NHS
Yorkshire Ambulance Service
NHS Trust

Annual Report and Financial Accounts

2019-20

CONTENTS

Annual Report 2019-20

Financial Accounts 2019-20

**Please note that the majority of photographs used in this publication were taken prior to the coronavirus pandemic and therefore do not illustrate social distancing.*

ANNUAL REPORT

About us

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

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

We employ 6,308* 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 4,888 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.

Priorities for 2019-20

Our priorities during 2019-20 included the following areas of focus which centred around our patients, our staff and our partners and communities. Progress against these priorities is covered throughout the Annual Report.

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 a new unified communications system across our 999, NHS 111 and PTS services, 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 to better meet the needs of our patients and system partners.
- 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

- 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.

Priorities for 2019-20

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.
- 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 innovate and deliver efficiencies in the way we work.
- Collaborating with other ambulance services nationally through the Ambulance Improvement Programme.

In addition we 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.

Priorities for 2019-20

Our priorities for 2020-21 include making further progress in these areas, but, understandably, much of our focus will be on recovery from the COVID-19 pandemic which has dominated the work of the Trust and our NHS partners since the final quarter of 2019-20 and well into 2020-21.

Sustaining our operational response to the continuing COVID-19 pandemic will run alongside the development of a recovery plan which will incorporate:

- continuation of highly effective activities introduced as part of our response to COVID-19 to support patient care
- COVID-19-related activities that will need to be reduced and phased out, whilst taking the opportunity to learn lessons for future business continuity planning
- support roles/redeployed staff who will need to continue to support the response phase during recovery.

There are some things that we've done during the pandemic that we will want to adopt in the future. It will be important to share some of our experiences with our partners and with the wider health and care system, so that we continue to see some of the benefits that dealing with this crisis has brought. The pandemic has had and will continue to have huge implications for everyone and we don't underestimate the period of recovery and adaptation that lie ahead.

Our operational response to COVID-19

Following the emergence of the coronavirus in the UK and our conveyance of the first patient in York on 30 January 2020, the demand on our services increased dramatically.

The response of our staff and volunteers was exceptional and we continue to see our staff caring for patients in challenging circumstances.

As the region's provider of emergency ambulance services, NHS 111 and non-emergency patient transport, our three core service areas all saw specific challenges from COVID-19.

Emergency Ambulance Service – A&E Operations

Our A&E Operations staff have attended patients with both suspected and confirmed COVID-19 across the region, adapting and responding to the constantly changing clinical and operational guidance on how to best treat patients. During March 2020, our emergency operations centre (EOC) received just over 95,000 emergency calls, with a peak in mid-March, when we saw a 40% increase in the level of calls compared to our forecasted levels. The number of ambulance attendances during March also increased in line with call demand, however despite this increase, the number of patients that we conveyed to hospital reduced by around 10% on February.

We increased the number of patients who we were able to treat on scene or who needed referring to another service. We also saw a significant increase in the number of patients that we were able to support through our 'Hear and Treat' service, where we provided clinical advice, guidance and signposting to appropriate services over the phone when they called 999.

Integrated Urgent Care – NHS 111

The number of calls we have received in NHS 111 was extremely high and sustained over several weeks. Demand during March surpassed all previous levels and, at the peak of the demand, we experienced an increase of 124% on our typical daily call level compared to March 2019. This extra demand placed severe pressure on the service, with callers being triaged by our staff to ensure priority patients were clinically assessed and advised as quickly as possible.

Our response was to increase our staffing levels by nearly 100 and redeploy clinical staff from other parts of the Trust into NHS 111. The introduction of changes to the NHS 111 online service and the national COVID-19 Response Service provided additional support and helped to reduce some of the pressure. However, NHS 111 continues to be highlighted to patients as the main source of advice and guidance on COVID-19.

Patient Transport Service

Our Patient Transport Service (PTS) saw a decline in its usual transport demands to convey eligible patients to routine hospital appointments, which would typically involve 3,000 journeys per day across the region.
Our priorities changed, in line with national guidance, to refocus our resources on ensuring our most vulnerable patients still had access to essential outpatient clinics and we supported acute trusts with patient discharges.

We adapted our PTS vehicles with temporary bulkheads installed to keep the patients we are transporting safe, as well as our staff, who were provided with level 2 personal protective equipment (PPE) for all direct patient contact. All patients were transported separately, in order to maintain social distancing and safeguard them from infection.

Our staff and resources

Sadly, at the time of preparing this Annual Report, two of our colleagues had lost their lives following complications from COVID-19. Both colleagues had worked tirelessly for many years serving their local communities in North and West Yorkshire, and were married with families. Losing these two colleagues in such a short period of time was especially difficult, and we are supporting their families and ensuring staff affected have access to health and wellbeing advice.

The response of our staff and volunteers was exceptional and we continue to see our staff caring for patients in challenging circumstances.

RESILIENCE

Despite some challenges, we were fortunate enough with our planning and robust procurement function to have a sufficient supply of personal protective equipment (PPE) for all our service areas. We have continued with our additional infection prevention and control measures, such as vehicle cleaning at hospital emergency departments.

Support functions such as ICT, Fleet and Medical Equipment, Ancillary, Communications and Patient Relations, have all played a vital role in keeping our operations running smoothly and ensuring patients received the care they needed.

In April 2020 we also played a key role in the creation of the Yorkshire and Humber Nightingale Hospital in Harrogate, with staff working tirelessly to help create the unit within three weeks. This involved creating a temporary ambulance station, developing plans to facilitate admissions and discharges, clinical and operational protocols, as well as training colleagues from the regions four fire and rescue services to drive our vehicles.

Looking ahead

Whilst there is cautious optimism that the UK has passed the peak of the pandemic, the number of those affected by coronavirus remains sobering and the path towards recovery will be cautious in 2020-21.

We are developing models to ensure our resources can meet the changing demands we are faced with and coordinating our response with colleagues across many organisations, including the health and social care sector and the wider NHS. Much of our focus is on how we help acute trusts to protect their capacity in A&E and wards, whilst they address the backlog in critical surgery and other services and maintain essential outpatient appointments. It is important we continue the higher levels of clinical advice in NHS 111 and 999 over the coming months to ensure our patients are treated in the most appropriate care setting for their needs and avoid hospital emergency departments wherever possible.

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.

Highlights of the Year

10 millionth call to NHS 111

See page 31

Disability Support Network and focus on new Workforce Disability Equality Standard (WDES)

See page 50

New Quality Improvement (QI) Fellows

See page 16

Ambulance Vehicle Preparation (AVP) service

See page 40

Support for cycling events – Tour de Yorkshire and UCI World Championships

See page 26

Highlights of the Year

Restart a Heart Day

See page 65

CQC inspection Patient Transport Service (PTS) and Emergency Operations Centre (EOC) - Good result

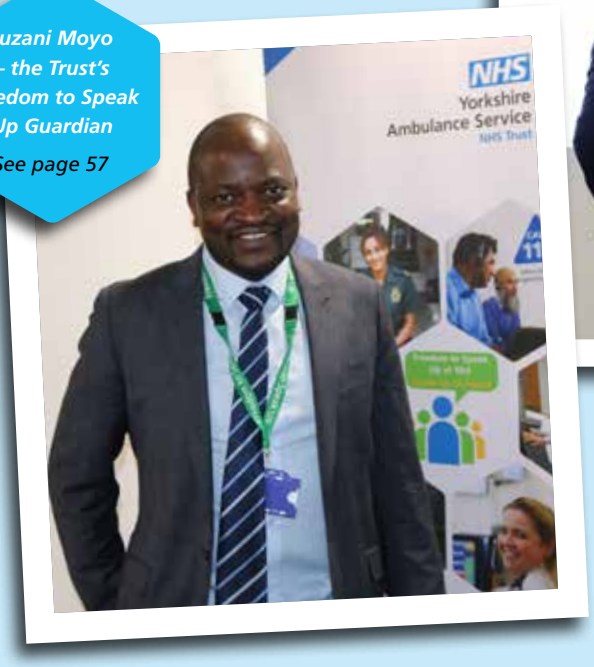
See page 35

Say YES to Respect campaign

See page 49

Luzani Moyo – the Trust's Freedom to Speak Up Guardian

See page 57



Launch of Employee Voice Network and cultural ambassadors

See page 57

Chief Executive's Foreword

As I write this foreword we have reached the end of the 2019-20 financial year and find ourselves in the midst of the coronavirus (COVID-19) pandemic, something that none of us could have anticipated and something that will cast a shadow well into 2020-21 and possibly beyond. I've been extremely proud of how colleagues and volunteers have pulled together in the true spirit of One Team. So many have worked tirelessly and flexibly to ensure that we continue to provide a high quality, responsive and compassionate service for our patients and communities, in spite of the most challenging of circumstances.

Digital technology has played a key role in supporting our response to COVID-19, allowing our teams to continue to stay in touch remotely and enabling virtual patient consultations to take place from our emergency operations centre.

As we continue to live with the effects of coronavirus, in terms of social distancing and the health and wellbeing of patients and staff, it's clear that the digital technology we have introduced at pace to help us during the crisis will almost certainly be part of our future.

Our recovery is very much focused on continuing with those activities which have been beneficial to the effectiveness of our service delivery, sharing our learning with partners and being mindful of the extent to which the pandemic will shape many of our decisions moving forward.

We have all been apprehensive of the unknown, but have tackled any obstacles to the best of our ability to keep patients and each other safe. No doubt our future will be changed by our experiences of coronavirus, but I'm confident that we will be able to build on what we have experienced and harness the overwhelming kindness we have seen from colleagues, partners, community organisations, local businesses and the public.

Achievements and Highlights

2019-20 marked another year where the Trust delivered on its financial targets and expectations. Against this financially stable backdrop there have been so many notable achievements and summarising them in a few paragraphs risks missing some very important contributions, but some of our major successes during the year warrant a special mention.

Securing the new Integrated Urgent Care (IUC) service contract for Yorkshire and the Humber for at least the next five years means that we can further develop our NHS 111 service as the gateway to fully integrated urgent care in collaboration with primary and secondary care colleagues, community services and commissioners.

The awarding of the Hull Patient Transport Service (PTS) tender in November 2019 means that we are once again delivering PTS across all parts of the region. We were also invited to take on the PTS contract for North Lincolnshire, in collaboration with our Northern Ambulance Alliance (NAA) partner, East Midlands Ambulance Service (EMAS). This service became operational in March 2020 and we believe this will deliver the highest standard of service for our patients and a more responsive and integrated services for our system partners.

The Care Quality Commission (CQC) inspection of our PTS and EOC in October saw EOC retain its 'Good' rating and PTS move from 'Requires Improvement' to 'Good' in every inspection category. Our first CQC Well Led Inspection also rated the Trust as 'Good'. The CQC report praised the Trust for continuing the significant development of its services and identified many areas of outstanding practice.

With the Ambulance Response Programme (ARP) changes to our 999 deployment model now embedded, we have seen improved performance against the response standards despite increasing demand.

A number of supporting programmes of work have helped us achieve this, including improvements to our Emergency Operations Centres (EOC working), a major investment in our A&E ambulance fleet with an additional 62 ambulances, taking the total number ambulances across the region to 407. We've also seen a major boost to the numbers of emergency care assistants and paramedics and worked with Trade Union colleagues to develop a new A&E Operations career pathway to provide greater support for all staff who wish to progress to paramedic.

*The **CQC inspection** in October saw EOC retainits 'Good' rating and PTS move from 'Requires Improvement' to 'Good' in every inspection category.*

Digital technology plays an increasingly central role in the delivery of high quality integrated care and to support this our locally developed electronic Patient Record (ePR) has now been rolled out across all our stations and 24 hospitals in South, West, East and North Yorkshire. The system enables us to share timely information with other healthcare providers involved in our patients' care, leading to improved quality, clinical safety and patient experience. The next phase of ePR development in the coming year will utilise patients' NHS numbers to retrieve their existing care plans, share information with primary care and better inform our clinical decision making and patient outcomes.

Our new Doncaster 'hub' station became operational in February, with colleagues, from nearby Bentley Ambulance Station also moving to the remodelled facility. The new station provides improved facilities for staff, including training rooms and a dedicated on-site vehicle preparation team to clean, stock and refuel ambulances between shifts.

Ambulances stationed at Doncaster will also deploy to five community response sites, at Bentley, Hatfield, Rossington, Adwick and Edlington - all areas of high patient demand. Unfortunately, we had to postpone the official opening due to coronavirus, but hope to re-instate the event as soon as circumstances allow.

People are at the heart of what we do and we reported last year that, following an extensive campaign of staff and stakeholder engagement, we had launched our People and Quality Improvement strategies. Central to these strategies is the aim of making YAS a great place to work, attracting, developing and retaining a highly-skilled and diverse workforce and listening to and empowering our staff to perform at their best.

I'm delighted and proud of the results of our 2019 NHS Staff Survey suggesting our people increasingly recognise the hard work in this area, placing YAS top in 6 out of 11 categories across the ambulance sector. In the Chairman's Report which follows this Foreword, Kath Lavery describes the work we've undertaken this year launching our Say YES to Respect Campaign and 'Employee Voice Network'. We have also significantly strengthened our occupational health and wellbeing support for staff including signing up to the Prevention Concordat for Better Mental Health from Public Health England (PHE) and rolling out mental health first aid training to our managers and supervisors. It has also been a busy year for our recruitment team who have run a number of targeted recruitment events and campaigns to support increased staff numbers across our A&E and NHS111/ Integrated Urgent Care services.

This year we recruited our second cohort of Quality Improvement Fellows, underlining our commitment to delivering excellent care by giving staff from across the Trust dedicated time to take forward improvement ideas.

*We recruited our second cohort of **Quality Improvement Fellows**... giving staff from across the Trust dedicated time to take forward improvement ideas*

We also ran a series of highly successful rapid process improvement workshops, focused on improving quality and efficiency across the organisation. The first workshop 'Welcome to YAS' led to improvements for new starters so they feel more valued and welcomed to the Trust during their first few days. This was followed by process improvement workshops on ordering uniforms, consumable stores on station and use of data flags in our Emergency Operations Centre.

Clinical Developments

We launched our new Clinical Strategy focused on the delivery of seamless person-centred and evidence-based care and were proud to be selected as one of four ambulance services to take part in a Health Education England pilot programme to test the benefits of paramedics working across settings of care, such as GP practices and urgent treatment centres. The pilot identified benefits in reducing hospital admissions and supporting GP workload through paramedic career pathways.

46,531 young people learnt cardiopulmonary resuscitation (CPR) on ***Restart a Heart Day*** *(16 October 2019)*

Other clinical initiatives include leading a regional review of community respiratory service provision to identify gaps in provision with the aim of reducing hospital conveyance for patients with Chronic Obstructive Pulmonary Disease (COPD). In North Yorkshire and Sheffield we have been working on new ways to support patients who call us because they have fallen but are not injured and to respond appropriately to calls via telecare alarm services.

Northern Ambulance Alliance

We continue to work with our Northern Ambulance Alliance (NAA) partners (North West, East Midlands and North East ambulance services) to maximise efficiencies and innovation through collaboration in service development and procurement. Major projects over the last year have included collaboration on the implementation of new fleet management and communications systems and exploring joint procurement of a new Computer Aided Dispatch (CAD) system for 999, PTS and NHS 111.

Community Engagement

We have placed community engagement at the heart of our 'One Team, Best Care' strategy and an amazing 46,531 young people learnt cardiopulmonary resuscitation (CPR) on Restart a Heart Day in 2019. Thanks to 860 volunteers and partner organisations our campaign reached 163 schools in the region and I was delighted when the annual campaign won the UK Heart Safe Award for emergency services.

We launched our new 999 Aspire programme this year, in partnership with colleagues in West Yorkshire Police and West Yorkshire Fire and Rescue Service. The initiative is engaging with young people at Leeds City College and North Huddersfield Trust School, breaking down barriers between young people and emergency services, improving skills and aspirations and raising awareness of issues associated with knife crime, substance misuse, mental health first aid, and managing conflict.

I'm also delighted that we have been recognised for good practice in volunteer management with the award of the nationally recognised Investing in Volunteers UK quality standard. We have more than 1,100 volunteers (Community First Responders, PTS Volunteer Drivers, BASICS doctors and Critical Friends Network members) who provide vital help and support to our patients.

I am incredibly proud of what we've achieved over the last year and for the standard of care provided to our patients and communities. It's humbling to lead an organisation whose staff and volunteers make such a difference to the lives of so many people. Their dedication is very much appreciated by the Board, our partners in the NHS and other agencies and, most importantly, our patients.

Rod Barnes
Chief Executive

Chairman's Report

First and foremost, I would like to echo our Chief Executive's comments about how proud I am of our staff and their professional and caring approach to working on the frontline during the coronavirus pandemic. It remains a huge privilege to work alongside you and to have first-hand knowledge of your commitment, compassion and skills, right across the Trust.

Our approach moving forward will encompass what we have experienced and learned in the most challenging of scenarios. We have all been touched in some way by this pandemic and its consequences will prompt change in how we face our future.

We have made significant strides in improving services during 2019-20 and involving our staff more closely in taking the Trust forward. Launching our new Employee Voice Network stands out as one of my highlights of the year; this group meets three times a year and I have the pleasure of chairing it. The meetings bring together colleagues from all over the Trust, including our new cultural ambassadors and representatives from our already established employee staff networks – disability, BAME and LGBT+.

"I have been able to spend time with colleagues, experiencing typical days in their roles and this has allowed me to see for myself what it is really like, speak to staff one-to-one and get to know individuals"

Participants are fully invested in improving our culture, acting as role models for our values and behaviours and are the first port of call for their colleagues to listen to their views and signpost them if they need further help.

We also launched our Say YES to Respect campaign in January which aims to promote a positive, respectful and inclusive culture among staff. It was developed in response to feedback from staff who had highlighted the need for colleagues to be kinder and more respectful towards each other and it empowers individuals to challenge inappropriate behaviours so that workplace conflict can be dealt with at an earlier stage and in a more informal manner. It also supports the findings of NHS Employers' 'Tackling Bullying in Ambulance Trusts – A guide for action' which highlights how the NHS, including ambulance trusts, has more work to do in creating positive and healthy workplace cultures.

During the year I have been able to spend time with colleagues, experiencing typical days in their roles and this has allowed me to see for myself what it is really like, speak to staff one-to-one and get to know individuals. This has been very valuable and is something I intend to continue in 2020-21.

Our commitment to staff health and wellbeing continues and we have been working to provide greater assistance and support to those who, sadly, have been the subject of violence and aggression. We have also continued with the very important task of recognising our long-serving colleagues in an annual ceremony and those members of our staff who have gone above and beyond for patients and colleagues through our annual STARS Awards.

Demand for our services has remained high and it's so important that we all continue to pull together, being that One Team that delivers the right service, in the right place at the right time. It means that we keep patients safe and they and their families are truly grateful to us for making that happen.

Our care of patients at their point of need and the fantastic response they receive from our Emergency Operations Centre (EOC) and NHS 111 service is, for me, the very heart of our NHS and the reason it remains so valued by the people we serve.

The excellent work of our non-emergency Patient Transport Service is invaluable for eligible patients attending regular treatments or outpatient appointments and I was delighted when the Trust was awarded the contracts for Hull and North Lincolnshire during 2019-20.

We have seen the Trust's Quality Improvement (QI) programme go from strength to strength, widened our engagement work within communities and extended the role of our volunteers.

We have remained in a solid financial position which has allowed us to innovate and improve our services for the people of Yorkshire. Our clinical research ability is enviable and makes me very proud. We are a trusted partner in the emerging Yorkshire Integrated Care Systems/Sustainability and Transformation Plans and in the Northern Ambulance Alliance.

I would like to take this opportunity to thank my Trust Board colleagues for their tremendous support during the year in ensuring we run an efficient and financially sound organisation and formally welcome Stan Hardy and Jeremy Pease to the team.

Finally, I'd like to thank all of our staff for their hours and hours of work and effort, the extra hours worked because of high demand, their resilience, their humour, their care of each other, as well as their patients. Thank you.

Kathryn Lavery
Chairman

Performance Report

Operational Review - Caring for our Patients

Overview

During 2019-20 YAS agreed a plan with its commissioners based upon moving towards achievement of the national Ambulance Response Programme (ARP) response time standards.

The three key objectives of the national ARP standards are:

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

Alongside our commissioners YAS agreed that the achievement of the ARP trajectory would be achieved through a three-pronged transformational model:

- System-wide partnership to deliver integrated services
- YAS internal efficiencies and new ways of working.
- New investment in additional frontline workforce.

Demand analysis and modelling at the start of 2019-20 estimated that the population within the YAS boundary was set to increase by 1.2% each year for the next three years with 999 demand (measured by incidents) set to rise faster, with incidents increasing by 2.7% per year over the same period. There was also an expectation of a growth in call volumes of 5.7% per year for each of the next three years. The COVID-19 pandemic has reduced 999 activity in the short-term and we need to assess the longer-term impact of this within our modelling.

A&E Performance against National Targets

In 2019-20, our EOC staff received 1,054,575 emergency and routine calls, an average of over 2,881 calls a day.

We responded to a total of 847,949 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 142,131 callers with their healthcare needs over the telephone.

Categories	Mean Performance	TARGET	90th Centile Performance	TARGET
Category 1	7 minutes and 12 seconds (7 minutes and 21 seconds in 2018-19)	7 minutes	12 minutes and 26 seconds (12 minutes and 37 seconds in 2018-19)	15 minutes
Category 2	20 minutes and 33 seconds (17 minutes and 40 seconds in 2018-19)	18 minutes	42 minutes and 41 seconds (42 minutes and 34 seconds in 2018-19)	40 minutes
Category 3			1 hour, 54 minutes and 36 seconds (1 hour, 58 minutes and 44 seconds in 2018-19)	2 hours
Category 4			3 hours, 1 minute and 10 seconds (3 hours, 51 minutes and 47 seconds in 2018-19)	3 hours

A&E Operations Workforce Development Project

The A&E Operations Workforce Development Project aimed to ensure that the Trust recruited and trained sufficient A&E frontline staff in 2019-20 and, in particular, targeted recruitment in specific geographical areas.

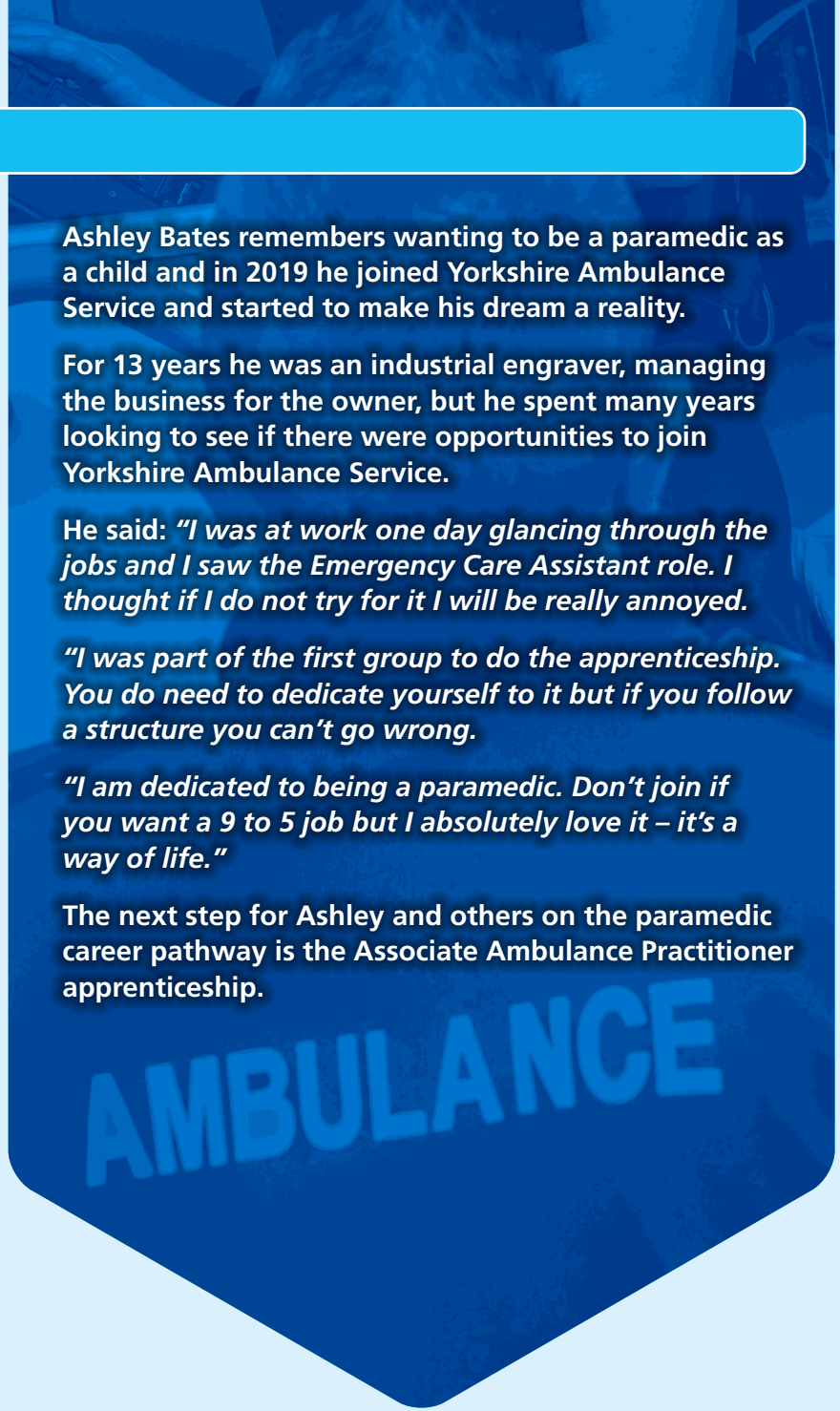
At the outset of the year it was anticipated that we would recruit an additional 156 emergency care assistants (ECAs), together with a continued drive to recruit paramedics.

Local recruitment events have continued to take place across the region to specifically targeted areas which have been historically difficult to recruit to (e.g. Hull and East Riding). The opening of the Endeavour Academy in Hull to deliver localised training events supports this aim further.

ECA course fulfilment has performed better than forecast with 92% of recruits successfully qualifying and becoming operational.

Through the engagement events, staff told us they wanted to see a clear development model within A&E Operations. Working alongside Trade Union partners and in line with the YAS Clinical Strategy, another key aim of the A&E Workforce Development Project was to align, clarify and deliver a clear career progression path for all of our frontline operational staff. The cross-departmental team developed a new career pathway underpinned by formal, nationally recognised qualifications and appropriate support for all staff. This provides opportunities for all staff who want to become a paramedic and includes developing and providing in-house conversion routes that will help address the challenge of recruiting sufficient numbers of paramedics from universities.

It is one of the Trust's ambitions to significantly increase the number of paramedics working for YAS over the coming years as this will support delivering the best outcomes for patients.



Ashley Bates remembers wanting to be a paramedic as a child and in 2019 he joined Yorkshire Ambulance Service and started to make his dream a reality.

For 13 years he was an industrial engraver, managing the business for the owner, but he spent many years looking to see if there were opportunities to join Yorkshire Ambulance Service.

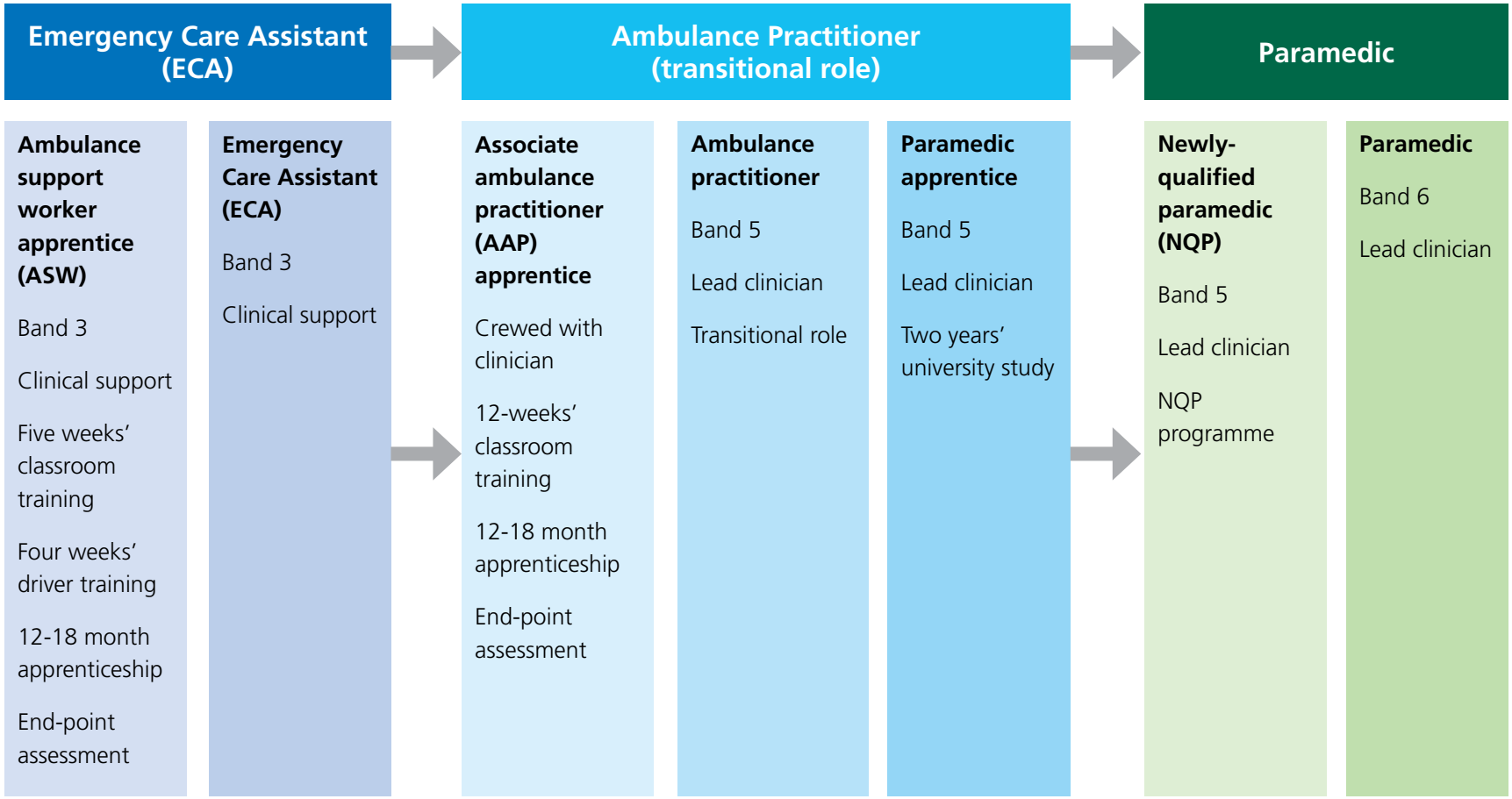
He said: *"I was at work one day glancing through the jobs and I saw the Emergency Care Assistant role. I thought if I do not try for it I will be really annoyed.*

"I was part of the first group to do the apprenticeship. You do need to dedicate yourself to it but if you follow a structure you can't go wrong.

"I am dedicated to being a paramedic. Don't join if you want a 9 to 5 job but I absolutely love it – it's a way of life."

The next step for Ashley and others on the paramedic career pathway is the Associate Ambulance Practitioner apprenticeship.

A&E Operations Career Model and Development Pathway



YAS has now designed and implemented a workforce model which provides a development pathway from Emergency Care Assistant to Paramedic (shown above).

In 2020-21 the model will be developed further through developing and implementing a clear career pathway for existing paramedics.

Service Improvements

EOC Transformation Road Map

Significant transformation of the EOC function is required to ensure that its structures and processes are optimised in order to achieve and maintain the ARP standards and those opportunities for patient and system benefits can be realised. The first step was to increase the physical capacity and layout of EOC to accommodate any future model of working.

The refurbishment and redesign of Wakefield EOC was completed in October 2019 and has brought a number of benefits:

- An additional training room, which has doubled the capacity of the EOC training function.
- A new desk layout allowing an increase in the number of desks in the main EOC room from 120 to 132.
- Additional equipment to provide business continuity and major incident support, and additional space for break-out areas.

Health Care Professional (HCP) and Inter-Facility Transfers

In August 2019, the Trust started to plan for the implementation of two new national frameworks for handling Health Care Professional (HCP) requests for urgent or emergency ambulance transport to hospital or between hospital sites - inter-facility transfers (IFTs). The frameworks were introduced to ensure HCP and IFT requests were conveyed in a timeframe that is equitable with other patients accessing 999 ambulance services. One of the key benefits they would bring is that patients will receive the right response, at the right time and, by working with HCP colleagues, YAS can ensure ambulance resources are used appropriately, keeping vehicles and crews free to respond quickly to the most serious incidents.

On 9 October 2019, the new national HCP and IFT process was implemented. The impact seen so far has been a shift in demand of 2.5% of HCP/IFT responses from the 1-hour response category to Category 2. Category 1 responses have reduced by around one per day.

From l-r: the Deputy Lieutenant of North Yorkshire Mr Chris Blundell, the Lord-Lieutenant of East Yorkshire Mr Jim Dick OBE, the Lord-Lieutenant of West Yorkshire Mr Ed Anderson cutting the ribbon on the entrance to the Wakefield Emergency Operations Centre and the Vice Lord-Lieutenant of South Yorkshire Mr John Holt

Clinical Recruitment

Recruiting and retaining clinicians to work within the EOC has been challenging and, together with colleagues from IUC, in 2019 a dedicated team was established to deliver a tactical plan to recruit and retain senior clinical advisors in both Integrated Urgent Care (IUC) and EOC. Its aim was to ensure both service lines have sufficient resources to deliver their contract commitments without the need for additional outsourced capacity.

System Developments

System developments remain a major focus for the on-going development of the EOC and a number of enhancements to protocols have been introduced this financial year.

Future system developments in 2020-21 will include a review of clinical assessment software, and implementation of Unified Communications and the ESN (Emergency Service Network).

Pathways Development

Throughout the year, local management teams, alongside the Clinical Pathways Team, have worked with partners to identify new patient pathways in order to improve the service for patients and ensure they access the right service in a timely manner. Some examples of the new pathways introduced are:

- **The Virtual Frailty Ward** – Leeds which delivers rapid care in the home for patients experiencing an acute medical episode and living with moderate or severe frailty.
- **Pinderfields Frailty Pathway** giving YAS staff direct admission to the acute care of the elderly pathway.
- **Primary Care Advice Line (Leeds)** where YAS staff can refer patients into the service.
- **GP Care Wakefield – Out-of-Hours** - the existing GP in and out-of-hours pathway has been amended to include a new service, GP Care Wakefield - a confederation of GPs who are able to assess and triage patients, offer advice, access existing clinical notes/care plans, book appointments, arrange GP call-backs to YAS on-scene clinicians and organise GP home visits.
- **Intermediate Care Hub (ICH)** – Bradford has been extended and is now open to all YAS clinicians. A multi-disciplinary team is able to care for patients within the community, avoiding the need for hospital admission.
- **Collaborative Care Team (CCT) – Airedale, Wharfedale and Craven** is a multi-disciplinary team that aims to prevent unnecessary admissions and facilitate efficient hospital discharge. The team also provides support to patients who require out-of-hours district nursing services and input to people requiring/accessing intermediate care beds in the community.

Partnership working

YAS continues to be closely involved with local hospital reconfigurations regarding the clinical model required and mitigating any impact on YAS. Through 2019-20 these have included:

- Calderdale and Huddersfield NHS Trust reconfiguration.
- South Yorkshire options for reconfiguration.
- Reconfiguration of the Friarage Hospital.
- Scarborough acute services review.
- Opening of and utilising urgent treatment centres in the East Riding.

Events Medical and Private Ambulance Service

This team supplies medical services to event organisers and the region's sports stadia on a commercial basis. These services are in place to deal with medical emergencies that occur within the event footprint without having to pull upon the 999 frontline.

Yorkshire has a large number of major sporting venues (Elland Road, Emerald Headingly Stadium, York Racecourse) and there has recently been new national guidance relating to medical provision at sports grounds. The Private and Events department has been working to support the sports ground management teams with the implementation of the new guidance.

The team also continues to provide ambulances and medical advice to the TV and film industry, with appearances on regional favourites such as Emmerdale. There is a dedicated team of staff and a separate fleet of ambulances that undertake these duties.

With the coronavirus pandemic putting a halt to all sporting events and filming of TV programmes in the UK from March 2020, the Private and Events Team vehicles and some staff have been temporarily transferred across to core A&E services.

UCI World Cycling Championships

September 21-29 last year saw the largest ever single sporting event to occur within the Trust's boundary. The 2019 UCI World Cycling Championships included, for the first time, a qualifying event for the 2020 Paralympics and nine days of world class cycling with over 85 countries competing to wear the iconic rainbow jersey.

The Head of the UCI and Chairman of the Yorkshire 2019 event paid tribute to the fantastic work that the blue light agencies provided to the UCI event and said that it was one of the most inclusive and well received World Championships. The UCI organisers particularly wanted to pass on the comments from competitors who, despite some horrendous conditions, agreed that the support, planning and delivery of the event was exemplary.

Emergency Preparedness Resilience Response (EPRR)

Throughout 2019-20 the Emergency Preparedness Resilience Response (EPRR) team has made substantial progress in the development of its Marauding Terrorist Attack (MTA) and Specialist Operational Response Team (SORT) capability by recruiting, testing and training a further number of volunteer staff for this highly specialised role. YAS continues to be substantially compliant for interoperable capabilities, which was confirmed in October 2019 following the national core standards self-assessment.

The National Ambulance Resilience Unit (NARU) contractual standards require a specific number of personnel in each Hazardous Area Response Team (HART) team to be available 24 hours per day. The HART's 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.

Compliance for HART/Ambulance Intervention Team (AIT)/SORT is measured and reported to NARU twice daily to enable a national co-ordinated response to any UK emergency which is of such significance may require HART assistance from other ambulance trusts. Compliance over the last 12 months for all specialised service areas has been maintained.

A multi-agency Chemical Biological Radiological Nuclear (CBRN) assurance visit was undertaken by the National CBRN Centre (NCBRNC) in June 2019, the purpose of which was to inform central government on regional capability. Overall the report and initial feedback following the assurance visit was very positive. YAS in particular was positively highlighted as leading on Major Incident/Special Operations (MI/SO) training.

Following a successful business case and the securing of specialised trainers, the implementation of the YAS Commander Framework has commenced. The aim is to train 1,000 staff per year over the next three years and delivery against this ambitious target is on track. In addition to this, all commanders have now been trained on how to manage an MTA which was delivered in conjunction with our police and fire partners.

The documentary series, ***999 Rescue Squad***, featuring the YAS HART and filmed by Air Television Ltd has continued to be very popular. Further programmes have been commissioned by UKTV to highlight the work of the team as they respond to incidents and rescue individuals in precarious and often life-threatening situations.

A number of teams within the Trust were successful in their re-certification of the ISO 22301 international standard for business continuity management. They included ICT, Patient Transport Service, A&E Operations, Procurement, Community Resilience and Fleet and Estates.

Yorkshire Air Ambulance (YAA)

The team reviewed its rotas during 2019-20 and the new ones went live in July 2019, leading to an improvement in cover and staff welfare. The team continues to include night flights which are working well and accounted for 198 of the 1,593 incidents YAA was asked to respond to. April 2019 was the busiest month of the year and Saturday remains the busiest day of the week. 335 patients were conveyed directly to hospital and Leeds General Infirmary was the most visited hospital in the region by the air ambulances.

We provide clinical governance and clinicians to the YAA which operates two helicopters 365 days a year. The Yorkshire Critical Care Team comprises a consultant-level doctor qualified in Pre Hospital Emergency Medicine (PHEM) and two Helicopter Emergency Medical Service (HEMS) trained paramedics. The second helicopter is clinically staffed by two HEMS paramedics.

In addition to our own A&E operational staff, we are supported by 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.

A&E Service Improvements

A&E Operations continue to support service improvement projects. Key projects and their current status are detailed below.

Team Based Working

The proposed Team Based Working model for A&E Operations has continued to be developed during the year and aims to introduce a team leadership role that has responsibility for all aspects of an individual's clinical development, welfare, operational support and management.

This will deliver a number of benefits including:

- A frontline workforce that feels engaged, supported and valued and is able to contribute to improving patient care and experience.
- Managers who are empowered to take action to improve staff welfare, performance and patient care and who feel ownership of the outcomes.
- A better trained, more capable workforce with clinical leadership and development embedded at the frontline.
- A clear line of sight from the senior A&E Operations team to frontline teams for all aspects of clinical and operational performance.

Supporting the concept of Team Based Working, and as a pilot, Bradford Ambulance Station staff led a roster change to align rosters to specific teams in 2019. This is now fully implemented and continues to be evaluated on an ongoing basis. The new Doncaster rotas have also been aligned to the Team Based Working concept and other stations are expected to progress this further throughout 2020-21.

Integrated Transport Solution

During 2019-20 YAS developed a project to test and review the integration of A&E and PTS resources in order to provide a more efficient and effective service to patients. The proposed pilot will go live in quarter one of 2020-21 with the aim of:

- Providing YAS with recommendations and an options appraisal on potential future transport services
- Identifying any service differences / requirements by CBU area
- Clarifying the required skill set of both the PTS and A&E workforce in delivery of the alternative transport arrangements
- Identifying appropriate patient journeys
- Providing a positive impact on the achievement of quality indicators.

Our Clinical Focus

The Clinical Strategy supports the Trust's Corporate Strategy to save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it, and puts the patient and clinician at the heart of the organisation through three core aims:

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

The strategy is being delivered through our Integrated Urgent and Emergency Care service, providing seamless, safe, high quality, person-centred, evidence-based care for our patients, however and whenever they choose to seek help through NHS 111, 999 or non-emergency Patient Transport Service (PTS). Key features include Sepsis and End of Life Care.

Sepsis

Sepsis is a deadly condition and early recognition is key to improving survival. We have continued to develop our detection of sepsis at the point of contact with 999 or NHS 111, and ensure patients receive the most appropriate response. We have worked with all the emergency departments across the region to improve the integrated approach to the management of sepsis patients. We have embedded the National Early Warning Score 2 (NEWS2) into our electronic Patient Record (ePR) software to improve the safety of decision making and communication with other health care professionals.

End of Life Care

Everyone approaching the end of their life should receive high quality care that reflects their individual needs, choices and preferences. Everyone, including children, should be able to be involved in decisions about their own care and develop care plans, together with those important to them and the health and care professionals responsible for their care. We have a network of End of Life Care (EoLC) leads across the region supporting our frontline clinical teams in caring for EoLC patients.

Since 2018 YAS has worked in partnership with St Luke's Hospice in Sheffield to develop the Project ECHO programme. Project ECHO is the creation of a virtual community of practice through remote video conferencing technology to deliver a range of clinical subjects that are voted as most important to participants.

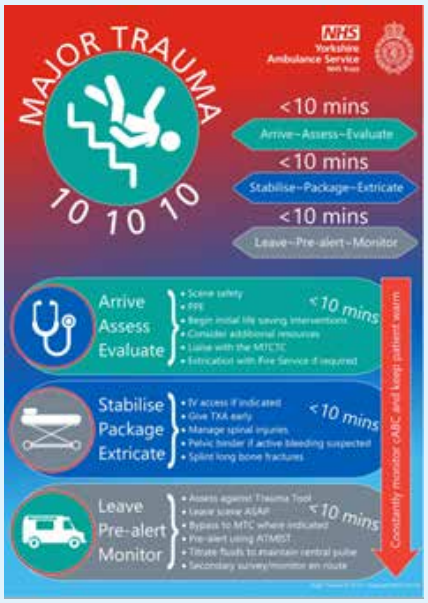
Since developing our partnership with St. Luke's Hospice we have delivered three EoLC programmes each running over a five-month period, a specialist paramedic programme over five months, and we are currently delivering an urgent and emergency care programme for all YAS clinicians, with over 500 individual attendances so far.

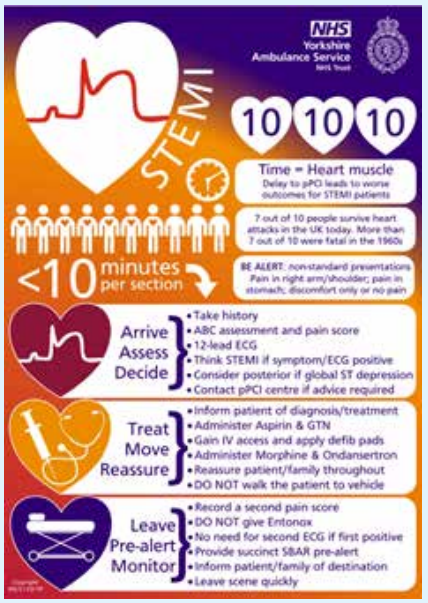
In order to provide real time specialist support, a specialist palliative care line pathway was established in early 2019 allowing clinicians to contact local hospice consultants or out-of-hours palliative care providers to discuss cases.

Working in collaboration with our Business Intelligence (BI) Team, a new tool has been developed to provide insights and data into EoLC activity managed by our frontline crews, allowing our EoLC divisional lead network to develop a work plan for the coming year.

10-10-10 Campaign

The Trust launched a new initiative designed to help crews manage critically-ill patients as efficiently as possible. The 10-10-10 approach focuses on the clinical priorities and provides a framework for crews to work to.





Public Health

The ambulance sector has a responsibility to support the national public health agenda and we continue to work with our partners in the wider health and social care system to ensure that public health and prevention are embedded within our clinical approach.

This year we have developed a new public health plan which will span the next five years which reflects the progress we have made in supporting the public heath agenda to date and ensures that our priorities reflect those across the region. In addition to those outlined within the NHS Long Term Plan, the following local public health priorities have been identified in conjunction with our partners:

- Suicide prevention and bereavement support
- Social isolation and loneliness
- Homelessness
- Support for carers.

Over the next year we aim to work with our partners to develop pathways of care which will better support our patients affected by these issues.

JRCALC (Joint Royal Colleges Ambulance Liaison Committee) App

The JRCALC Clinical App is now in use by 89% of A&E clinicians and now contains the new 2019 clinical guidelines along with all of the Trust's clinical standard operating procedures (SOP) and emergency action cards. The Trust is also able to use the app to send out Clinical Alerts with staff able to acknowledge receipt. All YAS clinical pathways are available on the app and include YAS-specific guidance for specialist and advanced paramedics.

A web version allows staff to access the app on any PC, their own devices and the vehicle Toughbook devices. This will enable staff to access all of the clinical guidelines, standard operating procedures and pathways from a single app on any internet-enabled device.

NHS 111 and Integrated Urgent Care

Overview

April 2019 saw the introduction of our new Integrated Urgent Care (IUC) service contract with Yorkshire Ambulance Service continuing to deliver the NHS 111 call handling and core clinical advice service for the Yorkshire and the Humber region, for at least the next 5 years.

During December 2019, as a service we were delighted to answer our 10 millionth call to the service, since its inception in 2013, providing support for patients and their families with urgent medical needs.

Demand and Performance

Our Yorkshire and Humber NHS 111 service, which serves a population of 5.3 million people, handled 1,582,471 calls answered in 2019-20 (1,632,514 in 2018-19), down 3.1% on the previous year but over 7% above last year's demand when dental calls are excluded. The most noticeable rise in demand followed the NHS England marketing campaign promoting NHS 111 and after the outbreak of coronavirus.

Key performance information includes:

- **80.2% of calls answered within 60 seconds against a target of 95%.**
- **51.7% of clinical calls received a call back within one hour against a target of 60%.**
- **Of the calls answered, 12.6% were referred to 999, 5% were given self-care advice and 10.8% 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.**
- **439,551 calls to NHS 111 given clinical advice (30.4% of triaged calls)**
- **119,746 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 also 92%.**

The NHS Digital online NHS 111 tool has been available to the Yorkshire and Humber population throughout the year with just over 9,000 instances per week on average for 2019-20, supporting patients to manage their conditions through this web-based service. This is an increase of 245% on 2018-19.

Integrated Urgent Care (IUC) Developments

During the year a number of exciting developments have taken place in IUC to support improvements in the quality of care we provide and the training and support of our staff. Below are just a few of the highlights the service has introduced.

Prescribing and Community Pharmacy Developments

In October 2019 our small team of independent prescribers were enabled to support patients with certain conditions via the issue of electronic prescriptions. This development provides an improvement in care for certain patient groups for specific conditions and also frees up other clinical resources within the health system to care for more acute patients.

As part of the new community contract a new Community Pharmacist Consultation Service was introduced in winter. This supports patients who have a repeat prescription request along with the ability to refer patients directly to a local pharmacist for the minor illness service.

As part of this initiative, a number of senior nurses and paramedics have been trained to be prescribers. Working as senior clinical floor walkers, they are also able to add clinical support by taking patients from the NHS 111 clinical queue and, where appropriate, are also able to prescribe.

New health advisor assessment centre

With the support of our call centre staff, we have significantly developed our assessment process for recruiting health advisors. This has been designed to support a reduction in attrition and was implemented for the winter peak recruitment period. This assessment provides a real insight into the role of an advisor and what it's like to work in IUC and for the ambulance service.

The evaluation of this new assessment process will be undertaken in 2020-21 as the aim was to reduce the attrition levels of employees within their first three months with the service.

Sharing best practice

The YAS IUC team works alongside our local commissioners, within ICS/STP footprints through our Clinical Advice Service (CAS) liaison officers to work together to develop services and to ensure that NHS 111 is integrated into local developments.

In December 2019 a stakeholder event with commissioners was held within the call centre to share details of the IUC service and the developments underway and to gather learning and feedback to collectively develop our service together.

We also work closely with the NHS England IUC team and other IUC providers, with YAS chairing the national provider forum, to share best practice and shape the national IUC specification.

Digital developments

New booking technology GP Connect was deployed in September 2019, the first of its type in the country, which will enable the rapid roll-out of in-hours GP appointment booking and the sharing of patient records. This enables IUC to book patients directly into their surgeries, supporting a seamless onward referral of care. This technology is now been rolled out across the region with the expectation that this will be fully deployed in 2020-21.

We have worked with local commissioners to provide access to the local Humber and East Riding palliative care records to support continuity of care for patients and their families.

Dental services

In April 2019 NHS England commissioned a new dental pathway for patients in Yorkshire and the Humber with new dental clinical assessment and booking service along with new treatment providers.

YAS is contracted to support this pathway for patients under the age of 5 years old; however as this is a new pathway we have contributed significantly to dental patient care for all patient groups and will continue to do so in 2020-21.

YAS worked with patient groups to design initial access to the new pathway through an Interactive Voice Response (IVR) system. The patient groups helped with how best to phrase the messages so that the public would find it easy to use.

Quality Developments

Joint clinical governance meetings have been established with our 999 Emergency Operations Centre to support joint learning across the organisation.

A twelve-month Clinical Continuing Professional Development (CPD) programme has been developed for clinicians within EOC and NHS 111. This is now being rolled out with regular face-to-face/Skype educational sessions. An annual awareness-raising event that YAS supports is International Nurses Day; in 2019 the topic was mental health and in 2020 the focus is on paediatric care.

Looking ahead to 2020-21

During 2020-21 NHS England will issue a new IUC specification and key performance indicators for the service and we will work closely with our commissioners and other providers to implement these changes locally.

We will continue to roll out direct booking for patients making the onward referral of care seamless and start to understand the role of IUC for mental health callers as part of the ambitions within the NHS Long Term Plan.

Our focus will be on continually improving our patient outcomes and our overall quality, supported through the Trust's Quality Strategy and the Quality Improvement Fellows now embedded within our service. One of our initiatives in this area is to introduce side-by-side audit processes as we expand audits into new clinical specialties, for example mental health.

Patient Transport Service

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

- **Between April 2019 and March 2020 our PTS Operations Team of 567 staff undertook 895,131 patient journeys.**
- **Our Volunteer Car Service (VCS) completed 62,461 of those journeys and covered almost 1.7 million miles during the year. We have 180 active volunteers and are planning to recruit a further 72 during 2020-21.**
- **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 43% 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.

Care Quality Commission confirms PTS is 'Good'

The Care Quality Commission (CQC), independent regulator of health and social care in England, carried out a detailed inspection of PTS and concluded that our services were 'Good' across all categories – Safe, Effective, Caring, Responsive and Well Led. As well as the 'Good' rating, nine areas of **outstanding practice** were highlighted in PTS:

- Regular forecasting to ensure we meet patients' needs.
- The palliative ambulance service, including the emotional support provided by staff and special journeys and visits for patients nearing the end of life.
- Support for staff with our Clinical Action Card and access to the Clinical Hub when responding to patients who become poorly whilst in our care.
- The service provided to dialysis patients.
- Patient flow coordinators who support the daily management of patients. Based in some hospitals, they work to minimise delays for PTS and for the hospital trusts.
- Automated external defibrillators in all PTS vehicles.
- The Vehicle Preparation Service means vehicles are cleaned, stocked up and ready for crews to use.
- We have clear governance procedures in place. There is notable support from the Service and Standards Team.
- AutoPlan supports the service in looking ahead at the planning routes and, in turn, managing capacity and demand in each locality. Response time performance has improved where AutoPlan has been introduced.

The CQC said PTS had improved since its last inspection in 2016 and cited the following reasons for rating the service **'Good'**:

- The Trust is proactive in meeting patients' needs.
- Staff are compassionate and kind and respect the privacy and dignity of patients.
- Patients are consistently positive in their comments about the service and it is easy for people to provide feedback.
- The Trust understands how to protect patients from abuse.
- Escalation processes are in place for deteriorating or seriously ill patients and these instances are managed well.
- Patients are supported to make informed decisions about their care and treatment.
- The Trust's premises and equipment are visibly clean.
- A positive, open culture is evident.
- Staff are clear about their roles and accountabilities and have regular opportunities to meet, discuss and learn with colleagues.
- Leaders have the skills and abilities to run the service, understand and manage the priorities and issues faced and support their staff.
- Any concerns and complaints raised are taken seriously and investigated so lessons can be learned.
- Technology is used innovatively.
- Clear governance procedures are in place.
- There's a commitment to continual learning and improving services.

Five-year contract for non-emergency transport patients in Hull

NHS Hull Clinical Commissioning Group (CCG) awarded its five-year contract to deliver non-emergency patient transport in Hull to YAS following a competitive tender process.

The new service started on 1 April 2020 and provides eligible patients with safe and reliable NHS-funded transport to and from medical appointments, where they have a condition that prevents them from travelling by any other means.

As part of a robust NHS procurement process, NHS Hull CCG recognised the flexibility for patients within YAS's fleet of vehicles, the resilience benefits of our two operational call centres and the trusted network of volunteer drivers and taxi companies to support the contract.

New contract for North Lincolnshire

On Saturday 7 March 2020, YAS started a five-year contract to provide non-emergency transport for patients in North Lincolnshire. YAS, working in collaboration with neighbouring East Midlands Ambulance Service, was invited to tender for the PTS contract in North Lincolnshire just a few months before and the success was another fantastic boost for PTS and a reflection of the position of our brand amongst CCGs and other healthcare organisations throughout the region.

We had just a few short weeks to mobilise the contract which was extremely challenging, but the process was completed smoothly and thanks go to everyone involved in delivering all the necessary work within very tight timescales.

Roll-out of Automated External Defibrillators (AEDs)

Following the roll-out of Automated External Defibrillators (AEDs) across the PTS fleet, Grant Elsworth, Ambulance Care Assistant based at Halifax Ambulance Station, became the first member of staff to use the life-saving equipment when he came across a member of the public suffering cardiac arrest. Grant carried out cardiopulmonary resuscitation (CPR) and used the AED he had on board his vehicle to shock and successfully resuscitate the patient.

Roll-out of individual issue smartphones

We have rolled out personal-issue smartphones to improve staff engagement and communication with a remote, mobile and dispersed workforce across PTS Operations – something which has been a challenge in the past. Staff can personalise the device settings, access a wide range of apps, manage their NHS email, and undertake training on YAS 247.

Award Winners

Paul Mountain and Lindsey Hogg were winners of the Trust's Compassion Award at the 2019 STARS Awards for their excellent work with the palliative care service. The Trust has received so many compliments for this crew from palliative care patients and their families, highlighting how much passion and dedication they put into the care they deliver.

Stuart Yarker, PTS Volunteer from Leeds, won the Volunteer of the Year Award at the 2019 Yorkshire Evening Post Health Awards. Stuart's nomination recognised his commitment to the role, giving over 530 hours of his personal time and using his own vehicle to transport more than 540 patients to their appointments. He has made nearly 600 separate journeys and travelled more than 11,250 miles during the last 12 months.

In addition, on two separate occasions, Stuart has used his skills to save lives, first by delivering cardiopulmonary resuscitation (CPR) to a fellow holiday-maker in Flamborough and then, some months later and a little closer to home, he noticed that his father-in-law was hypoxic and in cardiac arrest. Again, Stuart performed CPR until an emergency ambulance arrived on scene. His father-in-law was transported to hospital and was later discharged to recover at home.

Stuart Yarker is pictured with Sharon Milner, CEO of the Children's Heart Fund Charity, who presented his award

Support for people with communication needs

A booklet has been developed to help support patients and service-users who have additional communication needs. It can help our staff to communicate with people who have learning disabilities, some sight loss or are deaf or have some hearing loss. It can also be used to communicate with people who cannot speak or whose first language is not English.

The booklet features large font, descriptions in plain English and easy-to-understand illustrations that can be shown whilst speaking to a patient. The booklets are stored on vehicles and are also available on smart devices.

Vehicle checklist app

An app for undertaking and recording daily and weekly vehicle checks has been developed to replace paper-based books. Developed in direct response to feedback from PTS colleagues, it is designed to give health and care staff the technology they need to help complete administrative tasks more quickly, freeing up time to spend with patients.

Safety dash-cams for PTS vehicles

This year the Fleet department has been retrofitting dash-cams to the PTS fleet. The cameras will help to protect our staff and vehicles and will assist with the prevention, detection and investigation of crimes. The dash-cams continuously record and feature a 'panic' button which flags the date and time of a recording when pressed.

Patient feedback

Following the development of the bespoke patient survey app last year, members of the PTS Service and Standards Team collected real-time data from patients on hospital sites who had travelled with us that day.

Whilst our existing postal survey was still sent out, this method provided immediate feedback and encouraged a greater response rate – over 90% of patients agreed to share their views. Patients told us that they welcomed the opportunity to talk to our staff, not just about the survey, but about other matters as well. Patients consistently told us that they received a good service and were grateful transport was available to them.

Quality focus for 2020-21

In 2020-21, our focus for improving quality across PTS will be:

- Ensuring patients are always escorted to their destination.
- Keeping patients better informed about their wait for a return journey home or who have requested journeys at short notice.
- Improving our response to out-of-hours discharge services.
- Assisting staff in reporting and escalating safeguarding concerns.
- Improving security on stations and on vehicles.
- Supporting staff to complete statutory and mandatory training independently.
- Prioritising transport for patients receiving end of life care.
- Improving support for patients with dementia, including how we identify these patients.
- Ensuring patients who are eligible for NHS-funded transport receive the service they need.
- Supporting our leaders through a programme of bespoke away-days.
- Developing a new framework for our partner providers to operate within that focuses on quality of service.
- Continuing to engage with patients and the wider healthcare community to ensure our services meet the needs of those who use them.
- Sharing our vision for PTS amongst staff and throughout the Trust.

Fleet and Estates

By the end of the financial year we had brought 49 new double-crewed ambulances (DCAs) into service which saw the total number increasing to 407 with an average vehicle age of 3.15 years

**Doncaster Hub.
The remodelled ambulance station in Doncaster opened as the Trust's first hub in February 2020**

Estates

We have continued the programme of ambulance station refurbishments, which improve the working environment for operational staff. Major projects during the year saw the remodelling/refurbishment of the Wakefield Emergency Operations Centre to enhance new working requirements and the completion of the Doncaster Hub. The remodelled ambulance station in Doncaster opened as the Trust's first hub in February 2020 and included moving staff from nearby Bentley Ambulance Station into the larger, modernised building. The five spokes to support the hub are well on their way to being operational.

Ambulance Vehicle Preparation (AVP) sites are now well established in Wakefield, Leeds and Huddersfield; it has also been incorporated in the new Doncaster Hub. Further expansion is being considered with Bradford Ambulance Station and work is already in progress to introduce AVP to Hull and Scarborough stations.

Facilities

This year has seen significant changes to the way we deliver our service, which has helped us to achieve a reduction of reported defects and achieving near 100% completion rates for both planned and reactive works. We have continued to invest in critical infrastructure with improved resilience at our contact centres and at stations with improved fuel dispensary systems and more efficient heating systems.

Fleet

2019-20 has been a busy year for our Fleet Services Team supporting a number of initiatives to improve the quality of service for our patients by providing our people with the best equipment possible.

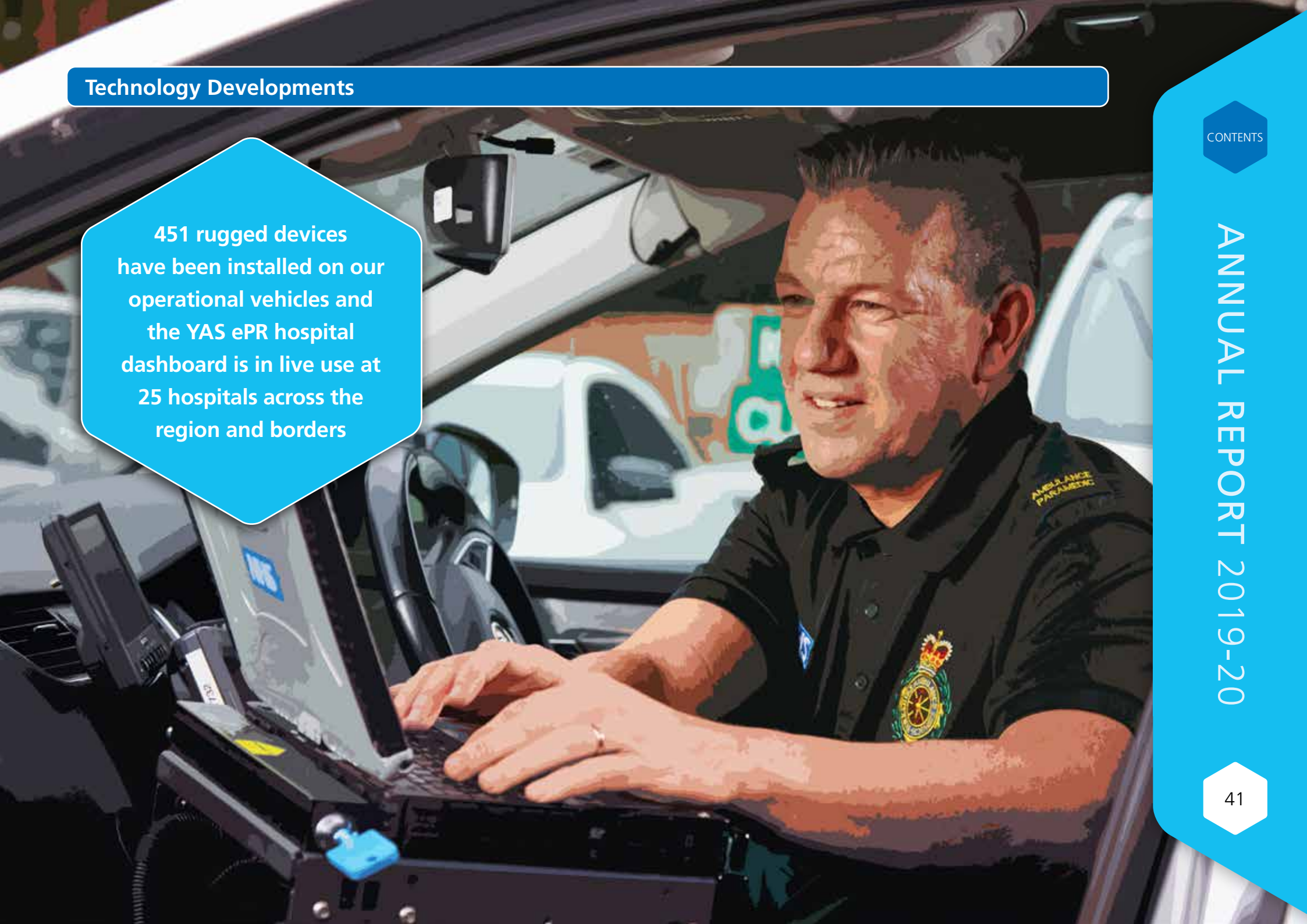
By the end of the financial year we had brought 49 new double crewed ambulances (DCAs) into service which saw the total number increasing to 407 with an average vehicle age of 3.15 years. In addition, we have procured and commissioned 86 new Patient Transport Service (PTS) vehicles to support the refreshment programme and provide vehicles for our new contracts in North Lincolnshire and Hull.

The environment remains high on the agenda for fleet services with the introduction of electric and hybrid vehicles into our support services and the Trust's pool car fleet. With the introduction of Clean Air Zones in many of the region's towns and cities throughout 2020-21 it's important our replacement plans are robust to meet the targets set in our Fleet Strategy.

We continue to invest in our people by enhancing their skills through quality training; our engineers have taken part in accredited Institute of the Motor Industry (IMI) courses in electric and hybrid health and safety procedures and maintenance, as well as advanced diesel and diesel particulate filter training, both courses aiding engineers to maintain a fuel efficient fleet. The Fleet Administration Team has also focused on training with staff signed up to the NVQ in Business Administration and the Institute of Car Fleet Management, Introduction to Car Fleet Management Certificate.

Please see details about our green ambitions and environmental policy on page 71.

Technology Developments



451 rugged devices have been installed on our operational vehicles and the YAS ePR hospital dashboard is in live use at 25 hospitals across the region and borders

Digital Strategy

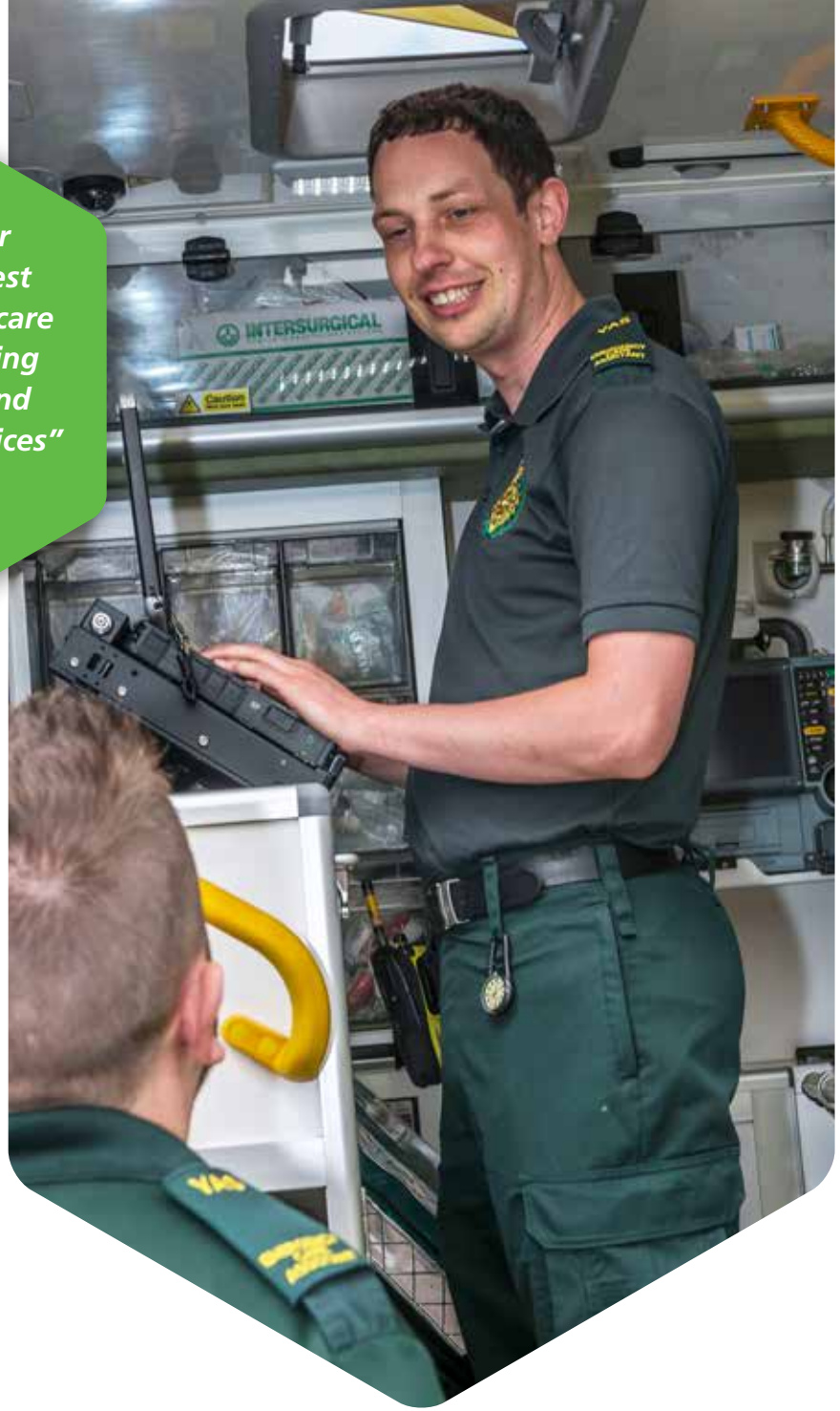
Our Digital Strategy looks at how we can further embrace digital technology to improve our services for the benefit of staff, wider healthcare providers and improved patient outcomes.

We continue to provide resilient core ICT and business intelligence services for 999, NHS 111 and our Patient Transport Service, and we will extend our digital capability to meet the changing demands of our patients, the Trust and our partners over the next five years.

Our overarching vision is ***"Enabling our staff to provide the best urgent and emergency care for patients by delivering innovative, resilient and clinically led digital services"***

INNOVATION

Our overarching vision is "Enabling our staff to provide the best urgent and emergency care for patients by delivering innovative, resilient and clinically led digital services".



Electronic Patient Record (ePR) update

The Trust-wide deployment of the YAS ePR (electronic Patient Record) application was successfully completed by June 2019. Ambulance crews across Yorkshire are now able to digitally view and capture patient information from the point of incident notification through to hospital handover and clinical audit. The YAS ePR application has been developed in-house, with design and functionality shaped by our clinical and operational staff.

2,700 A&E Operations staff have been trained, 451 rugged devices have been installed on our operational vehicles and the YAS ePR hospital dashboard is in live use at 25 hospitals across the region and borders.

The YAS ePR is now used at over 90% of emergency incidents, with around 1,800 records completed per day.

Involvement with the Yorkshire and Humber Care Record (YHCR) regional programme

The Yorkshire and Humber Care Record (YHCR) is one of the first waves of national Local Health and Care Record Exemplars (LHCRE).
It's a regional collaboration across health, care and local authorities to develop shared health and care records for the people in their region and seeks to ensure that:

- shared record systems operate to common and consistent standards;
- solutions reduce the burden on health and care professionals through providing easy to use access;
- patients can interact easily with the records system of their choice; and
- solutions are sustainable in the longer term.

YAS has a unique position as a region-wide provider, and therefore a key part to play in helping ensure that clinicians can access and interact with patient records and care plans wherever they are. It also improves safety by making comprehensive and reliable allergy, medication, diagnosis and social circumstance information readily available across all health and care settings, including 999 and NHS 111.

Technology links paramedics in the field or 999 or 111 call centres to additional support and can help to reduce unnecessary transportation and hospital admissions, as well as signpost patients to the most appropriate pathways.

Over the last year YAS has worked with the programme during the development of the YHCR infrastructure, which acts as a central patient data repository. YAS has developed resources to feed this repository with data from our ePR and this information is then available to other healthcare providers, such as GPs and acute trusts. YAS can also draw down patient information provided by other regional health and social care partners.

YAS is taking part in the first wave of the Yorkshire and Humber pilot projects to implement practical information-sharing. Development is underway in the following areas:

- Ambulance to Hospital Transfer of Care – the YAS ePR will be transferred automatically to the pilot hospital systems and will be accessible to each department in the hospital. Electronic transfer of care will potentially improve the handover time between YAS and hospitals, drive efficiency and improve patient care.
- Mental Health Crisis Plans – where an identity-verified patient has a mental health crisis plan in place with the pilot trust (Humber); this plan will be automatically pulled through into the YAS ePR application.

Unified Communications

Work is underway to deliver the replacement telephony platform and new communications technologies. Stakeholder engagement events were delivered to provide end-users with an opportunity to view the new technology and its capabilities and agree end-user configuration and training requirements.

A user group has been formed, with membership from EOC, IUC and PTS, with an initial focus on staff training and user acceptance testing during early 2020-21. Training will begin in readiness for a phased migration to the new Unified Communications solution.

Wide Area Network (WAN) Refresh

The WAN is one of our key technologies to provide strong foundations while enhancing core services.

YAS has contracted Virgin Media to provide upgraded network connections to 77 sites across the Yorkshire region. This will significantly increase the bandwidth by approximately 10-20 times, allowing better use of technology such as video conferencing as well as ensuring consistency and increased security across the network. The WAN upgrade is one of the key priorities to support the Trust's Digital Strategy, digital cloud ready approach and the NHS Digital Internet First Policy that states new digital services should operate over the Internet. Every site now has wireless access offering managed access to the Internet and corporate Local Area Network (LAN).

Agile Working (Leaner Processes and Virtual Working Programme)

The size and geographical spread of the organisation can present challenges in terms of the travel required for meetings and for effective team collaboration.

Many processes are still paper-based, with associated costs for printing and storage. Staff time can be spent on low-value activities such as printing, scanning and searching for records.

One of the ambitions of the YAS Corporate Strategy 2018-23 is that we use resources wisely to invest in and sustain services. A key priority is to equip our people with the best tools, technology and environment to support excellent outcomes.

Our vision is to ensure our staff are enabled and empowered to work effectively from any location. There are flexible and accessible options for team collaboration and meetings, for accessing key systems and for training delivery. Work processes are economical and waste-free, and approvals are transparent and trackable. Staff time is freed up from low value activities and YAS resources are used effectively.

We have started our journey through re-design of document processes, to be lean and efficient, encourage a paper-light approach and reduce printer use. The following are some of the digital initiatives to support this.

YAS Academy Digital Training Devices

The YAS Academy has been identified as one of the top three paper-heavy environments within the Trust. It is seen as an enabler to a wider range of projects and benefits including:

- Virtual training, making use of new video conferencing facilities.
- Reduction in candidate travel time and costs.
- Classroom-based training focused on 'practicals'.
- 24/7 candidate access to training materials.
- Learner access to candidate portfolios.
- Data and apprenticeship evidence collected to satisfy OFSTED quality assurance and educational governance requirements.

1,470 courses were planned to run in 2019-20 ranging from half-day to nine weeks in length and consisting of 315,000 contact hours with candidates. ICT provided an initial 40 devices for the trial and the YAS Academy is now in receipt of 376 devices to deliver virtual training from February 2020 onwards.

Video Conferencing

Eighteen main meeting rooms across Trust sites were enabled with video-conferencing facilities throughout 2019 to support movement towards agile working, reduced travel costs and staff efficiencies due to less travel time.

Personal issue cameras and headsets are available for staff and video conferencing champions have been nominated and trained across the Trust.

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".

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

Our People Strategy, which supports the Trust's 'One Team, Best Care' strategy, has 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 26 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.

2019-20 saw some changes to this management team and these new appointments will support the challenges the Trust faces in the coming year.

The Trust undertook a review of its Corporate Affairs function and welcomed Mandy Wilcock to the role of Associate Director of Corporate Affairs. This directorate brings together Corporate Affairs, Legal Services, Corporate Planning, Communications and Community Engagement.

In our Quality, Governance and Performance Assurance Directorate we welcomed David O'Brien, Associate Director Performance Assurance & Risk, who joined the Trust from NHS Digital.

Organisational Development

The Living Our Values Behavioural Framework continues to be at the heart of our process, procedure and development design. 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 continued to deliver the mandated Leadership in Action programme throughout 2019 to people leaders with over 300 now having completed the programme and an additional module on health and wellbeing has been included during the year, which reflects the Trust's commitment to strengthening its leaders' competence in this area.

In 2019-20 the Trust held Strategic Leadership Forum events, 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 June 2019 we held our Annual Leadership Summit with a wide representation of managers from across the Trust attending. The session focused on strategic change with Helen Bevan, Chief Transformation Officer, NHS Horizons, speaking about positive agitation in leading change, and Richard McCann giving a keynote address on personal resilience.

Long Service and Retirement Awards

Members of staff with a combined service of 8,445 years were recognised at our annual Long Service and Retirement Awards on 3 September 2019.

118 members of staff attended the event with their guests to collect their awards from Chief Executive Rod Barnes, Chairman Kathryn Lavery, Deputy Director of Operations Stephen Segasby and special guest Lord Lieutenant Mrs J Ropner, Her Majesty's representative in North Yorkshire.

The Long Service and Retirement Awards, held at the Pavilions of Harrogate, North Yorkshire honoured service achieved up to the end of 2018. In total, 52 individuals were congratulated for achieving 20 years' service and 17 individuals for reaching the 30 years' service milestone.

Four staff were recognised for an incredible 40 years of service – Paul Farrell (former Facilities Manager), Michael Lee (Paramedic Practitioner, Middlewood), Steve Morrell (Paramedic, Wakefield) and Stuart Wilson (Ambulance Technician, Brighouse).

The honours also included the Queen's Long Service and Good Conduct Medal, which was awarded to eight staff on the day for 20 years' exemplary frontline emergency service. 37 retirees were also recognised for their valuable service to the Trust and people of Yorkshire.

Queen's Ambulance Medal (QAM) Award

Trevor Baldwin, the Trust's Head of Service Development (Emergency Operations Centre), was awarded the Queen's Ambulance Medal for Distinguished Service (QAM) in the Queen's New Year's Honours List.

Trevor is one of the longest-serving and most respected members of staff, not just within the Yorkshire Ambulance Service, but across the UK. He has held many roles and is currently a senior manager within the Trust's Emergency Operations Centre where 999 calls are handled.

The YAS *STARS Awards* celebrated those people who have gone above and beyond the call of duty or been instrumental in the development of new initiatives to improve outcomes for patients.

YAS STARS Awards

The YAS STARS Awards were introduced in 2018 and are aligned to the Trust's values - One Team, Compassion, Integrity, Innovation, Empowerment and Resilience.

The second ceremony was held in July 2019 with awards for those staff who had made a valuable and much-appreciated impact on the community in which they work and with their colleagues. They celebrated those people who 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 the Trust.

In addition to the values' awards, special awards were given for Volunteer of the Year, Apprentice of the Year and Chief Executive's Commendations presented by 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 and we recognise our responsibility in advancing diversity and inclusion. We also strive to make the Trust a place free from discrimination, bullying, harassment and victimisation, where the diversity of our staff, patients, visitors and service users is recognised as a key driver of our success and is openly valued and celebrated.

The Trust launched its ***Say YES to Respect*** campaign in January 2020 with events taking place in Leeds, Rotherham and York and hosted by members of the Board supported by senior managers. The campaign aimed to remind colleagues of the importance of being respectful to one another, to challenge inappropriate behaviour in a timely and non-confrontational way and to focus on informal conflict resolution. The campaign was well received by staff and the Trust will retain a focus on this during 2020 and beyond.

Alongside the ***Say YES to Respect*** campaign, the Trust formally launched its internal workplace mediation service. The internal 'Mediators Network' aims to bring parties together where there is workplace conflict, with the aim of reaching a mutual agreement and improving relations. It is an impartial, confidential, informal and voluntary service provided by colleagues who are trained mediators.

For 2019-20, nationally, the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2019 was not required to be collected due to the operational demands caused by the COVID-19 pandemic. However, our action plans from 2018-19 are being progressed and overseen by the Diversity and Inclusion Steering Group.

Our Work

We continue to equality impact assess all policies, initiatives and organisational change across the Trust to ensure that any developments do not adversely affect any particular staff groups. We have strengthened our process to ensure these are all captured and feedback is received from the Diversity and Inclusion Unit.

The Disability Support Network is open to all members of staff who consider themselves to have a disability, impairment, cognitive difference or long-term health or medical condition and colleagues who have a specific interest in disability issues.

COMPASSION

The Trust met its responsibilities under the Gender Pay Gap reporting requirements and published the results in March 2020. Whilst not statistically significant, the average pay gap increased by 0.02%, from 5.19% in 2018 to 5.21% in 2019.

To support positive action with the development of a more diverse workforce, the Trust continues to support and undertake recruitment/ career days. The Trust will refocus efforts in this regard during 2020-21 and will continue to strengthen its partnerships in the voluntary and community sector to ensure we are engaging with diverse communities across our region.

We have worked collaboratively with our staff networks and these continue to actively influence and support the Trust's diversity and inclusion agenda. We have three active staff networks for BAME, LGBT+ and disabled staff with their activities supporting our aim to make the Trust a place where all who work and access our services are treated with dignity, respect and fairness.

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.

To support the recruitment to our frontline workforce, we have undertaken a significant number of assessment centres for Emergency Care Assistants during the year and these events have been popular and well attended. They have generated 171 Emergency Care Assistants to join our workforce.

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 also paid specific attention to the recruitment of Clinical Health Advisors in our Integrated Urgent Care Centre (NHS 111) and a specific advertising campaign had very positive results with 160 advisors being appointed to this service.

The advertising was widespread in nursing journals and a digital campaign ran in railway stations and a mobile advertising van. Additional marketing materials have also been created using staff within the call centre to create a new concept for phase two of the campaign 'Being there on the phone, is still being there' which was launched in spring 2020.

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

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 introduced values-based recruitment to support our five-year People Strategy in order to ensure that we attract and retain the right people. We have reviewed our recruitment pathways to ensure that our processes are as efficient as possible and will continue this work over the coming year.

Recruitment Activity

Our recruitment activity for the year increased considerably from last year where we had 437 vacancies with 11,451 applications for employment.

Staff Category	Number of Advertisements	Number of Applications
A&E Frontline	80	2,187
Apprentice*	8	36
EOC/NHS 111	111	4,366
Management	117	1,595
Patient Transport Service	59	1,658
Support	234	4,737
Grand Total	**609**	**14,579**

**Please note, Emergency Care Assistants are also Apprentices however, these are shown within the A&E Frontline figures. (8 adverts, 721 applications, converting into 171 appointments)*

Pay and Reward

The Trust pays the majority of staff in accordance with Agenda for Change NHS Terms and Conditions of Service. The Trust follows the NHS Job Evaluation process as this is a key part of the pay system. Our Executive Team and two other senior managers are paid under NHS Improvement's Very Senior Manager (VSM) Framework.

Permanent and Other Staff

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

Staff costs				
	Permanent	Bank/ Agency	**2019-20 Total**	2018/19 Total
	£000	£000	**£000**	£000
Salaries and wages	162,386	3,002	**165,388**	150,212
Social security costs	15,774	-	**15,774**	14,556
Apprenticeship levy	788	-	**788**	731
Employer's contributions to NHS pension	19,605	-	**19,605**	18,433
Contributions paid by NHSE on provider's behalf (6.3%)	8,556		**8,556**	
Termination benefits	75	-	**75**	184
Temporary staff		1,972	**1,972**	2,235
Total staff costs	**207,184**	**4,974**	**212,158**	**186,351**

Average number of employees (WTE basis)				
	Permanent	Bank/ Agency	**2019-20 Total**	2018/19 Total
	Number	Number	**Number**	Number
Medical and dental	3	-	**3**	3
Ambulance staff	3,940	59	**3,999**	3,941
Administration and estates	705	18	**723**	679
Nursing, midwifery and health visiting staff	74	16	**90**	90
Scientific, therapeutic and technical staff	4	1	**5**	4
Total average numbers	**4,726**	**94**	**4,820**	**4,690**

Our Workforce Profile (Headcount)

	2017 (31 March 2017)	2018 (31 March 2018)	2019 (31 March 2018)	**2020 (31 March 2020)**
Paramedics (including student paramedics)	1,685	1,668	1,736	**1,984**
Technicians	587	664	600	**577**
Emergency Care Assistants	610	599	809	**935**
Other frontline staff (including Assistant Practitioners, A&E Support Assistants, Intermediate Care Assistants)	193	151	149	**32**
Patient Transport Service (Band 2, Band 3 and apprentices)	832	618	596	**703**
Emergency Operations Centre (EOC)	374	442	461	**468**
Integrated Urgent Care (NHS 111)	465	524	555	**613**
Administration and Clerical	659	722	742	**800**
Managerial (including Associate Directors)	167	213	187	**182**
Other* (Chief Executive, Directors and Non-Executive Directors)	17	17	18	**14**

** Some posts in the 'Other' category have been moved into the 'Managerial' category. The figure of 14 in 2020 reflects the Trust Board members only.*

Staff Profile - Gender (Headcount)

	2017 (31 March 2017)	2018 (31 March 2018)	2019 (31 March 2018)	**2020 (31 March 2020)**
Male	2,946 52.71%	2,993 52.17%	2,864 48.93%	**3,038** **48.16%**
Female	2,643 47.29%	2,744 47.83%	2,989 51.07%	**3,270** **51.84%**

Workforce Levels (Whole Time Equivalent (WTE))						
Staff category	Establishment 31 March 2018		Establishment 31 March 2019		**Establishment 31 March 2020**	
	Headcount	WTE	Headcount	WTE	Headcount	WTE
A&E Operations	3,021	2,375	3,294	2,623	**3,528**	**2,686**
PTS	880	547	654	541	**700**	**578**
EOC/NHS 111	934	714	1,016	754	**1,067**	**781**
Support staff	657	554	677	628	**787**	**628**
Management	230	217	205	195	**220**	**210**
Apprentices*	15	13	7	7	**6**	**6****
Total	**5,737**	**4,420**	**5,853**	**4,699**	**6.308**	**4,889**

** These staff are trainees who are undertaking an apprenticeship on a fixed term contract with terms and conditions outside of Agenda for Change.*
*** The Trust has 281 staff who are undertaking apprenticeship programmes of study where the apprenticeship levy is utilised. These staff are undertaking substantive roles and hence are not shown separately in the data above*

Attrition

During 2019-20 there were 760 people who left the Trust, compared with 817 staff during 2018-19. The reasons for leaving included 123 who retired, 389 who resigned, 104 whose fixed-term contracts ended, 54 staff who were dismissed and two redundancies. Sadly five members of staff died in service.

Exit Packages

Exit packages costing £75,464 for two staff were provided during the year. This compares to £184,117 for 12 staff in 2018-19.

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.

Exit Packages agreed in 2019-20						
Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
	Number	£	Number	£	Number	£
Less than £10,000	0	0	0	£13,486	2	£13,486
£10,000 - £25,000	1	£24,917	0	0	1	£24,917
£25,001 - £50,000	2	£37,061	0	0	1	£37,061
Total	**2**	**£61,978**	**2**	**£13,486**	***2**	**£75,464**

** Note: only two individuals had exit packages including redundancy payments and payments in lieu of notice.*

Exit Packages – other departures analysis				
Other exit packages - disclosures (Excludes Compulsory Redundancies)	2019-20 Number of exit package agreements	2019-20 Total value of agreements	2018-19 Number of exit package agreements	2018-19 Total value of agreements
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	8	73,177
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	2	13,486	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	**2**	**13,486**	**8**	**73,177**
Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

The Employee Voice Network aims to engage staff in working together with management to shape and improve services

ONE TEAM

Employee 'Voice'

On 1 October 2019 the Trust officially launched its Employee Voice Network, which increased the opportunities for employees to express their views and discuss topical issues. The Network includes a team of Cultural Ambassadors, consisting of staff from across all areas of the Trust. The main aim of this is to engage staff in working together with management to shape and improve services.

2019 saw a continuation of ***Pulse Check***, our internal quarterly staff survey, focused this year on our YAS Values and Dignity and Respect. The results of the latest annual NHS Staff Survey, which were released end of February 2020, showed significant improvements in most key areas. The Trust's staff engagement score has improved from 6.3 to 6.6 and we are now 'Best in Sector' for ambulance trusts.

Freedom to Speak Up Guardian

Following the introduction of Freedom to Speak Up in 2015, our first Guardian, Jock Crawford, ended his tenure in April 2019 and a new Guardian was appointed. Luzani Moyo, a frontline Emergency Medical Technician, undertakes this role for 22.5 hours a week. Luzani meets with members of the Executive Team on a fortnightly basis to discuss and resolve staff concerns.

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

We have also worked closely together on developing the A&E career development framework. Trust managers and trade union colleagues have worked together to agree the future career structure which required a new career framework to link to the apprenticeship frameworks incorporating amended conditions of service.

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 2019, we published information covering Trade Union representatives within the reference period 1 April 2018 to 31 March 2019. The HR Team has 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 which have been through the Policy Development Group and consult on key Trust developments.

National NHS Staff Survey

The national NHS Staff Survey is mandated for all NHS organisations and this year the Trust achieved a response rate of 50%, a 16% increase on the previous year. Overall the results indicate the Trust is making good progress; we demonstrate 'Best in Sector' for six of the 11 key themes, including staff engagement.

Over the past 12 months, the Trust has continued to focus on staff engagement, career development and leadership and a number of actions have been taken to improve these key areas.

Local leadership teams are being asked to work to identify actions in order to respond to the feedback gathered from various staff engagement activities and to agree respective people priorities.

Health and Wellbeing

The Trust's Health and Wellbeing Plan for 2019-20 focused on key enabling strategies as well as key intervention areas such as mental health and musculoskeletal health. We undertook a number of initiatives to ensure that our staff remain well at work or are supported if they need to be absent.

To support the mental health strand of our plan, we have continued to roll out 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 recruited an additional 12 instructors to allow this training to be rolled out further. We have also procured specialist mental health support in the form of an Employee Assistance Programme with a trauma support service. We have also reviewed our Post Incident Care process and have engaged with staff on enhancements that will provide them with the care and support they require.

To promote good musculoskeletal health we have procured a specialist physiotherapy provider to provide staff with access to specialist services when they need it.

We have continued with work started last year and our internal stakeholders have redone the NHS Health and Wellbeing diagnostic tool which has supported the construction of our health and wellbeing plan. Our results, following a self-assessment process, show an improvement in all areas of the NHS Improvement/NHS England diagnostic tool over the year.

The Health and Wellbeing Team has used a mobile health and wellbeing unit to support the delivery of a number of initiatives to staff across the region.

Occupational Health

The new occupational health, physiotherapy, mental health and absence reporting services went live in April 2019 and we have worked hard to build relationships with our new providers. The contracts are closely managed with clear KPIs in place and feedback from staff has been very positive.

Flu Vaccination Campaign

The 2019-20 flu vaccination campaign had a good uptake with over 62% of frontline 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 2020-21.

Absence Management

The Trust continues to manage high levels of sickness absence with a focus on supporting staff whose health means that they are unable to continue working within their current roles. We have a Health and Wellbeing Plan supported by our Trust Board and have a Health and Wellbeing Group that meets bi-monthly with Executive and Non-Executive Director membership.

In addition to the positive impact initiatives identified in the Health and Wellbeing Plan, the Trust has recently prioritised its focus on the Managing Attendance Policy which looks to better support staff on long-term sickness absence, as well as more proactively supporting staff with more frequent, short-term ad hoc sickness absence. Furthermore, the Trust is also currently working with trade union colleagues to agree the principles of an alternative duties guidance document which will further enable staff to return to the workplace in a meaningful capacity, whilst they recuperate sufficiently to allow a return to work to their substantive duties.

A focused sickness action plan is currently being reviewed and updated 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, and expenditure lost to ill health.

Calendar Days Lost

	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total (2019-20)	**8,678**	**8,671**	**8,036**	**8,184**	**8,927**	**8,366**	**9,551**	**9,124**	**10,237**	**9,628**	**8,433**	**12,768***
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

Sickness Absence Percentage

	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019-20	**6.18%**	**5.98%**	**5.72%**	**5.64%**	**6.12%**	**5.92%**	**6.48%**	**6.36%**	**6.90%**	**6.48%**	**6.03%**	**8.47%***
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%

**This increase in staff sickness was largely associated with COVID-19.*

Education and Learning

Technology

The YAS Academy has further implemented electronic tablets to all training sites. This technology has enhanced the learning experience by not only reducing the use of paper within the classroom but also providing linkages to high quality learning materials. The student keeps the tablet for the duration of the programme and for those on apprenticeships allows access to associated education platforms such as e-portfolios to maintain and host their apprenticeship documentation and evidence of practice.

Placement Capacity/Mentorship Development

To support the growth of paramedic workforce numbers required for the ambulance service and the system, discussions are ongoing with our university partners to develop agreements of increased suitable placement options which can then translate into increased student registrations meeting the future needs of the ambulance service. Additionally, increased training is now ongoing to support the skill development of mentors across various staff groups, to ensure there is a supportive infrastructure in place to respond to the learning needs of not only an increased student paramedic population but also the needs of increased employed apprentices.

Apprenticeships and Career Development

Across the Trust, we have 281 staff undertaking apprenticeship programmes of study where the apprenticeship levy is utilised. We use local colleges and universities for some of these programmes, but we have also commenced delivery of two apprenticeship standards aligned to the paramedic career pathway.

Level 3 Apprenticeships – Ambulance Support Worker Standard for Emergency Care Assistants:

This apprenticeship has been ongoing in the Trust since October 2018 on a voluntarily basis and since 1 April 2019 on a more formal basis.

Those apprentices recruited in October/November 2018 are now in the process of concluding their apprenticeship and, to date, the results have been very positive with excellent results which have included distinction awards.

The work towards introducing the Associate Ambulance Practitioner (AAP) and Paramedic Apprenticeships has now been completed and the initial AAP programmes started on 3 February 2020 following the initial candidates completing a successful assessment centre to meet the expectations of the programme. On completion of this programme, in approximately 13-15 months, the candidates will be eligible to apply for the Paramedic Apprenticeship, which has now been agreed with two University Providers at Teesside and Huddersfield. It is currently planned that the initial Paramedic Apprenticeships will be ready for registration and delivery in October 2020, continuing to support the Trust's workforce plans in recruiting and retaining a highly skilled and confident workforce.

The YAS Academy has maintained its registration to stay on the Register of Apprenticeship Training Providers (RoATP), which provides the assurance to our awarding bodies we have the quality processes in place to deliver apprenticeships. The Education and Skills Funding Agency (ESFA) has visited the YAS Academy to provide guidance on the funding procedures for apprenticeship.

The Trust is continuing to develop 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. A full review of all current contracts with external apprenticeship providers has been reviewed to assure the Trust that we are supporting our staff with high quality education provision.

Band 6 Paramedic Upskilling Training

Following the regrading of the paramedic role in 2017, we have continued to upskill some of our paramedics in order that they fully meet the requirements of the Band 6 role. This programme is now in its final stages and feedback from participants has been positive.

Partnership Working

999 Aspire aims to change attitudes and perceptions of the emergency services.

999 Aspire Programme

999 Aspire is a YAS-developed, tri-service programme in collaboration with West Yorkshire Police (WYP) and West Yorkshire Fire and Rescue Service (WYFRS) and has been funded by the West Yorkshire Police Violence Reduction Unit.

The 13-week pilot was launched in January 2020 at Leeds City College with representatives from YAS, WYP and WYFRS talking about their roles with the aim of changing attitudes and perceptions of the emergency services.

The course also addresses the issue of violent crime, particularly where there has been the use of a knife, and subjects such as emergency first aid, community fire prevention and mental health resilience. It is hoped that this pilot will be extended into other areas in the future.

Don't Cross The Line Campaign – Humberside

We have partnered with Humberside Fire and Rescue Service, Humberside Police and East Midlands Ambulance Service to launch a 'Don't Cross The Line' campaign, which aims to reduce the number of attacks on emergency services workers.

Led by Humberside Fire and Rescue Service, the campaign was launched in January 2020 and fully supports the Assaults on Emergency Workers (Offences) Act 2018, which sees jail terms of up to 12 months being given to those who assault emergency services workers. The campaign has been run on social media and a joint media release was issued to mark the start of the campaign.

Community Engagement and Public Education

Empowering local communities to nominate a charity or organisation to receive a free First Aid Awareness Training Course continues to be very well received and has allowed the Trust's Community Engagement Officer to continue to engage inclusively with diverse community groups across the region by teaching life-saving skills and promoting key public health messages.

These groups include:

- Duke of Edinburgh Award college students
- Primary and junior school students
- Rotherham Pakistani Muslim community
- Hull Turkish community members
- Leeds Spanish community members
- The Forum Community Volunteer Group, Northallerton
- Huddersfield Pakistani Muslim community
- Shipshape Health and Wellbeing Centre, Sheffield
- Hull CVS
- Neighbourhood Network, Hull
- Escrick and Deighton community members
- North Duffield Parish Council
- Learning Partnership, Leeds
- York Mind, York
- Bolton Percy community members
- MAPA, Bradford
- Kinsley & Fitzwilliam Learning Community Group
- Brighouse & Halifax Model Engineers, Brighouse
- Middlestown Medical Centre, Wakefield
- Harehills English Language Project, Leeds
- St Saviour's Church, Sheffield
- Beck Isle Museum, Pickering
- Wah Hong Chinese Community members, Rotherham.

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)) and staff and management teams from across the trusts have continued to take part in NAA-collaborative projects.

The West Yorkshire Tri-Services Collaboration Board brings together emergency services across West Yorkshire, including YAS, who are exploring an overall programme of collaborative work. Members continue to meet regularly and the initial focus remains on support functions and their potential for collaborative work that will benefit 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.

Community Resilience

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, HM Coastguard and Mountain Rescue Teams which are all available to respond to serious and life-threatening calls all year round.

BASICS Doctors

A team of volunteer doctors, who are part of the British Association for Immediate Care (BASICS), make themselves available to respond to serious incidents on behalf of Yorkshire Ambulance Service at any time of the day or night. They work alongside ambulance crews and other emergency services to provide enhanced pre-hospital treatment to patients.

Community First Responders responded to 19,747 calls, including 2,718 Category 1 incidents.

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 2019-20, they responded to 19,747 calls, including 2,718 Category 1 incidents. They were first on scene at 894 of those Category 1 incidents and attended 749 cardiac arrests.

The total number of on-call hours provided by CFRs was 275,480 which is equivalent to 7,346 37.5-hour working weeks. They also supported the Tour de Yorkshire and the UCI Road World Championships by providing first aid cover along the race routes and volunteered to provide cardiopulmonary resuscitation (CPR) training as part of Restart a Heart Day in October; 800 YAS staff and volunteers trained 46,531 youngsters how to perform CPR in one day.

During the last year CFRs were trained in automated blood pressure monitoring, as well as monitoring temperature. This, along with the introduction of oxygen saturation (SpO2) monitoring, last year enables volunteers to identify any deterioration in a patient which they can escalate through to the Clinical Hub, allowing our clinicians to then provide a national early warning score (NEWS2). This helps them to respond appropriately and provides more information for ambulance clinicians when handing over patients. It also allows clinicians to 'hear and treat' with the support of the CFR.

Five schemes across North Yorkshire piloted the use of lifting devices which has proved successful in getting patients who have fallen off the floor much quicker but has also enabled clinicians in the Clinical Hub to stand down the ambulance clinician response enabling the patient to stay at home.

Community Defibrillators and CPR Awareness

There are 2,975 static defibrillator sites at places such as airports, railway stations, shopping centres, GP and dental practices and police custody suites. There are also 2,213 community Public Access Defibrillator (cPAD) sites which are available 24/7, 365 days a year.

Awards

Yvonne Hargreaves, Community Defibrillation Officer, received a highly commended award at the YAS STARS Awards in the Empowerment category. CFR Malcolm Simons was highly commended in the Volunteer of the Year category. Responders of the year in the dedicated South and West Yorkshire CFR Awards were John Ibbotson for South Yorkshire, Michael Bland for Airedale, Bradford and Leeds and Jamie Ferguson for Calderdale, Kirklees and Wakefield.

Ambitions for 2019-20

- Oversee the installation of cPADs to a number of YAS sites.
- Roll out 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 Day initiative for 11-16 year-olds.
- Expand the delivery of falls schemes across the whole of Yorkshire.

Financial Review

Strategic Context

2019-20 has been a year of continued improvement for the Trust financially with significant investment in the development of our frontline services, alongside the infrastructure of the Trust, whilst delivering the Trust's financial objectives for the year.

The Trust launched its new Integrated Urgent Care Contract (NHS 111) on 1 April which provides the organisation with an excellent opportunity to support greater system-wide working, whilst also protecting the Trust from the financial loss of potentially losing a key service line. During the year the Trust also successfully tendered for the Hull and North Lincolnshire Patient Transport Service contracts which expanded the operating footprint of the Trust and will potentially enable greater integration across service lines moving forward.

2019-20 saw the largest capital investment in the Trust since its inception, funded by significant additional national and regional capital awards which recognised the excellent work being undertaken by the Trust. The first ambulance hub went live in February 2020 and there was a major investment in renewing 999 fleet alongside significant investment in replacing medical equipment and the development of the Trust's IT infrastructure and connectivity with the wider health and social care system through digital capital funding. The Trust also embarked on a PTS vehicle lease replacement programme on the back of securing long-term agreements on some of our PTS contracts.

Overall the year has been a very successful one, built on robust management of key financial risks, targeted investment in frontline services and key infrastructure, alongside delivery of a significant efficiency programme.

The detailed Trust position for 2019-20 is set out on pages 67-68.

Income and Expenditure

The Trust planned to achieve a £3.773m surplus in 2019-20, which included £2.232m Provider Sustainability Funds (PSF). The planned surplus excluding additional PSF funding was £1.541m. The Trust achieved a surplus of £3.292m and received from NHS Improvement PSF of £2.232m giving a total year end position surplus of £5.524m.

Income

The Trust received income of £288.2m in 2019-20. Income was reduced as the West Yorkshire GP Out of Hours Services is no longer being part of the new IUC contract (with a corresponding reduction in non pay as this service was provided by a third party, Local Care Direct). PSF was also substantially lower in 2019-20. This reduction in income was offset by investment in all front line services to mitigate increasing demand, improve performance and to enable further movement towards delivering the Ambulance Response Programme. The Trust also received £8.6m central funding to cover increased pension costs.

Service	£m	%
A&E	213.2	74%
IUC	19.3	7%
PTS	32.1	11%
PSF	2.2	1%
Other*	17.9	6%
HART	3.5	1%
Total Income	**279.6**	**100%**

** Other includes £8.6m centrally funded pension costs.*

The financial plan for 2020-21 is based on an interim COVID-19 financial regime which has been introduced by NHS England and has temporarily removed financial control totals. This regime is providing income to the Trust and funding the additional expenditure required for the Trust to respond to COVID-19 with the purpose of ensuring the Trust delivers a break-even position. These temporary arrangements will be in place until at least the end of July 2020.

Expenditure

Combined revenue expenditure in 2019-20 was £282.9m; this was £8.6m higher than 2018-19. The breakdown of total expenditure can be seen in the table below:

Expenditure	£m	%
Pay Costs	212.22	75%
Non Pay Costs	56.9	20%
Depreciation	11.4	4%
PDC Dividend	2.4	1%
Total Expenditure	**282.9**	**100%**

During 2019-20 pay costs increased by £26m; this reflects increases associated with the NHS Pay Deal (£8.9m), investment in frontline staff (£7.6m) to meet increased demand and performance requirements, and centrally funded pension contributions of (£8.6m).

Non-pay expenditure has decreased significantly as the costs of Local Care Direct are no longer passed through the Trust.

Quality and Efficiency Savings/Cost Improvement Plans

The Trust had a planned cost improvement programme of £6.6m for 2019-20 (2.4%). This was a stretched target enabling the Trust to free up internal resources to reinvest in our frontline services. The target was achieved.

Delivery of cost improvement plans for 2020-21 is temporarily suspended in the COVID-19 Finance Regime to enable the Trust to focus on the significant operational challenges of dealing with the pandemic.

Capital Expenditure

2019-20 was a year of significant capital investment for the Trust, supporting our transformation.

The Trust's Capital Resource Limit (CRL) was set at £18.3m, almost double the previous year; reflecting the successful bids for national funding as outlined above.

Capital Expenditure	£m	%
Estates	1.7	9%
ICT	4.2	23%
Fleet	3.8	21%
Medical Equipment	3.7	20%
STP Wave 2 – Doncaster Hub and Spoke refurbishment and upgrades	4.8	27%
Other	**0.1**	**0%**
Total	**18.3**	**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 outflow before financing was £3.5m. The actual cash inflow before financing was £3.7m, reflecting £6.7m central funding for capital schemes and the use of internally generated cash resources

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 £69m. The public dividend capital reflected in the accounts was £2.44m 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 2019-20 these costs were £70k.

Yorkshire Ambulance Service Charity

*Registered Charity No.1114106

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

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

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

Funding is only provided by the YAS Charity for items of expenditure which are not the responsibility of government funding to the NHS.

This means that donations do not subsidise the work of Yorkshire Ambulance Service NHS Trust, they enhance it.

The YAS Charity (registered Charity No. 1114106) is a separate legal entity from Yorkshire Ambulance Service NHS Trust with the Trust Board being the Charity's trustee. This unique partnership enables us to direct charity donations to meaningful projects which complement the core NHS services provided by the Trust. We ensure these funds are managed completely independently from our public funding by administering them through a separate Charity Committee. The YAS Charity currently has one part-time manager who is a Yorkshire Ambulance Service NHS Trust employee, but the cost of this salary and other administrative support is charged back to the charity annually.

Bilsdale in the North York Moors now has its own cPAD to benefit the local community

COMPASSION

2019-20 was an extremely strong year financially for the YAS Charity, with income (excluding legacy gifts) at its highest ever level. Our grant-making during the year also represented a significant increase on 2018-19. During the year, the charity supported the following initiatives:

- Partnership projects with local communities to part-fund community Public Access Defibrillators (cPADs) across the region, with 21 new units having been provided during the year.
- A community defibrillation project for the Barnsley District in partnership with the local authority and the "Barnsley Hearts" support group, which saw a further 14 cPADs installed in this area, with another eight planned during 2020.
- Supporting the Restart a Heart Day campaign which saw 46,531 secondary school students in Yorkshire receive cardiopulmonary resuscitation (CPR) training in October 2019.
- Three colleagues supported with emergency payments due to hardship.
- Various initiatives to support the health and wellbeing of YAS colleagues and volunteers, including funding towards kit and equipment for sports teams.
- The initiation of the 999 Aspire Programme, in partnership with other emergency services, the West Yorkshire Violence Reduction Unit and Leeds City College.
- The initiation of a project to establish a directory of voluntary-sector resources in partnership with Community Action Bradford & District. This will be for use by YAS colleagues and volunteers to enhance the service provided to patients.
- The establishment of a plan to support colleagues, volunteers and patients through the COVID-19 pandemic. This will see a six-figure sum invested by the YAS Charity for direct support during 2020-21 and projects to aid recovery from the crisis.

YORKSHIRE AMBULANCE SERVICE CHARITY

Make a Donation

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

- **Visit: www.yascharity.org.uk**
- **Phone: 01924 584369**
- **Email: yas.charity@nhs.net**
- **Follow us on social media:**
  www.facebook.com/YASCF
  www.twitter.com/YAS_Charity

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.

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

Environmental Considerations

Our Green Ambitions

The introduction of the Greener NHS Programme has led to a desire for the NHS to change its operations and operating procedures. We are working to tackle the climate crisis head on and turn the blue lights green.

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

Environmental Policy

The Trust has an Environmental Policy in place to ensure the reduction of its actions on the environment is upheld. The Trust's Sustainable Development Management Plan/Green Plan is currently being developed which will set out a long-term commitment to sustainable reductions of our CO_2 emissions and carbon footprint. This report is updated annually and 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 in place for best practice, changes to mandatory and legislative drivers and early adoption to maximise benefits.

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

Green recognition

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

YAS was shortlisted for the NHS Sustainability Day Waste Awards 2019.

Looking Forward to 2020-21

We will be rolling out electric charging points at our ambulance stations to make them ready for zero emission and hybrid vehicles to join the fleet. We are working with our civic partners to implement changes to our fleet that will improve air quality across our regional cities as part of the clean air zones.

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

We are starting a Big Climate Conversation to engage staff in the climate crisis and work with staff to look at solutions to carbon reduction. We will be working with other ambulance services to address the plastic challenge within the ambulance sector looking at reductions in plastic waste from our canteens, packaging and gloves.

In 2020, we will be committing to eliminating fossil fuels from our energy mix as we move to a renewable electricity contract. We are looking to roll out more solar panels on our buildings, install more bike racks, implement travel plans to reduce our impact from single-use vehicles, increase a more efficient fleet and ensure that we continue to reduce our carbon footprint through a variety of different carbon reduction initiatives. Through boiler upgrades we will be ensuring that our gas use is reduced. We are installing water-saving devices on taps, showers and toilets to reduce the amount of water we use. We are starting to future-proof our sites, identifying those that are susceptible to flooding, need adapting to accommodate heatwaves and working with staff to ensure that they understand the risks of climate change.

We are working with NHS Improvement and the National Ambulance Hub to develop a zero-emission ambulance that will run on hydrogen and electric.

INNOVATION

YAS Sustainability Report 2019-20

In 2019-20, as a region we faced many environmental and climate change challenges. In Yorkshire we suffered heatwaves, drought, heavy rain, flash floods and prolonged flooding. Our estate, fleet and staff faced increased pressures and challenges through the climatic issues that occurred. We put climate change on our corporate risk register and we are starting to develop risk assessments and mitigation plans that will assess the impact that climate change could have on our services and staff, as well as patients.

We have increased our fleet of zero-emission vehicles on our journey to Net Zero. We have ten electric and hybrid vehicles on the fleet that are used for pool cars and support vehicles. Yorkshire Ambulance Service was the first ambulance service in the country to have hydrogen electric powered vehicles on its fleet and convert a diesel Patient Transport Service vehicle to a hydrogen diesel hybrid.

Yorkshire Ambulance Service's plastic-free canteen at HQ in Wakefield was showcased in the NHS Plastic Pledge.

Reducing the amount of energy used in our organisation has contributed to this goal. There is also a financial benefit which comes from reducing our energy and fuel bill.

Through our green initiatives:

- We are working with NHS Improvement and the National Ambulance Hub to develop a zero-emission ambulance that will run on hydrogen and electric.
- We have stopped sending waste to landfill (a small amount is still produced as 'flock' from incineration). Waste diverted from landfill now goes to recovery for fuel. We are working to reduce the amount of waste that we generate through paperless operations, plastic packaging reduction and returning waste to the suppliers.

- We have installed LED lighting panels at all of our sites. Paired with motion sensors, we have reduced our energy use.
- We are working with other ambulance services to develop an ambulance service specific carbon literacy programme that will ensure an awareness of the challenges of climate change.
- Our staff energy reduction and fuel awareness campaign is ongoing throughout 2020-21.
- NHS organisations have a statutory duty to assess the risk posed by climate change and the Trust has incorporated climate change into the risk register as it poses a challenge to both service delivery and infrastructure in the future. YAS is redeveloping a Climate Change Adaptation Plan to look at the challenges we face into the future.
- 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.

Travel plans are in place for several sites across the organisation, working to reduce single occupancy car use.

Information Governance and Data Security

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

The Senior Information Risk Owner (SIRO) during 2019-20 was Steve Page, Executive Director Quality, Governance 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 2019-20 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 2019-20 was Caroline Balfour, Trust Solicitor and Head of Legal Services. The role of the Data Protection Officer is to ensure compliance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

The Trust reports its compliance with information governance and data security legislation as part of the annual Data Security and Protection Toolkit (DSPT) managed by NHS Digital. The DSPT is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

Due to the ongoing COVID-19 situation, the deadline for the 2019-20 DSPT assessment has been extended to 30 September 2020. 115 out of 116 mandatory evidence items have already been provided and 42 out of 44 assertions have already been confirmed.

The 2018-19 publication showed YAS as Standards Not Fully Met – Plan Agreed. The one outstanding action on the improvement plan for last year relating to the basic due diligence of supplier contracts was completed by the end of the financial year.

The Trust has a dedicated Information Governance Team that leads the annual information governance work programme along with a network of Information Asset Owners (IAOs) within each service. In 2019-20, the Trust has taken the following actions to identify and mitigate information governance and data security risks and strengthen our assurance:

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

The Trust has processes in place to ensure its use of data is lawful, secure, justifiable and proportionate.

Information Governance incidents

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

All staff are required, and proactively encouraged, to inform the Trust's reporting system of all incidents relating to the loss or disclosure of personal and special category data via Datix. Themes and trends from personal data-related incidents are analysed and presented to the Information Governance Working Group to ensure that the organisation learns lessons and puts in place measures to prevent reoccurrence.

There have been no serious incidents (SIs) relating to information governance and data security reported during 2019-20.

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/

The Board of Directors 2019-20 - Executive Directors

Kathryn Lavery

Chairman

Rod Barnes

Chief Executive

Mark Bradley

Executive Director of Finance

Steve Page

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

Nick Smith

Executive Director of Operations

Dr Julian Mark

Executive Medical Director

Christine Brereton

Director of Workforce and Organisational Development

Karen Owens
(from 23 April 2019)

Director of Urgent Care and Integration

(formerly Director of Planning and Development)

The Board of Directors 2019-20 - Non-Executive Directors

John Nutton

Phil Storr

(Associate)

Tim Gilpin

Jeremy Pease

(from 14 February 2019)

Anne Cooper

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 Executive Director of Workforce and Organisational Development Executive Director of Operations Director of Urgent Care and Integration
Audit Committee	Four Non-Executive Directors (including Chair of the Quality Committee and Chair of the Finance and Investment Committee)
Finance and Investment Committee	Three Non-Executive Directors Chief Executive Executive Director of Finance Associate Director of Business Development
Charitable Funds Committee	Two Non-Executive Directors Executive Director of Finance (deputised by the Head of Financial Services) Director of Corporate Affairs Head of Financial Services Fund Manager Head of Corporate Communications
Remuneration Committee	Chairman of the Board of Directors All Non-Executive Board members

Declaration of Interests for the Financial Year 2019-20

Name/Dates	Paid/Unpaid Employment *(specify)*	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
NON-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 Kath Lavery Associates	70% stakeholder of Kath Lavery Associates	None	Trustee of YAS Charity Chairman of Humber Business Week Board member of Johnnie Whitely Foundation Director/Trustee of Hull Kingston Rovers Community Trust	None	None
Anne Cooper 18 Jan 2019	Non-Executive Director, Care Opinion CIC, (unpaid) Non-Executive Director TEC Quality CIC, (unpaid) Non-Salaried Director Ethical Healthcare Consulting CIC, (paid for any delivery work) Associate mHabitat, Leeds and York Partnership NHS FT (paid) Self-Employed, Anne Cooper	None	None	None	Trustee of YAS Charity	None	Nursing and Midwifery Council Registration
Tim Gilpin 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	None	Member of Chartered Institute of Personnel and Development (CIPD)

Declaration of Interests for the Financial Year 2019-20

Name/Dates	Paid/Unpaid Employment *(specify)*	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
NON-EXECUTIVE DIRECTORS (NED)							
Stan Hardy 18 March 2019	Non-Executive Director, Local Care Direct (LCD) (resigned on 7 March 2019 and formally recorded at the LCD AGM on 10 June 2019)	None	None	None	Trustee of YAS Charity Trustee of Duke of York's Community Initiative President of Leeds Royal British Legion Council Member of the Yorkshire and Humberside Reserve Forces & Cadets Association	Deputy Lieutenant West Yorkshire	Fellow of Institute of Directors
John Nutton 5 June 2015	Self-employed Corporate Finance practitioner, Springwell Corporate Finance in association with Cattaneo LLP	The Carbis Beach Apartments Management Company Limited The Marque Management Company (Cambridge) Limited (appointed on 11 July 2019)	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 (until December 2019)	None	Fellow of Institute of Chartered Accountants in England & Wales
Jeremy Pease 14 February 2019	Green Oak Associates Ltd. (paid employment providing consultancy – including for the NHS)	Director Green Oak Associates Ltd.	None	None	Trustee of YAS Charity	None	None

Declaration of Interests for the Financial Year 2019-20

Name/Dates	Paid / Unpaid Employment (specify)	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/trade association or bodies
CHIEF EXECUTIVE OFFICE AND EXECUTIVE DIRECTORS							
Rod Barnes Chief Executive 6 May 2015	None	None	None	None	Trustee of YAS Charity	CEO Lead of Northern Ambulance Alliance Senior Responsible Officer for West Yorkshire and Harrogate ICS Urgent and Emergency Care Board	Chartered Institute of Management Accountants
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 Management 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)	General Medical Council Medical Protection Society Faculty of Medical Leadership and Management
Steve Page Executive Director of Quality, Governance and Performance Assurance (previously titled Standards and Compliance) and Deputy Chief Executive 1 October 2009	None	None	None	None	Trustee of YAS Charity	Care Quality Commission Well Led Reviewer	Nursing & Midwifery Council Registration
Nick Smith Executive Director of Operations 12 November 2018	None	None	None	None	Trustee of YAS Charity	None	None

Declaration of Interests for the Financial Year 2019-20

Name/Dates	Paid / Unpaid Employment (specify)	Directorships of Commercial Companies	Shareholdings	Elected Office	Trusteeships or participation in the management of charities and other voluntary bodies	Public Appointments (paid or unpaid)	Membership of professional bodies/ trade association or bodies
NON-VOTING DIRECTORS (OFFICERS)							
Christine Brereton Director of Workforce and Organisational Development 1 Nov 2017	None	None	None	None	None	None	Fellow Member of Chartered Institute of Personnel and Development (CIPD)
Karen Owens Interim Director of Urgent Care and Integration 23 April 2019	None	None	None	None	None	None	Nursing and Midwifery Council Registration
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	NHS Interim Management & Support (NHS IMAS) assignment to NHS England Eastern Region Lay member – Yorkshire & Humber, Advisory Committee Clinical Excellence Awards NHS IMAS Reservist – Incident Director cadre NHS England. National Emergency Preparedness Resilience & Response	MRL Safety Ltd. Burn Grange Properties Ltd.	None	Member Burn Parish Council	Committee Chair – YAS Charity	None	Associate of Emergency Planning Society Health and Care Professions Council Member of College of Paramedics

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 2019-20

The following tables have been subject to audit.

Note: There are no disclosures in respect of performance pay or bonuses as the Trust makes no payments of these types.

Salaries and Allowances of Senior Managers 2019-20

		2019-20				2018-19			
	Notes	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) All pension-related benefits (bands of £2,500)	(d) TOTAL (a to c) (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) All pension-related benefits (bands of £2,500)	(d) TOTAL (a to c) (bands of £5,000)
Name and title		£000	£00	£000	£000	£000	£00	£000	£000
Kathryn Lavery Chairman		35-40	12	-	35-40	35-40	17	-	35-40
Rod Barnes Chief Executive		145-150	102	25-27.5	180-185	135-140	90	57.5-60	205-210
Steve Page Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive		110-115	73	0-2.5	120-125	110-115	81	32.5-35	150-155
Mark Bradley Executive Director of Finance		120-125	-	22.5-25	145-150	120-125	-	70-72.5	195-200
Christine Brereton Director of Workforce and Organisational Development		115-120	-	27.5-30	140-145	110-115	-	25-27.5	135-140
Dr Julian Mark Executive Medical Director		130-135	-	25-27.5	155-160	130-135	-	20-22.5	150-155
Karen Owens (Interim) Director of Urgent Care and Integration	1	95-100	-	115-117.5	210-215	-	-	-	-
Nick Smith Executive Director of Operations	2	110-115	41	52.5-55	165-170	40-45	-	15-17.5	60-65

Notes

1. From 23 April 2019
2. From 12 November 2018

Salaries and Allowances of Senior Managers 2019-20

		2019-20				2018-19			
	Notes	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) All pension-related benefits (bands of £2,500)	(d) TOTAL (a to c) (bands of £5,000)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) All pension-related benefits (bands of £2,500)	(d) TOTAL (a to c) (bands of £5,000)
Name and title		£000	£00	£000	£000	£000	£00	£000	£000
Stan Hardy Non-Executive Director	3	5-10	5	-	10-15	0-5	-	-	0-5
Anne Cooper Non-Executive Director	4	5-10	5	-	5-10	0-5	1	-	0-5
John Nutton Non-Executive Director		5-10	6	-	5-10	5-10	5	-	5-10
Tim Gilpin Non-Executive Director		5-10	5	-	5-10	5-10	4	-	5-10
Jeremy Pease Non-Executive Director	5	5-10	6	-	5-10	0-5	-	-	0-5
Phil Storr Associate Non-Executive		5-10	5	-	5-10	5-10	9	-	5-10
Leaf Mobbs Director of Urgent Care and Integration	6	-	-	-	-	115-120	-	22.5-25	135-140
Dr David Macklin Executive Director of Operations	7	-	-	-	-	75-80	-	-	75-80
Ronnie Coutts Non-Executive Director	8	-	-	-	-	0-5	4	-	0-5
Richard Keighley Non-Executive Director	9	-	-	-	-	5-10	9	-	5-10
Erfana Mahmood Non-Executive Director	10	-	-	-	-	0-5	2	-	0-5

Notes

3. From 18 March 2019 4. From 3 December 2019 5. From 14 December 2019 to 18 December 2018 6. (on secondment to NHS England from this date) 7. To 25 October 2018

8. To 31 August 2018 9. To 25 January 2019 10. To 16 May 2018

Pension Entitlement Table 2019-20

This table has been subject to audit	Notes	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2020 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2019	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2020	(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		0-2.5	-	55-60	125-130	987	30	1062	20	25-27.5
Steve Page Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive		0-2.5	0-2.5	50-55	150-155	1154	33	1231	16	0-2.5
Mark Bradley Executive Director of Finance		0-2.5	-	40-45	90-95	681	20	735	17	22.5-25
Christine Brereton Director of Workforce and Organisational Development		0-2.5	-	5-10	-	82	14	113	15	27.5-30
Dr Julian Mark Executive Medical Director		0-2.5	-	40-45	95-100	739	23	797	18	25-27.5
Karen Owens (Interim) Director of Urgent Care and Integration	1	5-7.5	12.5-15	40-45	100-105	677	158	824	14	115-117.5
Nick Smith Executive Director of Operations		2.5-5	-	35-40	55-60	561	42	631	15	52.5-55

Notes

1. From 23 April 2019

Fair Pay Disclosure 2019-20

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 2019-20 was £145,000-£150,000 (2018-19: £135,000-£140,000)

This is 5.07 times (2018-19: 4.92 times) the median remuneration of the workforce, which was £28,594 (2018-19: £28,249).

No employees (2018-19: no employees) received remuneration in excess of the highest-paid director/member. Remuneration ranged from £7,625 to £145,026 (2018-19: £7,315 to £139,126).

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 2018-19.

Rod Barnes
Chief Executive

August 2020

FINANCIAL ACCOUNTS

Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 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 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust Board

The Board of Directors (henceforth 'the Trust Board' or 'the Board') has reviewed its activities and procedures to ensure alignment with available guidance and best practice relating to corporate governance, including oversight of risk management and internal controls.

The Trust's governance arrangements meet the organisation's own needs and ensure compliance with regulatory requirements such as the Care Quality Commission Fundamental Standards and the Well-Led framework for NHS Trusts.

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

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

The Trust Board membership is as follows:

- Chairman*
- Five Non-Executive Directors*
- One Associate Non-Executive Director
- Chief Executive Officer*
- Executive Director of Finance*
- Executive Director of Operations*
- Executive Medical Director*
- Executive Director of Quality, Governance and Performance Assurance / Deputy Chief Executive*
- Director of Workforce and Organisational Development
- Director of Urgent Care and Integration

(denotes voting members)*

2019-20 saw the following changes to Board personnel:

- A new Chair of the Audit Committee commenced in role.
- A new Associate Non-Executive Director position was established (currently vacant).

Trust Board functions are co-ordinated and supported by the Corporate Affairs function, which fulfils the role of Trust Secretary.

The Board is primarily responsible for:

- Trust strategy: vision, strategic objectives, key plans, significant decisions, organisational change and transformation.
- Accountability: ensuring delivery excellence and seeking performance assurance.
- Culture: focus on patients, clinicians and care; promoting and embedding Trust values; providing visible and supportive leadership.
- Engagement: sustaining value-adding relationships with internal and external stakeholders and the wider community to promote the Trust and its objectives.
- Resources: investing in people and infrastructure to deliver Trust objectives whilst safeguarding the financial balance of the organisation.
- Corporate health: ensuring organisational resilience, compliance with statutory, regulatory and policy requirements, and a strong system of internal control.

The Trust Board meets quarterly in public, with additional private sessions as required. In response to social distancing advice relating to the outbreak of COVID-19, during 2019-20 the Trust Board adopted new working practices based on digitally-enabled 'virtual meetings'.

Activities of the Trust Board are supported by a structured work plan co-ordinated across the Board and its Committees. This ensures timely and appropriate focus on strategy, key decisions and formal governance and assurance requirements, but is sufficiently agile to flex as required by urgent matters or changing circumstances.

In addition to its formal meetings, regular Board development sessions are held in order to facilitate in-depth coverage of specific topics, strategic developments and Trust priorities. Items addressed in the 2019-20 programme of Board development sessions include:

- Development of Trust strategy and core enabling strategies, including the Clinical Strategy and the Digital Strategy.
- Care Quality Commission updates, particularly regarding the full inspection received by the Trust during 2019-20.
- Approaches to collaborative working across the Northern Ambulance Alliance and national work streams.
- Financial priorities, performance and planning, the Trust's Quality Account.
- The role of the Board in leading Quality Improvement across the Trust: 'Leading for Improvement' learning event led by NHSE/I.
- Risk management including review and refresh of strategic risks, the Board Assurance Framework, and the statement of risk appetite.
- The role of the Board role in cyber security.
- The role of the Board role in diversity and inclusion.
- Sustainability: The Green Agenda.
- The Unified Communications project.

The leadership activities of the Trust Board are supplemented by key committees and management groups, including:

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

Additional Board committees include:

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

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

Trust Executive Group

The Trust Executive Group meets weekly and has four key functions: strategy and planning; systems of management control; performance assurance; risk management. In terms of risk, governance and internal controls the Trust Executive Group:

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

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

As Chief Executive Officer I lead on the maintenance of an effective risk management system within the Trust, meeting all statutory requirements and adhering to guidance issued by the Department of Health and Social Care or other statutory bodies and regulators in respect of risk, governance and controls. Leadership is also provided by Trust directors and managers at all levels, who ensure that effective risk management is implemented across their areas of responsibility in line with organisational policies and procedures.

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

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

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

Trust Management Group

The Trust Management Group is the main managerial decision-making body of the organisation and provides the Trust Executive Group with assurance regarding performance, governance and compliance.

The Trust Management Group reports to the Board via the Trust Executive Group, and consists of the Executive Directors, Deputy and Associate Directors, and other designated senior managers. It is chaired by members of the Trust Executive Group on a rotational basis. The remit of the Trust Management Group includes:

- Monitoring and review of performance relating to operational, quality, workforce and financial objectives.
- Overseeing the development of Trust policies and procedures.
- Contributing to the development of Trust strategy, operational plans, business plans and improvement opportunities.
- Identification and management of key risks, including review of the Board Assurance Framework and Corporate Risk Register.
- Actions to address key delivery risks and operational issues.
- Overseeing plans and actions to ensure compliance with statutory, regulatory and assurance frameworks, including internal audit and external inspectorates.

The risk and control framework

Risk Management

The Trust considers risk management to be everybody's business. The Trust encourages and expects any employee or volunteer to identify and assess risks, in accordance with the guidance set out in the Trust's Risk Management Policy and Risk Assessment Procedure.

The Trust Board and senior managers proactively identify risk as part of the Trust's strategic development activities and planning cycles. The Board assesses its overall risk profile, taking into account key business risks, Trust capacity and capability to address these, and its appetite for risk exposure and residual risk. As part of this process the Board agrees an annual statement of risk appetite. This information informs the Board Assurance Framework and its use during the year by the Board and its Committees. The Board Assurance Framework captures strategic risks to Trust objectives and is reviewed and refreshed annually by the Board.

Risks are analysed to assess their likely occurrence, potential impact, and the adequacy and effectiveness of controls. Risk information and associated treatment plans are recorded and managed using the Trust's risk management system, Datix. Information held in this system supports formal reviews of existing and emerging risks involving all departments via the Risk and Assurance Group.

The Chair of the Risk and Assurance Group (who is usually the Associate Director for Performance Assurance and Risk) reports monthly to the Trust Management Group regarding strategic risks, corporate level operational risks, and areas of emerging risk. Risks that cannot be managed through the Risk and Assurance Group or the Trust Management Group are escalated to the Trust Executive Group and ultimately to the Trust Board. The Trust Board is routinely notified of all designated corporate risks via the corporate risk register and other risk and assurance reports.

The Trust supports and equips staff to manage risk, including through the following:

- The Trust corporate induction process, which includes a session on risk management and learning from incidents.
- The Trust's Risk Management Policy and supporting procedures and guidance, including the detailed evaluation matrix used to assess the likelihood, impact and overall level of each risk.
- The Risk and Assurance Group, which engages operational and service leads across all Trust departments and functions to ensure corporate oversight and consistent understanding of risks, and to provide a forum for developing and sharing good practice.
- Thematic groups which consider and mitigate specific areas of technical or specialist risk. These include the Information Governance Working Group, the Incident Review Group, the Clinical Governance Group, the Strategic Workforce Group, and the Digital Management Group. These provide opportunities for oversight and consistent understanding of specialist areas of risk, and provide a forum for developing and sharing good practice.

- Each directorate has a nominated risk lead. The Corporate Risk Team supports these risk leads to develop consistent practice in respect of identifying, managing and escalating risks in line with Trust policies and procedures. The Head of Risk meets with these leads on a regular basis.
- All staff can access the Trust's incident and risk management system, Datix, and receive training and support as required to make most effective use of this system for the management of risks, issues and incidents.

Quality Risk Governance

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

The Quality Committee is a key component of quality risk governance within the Trust. The Quality Committee consists of three Non-Executive Directors, the Executive Director of Quality, Governance and Performance Assurance, the Executive Medical Director, the Executive Director of Workforce and Organisational Development, and other senior managers.

The Quality Committee scrutinises the Trust's clinical governance and quality plans, compliance with external quality regulations and standards and key functions associated with this, processes to ensure effective learning from adverse events, and infection prevention and control.

In addition, the Quality Committee 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 improvement actions resulting from external investigations and enquiries.

The Quality Committee regularly reviews issues, learning and action points 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.

The Quality Committee scrutinises quality impact assessments relating to cost improvement plans and other service developments. This ensures that all decisions regarding efficiency savings and service developments take account of the potential impact on quality and patient outcomes.

Within the remit of the Quality Committee, during 2019-20 the Trust's Clinical Strategy was developed as a key element of the Trust's overall strategy. The Clinical Strategy describes the Trust's roadmap for person-centred, evidence-based care. It places patients and clinicians at the heart of the organisation, demonstrating the Trust's ambition to become a leading provider of integrated urgent and emergency care.

Annual Quality Account

Under normal circumstances the directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The Quality Account reports on key indicators of quality relating to patient safety, clinical effectiveness and patient experience. The Trust's Quality Account is assured by external auditors and formally published as part of the Annual Report and Accounts.

As a result of the COVID-19 outbreak the requirement to publish an audited Quality Account as part of the Trust's formal annual report and accounts process for 2019-20 has been relaxed. The Trust still expects to produce and publish a Quality Account, but not in line with the annual report and accounts timetable.

Risk Governance

Risk Management and Assurance Strategic Framework

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

The Risk Management and Assurance Strategic Framework sets out the Trust's overall approach to risk management. The Risk Management Policy and Risk Assessment Procedure support this framework by setting out the processes through which risks, and changes to risk exposures, are identified, evaluated and controlled.

During 2019-20 the Risk Management and Assurance Strategic Framework was reviewed and strengthened, consistent with established good practice guidelines. The strengthened framework includes the following features:

- Greater emphasis on the link between risk management and organisational objectives. In particular, updated content to reflect the Trust's current strategic objectives and enabling strategies.
- Greater explanation about the roles and responsibilities of individuals, management groups and governance bodies. In particular, the role of the Trust Board in relation to strategic risk, the Board Assurance Framework, and risk appetite.
- Additional references to dynamic risk assessment processes, which combine with the role of the Trust Board to weave a risk management golden thread through all levels of the organisation from the Boardroom to the frontline.
- Additional emphasis regarding risk management as facilitating positive opportunities, particularly in the context of appetite for business development, innovation and improvement.
- References to the Three Lines of Defence model, the widely-established blueprint for risk management and wider assurance activity in large organisations.

The Risk Management and Assurance Strategic Framework and associated procedural documents are actively promoted by managers to ensure that risk management good practice is implemented at all levels across the Trust.

Board Assurance Framework

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

The Board Assurance Framework sets out the strategic risks to the organisation's objectives and the controls and mitigation actions associated with these risks. It presents an assessment of the strength of controls, and identifies the main sources of internal and external assurance regarding their effectiveness.

The most significant strategic risks to the Trust's objectives captured in the Board Assurance Framework for 2019-20 were as follows:

- Inability to deliver National Ambulance Response Programme and impact on patient outcomes.
- Inability to deliver Integrated and Urgent Care performance and impact on patient outcomes.
- Failure to influence impact of delivery of Integrated Care Systems and Integrated Care Partnerships as a system partner.
- Failure to respond to and influence partnership arrangements in the context of external system reconfigurations.
- System-wide lack of availability of clinical workforce, ineffective retention strategies, and impact of changes to funding streams on provision of education and training to deliver Integrated and Urgent Care.
- Failure to embed strategies to deliver wellbeing indicators and Diversity and Inclusion.
- Failure to embed strategies for excellence in leadership and a developed organisational culture.
- Failure to fully align corporate support services to service line delivery through delivery of the Accountability Framework.

Other strategic risks captured in the Board Assurance Framework for 2019-20 were:

- Inability to deliver the plan for integrated patient care services due to Patient Transport Service West Yorkshire contract future potential tender.
- Lack of capacity and capability to deliver and manage the required change aligned to our strategy.

- Inability to robustly manage our finances to deliver financial performance to invest and transform our services in the context of an integrated whole system financial approach.

Mitigation plans were developed and implemented for each strategic risk. During the year the Trust's Audit Committee scrutinised the controls and assurances associated with these risks as part of its annual work programme and through reports received from the accountable Executive Directors.

Monthly iterations of the Board Assurance Framework are supported by reports on current and forecast risk exposures, analysis of deviations from expected levels of risk, and detail regarding the actions taken to mitigate risks. Progress in implementing the actions set out in the Board Assurance Framework is assessed following review by Executive Directors and other senior leaders, triangulated with other sources of corporate intelligence and assurance, and reported to the Trust Board and its committees.

The Board Assurance Framework process is subject to an annual internal audit review to test its rigour and effectiveness. The internal audit review carried out in 2019-20 found a substantial level of assurance regarding the rigour and effectiveness of the Board Assurance Framework. This is the highest available level of assurance.

Corporate Risks

The Corporate Risk Register operates alongside the Board Assurance Framework to enable the Board to understand and manage strategic risks to the achievement of Trust objectives. The Trust Board and its committees receive reports on corporate risks to enable full oversight of current significant operational risks, levels of risk exposure and effectiveness of controls and mitigation actions, to provide an early view of emerging risks, and to provide assurance about the flows of risk information between operational departments and the Board.

During 2019-20 significant operational risks with potential impact on the Trust's strategic goals required sustained management action. These were reported to the Audit Committee and to each public meeting of the Trust Board via the formal risk report and other assurance reports. The most significant operational risks managed during 2019-20 included the following:

- The impact on multiple operations and functions of the COVID-19 coronavirus outbreak, which required the Trust to escalate its REAP status to Level 4 ('extreme').
- The impact on NHS 111 service performance of demand issues relating to external factors, such as dental pathways, winter flu and the COVID-19 coronavirus.
- The impact on operational capacity and response times of a period of sustained high demand experienced during October, November and December, which required the Trust to escalate its REAP status to Level 3 ('severe').
- The impact on operational capacity and response times of delays in patient handover processes experienced at multiple hospitals.
- The impact of EU Exit on operations, staffing, supply chains, logistics and other aspects of Trust activity, particularly in the event of a 'no-deal' exit.
- The deployment of the Unified Communications solution as a replacement for the legacy Avaya telephony platform.

In addition, during 2019-20 effective management of corporate risks supported the Trust to deliver significant business developments, including:

- Mobilisation of the integrated and urgent care service.
- Development of the hub and spoke operating model in Doncaster.
- Implementation of new ambulance vehicle preparation facilities in Leeds and Huddersfield.
- Mobilisation of new Patient Transport Service provision in Hull and North Lincolnshire.

Towards the end of 2019-20 the outbreak of the COVID-19 coronavirus presented multiple challenges. The emerging and fast-moving position regarding risks to the Trust posed by the COVID-19 pandemic was continually monitored, with mitigation plans developed and actions implemented as required.

Extreme operational pressures related to COVID-19 required the Trust to escalate its REAP status to Level 4 and to activate its pandemic response plan and other procedures relating to incident response and business continuity. This included the initiation of a strategic command cell to direct operations, including the management and escalation of risks. The response phase required the Trust to quickly develop new processes and put in place appropriate systems and controls where required.

In addition to monitoring by the Trust Board and the Audit Committee, progress against corporate risks and associated treatment plans has been routinely reported to each meeting of the Quality Committee and the Finance and Investment Committee.

The most significant corporate risks subject to ongoing treatment plans are captured in the Board Assurance Framework for 2020-21 and will continue to be managed through the Corporate Risk Register.

Strategic Risk Outlook

The Trust's strategic risk outlook for 2020-21 is informed by routine review and refresh of strategic risk and the Board Assurance Framework combined with the response and recovery implications of the COVID-19 coronavirus pandemic.

The Trust Board routinely reviews the organisation's strategic risks as part of its annual refresh of the Board Assurance Framework. This year the Board has determined that many areas of strategic risk captured in the 2019-20 Board Assurance Framework remain applicable in 2020-21, albeit some will be re-framed. The strategic risks carried forward into 2020-21 are:

- Inability to deliver the required national Ambulance Response Programme standards.
- Inability to deliver the required Integrated and Urgent Care performance standards and service developments.
- Failure to influence delivery of new models of care as a system partner.
- Failure to respond to and influence partnership arrangements in the context of external system reviews and reconfigurations.
- Failure to embed strategies to meet statutory and regulatory requirements and the Trust's own ambitions relating to wellbeing, diversity and inclusion.
- Failure to embed strategies for excellence in leadership, management and organisational culture.
- Failure to fully align corporate support services to service line delivery (for example, through delivery of the Accountability Framework).
- Lack of capacity and capability to deliver and manage planned transformational changes aligned to Trust strategy.
- Inability to robustly manage Trust finances to deliver financial performance to invest and transform our services in the context of an integrated whole system financial approach.

Areas of strategic risk carried forward from 2019-20 but re-framed for 2020-21 are:

- Inability to sustain the required Patient Transport Service performance standards and financial balance following commencement of new contracts in Hull and North Lincolnshire.
- System-wide lack of availability of clinical workforce; ineffective recruitment and retention strategies; ineffective training, development and future workforce pipeline arrangements.

New areas of strategic risk identified for 2020-21 are:

- Inability to achieve the required levels of cyber security resilience, capacity and capability.
- Inability to manage the impact of climate change on operational and corporate priorities.
- Failure to understand and respond to national reviews of Integrated Urgent Care services and Patient Transport Services.
- Inability to sustain Trust values and a positive culture during a period of organisational change.
- Need to strengthen internal governance processes related to financial reporting, monitoring and control.

The impact and legacy of COVID-19 will shape the Trust's strategic risk landscape throughout 2020-21. During its response phase the organisation faced multiple significant risks to operational service delivery, staffing capacity and capability, equipment and supplies, patient safety and care, overall organisational resilience, financial management and reputation.

Transition to a recovery phase will bring new risks – and opportunities – for the organisation to manage as it plans and implements its recovery activity.

The COVID-19 pandemic continued into 2020-21 and the Trust response has necessitated a wholesale review of day-to-day operations and the prolonged suspension of many aspects of both business as usual activity and development work in order to ensure that resources are focused on meeting patient care demands. In common with other NHS organisations, from March 2020 the Trust operated under a framework of nationally determined emergency arrangements. This included the suspension of normal funding and financial management processes, with the Trust temporarily funded via a block allocation derived from 2019-20 income levels. It is anticipated that these temporary arrangements will continue well into 2020-21.

Internal governance arrangements have been reviewed to ensure that they keep pace with the operational situation and that the organisation maintains effective oversight and assurance on safety and regulatory compliance. The Trust recovery plan will develop as part of the overall incident management response and it is anticipated that the requirements of response and recovery will impact significantly on wider Trust plans and the overall strategic risk profile for 2020-21. For this reason it is likely that the Board Assurance Framework will need to be substantially reviewed and refreshed during 2020-21 as the ongoing impact and legacy of COVID-19 becomes clearer.

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

Financial Risk

Executive management of the Trust's financial risks is led by the Executive Director of Finance.

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

The Trust Board's duties relating to financial risk are supported by the Finance and Investment Committee, which has a pivotal role in financial risk governance. This committee scrutinises the Trust's financial plans, investment policy and major investment decisions, reviews proposals for major business cases, and oversees the commercial activities of the Trust. The Finance and Investment Committee is chaired by a Non-Executive Director, and includes three Non-Executive Directors, the Executive Director of Finance, the Chief Executive and other senior managers.

The Finance and Investment Committee scrutinises the content and delivery of the Trust's annual Cost Improvement Programme. Development of Cost Improvement Programme delivery plans is led by the Executive Director of Finance with support from the corporate Programme Management Office. The Cost Improvement Programme is refreshed annually and seeks to ensure that the Trust operates more efficiently, delivers value for money, and generates savings to re-invest in Trust priorities. During 2019-20 the Trust achieved its target Cost Improvement Programme saving (£6.92m) albeit with reliance on non-recurrent savings.

Information Risk

The Trust's Information Governance Policy details the arrangements in place for managing and controlling risks relating to information and data security.

The Trust complies with its information governance and data protection obligations as set out by the General Data Protection Regulations (GDPR) and the Data Protection Act. The Trust has a designated Senior Information Risk Officer. This role is undertaken by the Executive Director of Quality, Governance and Performance Assurance.

The Trust maintains a register of Data Protection Impact Assessments in accordance with GDPR requirements.

Identification and assurance of information risks is supported by the Trust's Information Governance Working Group, which reports into the Trust Management Group via the Risk and Assurance Group. Areas of information risk identified and assured by the Information Governance Working Group during 2019-20 include:

- Closure of NHSmail accounts for employees who leave the Trust.
- Management of shared mailboxes and distribution lists within NHSmail.
- Storage and retention of paper records.
- Compliance with mandatory data security awareness training.

In addition, various aspects of information governance were proactively managed to support rapid deployment of new data flows, digital tools and digitally-enabled working arrangements as part of the Trust's response to the COVID-19 outbreak.

The Trust adheres to the requirements of the Data Security and Protection Toolkit, a framework that allows organisations to assess compliance with the data security standards set by the National Data Guardian. The Trust uses this toolkit to provide assurance that it practises good data security and that personal information is handled correctly.

During 2019-20 the Trust completed a mid-year baseline assessment and prepared its full annual self-assessment regarding Data Security and Protection Toolkit compliance. As a result of the COVID-19 outbreak the submission deadline for the annual self-assessment was moved from March 2020 to September 2020.

The Trust's Data Security and Protection Toolkit self-assessment is subject to an annual internal audit review to tests its rigour and provide assurance about the declared degree of compliance. For 2019-20 the internal audit review reported a good level of assurance and confirmed that the Trust achieved an improved level of compliance compared to 2018-19.

The Trust upholds the Caldicott principles regarding the governance of patient identifiable information. The Trust has a designated Caldicott Guardian. This role is undertaken by the Executive Medical Director.

During 2019-20 there were no information governance incidents of sufficient significance to merit reporting to the Office of the Information Commissioner, to the Department of Health and Social Care, or to Commissioners.

Data Quality

The Data Security and Protection Toolkit assessment and related GDPR processes indicate the rigour of the Trust's data quality systems, standards and processes. In addition, each year an aspect of the Trust's data quality is subject to an internal audit review. During 2019-20 this review focussed on data relating to statutory and mandatory training, and found a substantial level of assurance about data quality and the rigour of data governance processes.

During 2019-20 the Trust took the following actions to support good data quality:

- The Trust commissioned an external diagnostic of performance data and reporting, including a review of data governance arrangements and data quality processes. Resultant improvement actions include enhancements to data quality governance arrangements and an updated data quality policy.
- The Trust undertook data quality improvement work relating to the Electronic Staff Record system. This addressed data quality within the system and use of that data to support service improvements. Data quality is much improved as a result.
- The Trust continued to develop and implement its electronic patient record system (ePR). This system supports improved data quality by removing the need to scan documents or manually duplicate data entry processes. By March 2020 more than 90% of patient records managed by the Trust were processed via the ePR system.
- The Business Intelligence team enacted data quality checks across its reporting products and undertook similar checks of external reports.

- The Trust developed its Digital Strategy which sets out a step-change in the use of technology and data across operations and support functions. Through this strategy the Trust will adopt new systems and processes that support improved data quality.
- The Trust completed a proof of concept regarding a new reporting analytics platform, Power BI. This product includes functionality that enhances the Trust's control of data and reporting quality.
- The Trust upgraded its suite of Datix business applications, covering risk management, incidents, complaints and related functions.
- The Trust developed digital applications to support business processes such as vehicle checks and inspections of ambulance stations.
- The Trust provided general staff training in the use of systems, including emphasis on the links between data entry, data quality and reporting.
- Routine audits were undertaken to assess the Trust's adherence to the mandatory standards for health records.

The Trust plans to progress further data quality initiatives in 2020-21, including:

- The Trust will continue to develop the electronic Patient Record (ePR) system, delivering enhancements that improve the quality and use of data.
- The Trust will continue to refine the Electronic Staff Record, delivering enhancements that improve the quality and use of data.
- The Trust will progress multiple transformational change projects within its Digital Strategy. These will present opportunities to improve the quality and use of data.
- The Trust will plan the deployment of the Microsoft 365 platform and associated business applications.
- The Business Intelligence team will expand its use of the new analytics and reporting platform, Power BI.
- The Trust's internal auditors will carry out a targeted review of data quality.
- The Trust will embed key leadership roles to progress data quality enhancements as part of wider digital and information developments. These roles include a Chief Information Officer for the Trust and a Digital Transformation Lead for the Northern Ambulance Alliance.
- The Trust will deliver diagnostic and improvement works relating to cyber security to protect its systems integrity and data quality.
- The Business Intelligence team will continue to develop a stronger data quality governance framework for the Trust.
- The Trust will renew its focus on Information Asset Owners, giving these roles greater responsibilities relating to data quality.
- The Trust will continue to provide general staff training in the use of systems, including on the importance of data entry, data quality and reporting.

The Trust's ability to deliver the above data quality work during 2020-21 as planned is subject to capacity constraints associated with the response to and recovery from the COVID-19 outbreak.

During 2019-20 the Trust did not submit records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics suite of health and care datasets published by NHS Digital. This requirement does not apply to ambulance trusts.

General Compliance

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

The Trust has published an up-to-date register of interests for decision-making staff within the past 12 months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

The Trust has in place an effective Counter Fraud programme. Independent and objective assurance of Counter Fraud activity is provided by the Trust's internal auditors and monitored via the Audit Committee.

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

The Trust has undertaken risk assessments and has a draft sustainable development management plan 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.

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

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

During 2019-20 the Trust maintained robust processes to support staff in raising concerns about quality and safety in line with the national Freedom to Speak Up recommendations. The Trust has a designated "Freedom to Speak Up" Guardian to further support a culture of openness and transparency in the management and mitigation of risks across the Trust.

Assurance regarding the Trust's Freedom to Speak Up activity is provided through a regular report to the Quality Committee. During 2019-20 an internal audit review found a good level of assurance regarding Freedom to Speak Up processes. The Trust is, however, aware that there is further scope to improve awareness of the Freedom to Speak Up process among staff across all patient care and non-clinical functions, and also that there are a small number of areas in the organisation where leadership and culture are not fully aligned to the Trust values and behaviours framework. These issues will be a key area of focus in the 2020-21 business plan.

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 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 Trust Board, the Audit Committee, the Finance and Investment Committee and the Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

- The Trust's Head of Internal Audit, who provides me with a formal 'opinion' regarding the overall arrangements for gaining assurance about risk management, governance, systems and internal controls.
- Assurance reports from Executive Directors and senior managers who are accountable for the development and operation of the system of internal control.
- The Board Assurance Framework itself which, along with the annual internal audit review of the Board Assurance Framework processes, provides me with evidence of the rigour and effectiveness of risk management, controls and mitigation actions relating to strategic risks.

My review is also informed by:

- Internal self-assessment against the Care Quality Commission Fundamental Standards and Well-Led Framework.
- Audited self-assessment against the Data Security and Protection Toolkit standards.
- Peer reviews and benchmarking arrangements within the ambulance service sector.

- Reports issued by the Trust's internal auditors, including core risk-based internal audit and advisory reviews, counter fraud assurance and technology risk assurance.
- Reports issued by the Trust's external auditors.
- Reports commissioned from external agencies regarding the Trust's governance arrangements, leadership and management, systems and controls, and strategic capacity and capability.
- Investigations initiated as a result of concerns raised by staff through the Trust Freedom to Speak Up process.

Care Quality Commission Inspection

This year my review of effectiveness is also informed by the findings of a full inspection of the Trust carried out by the Care Quality Commission. The inspection covered two key service-line functions: the Emergency Operations Centre and the Patient Transport Service. It also addressed the overall leadership and governance of the organisation, in accordance with the Well-Led Framework for NHS Trusts.

The inspection report was published in October 2019.

The CQC rated all functions examined during the inspection as 'good' across all five inspection domains ('safe'; 'effective'; 'caring'; 'responsive'; 'well-led'). It identified many sustained improvements and highlighted multiple instances of outstanding practice in both the Patient Transport Service and the Emergency Operations Centre.

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

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

The inspection found no breaches in regulations and reported no actions that the Trust must take.

The inspection report did suggest improvement actions for the Trust to consider. The Trust has developed a plan to deliver these actions as part of its overall improvement trajectory (alongside initiatives such as the Quality Improvement strategy and the Inspections for Improvement process). This action plan is overseen by Trust management groups and regular assurance on progress is reported to the Trust Board and to external stakeholders such as commissioners and regulators.

Effectiveness of Risk Assurance

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

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

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

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

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

- 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 elements of the risk management system and all material controls, including financial, clinical, operational, and technology compliance controls.
- A two-yearly review of the Trust's Risk Management and Assurance Strategic Framework. The most recent review took place during 2019-20.
- Reviews in each meeting of the Audit Committee of the adequacy of assurances received by the Finance and Investment Committee and the Quality Committee in relation to the principal risks assigned to them in the Board Assurance Framework.
- A quarterly comprehensive review of the Board Assurance Framework, including reports to the Trust Board regarding the trajectory of risk exposures and progress in implementing actions to strengthen controls and mitigate risks.
- Monthly integrated performance reports outlining achievement against key performance, safety and quality indicators.
- Assurance reports at each meeting of the Trust Board and its Committees, providing information on progress against compliance with relevant national standards and regulatory frameworks.
- Assurance from internal and external audit reports that the Trust's risk management systems are being implemented in a sufficiently rigorous and effective manner.

Internal Audit Programme

The Trust Board approves an annual programme of internal audit reviews to provide independent and objective assurance on matters of risk management, compliance and internal control.

This is a key component of the third line of defence in the Trust's risk management and assurance arrangements.

As a result of the COVID-19 outbreak the 2019-20 internal audit programme was curtailed. Higher priority reviews underway at the time of the outbreak were streamlined to focus only on key areas of core assurance. Lower priority reviews were either deferred or cancelled entirely. Decisions regarding curtailment of the 2019-20 internal audit programme were made jointly by the Trust and its internal auditors, and were done so in a risk-based manner to ensure provision of sufficient depth and breadth of assurance to inform a robust Head of Internal Audit opinion.

Reports from internal audit reviews provide assurance regarding the effectiveness of controls and the degree of compliance. Following an internal audit review one of four levels of assurance can be reported: 'substantial', 'good', 'reasonable' or 'limited.' The Trust aims to achieve mostly 'good' and 'substantial' levels of assurance from its internal audit reviews. Within the 2019-20 internal audit programme most reviews completed during the year found either 'substantial' or 'good' levels of assurance. However, the following three reviews found only 'reasonable' assurance:

- Management of mobile devices.
- Stocks and stores.
- Security management.

Management action plans have been agreed to address the control and compliance issues identified by these reviews.

Internal audit reviews produce recommendations that require agreed actions to address any identified weaknesses in controls or compliance. The issues identified by audit reviews are considered by relevant management groups and mitigating actions agreed. The Audit Committee reviews management assurance regarding completion of actions arising from internal audit reviews. During 2019-20 the organisation made good progress in reducing the number of outstanding management actions due from historic audits.

The Head of Internal Audit issues an annual 'opinion' regarding the adequacy of the Trust's system of internal control. For 2019-20 the Head of Intern Audit has reported 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. There are no significant control or compliance issues that need to be highlighted in the Trust's annual governance statement.

In the context of the COVID-19 response and recovery activity the Trust and its internal auditors have agreed to deliver a truncated programme of internal audit reviews in 2020-21. The 2020-21 programme will include only the core audit work essential to inform a robust Head of Internal Audit opinion. In the light of issues identified during the completion of the audit of the 2019-20 annual accounts, we will ensure that the programme includes a sufficiently robust focus on key areas of financial governance and control.

Audit Committee

The Audit Committee provides independent overview and scrutiny of risk management, governance and controls within the Trust. The Audit Committee consists of all Non-Executive Directors, with the exception of the Trust Chairman, the Executive Director of Finance, the Executive Director of Quality, Governance and Performance Assurance, and representatives of the Trust's internal and external auditors attend all Audit Committee meetings. Other directors and senior managers attend periodically as required by the Committee's work programme or by other arrangement.

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

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 Trust Board.

The Audit Committee primarily utilises the work of internal audit, external audit and other assurance functions, but is not limited to these. It also seeks reports and assurances from other Board Committees, directors and managers as appropriate.

To support assurance regarding key risks there is a robust process for the flow of information from the Finance and Investment Committee and the Quality Committee to the Audit Committee. The Quality Committee and the Finance and Investment Committee each provide formally reported assurances to the Audit Committee on risks relevant to their terms of reference, covering strategic risks captured by the Board Assurance Framework as well as notable corporate risks.

In January 2020 the Audit Committee completed an annual self-assessment of its terms of reference and working practices and concluded that the arrangements in place remain proportionate, effective, and fit for purpose.

In the light of issues identified during the completion of the audit of the 2019-20 annual accounts, we will put in place steps to further strengthen Board oversight of significant in-year financial transactions and to ensure the action plan to address areas for improvement is delivered.

Conclusion

The statement outlines areas where the Trust has identified and will be acting on opportunities to strengthen governance and control in the coming year. Other than these elements, no significant internal control issues have been identified.

Rod Barnes
Chief Executive

August 2020

Internal Audit Annual Report for the year ending 31 March 2020

1. Introduction

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

- The draft Head of Internal Audit Opinion for the year ended 31 March 2020, 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 2020.
- Assurances regarding conformance of the internal audit service with Public Sector Internal Audit Standards.

In providing this opinion, it is important that to recognise the additional limitations on our work caused by the COVID-19 pandemic. These limitations include access to Trust personnel and the timely supply of information that would be available to us in normal operating circumstances. However, as your Head of Internal Audit I am satisfied that we have sufficient evidence, largely based upon the completion of the Core Internal Audit plan and carefully considered professional judgements, to provide the Trust with a robust Head of Internal Audit Opinion.

2. Head of Internal Audit Opinion for the year ended 31 March 2020

2.1 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 this report is to provide the Audit Committee with the Head of Internal Audit Opinion for the year ended 31 March 2020, which should be used to inform the Annual Governance Statement.

2.2 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;
- 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 a reasonable 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;

2.3.3 Commentary.

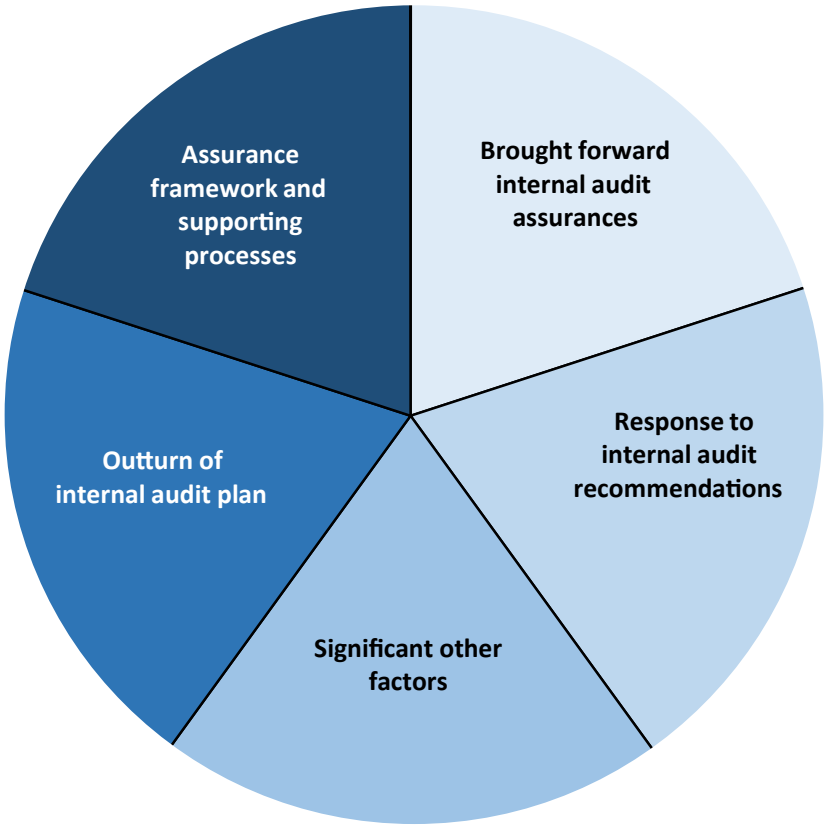
2.3.1 Overall Opinion

From my review of your systems of internal control, I am providing good assurance that there is a sound system of internal control, governance and risk management 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

a) 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.

The Risk Management and Board Assurance Framework (BAF) audit is currently at draft report stage and has been assigned 'Good' assurance in respect of Risk Management processes and Substantial assurance in respect of BAF processes. There are no significant issues that warrant inclusion in this report.

b) Outturn of Internal Audit Plan

The Internal Audit Plan for the year was approved by Audit Committee in May 2019.

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 C.

At the time of producing this opinion summary we have issued 17 final/draft reports. The split of assurance levels and categorisation for the reports issued is shown in the following table:

Report Status	Assurance Level				
	Substantial	Good	Reasonable	Limited	n/a (Advisory)
Plan APPENDIX A: Core Assurance Audits					
Draft	1	1	1	0	0
Final	4	7	1	0	0
Total App A	**5**	**8**	**2**	**0**	**0**
Plan APPENDIX B: Additional Assurance and Advisory Audits					
Draft	0	0	0	0	0
Final	1	1	1	0	0
Total App B	**1**	**1**	**1**	**0**	**0**
Total	**6**	**9**	**3**	**0**	**0**

(The Risk Management and Board Assurance Framework final report was assigned a split assurance opinion of both Good and Substantial for the individual respective subjects.)

In addition to those identified above, three draft reports are in issue and are expected to be finalised shortly. The outcome of this work has been taken into account as part of formulating this opinion.

In preparing this opinion, there are no significant control weaknesses from the core areas 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 core audits that have been assigned a reasonable assurance opinion:

Stocks and Stores

The objective of the audit was to evaluate the design and test the application of controls surrounding the ordering, recording and storage of stock specifically in relation to fuel and fleet parts. In addition, we followed up four recommendations that were originally raised in the 2016-17 limited assurance Fleet Management audit that were outstanding at the time of the follow up audit in 2017-18. As part of the audit weaknesses in the control framework were identified in relation to the existing refuelling controls and there was no documented guidance on ordering, storage, usage and monitoring of fuel. In addition, we noted that no contract review meetings had taken place with the Trust's vehicle parts supplier during 2019-20.

In respect of the four recommendations that were followed up from the original 2016/17 audit, we noted that two were sufficiently implemented and two were partly implemented; new recommendations have been raised in respect of the partly implemented recommendations.

Security Management

Due to the restrictions imposed by COVID-19 the scope of the audit was limited to an evaluation of the design of the control framework rather than also testing compliance against the controls. The audit focused on the management of security passes.

Several gaps in the control framework were identified which compromises the robustness of the process. These included; no documentary guidance that assigns responsibilities of the management of security passes, undefined approach towards the physical return of security passes of leavers, no process to temporarily suspend security passes for staff who are on long-term sickness leave undergoing disciplinary proceedings, no reviews of passes issued to contractors and no process to refresh the access code for the safe where spare activated passes are stored.

This audit report is currently in issue as draft and is awaiting final management response.

Changes to the Audit Plan

As a result of the escalating COVID-19 pandemic, we have critically reviewed work in progress to evaluate where we can minimise our impact on Trust staff during this time of significantly increased pressure. We have concluded that we have completed enough work to enable us to provide the Trust with a Head of Internal Audit Opinion. Due to the limited availability of Trust staff during the COVID-19 crisis we have identified audits where we have either had to cancel the work or bring work in progress to a conclusion based on the work completed and evidence obtained to date, as we will be unable to effectively progress the assignments any further.

Therefore, we are reporting the following additional changes to the audit plan:

Cancelled Audits:

The following audits from the originally agreed Annual Plan have been cancelled, all of which have previously been reported to the Audit Committee:

Audit	Reason for Cancellation
Fleet Management	Agreed with management that the audit would have duplicated part of the work undertaken on the Stocks and Stores audit which focused on fleet and fuel.
IM&T Strategy (core)	The audit was replaced with a review of ICT Service Capacity and Resilience.
Business Intelligence and Data Warehouse Controls (non-core)	The allocated days were used on the ICT Service Capacity and Resilience review.
Capital Planning (core)	Requested to defer the audits prior to the COVID-19 pressures.
Care Bundles (core)	
NHS Healthcare Agreements (core)	
Follow Up (core)	Cancelled due to limited staff availability in response to COVID-19 pressures.
Business Continuity (non-core)	
Operational Performance (non-core)	
Partnerships (non-core)	
Organisational Culture (non-core)	
Adastra System (non-core)	

Reduced scope:

The impact of COVID-19 and the government's decision to prevent non-essential travel has created inherent difficulties completing all planned fieldwork. Therefore, the scope on three audits has been reduced. The areas that we were unable to test as part of the planned test programme have been clearly identified in the 'Limitations' section of the audit reports.

c) Brought forward Internal Audit assurances

Our overall opinion for 2018-19 was that 'Good assurance' can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and inconsistent application of controls put the achievement of particular objectives at risk. Therefore, there are no significant issues from the previous year that we need to take into account in preparing this opinion.

d) Response to Internal Audit recommendations

To date, a total of 73 findings have been identified during the year (i.e. 0 High, 36 Medium and 37 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. These reports have routinely been submitted throughout the year. The movement in overdue medium and high recommendations throughout the year is illustrated in Appendix B of this report.

e) Significant factors outside the work of internal audit

We have not planned to place reliance on any third party as part of preparing this opinion.

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

Joanne Bryson

Director of Internal Audit
AuditOne

27 May 2020

3. Internal Audit Performance

3.1 Planned and actual coverage

The Internal Audit plan for the year ended 31 March 2020 was approved by the Audit Committee on 14 May 2019. The plan has been subject to change, and all requests have been presented (along with rationale) to the Audit Committee throughout the year for consideration and approval.

During the year we have reported upon our progress against plan to the Audit Committee via our regular progress reports. In summary, 14 final and three draft reports are in issue awaiting management response.

3.2 Annual quality questionnaire

Executive Directors and Audit Committee members have been asked to complete an independent questionnaire about their satisfaction with the internal audit service received from AuditOne as part of our five-yearly External Quality Assessment (EQA), which is in progress. Therefore, to avoid duplication, we have not undertaken our standard annual survey.

4. Conformance with Public Sector Internal Audit Standards

During the year ended 31 March 2020 our work was governed by the Public Sector Internal Audit Standards (The Standards). The Standards were revised with effect from 1 April 2017 reflecting changes to the International Standards for the Professional Practice of Internal Auditing (Global Institute of Internal Auditors, 1 January 2017).

The Standards require that an External Quality Assessment (EQA) be conducted at least once every five years by a qualified, independent assessor or assessment team from outside of our organisation. An external independent assessor, appointed through the Chartered Institute of Internal Auditors, has commenced this assessment and the assessment is scheduled for completion by May 2020. In addition, we have refreshed the Internal Audit Charter and the updated document will be presented to the Audit Committee for ratification.

Appendix A - Summary of work undertaken

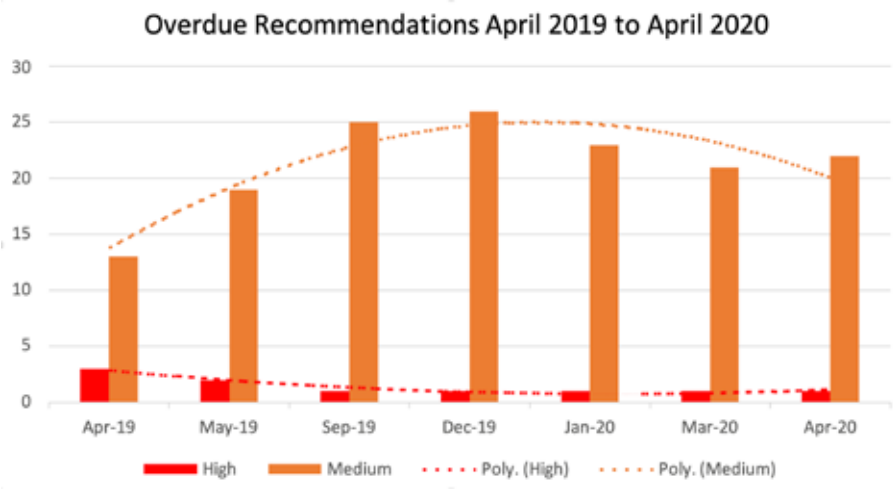
Assurance levels assigned to individual audit assignments

Audit area	Assurance				Findings			
	Substantial	Good	Reasonable	Limited	High	Medium	Low	Totals
Appendix A: Core areas								
Active Directory & Privileged User Mgt Controls	✔				0	0	1	1
Server Operational Mgt Patch & Anti-Malware	✔				0	1	1	2
Fire Safety/Health & Safety		✔			0	4	3	7
Freedom to Speak Up		✔			0	2	3	5
Stocks and Stores			✔		0	4	2	6
Budgetary Control		✔			0	2	3	5
Fixed Asset Follow Up	✔				0	0	2	2
DSP Toolkit		✔			0	1	2	3
Risk Management*		✔			0	3	2	5
Board Assurance Framework*	✔				0	0	0	0
Professional Revalidation (draft)		✔			0	2	2	4
Resilience and Special Services		✔			0	3	0	3
Clinical Audit Assurance		✔			0	1	2	3
Security Management (draft)			✔		0	5	0	5
Data Quality and KPIs: Statutory and Mandatory Training (draft)	✔				0	0	1	1
Appendix B: Non-Core areas								
Medical Gases		✔			0	3	2	5
Waste Management	✔				0	0	3	3
Mobile Device Management			✔		0	5	8	13
Totals	**6**	**9**	**3**	**0**	**0**	**36**	**37**	**73**

** issued as one report with separate assurance levels assigned for Risk Management and Board Assurance Framework processes*

Appendix B - Follow-up of Agreed Actions

Using our audit software (MKI), we have undertaken a routine follow up process to determine the implementation of agreed recommendations. Outstanding recommendations are reported to the Head of Risk on a monthly basis. The reported position on overdue recommendations during 2019-20 is shown graphically in the below chart and demonstrates a downward trend in high graded recommendations and a cyclical trend in medium graded recommendations.



Appendix C - 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.

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

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

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

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

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

Rod Barnes
Chief Executive

August 2020

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

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

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

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

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

By order of the Board

Rod Barnes
Chief Executive

August 2020

Independent auditor's report to the directors of Yorkshire Ambulance Service NHS Trust

Opinion

We have audited the financial statements of Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2020 under the Local Audit and Accountability Act 2014. The financial statements comprise the Trust Statement of Comprehensive Income, the Trust Statement of Financial Position, the Trust Statement of Changes in Taxpayers' Equity, the Trust 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 2019-20 HM Treasury's Financial Reporting Manual (the 2019-20 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2019-20 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 2020 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.

Emphasis of matter – Disclosures in relation to the effects of COVID-19 and sources of estimation uncertainty

We draw attention to Note 1.2 Going Concern of the financial statements, which describes the financial and operational consequences the Trust is facing as a result of COVID-19 which is impacting funding arrangements.

We also draw attention to Notes 1.7.2 and 1.22 of the financial statements, which describes the valuation uncertainty the Trust is facing as a result of COVID-19 in relation to property valuations.

Our opinion is not modified in respect of these matters.

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 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 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 2020.

Proper arrangements to secure economy, efficiency and effectiveness

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

Basis for qualified conclusion

The Trust used the level of insurance rebate accounted for as a mechanism to achieve financial targets and which in effect established an undeclared reserve for future years held off balance sheet by a third party on the Trust's behalf. This position was not reported to the Board. The focus on achieving financial targets through such means does not effectively support the delivery of the Trust's priorities. The omission of significant sources of funds in Board reporting increases the risk that financial targets are not being met operationally; reduces the level of financial control; and prevents informed decisions being made on the funding available for operational services. The Trust did not have a full understanding of all revenue sources in order to facilitate effective challenge and scrutiny of financial management reports. The Trust did not have adequate arrangements in place to review and approve significant contract variations with commissioners.

Qualified conclusion (Adverse)

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in April 2020, we are not satisfied that, in all significant respects, Yorkshire Ambulance Service NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

Responsibilities of the Directors and Accountable Officer

As explained more fully in the Statement of Directors' Responsibilities in respect of the Accounts, set out on page 120, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. 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 April 2020, 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 2020.

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.

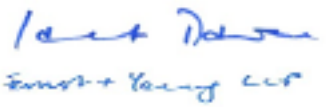
We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

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.



Janet Dawson (Partner)

Ernst & Young LLP (Local Auditor) Birmingham

August 2020

Statement of Comprehensive Income for the year ended 31 March 2020

		2019-20	2018-19
	Note	£000	£000
Operating income from patient care activities	3	279,426	270,881
Other operating income	4	8,746	10,817
Operating expenses	5, 7	(280,509)	(272,233)
Operating surplus from continuing operations		**7,663**	**9,465**
Finance income	10	344	231
Finance expenses	11	(115)	(59)
PDC dividends payable		(2,439)	(2,243)
Net finance costs		**(2,210)**	**(2,071)**
Other gains/(losses)	12	88	(64)
Surplus for the year		**5,541**	**7,330**
Other comprehensive income. Will not be reclassified to income and expenditure:			
Revaluations	14	3,726	(1,730)
Total comprehensive income for the period		**9,267**	**5,600**
Adjusted financial performance (control total basis):			
Surplus for the period		5,541	7,330
Remove net impairments not scoring to the departmental expenditure limit	6	(17)	1,920
Remove I&E impact of capital grants and donations		-	-
Adjusted financial performance surplus		**5,524**	**9,250**

Statement of Financial Position for the year ended 31 March 2020

	Note	**31 March 2020 £000**	31 March 2019 £000
Non-current assets			
Intangible assets	13	1,986	1,114
Property, plant and equipment	14	104,564	94,810
Receivables	17	505	547
Total non-current assets		**107,055**	**96,471**
Current assets			
Inventories	16	1,583	1,388
Receivables	17	13,533	16,071
Non-current assets held for sale and assets in disposal groups	18	160	160
Cash and cash equivalents	19	46,201	36,110
Total current assets		**61,477**	**53,729**
Current liabilities			
Trade and other payables	20	(13,119)	(14,397)
Borrowings	22	(337)	(338)
Provisions	23	(9,902)	(6,051)
Other liabilities	21	(77)	(110)
Total current liabilities		**(23,435)**	**(20,896)**
Total assets less current liabilities		**145,097**	**129,304**
Non-current liabilities			
Borrowings	22	(3,833)	(4,167)
Provisions	23	(8,908)	(8,784)
Total non-current liabilities		**(12,741)**	**(12,951)**
Total assets employed		**132,356**	116,353
Financed by			
Public dividend capital		90,293	83,557
Revaluation reserve		15,915	12,462
Income and expenditure reserve		26,148	20,334
Total taxpayers' equity		**132,356**	**116,353**

The financial statements on pages 117 to 120 were approved by the Board on 13 August 2020.

Rod Barnes
Chief Executive
August 2020

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	**Total**
	£000	£000	£000	**£000**
Taxpayers' and others' equity at 1 April 2019 - brought forward	**83,557**	**12,462**	**20,334**	**116,353**
Surplus for the year	-	-	5,541	**5,541**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	(270)	270	**-**
Other transfers between reserves	-	(3)	3	**-**
Revaluations	-	3,726	-	**3,726**
Public dividend capital received	6,736	-	-	**6,736**
Taxpayers' and others' equity at 31 March 2020	**90,293**	**15,915**	**26,148**	**132,356**

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' and others' 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	-	(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' and others' equity at 31 March 2019	**83,557**	**12,462**	**20,334**	**116,353**

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Income and expenditure reserve

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

Statement of Cash Flows for the year ended 31 March 2020

		2019-20	2018-19
	Note	£000	£000
Cash flows from operating activities			
Operating surplus		7,663	9,465
Non-cash income and expense:			
Depreciation and amortisation	5.1	11,395	9,833
Net impairments	6	(17)	1,920
(Increase) / decrease in receivables and other assets		2,590	314
(Increase) / decrease in inventories		(195)	(58)
Increase / (decrease) in payables and other liabilities		(284)	(4,969)
Increase / (decrease) in provisions		3,941	39
Net cash generated from / (used in) operating activities		**25,093**	**16,544**
Cash flows from investing activities			
Interest received		344	231
Purchase of intangible assets		(1,232)	(469)
Purchase of PPE and investment property		(18,117)	(16,903)
Sales of PPE and investment property		133	906
Net cash generated from / (used in) investing activities		**(18,872)**	**(16,235)**
Cash flows from financing activities			
Public dividend capital received		6,736	8,389
Movement on loans from DHSC		(334)	(334)
Interest on loans		(82)	(88)
PDC dividend (paid) / refunded		(2,450)	(2,331)
Net cash generated from / (used in) financing activities		**3,870**	**5,636**
Increase / (decrease) in cash and cash equivalents		**10,091**	**5,945**
Cash and cash equivalents at 1 April - brought forward		**36,110**	**30,165**
Cash and cash equivalents at 31 March	19	**46,201**	**36,110**

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 2019-20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

The Trust Board is required to make an assessment as at the balance sheet date as to whether the Trust remains a going concern and to assess this for a period of at least 12 months from the date of approval. At the end of June 2020 the Trust had £77m cash in hand, an increase of £30.7m against the position at 31 March 2020. This reflects block payments being made in advance as part of the NHS response to COVID-19.

This represents 27% of annual operating expenditure, or 100 days of the annual cost for 2019-20.

The Trust has a forecast year-end cash position of £56m for 31 March 2021 which assumes that normal funding arrangements will resume by the 2020-21 year-end.

Scenario analysis has been performed using actual outturn figures to June 2020 of income of £76m and operating expenditure was £75.5m. This analysis suggests that for the full going concern assessment period income would need to fall by more than 19% before the Trust would need additional funding. The board are confident that this represents an unlikely scenario and provides significant assurance that current and projected working capital will be sufficient throughout the foreseeable future.

Other factors included in the analysis include consideration that the NHS has made significant changes in response to the COVID-19 pandemic. Operational planning has been suspended for 2020-21, and contract negotiations and financial plans for the 2020-21 financial year were not concluded. An interim financial framework with simplified contracting and funding arrangements has been introduced, and that interim regime has now been extended until August. Additional costs of responding to COVID-19 are being met centrally.

What financial framework will apply beyond September 2020 is not yet clear; Directors of Finance have been briefed that there will be a move away from the retrospective top-up arrangement, and a move to a prospective top-up in respect of COVID-19 costs, and, that this prospective top-up will form part of an overall allocation likely to be devolved to ICSs to allocate to their local organisations. As part of that briefing it was also made clear that arrangements will be put in place to provide financial support to Trusts where a surge in demand would require this.

NHS England have confirmed that providers can expect NHS funding to flow at similar levels to that previously provided where services "are reasonably still expected to be commissioned". That expectation applies to the services we provide – patient transport, our emergency ambulance service, and integrated and urgent care services (including the 111 service). These services are a critical part of the response to the pandemic, and a part of health services in our area. It is clear that core NHS services will continue to be funded, and that the government remains committed to doing so. It is clear that appropriate arrangements will be made, and the continued operation of Yorkshire Ambulance Service is not in doubt.

Whilst the specific regime is under development, it is clear that funding will continue throughout the next twelve months and for the foreseeable future beyond this. On this basis, the Board have determined that it is appropriate for the accounts to be prepared on a "going concern" basis.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised.

Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

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. Given the use of block contracts the adoption of 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 healthcare 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. This accrual is disclosed as a contract receivable as entitlement to payment for work completed is usually only dependent on the passage of time.

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

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

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

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

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

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.4 Other forms of income

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service.

Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

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

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

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

National Employment Savings Trust (NEST)

There are a small number of staff who are not entitled to join the NHS Pension Scheme, for example:

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

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

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Property, plant and equipment

Note 1.7.1 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, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

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

Note 1.7.2 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.

Assets are measured subsequently at valuation. That valuation is subject to issues around "material valuation uncertainty" noted by the District Valuer, as set out in note 1.22.

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

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

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

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

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

(i) the impairment charged to operating expenses; and

(ii) the balance in the revaluation reserve attributable to that asset before the impairment.

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

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

Note 1.7.3 De-recognition

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

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged. 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 1.7.4 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 1.7.5 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 is shown in the table below:

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

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

Note 1.8 Intangible assets

Recognition

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

Internally generated intangible assets

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

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

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

Amortisation

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

Useful lives of intangible assets

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

	Min life	Max life
	Years	Years
Software licences	2	7

Note 1.9 Inventories

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

Note 1.10 Cash and cash equivalents

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

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

Note 1.11 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques. Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

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

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

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.

De-recognition

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

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

Note 1.12 Leases

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

The Trust as lessee

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

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

Leases of land and buildings

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

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 23.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising.

The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

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

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

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

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

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:

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

Note 1.16 Value added tax

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

Note 1.17 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. The Trust did not hold any such assets during the 2019-20 financial year.

Note 1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

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

Note 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019-20.

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

IFRS 16 Leases

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable. However, the trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for all leases. The standard also requires the remeasurement of lease liabilities after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

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

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted at the trust's incremental borrowing rate (1.27%). The related right of use asset will be measured equal to liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2020 for existing finance leases.

The Trust has reviewed existing lease arrangements to identify which will give rise to right of use assets under IFRS 16, and has set up a database to track these and to prepare the appropriate accounting. This will be used for the transition to reporting according to IFRS when the new standard is adopted. For leases commencing in 2021-22, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Note 1.21 Critical judgements in applying accounting policies

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

Segmental reporting

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

Charities consolidation

Management consider the Yorkshire Ambulance Service 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 1.22 Sources of estimation uncertainty

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

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

Non-Current Assets

Values are as disclosed in notes 14.1 tangible assets and 13.1 intangible assets.

Asset lives, with the exception of buildings are set out in note 1.7.5 and note 1.8 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 2020 and have not been subject to indexation in the year. The results of this are disclosed in note 14.1.

In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report, as set out in note 15. This is on the basis of uncertainties in markets caused by COVID-19. However there has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of COVID-19. The valuers reiterated that it is too early at this stage in their professional judgement to accurately evidence this impact and therefore at the date of valuation on the information then available the assessed impact falls within normal valuation tolerances.

Provisions

Values are as disclosed in note 23.

These have been estimated based on the best information available at the time of the compilation of the accounts.

Estimates of employees' 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)

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 minus 0.5% in real terms (2018-19 0.29%). 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 2 Operating Segments

The Trust has judged that it only operates as one business segment; that of healthcare. 97% (£278m) of the Trust's income in 2019-20 (2018-19 96%: £270m) is received from NHS organisations.

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.

3.1 Income from patient care activities (by nature)

	2019-20	2018-19
	£000	£000
Ambulance services		
A&E income	213,157	195,276
Patient Transport Services income	32,053	30,985
Other income	25,660	41,423
Agenda for Change pay award central funding*	-	3,197
Additional pension contribution central funding**	8,556	
Total income from activities	**279,426**	**270,881**

*Additional costs of the Agenda for Change pay reform in 2018-19 received central funding. From 2019-20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.38% to 20.68% (excluding administration charge) from 1 April 2019. For 2019-20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2019-20	2018-19
	£000	£000
Income from patient care activities received from:		
NHS England	10,540	2,143
Clinical commissioning groups	267,134	263,284
Department of Health and Social Care	2	3,237
Other NHS providers	877	1,156
NHS other	-	-
Local authorities	12	13
Non-NHS: private patients	31	22
Injury cost recovery scheme	809	963
Non NHS: other	21	63
Total income from activities	279,426	270,881
Of which:		
Related to continuing operations	**279,426**	**270,881**

Note 4.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2019-20	2018-19
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	-	-
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 4 Other operating income

	2019-20	2018-19
	£000	£000
Other operating income from contracts with customers		
Research and development	450	241
Education and training	2,774	1,557
Provider sustainability fund (PSF)	2,232	5,563
Income in respect of employee benefits accounted on a gross basis	987	1,121
Other contract income	2,303	2,335
Total other operating income	8,746	10,817
Of which:		
Related to continuing operations	**8,746**	**10,817**

Other contract income comprises income from providing clinical support at private events, provision of payroll / ICT / fleet services, and building / car part rental.

Note 4.2 Transaction price allocated to remaining performance obligations

	31 March 2020	31 March 2019
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	-	-
- within one year	-	-
- after one year, not later than five years		
- after five years		
Total revenue allocated to remaining performance obligations		

Note 5.1 Operating expenses

	2019-20	2018-19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	189	185
Purchase of healthcare from non-NHS and non-DHSC bodies	6,324	19,888
Staff and executive directors' costs	212,083	186,167
Remuneration of non-executive directors	91	69
Supplies and services - clinical (excluding drugs costs)	6,995	7,393
Supplies and services - general	2,033	1,627
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	241	193
Consultancy costs	931	1,000
Establishment	6,451	5,677
Premises	10,844	9,526
Transport (including patient travel)	15,203	18,735
Depreciation on property, plant and equipment	10,976	9,443
Amortisation on intangible assets	419	390
Net impairments	(17)	1,920
Movement in credit loss allowance: contract receivables / contract assets	76	30
Change in provisions discount rate(s)	588	(178)

	2019-20	2018-19
	£000	£000
Audit fees payable to the external auditor audit services - statutory audit	70	70
Internal audit costs	125	143
Clinical negligence	1,473	1,275
Legal fees	220	102
Insurance (see note below)	657	3,029
Research and development	168	-
Education and training	1,612	1,967
Rentals under operating leases	2,428	2,629
Redundancy	75	184
Hospitality	32	51
Losses, ex-gratia and special payments	72	147
Other	150	571
Total	**280,509**	272,233
Of which:		
Related to continuing operations	**280,509**	272,233

Insurance costs for 2019-20 are net of a rebate (£2.1m) which relates to insurance payments made in previous years and not correctly recognised in 2018-19.

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2018-19: £2m).

Note 6 Impairment of assets

	2019-20	2018-19
	£000	£000
Net impairments charged to operating surplus/deficit resulting from:		
Changes in market price	(17)	587
Other	-	1,333
Total net impairments charged to operating surplus deficit	**(17)**	**1,920**
Impairments charged to the revaluation reserve	-	-
Total net impairments	**(17)**	**1,920**

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 2020 with a prospective valuation date of 31 March 2020.

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 £17k of impairments (gain) as a result of these valuation due to changes in market price.

Note 7 Employee Benefits

	2019-20	2018-19
	£000	£000
Salaries and wages	165,388	150,212
Social security costs	15,774	14,556
Apprenticeship levy	788	731
Employer's contributions to NHS pensions*	28,161	18,433
Termination benefits	75	184
Temporary staff (including agency)	1,972	2,235
Total staff costs	**212,158**	**186,351**

** See note 3.1*

Note 7.1 Retirements due to ill-health

During 2019-20 there were 6 early retirements from the trust agreed on the grounds of ill-health (10 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £491k (£711k in 2018-19).

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

Note 8 Pension costs

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

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.

c) NEST Scheme

In 2019-20 employee contributions to NEST started at 5% of pensionable pay. HMRC provide basic tax relief for 1% of this. Employer contributions were 3% of pensionable pay. NEST levies a contribution charge of 1.8% and an annual management charge of 0.3% which is paid for from the employee contributions. There are no separate employer charges levied by NEST and the Trust is not required to enter into a contract to utilise NEST qualifying pension schemes.

Note 9 Operating leases

Yorkshire Ambulance Service NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Yorkshire Ambulance Service NHS Trust is the lessee.

The Trust's operating lease commitments relate to land and vehicles and medical equipment.

The vehicle commitments are based on 395 vehicles, of which 275 are due to expire within one year and 120 are due to expire between one and five years.

The commitment on land consists of two leases which are for the car parking facility at the Springhill Headquarters and Fleet Unit M which are due to expire within one year. The commitment on land and buildings consists of 36 leases, of which two are due to expire after five years, one will expire between one and five years, and 33 will expire within one year.

	2019-20	2018-19
	£000	£000
Operating lease expense		
Minimum lease payments	2,428	2,629
Total	**2,428**	**2,629**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease payments due:		
- not later than one year;	2,142	1,356
- later than one year and not later than five years;	2,010	3,908
- later than five years.	822	923
Total	**4,974**	**6,187**

Note 10 Finance Income

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

	2019-20	2018-19
	£000	£000
Interest on bank accounts	344	231
Total	**344**	**231**

Note 11.1 Finance expenditure

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

	2019-20	2018-19
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	81	88
Total interest expense	81	88
Unwinding of discount on provisions	34	(29)
Total finance costs	**115**	**59**

Note 12 Other gains

	2019-20	2018-19
	£000	£000
Gains on disposal of assets	**88**	-
Losses on disposal of assets	-	(64)
Total finance costs	**88**	**(64)**

Note 13.1 Intangible assets - 2019-20

	Software licences	Intangible assets under construction	**Total**
	£000	£000	**£000**
Valuation/gross cost at 1 April 2019 - brought forward	**3,175**	**129**	**3,304**
Additions	638	653	**1,291**
Reclassifications	129	(129)	**-**
Disposals/derecognition	-	-	**-**
Valuation/gross cost at 31 March 2020	**3,942**	**653**	**4,595**
Amortisation at 1 April 2019 - brought forward	**2,190**	**-**	**2,190**
Provided during the year	419	-	419
Disposals/derecognition	-	-	-
Amortisation at 31 March 2020	**2,609**	**-**	**2,609**
Net book value at 31 March 2020	**1,333**	**653**	**1,986**
Net book value at 1 April 2019	**985**	**129**	**1,114**

Note 13.2 Intangible assets - 2018-19

	Software licences	Intangible assets under construction	**Total**
	£000	£000	**£000**
Valuation/gross cost at 1 April 2018	**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	**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 14.1 Property, plant and equipment - 2019-20

	Land	Buildings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	**Total**
	£000	£000	£000	£000	£000	£000	£000	**£000**
Valuation/gross cost at 1 April 2019 - brought forward	**18,814**	**34,850**	**7,497**	**8,757**	**53,193**	**10,416**	**222**	**133,749**
Additions	-	1,963	12,107	1,040	441	1,417	63	**17,031**
Impairments	(69)	(81)	-	-	-	-	-	**(150)**
Reversals of impairments	40	127	-	-	-	-	-	**167**
Revaluations	227	2,181	-	-	-	-	-	**2,408**
Reclassifications	-	5,977	(12,973)	1,532	5,123	341	-	**-**
Disposals/derecognition	-	(13)	-	(92)	(5,068)	-	-	**(5,173)**
Valuation/gross cost at 31 March 2020	**19,012**	**45,004**	**6,631**	**11,237**	**53,689**	**12,174**	**285**	**148,032**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**-**	**-**	**2,926**	**28,657**	**7,243**	**113**	**38,939**
Provided during the year	-	1,325	-	1,472	6,625	1,531	23	**10,976**
Revaluations	-	(1,318)	-	-	-	-	-	**(1,318)**
Disposals/derecognition	-	(7)	-	(92)	(5,030)	-	-	**(5,129)**
Accumulated depreciation at 31 March 2020	**-**	**-**	**-**	**4,306**	**30,252**	**8,774**	**136**	**43,468**
Net book value at 31 March 2020	**19,012**	**45,004**	**6,631**	**6,931**	**23,437**	**3,400**	**149**	**104,564**
Net book value at 1 April 2019	**18,814**	**34,850**	**7,497**	**5,831**	**24,536**	**3,173**	**109**	**94,810**

Note 14.2 Property, plant and equipment - 2018-19

	Land	Buildings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	**Total**
	£000	£000	£000	£000	£000	£000	£000	**£000**
Valuation/gross cost at 1 April 2018 - as previously stated	**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 - as previously stated	**-**	**-**	**-**	**2,808**	**28,833**	**7,435**	**554**	**39,630**
Provided during the year	-	1,457	-	996	5,610	1,357	23	**9,443**
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 14.3 Property, plant and equipment financing - 2019-20

	Land	Buildings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	**Total**
	£000	£000	£000	£000	£000	£000	£000	**£000**
Net book value at 31 March 2020								
Owned - purchased	19,012	45,004	6,631	6,931	23,437	3,400	149	**104,564**
NBV total at 31 March 2020	**19,012**	**45,004**	**6,631**	**6,931**	**23,437**	**3,400**	**149**	**104,564**

Note 14.4 Property, plant and equipment financing - 2018-19

	Land	Buildings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	**Total**
	£000	£000	£000	£000	£000	£000	£000	**£000**
Net book value at 31 March 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 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'.

The desktop valuation exercise was carried out in February 2020 with a valuation date of 31 March 2020. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement and in so doing advises that at the date of valuation on the information then available that the assessed impact falls within normal valuation tolerances.

Note 16 Inventories

	31 March 2020	31 March 2019
	£000	£000
Drugs	77	75
Consumables	1,266	1,139
Other	240	174
Total inventories	**1,583**	**1,388**

Inventories recognised in expenses for the year were £6,963k (2018-19: £10,918k). Write-down of inventories recognised as expenses for the year were £0k (2018-19: £0k).

Note 17.1 Receivables

	31 March 2020	31 March 2019
	£000	£000
Current		
Contract receivables*	6,242	11,189
Allowance for impaired contract receivables/assets*	(624)	(579)
Prepayments (non-PFI)	5,424	4,564
PDC dividend receivable	61	50
VAT receivable	223	695
Other receivables	2,207	152
Total current receivables	**13,533**	**16,071**
Non-current		
Other receivables	505	547
Total non-current trade and other receivables	**505**	**547**
Of which receivables from NHS and DHSC group bodies:		
Current	4,077	8,602
Non-current	-	-

** The March 2020 contract receivables included £781k PSF (2019-20: £4,183k).*

Note 17.2 Allowances for credit losses

	2019-20		2018-19	
	Contract receivables and contract assets	**All other receivables**	Contract receivables and contract assets	All other receivables
	£000	**£000**	£000	£000
Allowances as at 1 April	579	-	-	562
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018		-	562	(562)
New allowances arising	78	-	55	-
Changes in existing allowances	**-**	-	(25)	-
Reversals of allowances	(2)	-	-	-
Utilisation of allowances (write offs)	(31)	-	(13)	
Allowances as at 31 March 2020	**624**	-	**579**	-
Loss recognised in expenditure (£000s):	**76**	-	**30**	-

Note 17.3 Exposure to credit risk

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

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

	2019-20	2018-19
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**160**	**935**
Assets sold in year	-	(775)
NBV of non-current assets for sale and assets in disposal groups at 31 March	**160**	**160**

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.

	2019-20	2018-19
	£000	£000
At 1 April	**36,110**	**30,165**
Net change in year	10,091	5,945
At 31 March	**46,201**	**36,110**
Broken down into:		
Cash at commercial banks and in-hand	34	35
Cash with the Government Banking Service	46,167	36,075
Total cash and cash equivalents as in SoFP	**46,201**	**36,110**
Total cash and cash equivalents as in SoCF	**46,201**	**36,110**

Note 20 Trade and other payables

	31 March 2020	31 March 2019
	£000	£000
Current		
Trade payables	1,428	1,809
Capital payables	1,538	2,565
Accruals	7,491	7,518
Social security costs	-	-
Other taxes payable	4	-
PDC dividend payable	-	-
Other payables	2,658	2,505
Total current trade and other payables	**13,119**	**14,397**
Of which payables from NHS and DHSC group bodies:		
Current	852	715

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.

Early retirements in NHS payables above

Other payables include £2.620m in respect of pension costs (2018-19: £2.490m) There were no amounts payable in relation to early retirements.

Note 21 Other liabilities

	31 March 2020	31 March 2019
	£000	£000
Current		
Deferred grants	77	110
Total other current liabilities	**77**	**110**

Note 22 Borrowings

	31 March 2020	31 March 2019
	£000	£000
Current		
Loans from DHSC	337	338
Total current borrowings	**337**	**338**
Non-current		
Loans from DHSC	3,833	4,167
Total non-current borrowings	**3,833**	**4,167**

Note 22.1 Reconciliation of liabilities arising from financing activities - 2019-20

	Loans from DHSC
	£000
Carrying value at 1 April 2019	**4,505**
Cash movements:	
Financing cash flows - payments and receipts of principal	(334)
Financing cash flows - payments of interest	(82)
Non-cash movements:	
Application of effective interest rate	81
Carrying value at 31 March 2020	**4,170**

Note 22.2 Reconciliation of liabilities arising from financing activities - 2018-19

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

Note 23 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 2019	**741**	**7,094**	**376**	**25**	**6,599**	**14,835**
Change in the discount rate	27	545	-	-	16	**588**
Arising during the year	95	324	257	-	5,118	**5,794**
Utilised during the year	(91)	(430)	(243)	-	(298)	**(1,062)**
Reversed unused	(27)	(333)	(98)	(25)	(896)	**(1,379)**
Unwinding of discount	2	21	-	-	11	**34**
At 31 March 2020	**747**	**7,221**	**292**	**-**	**10,550**	**18,810**
Expected timing of cash flows:						
- not later than one year;	91	417	292	-	9,102	**9,902**
- later than one year and not later than five years;	368	1,687	-	-	1,448	**3,503**
- later than five years.	288	5,117	-	-	-	**5,405**
Total	**747**	**7,221**	**292**	**-**	**10,550**	**18,810**

Items reported under "Other' consist of provisions for:

- Staff costs including holiday pay, debts outstanding on the Salary Sacrifice Scheme for Cars.
- Anticipated dilapidation costs for leased buildings and for leased vehicles based on expected costs of restoration.
- Costs arising from legal cases and for employment tribunals.
- Costs arising from membership of service consortium.

Note 23.1 Clinical negligence liabilities

At 31 March 2020, £11,394k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Yorkshire Ambulance Service NHS Trust (31 March 2019: £5,807k).

Note 24 Contingent assets and liabilities

	31 March 2020	31 March 2019
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(233)	(160)
Gross value of contingent liabilities	**(233)**	**(160)**
Amounts recoverable against liabilities	**-**	**-**
Net value of contingent liabilities	**(233)**	**(160)**
Net value of contingent assets	**-**	**-**

Contingent liabilities arise from clinical negligence liabilities managed by NHS resolution as disclosed in note 22.1.

Note 25 Contractual capital commitments

	31 March 2020	31 March 2019
	£000	£000
Property, plant and equipment	251	3,389
Intangible assets	17	55
Total	**268**	**3,444**

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 2020 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

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2020		
Trade and other receivables excluding non financial assets	8,330	**8,330**
Other investments/financial assets	-	**-**
Cash and cash equivalents	46,201	**46,201**
Total at 31 March 2020	**54,531**	**54,531**

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

Note 27.3 Carrying values of financial liabilities

	Total book value
	£000
Carrying values of financial assets as at 31 March 2020	
Loans from the Department of Health and Social Care	**4,170**
Trade and other payables excluding non financial liabilities	**13,115**
Provisions under contract	**9,085**
Total at 31 March 2020	**26,370**

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

Note 27.4 Maturity of financial liabilities

	31 March 2020	31 March 2019
	£000	£000
In one year or less	22,537	19,920
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	2,497	2,831
Total	**26,370**	**24,087**

Note 27.5 Fair values of financial assets and liabilities

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

Note 28 Losses and special payments

	2019-20		2018-19	
	Total number of cases	**Total value of cases**	Total number of cases	Total value of cases
	Number	**£000**	Number	£000
Losses				
Cash losses	20	35	23	14
Bad debts and claims abandoned	6	(3)	27	105
Stores losses and damage to property	3	-	6	1
Total losses	**29**	**32**	**56**	**120**
Special payments				
Compensation under court order or legally binding arbitration award	1	1	1	1
Extra-contractual payments	-	-	1	24
Ex-gratia payments	70	247	80	365
Total special payments	**71**	**248**	**82**	**390**
Total losses and special payments	**100**	**280**	**138**	**510**
Compensation payments received	-	-	-	-

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

Note 29 Related parties

The Department of Health and Social Care is regarded as a related party. During the year Yorkshire Ambulance Service NHS Trust has had a significant number of material transactions with the Department (defined as constituting over 1% of turnover), and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

NHS Leeds CCG
NHS Sheffield CCG
NHS Wakefield CCG
NHS Vale of York CCG
NHS East Riding of Yorkshire CCG
NHS Bradford Districts CCG
NHS Doncaster CCG
NHS Hull CCG
NHS Greater Huddersfield CCG
NHS Calderdale CCG
NHS Barnsley CCG
NHS Rotherham CCG
NHS Hambleton, Richmondshire and Whitby CCG
NHS North Kirklees CCG
NHS Harrogate and Rural District CCG
NHS Scarborough and Ryedale CCG
NHS Airedale, Wharfedale and Craven CCG
NHS Bradford City CCG
NHS England
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 30 Prior period adjustments

There are no prior period adjustments.

Note 31 Events after the reporting date

There have been no adjusting post balance sheet events, and no material non-adjusting post balance sheet events.

Note 32 Better Payment Practice code

	2019-20		2018-19	
	Number	**£000**	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	27,257	134,789	26,911	128,244
Total non-NHS trade invoices paid within target	19,679	118,562	21,258	110,994
Percentage of non-NHS trade invoices paid within target	72.2%	88.0%	79.0%	86.5%
NHS Payables				
Total NHS trade invoices paid in the year	532	2,578	433	3,063
Total NHS trade invoices paid within target	289	1,638	329	2,175
Percentage of NHS trade invoices paid within target	54.3%	63.5%	76.0%	71.0%

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

Note 33 External financing

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

	2019-20	2018-19
	£000	£000
Cash flow financing	(3,689)	2,110
External financing requirement	**(3,689)**	**2,110**
External financing limit (EFL)	3,479	3,204
Under spend against EFL	**7,168**	**1,094**

Note 34 Capital Resource Limit

	2019-20	2018-19
	£000	£000
Gross capital expenditure	18,322	17,989
Less: Disposals	(44)	(972)
Charge against Capital Resource Limit	**18,278**	**17,017**
Capital Resource Limit	18,308	17,886
Under spend against CRL	**30**	**869**

Note 35 Breakeven duty financial performance

	2019-20
	£000
Adjusted financial performance surplus	5,524
Breakeven duty financial performance surplus	**5,524**

Note 36 Breakeven duty rolling assessment

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

	2014-15	2015-16	2016-17	2017-18	2018-19	**2018-19**
	£000	£000	£000	£000	£000	**£000**
Breakeven duty in-year financial performance	2,991	6,103	2,719	10,154	9,250	**5,524**
Breakeven duty cumulative position	12,531	18,634	21,353	31,507	40,757	**46,281**
Operating income	241,328	248,965	255,424	269,451	281,698	**288,172**
Cumulative breakeven position as a percentage of operating income	5.2%	7.5%	8.4%	11.7%	14.5%	**16.1%**

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 (BBE)	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.

Term/Abbreviation	*Definition/Explanation*
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 Trust Board 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.

Term/Abbreviation	*Definition/Explanation*
Department of Health and Social Care (DHSC)	The government department which provides strategic leadership for public health, the NHS and social care in England.
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)	For a small number of people who are approaching the last days of life, cardiopulmonary resuscitation (CPR) would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes.
Electrocardiogram (ECG)	An interpretation of the electrical activity of the heart. This is done by attaching electrodes onto the patient which record the activity of the different sections of the heart.
Electronic Patient Record (ePR)	A comprehensive electronic record of the care provided to patients.
Emergency Care Assistant (ECA)	Emergency Care Assistants work with clinicians responding to emergency calls. They work alongside a more qualified member of the ambulance team, giving support and help to enable them to provide patients with potentially life-saving care at the scene and transporting patients to hospital.
Emergency Care Practitioner (ECP)	Emergency Care Practitioners are paramedics who have received additional training in physical assessment, minor illnesses, minor injuries, working with the elderly, paediatric assessment, mental health and pharmacology.
Emergency Department (ED)	A hospital department responsible for assessing and treating patients with serious injuries or illnesses.
Emergency Medical Technician (EMT)	Works on an emergency ambulance to provide the care, treatment and safe transport of patients.
Emergency Operations Centre (EOC)	The department which handles all our emergency and routine calls and deploys the most appropriate response. The two EOCs are based in Wakefield and York.
Equality and Diversity	Equality legislation protects people from being discriminated against on the grounds of their sex, race, disability, etc. Diversity is about respecting individual differences such as race, culture, political views, religious views, gender, age, etc.
Face, Arm, Speech Test (FAST)	A brief test used to help determine whether or not someone has suffered a stroke.
Foundation Trust (FT)	NHS organisations which operate more independently under a different governance and financial framework.
General Practitioner (GP)	A doctor who is based in the community and manages all aspects of family health.
Governance	The systems and processes, by which health bodies lead, direct and control their functions, in order to achieve organisational objectives, and by which they relate to their partners and wider community.
Hazardous Area Response Team (HART)	A group of staff who are trained to deliver ambulance services under specific circumstances, such as at height or underground.
Health Overview and Scrutiny Committees (HOSCs)	Local authority-run committees which scrutinise matters relating to local health services and contribute to the development of policy to improve health and reduce health inequalities.

Term/Abbreviation	*Definition/Explanation*
Healthwatch	There is a local Healthwatch in every area of England. Healthwatch is the independent champion for people using local health and social care services. Healthwatch listens to what people like about services and what could be improved and share their views with those with the power to make change happen. Local information is also shared with Healthwatch England, the national body, to help improve the quality of services across the country.
Human Resources (HR)	A function with responsibility for implementing strategies and policies relating to the management of individuals.
Immediate Life Support (ILS)	ILS training is for healthcare personnel to learn cardiopulmonary resuscitation (CPR), simple airway management and safe defibrillation (manual and/or AED), enabling them to manage patients in cardiac arrest until arrival of a cardiac arrest team.
Information Asset Owner (IAO)	An IAO is an individual within an organisation that has been given formal responsibility for the security of an information asset (or assets) in their particular work area.
Information, Communication and Technology (ICT)	The directorate responsible for the development and maintenance of all ICT systems and processes across Yorkshire Ambulance Service.
Information Governance (IG)	Allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.
Information Management and Technology (IM&T)	This department consists of the IT Service Desk, Voice Communications Team, IT Projects Team and Infrastructure, Systems and Development Team which deliver all the Trust's IT systems and IT projects.
Integrated Business Plan (IBP)	Sets out an organisation's vision and its plans to achieve that vision in the future.
Integrated Care System (ICS)	In 2016, NHS organisations and local councils came together to form Sustainability and Transformation Partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients. In some areas, these partnerships have evolved to form an Integrated Care System (ICS), a new type of even closer collaboration. In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
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.

Term/Abbreviation	*Definition/Explanation*
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)	Standardises the use of a NEWS system across the NHS in order to drive the 'step change' required in the assessment and response to acute illness.
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 the NHS Improvement. The system enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.
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.

Term/Abbreviation	*Definition/Explanation*
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.
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.

Yorkshire Ambulance Service NHS Trust

Contact us:

Yorkshire Ambulance Service NHS Trust
Trust Headquarters, Springhill 2, Brindley Way, Wakefield 41 Business Park, Wakefield WF2 0XQ

Tel: 0333 130 0550
www.yas.nhs.uk

Follow us on:

@YorksAmbulance

https://www.facebook.com/yorkshireambulanceservice/

https://www.instagram.com/yorksambulance/

If you would prefer this document in another format, such as another language, large print, Braille or audio file, please contact our Corporate Communications department at Trust Headquarters to discuss your requirements.

Design: **Philip Smithson Design**

This document is printed on recycled paper.

YAS-2020-01-AR