset allocation of £11.4m (£3m underspend).

The Trust's Risk Profile

The Trust's risk profile is shaped by internal and external factors affecting the organisation and its wider operating environment. These factors include demand and capacity, response and patient flow, workforce capacity, well-being and culture, and financial constraints affecting revenue budgets and investment capital. Strategic risks to the achievement of the organisation's objectives for 2023-24 were as follows:

- Ability to deliver high quality care in 999/A&E operations.
- Ability to deliver high quality care in Integrated and Urgent Care/NHS111 services.
- Ability to deliver high quality care in the Patient Transport Service.
- 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.
- 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.
- 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.

These risks were managed via the Board Assurance Framework and associated processes. Mitigation actions were developed and implemented for each strategic risk. In most instances those mitigation actions were also linked to business plan delivery actions, supporting a joined-up model of business plan delivery and risk mitigation. Progress in implementing the actions is set out in the Board Assurance Framework and was assessed following review by Executive Directors and other senior leaders, triangulated with other sources of assurance, and reported to the Trust Board and its assurance committees. Quarterly iterations of the Board Assurance Framework were supported by reports on current and forecast risk exposures and analysis of deviations from expected levels of risk.

Risk exposures increased during the year relating to the Trust's ability to deliver high quality care in 999/A&E operations. Despite some improvement on Hear and Treat rates and overall handover delays the Trust did not achieve the average Category 2 response time target of 30 minutes for 2023-24. Handover delays overall reduced compared to the previous year but remained critical and persistent at some hospital sites, with a significant impact on resource availability and patient safety. New mitigations were developed with system partners, including 45-minute handover protocols at targeted sites. In addition, the Trust implemented an alternative response plan to improve the management of the Category 2 calls, and NHS England asked the Trust to consider multiple additional mitigations as part of an 'in extremis' plan to improve response times.

A further significant area of risk during the year related to staffing levels. While the overall position is complex and mixed, there were significant shortfalls in some areas of recruitment and notable retention issues affected health advisers in 111/IUC. Although recruitment and onboarding rates improved, full-year staffing targets in key areas were not all met. These staffing issues presented operational and patient safety risks.

Failure to achieve planned staffing levels on the scale experienced during 2023-24 presented financial and reputational risk to the Trust in the form of a significant unplanned budget surplus. An NHSE exercise in Month 7 relating to financial challenges resulting from industrial action required trusts to set revised financial plans and performance trajectories. As part of this exercise the Trust agreed a £14m reduction to income for 2023-24 to offset pay underspends generated by recruitment and retention issues.

Significant risk exposures relating to capital availability to support investment in infrastructure affected multiple areas of the Trust's operations. Capital availability is a system-wide concern, and risk relating to capital have potentially significant implications for the Trust's ambitions for estates, fleet, technology, and net zero. For example, during 2023/4 capital constraints required the Trust to review and revise its investment plans relating to the Scarborough estate to prioritise the purchase of new ambulances.

Corporate and operational risks

Below the level of strategic risk, during 2023-24 the most significant corporate or operational risks managed by the Trust, including new and emerging risks, included the following:

- The impact of hospital handover delays on ambulance capacity and patient safety. Mitigations for this risk included new operational protocols implemented in partnership with acute trusts and alternative models of managing priority calls.
- The impact of the Right Care Right Person operational policing model. Mitigations for this risk included the development of a new response framework and more collaborative working with police forces.
- Recruitment and retention, including staffing levels in call-handling operations and executive team stability. Mitigation actions for this risk included a range of recruitment and retention initiatives, and completion of the New Operating Programme which put in place a new senior leadership structure.
- Training provision including C1 driver training, HART training, operational response training, and health and safety training for senior leaders. Mitigations for this risk included targeted initiatives to deliver the required training.
- Adherence to controlled drugs policy and procedures. Mitigation of this risk included a range of actions to strengthen controls and compliance regarding medicines management.
- Major incident planning, capability, exercising and capacity. Mitigation of this risk included work to strengthen the Trust's EPPR capability and to develop an approach to the recommendations arising from the Manchester Arena Inquiry.
- Technology risk, including ISDN line provision, telephony and radio system issues, system vulnerability, and clinical data record management. Mitigation of this risk included multiple responsive actions, ongoing development projects, and implementation of cyber security and information governance work relating to the Data Security and Protection Toolkit regulatory standards.
- Capacity and capability to manage safeguarding allegations, incident investigations, complaints, and other governance and assurance processes. Mitigation of this risk included increasing staffing capacity in key functions and re-engineering internal processes.

Future risk outlook

The Trust's risk outlook for 2024-25 and beyond is informed by review of corporate risks and the Board Assurance Framework combined with analysis of ongoing developments and changes affecting the organisation and the wider health and care operating context.

The urgent and emergency care system is expected to continue to experience stress during 2024-25, characterised by demand and capacity pressures, response and patient flow issues, workforce capacity, well-being and culture issues, and financial constraints affecting operational budgets, efficiency requirements, and capital investment in vehicles, buildings, technology, and environmental sustainability.

In this context, the main areas of risk to the Trust for 2024-25 are as follows:

1. Our Patients

- Ability to deliver better, faster and more appropriate access to care.
- Ability to support patient flow across the healthcare system.
- Ability to strengthen quality governance and medicines management.
- Ability to develop and maintain effective emergency preparedness, resilience and response arrangements.

2. Our People

- Ability to develop and sustain an open and positive workplace culture.
- Ability to support staff health and well-being effectively.
- Ability to deliver and sustain improvements in recruitment and retention.
- Ability to deliver and sustain improvements in leadership and staff development.

3. Our Partners

- Ability to act as a collaborative, integral, and influential system partner.
- Ability to collaborate effectively to improve population health and reduce health inequalities.

4. Our Planet and Pounds

- Ability to secure sufficient levels of revenue resource and use this well.
- Ability to secure sufficient levels of capital resource and use this well.
- Ability to deliver safe and effective digital technology and cyber security developments.
- Ability to respond responsibly and effectively to climate change.

The Trust's main approaches to mitigating these risks are set out in its five-year strategy for 2024-29 and its business plan for 2024/15. These include:

- Actions to reduce risk relating to demand, patient flow and response times, particularly Category 2 ambulance response. This includes strengthening staffing and vehicle availability and deployment, streamlining triage and care navigation processes to ensure patients get the most appropriate care at the earliest point in their journey, working with hospitals to reduce handover times, working with local partners on clinical pathways, and delivering more care remotely, in people's own homes and closer to home.

- Actions to reduce risk relating to quality and safety. This includes strengthening medicines management, embedding the Patient Safety Incident Response Framework (PSIRF), implementing Clinical Supervision, and embedding Quality Improvement.
- Actions to reduce risk relating to workforce capacity, well-being and culture. This includes improvements in recruitment, retention, training, staff support and sickness management, improving the health, wellbeing and safety of staff, and improving the culture of the organisation with a particular focus on leadership development, improving equality, diversity and inclusion, and creating a more open culture.
- Actions to reduce financial risk, both revenue and capital. This includes the development of balanced break-even financial plans supported by drive to make more effective use of resources through a structured productivity and cost improvement programme.
- Actions to reduce risk relating to fleet availability. This includes investing further in ambulance and fleet management support services, increasing the numbers of ambulances on the road and reducing the average age of vehicles, and reducing the environmental impact of vehicles through telematics systems.

The Annual Governance Statement provides further information on the Trust's risk profile and its approach to risk management and risk assurance as part of a wider system of governance, risk management and internal control.

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.

Activities during 2023-24

In March 2023, the YAS Charity appointed a new Head of Charity, with ambitions to grow and develop fundraising and support more initiatives. Over 2023-24 the Charity has made significant strides to securing its future and to providing a solid foundation on which to build.

Highlights include:

- An updated governance, risk and policy framework.
- A three-year strategy for 2024-27 which links to the new Yorkshire Ambulance Service strategy.
- Investment in fundraising activities and platforms to support income growth which has resulted in a 32% increase in unrestricted income from 2022-23.
- Increased engagement with colleagues, volunteers and the public through regular communication on social media platforms, including a new YAS Charity LinkedIn page.
- Continued development of relationships across YAS and with external partners.

The Charity continued to make a positive impact across its three key areas:

Engaging communities

- The YAS Charity funded an engagement project to better understand the experience of rough sleepers in Hull when they access ambulance services. The main aim was to gain a clear picture of the needs of this population, to identify any barriers that the community may have in accessing our urgent and emergency services and any gaps where needs are not being

met. The project was delivered in partnership with the YAS Community Engagement Team and Healthwatch Hull, and provided valuable information and insight which we can then turn into real improvements. The initiative delivered some immediate positive outcomes, and the Charity is looking at how it can support the next steps for this work.

- The Charity has funded a new self-soothe pack for attendees of the ACHIEVE programme in partnership with New Vision Bradford. This has helped people facing multiple/complex barriers who are struggling to gain access to employment.

Supporting colleagues and volunteers

- The Charity continued to offer hardship support in the form of food vouchers to colleagues and volunteers in need.
- Thanks to an external grant, the Charity has funded an additional role within the Trust's Health and Wellbeing Team which focuses on the delivery of wellbeing initiatives to colleagues and volunteers, including the introduction of Therapy Dog sessions.
- The Charity supported six families with a grant following the death of a colleague in service.

Saving lives

- The Charity funded equipment and materials to support the delivery of free first aid sessions, Basic Life Support and Automated External Defibrillator (AED) training to groups and communities across the region.
- The Charity gave grants to support the installation of 18 community Public Access Defibrillators (cPADs) across the region and secured a partnership to provide up to 40 cPADs across the Bradford area over the next two years.
- The Charity supported the 10th annual Restart a Heart Day campaign which saw more than 32,000 students learn CPR at 166 secondary schools in October 2023.

The YAS Charity continues to be grateful to all its supporters who have donated and fundraised over the last year.

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](https://www.facebook.com/YASCF) (www.facebook.com/YASCF) or [Twitter/X](https://www.X.com/YAS_Charity) (www.X.com/YAS_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 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) - https://www.yas.nhs.uk/media/3402/tb20063i-greenplan_yas_2020-2025.pdf

YAS Sustainability Report 2023-24

Our estate, fleet and staff face increased pressures and challenges through the climatic issues. 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 2023-24, we:

- planted 750 trees across the estate.
- established a Memorial Forest at our York Administration and Emergency Operations Centre.
- installed over 50 electric vehicle charging points across the estate.
- decommissioned two oil-powered heating systems, replacing the heating with solar and thermodynamic heating. We now have nine sites that have solar generation systems installed on their roofs.
- established an organisational working group (Sustainable Action Working group) to reduce the emissions across the Trust with representatives from every department.
- increased our fleet of zero emission vehicles and approval was provided to the Patient Transport Service for the provision of several zero emission vehicles in the next few years.
- 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 Dave Green, Executive Director of Quality and Chief Paramedic. 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, Deputy Medical Director. The Caldicott Guardian is a senior person responsible for the protection of the confidentiality of patient and service-user information and has oversight of arrangements for proportionate and justifiable information-sharing.

The Trust's Data Protection Officer is Helen Jones, Head of Risk and Assurance. 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 2022-23 DSPT assessment was submitted by the deadline of June 2023, achieving Standards Met status for the first time in three years. 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 2022-23 audit review, the overall risk assessment across all 10 Standards was rated as substantial, 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 2023-24.

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 2023-24 was via 360 Assurance, Oak House, Moorhead Way, Bramley, Rotherham, South Yorkshire S66 1YY, www.360assurance.co.uk

Directors' Report

The Board of Directors 2023-24

Chair

Martin Havenhand (from 1 April 2023)

Chief Executive

Peter Reading (interim role from 1 June 2023 and substantive from 1 January 2024)
(Rod Barnes up to 31 May 2023)

Chief Operating Officer

Nick Smith (interim from 1 June 2023, substantive from December 2023; previous role of Executive Director of Operations from 12 November 2018 – 31 May 2023)

Executive Director of Finance

Kathryn Vause

Executive Director of Quality and Chief Paramedic (role introduced in November 2023)

Dave Green

(previously Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive)

Clare Ashby (Interim from 1 July 2021 until 31 October 2023)

Executive Medical Director

Dr Julian Mark (Returned from secondment on 1 October 2023)

Dr Steven Dykes (Acting from 13 October 2021 until 30 September 2023)

Director of People and Organisational Development

Amanda Wilcock

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

Karen Owens (Interim from 23 April 2019 until 31 May 2023)

Chief Information Officer

Simon Marsh (retired on 31 March 2024)

Non-Executive Directors

Tim Gilpin (Deputy Chair)

Anne Cooper

Jeremy Pease

Andrew Chang

Amanda Moat

Zafir Ali (Associate Non-Executive Director) (until 30 January 2024)

The Chairman and each of the above named Non-Executive Directors are considered by the Trust to be independent in accordance with the criteria set out in the NHS Code of Governance.

Each of the Board members named above completed a skills audit during 2023-24. On the basis of this audit the Trust is satisfied that Board members possess an appropriate set of skills, knowledge and experience, individually and collectively. Information about the skills and experience of Board members is available on the Trust's website.

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.

Assurance Committee Membership 2023-24

| Committee | Membership |
|--|---|
| Quality Committee | Three Non-Executive Directors Executive Director of Quality and Chief Paramedic Executive Medical Director |
| People Committee | Three Non-Executive Directors Director of People and Organisational Development Chief Operating Officer |
| Audit and Risk Committee | Three Non-Executive Directors |
| Finance and Performance Committee | Three Non-Executive Directors Executive Director of Finance Chief Operating Officer |
| Charitable Funds Committee | Two Non-Executive Directors Executive Director of Finance Executive Medical Director |
| Remuneration and Nominations Committee | Trust Chair All other Non-Executive Directors Chief Executive (when appointing or appraising Executive Directors) |

Attendance at Meetings of the Board and Assurance Committees

The attendance record for meetings of the Trust Board and the main assurance committees held during 2023-24 is as follows.

**PUBLIC TRUST BOARD / ANNUAL GENERAL MEETING (AGM) ATTENDANCE
2023-24**

| PUBLIC BOARD MEMBERS | 27 April 2023 | 27 July 2023 | 28 September 2023 (AGM) | 26 October 2023 | 2 February 2024 |
|-----------------------------|----------------------|---------------------|--------------------------------|------------------------|------------------------|
| Martin Havenhand | ✓ | ✓ | ✓ | ✓ | ✓ |
| Tim Gilpin | ✓ | ✓ | ✓ | ✓ | ✓ |
| Anne Cooper | ✓ | ✓ | ✓ | ✓ | ✓ |
| Andrew Chang | ✓ | ✓ | ✓ | ✓ | ✓ |
| Amanda Moat | ✓ | ✓ | ✓ | ✓ | ✓ |
| Jeremy Pease | ✓ | ✓ | ✓ | ✓ | ✓ |
| Rod Barnes | ✓ | | | | |
| Peter Reading | | ✓ | ✓ | ✓ | ✓ |
| Kathryn Vause | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nick Smith | ✓ | ✓ | | | ✓ |
| Julian Mark/Steven Dykes | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dave Green/Clare Ashby | ✓ | ✓ | ✓ | ✓ | ✓ |

| PUBLIC BOARD ATTENDEES | 27 April 2023 | 27 July 2023 | 28 September 2023 (AGM) | 26 October 2023 | 2 February 2024 |
|-------------------------------|----------------------|---------------------|--------------------------------|------------------------|------------------------|
| Zafir Ali | ✓ | ✓ | ✓ | ✓ | |
| Mandy Wilcock | | | ✓ | ✓ | ✓ |
| Jeevan Gill | ✓ | ✓ | ✓ | ✓ | ✓ |
| Rachel Gillott | | ✓ | ✓ | ✓ | ✓ |
| Adam Layland | ✓ | ✓ | ✓ | ✓ | ✓ |
| Simon Marsh | ✓ | ✓ | ✓ | ✓ | ✓ |
| Carol Weir | | | | | ✓ |
| Lynn Hughes | ✓ | ✓ | ✓ | | |
| David O'Brien | | | ✓ | ✓ | ✓ |
| Helen Edwards | ✓ | ✓ | ✓ | ✓ | ✓ |

**QUALITY COMMITTEE ATTENDANCE
2023-24**

| Committee Members | 11 May 2023 | 8 June 2023 | 6 July 2023 | 7 September 2023 | 5 October 2023 | 9 November 2023 | 21 December 2023 | 8 February 2024 |
|--------------------------|-------------|-------------|-------------|------------------|----------------|-----------------|------------------|-----------------|
| Anne Cooper | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Jeremy Pease | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ |
| Clare Ashby | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Steven Dykes | ✓ | ✓ | ✓ | | | | | |
| Julian Mark | | | | | ✓ | ✓ | ✓ | ✓ |
| Dave Green | | | ✓ | | | ✓ | ✓ | ✓ |

| Committee Attendees | 11 May 2023 | 8 June 2023 | 6 July 2023 | 7 September 2023 | 5 October 2023 | 9 November 2023 | 21 December 2023 | 8 February 2024 |
|----------------------------|-------------|-------------|-------------|------------------|----------------|-----------------|------------------|-----------------|
| Zafir Ali | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Andrew Chang | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Adam Layland | ✓ | | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Lynn Hughes | ✓ | ✓ | | | | | | |
| David O'Brien | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |

**PEOPLE COMMITTEE ATTENDANCE
2023-24**

| Committee Members | 4 May 2023 | 29 June 2023 | 25 July 2023 | 26 September 2023 | 28 November 2023 | 16 January 2024 | 28 March 2024 |
|--------------------------|------------|--------------|--------------|-------------------|------------------|-----------------|---------------|
| Tim Gilpin | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Amanda Moat | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Andrew Chang | | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Mandy Wilcock | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nick Smith | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| Committee Attendees | 4 May 2023 | 29 June 2023 | 25 July 2023 | 26 September 2023 | 28 November 2023 | 16 January 2024 | 28 March 2024 |
|----------------------------|------------|--------------|--------------|-------------------|------------------|-----------------|---------------|
| Zafir Ali | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Rachel Gillott | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dawn Adams | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Suzanne Hartshorne | | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Lynn Hughes | ✓ | ✓ | ✓ | | | | |
| David O'Brien | | | ✓ | ✓ | ✓ | ✓ | |

FINANCE AND PERFORMANCE COMMITTEE - ATTENDANCE 2023-24

| Committee Members | 25 April 2023 | 11 May 2023 | 8 June 2023 | 6 July 2023 | 7 September 2023 | 5 October 2023 | 9 November 2023 | 21 December 2023 | 8 February 2024 | 7 March 2024 |
|-------------------|---------------|-------------|-------------|-------------|------------------|----------------|-----------------|------------------|-----------------|--------------|
| Jeremy Pease | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Amanda Moat | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Tim Gilpin | | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Kathryn Vause | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Nick Smith | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| Committee Attendees | 25 April 2023 | 11 May 2023 | 8 June 2023 | 6 July 2023 | 7 September 2023 | 5 October 2023 | 9 November 2023 | 21 December 2023 | 8 February 2024 | 7 March 2024 |
|---------------------|---------------|-------------|-------------|-------------|------------------|----------------|-----------------|------------------|-----------------|--------------|
| Simon Marsh | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Jeevan Gill | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Louise Engledow | | | | ✓ | | ✓ | ✓ | | ✓ | |
| Lynn Hughes | ✓ | | | ✓ | ✓ | ✓ | | | | |
| David O'Brien | | | | ✓ | | ✓ | ✓ | | ✓ | ✓ |
| Clare Ashby | | | | | ✓ | ✓ | ✓ | | | |
| Carol Weir | | | | | | | | ✓ | ✓ | ✓ |

AUDIT AND RISK COMMITTEE ATTENDANCE 2023-24

| Committee Members | 18 April 2023 | 29 June 2023 | 25 July 2023 | 22 September 2023* | 16 November 2023 | 28 November 2023* | 18 January 2024 |
|-------------------|---------------|--------------|--------------|--------------------|------------------|-------------------|-----------------|
| Andrew Chang | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Anne Cooper | ✓ | ✓ | ✓ | ✓ | | | ✓ |
| Amanda Moat | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

| Committee Attendees | 18 April 2023 | 29 June 2023 | 25 July 2023 | 22 September 2023* | 16 November 2023 | 28 November 2023* | 18 January 2024 |
|---------------------|---------------|--------------|--------------|--------------------|------------------|-------------------|-----------------|
| Kathryn Vause | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Clare Ashby | ✓ | ✓ | ✓ | | | | |
| Dave Green | | | | | ✓ | | ✓ |
| Lynn Hughes | ✓ | ✓ | ✓ | ✓ | | | |
| David O'Brien | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Internal Audit | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| External Audit | ✓ | | ✓ | ✓ | | | ✓ |

*Extraordinary Meeting

YAS Board Members and Non-voting Directors (and Board Attendees)

Declaration of Interests for the Financial Year 2023-24

| Name/Dates | Paid / Unpaid Employment (specify) | Directorships of Commercial Companies | Shareholdings | Elected Office | Trusteeships or participation in the management of charities and other voluntary bodies | Public Appointments (paid or unpaid) | Membership of professional bodies/trade association or bodies |
|--|---------------------------------------|---------------------------------------|---------------|----------------|--|--|---|
| Martin Havenhand Chair (from: 1 April 2023) | None | None | None | None | None | None | None |
| Tim Gilpin Non-Executive Director, Deputy Chair and Chair of the People Committee (from: 1 August 2018) Acting Chair (from: 1 December 2022 – 31 March 2023) Associate NED (from: 31 January 2017 – 31 July 2018) | None | None. | None | None | None | None | Member, Chartered Institute of Personnel and Development |
| Andrew Chang Non-Executive Director and Chair of the Audit Committee (from: 22 October 2020) | None | None | None | None | Governor: Luminate Education Group (from: December 2023) Governor: York St John University (from: 1 August 2022) Trustee of Wilf Ward Family Trust (from: 6 March 2023) | 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, Chartered Institute of Management Accountants |

| Name/Dates | Paid / Unpaid Employment (specify) | Directorships of Commercial Companies | Shareholdings | Elected Office | Trusteeships or participation in the management of charities and other voluntary bodies | Public Appointments (paid or unpaid) | Membership of professional bodies/trade association or bodies |
|---|--|---|---------------|----------------|--|--------------------------------------|---|
| Anne Cooper Non-Executive Director, Senior Independent Director and Chair of the Quality Committee (from: 18 January 2019) | Non-Salaried Director Ethical Healthcare Consulting CIC, 15 Queen Square, Leeds LS2 8AJ (paid for any delivery work) (from: Aug 2021) Self-Employed, Anne Cooper (providing consultancy including the delivery of leadership development) (from: June 2018) | Director Ethical Healthcare Consulting Ltd (Health IT consultancy) | None | None | None | None | None |
| Amanda Moat Non-Executive Director and Chair of the Finance and Performance Committee (from: 5 June 2021) | None | Director, KinSpirits Ltd (from: 2019) Director, Candam Ltd (from 2017) Non-executive Director, Bolton at Home Group (from: 2018 – Mar 2024) Non-executive Director, Arcon Housing Association (to: Mar 2024) | None | None | Honorary Auditor, Lancashire and North West Region, British Beekeepers Association (from: 2022) | None | Institute of Risk Management Fellow and full member of the Chartered Institute of Public Finance and Accountancy |

| Name/Dates | Paid / Unpaid Employment (specify) | Directorships of Commercial Companies | Shareholdings | Elected Office | Trusteeships or participation in the management of charities and other voluntary bodies | Public Appointments (paid or unpaid) | Membership of professional bodies/trade association or bodies |
|---|---|---|---------------|----------------|---|--------------------------------------|---|
| | | Spouse: 1.Non-executive Director, Candam Ltd 2.Director, KinSpirits Ltd 3.Non-executive Director, Covea Insurance UK (from Jan 2021) | | | | | |
| Jeremy Pease Non-Executive Director and Chair of the Charitable Funds Committee (from: 14 February 2019) | Green Oak Associates Ltd Paid Employment (providing consultancy – including for the NHS) Driver (unpaid) Denby Dale Centre, registered charity | Director Green Oak Associates Ltd | None | None | None | None | Fellow, Chartered Institute of Personnel and Development |

| Name/Dates | Paid / Unpaid Employment (specify) | Directorships of Commercial Companies | Shareholdings | Elected Office | Trusteeships or participation in the management of charities and other voluntary bodies | Public Appointments (paid or unpaid) | Membership of professional bodies/trade association or bodies |
|---|--|---------------------------------------|---------------|----------------|---|--------------------------------------|---|
| Peter Reading Chief Executive (from: 1 January 2024) Interim Chief Executive (from: 1 June - 31 December 2023) | Company Secretary, Catherine Reading Limited (unpaid) (from: 2002) Director, Catherine Reading Limited (from: 2002) | None | None | None | Co-Chair, Disabled NHS Directors Network | None | None |
| Kathryn Vause Executive Director of Finance (from: 1 August 2020) Joined the Trust in June 2017 | None | None | None | None | None | None | Member of Chartered Institute of Public Finance and Accountancy |
| Nick Smith Chief Operating Officer (from: 1 June 2023) Executive Director of Operations (from: 12 November 2018 – 31 May 2023) | None | None | None | None | None | None | None |

| Name/Dates | Paid / Unpaid Employment (specify) | Directorships of Commercial Companies | Shareholdings | Elected Office | Trusteeships or participation in the management of charities and other voluntary bodies | Public Appointments (paid or unpaid) | Membership of professional bodies/trade association or bodies |
|---|---|---------------------------------------|---------------|----------------|---|--------------------------------------|--|
| Dr Julian Mark Executive Medical Director (on secondment from June 2022 – 30 September 2023) Joined the Trust in Oct 2013 | None | None | None | None | None | None | General Medical Council Medical Protection Society Faculty of Medical Leadership and Management British Medical Association |
| David Green Executive Director of Quality / Chief Paramedic (from November 2023) Joined the Trust in 2010 | Honorary Visiting Lecturer in Paramedic Science, University of Bradford (from: May 2023) | None | None | None | None | None | Health and Care Professions Council Registered Paramedic Member of College of Paramedics |

| Name/Dates | Paid / Unpaid Employment (specify) | Directorships of Commercial Companies | Shareholdings | Elected Office | Trusteeships or participation in the management of charities and other voluntary bodies | Public Appointments (paid or unpaid) | Membership of professional bodies/trade association or bodies |
|---|---|---------------------------------------|---------------|----------------|---|--------------------------------------|---|
| ASSOCIATE NON-EXECUTIVE DIRECTORS (Non-Voting) | | | | | | | |
| NON-VOTING DIRECTORS | | | | | | | |
| Amanda Wilcock Director of People and Organisational Development (from: 1 June 2021) Joined the Trust in April 2019 | None | None | None | None | None | None | Fellow, Chartered Institute of Personnel and Development |
| Jeevan Gill Director of Partnerships and Operations (Humber and North Yorkshire) (from: November 2022) | Partner, Limited Optimas Properties Limited (unpaid) (from: 2020) Spouse – Director, Limited Property Company (from: 2016) | None | None | None | Governor (Volunteer), West End Primary School, Leeds (from: July 2023) | None | None |
| Rachel Gillott Director of Partnerships and Operations (West Yorkshire) (from: November 2022) | Chairperson (unpaid, voluntary role) Grassroots Sports Club (Chapeltown Hockey Club) (from: 2021) | None | None | None | None | None | None |

| Name/Dates | Paid / Unpaid Employment (specify) | Directorships of Commercial Companies | Shareholdings | Elected Office | Trusteeships or participation in the management of charities and other voluntary bodies | Public Appointments (paid or unpaid) | Membership of professional bodies/trade association or bodies |
|---|---|---------------------------------------|---------------|----------------|---|--------------------------------------|---|
| Adam Layland Director of Partnerships and Operations (South Yorkshire) (from: November 2022) | Paramedic (Bank, Clinical) Yorkshire Ambulance Service NHS Trust (from: April 2023) Emergency Practitioner (Bank, Clinical) University Hospital of Derby and Burton (from: May 2022) Principal Academic (Bank) University of Warwick (from: September 2020) | None | None | None | Trustee and Chair, Community Transport (Trustee from: August 2018) (Chair from: May 2023) Member, BSI Committee Health Organisation Management (from: January 2019) Visiting Professor York St John University (from: September 2020) Visiting Professor University of Chichester (from: November 2021) Honorary Professor and Fellow, University College of Birmingham (from: September 2022) Board Member, International Network of Healthcare Workforce Education (from: April 2020) | None | Health and Care Professions Council Registered Paramedic Member of College of Paramedics Member of Chartered Management Institute Member of Institute of Healthcare Management Fellow of Higher Education Academy Fellow of Institute of Leadership and Management |

| Name/Dates | Paid / Unpaid Employment (specify) | Directorships of Commercial Companies | Shareholdings | Elected Office | Trusteeships or participation in the management of charities and other voluntary bodies | Public Appointments (paid or unpaid) | Membership of professional bodies/trade association or bodies |
|--|--|---------------------------------------|---------------|---|---|---|---|
| | | | | | Editorial Board Member, British Journal of Healthcare Management (from: August 2017) | | |
| David O'Brien Director of Corporate Services and Company Secretary (from: 25 September 2023) Joined the Trust in July 2019 | None | None | None | Through marriage related to Parliamentarians: Judith Blake, Baroness Leeds (House of Lords) Olivia Blake, MP for Sheffield Hallam | Board Trustee South Bank Multi-Academy Trust, York (from: September 2023) | Independent Member, Audit Committee West Yorkshire Police (paid): (from: February 2023 – December 2023) | Member, The Chartered Governance Institute |
| Carol Weir Director of Strategy, Planning and Performance (from: 1 November 2023) Joined the Trust in February 2019 | Acacium Group Health and Wellbeing Consultant (ad hoc consultancy) (from: June 2019) | None | None | None | None | None | None |

| Name/Dates | Paid / Unpaid Employment (specify) | Directorships of Commercial Companies | Shareholdings | Elected Office | Trusteeships or participation in the management of charities and other voluntary bodies | Public Appointments (paid or unpaid) | Membership of professional bodies/trade association or bodies |
|--|---------------------------------------|---------------------------------------|---------------|----------------|---|---|---|
| Helen Edwards Head of Communications and Community Engagement (from: January 2020) | None | None | None | None | Charity Trustee, Welfare Benefits Unit (from: 2016) | None | None |
| 2023-24 ARCHIVED BOARD INTERESTS: | | | | | | | |
| Leavers | | | | | | | |
| Rod Barnes Chief Executive Officer (from: 6 May 2015 - 31 May 2023) | 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 |
| Clare Ashby Interim Executive Director of Quality, Governance and Performance Assurance (from: 1 July 2021- 31 October 2023) Joined the Trust in July 2013 | None | None | None | None | None | None | Nursing & Midwifery Council Registration |

| Name/Dates | Paid / Unpaid Employment (specify) | Directorships of Commercial Companies | Shareholdings | Elected Office | Trusteeships or participation in the management of charities and other voluntary bodies | Public Appointments (paid or unpaid) | Membership of professional bodies/trade association or bodies |
|---|---|---------------------------------------|---------------|----------------|---|--------------------------------------|---|
| Dr Steven Dykes Acting Executive Medical Director (from: 13 October 2021 – 30 September 2023) Joined the Trust in October 2013 | None | None | None | None | Vice Chair and CQC Lead, West Yorkshire Medic Response Team (from: 2011) Member of the Yorkshire and Humber Clinical Senate | 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 |
| Zafir Ali Associate Non-Executive Director (from: 1 January 2023 – 30 January 2024) Associate Non-executive Director (NeXT Development - 5 June 2021 to 31 December 2022) | Government Internal Audit Agency: Head of Internal Audit for the NHS Counter Fraud Authority Head of Internal audit for the NHS Health Research Authority Deputy Head of Internal Audit – Department of Health & Social Care | None | None | None | None | None | Member of Chartered Institute of Internal Auditors |

| Name/Dates | Paid / Unpaid Employment (specify) | Directorships of Commercial Companies | Shareholdings | Elected Office | Trusteeships or participation in the management of charities and other voluntary bodies | Public Appointments (paid or unpaid) | Membership of professional bodies/trade association or bodies |
|---|--|---------------------------------------|--|----------------|---|---|---|
| Simon Marsh Chief Information Officer (from: 30 March 2020 – 31 March 2024) | None | None | None | None | None | None | None |
| 2022-23 ARCHIVED BOARD INTERESTS: LEAVERS | | | | | | | |
| Kathryn Lavery Chairman (from: 1 July 2016 - 30 November 2022) | Non-Executive Director Navigo, Northeast 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 Humber Business Week | Member of Northern Ambulance Alliance Board Chair of the Yorkshire and Humber Panel of the ACCE (Advisory Committee on Clinical Excellence Awards) for which a fee is received for marking the award applications. | None |
| Phil Storr Associate Non-Executive Director (non-voting) (from 27 November 2018) | NHS Interim Management & Support (NHS IMAS) | Burn Grange Properties Ltd | None | None | Committee Chair – Yorkshire Ambulance Service Charity | None | Health and Care Professions Council Member of the College of |

| | | | | | | | |
|--|---|---|------|------|------|------|--|
| <p>- 31 March 2023)</p> <p>Non-Executive Director/Deputy Chairman (from: 1 April 2018 - 26 November 2018)</p> <p>Associate Non-Executive Director (non-voting) (from: 31 January 2017 – 31 March 2018)</p> | <p>NHS England – Programme Director, NHS Resilience national team</p> <p>Member- Advisory Committee for Clinical Excellence Awards Committee (Yorkshire & Humber)</p> | | | | | | <p>Paramedics</p> <p>Member Institute of Healthcare Management</p> |
| <p>Karen Owens Interim Director of Urgent Care and Integration (non-voting) (from: 23 April 2019 – 31 May 2023)</p> | None | Director of Property Management (owner) | None | None | None | None | Nursing & Midwifery Council Registration |

Remuneration Report

Salaries and allowances of Senior Managers 2023-24 (subject to audit)

| <i>Name and title</i> | <i>Notes</i> | (a) Salary (bands of £5,000) | (b) Benefits in Kinds and taxable expenses to nearest £100* | (e) All pension- related benefits (bands of £2,500) | (f) TOTAL (a to e) (bands of £5,000) |
|---|--------------|---------------------------------|--|---|---|
| | | £'000 | £00 | £'000 | £'000 |
| Martin Havenhand Chairman | 1 | 45-50 | - | - | 45-50 |
| Tim Gilpin Deputy Acting Chairman | | 10-15 | - | - | 10-15 |
| Rod Barnes Chief Executive | 2 | 165-170 | 59 | - | 170-175 |
| Kathryn Vause Executive Director of Finance | | 125-130 | 10 | - | 125-130 |
| Dr Julian Mark Executive Medical Director | 3 | 70-75 | - | - | 70-75 |
| Dr Steven Dykes Acting Executive Medical Director | 4 | 60-65 | - | - | 60-65 |
| Nick Smith Executive Director of Operations | | 120-125 | 15 | 27.5-30 | 150-155 |
| David Green Executive Director of Quality and Chief Paramedic | 5 | 40-45 | - | 65-67.5 | 105-110 |

| | | | | | |
|--|----|---------|---|---------|---------|
| Clare Ashby Interim Executive Director of Quality, Governance and Performance Assurance | 6 | 55-60 | - | - | 55-60 |
| Amanda Wilcock Director of People and Organisational Development | | 125-130 | - | - | 125-130 |
| Karen Owens Director of Urgent Care and Integration | 7 | 15-20 | - | - | 15-20 |
| Simon Marsh Chief Information Officer | | 100-105 | - | 25-27.5 | 125-130 |
| David O'Brien Director of Corporate Services | 8 | 55-60 | - | 25-27.5 | 80-85 |
| Carol Weir Director of Strategy | 9 | 45-50 | - | 52.5-55 | 95-100 |
| Adam Layland Director of Partnerships & Operations | 10 | 105-110 | - | - | 105-110 |
| Jeevan Gill Director of Partnerships & Operations | 10 | 100-105 | - | - | 100-105 |
| Rachel Gillott Director of Partnerships & Operations | 10 | 95-100 | - | - | 95-100 |
| Anne Cooper Non-Executive Director | | 10-15 | - | - | 10-15 |
| Amanda Moat Non-Executive Director | | 10-15 | - | - | 10-15 |
| Jeremy Pease | | 10-15 | - | - | 10-15 |

| | | | | |
|---|-------|---|---|-------|
| Non-Executive Director | | | | |
| Andrew Chang Non-Executive Director | 10-15 | - | - | 10-15 |
| Zafir Ali Associate Non-Executive Director | 10-15 | - | - | 10-15 |

* Benefits in kind relate to use of vehicles provided by the Trust in 2023-24 and 2022-23

** There were no (c) Performance pay and bonuses or (d) Long-term Performance pay and bonuses in 2023-24 or 2022-23

Notes

- 1 Martin Havenhand commenced in post from 1 April 2023
- 2a Rod Barnes was Chief Executive Officer from 1 April to 31 May 2023, and was on paid secondment from 1st June 2023.
- 2b Peter Reading was Interim Chief Executive from 1 June 2023. The Trust paid a contribution to his salary from 1 August 2023 to 31 March 2024 to his employer, North Lincolnshire and Goole NHS Foundation Trust. The cost for this period was £105,000-£110,000, the full year equivalent salary is £155,000-£160,000.
- 3 Dr Julian Mark returned from secondment and rejoined the Trust on 1 October 2023 as 0.6 WTE. The full-time, annual equivalent salary is £140,000-£145,000 and Dr Mark receives protected pay.
- 4 Dr Steven Dykes role of Acting Medical Director ceased on 30 September 2023. The full year equivalent annual salary is £120,000-£125,000.
- 5 David Green commenced in post on 1 November 2023. The full year equivalent annual salary is £115,000-£120,000.
- 6 Clare Ashby's role of interim executive director ceased on 31 October 2023. The full year equivalent annual salary is £105,000-£110,000.
- 7 Karen Owens retired on 31 May 2023. The full year equivalent annual salary is £125,000-£130,000

- 8** David O'Brien commenced in post from 28 September 2023. The full year equivalent annual salary is £110,000-£115,000.
- 9** Carol Weir commenced in post from 1 November 2023. The full year equivalent salary is £105,000-£110,000.
- 10** The role of System Partnership Director changed to Director of Partnerships and Operations on 5 February 2024.
- 11** Zafir Ali left the Trust on 31 January 2024. The full year equivalent annual salary is £10,000-£15,000.

Salaries and allowances of Senior Managers 2022-23

| <i>Name and title</i> | Notes | (a) Salary (bands of £5,000) | (b) Benefits in Kinds* and taxable expenses to nearest £100* | (e) All pension- related benefits (bands of £2,500) | (f) TOTAL (a to e) (bands of £5,000) |
|--|-------|------------------------------|--|---|--------------------------------------|
| | | £'000 | £0 | £'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 |
| Steven Dykes Acting Executive Medical Director | | 130-135 | - | 52.5-55 | 180-185 |
| Julian Mark Executive Medical Director | 4 | 100-105 | - | 40-42.5 | 140-145 |
| Mandy 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 |

| | | | | |
|--|---------|----|---------|---------|
| Nick Smith Executive Director of Operations | 115-120 | 15 | 27.5-30 | 145-150 |
| Simon Marsh Chief Information Officer | 110-115 | - | 27.5-30 | 140-145 |
| Claire Ashby Interim Executive Director of Quality, Governance and Performance Assurance | 105-110 | - | 30-32.5 | 135-140 |
| Phil Storr Associate Non-Executive Director | 10-15 | - | - | 10-15 |
| Zafir Ali Associate Non-Executive Director | 10-15 | - | - | 10-15 |
| Anne Cooper Non-Executive Director | 10-15 | - | - | 10-15 |
| 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 | - | 47.5-50 | 90-95 |

| | | | | | |
|-----------------------------|---|-------|---|---------|-------|
| Jeevan Gill | 6 | 35-40 | - | 37.5-40 | 75-80 |
| System Partnership Director | | | | | |
| Rachel Gillott | 7 | 35-40 | - | 47.5-50 | 80-85 |
| System Partnership Director | | | | | |

Notes

- 1 Kathryn Lavery left the position of Chairman on 30 November 2022. The full year equivalent salary was £45,000 - £50,000.
- 2 Tim Gilpin commenced in the role of Deputy Acting Chairman 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 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.

2023-24 Pension Entitlement Table (subject to audit)

| <i>Name and title</i> | <i>Notes</i> | (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 2024 (bands of £5,000) | (d) Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000) | (e) Cash Equivalent Transfer Value at 1 April 2023 | (f) Real increase in Cash Equivalent Transfer Value | (g) Cash Equivalent Transfer Value at 31 March 2024 | (h) Employer's contribution to stakeholder pension | (i) All pension-related benefits (bands of £2,500) |
|---|--------------|---|--|---|---|--|---|---|--|--|
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Rod Barnes Chief Executive | 1, 8 | 0 | 35-37.5 | 65-70 | 185-190 | 1,364 | 140 | 1,663 | 23 | 0 |
| Kathryn Vause Executive Director of Finance | 8 | 0 | 20-22.5 | 40-45 | 115-120 | 807 | 92 | 997 | 18 | 0 |
| Julian Mark Executive Medical Director | 8 | 0 | 15-17.5 | 50-55 | 140-145 | 995 | 53 | 1,220 | 20 | 0 |
| Steven Dykes Acting Executive Medical Director | 2, 8 | 0 | 10-12.5 | 35-40 | 95-100 | 620 | 29 | 757 | 17 | 0 |
| Nick Smith Executive Director of Operations | | 0-2.5 | 0 | 50-55 | 65-70 | 780 | 139 | 1,014 | 16 | 27.5-30 |
| Dave Green Executive Director of Quality and Chief Paramedic | 3 | 0-2.5 | 0-2.5 | 25-30 | 65-70 | 435 | 26 | 555 | 14 | 65-67.5 |

| | | | | | | | | | | |
|---|------|-------|---------|-------|---------|-------|-----|-------|----|---------|
| Claire Ashby Interim Executive Director of Quality, Governance and Performance Assurance | 4, 8 | 0 | 12.5-15 | 30-35 | 90-95 | 583 | 74 | 782 | 15 | 0 |
| Amanda Wilcock Director of People and Organisational Development | 8 | 0 | 2.5-5 | 45-50 | 130-135 | 934 | 91 | 1,135 | 17 | 0 |
| Karen Owens Director of Urgent Care and Integration | 5, 8 | 0 | 0 | 55-60 | 115-120 | 1,070 | 0 | 0 | 3 | 0 |
| Simon Marsh Chief Information Officer | | 0-2.5 | 0 | 15-20 | 0 | 208 | 37 | 278 | 14 | 25-27.5 |
| David O'Brien Director of Corporate Services | 6 | 0-2.5 | 0 | 5-10 | 0 | 61 | 8 | 96 | 15 | 25-27.5 |
| Carol Weir Director of Strategy | 7 | 0-2.5 | 2.5-5 | 25-30 | 70-75 | 433 | 22 | 542 | 10 | 52.5-55 |
| Adam Layland System Partnership Director | 8 | 0 | 17.5-20 | 15-20 | 40-45 | 187 | 78 | 299 | 16 | 0 |
| Jeevan Gill System Partnership Director | 8 | 0 | 25-27.5 | 25-30 | 60-65 | 314 | 125 | 485 | 15 | 0 |
| Rachel Gillott System Partnership Director | 8 | 0 | 22.5-25 | 35-40 | 100-105 | 683 | 92 | 857 | 14 | 0 |

Notes

- 1** Rod Barnes was Chief Executive Officer from 1 April to 31 May 2023, and was on paid secondment from 1 June 2023. The full year equivalent annual salary is £170,000-£175,000
- 2** Steven Dykes role of Acting Medical Director ceased on 30 September 2023. The full year equivalent annual salary is £120,000-£125,000.
- 3** David Green commenced in post on 1 November 2023. The full year equivalent annual salary is £115,000-£120,000.
- 4** Clare Ashby's role of interim executive director ceased on 31 October 2023. The full year equivalent annual salary £105,000-£110,000.
- 5** Karen Owens retired on 31 May 2023. The full year equivalent annual salary is £125,000-£130,000
- 6** David O'Brien commenced in post from 23 September 2023. The full year equivalent annual salary is £110,000-£115,000.
- 7** Carol Weir commenced in post from 4 December 2023. The full year equivalent salary is £105,000-£110,000.
- 8** These individuals are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero

2022-23 Pension Entitlement Table

| Name and title | 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) |
|--|-------|---|--|---|---|--|---|---|--|--|
| | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Rod Barnes Chief Executive | 1 | 0 - 2.5 | - | 65-70 | 135 - 140 | 1,297 | 27 | 1,364 | 22 | - |
| Kathryn Vause Executive Director of Finance | | 2.5 - 5 | 0 - 2.5 | 40-45 | 80 - 85 | 719 | 66 | 807 | 18 | 50- 52.5 |
| Steven Dykes Acting Executive Medical Director | | 2.5 - 5 | 2.5 - 5 | 40-45 | 65 - 70 | 545 | 58 | 620 | 18 | 52.5 - 55 |
| Julian Mark Executive Medical Director | 2 | 2.5 - 5 | - | 50-55 | 100 - 105 | 910 | 39 | 995 | 13 | 40 - 42.5 |
| Mandy Wilcock Director of People and Organisational Development | | 2.5 - 5 | 2.5 - 5 | 45-50 | 110 - 115 | 822 | 86 | 934 | 13 | 67.5 - 70 |
| Karen Owens Director of Urgent Care and Integration | | 0 - 2.5 | 0 - 2.5 | 50-55 | 110 - 115 | 981 | 58 | 1,070 | 16 | 32.5 - 35 |
| Nick Smith Executive Director of Operations | | 0 - 2.5 | - | 45-50 | 60 - 65 | 717 | 41 | 780 | 15 | 27.5 - 30 |
| Simon Marsh Chief Information Officer | | 0 - 2.5 | - | 10-15 | - | 160 | 43 | 208 | 16 | 27.5 - 30 |

| | | | | | | | | | | |
|---|----------|---------|---------|-------|---------|-----|----|-----|----|-----------|
| Claire Ashby Interim Executive Director of Quality, Governance and Performance Assurance | | 0 - 2.5 | 0 - 2.5 | 30-35 | 60 - 65 | 523 | 43 | 583 | 14 | 30 - 32.5 |
| Adam Layland System Partnership Director | 3 | 0 - 2.5 | 0 - 2.5 | 15-20 | 20 - 25 | 154 | 12 | 187 | 6 | 47.5 - 50 |
| Jeevan Gill System Partnership Director | 4 | 0 - 2.5 | 0 - 2.5 | 20-25 | 30 - 35 | 276 | 12 | 314 | 5 | 37.5 - 40 |
| Rachel Gillott System Partnership Director | 5 | 0 - 2.5 | 0 - 2.5 | 35-40 | 70 - 75 | 611 | 18 | 683 | 5 | 47.5 - 50 |

*Employers contributions have been restated

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 7th November 2022.
- 5** Rachel Gillott commenced in post on 28th November 2022.

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 2023-24 was £170,000 - £175,000 (2022-23: £165,000 - £170,000). The relationship to the remuneration of the organisation's workforce is disclosed in the table below:

| 2023-24 | 25th percentile | Median | 75th percentile |
|--|-----------------|----------|-----------------|
| Total remuneration (£) | 29,276 | 36,140 | 47,762 |
| Salary component of total remuneration (£) | 29,276 | 36,140 | 47,762 |
| Pay ratio information | 5.89 : 1 | 4.77 : 1 | 3.61 : 1 |
| 2022-23 | | | |
| 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 |

In 2023-24 and 2022-23 no employees received remuneration in excess of the highest-paid director. Remuneration ranged from £10,423 to £174,606 (2022-23: £9,405 - £169,358).

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.

Highest paid director mid-point banding increased one band on last financial year. The pay awards detailed above have caused the ratio to the highest pay director to slightly increase when compared to last financial year. The median salary increased by 3% and the salary of the highest paid director increased by 3.1%.

Peter Reading
Chief Executive

27 June 2024

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 2024 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 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 assurance is achieved via the Board Assurance Framework, risk management reports, and other assurance, compliance and performance reports received from internal and external sources.

Board Membership

The Trust Board membership is as follows:

- Chair*
- Five Non-Executive Directors*
- Chief Executive Officer*
- Chief Operating Officer*
- Executive Director of Finance*
- Executive Medical Director*
- Executive Director of Quality and Chief Paramedic*
- Deputy Chief Executive
- Director of People and Organisational Development

(* denotes full / voting members)

The Trust has initiated a formal process to amend its Establishment Order to increase the number of full voting Board members from eleven to thirteen through the addition of one Executive member and one Non-Executive member. This process is expected to conclude during 2024-25.

Contributory directors operating at Board-level are as follows:

- Three Directors of Partnerships and Operations, aligned to integrated care systems.
- Director of Strategy, Planning and Performance
- Director of Corporate Services and Company Secretary
- Chief Digital Information Officer

Changes to Board Membership

Changes to Non-Executive Director positions or personnel during 2023-24 were as follows:

- Martin Havenhand was appointed Trust Chair, commencing from 1 April 2023.
- Zafir Ali left the position of Associate Non-Executive Director.

Changes to Executive Board positions or personnel during 2023-24 were as follows:

- Rod Barnes left the position of Chief Executive Officer.
- Peter Reading joined the Trust as interim Chief Executive Officer and was subsequently appointed as substantive Chief Executive.
- Nick Smith was appointed as Chief Operating Officer.
- Marc Thomas joined the Trust as Deputy Chief Executive.
- Clare Ashby left the position of interim Executive Director of Quality Governance and Performance Assurance.
- Dave Green was appointed as Executive Director of Quality and Chief Paramedic.
- Steven Dykes left the position of acting Executive Medical Director.
- Julian Mark returned from secondment to the position of Executive Medical Director.

Changes to Contributory Director positions or personnel during 2023-24 were as follows:

- Carol Weir was appointed as Director of Strategy, Planning and Performance.
- David O'Brien was appointed as Director of Corporate Services and Company Secretary.
- Lynn Hughes left the position of interim Company Secretary.
- Karen Owens retired from the position of interim Director of Urgent Care and Integration.
- Simon Marsh retired from the position of Chief Information Officer.

During the first half of 2024-25 the Trust will host two six-month placements for aspirant Non-Executive Directors from under-represented groups. One of these placements is through the NeXT Director scheme run by NHS England, the other is part of the Insight Programme run by GatenbySanderson.

The Role and Work of the Board

The Board is primarily responsible for:

- Strategy: vision, Trust objectives, key plans, organisational development and change. During 2023-24 the Board adopted a new five-year strategy for the Trust.
- Culture: focus on patients, clinicians, and care; Trust values; visible and supportive leadership; culture and behaviour within the workforce and in the workplace
- Accountability: significant decisions, delivery priorities, and performance assurance.
- Engagement: building and sustaining value-adding relationships with stakeholders to promote the Trust and its objectives.
- Resources: securing and allocating resource to invest 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 governance, risk management and internal control.

During 2023-24 the Board held four ordinary meetings in public. The 2022-23 Annual General Meeting took place in October 2023 due to an extended timescale for the external auditing of the annual report and accounts. For 2024-25 the Board has adopted a new business cycle with six ordinary meetings held in public each year.

The work of the Board is co-ordinated by the Trust's corporate governance function which fulfils the role of Trust secretariat. Board-level business is managed via a structured work plan co-ordinated across the Board and its assurance committees. This ensures appropriate focus on formal governance and assurance and is sufficiently agile to flex in response to changing circumstances or urgent matters.

Informal Board Strategic Forum sessions facilitate in-depth coverage of specific topics. Key items addressed during the 2023-24 programme of Board Strategic Forum sessions included:

- Trust Strategy
- Business Planning Cycle
- Business Plan Priorities
- Revenue and Capital Plans
- Board Assurance Framework
- Clinical Supervision
- Seasonal Planning
- Organisational Development and Culture
- Manchester Arena Inquiry
- Integrated and Urgent Care: Case for Change
- Health Inequalities / Population Health Data

During 2023-24 the Trust Board was supported by key assurance committees:

- Finance and Performance Committee
- Quality Committee
- People Committee
- Audit and Risk Committee
- Trust Executive Group

Additional Board committees are:

- The Remuneration and Nominations Committee, which oversees senior level staffing matters including role descriptions, remuneration, terms of service, contractual arrangements, performance review and objective setting for Board members and other directors.
- The Charitable Funds Committee, which supports Board members in discharging their responsibilities as trustees of the Trust's charitable funds.

Trust Executive Group

The Trust Executive Group maintains an effective risk management system within the Trust, meeting statutory requirements and adhering to guidance issued by governmental and other statutory or regulatory bodies. A report from the Trust Executive Group is presented at Board meetings. 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 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 and incidents, 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 and Chief Paramedic is responsible for maintaining effective and compliant risk management and quality governance systems, including patient safety, incidents, and investigations. The Executive Director of Quality and Chief Paramedic is the Trust's Senior Information Risk Owner (SIRO) and has overall responsibility for risk management policy and processes.

The Executive Director of Finance is responsible for managing all aspects of financial risk and control, including the Trust's financial systems and procedures, income and expenditure, revenue and capital budgets, business cases and investment opportunities, procurement and contracts, fleet, and estates. This Director is also responsible for managing external financial relationships via the West Yorkshire ICB.

The Executive Medical Director is responsible for clinical risk management, ensuring that clinical practice is appropriate and effective, compliant, and current. This Director advises the Trust Board, assurance committees, the Clinical Governance Group and other management groups regarding risks associated with the Trust's clinical strategy, policies, procedures and practices.

The Director of Corporate Services and Company Secretary is responsible for the corporate governance, including effective systems of board and committee governance, compliance with the NHS Governance Code and other regulatory frameworks, and strategic risk management. This role is custodian of key components of the Trust's system of internal control, including the Board Assurance Framework and internal audit arrangements.

Everybody's Business

The Trust considers risk management to be 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. The Trust 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 specific content on risk and incident management.
- Risk management training.
- The Trust's Risk Management policy 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 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 and the Clinical Governance Group.
- A network of designated risk management leads in services and functions.
- The corporate Risk and Assurance Team, which supports staff to develop consistent risk management practice.

- Access for staff to the Trust's risk management system, plus training and support to make the most effective use of these systems.

The Risk and Control Framework

Risk Management

The Board identifies risk as part of the Trust's 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.

Corporate risks, and areas of emerging risk, are reviewed and moderated by the Risk and Assurance Group. Risks that cannot be managed through the Risk and Assurance Group or are escalated to the Trust Executive Group, the appropriate assurance committee, or the Trust Board. The Trust Board is routinely notified of all corporate risks and material changes to risk exposures 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 equality, diversity and inclusion.

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.

During 2023-24 the Quality Committee adopted a revised Terms of Reference with stronger focus on quality, clinical, and patient safety matters. The Quality Committee scrutinises the Trust's clinical governance and quality plans, provides oversight of clinical strategy and practice, compliance with external quality regulations and standards, processes to ensure 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.

During 2023-24, no nationally defined 'Never Events' occurred in relation to the quality of the Trust's 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 alongside the Annual Report and Accounts as part of the Trust's suite of year-end reporting.

Risk Governance

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

Risk Management and Assurance Strategic Framework

The Risk Management and Assurance Strategic Framework sets out the Trust's overall approach to risk management. The Framework is based on the three lines of 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. During 2024-25 the Risk Management and Assurance Strategic Framework will be reviewed and updated to align with the Trust's new strategy.

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 2023-24 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/NHS111 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 operation of the Board Assurance Framework and associated processes is reviewed by the Trust's internal auditors to assess its rigour and effectiveness as part of the Head of Internal Audit work. For 2023-24 the strategic risk management and Board Assurance Framework element of the opinion provided 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 2023-24 areas of corporate risk managed by the Trust included the following:

- The impact of hospital handover delays on ambulance capacity and patient safety.
- The impact of the Right Care Right Person operational policing model.
- Recruitment and retention, including staffing levels in call-handling operations and Executive Team stability.
- Training provision including C1 driver training, HART training, operational response training, and health and safety training for senior leaders.
- Capital expenditure limits for leases.
- Adherence to controlled drugs policy and procedures.
- Major incident planning, capability, exercising and capacity.
- Technology risk, including ISDN line provision, telephony and radio system issues, system vulnerability, and clinical data record management.
- Capacity and capability to manage safeguarding allegations, incident investigations, complaints, and other governance and assurance processes.

Corporate Governance: Provider License and Code of Governance

In line with the requirements of the NHS Provider Licence and the NHS Code of Governance, the Trust has in place a sound system of corporate governance and arrangements are in place to manage risks relating to:

- The effectiveness of governance structures.
- The responsibilities of directors and subcommittees.

- Reporting lines and accountabilities between the Board, its assurance committees, and the executive team.
- The submission of timely and accurate information to assess risks to compliance with the conditions of the licence.
- The degree and rigour of oversight the board has over the Trust's performance.

During 2023-24 the Trust progressed actions to mitigate any notable risks relating to the above. This included:

- Completion of the New Operating Model programme to develop and recruit to a new senior leadership structure. All Executive Director, Director and other senior posts in the new structure have been successfully recruited to.
- Review and update of the structures, accountabilities, and reporting lines of the Board assurance committees. This included the establishment of a new People Committee, a substantially revised Finance and Performance Committee, and revised remits for the Quality Committee and the Audit and Risk Committee.
- Review and update of Board meeting formats and agendas, with strengthened arrangements for performance and assurance reporting to the Board from Executive Directors and committees.
- Review and update of the Trust's Standing Orders and Standing Financial Instruments, including the scheme of financial delegation.
- The completion of an action plan developed in response to a 2022-23 Well Led developmental review supported by NHS England.
- Completion of a self-assessment against the provisions of the NHS Code of Governance (2023).

During 2023-24 the Board commenced a structured development programme supported by an external facilitator (Integrated Development Ltd). This facilitator is independent of the Trust and no Board member has a commercial or otherwise prejudicial connection with the company concerned. A Board development action plan has been developed and will be implemented during 2024-25. Further Board development work will be undertaken during 2024-25.

Strategic Risk Outlook

The Trust's strategic risk outlook for 2024-25 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. For 2024-25 the Board Assurance Framework has been updated to align with the Trust's new strategy.

The main areas of strategic risk captured in the 2024-25 Board Assurance Framework are as follows:

1. Our Patients

- Ability to deliver better, faster and more appropriate access to care.
- Ability to support patient flow across the healthcare system.
- Ability to strengthen quality governance and medicines management.
- Ability to develop and maintain effective emergency preparedness, resilience and response arrangements.

2. Our People

- Ability to develop and sustain an open and positive workplace culture.
- Ability to support staff health and well-being effectively.
- Ability to deliver and sustain improvements in recruitment and retention.
- Ability to deliver and sustain improvements in leadership and staff development.

3. Our Partners

- Ability to act as a collaborative, integral, and influential system partner.
- Ability to collaborate effectively to improve population health and reduce health inequalities.

4. Our Planet and Pounds

- Ability to secure sufficient levels of revenue resource and use this well.
- Ability to secure sufficient levels of capital resource and use this well.
- Ability to deliver safe and effective digital technology and cyber security developments.
- Ability to respond responsibly and effectively to climate change.

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. During 2023-24 the Board's duties relating to financial risk were discharged by the Finance and Performance Committee. This committee scrutinises the Trust's financial plans, policies and major investment decisions, reviews proposals for major business cases, and oversees the commercial activities of the Trust. The committee also scrutinises the content and delivery of the Trust's organisational efficiency initiatives.

Information Governance

The Trust has an Information Governance Framework and supporting policies which establish control 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 risk is supported by the Trust's Information Governance Working Group, which reports the Risk and Assurance Group. Areas of information risk

identified and assured by the Information Governance Working Group during 2023-24 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.
- Closure of NHSmail accounts for employees who leave the Trust.
- Management of shared mailboxes and distribution lists within NHSmail.
- Management of Subject Access Requests and Freedom of Information Requests.

During 2023-24 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.
- A proactive email phishing exercise delivered via the Trust's internal audit plan.
- 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.
- Training and support for the Senior Information Risk Owner.
- Strengthened provision regarding the Clinical Systems IT Safety Officer and compliance with associated regulations.

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 2023-24 this exercise reported a 'substantial' level of assurance, which represents the highest of four available ratings in the NHS England assurance model.

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

During 2023-24 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. The Trust did receive notification of one complaint received by the ICO concerning a data breach. The ICO was content with the Trust's actions in response to this complaint. Note that the issue raised by the complainant did not meet the criteria that would require the incident to be reported to the ICO.

Data Quality and Governance

During 2023-24 the Trust undertook 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, within the Trust and in partnership across integrated care systems.
- 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 Hear and Treat performance metrics (this reported significant assurance).
- Continued to provide general staff training in the use of systems, including on the importance of accurate data entry, data quality and reporting.

During 2023-24 the Trust did not submit records to the Secondary Uses Service for inclusion in the published Hospital Episode Statistics datasets. This requirement does not apply to ambulance trusts.

Workforce

In support of the 'Developing Workforce Safeguards' requirements the Trust develops annual workforce plans, targets and trajectories for recruitment, development, and retention to provide sufficient and safe workforce numbers across key staff groups.

The Trust's operational planning processes include a systematic approach to determining the number of staff and range of skills required to meet the needs of our service users. This is to ensure that care provision is timely and effective, that patients have a positive experience of our services, and that they are safe in our hands.

In 2023-24 the Trust continued its focus on the strategic risks associated with workforce through the newly established People Committee (an assurance committee of the Board),

a new People and Culture Group, and through the relevant sections of the Trust business plan priorities and Board Assurance Framework actions.

The Trust has longer-term workforce plans in place as part of the 'Our People' elements of the Trust strategy for 2024-29. This includes new approaches to recruitment, the continued success of apprenticeship programmes, training and development, talent management, leadership development, and succession planning. It also includes a focus on professional standards and the ongoing development of the paramedic profession.

For 2024-25 the Trust is focused on further development of its workforce planning model along with controls and assurance regarding its delivery and impact, and the continued implementation of the 'YAS Together' workplace culture programme. Together, these measures will help the Trust to have the right numbers of staff, with the right skills and experience, and with the right values and behaviours.

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, including gifts and hospitality, 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 and Risk Committee. For 2023-24 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 and Risk Committee.

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of 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 2023-24 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 two designated Freedom to Speak Up Guardians and a Non-Executive Director champion. The Trust has adopted the national model policy issued by the Office of the National Guardian. Assurance regarding the Trust's Freedom to Speak Up activity is provided through reporting to the People Committee, the Audit and Risk Committee, and the 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 the framework of governance, risk management and control.
- 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, risk-based 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, 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 2023-24. The Trust has not been subject to any special reviews or investigations by the CQC during 2023-24.

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 NHS England supported the Trust to undertake a supported developmental review 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 developed a Well-Led action plan which was progressed during 2023-24. During 2024-25 the Trust plans to take forward further Well-Led review activity.

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 Framework.
- Reviews in each meeting of the Audit and Risk 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 Audit and Risk Committee, assurance committees, and 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 the assurance committees.
- Assurance from internal and external audit reports, and other third-party assurances as may be received.

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 2023-24 (which included two reviews from the 2022-23 internal audit plan) were as follows:

- 5 reviews reported significant assurance
- 1 review reported moderate assurance
- 1 review reported a split significant / limited assurance.
- 2 reviews reported limited assurance.
- 3 reviews were advisory.
- No reviews reported weak assurance.

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

'Limited assurance' indicates there are weaknesses in the design and / or inconsistent application of the framework of governance, risk management and control that could result in failure to achieve the objectives of the system under review. The two reviews that reported limited assurance were:

- Medicines Management – Controlled Drugs.
- Management of Equipment on Ambulances.

Management action plans have been agreed to address the governance, risk management and control issues identified by these reviews. Across these reviews two high priority recommendations were identified, relating to contracting management as part of the review of procurement. The Trust has an approved action plan to address these recommendations.

The Trust considers that none of the individual matters identified by the 2023-24 internal audit reviews reach a level of materiality that constitutes a significant internal control issue. Similarly, the Trust considers that amongst all matters identified by internal audit reviews there is no common theme or discernible pattern, or cumulative materiality, which constitutes a significant internal control issue.

The Audit and Risk Committee is focused on the timely completion of management actions arising from internal audit reviews. During 2023-24 the organisation made good progress in resolving 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 2024-25.

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 2023-24 the Head of Internal Audit has reported a 'moderate' level of assurance, meaning 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:

Head of Internal Audit Opinion

I am providing an 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.

Strategic risk management and Board Assurance Framework

I am providing an opinion of significant assurance. The BAF has been reported to the Board and its committees in line with the extant risk management framework throughout the year. However, we note the comments made by Board members on the survey identifying further work required to develop risk management arrangements including learning from actions, meaningful review and challenge of the BAF and development of system risks.

Internal Audit outturn

I am providing an opinion of moderate assurance. Of the ten assurance reviews completed since our 2022-23 opinion, one has provided moderate assurance, one provided a split significant/limited opinion and two provided limited assurance. Our findings from three advisory reviews completed in year identified weaknesses in the control arrangements that need to be addressed.

Implementation of Internal Audit Actions

I am providing an opinion of moderate assurance based on the current first follow-up rate of 73%. The Trust has made improvements in its processes for implementing actions during the year and has achieved an overall implementation rate of 80%. One historic action remains outstanding.

My opinion takes into account third party assurances received by the organisation.

Audit and Risk Committee

The Audit and Risk Committee provides independent oversight of risk management, governance, and internal control within the Trust, including the annual report, accounts and financial statements.

The Audit and Risk 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 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 assurance committees, each of which provides formally reported assurances to the Audit and Risk Committee on risks relevant to their terms of reference.

During 2023-24 the Audit and Risk Committee undertook effectiveness reviews of both internal audit and external audit. These reviews included evaluation of supplier performance against contractual requirements plus wider considerations such as customer service standards, strategic / market positioning, breadth and depth of professional expertise, client satisfaction, and opportunities for value-adding activities. As a result of these reviews, the Trust triggered an extension to its contract for the provision of internal audit services and, via the Auditor Panel, appointed a new supplier of external audit services.

For the financial year 2023-24 the Audit and Risk Committee has not been required to deal with any significant issues relating to the Trust's financial statements.

During 2023-24 the Trust reviewed the skills and experience of the Audit and Risk Committee membership and conducted a review of its effectiveness. The committee reviewed and updated its Terms of Reference, agreed and delivered an annual work plan, and issued an annual report.

Conclusion

No significant issues have been identified.

Peter Reading
Chief Executive

27 June 2024

Annual accounts for the year ended 31 March 2024

Statement of Comprehensive Income

| | | 2023-24 | 2022-23 |
|---|------|--------------|--------------|
| | Note | £000 | £000 |
| Operating income from patient care activities | 3 | 395,182 | 371,810 |
| Other operating income | 4 | 10,338 | 10,398 |
| Operating expenses | 5, 7 | (406,047) | (381,917) |
| Operating surplus/(deficit) from continuing operations | | (527) | 291 |
| Finance income | 9 | 3,860 | 1,962 |
| Finance expenses | 10 | (605) | (103) |
| PDC dividends payable | | (2,485) | (1,964) |
| Net finance costs | | 770 | (105) |
| Other gains / (losses) | 11 | 14 | 269 |
| Surplus / (deficit) for the year | | 257 | 455 |
| Other comprehensive income | | | |
| Will not be reclassified to income and expenditure: | | | |
| Impairments | 6 | - | - |
| Revaluations | 15 | 3,292 | 1,897 |
| Total comprehensive income / (expense) for the period | | 3,549 | 2,352 |
| Adjusted financial performance (control total basis): | | | |
| Surplus / (deficit) for the period | | 257 | 455 |
| Remove net impairments not scoring to the Departmental expenditure limit | | (341) | (155) |
| Remove I&E impact of capital grants and donations | | (32) | - |
| Remove net impact of inventories received from DHSC group bodies for COVID response | | 167 | (64) |
| Adjusted financial performance surplus / (deficit) | | 51 | 236 |

Statement of Financial Position

| | | 31 March 2024 £000 | 31 March 2023 £000 |
|--|------|--------------------------|-----------------------------|
| | Note | | |
| Non-current assets | | | |
| Intangible assets | 12 | 2,574 | 3,328 |
| Property, plant and equipment | 13 | 123,058 | 114,011 |
| Right of use assets | 16 | 21,872 | 14,181 |
| Receivables | 22 | 366 | 297 |
| Other assets | 24 | - | - |
| Total non-current assets | | 147,870 | 131,817 |
| Current assets | | | |
| Inventories | 21 | 2,402 | 2,555 |
| Receivables | 22 | 9,781 | 20,901 |
| Cash and cash equivalents | 25 | 60,207 | 61,887 |
| Total current assets | | 72,390 | 85,343 |
| Current liabilities | | | |
| Trade and other payables | 26 | (36,842) | (39,216) |
| Borrowings | 28 | (6,261) | (3,900) |
| Other financial liabilities | 29 | - | - |
| Provisions | 29 | (3,055) | (5,982) |
| Other liabilities | 27 | (34) | (217) |
| Liabilities in disposal groups | 24.1 | - | - |
| Total current liabilities | | (46,192) | (49,315) |
| Total assets less current liabilities | | 174,068 | 167,845 |
| Non-current liabilities | | | |
| Trade and other payables | 26 | - | - |
| Borrowings | 28 | (15,174) | (13,597) |
| Other financial liabilities | 29 | - | - |
| Provisions | 29 | (7,193) | (7,132) |
| Other liabilities | 27 | - | - |
| Total non-current liabilities | | (22,367) | (20,729) |
| Total assets employed | | 151,701 | 147,116 |
| Financed by | | | |
| Public dividend capital | | 94,362 | 93,326 |
| Revaluation reserve | | 22,510 | 19,218 |
| Income and expenditure reserve | | 34,829 | 34,572 |
| Total taxpayers' equity | | 151,701 | 147,116 |

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

Peter Reading, Chief Executive (27 June 2024)

Statement of Changes in Equity for the year ended 31 March 2024

| | Public dividend capital £000 | Revaluation reserve £000 | Income and expenditure reserve £000 | Total £000 |
|--|---------------------------------------|--------------------------------|--|----------------|
| Taxpayers' and others' equity at 1 April 2023 - brought forward | 93,326 | 19,218 | 34,572 | 147,116 |
| Surplus/(deficit) for the year | - | - | 257 | 257 |
| Revaluations | - | 3,292 | - | 3,292 |
| Public dividend capital received | 1,036 | - | - | 1,036 |
| Taxpayers' and others' equity at 31 March 2024 | 94,362 | 22,510 | 34,829 | 151,701 |

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

| | Public dividend capital £000 | Revaluation reserve £000 | Income and expenditure reserve £000 | Total £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 |

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

| | Note | 2023-24 £000 | 2022-23 £000 |
|---|------|-----------------|-----------------|
| Cash flows from operating activities | | | |
| Operating surplus / (deficit) | | (527) | 291 |
| Non-cash income and expense: | | | |
| Depreciation and amortisation | 5 | 15,410 | 15,769 |
| Net impairments | 6 | (341) | (155) |
| Income recognised in respect of capital donations | 4.1 | (32) | - |
| (Increase) / decrease in receivables and other assets | | 10,774 | (8,990) |
| (Increase) / decrease in inventories | | 153 | (310) |
| Increase/(decrease) in trade and other payables | | (6,486) | 5,533 |
| Increase/(decrease) in other liabilities | | (183) | (774) |
| Increase / (decrease) in provisions | | (2,835) | (6,373) |
| Other movements in operating cash flows | | (1) | - |
| Net cash flows from / (used in) operating activities | | 15,932 | 4,991 |
| Cash flows from investing activities | | | |
| Interest received | | 3,865 | 1,655 |
| Purchase of intangible assets | | (305) | (1,217) |
| Purchase of PPE and investment property | | (12,326) | (14,469) |
| Sales of PPE and investment property | | 147 | 625 |
| Receipt of cash donations to purchase assets | | 32 | - |
| Net cash flows from / (used in) investing activities | | (8,587) | (13,406) |
| Cash flows from financing activities | | | |
| Public dividend capital received | | 1,036 | 141 |
| Movement on loans from DHSC | | (334) | (334) |
| Capital element of finance lease rental payments | | (7,138) | (3,023) |
| Interest on loans | | (57) | (64) |
| Interest paid on finance lease liabilities | | (384) | (76) |
| PDC dividend (paid) / refunded | | (2,148) | (2,269) |
| Net cash flows from / (used in) financing activities | | (9,025) | (5,625) |
| Increase / (decrease) in cash and cash equivalents | | (1,680) | (14,040) |
| Cash and cash equivalents at 1 April - brought forward | | 61,887 | 75,927 |
| Cash and cash equivalents at 31 March | 25.1 | 60,207 | 61,887 |

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 2023/24 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 £60.2m and has sufficient liquidity with working capital (total current assets, less current liabilities) of £26.2m and a cash ratio (cash and cash equivalents/total current liabilities) of 1.3.

Our going concern assessment is made up to 31 March 2025. 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 2024-25 and beyond will continue to support Yorkshire Ambulance Service in delivering high quality healthcare services for the foreseeable future.

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

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. Funding envelopes are set at an Integrated Care Board (ICB) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts (API) form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. For Ambulance Services the 'Fixed' element of their API contracts comprises the majority of income, with the variable income element limited to compliance with national quality incentive schemes (CQUIN) only.

The fixed payment is a block value to fund an agreed level of activity at agreed performance standards. In 2023/24 the specific value of the fixed payment was agreed with commissioners through the annual planning and contract negotiation process and based on the rules set out in the NHSPS. 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 considered to be the 'Variable' element of the API contract. This is associated with the delivery of the local and national initiatives under the Commissioning for Quality and Innovation (CQUIN) incentive scheme. 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 2023/24 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 2023/24, 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

Grants and donations

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS 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.

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. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

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

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

| | Min life Years | Max life Years |
|--------------------------------|---------------------------|---------------------------|
| Buildings, excluding dwellings | 10 | 60 |
| Plant & machinery | 5 | 15 |
| Transport equipment | 2 | 7 |
| Information technology | 2 | 7 |
| Furniture & 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.

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

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 Years | Max life 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.

The Trust will be counting IT stock for the first time in 2023/24.

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, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets 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 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 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

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.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16 in 2022/23

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

The standard was 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 were only 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 were not revisited.

The Trust as lessee

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 was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were 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 had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

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 2024:

| | | Nominal rate | Prior year rate |
|----------------|-------------------------------|-------------------------|----------------------------|
| Short-term | Up to 5 years | 4.26% | 3.27% |
| Medium-term | After 5 years up to 10 years | 4.03% | 3.20% |
| Long-term | After 10 years up to 40 years | 4.72% | 3.51% |
| Very long-term | Exceeding 40 years | 4.40% | 3.00% |

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 2024:

| | Inflation rate | Prior year rate |
|-----------------|---------------------------|----------------------------|
| Year 1 | 3.60% | 7.40% |
| Year 2 | 1.80% | 0.60% |
| Into perpetuity | 2.00% | 2.00% |

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

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 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.19 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 1.20 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 1.21 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 1.22 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted

There are no other standards, amendments and interpretations that have been issued but are not yet effective or adopted for the public sector that require disclosure in these financial statements.

Note 1.24 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Segmental reporting

The Trust has one material segment, being the provision of healthcare. Divisions within the Trust all have similar economic characteristics. Private patient activity is not considered material enough to warrant segmental reporting.

Charities consolidation

Management considers 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 1.25 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Non-Current Assets

Values are as disclosed in notes 13, tangible assets, and note 12 intangible assets. Asset lives, with the exception of land and buildings, are set out in note 1.8 and 1.9 with maximum lives being set by reference to the type of asset and its expected useful life in normal use. Land and building lives are based on the recommendations received from the District Valuer.

A revaluation of the Trust's Land and buildings has been conducted by the District Valuer (note 15). These values and assets lives reflect both local and national property indices.

Provisions for early retirements and injury benefits (note 29)

The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the year, taking into account the risks and uncertainties.

The carrying amount of both the early retirement and injury benefit provisions is estimated as the present value of those cash flows using HM Treasury's pension discount rate of 2.45% in real terms (prior year: 1.70%). The period over which future cash flows will be paid is estimated using the National life expectancy tables (England) as published by the Office of National Statistics.

Other Provisions (note 29)

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

Estimates of employer and public liability legal claims are made on the advice received from the National Health Service (NHS) Litigation Authority to the size and likely outcome of each individual claim. The Trust's maximum liability regarding each claim is limited to £10,000.

The Trusts has continued to provide the reinstatement costs for leased\tenancy properties and leased fleet vehicles to the extent that these leases and associated dilapidation provisions were in existence at IFRS16 transition and for new or extended leases where such costs are deemed not to be capital in nature.

Allowance for credit losses (note 22.2)

The Trust recognises the credit and liquidity risk of receivables which are past their due date. The impairment of such debt is based on a combination of the age of the debt and likelihood of payment and information held by management on the individual circumstances surrounding the debt

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

The majority of 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 (by nature) | 2023/24 £000 | 2022/23 £000 |
|---|-------------------------|-------------------------|
| Ambulance services | | |
| A & E income | 304,408 | 285,964 |
| Patient transport services income | 45,020 | 37,899 |
| Other income | 33,219 | 24,661 |
| All services | | |
| Private patient income | 40 | - |
| National pay award central funding*** | - | 11,997 |
| Additional pension contribution central funding** | 12,495 | 11,289 |
| Total income from activities | 395,182 | 371,810 |

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

**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.

Prior year comparator: ***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 3.2 Income from patient care activities (by source)

| | 2023/24 £000 | 2022/23 £000 |
|---|-------------------------|-------------------------|
| Income from patient care activities received from: | | |
| NHS England | 14,215 | 25,503 |
| Clinical commissioning groups | | 81,605 |
| Integrated care boards | 377,985 | 262,048 |
| Other NHS providers | 926 | 1,083 |
| Local authorities | 52 | 51 |
| Non-NHS: private patients | 40 | 36 |
| Injury cost recovery scheme | 659 | 569 |
| Non NHS: other | 1,305 | 915 |
| Total income from activities | 395,182 | 371,810 |
| Of which: | | |
| Related to continuing operations | 395,182 | 371,810 |

Note 4. Other operating income**Note 4.1 Other Operating Income**

| | 2023-24 | | | 2022-23 | | |
|---|-----------------|-----------------|---------------|-----------------|-----------------|---------------|
| | Contract | Non- | | Contract | Non- | |
| | income | contract | Total | income | contract | Total |
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Research and development | 581 | - | 581 | 345 | - | 345 |
| Education and training | 4,930 | 1,283 | 6,213 | 5,180 | 774 | 5,954 |
| Income in respect of employee benefits accounted on a gross basis | 966 | | 966 | 910 | | 910 |
| Receipt of capital grants and donations and peppercorn leases | | 32 | 32 | | - | - |
| Charitable and other contributions to expenditure | | 91 | 91 | | 711 | 711 |
| Other income | 2,455 | - | 2,455 | 2,479 | - | 2,479 |
| Total other operating income | 8,932 | 1,406 | 10,338 | 8,913 | 1,485 | 10,398 |

Of which:

| | | |
|----------------------------------|---------------|---------------|
| Related to continuing operations | 10,338 | 10,398 |
|----------------------------------|---------------|---------------|

Note 5 Operating expenses

| | 2023-24 | 2022-23 |
|---|----------------|----------------|
| | £000 | £000 |
| Purchase of healthcare from NHS and DHSC bodies | 185 | 219 |
| Purchase of healthcare from non-NHS and non-DHSC bodies | 15,305 | 15,465 |
| Staff and executive directors costs | 306,084 | 287,754 |
| Remuneration of non-executive directors | 136 | 150 |
| Supplies and services - clinical (excluding drugs costs) | 10,025 | 6,556 |
| Supplies and services - general | 1,745 | 3,468 |
| Drug costs (drugs inventory consumed and purchase of non-inventory drugs) | 354 | 417 |
| Consultancy costs | 705 | 1,317 |
| Establishment | 4,925 | 5,703 |
| Premises | 11,707 | 13,640 |
| Transport (including patient travel) | 28,260 | 27,850 |
| Depreciation on property, plant and equipment | 14,381 | 14,750 |
| Amortisation on intangible assets | 1,029 | 1,019 |
| Net impairments | (341) | (155) |
| Movement in credit loss allowance: contract receivables / contract assets | (14) | 43 |
| Increase/(decrease) in other provisions | 162 | (4,309) |
| Change in provisions discount rate(s) | (304) | (1,820) |
| Fees payable to the external auditor: | | |
| - audit services- statutory audit* | 249 | 132 |
| Internal audit costs | 98 | 109 |
| Clinical negligence | 2,944 | 2,632 |
| Legal fees | 262 | 280 |
| Insurance | 35 | 16 |
| Research and development | 181 | 14 |
| Education and training | 3,480 | 2,846 |
| Expenditure on short term leases | 2,152 | 2,806 |
| Hospitality | 9 | - |
| Losses, ex gratia & special payments | 762 | 331 |
| Other | 1,531 | 684 |
| Total | 406,047 | 381,917 |
| Of which: | | |
| Related to continuing operations | 406,047 | 381,917 |

*23/24 audit fee includes £115k of prior year auditor fees.

Note 5.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2022-23: £2 million).

Note 6 Impairment of assets

| | 2023-24 | 2022-23 |
|---|----------------|----------------|
| | £000 | £000 |
| Net impairments charged to operating surplus / deficit resulting from: | | |
| Changes in market price | (341) | (155) |
| Other | - | - |
| Total net impairments charged to operating surplus / deficit | (341) | (155) |
| Impairments charged to the revaluation reserve | - | - |
| Total net impairments | (341) | (155) |

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 2024 with a prospective valuation date of 31 March 2024.

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 £341k impairment reversal (gain) as a result of these valuations due to changes in market price.

Note 7 Employee benefits

| | 2023-24 | 2022-23 |
|--|----------------|----------------|
| | Total | Total |
| | £000 | £000 |
| Salaries and wages | 233,180 | 224,249 |
| Social security costs | 24,851 | 22,397 |
| Apprenticeship levy | 1,061 | 1,159 |
| Employer's contributions to NHS pensions | 41,792 | 37,025 |
| Termination benefits | 325 | 385 |
| Temporary staff (including agency) | 4,988 | 2,666 |
| Total gross staff costs | 306,197 | 287,881 |
| Recoveries in respect of seconded staff | - | - |
| Total staff costs | 306,197 | 287,881 |
| Of which | | |
| Costs capitalised as part of assets | 113 | 127 |

Note 7.1 Retirements due to ill-health

During 2023-24 there were no early retirements from the trust agreed on the grounds of ill-health (12 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements are 0k (£578k in 2022-23).

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

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State 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 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 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 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% from 1 April 2024 (previously 20.6%).

The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly reached. As a result, there was no impact on the member benefit structure or contribution rates.

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.

| | 2023-24 | 2022-23 |
|-----------------------------|----------------|----------------|
| | £000 | £000 |
| Interest on bank accounts | 3,860 | 1,962 |
| Total finance income | 3,860 | 1,962 |

Note 10 Finance expenditure

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

| | 2023-24 | 2022-23 |
|---|----------------|----------------|
| | £000 | £000 |
| Interest expense: | | |
| Interest on loans from the Department of Health and Social Care | 57 | 64 |
| Interest on lease obligations | 384 | 76 |
| Total interest expense | 441 | 140 |
| Unwinding of discount on provisions | 164 | (37) |
| Total finance costs | 605 | 103 |

Note 11 Other gains / (losses)

| | 2023-24 | 2022-23 |
|---|----------------|----------------|
| | £000 | £000 |
| Gains on disposal of assets | 14 | 269 |
| Total gains / (losses) on disposal of assets | 14 | 269 |

Note 12 Intangible assets - 2023-24

| | Software licences £000 | Intangible assets under construction £000 | Total £000 |
|---|------------------------------|---|---------------|
| Valuation / gross cost at 1 April 2023 - brought forward | 8,168 | 107 | 8,275 |
| Additions | 140 | 145 | 285 |
| Disposals / derecognition | (3,206) | - | (3,206) |
| Valuation / gross cost at 31 March 2024 | 5,102 | 252 | 5,354 |
| Amortisation at 1 April 2023 - brought forward | 4,947 | - | 4,947 |
| Provided during the year | 1,029 | - | 1,029 |
| Disposals / derecognition | (3,196) | - | (3,196) |
| Amortisation at 31 March 2024 | 2,780 | - | 2,780 |
| Net book value at 31 March 2024 | 2,322 | 252 | 2,574 |
| Net book value at 1 April 2023 | 3,221 | 107 | 3,328 |

Note 12.1 Intangible assets - 2022-23

| | Software licences £000 | Intangible assets under construction £000 | Total £000 |
|--|------------------------------|---|---------------|
| Valuation / gross cost at 1 April 2022 - as previously stated | 7,404 | 47 | 7,451 |
| Additions | 764 | 60 | 824 |
| Disposals / derecognition | - | - | - |
| Valuation / gross cost at 31 March 2023 | 8,168 | 107 | 8,275 |
| Amortisation at 1 April 2022 - as previously stated | 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 13.1 Property, plant and equipment - 2023-24

| | Land £000 | Buildings excludin g dwellings £000 | Assets under constructio n £000 | Plant & machiner y £000 | Transport equipmen t £000 | Informatio n technology £000 | Furnitur e & fittings £000 | Total £000 |
|---|---------------|---|---|----------------------------------|------------------------------------|---------------------------------------|-------------------------------------|-----------------|
| Valuation/gross cost at 1 April 2023 - brought forward | 20,599 | 47,961 | 16,764 | 16,681 | 50,738 | 21,698 | 285 | 174,726 |
| Additions | - | - | 14,232 | 211 | - | 1,950 | - | 16,393 |
| Reversals of impairments | - | 198 | - | - | - | - | - | 198 |
| Revaluations | 70 | 1,825 | - | - | - | - | - | 1,895 |
| Reclassifications | - | - | (3,400) | - | 3,400 | - | - | - |
| Disposals / derecognition | - | - | - | (492) | (2,614) | (9,460) | - | (12,566) |
| Valuation/gross cost at 31 March 2024 | 20,669 | 49,984 | 27,596 | 16,400 | 51,524 | 14,188 | 285 | 180,646 |
| Accumulated depreciation at 1 April 2023 - brought forward | - | - | - | 9,411 | 36,375 | 14,705 | 224 | 60,715 |
| Provided during the year | - | 1,540 | - | 1,920 | 4,655 | 2,722 | 19 | 10,856 |
| Reversals of impairments | - | (143) | - | - | - | - | - | (143) |
| Revaluations | - | (1,397) | - | - | - | - | - | (1,397) |
| Disposals / derecognition | - | - | - | (478) | (2,555) | (9,410) | - | (12,443) |
| Accumulated depreciation at 31 March 2024 | - | - | - | 10,853 | 38,475 | 8,017 | 243 | 57,588 |
| Net book value at 31 March 2024 | 20,669 | 49,984 | 27,596 | 5,547 | 13,049 | 6,171 | 42 | 123,058 |
| Net book value at 1 April 2023 | 20,599 | 47,961 | 16,764 | 7,270 | 14,363 | 6,993 | 61 | 114,011 |

Note 13.2 Property, plant and equipment - 2022-23

| | Land £000 | Buildings excluding dwellings £000 | Assets under construction £000 | Plant & machinery £000 | Transport equipment £000 | Information technology £000 | Furniture & fittings £000 | Total £000 |
|--|---------------|---|---|------------------------------|--------------------------------|-----------------------------------|---------------------------------|----------------|
| Valuation / gross cost at 1 April 2022 - as previously stated | 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 |
| Reversals of impairments | - | 17 | - | - | - | - | - | 17 |
| Revaluations | 135 | 395 | - | - | - | - | - | 530 |
| Reclassifications | - | - | (2,087) | 410 | 1,643 | 34 | - | - |
| 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 - as previously stated | - | - | - | 7,498 | 35,066 | 12,192 | 195 | 54,951 |
| Provided during the year | - | 1,505 | - | 2,056 | 5,087 | 2,513 | 29 | 11,190 |
| 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 13.3 Property, plant and equipment financing - 31 March 2024

| | Land | Buildings excludin g dwellings | Assets under constructio n | Plant & machiner y | Transport equipmen t | Informatio n technology | Furnitur e & fittings | Total |
|--|---------------|---|-------------------------------------|--------------------------|----------------------------|-------------------------------|-----------------------------|----------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Owned - purchased | 20,669 | 49,984 | 27,596 | 5,547 | 13,049 | 6,171 | 42 | 123,058 |
| Owned - donated/granted | - | - | - | - | - | - | - | - |
| Total net book value at 31 March 2024 | 20,669 | 49,984 | 27,596 | 5,547 | 13,049 | 6,171 | 42 | 123,058 |

Note 13.4 Property, plant and equipment financing - 31 March 2023

| | Land | Buildings excludin g dwellings | Assets under constructio n | Plant & machiner y | Transport equipmen t | Informatio n technology | Furnitur e & fittings | Total |
|--|---------------|---|-------------------------------------|--------------------------|----------------------------|-------------------------------|-----------------------------|----------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Owned - purchased | 20,599 | 47,961 | 16,764 | 7,270 | 14,363 | 6,993 | 61 | 114,011 |
| Owned - donated/granted | - | - | - | - | - | - | - | - |
| Total net book value at 31 March 2023 | 20,599 | 47,961 | 16,764 | 7,270 | 14,363 | 6,993 | 61 | 114,011 |

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 March 2024 with a prospective valuation date of 31 March 2024.

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

This note details information about leases for which the Trust is a lessee.

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

Note 16.1 Right of use assets - 2023-24

| | Property (land and buildings) £000 | Plant & machinery £000 | Transport equipment £000 | Total £000 | Of which: leased from DHSC group bodies £000 |
|---|---|---|---|-----------------------|---|
| Valuation / gross cost at 1 April 2023 - brought forward | 6,052 | - | 11,689 | 17,741 | 709 |
| Additions | 1,342 | 5,885 | 4,184 | 11,411 | 168 |
| Movements in provisions for restoration / removal costs | (195) | - | - | (195) | - |
| Valuation/gross cost at 31 March 2024 | 7,199 | 5,885 | 15,873 | 28,957 | 877 |
| Accumulated depreciation at 1 April 2023 - brought forward | 800 | - | 2,760 | 3,560 | 134 |
| Provided during the year | 652 | - | 2,873 | 3,525 | 132 |
| Accumulated depreciation at 31 March 2024 | 1,452 | - | 5,633 | 7,085 | 266 |
| Net book value at 31 March 2024 | 5,747 | 5,885 | 10,240 | 21,872 | 611 |
| Net book value at 1 April 2023 | 5,252 | - | 8,929 | 14,181 | 575 |
| Net book value of right of use assets leased from other NHS providers | | | | | 422 |
| Net book value of right of use assets leased from other DHSC group bodies | | | | | 189 |

Note 16.2 Right of use assets - 2022-23

| | Property (land and buildings) £000 | Plant & machinery £000 | Transport equipment £000 | Total £000 | Of which: leased from DHSC group bodies £000 |
|--|---|---|---|-----------------------|---|
| Valuation / gross cost at 1 April 2022 - brought forward | | | | | |
| 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 |
| Accumulated depreciation at 1 April 2022 - brought forward | | | | | |
| Provided during the year | 800 | - | 2,760 | 3,560 | 134 |
| Disposals / derecognition | - | - | - | - | - |
| 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 at 1 April 2022 | - | - | - | - | - |
| 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 16.3 Revaluations of right of use assets

The Trust did not undertake any revaluation of its Right of Use assets during 2023-24.

Note 16.4 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 23.1.

| | 2023/24 £000 | 2022/23 £000 |
|--|-----------------|-----------------|
| Carrying value at 31 March | 14,329 | - |
| IFRS 16 implementation - adjustments for existing operating leases | | 10,773 |
| Lease additions | 11,411 | 6,579 |
| Lease liability remeasurements | - | - |
| Interest charge arising in year | 384 | 76 |
| Lease payments (cash outflows) | (7,522) | (3,099) |
| Carrying value at 31 March | 18,602 | 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 16.5 Maturity analysis of future lease payments

| | Total 31 March 2024 £000 | Of which leased from DHSC group bodies: 31 March 2024 £000 | Total 31 March 2023 £000 | Of which leased from DHSC group bodies: 31 March 2023 £000 |
|---|-----------------------------------|--|-----------------------------------|--|
| Undiscounted future lease payments payable in: | | | | |
| - not later than one year; | 5,925 | 135 | 3,563 | 135 |
| - later than one year and not later than five years; | 10,901 | 286 | 6,246 | 318 |
| - later than five years. | 2,749 | 229 | 5,001 | 145 |
| Total gross future lease payments | 19,575 | 650 | 14,810 | 598 |
| Finance charges allocated to future periods | (973) | (15) | (481) | (19) |
| Net lease liabilities at 31 March 2024 | 18,602 | 635 | 14,329 | 579 |
| Of which: | | | | |
| Leased from other NHS providers | | 450 | | 363 |
| Leased from other DHSC group bodies | | 185 | | 216 |

Note 17 Inventories

| | 31 March 2024 £000 | 31 March 2023 £000 |
|---------------------------------------|---------------------------------------|---------------------------------------|
| Drugs | 174 | 125 |
| Consumables | 1,415 | 1,967 |
| Other | 813 | 463 |
| Total inventories | <u>2,402</u> | <u>2,555</u> |
| of which: | | |
| Held at fair value less costs to sell | 2,402 | 2,555 |

Inventories recognised in expenses for the year were £12,291k (2022-23: £10,417k). Write-down of inventories recognised as expenses for the year were £0k (2022-23: £0k).

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 2023-24 the Trust received £91k of items purchased by DHSC (2022-23: £711k).

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.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 18.1 Receivables

| | 31 March 2024 £000 | 31 March 2023 £000 |
|--|---------------------------------------|---------------------------------------|
| Current | | |
| Contract receivables* | 5,300 | 16,608 |
| Allowance for impaired contract receivables / assets | (557) | (586) |
| Prepayments (non-PFI) | 3,343 | 2,963 |
| Interest receivable | 302 | 307 |
| PDC dividend receivable | - | 272 |
| VAT receivable | 847 | 879 |
| Other receivables | 546 | 458 |
| Total current receivables | <u>9,781</u> | <u>20,901</u> |
| Non-current | | |
| Contract receivables | 366 | 297 |
| Total non-current receivables | <u>366</u> | <u>297</u> |
| Of which receivable from NHS and DHSC group bodies: | | |
| Current | 2,857 | 14,438 |

*Prior year contract receivables included the agenda for change 2022-23 pay offer central funding £12m.

Note 18.2 Allowances for credit losses

| | 2023-24 Contract receivables and contract assets £000 | 2022-23 Contract receivables and contract assets £000 |
|---|---|---|
| Allowances as at 1 April - brought forward | 586 | 573 |
| New allowances arising | - | 33 |
| Changes in existing allowances | - | 10 |
| Reversals of allowances | (14) | - |
| Utilisation of allowances (write offs) | (15) | (30) |
| Allowances as at 31 Mar 2024 | 557 | 586 |

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

| | 2023-24 | 2022-23 |
|---|----------------|----------------|
| | £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 | - | - |
| Assets sold in year | - | (235) |
| NBV of non-current assets for sale and assets in disposal groups at 31 March | <u>-</u> | <u>-</u> |

Note 20.1 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.

| | 2023-24 | 2022-23 |
|---|----------------|----------------|
| | £000 | £000 |
| At 1 April | 61,887 | 75,927 |
| Net change in year | (1,680) | (14,040) |
| At 31 March | 60,207 | 61,887 |
| Broken down into: | | |
| Cash with the Government Banking Service | 60,141 | 61,887 |
| Total cash and cash equivalents as in SoFP | 60,207 | 61,887 |
| Total cash and cash equivalents as in SoCF | 60,207 | 61,887 |

Note 20.2 Third party assets held by the trust

The Trust does not hold any cash and cash equivalents on behalf of patients or other parties.

Note 21.1 Trade and other payables

| | 31 March 2024 £000 | 31 March 2023 £000 |
|--|---------------------------------------|---------------------------------------|
| Current | | |
| Trade payables | 1,964 | 755 |
| Capital payables | 8,912 | 4,865 |
| Accruals* | 15,740 | 29,971 |
| Social security costs | 5,998 | 13 |
| PDC dividend payable | 65 | - |
| Pension contributions payable | 4,136 | 3,568 |
| Other payables | 27 | 44 |
| Total current trade and other payables | <u>36,842</u> | <u>39,216</u> |
| Non-current | | |
| Other payables | - | - |
| Total non-current trade and other payables | <u>-</u> | <u>-</u> |
| Of which payables from NHS and DHSC group bodies: | | |
| Current | 1,144 | 2,987 |

*Prior year comparator: Accruals at 31 March 2023 included the agenda for change 2022-23 pay offer central funding of £12m.

Note 22 Other liabilities

| | 31 March 2024 £000 | 31 March 2023 £000 |
|--|---------------------------------------|---------------------------------------|
| Current | | |
| Deferred income: contract liabilities | 34 | 217 |
| Total other current liabilities | 34 | 217 |
| Non-current | | |
| Total other non-current liabilities | - | - |

Note 23.1 Borrowings

| | 31 March 2024 £000 | 31 March 2023 £000 |
|-------------------------------------|---------------------------------------|---------------------------------------|
| Current | | |
| Loans from DHSC | 336 | 337 |
| Lease liabilities | 5,925 | 3,563 |
| Total current borrowings | 6,261 | 3,900 |
| Non-current | | |
| Loans from DHSC | 2,497 | 2,831 |
| Lease liabilities | 12,677 | 10,766 |
| Total non-current borrowings | 15,174 | 13,597 |

Note 23.2 Reconciliation of liabilities arising from financing activities

| | Loans from DHSC £000 | Lease Liabilities £000 | Total £000 |
|---|-------------------------------|------------------------------|----------------|
| Carrying value at 1 April 2023 | 3,168 | 14,329 | 17,497 |
| Cash movements: | | | |
| Financing cash flows - payments and receipts of principal | (334) | (7,138) | (7,472) |
| Financing cash flows - payments of interest | (57) | (384) | (441) |
| Non-cash movements: | | | |
| Additions | - | 11,411 | 11,411 |
| Application of effective interest rate | 56 | 384 | 440 |
| Carrying value at 31 March 2024 | 2,833 | 18,602 | 21,435 |

| | Loans from DHSC £000 | Lease Liabilities £000 | Total £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 |

24 Provisions for liabilities and charges analysis

| | Pensions: early departure costs £000 | Pensions: injury benefits £000 | Legal claims £000 | Redundancy £000 | Other £000 | Total £000 |
|--|---|---|----------------------------------|----------------------------|-----------------------|-----------------------|
| At 1 April 2023 | 450 | 5,222 | 213 | 375 | 6,854 | 13,114 |
| Change in the discount rate | (12) | (273) | 64 | - | (150) | (371) |
| Arising during the year | 83 | 660 | 129 | - | 674 | 1,546 |
| Utilised during the year | (81) | (460) | (118) | (275) | (2,689) | (3,623) |
| Reversed unused | - | - | (107) | (100) | (375) | (582) |
| Unwinding of discount | 7 | 86 | - | - | 71 | 164 |
| At 31 March 2024 | 447 | 5,235 | 181 | - | 4,385 | 10,248 |
| Expected timing of cash flows: | | | | | | |
| - not later than one year; | 87 | 534 | 181 | - | 2,253 | 3,055 |
| - later than one year and not later than five years; | 299 | 1,681 | - | - | 799 | 2,779 |
| - later than five years. | 61 | 3,020 | - | - | 1,333 | 4,414 |
| Total | 447 | 5,235 | 181 | - | 4,385 | 10,248 |

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 £2,874k (2022-23 £2,886k); staff related claims and employment tribunals £1,511k (2022-23 £3,756k).

Note 24.1 Clinical negligence liabilities

At 31 March 2024, £26,567k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Yorkshire Ambulance Service NHS Trust (31 March 2023: £30,043k).

Note 25 Contingent assets and liabilities

| | 31 March 2024 £000 | 31 March 2023 £000 |
|--|-----------------------------------|-----------------------------------|
| Value of contingent liabilities | | |
| NHS Resolution legal claims | (99) | (88) |
| Gross value of contingent liabilities | (99) | (88) |
| Amounts recoverable against liabilities | - | - |
| Net value of contingent liabilities | (99) | (88) |

The Trust has no contingent assets.

Note 26 Contractual capital commitments

| | 31 March 2024 £000 | 31 March 2023 £000 |
|-------------------------------|-----------------------------------|-----------------------------------|
| Property, plant and equipment | 9,633 | 9,042 |
| Intangible assets | - | - |
| Total | 9,633 | 9,042 |

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 £000 | Total book value £000 |
|--|--|--|
| Carrying values of financial assets as at 31 March 2024 | | |
| Trade and other receivables excluding non-financial assets | 4,743 | 4,743 |
| Cash and cash equivalents | 60,207 | 60,207 |
| Total at 31 March 2024 | 64,950 | 64,950 |

| | Held at amortised cost £000 | Total book value £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 |

Note 28.3 Carrying values of financial liabilities

| | Held at amortised cost £000 | Total book value £000 |
|---|--|--|
| Carrying values of financial liabilities as at 31 March 2024 | | |
| Loans from the Department of Health and Social Care | 2,833 | 2,833 |
| Obligations under leases | 18,602 | 18,602 |
| Trade and other payables excluding non-financial liabilities | 26,643 | 26,643 |
| Provisions under contract | 4,565 | 4,565 |
| Total at 31 March 2024 | 52,643 | 52,643 |

| | Held at amortised cost £000 | Total book value £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 |

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 2024 £000 | 31 March 2023 £000 |
|--|-----------------------------------|-----------------------------------|
| In one year or less | 34,956 | 44,679 |
| In more than one year but not more than five years | 13,657 | 8,550 |
| In more than five years | 4,865 | 7,564 |
| Total | <u>53,478</u> | <u>60,793</u> |

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

| | 2023-24 | | 2022-23 | |
|--|---|--|---|--|
| | Total number of cases Number | Total value of cases £000 | Total number of cases Number | Total value of cases £000 |
| Losses | | | | |
| Cash losses | 11 | 9 | - | - |
| Bad debts and claims abandoned | 19 | 6 | 37 | 31 |
| Total losses | 30 | 15 | 37 | 31 |
| Special payments | | | | |
| Compensation under court order or legally binding arbitration award | 3 | 13 | - | - |
| Ex-gratia payments | 32 | 226 | 39 | 1,041 |
| Total special payments | 35 | 239 | 39 | 1,041 |
| Total losses and special payments | 65 | 254 | 76 | 1,072 |
| Compensation payments received | | - | | |

There were no individual losses or special payments exceeding £300,000 in 2023-24.

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.

ICB Name*

NHS West Yorkshire ICB
NHS South Yorkshire ICB
NHS Humber & North Yorkshire ICB

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

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.

The Trust works with the Yorkshire Air Ambulance charity and provides medical staff for that service.

Note 31 Better Payment Practice code

| | 2023-24 | 2023-24 | 2022-23 | 2022-23 |
|---|----------------|----------------|----------------|----------------|
| Non-NHS Payables | Number | £000 | Number | £000 |
| Total non-NHS trade invoices paid in the year | 35,543 | 104,830 | 31,373 | 103,995 |
| Total non-NHS trade invoices paid within target | <u>33,648</u> | <u>98,707</u> | <u>28,919</u> | <u>98,156</u> |
| Percentage of non-NHS trade invoices paid within target | <u>94.7%</u> | <u>94.2%</u> | <u>92.2%</u> | <u>94.4%</u> |
| NHS Payables | | | | |
| Total NHS trade invoices paid in the year | 590 | 10,428 | 613 | 13,881 |
| Total NHS trade invoices paid within target | <u>520</u> | <u>8,995</u> | <u>549</u> | <u>13,403</u> |
| Percentage of NHS trade invoices paid within target | <u>88.1%</u> | <u>86.3%</u> | <u>89.6%</u> | <u>96.6%</u> |

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 32 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

| | 2023-24 | 2022-23 |
|---|----------------|----------------|
| | £000 | £000 |
| Cash flow financing | (4,756) | 10,824 |
| External financing requirement | (4,756) | 10,824 |
| External financing limit (EFL) | (4,756) | 10,824 |
| Under / (over) spend against EFL | - | - |

Note 33 Capital Resource Limit

| | 2023-24 | 2022-23 |
|--|----------------|----------------|
| | £000 | £000 |
| Gross capital expenditure | 28,089 | 23,829 |
| Less: Disposals | (133) | (356) |
| Less: Donated and granted capital additions | (32) | - |
| Charge against Capital Resource Limit | 27,924 | 23,473 |
| Capital Resource Limit | 27,924 | 23,473 |
| Under / (over) spend against CRL | - | - |

Note 34 Breakeven duty financial performance

| | 2023-24 | 2022-23 |
|--|----------------|----------------|
| | £000 | £000 |
| Adjusted financial performance surplus / (deficit) (control total basis) | 51 | 236 |
| Remove impairments scoring to Departmental Expenditure Limit | - | - |
| Add back non-cash element of On-SoFP pension scheme charges | - | - |
| Add back incremental impact of IFRS 16 on PFI revenue costs in 2023-24 | - | - |
| IFRIC 12 breakeven adjustment | - | - |
| Breakeven duty financial performance surplus / (deficit) | 51 | 236 |

Note 35 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 | £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 | 2023-24 |
| | £000 | £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 | 51 |
| Breakeven duty cumulative position | 21,353 | 31,507 | 40,757 | 46,281 | 45,321 | 53,524 | 53,760 | 53,811 |
| Operating income | 255,424 | 269,451 | 281,698 | 288,172 | 334,125 | 359,194 | 382,208 | 405,520 |
| Cumulative breakeven position as a percentage of operating income | 8.4% | 11.7% | 14.5% | 16.1% | 13.6% | 14.9% | 14.1% | 13.3% |

Statements of Responsibility

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
Chief Executive

27 June 2024

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
Chief Executive

27 June 2024

Kathryn Vause
Executive Director of Finance

27 June 2024

Independent Auditor’s Report

APPENDIX 1**NHS CODE OF GOVERNANCE: ANNUAL REPORT DISCLOSURES**

NHS Trusts are required to provide a specific set of disclosures to meet the requirement of the NHS Code of Governance (2023). These disclosures should be submitted as part of the annual report.

The provisions listed below are supported by information found in the Annual Report. The table indicates the sections of the Annual Report in which the relevant information is found.

| Code of Governance Reference | | NHS Code of Governance: Annual Report Disclosure Requirements | YAS Annual Report Section(s) |
|------------------------------|------|---|---|
| Section | Para | | |
| A | 2.1 | The board of directors should assess the basis on which the Trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. | Performance Report |
| A | 2.1 | The Trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy. | Performance Report New Strategy Annual Governance Statement |
| A | 2.3 | The Board of Directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the Trust's vision, values and strategy, it should seek assurance that management has taken corrective action. | Our People Culture and Leadership |

| Code of Governance Reference | | NHS Code of Governance: Annual Report Disclosure Requirements | YAS Annual Report Section(s) |
|------------------------------|------|--|---|
| Section | Para | | |
| A | 2.3 | The annual report should explain the Board's activities and any action taken, and the Trust's approach to investing in, rewarding and promoting the wellbeing of its workforce. | Our People Health and Wellbeing |
| A | 2.8 | The Board of Directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the Trust has entered. | System Collaboration Partnership Working |
| A | 2.8 | The Board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements. | Annual Governance Statement |
| B | 2.6 | The Board of Directors should identify in the annual report each non-executive director it considers to be independent, in accordance with the Code's criteria for independence. | Directors' Report |
| B | 2.13 | The annual report should give the number of times the Board and its committees met, and individual director attendance. | Directors' Report |
| C | 4.2 | The Board of directors should include in the annual report a description of each director's skills, expertise and experience. | Directors' report |

| Code of Governance Reference | | NHS Code of Governance: Annual Report Disclosure Requirements | YAS Annual Report Section(s) |
|------------------------------|------|--|------------------------------|
| Section | Para | | |
| C | 4.7 | All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors. | Annual Governance Statement |
| C | 4.13 | The annual report should describe the work of the remuneration and nominations committee. | Annual Governance Statement |
| D | 2.4 | The annual report should include the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed. | Not applicable to 2023-24. |
| D | 2.4 | The annual report should include an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans. | Annual Governance Statement |
| D | 2.4 | The annual report should include, where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit. | Not applicable to 2023-24 |

| Code of Governance Reference | | NHS Code of Governance: Annual Report Disclosure Requirements | YAS Annual Report Section(s) |
|------------------------------|------|---|--|
| Section | Para | | |
| D | 2.4 | The annual report should include an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services. | Not applicable to 2023-24 |
| D | 2.6 | The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy. | Statement of Directors' Responsibilities |
| D | 2.7 | The Board of Directors should carry out a robust assessment of the Trust's emerging and principal risks. | Annual Governance Statement |
| D | 2.8 | The Board of Directors should monitor the Trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The Board should report on internal control through the annual governance statement in the annual report. | Annual Governance Statement |
| D | 2.9 | In the annual accounts, the Board of Directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. | Financial Statements |

| Code of Governance Reference | | NHS Code of Governance: Annual Report Disclosure Requirements | YAS Annual Report Section(s) |
|------------------------------|------|--|------------------------------|
| Section | Para | | |
| E | 2.3 | Where a Trust releases an executive director, e.g. to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings. | Not applicable to 2023-24 |

The following disclosures show where the Trust has not fully complied with the Code of Governance.

| Code of Governance Reference | | Annual Report Disclosure: Comply or Explain Explanation required only where the Trust departs from the Code | Comply or Explain | |
|------------------------------|------|--|-------------------------------------|---|
| Section | Para | | Compliance Status | Explanation (where not fully compliant) |
| B | 2.15 | All directors should have access to the advice of the company secretary, who is responsible for advising the Board of Directors on all governance matters. Both the appointment and removal of the company secretary should be a matter for the whole Board. | Partially Complied in 2023-24 | <p>All directors have access to the company secretary.</p> <p>Under the Trust's current arrangements, the appointment and removal of the company secretary is a matter for the Remuneration and Nominations Committee rather than the whole Board.</p> <p>The Trust recognised this issue when creating the current role of Director of Corporate Services and Company Secretary, and the position will be reviewed in 2024-25.</p> |

| Code of Governance Reference | | Annual Report Disclosure: Comply or Explain | Comply or Explain | |
|------------------------------|------|---|---------------------------|---|
| Section | Para | | Compliance Status | Explanation (where not fully compliant) |
| D | 2.5 | <p>Explanation required only where the Trust departs from the Code</p> <p>Legislation requires an NHS trust to have a policy on its purchase of non-audit services from its external auditor.</p> | Did Not Comply in 2023-24 | <p>During 2023-24 the Trust identified that it did not have in place a policy regarding the purchase of non-audit services from its external auditor.</p> <p>An appropriate policy will be put in place during 2024-25.</p> <p>There is minimal risk as the Trust did not purchase non-audit services from its external auditor in 2023-24.</p> |

Glossary of Terms

| Term/Abbreviation | Definition/Explanation |
|--|--|
| Accident and Emergency 999 (A&E) Service | A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. |
| Advanced Medical Priority Dispatch System (AMPDS) | An international system that prioritises 999 calls using information about the patient as supplied by the caller. |
| Ambulance Quality Indicators (AQIs) | AQIs were introduced in April 2011 for all ambulance services in England and look at the quality of care provided as well as the speed of response to patients. The AQIs are ambulance specific and are concerned with patient safety and outcomes. |
| Ambulance Response Programme (ARP) | The Ambulance Response Programme (ARP) was established by NHS England in 2015 to review the way ambulance services operate, increase operational efficiency and to ensure a greater clinical focus. The trial helped to inform changes in national performance standards for all ambulance services which were introduced in 2018. |
| Annual Assurance Statement | The means by which the Accountable Officer declares their approach to, and responsibility for, risk management, internal control and corporate governance. It is also the vehicle for highlighting weaknesses which exist in the internal control system within the organisation. It forms part of the Annual Report and Accounts. |
| Automated External Defibrillator (AED) | A portable device that delivers an electric shock through the chest to the heart. The shock can then stop an irregular rhythm and allow a normal rhythm to resume in a heart in sudden cardiac arrest. |
| Bare Below the Elbows | An NHS dress code to help with infection, prevention and control. |
| Basic Life Support (BLS) | When a patient has a cardiac arrest and their heart stops beating, they can be provided with basic life support to help their chance of survival. Essentially chest compressions are provided to pump blood from the heart and around the body, ensuring the tissues and the brain maintain an oxygen supply. |
| Better Payment Practice Code (BPPC) | The BPPC was established to promote a better payment culture within the UK and urges all organisations to adopt a responsible attitude to paying on time. The target is to pay all invoices within 30 days of receipt. |

| | |
|--|---|
| Board Assurance Framework (BAF) | Provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their strategic objectives. |
| British Association for Immediate Care (BASICS) | A network of doctors who provide support to ambulance crews at serious road traffic collisions and other trauma incidents across the region. |
| Bronze Commander Training | A course designed to develop and equip ambulance services, health colleagues and Voluntary Aid Society Incident Managers at operational/bronze level to effectively manage major/catastrophic incidents. |
| Caldicott Guardian | A senior member of staff appointed to protect patient information. |
| Cardio-pulmonary Resuscitation (CPR) | A procedure used to help resuscitate a patient when their heart stops beating and breathing stops. |
| Care Bundle | A care bundle is a group of interventions (practices) related to a disease process that, when carried out together, result in better outcomes than when implemented individually. |
| Care Quality Commission (CQC) | An independent regulator responsible for monitoring and performance measuring all health and social care services in England. |
| Chair | The Chair provides leadership to the Board of Directors and chairs all Board meetings. The Chairman ensures key and appropriate issues are discussed by the executive and non-executive directors. |
| Chief Executive | The highest-ranking officer in the Trust, who is the Accountable Officer responsible to the Department of Health for the activities of the organisation. |
| 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 Performance Indicators (CPIs) | CPIs were developed by ambulance clinicians and are used nationally to measure the quality of important areas of clinical care. They are designed to support the clinical care we provide to patients by auditing what we do. |
| Clinical 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. |
| Clinical Local Research Networks (CLRNs) | Coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community. |
| Computer Aided Dispatch (CAD) | A method of dispatching ambulance resources. |
| Commissioning for Quality and Innovation (CQUIN) | The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals. |
| Dashboards | Summary of progress against Key Performance Indicators for review by managers or committees. |
| Dataset | A collection of data, usually presented in tabular form. |
| Department of Health (DH) | The government department which provides strategic leadership for public health, the NHS and social care in England. |
| Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) | For a small number of people who are approaching the last days of life, cardiopulmonary resuscitation (CPR) would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes. |
| Electrocardiograms (ECG) | An interpretation of the electrical activity of the heart. This is done by attaching electrodes onto the patient which record the activity of the different sections of the heart. |
| Electronic Patient Record (ePR) | A comprehensive electronic record of the care provided to patients. |
| Emergency Care Assistant (ECA) | Emergency Care Assistants work with clinicians responding to emergency calls. They work alongside a more qualified member of the ambulance team, giving support and help to enable them to provide patients with potentially life-saving care at the scene and transporting patients to hospital. |
| Emergency Care Practitioner (ECP) | Emergency Care Practitioners are paramedics who have received additional training in physical assessment, minor illnesses, minor injuries, working with the elderly, paediatric assessment, mental health and pharmacology. |
| Emergency Department (ED) | A hospital department responsible for assessing and treating patients with serious injuries or illnesses. |
| Emergency Medical Technician (EMT) | Works on an emergency ambulance to provide the care, treatment and safe transport of patients. |

| | |
|--|---|
| Emergency Operations Centre (EOC) | The department which handles all our emergency and routine calls and deploys the most appropriate response. The two EOCs are based in Wakefield and York. |
| Equality and Diversity | Equality legislation protects people from being discriminated against on the grounds of their sex, race, disability, etc. Diversity is about respecting individual differences such as race, culture, political views, religious views, gender, age, etc. |
| Face, Arm, Speech Test (FAST) | A brief test used to help determine whether or not someone has suffered a stroke. |
| Foundation Trust (FT) | NHS organisations which operate more independently under a different governance and financial framework. |
| General Practitioner (GP) | A doctor who is based in the community and manages all aspects of family health. |
| Governance | The systems and processes, by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community. |
| Hazardous Area Response Team (HART) | A group of staff who are trained to deliver ambulance services under specific circumstances, such as at height or underground. |
| Health Overview and Scrutiny Committees (HOSCs) | Local authority-run committees which scrutinise matters relating to local health services and contribute to the development of policy to improve health and reduce health inequalities. |
| Healthwatch | Healthwatch England is the independent consumer champion for health and social care in England. There are also local Healthwatch organisations where networks of individuals and community groups, such as faith groups and residents' associations, work together to improve health and social care services. |
| Human Resources (HR) | A function with responsibility for implementing strategies and policies relating to the management of individuals. |
| Immediate Life Support (ILS) | ILS training is for healthcare personnel to learn cardiopulmonary resuscitation (CPR), simple airway management and safe defibrillation (manual and/or AED), enabling them to manage patients in cardiac arrest until arrival of a cardiac arrest team. |
| Information Asset Owner (IAO) | An IAO is an individual within an organisation that has been given formal responsibility for the security of an information asset (or assets) in their particular work area. |
| Information, Communication and Technology (ICT) | The directorate responsible for the development and maintenance of all ICT systems and processes across Yorkshire Ambulance Service. |

| | |
|---|---|
| Information Governance (IG) | Allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care. |
| Information Management and Technology (IM&T) | This department consists of the IT Service Desk, Voice Communications Team, IT Projects Team and Infrastructure, Systems and Development Team which deliver all the Trust's IT systems and IT projects. |
| Integrated Business Plan (IBP) | Sets out an organisation's vision and its plans to achieve that vision in the future. |
| Integrated Care System (ICS) | <p>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.</p> <p>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.</p> |
| Key Performance Indicator (KPI) | A measure of performance. |
| Major Trauma | <p>Major trauma is serious injury and generally includes such injuries as:</p> <ul style="list-style-type: none"> • 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 |

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| | and triggers an escalation of care and review of an unwell patient. |
| National Health Service (NHS) | Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is funded by taxes. |
| National Learning Management System (NLMS) | Provides NHS staff with access to a wide range of national and local NHS eLearning courses as well as access to an individual's full training history. |
| National Reporting and Learning System (NRLS) | The NRLS is managed by NHS Improvement. The system enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care. |
| NHS 111 | NHS 111 is an urgent care service for people to call when they need medical help fast but it's not a 999 emergency. Calls are free from landlines and mobile phones. |
| NHS England and NHS Improvement | NHS Improvement and NHS England have worked together as a single organisation since 1 April 2019, to help improve care for patients and provide leadership and support to the wider NHS. NHS Improvement is an executive non-departmental public body, sponsored by the Department of Health and Social Care. |
| Non-Executive Directors (NEDs) | Drawn from the local community served by the Trust, they oversee the delivery of ambulance services and help ensure the best use of financial resources to maximise benefits for patients. They also contribute to plans to improve and develop services which meet the area's particular needs. |
| Paramedic | Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with colleagues, they assess a patient's condition and provide essential treatment. |
| Paramedic Practitioner | Paramedic practitioners come from a paramedic background and have additional training in injury assessment and diagnostic abilities. |
| 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. |

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| Personal Digital Assistants (PDAs) | Small computer units which help to capture more accurate data on Patient Transport Service performance and journey times and identify areas which require improvements. |
| Private and Events Service | Provides medical cover to private and social events for example, football matches, race meetings, concerts and festivals. It also provides ambulance transport for private hospitals, corporations and individuals. |
| Quality Governance Framework | A process to ensure that YAS is able to monitor and progress quality indicators from both internal and external sources. |
| Quality Strategy | Framework for the management of quality within Yorkshire Ambulance Service. |
| Rapid Response Vehicle (RRV) | A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance capable of transporting patients. |
| Resilience | The ability of a system or organisation to recover from a catastrophic failure. |
| Return of Spontaneous Circulation (ROSC) | ROSC is resumption of sustained perfusing cardiac activity associated with significant respiratory effort after cardiac arrest. |
| Safeguarding | Processes and systems for the protection of vulnerable adults, children and young people. |
| Safeguarding Referral | Yorkshire Ambulance Service staff are given information to help them identify warning signs of abuse or neglect and to report this via our Clinical Hub, to social care. Social care will follow up each referral to ensure that the vulnerable adult or child involved is safe. |
| Serious Incidents (SIs) | Serious Incidents include any event which causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud or has the potential to cause significant reputation damage. |
| Stakeholders | All those who may use the service, be affected by or who should be involved in its operation. |
| ST Elevation Myocardial Infarction (STEMI) | A type of heart attack. |
| Year to Date (YTD) | The period from the start of a financial year to the current time. |
| Yorkshire Air Ambulance (YAA) | An independent charity which provides an airborne response to emergencies in Yorkshire and has YAS paramedics seconded to it. |
| Yorkshire Ambulance Service (YAS) | The NHS provider of emergency and non-emergency ambulance services in Yorkshire and the Humber. |

Back Page Information

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