Yorkshire Ambulance Service NHS Trust

Yorkshire Ambulance Service Annual Report and Financial Accounts 2018-19

July 2019

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

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

Our main focus is to:

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

In addition we:

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

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

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

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

Our priorities for 2019-20 include:

Our Patients

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

- Continuing the development of our strategy for support services including further roll-out of the Hub and Spoke and Ambulance Vehicle Preparation programme.
- Continuing to implement the Trust's Quality Improvement Strategy, with a focus on engaging frontline staff, based on the Model for Improvement and evidence-based tool including Rapid Process Improvement methodology.

Our People

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

Our Partners and Communities

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

In addition we are committed to:

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

Our Purpose, Vision and Values

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

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

One Team

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

Innovation

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

Resilience

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

Empowerment

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

Integrity

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

Compassion

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

Chief Executive's Foreword

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

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

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

There have been many highlights during the year, one of which is the immensely successful roll-out of our electronic Patient Record (ePR) system which was designed and developed by our staff for our staff. The intuitive and easy-to-use ePR captures assessment and interaction information about our patients. This enables us to accurately share relevant and timely information with other healthcare providers involved in their care, leading to improved quality, clinical safety and patient experience.

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

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

Retaining and developing our non-emergency Patient Transport Service (PTS) is central to our aim of ensuring our patients benefit from integrated service delivery. Our focus this year has been on embedding the contract for Medical Non-Emergency Transport (MNET) services for Scarborough and Ryedale and the Vale of York clinical commissioning groups (CCGs) which began on 1 July 2018 for a five-year period, and securing our contracts in West Yorkshire.

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

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

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

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

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

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

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

Rod Barnes
Chief Executive

Chairman’s Report

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

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

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

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

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

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

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

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

Kathryn Lavery
Chairman

Performance Report

Operational Review - Caring for our Patients

Overview

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

A&E Operations

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

The four main aims of the ARP programme are:

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

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

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

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

Categories	National Standard	How long does the ambulance service have to make a decision?
Category 1	7 minutes mean response time 15 minutes 90th centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •30 seconds from the call being connected
Category 2	18 minutes mean response time 40 minutes 90th centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected
Category 3	120 minutes 90th centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected
Category 4	180 minutes 90th centile response time	The earliest of: •The problem is identified •An ambulance response is dispatched •240 seconds from the call being connected

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

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

Supporting projects

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

Fleet

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

Emergency Operations Centre (EOC) Re-Design

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

- system developments including introduction of Auto Dispatch to support ambulance dispatchers in rapidly deploying the right resources to meet patient need
- refurbishment and redesign of the York EOC
- an increase in the number of clinical advisors within EOC
- agreement on detailed plans for refurbishment and redesign of Wakefield EOC which supports both the current operational model and functional re-design (zonal) model.

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

Hear and Treat (H&T)

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

Low Acuity Transport (LAT) service

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

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

Roster Planning

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

Skill Mix Review

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

Our Clinical Focus

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

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

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

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

Major Trauma
Major trauma is any injury that has the potential to cause prolonged disability or death. Our clinicians use the Major Trauma Triage Tool to screen, treat and transport patients to regional major trauma centres, which has been shown to dramatically improve morbidity and mortality. YAS continues to lead the way in providing advanced analgesia for critically injured patients, with the

use of the Red Arrest Team (RAT) paramedics in providing Ketamine and trialling new analgesics such as Penthrox.

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

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

Frailty
Frailty is related to the ageing process and defines the group of older people who are at highest risk of falls, disability, admissions to hospital or the need for long-term care. Falls-related injuries place huge demand on the NHS and this has wider ramifications for the quality of life of those who have suffered as a result. We have introduced a frailty screening tool, and worked with health and social care partners, to improve the pathways of care into community and secondary care.

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

A&E Performance against National Targets
In 2018-19, our EOC staff received 998,731 emergency and routine calls, an average of over 2,736 calls a day. We responded to a total of 798,968 incidents through either a vehicle arriving on scene or by telephone advice. Clinicians based in our Clinical Hub which operates within the EOC triaged and helped just under 127,501 callers with their healthcare needs.

Performance against National Targets

	Mean	Target	90th Centile	Target
Category 1	7 minutes and 21 seconds	7 minutes	12 minutes and 37 seconds	15 minutes
Category 2	17 minutes and 40 seconds	18 minutes	42 minutes and 34 seconds	40 minutes
Category 3			1 hour, 58 minutes and 44 seconds	2 hours
Category 4			3 hours, 51 minutes and 47 seconds	3 hours

Patient Transport Service

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

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

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

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

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

Quality Improvements 2018-19

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

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

- The development of a vehicle checklist to standardise vehicle equipment, consumables and daily or weekly vehicle inspections. This provides documented evidence that checks have been carried out.
- Jump-on vehicle checks have been introduced, for our vehicles and those of our partner providers, to provide assurance that vehicles are clean and fit-for-purpose.
- Development of a suite of Standard Operating Procedures (SOPs) for staff to refer to as necessary and to encourage best practice.
- Roll-out of personal-issue smartphones to all operational staff. This will improve communication, assist remote working and facilitate online training opportunities.
- All PTS line managers, as part of their annual objectives, undertake a minimum of two back-to-the-floor days per year. They spend time on the frontline of our service getting to know staff, listening to their views and seeing how core roles are carried out, as well as experiencing our service through the eyes of the patient.
- PTS patients are being invited to provide feedback on the service they receive and the journeys they make with us. Our staff regularly visit hospital sites to speak to patients before and after their appointments and help them to provide their views. The information gathered will be used to inform improvements in the quality of their care and interactions with us.

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

NHS 111 and Integrated Urgent Care

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

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

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

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

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

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

Key performance information includes:

- 88.1% of calls answered within 60 seconds against a target of 95%
- 80.9% of clinical calls received a call back within two hours
- Of the calls answered, 11.0% were referred to 999, 14.7% were given self-care advice and 9.5% signposted to the emergency department (ED). The remainder were referred to attend a primary or community care service or attend another service such as dental.
- 663,319 calls to NHS 111 given clinical advice (45% of triaged calls)
- 119,243 patients directly booked an appointment
- 92% patient satisfaction with the service (based on the national Family and Friends Assessment Framework YTD up to Quarter 3); last year this was 91%.

NHS 111 Service Developments
Last year our focus was to secure the Integrated Urgent Care (IUC) contract in Yorkshire and the Humber and to develop the service towards the new NHS England IUC specification, with particular note to the following achievements:

- Increasing clinical advice to support the 50% IUC NHS England target
- Increasing direct booking to Out-of-Hours, Extended GP Schemes and Urgent Treatment Centres

- Increasing Emergency Department clinical validation with the support of external clinical resources through a sub-contract arrangement
- Clinical Quality/Quality developments through the implementation of two NHS Pathways releases introducing new clinical content to support patients further, particularly around sepsis, CPR instructions and ambulance validation.

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

- A *Leadership in Action* programme commenced with roll-out to all managers.
- Bespoke team leader development two-day programme for NHS 111 team leaders.
- A cultural development working group was established to look at feedback received about how it feels to work within NHS 111, to review the 2017 NHS staff survey results and to also look at how we work together with staff to embed and 'live' the YAS Values and Behavioural Framework – Living our Values. The working group will continue in 2019-20 to support our staff engagement programme as we progress with the development of our IUC service.
- Continued health and wellbeing initiatives with particular success from the Schwartz rounds embedded in the service line this year.
- For our clinical staff a skills assessment process has been undertaken as part of the wider Trust review to create Clinical Professional Development for clinicians within NHS 111 and sessions have been put in place, along with online resources, to enhance the skills of our staff.

Special Operations

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

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

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

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

The documentary series, *999 Rescue Squad,* filmed by Air Television Ltd and which aired for the first time in 2018, featured the YAS HART has proved very popular. During 2018 the series scooped the winner's award in the Low-cost Factual category at the Royal Television Society (Yorkshire) Awards and was a runner-up at the O_2 Media Awards (Yorkshire). A second series has been commissioned by UKTV to highlight the work of the team as they race against time to respond to incidents and rescue individuals in precarious and often life-threatening situations.

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

Fleet

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

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

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

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

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

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

Technology Developments

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

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

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

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

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

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

During 2018-19:

- 1,900 A&E operational staff were trained.
- 370 vehicles were fitted with a Toughbook device.
- 17 receiving locations at hospital emergency departments and stroke units went live.
- Around 1,200 ePRs were completed each day.
- Over 250,000 ePRs were completed in total across the Trust by early April 2019.
- At the 2018 *YAS STARS* Awards, the ePR Project Team was presented with the One Team Award in recognition of their cross-departmental team-working and commitment to a highly successful project.

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

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

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

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

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

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

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

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

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

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

You can check out the website at www.yas.nhs.uk

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

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

Our People

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

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

- Culture and Leadership including Diversity and Inclusion
- Recruitment, Retention and Resourcing
- Employee ‘Voice’
- Health and Wellbeing
- Education and Learning.

Culture and Leadership

Our Senior Leadership Team

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

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

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

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

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

Organisational Development
The *Living Our Values* Behavioural Framework was launched in January 2018 and is currently being embedded in everything we do. Our Board of Directors is committed to ensuring that the

values and associated behavioural framework are an integral part of our work and that we have a clear implementation plan to do this.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Recruitment, Retention and Resourcing

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

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

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

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

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

Recruitment Activity

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

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

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

Staff Costs

	Permanent £000	Other £000	2018/19 Total £000	2017/18 Total £000
Salaries and wages	150,212	-	**150,212**	140,203
Social security costs	14,556	-	**14,556**	13,714
Apprenticeship levy	731	-	**731**	683
Employer's contributions to NHS pension	18,433	-	**18,433**	17,111
Termination benefits	184	-	**184**	235
Temporary staff		2,235	**2,235**	3,187
Total Staff Costs	**184,116**	**2,235**	**186,351**	**175,133**

Our Workforce Profile

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

Staff Profile – Gender

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

Workforce Levels

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

Attrition

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

Exit Packages

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

Exit Packages agreed in 2017-18

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

Exit Packages agreed in 2018-19

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

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

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

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

Exit Packages – other departures analysis

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

Employee 'Voice'

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

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

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

Freedom to Speak Up Guardian

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

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

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

Partnership Working

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

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

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

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

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

Quality Improvement
During the year we began implementation of our Quality Improvement (QI) Strategy. A key focus of the strategy is engaging and supporting staff across all parts of the organisation to enable them to contribute ideas and to lead improvements in their own areas of work. The strategy has included the provision of QI training for staff and managers and support for an annual programme of QI Fellowships, drawn from a wide cross-section of our services. YAS staff have also been heavily involved in the national #ProjectA initiative focused on collaborative working across the ambulance services to give staff a direct voice in improving quality.

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

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

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

Health and Wellbeing

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

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

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

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

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

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

Occupational Health

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

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

Flu Campaign

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

Absence Management

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

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

Calendar Days Lost

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

Sickness Absence Percentage

	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trust Total (2018-19)	5.59%	5.14%	5.14%	5.16%	5.46%	5.34%	5.70%	6.02%	6.60%	7.05%	6.57%	6.31%
Trust Total (2017-18)	5.33%	5.08%	5.35%	5.76%	5.78%	5.83%	5.58%	5.65%	6.30%	7.06%	6.96%	6.35%

Education and Learning

Technology

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

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

Library and Knowledge Services

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

Apprenticeships and Career Development

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

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

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

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

Band 6 Paramedic Upskilling Training

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

Partnership Working

Community Engagement and Public Education

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

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

The Community Engagement Team attended a number of events including:

- "Kumonyall Let's Unite 2018" in Dewsbury where we took along the YAS community engagement ambulance as a focal point for members of the local community. This was a great opportunity to promote YAS as an employer of choice to BME communities in the area, engage with local councillors and deliver key public health messages.

- Hull Science Festival Weekend at Hull University on 16/17 September 2018. Over the weekend hundreds of children and adults talked to us and were invited to learn CPR and basic first aid.

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

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

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

If you would like to nominate your society or local community group for a free first aid awareness training session please email yas.membership@nhs.net with details.

Sharing Best Practice

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

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

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

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

Ongoing work includes:

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

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

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

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

Community Resilience

Community First Responders

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

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

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

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

In the last year it has been agreed that CFRs will be trained in automated blood pressure monitoring, as well as monitoring temperature. This, along with the introduction of SpO_2 last year enables volunteers to identify any patient deterioration which they can escalate through to the Clinical Hub, allowing our clinicians to then provide a NEWS 2 score. This helps them to respond appropriately and also provides more information for ambulance clinicians when handing over patients.

Community Defibrillators and CPR Awareness

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

Awards

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

Ambitions for 2019-20

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

Financial Review

Strategic Context

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

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

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

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

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

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

Income and Expenditure

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

Income

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

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

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

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

Expenditure

Combined revenue expenditure in 2018-19 was £272.4m; this was £12.6m higher than 2017-18. The breakdown of total expenditure can be seen in the table below:

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

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

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

Quality and Efficiency Savings/Cost Improvement Plans

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

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

Capital Expenditure

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

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

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

Cash/External Financing Limit (EFL)

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

Capital Cost Absorption Duty

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

Cost Allocation and Charges for Information

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

External Auditor's Remuneration

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

Yorkshire Ambulance Service Charity

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

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

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

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

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

Make a Donation

If you would like to make a donation or support the YAS Charity:

- Visit www.yascharity.org.uk
- Phone 01924 584369

www.facebook.com/YASCF
www.twitter.com/YAS_Charity

Registered Charity ***No. 1114106***

How We Work

Openness and Accountability Statement

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

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

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

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

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

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

Environmental Policy

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

The Trust has an Environmental Policy in place to ensure the reduction of its actions on the environment. The development of the Trust's Sustainable Development Management Plan, which will be consistent with local and national healthcare strategies, will set out our long-term commitment to sustainable reductions of our CO_2 emissions and carbon footprint. This report identifies CO_2 savings to be made within Estates, IT, Procurement and Fleet departments.

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

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

Green recognition

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

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

Looking Forward to 2019-20

Yorkshire Ambulance Service was the first ambulance service in the country to introduce hydrogen electric powered vehicles to its fleet. We continue to run our non-emergency Patient Transport Service vehicles as hydrogen diesel retrofits with funding from Innovate UK. We are also looking at innovative developments to try and reduce the emissions from our fleet, as well as working towards a long-term goal of eliminating diesel use and putting in place zero-emission vehicles. In addition to our focus on carbon, we are also committed to reducing wider environmental and social impacts associated with the procurement of goods and services as well as our operations through our fleet and our estate.

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

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

YAS Sustainability Report 2018-19

Yorkshire Ambulance Service was the first ambulance service in the country to draw up a Carbon Management Plan (now identified as the Sustainable Development Management Plan (SDMP), identifying the areas in which we can reduce our carbon footprint. The NHS Sustainable Development Unit (SDU), along with colleagues from the Department of Health and Social Care, have developed a standard reporting template for NHS organisations which form the basis for their Sustainability Report (SR). This is in line with data requirements in the HM Treasury's Financial Reporting Manual.

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

- We were the first ambulance service to lay out a Road to Zero Strategy to look at a long-term goal of eliminating emissions from our fleet and were one of the first signees to the Clean Van Commitment.
- We are starting to roll out electric vehicle charging points across our estate to enable the electrification of our fleet and eliminate emissions from the tailpipe of our fleet.
- The Trust has also been instrumental in driving forward an aerodynamic lightweight ambulance design. The first redesigned ambulances were introduced into the fleet in 2014. Aerodynamic designs have been adopted nationally into the procurement requirements. Our projects were also identified in Lord Carter's review into unwarranted variation in NHS ambulance trusts.
- We had three hydrogen hybrid vehicles on our fleet in 2018; the first ambulance service in the country to have vehicles of this type.
- We have stopped sending waste to landfill (a small amount is still produced as 'flock' from incineration) and are working to reduce the amount of waste that we generate through more paperless operations and returning waste to the suppliers. Waste diverted from landfill now goes to recovery for fuel. In 2018, we eliminated single-use plastic from our canteen through the 'Plastic Free YAS' initiative.
- In early 2019, we rolled out Warp-it which has enabled us to reduce disposal of unwanted furniture and identify locations that we can reuse furniture within our estate. Any furniture that is surplus to requirement will be offered to local charities and to date we have saved over £50,000 of furniture from landfill.

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

Information Governance

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

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

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

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

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

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

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

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

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

Information Governance Incidents

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

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

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

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

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

Fraud Prevention

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

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

Going Concern Statement

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

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

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

Accountability Report

The Board of Directors 2018-19
(with headshots)

Chairman
Kathryn Lavery

Chief Executive
Rod Barnes

Executive Director of Finance
Mark Bradley

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

Executive Medical Director
Dr Julian Mark

Executive Director of Operations
Nick Smith (from 12 November 2018)

Director of Workforce and Organisational Development
Christine Brereton

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

Non-Executive Directors
Erfana Mahmood (until 16 May 2018)
John Nutton
Ronnie Coutts (until 31 August 2018)
Phil Storr (Associate from 27 November 2018)
Tim Gilpin (Associate until 31 July 2018)
Richard Keighley (from 1 February 2018 until 25 January 2019)
Anne Cooper (from 18 January 2019)
Jeremy Pease (from 14 February 2019)
Stan Hardy (from 18 March 2019)

Directors' Disclosure Statement

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

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

Board of Directors and Committee Membership 2018-19

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

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

Declaration of Interests for the Financial Year 2018-19

Name/Dates	Paid / Unpaid Employment *(specify)*	Directorships of Commercial Companies	Share-holdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
NON-EXECUTIVE DIRECTORS (NED)							
Kathryn Lavery **Chairman** **1 July 2016**	Non-Executive Director Navigo, North East Lincolnshire Consultant to Hull University (retained contract) Advisory Board Member Agencia Consultancy, Hessle (unpaid)	Director of Kath Lavery Associates Chairman of Athena Aspire Ltd	None	None	Trustee of YAS Charity Chairman Humber Business Week .	None	Fellow of Institute of Directors

Name/Dates	Paid / Unpaid Employment *(specify)*	Directorships of Commercial Companies	Share-holdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
NON-EXECUTIVE DIRECTORS (NED)							
Anne Cooper **18 Jan 2019**	Non-Executive Director, Care Opinion CIC, Sheffield (unpaid) Non-Executive Director TEC Quality CIC, Wilmslow (unpaid) Non-Salaried Director Ethical Healthcare Consulting CIC, North Shields (paid for any delivery work) Associate mHabitat, Leeds and York				Trustee of YAS Charity		Nursing and Midwifery Council Registration

	Partnership NHS FT (paid) Self-Employed Anne Cooper, Mirfield						
Name/Dates	**Paid / Unpaid Employment** ***(specify)***	**Directorships of Commercial Companies**	**Share-holdings**	**Elected Office**	**Trusteeships or participation in the management of charities and other voluntary bodies**	**Public Appointments (paid or unpaid)**	**Membership of professional bodies/trade association or bodies**
NON-EXECUTIVE DIRECTORS (NED)							
Tim Gilpin **NED** **1 August 2018** Associate NED 31 Jan 2017 - 31 July 2018	Managing Director of TGHR Ltd.	Managing Director of TGHR Ltd.	None	None	Trustee of YAS Charity	School Governor Dixons Multi Academy Trust	Member of Chartered Institute of Personnel and Development (CIPD)
Stan Hardy **18 March 2019**	Non-Executive Director, Local Care Direct (LCD) (resigned on 7 March 2019)				Trustee of Duke of York's Community Initiative President of Leeds Royal	Deputy Lieutenant West Yorkshire	Fellow of Institute of Directors

					British Legion Trustee of YAS Charity		
John Nutton NED **5 June 2015**	Self-employed Corporate Finance practitioner, Springwell Corporate Finance in association with Cattaneo LLP	The Carbis Beach Apartments Management Company Limited	None	None	Trustee of YAS Charity Member of The Wakefield Grammar School Foundation Clayton Hospital Site Fund Raising Committee Member of the Wakefield Cathedral Friends Committee	None	Fellow of Institute of Chartered Accountants in England & Wales
Jeremy Pease **NED** **14 February 2019**	Green Oak Associates Ltd. (paid)	Director Green Oak Associates Ltd.	None	None	Trustee of YAS Charity	None	None

Name/Dates	**Paid / Unpaid Employment** ***(specify)***	**Directorships of Commercial Companies**	**Share-holdings**	**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 similar bodies**
CHIEF EXECUTIVE OFFICE AND EXECUTIVE DIRECTORS							
Rod Barnes Chief Executive Officer **6 May 2015**	None	None	None	None	Trustee of YAS Charity	CEO Lead Northern Ambulance Alliance Member of the Ambulance Improvement Programme NHSE/NHSI Senior Responsible Officer for West Yorkshire and Harrogate ICS Urgent and Emergency Care Board	Chartered Institute of Management Accountants

Name/Dates	Paid / Unpaid Employment *(specify)*	Directorships of Commercial Companies	Share-holdings	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 similar bodies
CHIEF EXECUTIVE OFFICE AND EXECUTIVE DIRECTORS							
Mark Bradley Executive Director of Finance **1 March 2017**	None	None	None	None	Trustee of YAS Charity	None	Chartered Institute of Management Accountants Healthcare Financial Managers Association (HFMA)
Dr Julian Mark Executive Medical Director **1 October 2013**	None	None	None	None	Trustee of YAS Charity	Chair of National Ambulance Service Medical Directors (NASMeD) Urgent and Emergency Care Clinical Lead Yorkshire	Faculty of Pre Hospital Care of the Royal College of Surgeons of Edinburgh British Association of Immediate Care Schemes (BASICS) Medical Protection

						& Humber Digital Care Board	Society Faculty of Medical Leadership and Management
Steve Page Executive Director of Quality, Governance and Performance Assurance (previously titled Standards and Compliance) **1 October 2009**	None	None	None	None	Trustee of YAS Charity	Care Quality Commission Well Led Reviewer	Nursing and Midwifery Council Registration
Nick Smith Executive Director of Operations **12 November 2018**	None	None	None	None	Trustee of YAS Charity	None	None

Name/Dates	Paid / Unpaid Employment *(specify)*	Directorships of Commercial Companies	Share-holdings	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 similar bodies
ASSOCIATE NON-EXECUTIVE DIRECTORS							
Phil Storr **Associate Non-Executive Director** 27 November 2018 Non-Executive Director/Deputy Chairman 1 April 2018 - 26 November 2018 Associate Non-Executive Director 31 Jan 2017 - 31 March 2018	MRL Eye Limited NHS Interim Management & Support (NHS IMAS) assignment to NHS England Eastern Region	MRL Eye Limited MRL Safety Ltd Medical Response Logistics Limited MRL Environmental Ltd Burn Grange Properties Ltd.	None	Vice-Chair of Burn Parish Council	None	Visiting Lecturer, Loughborough University Visiting Lecturer, Bournemouth University Associate of Emergency Planning College	Associate of Emergency Planning Society Member of Institute of Civil Protection & Emergency Management Health and Care Professions Council Member of the Federation of Small Businesses Member of Rail Supply Group - SME Council

NON-VOTING DIRECTORS (OFFICERS)							
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 similar bodies**
Christine Brereton Director of Workforce and Organisational Development **1 Nov 2017**	None	None	None	None	Trustee of YAS Charity	None	Fellow Member of Chartered Institute of Personnel and Development (CIPD)
Leaf Mobbs Director of Urgent Care and Integration (from 1 Nov 2017 - 30 Nov 2018 (on secondment to NHS England from 1 December 2018)	None	None	None	None	Trustee of YAS Charity	None	None

(Director of Planning and Development (until 31 Oct 2017) **13 June 2016**							

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 similar bodies
ARCHIVED INTERESTS: **NON-EXECUTIVE AND EXECUTIVE / NON-VOTING DIRECTORS**							
Erfana Mahmood **NED** **15 May 2012 -** **16 May 2018**	Chorley and District Building Society Walker Morris	Chorley and District Building Society Non-Executive Director, Plexus and Omega Housing (subsidiary of Mears Group Plc)	None	None	Trustee of YAS Charity	None	Member of Law Society
Ronnie Coutts **25 October 2016 -** **31 August 2018**	Serco Ltd.	None	None	None	Trustee of YAS Charity Trustee of the Alexander Fairey Memorial Fund Charity No: 10704088	None	None

Dr David Macklin Executive Director of Operations **7 May 2015 -** **25 October 2018**	None	None	None	None	Trustee of YAS Charity Medical Director, Yorkshire Air Ambulance Charity	Associate Tutor Emergency Services Training Centre, Wirral Board Member, NHS Pathways Programme Board, HSCIC	British Medical Association Fellow Institute of Civil Protection & Emergency Management Faculty of Pre Hospital Care of the Royal College of Surgeons of Edinburgh British Association of Immediate Care Schemes (BASICS) Medical Protection Society Faculty of Medical Leadership and Management
Richard Keighley **NED** **1 February 2018 -** **25 January 2019**	None	Portfolio FD Services Ltd.		None	Trustee of YAS Charity	None	Fellow of the Institute of Chartered Management Accountants - FCMA

Remuneration Report

Remuneration Policy

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

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

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

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

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

Salaries and Allowances of Senior Managers 2018-19

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

		2018-19						2017-18			
Name and title	Notes	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100*	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) 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	£000	£000	£000	£00	£000	£000
Rod Barnes Chief Executive		135-140	90			57.5-60	205-210	130-135	77	40-42.5	180-185
Mark Bradley Executive Director of Finance		120-125	-			70-72.5	195-200	120-125	-	32.5-35	155-160
Nick Smith Executive Director of Operations	1	40-45	-			15-17.5	60-65	n/a	n/a	n/a	n/a
Dr David Macklin Executive Director of Operations	2	75-80	-			-	75-80	115-120	33	30-32.5	150-155
Dr Julian Mark Executive Medical Director		130-135	-			20-22.5	150-155	125-130	-	35-37.5	165-170

Steve Page Deputy Chief Executive		110-115	81	32.5-35	150-155	105-110	71	25-27.5	135-140
Christine Brereton Executive Director of Human Resources and Organisational Development		110-115	-	25-27.5	135-140	45-50	-	32.5-35	75-80
Leaf Mobbs Director of Urgent Care and Integration	3	115-120	-	22.5-25	135-140	100-105	-	35-37.5	140-145
Dr Phil Foster Non-Executive Director	4	10-15	-	-	10-15	70-75	-	-	70-75
Kathryn Lavery Chairman		35-40	17	-	35-40	35-40	-	-	35-40
Erfana Mahmood Non-Executive Director	5	0-5	2	-	0-5	5-10	-	-	5-10
Anne Cooper Non-Executive Director	6	0-5	1	-	0-5	0-5	-	-	0-5
Jeremy Pease Non-Executive Director	7	0-5	-	-	0-5	-	-	-	-
Ronnie Coutts Non-Executive Director	8	0-5	4	-	0-5	5-10	-	-	5-10
John Nutton Non-Executive		5-10	5	-	5-10	-	-	-	-

Director									
Stan Hardy Non-Executive Director	9	0-5	-	-	0-5	-	-	-	-
Phil Storr Associate Non-Executive Director		5-10	9	-	5-10	5-10	-	-	5-10
Tim Gilpin Associate Non-Executive Director		5-10	4	-	5-10	5-10	-	-	5-10
Richard Keighley Non-Executive Director	10	5-10	9	-	5-10	-	-	-	-

1 From 12 November 2018
2 To 25 October 2018
3 To 18 December 2018
4 To 28 November, then Associate Non-Executive Director from 29 November 2018 to 31 March 2019
5 To 16 May 2018
6 From 3 December 2019
7 From 14 December 2019
8 To 31 August 2018
9 From 18 March 2019
10 From 1 February 2018 to 25 January 2019

Pension Entitlement Table 2018-19

This table has been subject to audit

	Notes	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31st March 2019 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31st March 2019 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1st April 2018	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31st March 2019	(h) Employer's contribution to stakeholder pension	(i) All pension-related benefits (bands of £2,500)
Name and title		£000	£000	£000	£000	£000	£000	£000	£000	£000
Rod Barnes Chief Executive		2.5-5	2.5-5	50-55	125-130	805	138	987	20	57.5-60
Mark Bradley Executive Director of Finance		2.5-5	-	35-40	90-95	542	111	687	17	70-72.5
Nick Smith Executive Director of Operations	1	0-2.5	-	30-35	55-60	449	32	561	6	15-17.5
Dr David Macklin Executive Director of Operations	2	0-2.5	-	25-30	55-60	329	26	402	10	-
Dr Julian Mark Executive Medical Director		0-2.5	-	40-45	95-100	616	86	739	18	20-22.5

Steve Page Deputy Chief Executive		0-2.5	5-7.5	45-50	145-150	981	129	1,154	15	32.5-35
Christine Brereton Executive Director of Human Resources and Organisational Development		0-2.5	-	5-10	-	47	20	82	14	25-27.5
Leaf Mobbs Director of Urgent Care and Integration	3	0-2.5	-	25-30	60-65	391	60	478	14	22.5-25
Dr Phil Foster Clinical Director for Urgent Care	4	Has opted out of Trust Pension Scheme								

1. From 12 November 2018
2. To 25 October 2018
3. To 18 December 2018
4. To 28 November, then Associate Non-Executive Director from 29 November 2018 to 31 March 2019

Fair Pay Disclosure 2018-19

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

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

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

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

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

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

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

Annual Governance Statement

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Yorkshire Ambulance Service NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Board of Directors (the Board) has reviewed its practice to ensure alignment with available corporate governance guidance and best practice. The Board recognises its accountabilities and provides leadership within a framework of prudent and effective controls which enables risk to be assessed and managed.

The Board sets the strategic aims for the organisation and ensures that resources are in place to meet its objectives. It receives reports at each meeting of the Board held in public on the principal risks and associated actions as detailed in the Trust's Board Assurance Framework, through a combination of risk management reports, appropriate scrutiny and reports from the Board sub-committees.

The Board meets quarterly in public, with additional meetings in private and Board Development Meetings scheduled on a two monthly basis. The Trust Board currently consists of:

- Chairman *
- 5 Non-Executive Directors (NEDs) *
- 1 Associate Non-Executive Director
- Chief Executive Officer *
- Executive Director of Finance *
- Executive Director of Operations *
- Executive Medical Director *
- Executive Director of Quality, Governance and Performance Assurance/ Deputy Chief Executive *

- Director of Workforce and Organisational Development
- Director of Urgent Care and Integration.

(* denotes voting members)

In addition, the Board functions are co-ordinated and supported by the Trust Secretary. The Board is primarily responsible for:

- Formulating strategy – vision, values, strategic plans and decisions
- Ensuring accountability – pursuing excellent performance and seeking assurance
- Shaping culture – patient focus, promoting and embedding values
- Engagement with internal and external stakeholders to support delivery of Trust aims and objectives
- Supporting and ensuring the financial balance of the organisation.

During the year there have been some changes to Board personnel, as follows:

- The Director of Urgent Care and Integration left the organisation on secondment in December 2018, and a new Interim Director has been appointed and will start in post early 2019/20.
- A new Chair of Audit Committee has been appointed.
- New NED members of the Board have joined within the year also as part of the typical tenure process.

Over the year, the Board, with its Committees continued to assess its own effectiveness whilst leading through a period of change, and to develop its ability to focus on strategic issues whilst assuring itself of the performance of the whole organisation. It has achieved this by the following:

- A co-ordinated work plan across the Board and its Committees, to ensure a focus on key decisions and governance dates during the year.

- Regular Board Strategic Development Sessions, to cover key strategic and development issues which have included:
    a. The Trust's 5-year Corporate Strategy Development, including the development and alignment of core enabling strategies.
    b. Oversight of delivery of the Well Led response plan following our externally commissioned review into Well Led conducted by PWC.
    c. Development of a suitable integrated Urgent Care offer to the system.
    d. Approaches to collaborative working across the Northern Ambulance sector through the Northern Ambulance Alliance and national Director level work streams.
    e. Financial Priorities, Performance and Planning aligned to the revised planning guidance.
    f. Quality governance including consideration of core Health & Safety requirements across the trust and the new Care Quality Commission Inspection regime and compliance expectations.
    g. The role of the Board in leading Quality Improvement.
    h. Board governance and committee arrangements.

i. Risk management including the Board Assurance Framework and refresh of our trust wide risk appetite.
j. The Board role in Health and Safety.
k. The Board role in delivery of the Diversity and Inclusion agenda, including ongoing sessions with the national lead for Race Equality to support the development of a plan including relevant board membership mix is representative the population we serve.
l. Full Board team development sessions supported by an external facilitator.

The Trust arrangements for quality governance are fully aligned to ensure compliance with the CQC Fundamental Standards and Well-Led framework. During the year representatives of NHSI have met regularly with Executive Directors and with the Trust Chairman to gain assurance on the rigour of Trust governance processes.

The Trust Board has been underpinned throughout 2018-19 by five key committees/management groups:

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

In addition, the Remuneration Committee advises the Trust Board about appropriate remuneration, terms of service, contractual arrangements and performance evaluation for the Chief Executive and other Executive Directors. The Charitable Funds Committee also supports the Board in discharging its responsibilities as trustees of the Trust charitable funds.

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

The Trust Executive Group (TEG) meets weekly and has four key functions: Strategy and Planning, Systems of Management Control, Assurance and Performance and Risk Management. This specifically includes the following responsibilities:

- Develop Strategy, Business and Operating Plans for approval of the Board;
- Oversee the day-to-day management of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities, both clinical and non-clinical, which also supports the achievement of the Trust's objectives and compliance with relevant regulatory, legal and code of conduct requirements;
- Review key areas of governance and risk highlighted through the Performance Management Framework;
- Develop and embed the policies, processes and systems required to support Trust wide delivery of the strategy, ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements;
- Deliver all risk and control related disclosure statements, in particular the Annual Governance Statement and declarations of compliance with the Essential Standards of Quality and Safety, prior to endorsement by the Board;

- Manage all significant risks, incidents and events, ensuring effective action to mitigate future risk.

The Chief Executive Officer, as Accountable Officer, presents a progress report from the TEG to each meeting of the Board.

As Chief Executive Officer (CEO), I lead on the maintenance of an effective risk management system within the Trust, for meeting all statutory requirements and adhering to guidance issued by the Department of Health in respect of governance. Leadership is also provided by the directors and managers at all levels in the managerial hierarchy, who ensure that effective risk management is implemented within their areas of responsibility.

The Executive Director of Quality, Governance and Performance Assurance has lead responsibility for managing the development and implementation of risk management (excluding financial risk management) and integrated governance. The Director routinely provides the Trust Board, the Quality Committee, Audit Committee and other management groups with expert advice and reports on risk management and assurance. The Director ensures that the Board has access to regular and appropriate risk management information, advice, support and training where required.

The Executive Director of Finance has lead responsibility for financial risk management. The Director advises the Trust Board, the Audit Committee and Finance and Investment Committee, the Trust Executive Group and Trust Management Group on an on-going basis, about risks associated with the Trust's financial procedures, and the financial elements (capital and revenue) of its activities, through the integrated governance framework.

The Executive Medical Director has lead responsibility for clinical risk management, ensuring that all clinical procedural documents are maintained and current. The Director advises the Trust Board, Quality Committee, Clinical Governance Group, and other management groups as appropriate, on risks associated with the Trust's clinical procedures and practices.

The Trust Management Group (TMG) reports to Board via TEG, and consists of the Executive Directors and Deputy/Associate Directors and is chaired by the Chief Executive and Executive Directors. The TMG continues to be developed as the main management decision making body of the organisation. It provides TEG with assurances on governance and compliance on areas of delegated responsibility, including: monitoring and review of performance in relation to operational, quality, workforce and financial objectives, identification and management of key risks, including review of the Board Assurance Framework and Corporate Risk Register, action to address key risks to delivery and on operational issues and problems, overseeing delivery of the Trust service transformation programme and cost improvement programme, Internal Audit Plan progress and annual planning process and contributing to the development of strategy and policy including the Operational Plan development and Business Planning Development.

Risk assessment is the overall process of risk identification, risk analysis and risk evaluation. The process assists the Trust to manage, reduce or eradicate identified risks in order to protect the safety of patients, staff, visitors, volunteers and the organisation as a whole. The identification of risk takes many forms and involves both a proactive approach and one which reviews risks retrospectively. Therefore the Trust risk assessment is a dynamic process.

Risks are identified proactively by the Board and senior management team as part of the five-year and annual business planning cycles. As part of this process the Board assesses its overall risk profile, taking into account the key business risks, Trust capacity and capability to address these, and the Board's appetite for risk including the target residual risk. The Board agrees an annual risk appetite statement. This information informs the Board Assurance Framework and its use during the year by the Board and its Committees. The Board Assurance Framework goes through an annual cycle of strategic review lead at Board Level. The focus of board discussions are in relation to strategic risks to YAS in line with our Strategy and Business Plan.

Additionally we encourage and expect that risks are identified on a daily basis throughout the Trust by any employee/volunteer. During 2018-19 the Trust has maintained robust processes to support staff in raising concerns about quality and safety in line with the national Freedom to Speak Up recommendations. The identified risks vary significantly in scope, content, likelihood and impact and hence the measures for addressing them have also varied. Having identified a risk, a thorough risk assessment is carried out following the guidance for on-going risk assessment, described in the Trust Risk Escalation and Reporting Procedure.

When risks have been identified, each one is analysed in order to assess what the likely impact would be, the likelihood of this impact occurring and how often it is likely to re-occur. Impact and Likelihood are rated on a 5x5 scale, to give an overall risk rating of 0-25. When evaluating risks; consideration is given to any existing controls for that risk and importantly the adequacy and effectiveness of those controls. All risks and associated risk treatment plans are recorded and regularly updated in the Datix risk management system. This is used as the basis for monthly review of existing and emerging risks involving all departments, via the Risk and Assurance Group for moderation and discussion in relation to mitigations in place. The Chair of RAG reports into the Trust Management Group, where a monthly report on the corporate level risks are provided and discussed.

Risks that cannot be managed through TMG are passed up through the line of management, to the Trust Executive Group and ultimately to the Board, which is notified of all risks with a rating of 12 or above within the organisation. The Board has ultimate responsibility for deciding how the Trust then manages those risks.

Staff are specifically supported and equipped to manage risk appropriately through a variety of mechanisms, including the following:

- Induction process includes a session on risk management and learning.
- The Risk and Assurance Group consists of operational and service leads across the Trust's business to ensure corporate oversight and consistent understanding of risks.
- Specific thematic groups which staff attend consider and mitigate risks across the business such as the Information Governance Working Group, Incident Review Group, Clinical Governance Group, and Strategic Workforce Group.
- Each directorate has a nominated risk lead that the risk team support in terms of guidance in identifying and escalating risks in line with policy. The Head of Risk meets with these leads on a regular basis.

- All staff have access to the Trust's incident and risk management system, Datix.

The risk and control framework

The Trust is subject to constant change in its core business and the wider environment; the risk environment is constantly changing too, therefore priorities and the relative importance of risks for the Trust shift and change.

Quality Risk Governance

Quality is a central element of all Board meetings. The Integrated Performance Report, focusses on key quality indicators, and this is supplemented by more detailed reports containing both qualitative and quantitative information on specific aspects of clinical quality. Patient stories are used in each meeting of the Board, to ensure that the focus on quality of patient care remains at the heart of all Board activity.

The Quality Committee was introduced as a committee of the Board in March 2012 following a comprehensive review of corporate governance arrangements. The Quality Committee consists of three Non-Executive Directors, the Executive Director of Quality, Governance and Performance Assurance, Executive Medical Director, Executive Director of Workforce and OD and senior managers. The Committee undertakes objective scrutiny of the Trust's clinical governance and quality plans, compliance with external quality regulations and standards and key functions associated with this, including processes to ensure effective learning from adverse events and infection prevention and control. A key element of this work is scrutiny of the quality impact assessment of cost improvement plans and other service developments. The Committee also supports the Board in scrutinising and gaining assurance on risk management, workforce governance, health and safety and information governance issues. It also provides scrutiny in relation to the actions required as a result of external investigations and enquiries.

The Clinical Strategy is being developed as part of the Trust Strategy and describes the roadmap for Person-centred, Evidence-Based Care. It puts the patient and clinician at the heart of the organisation, demonstrates our ambition for the future and provides the road map to support our ambition to become an integrated urgent and emergency care provider, driving improvements in patient outcomes, patient safety and clinical quality.

The Board and Quality Committee regularly review issues, learning and action arising from Serious Incidents, other incidents and near misses, complaints and concerns, serious case reviews, claims and coroners' inquests. During the year no nationally defined 'Never Events' have occurred as a result of Trust care or services.

General Risk Governance

The Trust recognises that in order to be most effective, risk management must become part of the organisation's culture. The Trust strives to embed risk management into the organisation's philosophy, practices and business processes rather than be viewed or practiced as a separate activity. Our aim is for everyone in the Trust to become proactively involved in the management of risk, and as such we continue our commitment to working in line with the Risk Maturity Matrix, upon which our Internal Audit of Risk Management last year was based. A plan is in place to support the Trust to progress up that maturity matrix and supports the further embedding of systematic risk management practices across the Trust.

The Risk Management and Assurance Strategy and supporting Risk Escalation and Reporting Procedure defines the process which specifies the way risk (or change in risk) is identified, evaluated and controlled, and is consistent with available best practice guidance. This Risk Management and Assurance Strategy and associated procedural documents are actively promoted by managers to ensure that risk management is embedded through all sections of the Trust.

The Board Assurance Framework and Corporate Risk Register enable the Board to examine how it is managing the risks that are threatening the achievement of strategic objectives. Both of these documents are closely aligned and subject to comprehensive Executive and Non-Executive review on a quarterly basis.

Close liaison between the risk and safety managers and business planning managers has ensured that business planning informs and is informed by risk management. Key business risks and mitigations are captured in the Integrated Business Plan and Operating Plan.

A quality impact assessment process ensures that all decisions on efficiency savings and expenditure on new developments are objective, risk based and balanced, taking account of costs and savings, impact on quality and ease of implementation. The quality impact assessments and associated early warning indicators are subject to review in each meeting of the Quality Committee.

The organisation's major risks are identified at a corporate level. The Trust identifies risk to its annual business plan and five year Integrated Business Plan, and aims to prioritise and manage the principal risks that may impact on the achievement of the Trust's strategic objectives and implementation plans.

The most significant risks to the strategic objectives identified in 2018-19 were:

- Inability to deliver national performance targets and clinical quality standards.
- Lack of capacity and capability to deliver and manage change including delivery of cost improvement programmes.
- Inability to deliver the plan for integrated patient care services owing to multiple service tenders.
- System wide lack of availability of workforce and impact of changes to funding streams on provision of education and training.
- Ineffective strategies for leadership and engagement and a developed organisational culture
- Impact of external system pressures and changes in wider health economy.
- Ineffective joint working between corporate teams and operational service lines.

Other risks recorded in the Board Assurance Framework 2018-19 were:

- Ineffective strategies for the promotion of wellbeing.
- Financial performance that fails to deliver our Control Total in the context of the financial status of wider health economy and national drivers.

Mitigation plans were in place for each of these principal risks and the Audit Committee has scrutinised the controls and assurances as part of its annual work programme, through reports from the accountable Executive Directors.

Monthly iterations of the Board Assurance Framework are supported by separate risk movement and assurance movement reports. These reports provide detail on the actions taken to mitigate the strategic risks and any reports received that could provide the Trust Board with assurance. The Board and its committees also receive reports on the corporate risk register, to enable a deeper review of emerging risks and of the flow of risk information between operational departments and the Board. We report on the management and mitigation of risks in relation to the BAF through TMG, TEG and Board.

A number of operational risks with a potential impact on the strategic goals continued during the year and required additional management action. These have been reported to the Audit Committee and to each meeting of the Public Board via the Integrated Performance Report and other risk reporting mechanisms. The most significant operational risks in 2018-19 were as follows:

- The Trust agreed a trajectory for improvement that meant YAS achieved the national targets by the end of March 2019. The risk moving into 2019/20 will be the sustainability of these response times. The Board and Trust Executive Group have considered the risk in detail and have worked extensively with commissioners during the year to mitigate the risk through the development of business cases to support sustained delivery of all standards focused on the following pieces of work:

    1) The transition of resources from single crewed response cars to double crewed ambulances has been managed through our Service Delivery and Integrated Workforce Transformation Board and has helped us to improve our performance. This has included considerable investment in additional staff and new ambulance vehicles over the last 12 months, with investment continuing into next financial year.

    2) A Low Acuity Transport model has been developed to ease the pressure on 999 response times and this will be a focus for continued development in the coming year.

    3) Within the Emergency Operations Centre there is a focus on increasing hear and treat rates and a functional redesign is also under way aimed at improving despatch and resource allocation performance within the EOC.

- Retention and training of staff continued to be a risk.
  During the year, revisions have been made to the workforce plan to increase recruitment and internal training provision and to embed our new clinical career framework and this will remain a key focus across the service lines, and in particular in relation to qualified staff, pending the planned increase in Paramedic and Nurse training nationally over the coming years.

  Additionally as part of our Service Delivery and Integrated Workforce Programme Board and Capacity and Capability Programme Board significant programmes of work are underway to develop an integrated and sustainable workforce plan and model that aligns with wider system requirements. A programme of work will be established in 2019 with a number of enabling work streams made up of a range of multi-disciplined staff to ensure that we understand the patient journey and how we as YAS can best meet those patient needs in a systematic way. This is a 3-5 year programme of transformational workforce change.

- During the year the NHS 111 service at YAS were successful in securing the Integrated Urgent Care tender, which mitigated in part some of the risks relating to staff uncertainty. The focus for the latter part of the year has been the mobilisation of the new contract and how we best support the system in delivery of its system wide measures. In year service delivery and clinical advice performance has remained a challenge due to the national difficulty in recruiting and retaining clinical staff and a number of staffing challenges. A specific piece of work is underway relating to clinical recruitment and plans are in place to best mitigate this risk going forward.

- Employee relations still present a key challenge for the Trust. The Executive Team, with the support of Board, continue to focus on developing mechanisms and relationships to help support constructive working relationships with all of the key unions. This is complemented by a significant focus on wider employee engagement and more robust staff communication, engagement and support building on the launch of the Behavioural Framework, including the development of a robust People Strategy, Well Being Strategy and Plan and Talent Management model. It is anticipated that an on-going tension will remain in relation to re-banding of roles going into next year.

- Patient Transport Service has successfully retained contracts over the year for large areas of the geography and as such a greater degree of stability is evident in the service. An extension to the contract in West Yorkshire is close to finalisation and there will be ongoing discussion with commissioners during this extended period on future integrated transport requirements.

In addition to monitoring by the Board and Audit Committee, progress against risk treatment plans has been routinely discussed in each meeting of the Quality Committee and Finance and Investment Committee.

All corporate risks subject to on-going risk management plans will be recorded on the 2018-19 iteration of the Board Assurance Framework and will continue to be managed through the Corporate Risk Register.

The Internal Audit programme for 2018-19 focused on areas of risk for the organisation. In the current year a total of 17 reports were produced with relevant assurance ratings, of which one reported a “limited” and two reported a “reasonable” level of assurance, as opposed to substantial or good.

Three issues were highlighted during the year as a result of the Internal Audit programme in aspects of:

- **Fixed assets**: There was little evidence of a structured plan in place on how to verify assets (although significant work has been undertaken and the Trust has now verified **97.75% of the £90,496k net current replacement costs** on the fixed asset register. Other weaknesses related to some fixed asset procedures being insufficiently detailed or Finance not being notified of all disposals, albeit a number of robust mitigations have been put in place.

- **Attendance management**: Expected processes were not being consistently followed when dealing with staff sickness, return to work interviews and special / carer leave. Documentation was not always present, fully completed or accessible to demonstrate expected processes had been followed. It is worth noting that we are in the process of introducing a new absence management system to support the attendance management process going forward.

- **Controlled Drugs Audit:** Some of our access and stock audit processes require improvement to ensure consistency of application and are being reviewed following the recent publication of this report.

These issues have been considered in the relevant management forum and mitigating action agreed to resolve an outstanding issues. The Audit Committee reviews management assurance on completion of related action places. The Trust also has in place a Counter Fraud programme, which is monitored via the Audit Committee.

Significant issues and risks going into 2019/20 informed by the recent annual board level review of the BAF include:

- Delivery of the National Ambulance Response Programme (ARP) and Integrated Urgent Care and the potential impact on patient outcomes.
- Our ability to influence system partners to ensure best patient outcomes impact, especially ICS and ICPs.
- Our ability to influence partnership arrangements in the context of ongoing reconfigurations across the system and geography.
- Availability, development and retention of clinical workforce given the increased system wide competition for certain clinical skill sets and knowledge.
- Financial performance going into next year will continue to be a challenge in the context of national expectations, anticipated demand levels, increasingly high turnaround times across the patch and major service reconfigurations that are still ongoing.
- Tendering activity and the future service model relating to West Yorkshire PTS.
- Leadership capacity and capability to support delivery our 5 Year Strategy.
- On-going relationships with key Trade Unions remains an issue as highlighted through the Well Led self-assessment process.

Risk mitigation plans in relation to the key risks for 2019/20 are as follows:

The risk relating to ongoing delivery of the ARP standards is being addressed through ongoing implementation and embedding of a multi-faceted transformation programme and continued implementation of the 5-year workforce plan. This is underpinned by rigorous diagnostic activity and will be supported by continued strategic engagement with commissioners and other stakeholders, and extensive staff engagement and communication. The Trust is in discussion with Commissioners in relation to the need for additional investment to help maintain delivery of the ARP standards in line with planning guidance expectations.

IUC mobilisation and delivery risks are being mitigated through a robust delivery plan and oversight via the Service Delivery and Integrated Workforce Programme Board and Trust Management Group. Specific challenges relating to clinical recruitment are being further supported at an Executive level via a focussed work stream to help mitigate these risks, including the agreement of a sub contract for additional clinical capacity. The ED for Workforce and OD is the senior accountable officer with oversight of delivery.

In relation to our ability to influence core system partners to best support the delivery of an integrated model we will continue to work closely with key stakeholders. In terms of impacts of service reconfigurations across acute trusts this is being managed at Executive level through Integrated Care Systems and STPs, liaison with key officers at acute trusts, and on a case by case basis, with the support of the Lead Commissioner and Regulators.

Employee relations continue to present a challenge during this period of change however much progress has been made under the stewardship of the new Director for Workforce and OD and the Executive Director of Operations. The Trust is taking forward major initiatives to further embed the new Values and Behavioural Framework, to promote employee involvement through the Quality Improvement strategy, to directly invest in and support staff well-being via the Trust wide Well Being Plan, which in 19/20 includes a staff well-being bus aimed at the ongoing promotion of the importance of mental health well-being, and to improve the scope and quality of communications including increased use of social media. We are also taking forward a key programme, the Accountability Framework, which looks to support the ongoing improvement of the culture across the organisation and how we best empower our staff and teams to achieve positive change and improved patient outcomes.

The risk in relation to our financial performance is being addressed through the development of robust and sustainable financial plans. The current plan assumes stretching targets in terms of efficiencies in line with benchmarking. This allows the Trust to plan to perform against a control total which will allow the Trust to access Sustainability Funds, In addition it allows for some investment in frontline services in order to work towards the achievement of challenging national performance standards. The internal trust performance management of our financial position is led by our Executive Director of Finance, through Board, Finance and Investment Committee, Trust Executive Group, TMG and CIP Management Group. Potential quality impacts of all CIPs are reported through to Quality Committee. In terms of opportunities to collaborate across the sector, this work is being led by our Chief Executive and includes focussed collaboration through the Northern Ambulance Alliance Board. The Chief Executives of the three trusts are exploring opportunities for economies of scale and collective purchasing power to drive better value across a number of agreed work streams, in line with the proposals of the Lord Carter review. Wider opportunities for collaboration are also being explored through the Association of Ambulance Chief Executives, with Emergency Service partners, and through the local Service Transformation Partnerships.

In relation to leadership capacity and capability to deliver the Trust’s Five-year Corporate Strategy key mitigations include, ongoing external support package specific to Board and the Executive team in relation to collective and individual leadership, the launch of a Talent Management model for the Trust, the continued investment in and roll out of *Leadership In Action* and the Strategic Leadership Forum. We are also developing a Trust

Wide Accountability Framework which as one of its underpinning drivers focusses on senior leadership behaviours and culture.

Management of these risks will be monitored during 2019/20 through the Trust Executive Group, Finance and Investment Committee, Quality Committee, Audit Committee and Board. Additional monitoring and assurance will be provided through the Trust Service Transformation Programme, to oversee the delivery of key developments aligned to the Trust 5-year business plan.

Our Service Delivery and Integrated Workforce Programme Board and Capacity and Capability Programme Board significant programmes of work are underway to develop an integrated and sustainable workforce plan and model that aligns with wider system requirements. A programme of work will be established in 2019 with a number of enabling work streams made up of a range of multi-disciplined staff to ensure that we understand the patient journey and how we as YAS can best meet those patient needs in a systematic way. This is a 3-5 year programme of transformational workforce change.

The trust is fully compliant with the registration requirements of the Care Quality Commission and the Trust maintains a robust internal overview of compliance to ensure that standards are maintained throughout the year.

[New for 2018-19] The trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

[Updated for 2018-19] The trust has undertaken risk assessments and has a draft sustainable development management plan in place with Board sign off expected in July 2019, which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.
The Trust has also this year developed its Policy and approach in relation to the risks associated with Modern Slavery.

The Trust has in place a "Freedom to Speak up" Guardian to further support a culture of openness and transparency in the management and mitigation of risks across the trust.

Review of economy, efficiency and effectiveness of the use of resources
The Executive Director of Finance is accountable for and has lead responsibility for financial risk management. The Director advises the Trust Board, the Audit Committee and Finance and Investment Committee, the Trust Executive Group and Trust Management Group on an on-going basis, about risks associated with the Trust's

financial procedures, and the financial elements (capital and revenue) of its activities, through the integrated governance framework.

The Finance and Investment Committee (F&IC) was introduced from May 2011, following a review of Trust committees conducted in 2010/11. The F&IC is a formal committee of the Trust Board and is chaired by a Non-Executive Director. The Committee includes three Non-Executive Directors, the Executive Director of Finance, the Chief Executive, the Executive Director of Workforce & OD and senior managers. The Committee undertakes objective scrutiny of the Trust's financial plans, investment policy and major investment decisions, and as such plays a pivotal role in financial risk management. It reviews proposals for major business cases and reports on the commercial activities of the Trust, and also scrutinises the content and delivery of the Trust cost improvement programme.

There is also a robust process in relation to the identification of Cost Improvement Plans led by the Executive Director of Finance, with support from the Programme Management Office. This is an ongoing process which is refreshed on an annual basis and seeks to ensure that the Trust is operating more efficiently year on year and aims to allow for greater investment in areas of need in front line services.

Information governance
Reference is made within the Risk Management and Assurance Strategy to the Information Governance Policy which describes, in detail, the arrangements within the Trust for managing and controlling risks to data security. The Senior Information Risk Officer role for the Trust is undertaken by the Executive Director of Quality, Governance and Performance Assurance, supported by the Trust's Executive Medical Director as the Caldicott Guardian.

Information Governance Compliance

The annual self-assessment against the new DSP Toolkit was completed at the end of March 2019. For 2018-19 we have declared an overall rating that is in line with last year's compliance level overall.

Data Security Incidents

During 2018-19 there were no IG incidents which required reporting to the Information Commissioner's Office, Department of Health and Commissioners.

Annual Quality Account
The Trust Quality Account is developed through a process of extensive consultation both internally and with external stakeholders. The Quality Account for 2018-19 has been reviewed by the Trust Executive Group, the Board and its committees.

Data Quality

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

In 2018-19 YAS took the following actions to maintain and improve its data quality:

- The Information Asset Owners (IAOs) quarterly review process allows us to undertake data quality checks in their respective areas of the business.
- Staff training in the use of our systems that support the provision of care include the importance of accurate data input. Computer system functionality aims to support accurate data entry and data quality audits of both electronic and paper-based care records are undertaken, reported through the Trust's governance meeting cycle and support our Information Governance Toolkit submission. Feedback to staff is provided if and when data quality issues arise.
- Our Business Intelligence Team quality check all reports they produce and have procedures for undertaking data quality checks of external reports prior to distribution. The Trust continues to seek opportunities for continuous improvement in this area.
- Quarterly audits are undertaken to measure YAS adherence to the mandatory health records keeping standards in line with the Health Records Keeping Standards Policy.

The DSP Toolkit assessment and GDPR processes also provides an indication of the quality of our data quality systems, standards and processes.

YAS will be taking the following actions to continue to improve data quality:

- YAS will continue to work on the actions in the above section.
- Our internal auditors carried out an audit a sample of the Trust's clinical measures and relevant data quality processes. An updated Audit will be scheduled in our 2019/20 plan.
- We will continue to raise awareness of data quality through the quarterly IAOs' review process to embed best practice and to strengthen the knowledge of our Information Asset Owners and Information Asset Administrators throughout the Trust.
- The Trust is undertaking a specific piece of work relating to the ESR system both in terms of data quality and optimising use of the system to help deliver an improved service offering.
- An electronic patient record (ePR) is currently being rolled out across A&E that will provide better data quality and integrity by removing the need to scan documents or re-enter data from a manual form, which can lead to errors.
- Our Business Intelligence Team will continue to develop data quality reports for managers to help them monitor and improve data quality in their teams and have worked closely with our IT Department to improve data quality, developing data analysis reports which access a single source of data.
- There has been a review of the Data Quality Policy to ensure it remains fit for purpose.
- We have also commissioned Price Waterhouse Cooper to do a performance reporting diagnostic to support one of the work streams within the Accountability Framework, part of which will further support our assurance levels relating to data security and quality.

YAS was not subject to the Payment by Results Clinical Coding Audit during 2018-19 by the Audit Commission.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee [and risk/ clinical governance/ quality committee, if appropriate] and a plan to address weaknesses and ensure continuous improvement of the system is in place.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways;

- The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of the internal audit work.

- Executive Directors and senior managers within the organisation who are accountable for the development and maintenance of the system of internal control provide me with assurance.

- The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the key risks to the organisation achieving its principal objectives have been reviewed.

My review is also informed by:

- Care Quality Commission Fundamental Standards – internal Compliance Assessments
- The Care Quality Commission inspection process where as a Trust we received an overall Good rating across all service areas of the Trust in December 2016. We have also conducted a mock inspection internally in year to support the upcoming 2019 inspection and have an annual internal programme of Inspections for Improvement
- The NHS DSP Toolkit.
- Assessment against NHS Counter Fraud and Security standards
- Peer reviews within the ambulance service sector
- Internal Audit reports
- External audit reports
- External consultancy reports on key aspects of Trust governance and strategic capacity and capability.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee, Finance and Investment Committee and Quality Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board seeks assurance that risk management systems and processes are identifying and managing risks to the organisation appropriately through the following:

- At least annually; a review of the effectiveness of the Trust's system of internal control.
- The Trust Board ensures that the review covers all material controls, including financial, clinical, operational and compliance controls, and risk management systems.
- A two-yearly review of the Risk Management and Assurance Strategy.
- Reviews in each Audit Committee meeting of the adequacy of assurances received by the Finance and Investment and Quality Committees in relation to the principal risks in the Board Assurance Framework that are assigned to them.
- A six monthly comprehensive review of the Board Assurance Framework.
- Monthly integrated performance reports outlining achievement against key performance, safety and quality indicators.
- Assurance reports at each meeting, providing information on progress against compliance with National Standards.
- Assurance from internal and external audit reports that the Trust's risk management systems are being implemented.

The risk assurance infrastructure closely scrutinises assurances on controls to assess their validity and efficiency. A key element of this work is to ensure that all procedural documents are subject to monitoring compliance against the detail described within them; that they meet with regulatory requirements; and that they have considered all current legislation and guidance. Policy review and updates in line with national guidance are signed off through Trust Management Group on a monthly basis.

The Risk and Assurance Group carries out a detailed analysis of assurances received, to identify any gaps in the assurance mechanisms and to provide an evaluation of the effectiveness of them, reporting findings to executive committees/management groups as appropriate. The RAG reports directly into TMG via a formal monthly update provided by the Chair.

The Audit Committee consists of all of the Non-Executive Directors, with the exception of the Trust Chairman, with representatives of Internal and External Audit services in attendance. The Executive Director of Finance and Executive Director of Quality, Governance and Performance are in attendance at all meetings, with other Directors attending through the year as part of the Committee work programme. The Committee provides an overview and scrutiny of risk management. The Committee independently monitors, reviews and reports to the Trust Board on the processes of governance and, where appropriate, facilitates and supports through its independence, the attainment of effective processes.

The Audit Committee concludes upon the adequacy and effective operation of the organisation's overall internal control system.

In performing this role the Committee's work will predominantly focus upon the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives; the Board Assurance Framework.

The Audit Committee reviews all risk and control related disclosure statements and memoranda, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.

The Audit Committee primarily utilises the work of internal audit, external audit and other assurance functions, but is not limited to these audit and assurance functions. It also seeks reports and assurances from other Board Committees, directors and managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control, together with indicators of their effectiveness.

There is a robust process for the flow of information between the Finance and Investment Committee, Quality Committee and Audit Committee to support the assurance process on key risks.

The Quality Committee and Finance and Investment Committee have provided significant assurances to the Audit Committee on risks relevant to their terms of reference, covering all risks contained within the Board Assurance Framework. The Audit Committee completed its annual self-assessment of its terms of reference in January 2019 and concluded that the arrangements in place were effective.

The Trust is required under NHS regulations to prepare a Quality Account for each financial year. The Trust Quality Account for 2018-19 reports on key indicators of quality relating to patient safety, clinical effectiveness and patient experience. The Quality Account includes comments from key stakeholders which are a positive reflection on developments over the year and of the Trust's engagement with partners. The Quality Account has been subject to independent external review by Ernst and Young (who are also the Trust's external auditors) and scrutiny by the Audit Committee and I am satisfied that it presents a balanced and accurate view of quality within the Trust.

During 2016 the Trust received a full inspection from the Care Quality Commission under the revised regime of the Chief Inspector of Hospitals. The inspection took place in September 2016 for A&E and PTS and October for NHS 111. The full report was published in December 2016. The inspection found that the Trust has an overall rating of 'Good' across all domains and highlighted improvements had been made throughout the service lines. The Trust received an "outstanding" rating in the 'Caring' domain as part of the overall assessment.

The Trust received three "must do's" in the report as follows:

- Ensure there are sufficient numbers of suitably skilled, qualified and experienced staff.
- Ensure all PTS ambulances and equipment are appropriately cleaned and Infection Prevention Control procedures followed.
- Ensure appropriate seating for children is routinely available in ambulance vehicles.

The action plan has been implemented to address the issues highlighted, with oversight by the Trust Executive Group and regular assurance on progress to the Board, commissioners and NHSI as appropriate. The Trust will have a follow up inspection in Q1 2019.

On final review and closure of the 2018-19 iteration of the Board Assurance Framework, a significant issue remains relating to the ongoing sustained delivery of the ARP response standards. It is recognised with Commissioners that delivery of the new standards and realisation of the benefits for patients, will require significant additional investment and ongoing service transformation. It is also acknowledged that this must be delivered in a challenging context of rising demand, clinical workforce constraints, wider system changes and Emergency Department turnaround pressures at a number of sites. Extensive discussions have been held with commissioners in relation to the requirements and joint mitigation plans are in place to address this challenge during 2019/20.

Conclusion

No significant internal control issues have been identified.

Signed ....

Rod Barnes

Chief Executive Date: 23 May 2019

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Yorkshire Ambulance Service NHS Trust

May 2019

Internal Audit Annual Report for the year ending 31 March 2019 (including the Head of Internal Audit Opinion)

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AuditOne is hosted by Northumberland Tyne and Wear NHS Foundation Trust.

1. Introduction

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion on the overall adequacy and effectiveness of the organisation's system of internal control.

The purpose of the Internal Audit Annual Report is to provide the Audit Committee with:

- The final Head of Internal Audit Opinion for the year ended 31 March 2019, which provides our opinion on the overall adequacy and effectiveness of the organisation's system of internal control;
- An analysis of performance of the internal audit service received during the year ended 31 March 2019; and
- Assurances regarding conformance of the internal audit service with Public Sector Internal Audit Standards.

2. Head of Internal Audit Opinion for the year ended 31 March 2019

2.1 Roles and responsibilities

The Accountable Officer is responsible for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is an annual statement by the Accountable Officer, on behalf of the Governing Body, setting out:

- How the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- The purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- The conduct and results of the review of the effectiveness of the system of internal control, including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Assurance Framework should bring together all of the evidence required to support the Annual Governance Statement requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon, and limited to, the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, approved by Audit Committee, which should provide an adequate level of assurance, subject to the inherent limitations described below.

The opinion does not imply that Internal Audit have reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans, generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Accountable Officer takes into account in making the Annual Governance Statement. The Accountable Officer will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement.

2.3 The Head of Internal Audit Opinion

The purpose of my annual Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpins the organisation's own assessment of the effectiveness of the system of internal control. This Opinion will in turn assist in the completion of the Annual Governance Statement.

My opinion is set out as follows:

2.3.1 Overall opinion;
2.3.2 Basis for the opinion; and
2.3.3 Commentary.

2.3.1 Overall Opinion

From my review of your systems of internal control, I am providing good assurance that there is a sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

2.3.2 Basis of the Opinion

The basis for forming my opinion is as follows:

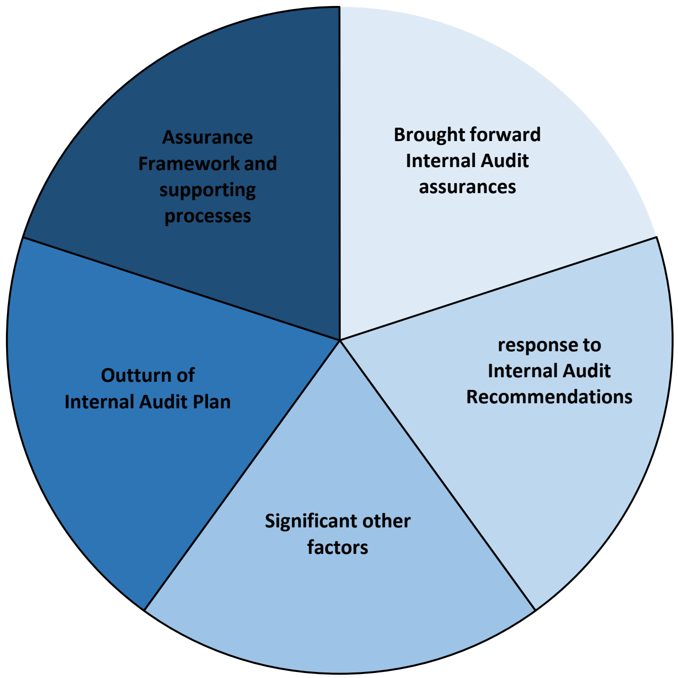
1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes for governance and the management of risk;

2. An assessment of the range of individual opinions arising from audit assignments, contained within risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses;

3. Brought forward Internal Audit assurances;

4. An assessment of the organisation's response to Internal Audit recommendations, and

5. Consideration of significant factors outside the work of Internal Audit.



2.3.3 Commentary

The commentary on pages 6 to 10 provides the context for my opinion and together with the opinion should be read in its entirety.

Opinion Area	Commentary
Design and operation of the Assurance Framework and supporting processes	The Trust has a Risk Management and Assurance Strategy as well as a Risk Management Policy. These documents aim to create an environment which minimises risk to all its stakeholders. All management levels, including executive level and staff, are expected to adopt the principals of both the strategy and policy into their day to day roles and processes, to help the Trust achieve its strategic objectives. A Board Assurance Framework (BAF) exists to meet the requirements of the Annual Governance Statement and provide adequate assurance that there is an effective system of internal control to manage the principal risks identified by the organisation. The BAF aligns the Trust's Strategic Objectives and Goals to the principal risks in achieving them. The Trust has continued to ensure that the BAF is used at Board level, with support from the key governance committees.
Outturn of Internal Audit Plan	A table of individual opinions arising from audit assignments reported throughout the year is contained in Appendix A. Definitions of individual opinions are given at Appendix B. At the time of producing this opinion summary we have issued 19 final / draft reports with a split of: 4 Substantial Assurance 10 Good Assurance 2 Reasonable Assurance 1 Limited Assurance 1 No assurance level provided 1 Advisory assignment In preparing this opinion, there are no significant control weaknesses that we recommend should be specifically referenced in the Annual Governance Statement, however we would wish to bring to the attention of the Accountable Officer the following reports issued during the year which have been assigned a 'reasonable' or 'limited' assurance opinion, or related to matters of significant importance for potential inclusion in the AGS are as follows;

	Capital Planning / Fixed Asset Register (Ref: 191126) The objective of the audit was to evaluate the design and test the application of controls relating to fixed assets, which focussed on Fleet, ICT and Medical Devises. We provided limited assurance as a result of this audit because there was no structured plan on how to verify assets, fixed asset maintenance procedures required updating, prior to disposal (of high cost ICT assets) a secondary review wasn't undertaken pre and post disposal (to ensure the item was disposed of appropriately), Medical Equipment Disposal Forms were not being sent to Finance and there was not robust processes in place to identify assets held but no longer in use and consider options (prior to) and record all disposals appropriately. We have undertaken follow up work on the issues identified and can confirm, that significant work has been undertaken by the Trust, to improve the design of the fixed asset control framework (refer to page 8 for further details). **Operations: Attendance Management (Ref: 191127)** The objective of the audit was to assess the Trust's compliance within policies on attendance management (e.g. Attendance at Work Policy, Attendance at Work Management Guidance and Special Leave and Care Leave). We provided reasonable assurance as a result of this audit because there were multiple issues with the completion and retention of core documents. For example; invite letters for follow up meetings were not always issued, outcome letters were not always issued and / or retained on file, return to work interviews were not undertaken promptly and special / career leave forms were not always completed and / or retained on file. **Controlled Drugs (Ref: 191114)** The objective of the audit was to evaluate the design and test the application of controls in respect of the controlled drugs storage and management within ambulance stations. We provided reasonable assurance as a result of this audit because visitors were not always asked for identify before being let into the ambulance station, lack of clarity around collecting swipe cards / notifying IT, staff not always counting the actual number of controlled drugs in the safe when withdrawing and returning morphine vials and ensuring the (24-hour) controlled drug checks is always undertaken.

Brought forward Internal Audit assurances	Head of Internal Audit Opinion given for the year ended 31 March 2018 was: **Good assurance** that the system of internal control has been effectively designed to meet the organisation's objectives, and that controls are being consistently applied. There are no material issues to be brought forward for consideration in this opinion statement.
Response to Internal Audit recommendations	To date, a total of 78 findings have been identified during the year (i.e. 2 High, 32 Medium and 44 Low). Management responses, along with implementation dates, to address them have been sought / obtained from the Trust. We have agreed a follow up process with the Trust whereby all audit recommendations are recorded on our automated software (MKi) and automated reminders are sent to action owners each month and responses sought. On a monthly basis we prepare a report for the Trust of all outstanding recommendations and this is used for the Trust to report to Audit Committee. These reports have routinely been submitted throughout the year. We also separately follow up all reasonable and limited assurance reports to ensure that recommendations have been actioned. The current status of reasonable and limited assurance reports issued during 2018/19 is summarised below: • Capital Planning / Fixed Asset Register (limited assurance): The report contained a total of 11 recommendations (of which two were rated as high priority). Follow up work has been undertaken to assess whether the recommendations were implemented promptly. We can confirm that the Trust has developed new policies, procedures and systems to address the key weaknesses identified (including addressing the two high priority rated weaknesses). Compliance testing will be undertaken during 2019/20 to ensure that the new policies, procedures and systems have been fully embedded. • Operations: Attendance Management (reasonable assurance): The report was finalised on the 7th May 2019. Follow up work on the agreed recommendations will take place during 2019/20.

	• Controlled Drugs (reasonable assurance): The draft report is with the Trust and management comments to the recommendations is due on the 17th May 2019. Follow up on the agreed recommendations will take place during 2019/20.
Significant factors outside the work of internal audit	While the Head of Internal Audit Opinion provides the Trust with assurances in relation to the areas covered by the Yorkshire Ambulance Service NHS Trust Plan, it is only one of the sources of assurance available. As the Trust outsources some of its functions, assurances from third parties are equally as important when the Trust draws up its Annual Governance Statement. The main ones that we have been made aware of are summarised below, and although we will review these for any significant items of control, we have not taken account of these in providing the overall opinion except where indicated: • The Electronic Staff Record (ESR) service is provided externally. An ISAE 3402 Type II report covering the operation of the national system is issued on an annual basis. An ISAE 3402 Type II report covering the operation of the national system for 2018/19 is expected to be available in late May 2019. • Oracle Shared Services is provided by NEP. An ISAE 2402 Type I report (as at the 25th February 2019) was issued for the Hosted Oracle R12 Control Environment and an ISAE 2402 Type I report (as at the 25th February 2019) for the Oracle Cloud Service.

I would like to take this opportunity to thank the staff at Yorkshire Ambulance Service NHS Trust for the co-operation and assistance provided to my team during the year.

Ian Wallace
Managing Director of AuditOne
Date: May 2019

3. Internal Audit Performance

3.1. Planned and actual coverage

The internal audit plan for the year ended 31 March 2019 was approved by the Audit Committee on the 10th April 2018. There have been several changes to the plan since this time to reflect changing organisational requirements, however these have all been reported to, and agreed by, the Audit Committee. For example:

- The following audits were deferred to the 2019/20 plan (because of planned system systems / upgrades): Fleet Management, ESR Data / Usage / Interfaces and Business Intelligence / Data Warehouse Systems; and

- The following audit was cancelled (because the contract was being reviewed): Occupational Health.

During the year we have reported upon our progress against plan to the Audit Committee via our regular progress report and included extracts of all audit reports for consideration by the committee. At the time of preparing the Internal Audit Annual Report, five audits were in progress to complete the 2018/19 plan (this is a similar position to the 2017/18 outturn position).

4. Conformance with Public Sector Internal Audit Standards

During the year ended 31 March 2019 our work was governed by the Public Sector Internal Audit Standards (*The Standards*). These were revised with effect from 1st April 2017 reflecting changes to the International Standards for the Professional Practice of Internal Auditing (Global Institute of Internal Auditors, 1 January 2017).

Our internal audit approach is designed to comply with all the Standards. We have a Quality Assurance Team that undertakes a rolling programme to assess compliance. No significant areas of non-compliance have been identified to date.

The Standards require that an external assessment be conducted at least once every five years by a qualified, independent assessor or assessment team from outside the organisation. It is planned that we will undergo this assessment during 2019/20.

Appendix A

Summary of work undertaken

Assurance levels assigned to individual audit assignments

Audit area	Assurance				Findings			
	Substantial	Good	Reasonable	Limited	High	Medium	Low	**Totals**
Core areas								
Policy Management	✔				0	0	2	2
Serious Untoward Incidents		✔			0	1	0	1
Medical Devices Management		✔			0	2	5	7
Capital Planning (Fixed Asset Register)				✔	2	3	6	11
Temporary Injury Allowance		✔			0	0	2	2
Global Rostering System		✔			0	3	0	3
Server Operational management		✔			0	1	2	3
PTS Third Party Providers		✔			0	1	2	3
Estates Strategy Maintenance		✔			0	2	4	6
Operations: Attendance Management			✔		0	5	1	6
Network Device Security		✔			0	2	0	2
Risk Management*		✔			0	2	5	7
Board Assurance Framework	✔				0	0	3	3
Controlled Drugs*			✔		0	5	5	10
Accounts Payable*	✔				0	1	1	2
General Ledger*	✔				0	0	1	1
IT Service Desk Incident Management*		✔			0	3	3	6
DSP Toolkit	Not applicable to this review				0	1	2	3
Advisory								
Business Case Management	Not applicable to advisory work				Not applicable			
Totals	**4**	**10**	**2**	**1**	**2**	**32**	**44**	**78**

***** denotes reports at draft stage.

Audits in progress

- Partnerships;
- Business Continuity;
- Data Quality / Key Performance Indicators;
- Payroll; and
- IM&T Risk Management.

Annual quality questionnaire

Executive Directors and Audit Committee members have been asked to complete a questionnaire about their satisfaction with the internal audit service received from AuditOne. At the time of producing this report, the exercise was in progress and the results will be presented to the July meeting of the Audit Committee.

Recommendation and assurance definitions

Assurance Levels	
Substantial	Governance, risk management and control arrangements provide substantial assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place.
Good	Governance, risk management and control arrangements provide a good level of assurance that the risks identified are managed effectively. A high level of compliance with the control framework was found to be taking place. Minor remedial action is required.
Reasonable	Governance, risk management and control arrangements provide reasonable assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place in a consistent manner. Some moderate remedial action is required.
Limited	Governance, risk management and control arrangements provide limited assurance that the risks identified are managed effectively. Compliance with the control framework was not found to be taking place. Immediate and fundamental remedial action is required.

Recommendation Prioritisation	
High	A fundamental weakness in the system that puts the achievement of the systems objectives at risk and / or major and consistent non-compliance with the control framework requiring management action as a matter of urgency.
Medium	A significant weakness within the system that leaves some of the systems objectives at risk and / or some non-compliance with the control framework.
Low	Minor improvement to the system could be made to improve internal control in general and engender good practice, but are not vital to the overall system of internal control.

Accounts

Independent Auditor’s Statement

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF YORKSHIRE AMBULANCE SERVICE NHS TRUST

Opinion

We have audited the financial statements of for the year ended 31 March 2019 under the Local Audit and Accountability Act 2014. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and the related notes 1 to 36. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2018/19 HM Treasury's Financial Reporting Manual (the 2018/19 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2018/19 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England (the Accounts Direction).

In our opinion the financial statements:

- give a true and fair view of the financial position of Yorkshire Ambulance Service NHS Trust as at 31 March 2019 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the National Health Service Act 2006 and the Accounts Directions issued thereunder.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the directors use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The other information comprises the information included in the Annual Report and Accounts 2018/19, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Health Services Act 2006

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

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the Annual Governance statement does not comply with the NHS Improvement's guidance; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014; or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We have nothing to report in these respects

Responsibilities of the Directors and Accountable Officer

As explained more fully in the Statement of Directors' Responsibilities in respect of the Accounts, set out on page 108, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. In preparing the financial statements, the Accountable Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accountable Officer either intends to cease operations, or have no realistic alternative but to do so

As explained in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

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

Use of our report

This report is made solely to the Board of Directors of Yorkshire Ambulance Service NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 and for no other purpose. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors, for our audit work, for this report, or for the opinions we have formed.

Ernst & Young LLP

Hassan Rohimun (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Manchester
24 May 2019

The maintenance and integrity of the Yorkshire Ambulance Service NHS Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed..**Rod Barnes**, Chief Executive

Date.....23.5.19.....

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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, recognised gains and losses and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board

..............................Date 23.5.19. ....Rod Barnes, Chief Executive

..............................Date 23-5-19 ....Mark Bradley, Finance Director

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Yorkshire Ambulance Service NHS Trust

Annual accounts for the year ended 31 March 2019

Final 20/5/19 17:26:40

Statement of Comprehensive Income

	Note	2018/19 £000	2017/18 £000
Operating income from patient care activities	3	270,881	259,211
Other operating income	4	10,817	10,240
Operating expenses	5, 7	(272,233)	(257,660)
Operating surplus/(deficit) from continuing operations		**9,465**	**11,791**
Finance income	10	231	84
Finance expenses	11	(59)	(126)
PDC dividends payable		(2,243)	(2,049)
Net finance costs		**(2,071)**	**(2,091)**
Other gains / (losses)	12	(64)	165
Surplus / (deficit) for the year		**7,330**	**9,865**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Revaluations	14,15	(1,730)	3,978
Total comprehensive income / (expense) for the period		**5,600**	**13,843**

	Note	2018/19 £000	2017/18 £000
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		7,330	9,865
Remove net impairments not scoring to the Departmental expenditure limit	6	1,920	283
Remove I&E impact of capital grants and donations		-	6
CQUIN risk reserve adjustment (2017/18 only)		-	(850)
Adjusted financial performance surplus / (deficit)		**9,250**	**9,304**

Statement of Financial Position

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Intangible assets	13	1,114	1,267
Property, plant and equipment	14	94,810	90,348
Receivables	17	547	561
Total non-current assets		**96,471**	**92,176**
Current assets			
Inventories	16	1,388	1,330
Receivables	17	16,071	16,321
Non-current assets held for sale / assets in disposal groups	18	160	935
Cash and cash equivalents	19	36,110	30,165
Total current assets		**53,729**	**48,751**
Current liabilities			
Trade and other payables	20	(14,397)	(18,767)
Borrowings	22	(338)	(334)
Provisions	23	(6,051)	(5,580)
Other liabilities	21	(110)	(134)
Total current liabilities		**(20,896)**	**(24,815)**
Total assets less current liabilities		**129,304**	**116,112**
Non-current liabilities			
Borrowings	22	(4,167)	(4,501)
Provisions	23	(8,784)	(9,247)
Total non-current liabilities		**(12,951)**	**(13,748)**
Total assets employed		**116,353**	**102,364**
Financed by			
Public dividend capital		83,557	75,168
Revaluation reserve		12,462	14,776
Income and expenditure reserve		20,334	12,420
Total taxpayers' equity		**116,353**	**102,364**

The notes on pages 112 to 114 form part of these accounts.

Rod Barnes
Chief Executive

Date **23 May 2019**

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2018 - brought forward	**75,168**	**14,776**	**12,420**	**102,364**
Surplus/(deficit) for the year	-	-	7,330	**7,330**
Revaluations (Property, Plant and Equipment)	-	(1,730)	-	**(1,730)**
Transfer to retained earnings on disposal of assets	-	(64)	64	**-**
Other recognised gains and losses	-	(520)	520	**-**
Public dividend capital received	8,389	-	-	**8,389**
Taxpayers' equity at 31 March 2019	**83,557**	**12,462**	**20,334**	**116,353**

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 - brought forward	**75,037**	**9,501**	**3,852**	**88,390**
Surplus/(deficit) for the year	-	-	9,865	**9,865**
Other transfers between reserves	-	1,351	(1,351)	**-**
Impairments	-	-	-	**-**
Revaluations	-	3,978	-	**3,978**
Transfer to retained earnings on disposal of assets	-	(54)	54	**-**
Public dividend capital received	131	-	-	**131**
Taxpayers' equity at 31 March 2018	**75,168**	**14,776**	**12,420**	**102,364**

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	2018/19 £000	2017/18 £000
Cash flows from operating activities			
Operating surplus / (deficit)		9,465	11,791
Non-cash income and expense:			
Depreciation and amortisation	5.1	9,833	9,418
Net impairments	6	1,920	283
(Increase) / decrease in receivables and other assets		314	(6,970)
(Increase) / decrease in inventories		(58)	(31)
Increase / (decrease) in payables and other liabilties		(4,969)	4,979
Increase / (decrease) in provisions		39	2,341
Net cash generated from / (used in) operating activities		**16,544**	**21,811**
Cash flows from investing activities			
Interest received		231	84
Purchase of intangible assets		(469)	(492)
Purchase of property, plant, equipment and investment property		(16,903)	(7,016)
Sales of property, plant, equipment and investment property		906	355
Net cash generated from / (used in) investing activities		**(16,235)**	**(7,069)**
Cash flows from financing activities			
Public dividend capital received		8,389	131
Movement on loans from the Department of Health and Social Care		(334)	(1,801)
Interest on loans		(88)	(106)
PDC dividend (paid) / refunded		(2,331)	(1,886)
Net cash generated from / (used in) financing activities		**5,636**	**(3,662)**
Increase / (decrease) in cash and cash equivalents		**5,945**	**11,080**
Cash and cash equivalents at 1 April - brought forward		**30,165**	**19,085**
Cash and cash equivalents at 31 March	19	**36,110**	**30,165**

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 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.1.2 Going concern

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason the accounts have been prepared on a going concern basis.

Note 1.2 Critical judgements and key sources of estimation uncertainty

In the application of the Trust’s accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Note 1.2.1 Critical judgements in applying accounting policies

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

Segmental reporting

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

Charities consolidation

Management consider the Yorkshire Ambulance Services Charitable Fund, of which the Trust is a corporate Trustee, to have an immaterial impact on the group results. Therefore these accounts do not include a consolidated position under the requirements of IFRS10.

Income recognition

The impact of IFRS 15 has been assessed against the Trust’s main sources of income. The majority of Trust income comes though block contracts with Clinical Commissioning Groups so that the timing of revenue recognition is not materially affected by the adoption of IFRS 15.

Note 1.2.2 Sources of estimation uncertainty

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

Non Current Assets

Values are as disclosed in notes 14.1, tangible assets, and 13.1 intangible assets.
Asset lives, with the exception of buildings are set out in note 1.6.5 and note 1.7.3 with maximum lives being set by reference to the type of asset and its expected useful life in normal use. Building lives are based on the recommendations received from the District Valuer.
Land and buildings have been re-valued as at 31 March 2019 and have not been subject to indexation in the year. The results of this are disclosed in note 14.1.

Provisions

Values are as disclosed in note 23.1.
These have been estimated based on the best information available at the time of the compilation of the accounts. Estimates of employee's legal claims are made including the advice received from the National Health Service (NHS) Litigation Authority to the size and likely outcome of each individual claim. The Trust's maximum liability regarding each claim is limited to £10k.
We have provided for the costs of reinstating dilapidations to leased and tenancy properties based on a professional evaluation by Lambert Smith Hampton.
We have provided for the costs of reinstating dilapidations to leased vehicles based on the historic costs of undertaking that work.

Provisions for injury benefits (note 23.1)

The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the year, taking into account the risks and uncertainties. The carrying amount of injury benefit provisions is estimated as the present value of those cash flows using HM Treasury’s discount rate of 0.29% in real terms (2017-18 0.1%). The period over which future cash flows will be paid is estimated using the England life expectancy tables as published by the Office of National Statistics.

Allowance for credit losses (note 17.2)

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

Note 1.3.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The majority of Trust income comes through block contracts with clinical commissioning groups, and performance obligations are therefore met as a consequence of elapsed time. Typical timing of payment is monthly. Give this, the adoption of contract balances IFRS 15 has not resulted in a material change to the timing of income recognition.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

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Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust’s interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.3.2 Revenue grants and other contributions to expenditure

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.3.3 Other income
Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.4 Expenditure on employee benefits

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

Pension costs
NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

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

National Employment Savings Trust (NEST)
There are a small number of staff who are not entitled to join the NHS pension scheme, for example:

- Those already in receipt of an NHS pension who have taken benefits from the 1995 section of the scheme;
- Those who work full time at another Trust;
- Those over 75 years of age

The National Employment Savings Trust (NEST) has been set up specifically to help employers to comply with the Pensions Act 2008. Employees who have taken their benefits from the 1995 section of the NHS pension scheme and are under state retirement age are enrolled in the NEST scheme. NEST Corporation is the Trustee body that has overall responsibility for running NEST; it is a non-departmental public body that operates at arm's length from government and is accountable to Parliament through the Department of Work and Pensions (DWP).

In 2018-19 employee contributions to NEST were 2.4% of pensionable pay and employer contributions were also 3.0% of pensionable pay. NEST levies a contribution charge of 1.8% and an annual management charge of 0.3% which is paid for from the employee contributions. There are no separate employer charges levied by NEST and the Trust is not required to enter into a contract to utilise NEST qualifying pension schemes.

Note 1.5 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.6 Property, plant and equipment

Note 1.6.1 Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.6.2 Measurement

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification.

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

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

Note 1.6.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
    - management are committed to a plan to sell the asset
    - an active programme has begun to find a buyer and complete the sale
    - the asset is being actively marketed at a reasonable price
    - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
    - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

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

Note 1.6.4 Donated and grant funded assets

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

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

Note 1.6.5 Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Buildings, excluding dwellings	5	48
Plant & machinery	5	15
Transport equipment	3	7
Information technology	2	7
Furniture & fittings	4	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.7 Intangible assets

Note 1.7.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Software

Software which is integral to the operation of hardware, 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.

Note 1.7.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or “fair value less costs to sell”.

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.7.3 Useful economic life of intangible assets

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

	Min life Years	Max life Years
Software licences	2	7

Note 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

Note 1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 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 1.10 Financial assets and financial liabilities

Note 1.10.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.10.2 Classification and measurement

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

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Income from organisations within the NHS group reflect contractual agreements which are ultimately underwritten by the Department of Health and Social Care. The amounts involved are determined according the contractual agreements involved and there are processes in place to resolve disagreements in respect of those agreements. Given this the Trust does not normally recognise expected credit losses in relation to other NHS bodies.

For non-NHS debt the Trust makes use of a simplified model and recognises the expected loss on initial recognition of receivables. Expected losses are analysed between trade receivables and amounts repayable by staff.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.10.3 Derecognition

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

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

Note 1.11 Leases

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

Note 1.11.1 The trust as lessee

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Note 1.12 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 23.2 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any “excesses” payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.13 Contingencies

Contingent liabilities are not recognised, but are disclosed in note 24, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for
(i) donated assets (including lottery funded assets),
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.16 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.17 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.18 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases was published in January 2016 and is expected to be adopted by the NHS for 2020/21. The standard removes the distinction between operating and finance leases, and will involve the identification of leases and additional disclosures within the 2020/21 account.

Note 2 Operating Segments

The Trust has judged that it only operates as one business segment; that of healthcare. 96% (£270m) of the Trust's income in 2018/19 (17/18 96%, £258m) is received form NHS oganisations

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.1

Note 3.1 Income from patient care activities (by nature)	**2018/19**	**2017/18**
	£000	**£000**
Ambulance services		
A & E income	195,276	188,349
Patient transport services income	30,985	30,272
Other income	41,423	40,590
Agenda for Change pay award central funding	3,197	-
Total income from activities	**270,881**	**259,211**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	**2018/19**	**2017/18**
	£000	**£000**
NHS England	2,143	2,099
Clinical commissioning groups	263,284	255,108
Department of Health and Social Care	3,237	-
Other NHS providers	1,156	1,059
Local authorities	13	10
Non-NHS: private patients	22	14
Injury cost recovery scheme	963	887
Non NHS: other	63	34
Total income from activities	**270,881**	**259,211**
Of which:		
Related to continuing operations	270,881	259,211

Note 4 Other operating income

	2018/19	2017/18
	£000	£000
Other operating income from contracts with customers:		
Research and development (contract)	241	234
Education and training (excluding notional apprenticeship levy income)	1,210	1,640
Provider sustainability / sustainability and transformation fund income (PSF / STF)	5,563	5,320
Income in respect of employee benefits accounted on a gross basis	1,121	630
Other contract income	2,335	2,304
Other non-contract operating income		
Education and training - notional income from apprenticeship fund	347	112
Total other operating income	**10,817**	**10,240**
Of which:		
Related to continuing operations	10,817	10,240

Note 5.1 Operating expenses

	2018/19	2017/18
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	185	185
Purchase of healthcare from non-NHS and non-DHSC bodies	19,888	19,382
Staff and executive directors costs	186,167	174,898
Remuneration of non-executive directors	69	82
Supplies and services - clinical (excluding drugs costs)	7,393	6,080
Supplies and services - general	1,627	1,628
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	193	295
Consultancy costs	1,000	546
Establishment	5,677	5,410
Premises	9,526	11,154
Transport (including patient travel)	18,735	16,945
Depreciation on property, plant and equipment	9,443	8,868
Amortisation on intangible assets	390	550
Net impairments	1,920	283
Movement in credit loss allowance: contract receivables / contract assets	30	
Movement in credit loss allowance: all other receivables and investments	-	56
Change in provisions discount rate(s)	(178)	187
Audit fees payable to the external auditor		
audit services- statutory audit	70	68
Internal audit costs	143	145
Clinical negligence	1,275	1,143
Legal fees	102	1,270
Insurance	3,029	3,209
Education and training	1,967	1,767
Rentals under operating leases	2,629	2,808
Redundancy	184	235
Hospitality	51	277
Losses, ex gratia & special payments	147	125
Other	571	64
Total	**272,233**	**257,660**
Of which:		
Related to continuing operations	272,233	257,660

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2017/18: £2m).

Note 6 Impairment of assets

	2018/19	2017/18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	587	274
Other	1,333	9
Total net impairments charged to operating surplus / deficit	**1,920**	**283**
Impairments charged to the revaluation reserve	-	-
Total net impairments	**1,920**	**283**

The Trust's land and buildings valuations were undertaken by the District Valuer Service, part of the Valuation Office Agency of HM Revenue and Customs during February 2019 with a prospective valuation date of 31 March 2019. Valuations are carried out on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property. There are a net £587k of impairments as a result of these valuation due to changes in market price. The Trust also impaired historic capital expenditure related to a strategic development venture which is now being expensed to income and expenditure £1,333k

Note 7 Employee benefits

	2018/19	2017/18
	Total	Total
	£000	£000
Salaries and wages	150,212	140,203
Social security costs	14,556	13,714
Apprenticeship levy	731	683
Employer's contributions to NHS pensions	18,433	17,111
Termination benefits	184	235
Temporary staff (including agency)	2,235	3,187
Total staff costs	**186,351**	**175,133**

Note 7.1 Retirements due to ill-health

During 2018/19 there were 10 early retirements from the trust agreed on the grounds of ill-health (11 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £711k (£920k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 9 Operating leases

Note 9.1 Yorkshire Ambulance Service NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Yorkshire Ambulance Service NHS Trust is the lessee.
The Trust's operating lease commitments relate to land and vehicles and medical equipment.

The vehicle commitments are based on 404 vehicles, of which 139 are due to expire within 1 year and 265 are due to expire between 1 and 5 years.

The medical equipment consists of five stretchers. The leases will expire between one and five years.

The commitment on land consists of 2 leases which is for the car parking facility at the Springhill Headquarters and Fleet Unit M which are due to expire within 1 year. The commitment on land and buildings consists of 40 leases, of which 3 are due to expire after 5 years, 5 will expire between 1 and 5 years, and 32 will expire within 1 year.

	2018/19	2017/18
	£000	£000
Operating lease expense		
Minimum lease payments	2,629	2,808
Total	**2,629**	**2,808**

	31 March 2019	31 March 2018
	£000	£000
Future minimum lease payments due:		
- not later than one year;	1,356	1,296
- later than one year and not later than five years;	3,908	5,049
- later than five years.	923	1,022
Total	**6,187**	**7,367**

Note 10 Finance income

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

	2018/19	2017/18
	£000	£000
Interest on bank accounts	231	84
Total finance income	**231**	**84**

Note 11.1 Finance expenditure

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

	2018/19	2017/18
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	88	104
Total interest expense	**88**	**104**
Unwinding of discount on provisions	(29)	22
Total finance costs	**59**	**126**

Note 11.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

No payments were made in respect of this legislation during 2018-19

Note 12 Other gains / (losses)

	2018/19	2017/18
	£000	£000
Gains on disposal of assets	-	165
Losses on disposal of assets	(64)	-
Total gains / (losses) on disposal of assets	**(64)**	**165**

Note 13.1 Intangible assets - 2018/19

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	**3,357**	**166**	**3,523**
Additions	99	138	**237**
Reclassifications	175	(175)	**-**
Disposals / derecognition	(456)	-	**(456)**
Valuation / gross cost at 31 March 2019	**3,175**	**129**	**3,304**
Amortisation at 1 April 2018 - brought forward	**2,256**	**-**	**2,256**
Provided during the year	390	-	**390**
Disposals / derecognition	(456)	-	**(456)**
Amortisation at 31 March 2019	**2,190**	**-**	**2,190**
Net book value at 31 March 2019	**985**	**129**	**1,114**
Net book value at 1 April 2018	**1,101**	**166**	**1,267**

Note 13.2 Intangible assets - 2017/18

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2017	**3,359**	**211**	**3,570**
Additions	378	166	**544**
Reclassifications	211	(211)	**-**
Disposals / derecognition	(591)	-	**(591)**
Valuation / gross cost at 31 March 2018	**3,357**	**166**	**3,523**
Amortisation at 1 April 2017	**2,297**	**-**	**2,297**
Provided during the year	550	-	**550**
Disposals / derecognition	(591)	-	**(591)**
Amortisation at 31 March 2018	**2,256**	**-**	**2,256**
Net book value at 31 March 2018	**1,101**	**166**	**1,267**
Net book value at 1 April 2017	**1,062**	**211**	**1,273**

Note 14.1 Property, plant and equipment - 2018/19

	Land	Buildings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	**18,806**	**37,789**	**4,733**	**8,369**	**48,454**	**11,141**	**686**	**129,978**
Additions	-	414	13,927	489	2,385	537	-	**17,752**
Impairments	(130)	(1,882)	-	-	-	-	-	**(2,012)**
Reversals of impairments	-	92	-	-	-	-	-	**92**
Revaluations	138	(3,323)	-	-	-	-	-	**(3,185)**
Reclassifications	-	1,931	(11,163)	777	8,154	301	-	**-**
Disposals / derecognition	-	(171)	-	(878)	(5,800)	(1,563)	(464)	**(8,876)**
Valuation/gross cost at 31 March 2019	**18,814**	**34,850**	**7,497**	**8,757**	**53,193**	**10,416**	**222**	**133,749**
Accumulated depreciation at 1 April 2018 - brought forward	**-**	**-**	**-**	**2,808**	**28,833**	**7,435**	**554**	**39,630**
Provided during the year	-	1,457	-	996	5,610	1,357	23	**9,443**
Impairments	-	-	-	-	-	-	-	**-**
Revaluations	-	(1,455)	-	-	-	-	-	**(1,455)**
Disposals / derecognition	-	(2)	-	(878)	(5,786)	(1,549)	(464)	**(8,679)**
Accumulated depreciation at 31 March 2019	**-**	**-**	**-**	**2,926**	**28,657**	**7,243**	**113**	**38,939**
Net book value at 31 March 2019	**18,814**	**34,850**	**7,497**	**5,831**	**24,536**	**3,173**	**109**	**94,810**
Net book value at 1 April 2018	**18,806**	**37,789**	**4,733**	**5,561**	**19,621**	**3,706**	**132**	**90,348**

Note 14.2 Property, plant and equipment - 2017/18

	Land	Buildings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017	**19,079**	**35,172**	**6,503**	**6,372**	**57,225**	**30,444**	**813**	**155,608**
Additions	-	399	3,379	2,327	506	406	-	**7,017**
Impairments	(23)	(283)	-	-	-	-	-	**(306)**
Reversals of impairments	-	32	-	-	-	-	-	**32**
Revaluations	-	2,751	-	-	-	-	-	**2,751**
Reclassifications	-	243	(5,149)	4	4,871	31	-	**-**
Transfers to / from assets held for sale	(250)	(525)	-	-	-	-	-	**(775)**
Disposals / derecognition	-	-	-	(334)	(14,148)	(19,740)	(127)	**(34,349)**
Valuation/gross cost at 31 March 2018	**18,806**	**37,789**	**4,733**	**8,369**	**48,454**	**11,141**	**686**	**129,978**
Accumulated depreciation at 1 April 2017	**-**	**-**	**-**	**2,497**	**37,297**	**25,687**	**658**	**66,139**
Provided during the year	-	1,227	-	640	5,491	1,487	23	**8,868**
Impairments	-	-	-	5	3	1	-	**9**
Revaluations	-	(1,227)	-	-	-	-	-	**(1,227)**
Disposals / derecognition	-	-	-	(334)	(13,958)	(19,740)	(127)	**(34,159)**
Accumulated depreciation at 31 March 2018	**-**	**-**	**-**	**2,808**	**28,833**	**7,435**	**554**	**39,630**
Net book value at 31 March 2018	**18,806**	**37,789**	**4,733**	**5,561**	**19,621**	**3,706**	**132**	**90,348**
Net book value at 1 April 2017	**19,079**	**35,172**	**6,503**	**3,875**	**19,928**	**4,757**	**155**	**89,469**

All valuations of Land and buildings are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation Standards.

Note 14.3 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019								
Owned - purchased	18,814	34,850	7,497	5,831	24,536	3,173	109	**94,810**
NBV total at 31 March 2019	**18,814**	**34,850**	**7,497**	**5,831**	**24,536**	**3,173**	**109**	**94,810**

Note 14.4 Property, plant and equipment financing - 2017/18

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018								
Owned - purchased	18,806	37,789	4,733	5,561	19,617	3,706	132	**90,344**
Owned - donated	-	-	-	-	4	-	-	**4**
NBV total at 31 March 2018	**18,806**	**37,789**	**4,733**	**5,561**	**19,621**	**3,706**	**132**	**90,348**

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’.

Note 16 Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	75	74
Consumables	1,139	1,085
Other	174	171
Total inventories	**1,388**	**1,330**

Inventories recognised in expenses for the year were £10,918k (2017/18: £12,622k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

Note 17.1 Trade receivables and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables*	11,189	
Trade receivables*		3,555
Accrued income*		7,597
Allowance for impaired contract receivables / assets*	(579)	
Allowance for other impaired receivables	-	(562)
Prepayments	4,564	5,206
PDC dividend receivable	50	-
VAT receivable	695	319
Other receivables	152	206
Total current trade and other receivables	**16,071**	**16,321**
Non-current		
Accrued income*		561
Other receivables	547	-
Total non-current trade and other receivables	**547**	**561**
Of which receivables from NHS and DHSC group bodies:		
Current	8,602	9,041

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 17.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets	All other receivables
	£000	£000
Allowances as at 1 Apr 2018 - brought forward		**562**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	562	(562)
Allowances at start of period for new FTs	**-**	
New allowances arising	55	
Allowances as at 31 Mar 2019	**579**	**-**

Note 17.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables
	£000
Allowances as at 1 Apr 2017 - as previously stated	532
Prior period adjustments	
Increase in provision	56
Amounts utilised	**(26)**
Allowances as at 31 Mar 2018	**562**

Note 17.4 Exposure to credit risk

The nature of the Trust's income and operations as part of the NHS mean that the Trust is not significantly exposed to credit risk.

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

	2018/19	2017/18
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**935**	**160**
Assets classified as available for sale in the year	-	775
Assets sold in year	(775)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**160**	**935**

The asset held for sale in year is Bramham, a former ambulance station.

Note 19 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2018/19	2017/18
	£000	£000
At 1 April	**30,165**	**19,085**
Net change in year	5,945	11,080
At 31 March	**36,110**	**30,165**
Broken down into:		
Cash at commercial banks and in hand	35	26
Cash with the Government Banking Service	36,075	30,139
Total cash and cash equivalents as in SoFP	**36,110**	**30,165**
Total cash and cash equivalents as in SoCF	**36,110**	**30,165**

Note 20 Trade and other payables

	31 March 2019	31 March 2018
	£000	£000
Current		
Trade payables	1,809	6,818
Capital payables	2,565	1,948
Accruals	7,518	7,715
Social security costs	-	15
Other taxes payable	-	5
PDC dividend payable	-	38
Accrued interest on loans*		4
Other payables	2,505	2,224
Total current trade and other payables	**14,397**	**18,767**
Of which payables from NHS and DHSC group bodies:		
Current	715	306

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note . IFRS 9 is applied without restatement therefore comparatives have not been restated.

Other payables include £2.490m in respect of pension costs (2017-18: £2.224m)
There were no amounts payable in relation to early retirements.

Note 21 Other liabilities

	31 March 2019	31 March 2018
	£000	£000
Current		
Deferred grants	110	134
Total other current liabilities	**110**	**134**

Note 22 Borrowings

	31 March 2019	31 March 2018
	£000	£000
Current		
Loans from the Department of Health and Social Care	338	334
Total current borrowings	**338**	**334**
Non-current		
Loans from the Department of Health and Social Care	4,167	4,501
Total non-current borrowings	**4,167**	**4,501**

Note 22.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC	Total
	£000	£000
Carrying value at 1 April 2018	**4,835**	**4,835**
Cash movements:		
Financing cash flows - payments and receipts of principal	(334)	**(334)**
Financing cash flows - payments of interest	(88)	**(88)**
Non-cash movements:		
Impact of implementing IFRS 9 on 1 April 2018	4	**4**
Application of effective interest rate	88	**88**
Carrying value at 31 March 2019	**4,505**	**4,505**

Note 23.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits*	Legal claims	Re-structuring	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2018	**804**	**7,502**	**518**	**6**	**5,997**	**14,827**
Change in the discount rate	(7)	(137)	-	-	(34)	**(178)**
Arising during the year	62	456	329	25	1,438	**2,310**
Utilised during the year	(114)	(537)	(356)	(6)	(634)	**(1,647)**
Reversed unused	(5)	(198)	(115)	-	(130)	**(448)**
Unwinding of discount	1	8	-	-	(38)	**(29)**
At 31 March 2019	**741**	**7,094**	**376**	**25**	**6,599**	**14,835**
Expected timing of cash flows:						
- not later than one year;	91	429	376	25	5,130	**6,051**
- later than one year and not later than five years;	650	6,665	-	-	1,469	**8,784**
- later than five years.	-	-	-	-	-	**-**
Total	**741**	**7,094**	**376**	**25**	**6,599**	**14,835**

Restructuring provisions have been made in respect of reorganisations within Corporate Services.
'Other' provisions comprise:
Provision for staff costs including ‘Frozen Leave’ costs, debts outstanding on the Salary Sacrifice Scheme for Cars, and holiday pay
Provision for anticipated dilapidation costs: for leased buildings based on an independent assessment by Lambert Smith Hampton, and for leased vehicles based on past costs of restoration.
Provisions for costs arising from legal cases and for employment tribunals.
Provisions for costs arising from membership of service consortium.

Note 23.2 Clinical negligence liabilities

At 31 March 2019, £5,807k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Yorkshire Ambulance Service NHS Trust (31 March 2018: £4,817k).

Note 24 Contingent assets and liabilities

	31 March 2019	31 March 2018
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(160)	(339)
Gross value of contingent liabilities	**(160)**	**(339)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(160)**	**(339)**

Amount Included in the Provisions of the NHS Resolution in Respect of Clinical Negligence Liabilities:

As at 31 March 2019	5,807
As at 31 March 2018	4,817

Note 25 Contractual capital commitments

	31 March 2019	31 March 2018
	£000	£000
Property, plant and equipment	3,389	510
Intangible assets	55	34
Total	**3,444**	**544**

Note 26 Other financial commitments

The trust is not committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangement).

Note 27 Financial instruments

Note 27.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust’s standing financial instructions and policies agreed by the Trust's Management Board. Treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit risk

Because the majority of the Trust’s revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust’s operating costs are incurred under contracts with Clinical Commissioning Groups which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 27.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Total book value
Carrying values of financial assets as at 31 March 2019 under IFRS 9	**£000**	**£000**
Trade and other receivables excluding non financial assets	10,762	**10,762**
Other investments / financial assets	-	**-**
Cash and cash equivalents at bank and in hand	36,110	**36,110**
Total at 31 March 2019	**46,872**	**46,872**

	Loans and receivables	Total book value
Carrying values of financial assets as at 31 March 2018 under IAS 39	**£000**	**£000**
Trade and other receivables excluding non financial assets	11,340	11,340
Cash and cash equivalents at bank and in hand	30,165	30,165
Total at 31 March 2018	**41,505**	**41,505**

Note 27.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied restrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Loans from the Department of Health and Social Care	4,505	**4,505**
Trade and other payables excluding non financial liabilities	14,397	**14,397**
Provisions under contract	5,185	**5,185**
Total at 31 March 2019	**24,087**	**24,087**

	Other financial liabilities	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Loans from the Department of Health and Social Care	4,835	**4,835**
Trade and other payables excluding non financial liabilities	18,705	**18,705**
Provisions under contract	4,669	**4,669**
Total at 31 March 2018	**28,209**	**28,209**

Note 27.4 Fair values of financial assets and liabilities

The book value (carrying value) of the Trust's financial assets and liabilities is a reasonable approximation of fair value.

Note 27.5 Maturity of financial liabilities

	31 March 2019	31 March 2018
	£000	£000
In one year or less	19,920	23,708
In more than one year but not more than two years	334	334
In more than two years but not more than five years	1,002	1,002
In more than five years	2,831	3,165
Total	**24,087**	**28,209**

Note 28 Losses and special payments

	2018/19		2017/18	
	Total number of cases	**Total value of cases**	**Total number of cases**	**Total value of cases**
	Number	**£000**	**Number**	**£000**
Losses				
Cash losses	23	14	13	14
Bad debts and claims abandoned	27	105	30	56
Stores losses, damage to property and other losses	6	1	8	5
Total losses	**56**	**120**	**51**	**75**
Special payments				
Compensation under court order or legally binding arbitration award	1	1	1	-
Extra-contractual payments	1	24	-	-
Ex-gratia and other payments	80	365	82	433
Total special payments	**82**	**390**	**83**	**433**
Total losses and special payments	**138**	**510**	**134**	**508**
Compensation payments received		-		-

There were no individual losses or special payments amounting to more than £300,000

Note 29.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £4k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classifiction of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £2,041k.

Note 29.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

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 (defined as constituting over 1% of turnover), and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

NHS Leeds CCG
NHS Sheffield CCG
NHS Wakefield CCG
NHS Bradford Districts CCG
NHS East Riding of Yorkshire CCG
NHS Vale of York CCG
NHS Greater Huddersfield CCG
NHS Doncaster CCG
NHS Calderdale CCG
NHS Hull CCG
NHS North Kirklees CCG
NHS Barnsley CCG
NHS Rotherham CCG
NHS Harrogate and Rural District CCG
NHS Airedale, Wharfdale and Craven CCG
NHS Hambleton, Richmondshire and Whitby CCG
NHS England
NHS Scarborough and Ryedale CCG
NHS Bradford City CCG
Department of Health and Social Care
NHS Pension Scheme
HM Revenue & Customs

This note discloses related parties where income or expenditure is more than 1% of our operating income or expenditure, or that are material by nature (the YAS Charitable Fund). Other than the Charitable Fund transactions below this level are not considered material for the purposes of this disclosure.

Except as detailed below no Trust board members had any interest in any of these organisations during the financial year. No Trust board member has declared an interest in any other organisation with which the Trust does business.
The Trust works with the Yorkshire Air Ambulance charity and provides clinical staff for that service.
The Trust Board is the Corporate Trustee of the Yorkshire Ambulance Service NHS Charitable Trust Charity No. 1114106. Transactions between the Charity and the Trust during the year were not material.

Note 31 Prior period adjustments
There are no prior period adjustments

Note 32 Events after the reporting date
There have been no adjusting post balance sheet events, and no material non-adjusting post balance sheet events

Note 33 Better Payment Practice code

	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	26,911	128,244	23,877	103,909
Total non-NHS trade invoices paid within target	21,258	110,994	20,326	96,949
Percentage of non-NHS trade invoices paid within target	79.0%	86.5%	85.1%	93.3%
NHS Payables				
Total NHS trade invoices paid in the year	433	3,063	527	3,048
Total NHS trade invoices paid within target	329	2,175	415	2,444
Percentage of NHS trade invoices paid within target	76.0%	71.0%	78.7%	80.2%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 34 External financing

The trust is given an external financing limit against which it is permitted to underspend:

	2018/19 £000	2017/18 £000
Cash flow financing	2,110	(12,750)
Finance leases taken out in year		
Other capital receipts		
External financing requirement	**2,110**	**(12,750)**
External financing limit (EFL)	3,204	(4,448)
Under spend against EFL	**1,094**	**8,302**

Note 35 Capital Resource Limit

	2018/19 £000	2017/18 £000
Gross capital expenditure	17,989	7,561
Less: Disposals	(972)	(190)
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**17,017**	**7,371**
Capital Resource Limit	17,886	8,664
Under spend against CRL	**869**	**1,293**

Note 36 Breakeven duty financial performance

	2018/19 £000
Adjusted financial performance surplus	9,250
Breakeven duty financial performance surplus	**9,250**

Note 36.1 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
		£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Breakeven duty in-year financial performance		518	237	428	2,223	2,633	2,991	6,103	2,719	10,154	9,250
Breakeven duty cumulative position	3,501	4,019	4,256	4,684	6,907	9,540	12,531	18,634	21,353	31,507	40,757
Operating income		197,910	195,228	200,333	209,772	233,384	241,328	248,965	255,424	269,451	281,698
Cumulative breakeven position as a percentage of operating income		2.0%	2.2%	2.3%	3.3%	4.1%	5.2%	7.5%	8.4%	11.7%	14.5%

Glossary of Terms

Term/Abbreviation	Definition/Explanation
Accident and Emergency 999 (A&E) Service	A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention.
Advanced Medical Priority Dispatch System (AMPDS)	An international system that prioritises 999 calls using information about the patient as supplied by the caller.
Ambulance Quality Indicators (AQIs)	AQIs were introduced in April 2011 for all ambulance services in England and look at the quality of care provided as well as the speed of response to patients. The AQIs are ambulance specific and are concerned with patient safety and outcomes.
Ambulance Response Programme (ARP)	The Ambulance Response Programme (ARP) was established by NHS England in 2015 to review the way ambulance services operate, increase operational efficiency and to ensure a greater clinical focus. The trial helped to inform changes in national performance standards for all ambulance services which were introduced in 2018.
Ambulance Service Cardiovascular Quality Initiative	The initiative aims to improve the delivery of pre-hospital (ambulance service) care for cardiovascular disease to improve services for people with heart attack and stroke.
Annual Assurance Statement	The means by which the Accountable Officer declares his or her approach to, and responsibility for, risk management, internal control and corporate governance. It is also the vehicle for highlighting weaknesses which exist in the internal control system within the organisation. It forms part of the Annual Report and Accounts.
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.
Chairman	The Chairman 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 Commissioning Group (CCG)	Groups of clinicians who commission healthcare services for their communities. They replaced primary care trusts (PCTs).
Clinical Hub	A team of clinical advisors based within the Emergency Operations Centre providing support for patients with non life-threatening conditions.
Clinical Pathways	The standardisation of care practices to reduce variability and improve outcomes for patients.
Clinical Performance Indicators (CPIs)	CPIs were developed by ambulance clinicians and are used nationally to measure the quality of important areas of clinical care. They are designed to support the clinical care we provide to patients by auditing what we do.
Clinical Quality Strategy	A framework for the management of quality within YAS.
Clinical Supervisor	Works on the frontline as part of the operational management team and facilitates the development of clinical staff and helps them to practise safely and

	effectively by carrying out regular assessment and revalidations.
Commissioners	Ensure that services they fund can meet the needs of patients.
Community First Responders (CFRs)	Volunteers in their local communities, who respond from their home addresses or places of work to patients suffering life-threatening emergencies.
Comprehensive Local Research Networks (CLRNs)	Coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community.
Computer Aided Dispatch (CAD)	A method of dispatching ambulance resources.
Commissioning for Quality and Innovation (CQUIN)	The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.
Dashboards	Summary of progress against Key Performance Indicators for review by managers or committees.
Dataset	A collection of data, usually presented in tabular form.
Department of Health (DH)	The government department which provides strategic leadership for public health, the NHS and social care in England.
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)	For a small number of people who are approaching the last days of life, cardiopulmonary resuscitation (CPR) would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes.
Electrocardiograms (ECG)	An interpretation of the electrical activity of the heart. This is done by attaching electrodes onto the patient which record the activity of the different sections of the heart.
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	The department which handles all our emergency and

Centre (EOC)	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. Healthwatch organisations started to replace LINks (Local Involvement Networks) from October 2012.
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.
Key Performance Indicator (KPI)	A measure of performance.
Knowledge and Skills Framework (KSF)	A competence framework to support personal development and career progression within the NHS.
Major Trauma	Major trauma is serious injury and generally includes such injuries as: ▪ traumatic injury requiring amputation of a limb ▪ severe knife and gunshot wounds ▪ major head injury ▪ multiple injuries to different parts of the body eg chest and abdominal injury with a fractured pelvis ▪ spinal injury ▪ severe burns.
Major Trauma Centre	A network of centres throughout the UK, specialising in treating patients who suffer from major trauma.
Mental Capacity Act (MCA)	Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so.
Myocardial Infarction (MI)	Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die.
National Early Warning Score (NEWS)	The NEWS is a simple physiological scoring system that can be calculated at the patient's bedside, using agreed parameters which are measured in unwell patients. It is a tool which alerts healthcare practitioners to abnormal physiological parameters and triggers an escalation of care and review of an unwell patient.
National Health Service (NHS)	Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is funded by taxes.
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	NHS England is responsible for Clinical Commissioning Groups (CCGs), working collaboratively with partners and encouraging patient and public participation in the NHS.
NHS Improvement	NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded 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 record of the care provided to patients.
Patient Transport Service (PTS)	A non-emergency medical transport service, for example, to and from out-patient appointments.
Personal Development Reviews (PDRs)	The PDR process provides a framework for identifying staff development and training needs and agreeing objectives.
Personal Digital Assistants (PDAs)	Small computer units which help to capture more accurate data on Patient Transport Service performance and journey times and identify areas which require improvements.
Private and Events Service	Provides medical cover to private and social events for example, football matches, race meetings, concerts and festivals. It also provides ambulance transport for private hospitals, corporations and individuals.
Quality Governance Framework	A process to ensure that YAS is able to monitor and progress quality indicators from both internal and external sources.
Quality Strategy	Framework for the management of quality within Yorkshire Ambulance Service.
Rapid Response Vehicle (RRV)	A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance capable of transporting patients.
Resilience	The ability of a system or organisation to recover from a catastrophic failure.
Return of Spontaneous Circulation (ROSC)	ROSC is resumption of sustained perfusing cardiac activity associated with significant respiratory effort after cardiac arrest.

Safeguarding	Processes and systems for the protection of vulnerable adults, children and young people.
Safeguarding Referral	Yorkshire Ambulance Service staff are given information to help them identify warning signs of abuse or neglect and to report this via our Clinical Hub, to social care. Social care will follow up each referral to ensure that the vulnerable adult or child involved is safe.
Safety Thermometer	The NHS Safety Thermometer is a tool designed to help hospitals understand where they can potentially cause harm to patients and reduce the risk of this.
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.

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