
NHS
Yorkshire
Ambulance Service
NHS Trust

An extraordinary
YEAR

# An extraordinary TEAM

ANNUAL REPORT AND FINANCIAL ACCOUNTS 2020-21

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## Annual Report 2020-21



## Financial Accounts 2020-21

# Introducing Yorkshire Ambulance Service

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

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

We employ 6,805* staff, who together with over 900 volunteers, enable us to provide a vital 24-hour, seven-days-a-week, emergency and healthcare service.


** is a headcount figure which includes part-time staff and equates to 5,200 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; this service was also extended to the transport of critically ill adults during the pandemic
- provide clinical cover at **major sporting events and music festivals**
- provide **first aid training** to community groups and actively promote **life support initiatives** in local communities.

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

We are led by a Board of Directors which meets in public quarterly and comprises the Trust chairman, five non-executive directors 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, integrated care systems and other emergency services.

## Priorities for 2020-21

Our priorities during 2020-21 included a continued focus on our patients, our staff and our partners and communities. Progress on these priorities is covered throughout the Annual Report.

In addition, we remain 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.**

Understandably, much of our focus concentrated on sustaining our operational response to the continuing COVID-19 pandemic and developing a recovery plan to incorporate:

- **the continuation of highly effective activities introduced as part of our response to COVID-19 to support patient care**
- **learning lessons from COVID-19-related activities for future business continuity planning.**

# Our Purpose, Vision and Values

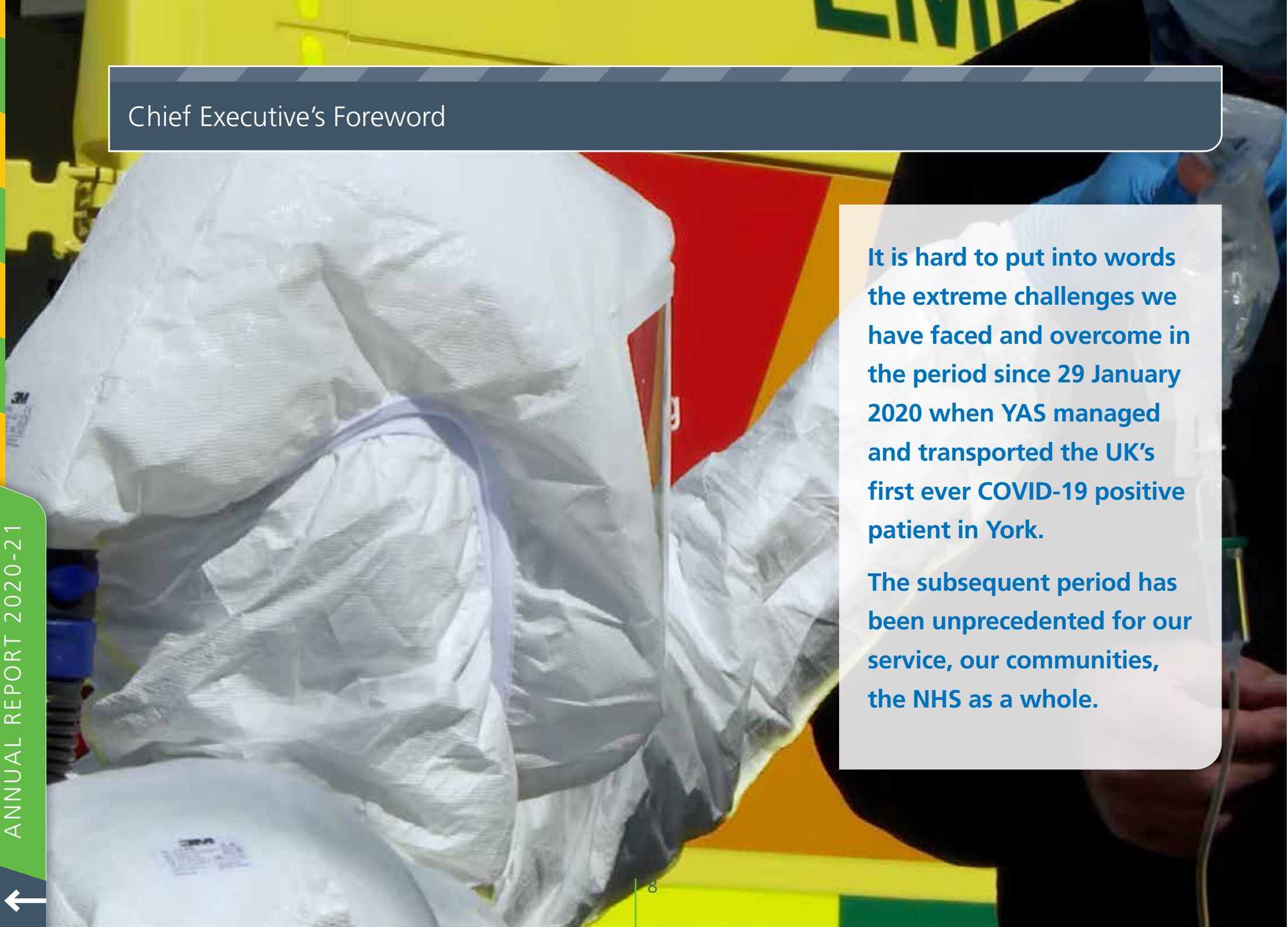
## OUR PURPOSE

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

## OUR VISION

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

# Chief Executive's Foreword



**It is hard to put into words the extreme challenges we have faced and overcome in the period since 29 January 2020 when YAS managed and transported the UK's first ever COVID-19 positive patient in York.**

**The subsequent period has been unprecedented for our service, our communities, the NHS as a whole.**

*"Teams across the service have constantly gone above and beyond, to ensure that we remain as responsive as possible to the needs of our patients, partners and communities."*

Despite the monumental efforts of professionals, communities and our government, the impact of the pandemic has brought tragedy to many families. Our YAS family lost five loved and valued members of staff to COVID-19 and many of our colleagues have been affected by loss amongst families and friends. The emotional recovery from what we have endured and continue to face cannot be underestimated and will take us all time to heal from.

Whilst it is very encouraging to see the rates of infection decline and parts of the economy begin to return to normality, we will undoubtedly face further testing periods in the year ahead. It is becoming clearer that our experiences and their legacy will shape our approach and our resilience for many years to come.

The pace and extent of change to our working practices at Yorkshire Ambulance Service has been significant and I can honestly say I have never been prouder to be part of this organisation and the NHS than over the last year. The collaboration and shared commitment shown by teams across the service (and wider sector) in responding to the pandemic has been extraordinary.

It has been humbling to witness how well our people have quickly adapted to changing conditions and requirements, from people moving to different job roles across the organisation, training staff to take on new skills, rolling out technology to support remote working and procuring and delivering additional stocks of personal protective equipment (PPE). Teams across the service have constantly gone above and beyond, to ensure that we remain as responsive as possible to the needs of our patients, partners and communities.
As a mark of recognition and thanks we have given every YAS team member a token of appreciation, a letter of thanks and an extra day of leave to say how outstanding they were.

I would also like to extend my heartfelt thanks to the many volunteers who made huge contribution by offered their assistance during the last year; it has been truly inspiring to see the way in which the COVID-19 pandemic has brought out the very best in people.

## Digital developments

Digital technology has played a key role in supporting our response to COVID-19, with teams being able to stay in touch with each other whilst working remotely and enabling virtual consultations between patients and clinicians in our emergency operations centre using the latest video technology.

In June 2020 we reached the milestone of completing one million electronic Patient Records (ePRs) since the project was introduced in December 2017. 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.

Towards the end of the financial year, we began the roll-out of a unified communications system across the Trust, which sees the integration of multiple communication technologies, such as voice, video, email, instant messaging, group chat, tele-conferencing, into a single platform.

## Progress

Whilst our core services and support teams have had to work very differently this year, it has also been a period where much progress has been made.

The start of the financial year saw us mobilise two non-emergency Patient Transport Service (PTS) contracts in Hull and North Lincolnshire. Both were completed smoothly in challenging circumstances and tight timescales and have continued to receive positive feedback during 2020-21.

There has been significant investment in our existing call centres in both buildings at our Wakefield HQ and at Callflex in Rotherham to support social distancing and increased staff numbers.

New Ambulance Vehicle Preparation (AVP) facilities became fully operational at Bradford Ambulance Station in October 2020. It is the latest location to host new AVP facilities where a dedicated team prepares vehicles ready for staff when they arrive at work to start their shift, and joins established AVP services at Leeds, Wakefield, Huddersfield and Doncaster, with over a third of the Trust's vehicles now being prepared in this way.

To support our remodelled Doncaster 'hub' station which became operational in early 2020, we have now opened five local ambulance response points at Bentley, Hatfield, Rossington, Adwick and Edlington with facilities for staff to use whilst on a rest break or on stand-by for the next emergency.


We have been running a pilot to issue emergency vehicles in York, Wakefield and Castleford with pre-packed pouches of prescription only medicines (POMs) and this aims to further reduce the time ambulance clinicians spend stocking and preparing vehicles ahead of their shift.

The initiative reflects great teamwork between our Hub and Spoke and Ambulance Vehicle Preparation teams working alongside clinicians and our Trust Pharmacist.

NHS 111 telephone and online services were at the forefront of the Government's response to the COVID-19 pandemic with public messaging centred on staying at home and accessing the NHS remotely where possible. We saw unprecedented levels of demand for NHS 111 and were able to mobilise additional staff very quickly to provide support for the increased volume of calls.

As part of our journey to becoming accredited as a dementia-friendly organisation by 2022, we took delivery of 123 dementia-friendly Patient Transport Service vehicles. Alterations have been made to the colour and design of the signage, edges of the seating, overhead storage and entrance step to make travelling with our PTS a more positive experience for patients living with dementia.

We are striving to make Yorkshire Ambulance Service a truly great place to work by improving career opportunities, education and wellbeing support. I'm therefore delighted that our Ambulance Support Worker apprenticeship programme won a gold award at the National 2021 Learning Awards. Launched in 2018, YAS was the first ambulance service to introduce this apprenticeship which provides another pathway for career development to paramedic.

## Engagement activity

This year has affected many of our usual activities, including our annual staff recognition events and region-wide engagement with our staff and communities. We have tried where possible to substitute face-to-face events with virtual meetings and online communication, including our STARS Awards to recognise staff who have gone above and beyond what is expected of them.

Due to COVID-19 restrictions, we weren't able to visit schools on Restart a Heart Day on 16 October 2020 to provide CPR training to children as we usually would. However, the importance of continuing with our campaign could not be understated and the Restart a Heart team worked hard to create new content so that we were able to teach this vital skill by running virtual sessions to students at nearly 100 schools.

Twenty-seven life-saving community public access defibrillators (cPADs) have also been installed at ambulance stations across Yorkshire in 2021 to provide additional life-saving resilience within our local communities.

## Partnership working

Partnership working remains key to our future and examples include our work with colleagues in the Northern Ambulance Alliance (Yorkshire, North West, North East and East Midlands ambulance services) where we are collaborating on a new Computer Aided Dispatch (CAD) system, and our continued close links with the Yorkshire Air Ambulance. We have also formed new partnerships this year with the Prince's Trust, to help young people find employment and established the #999aspire programme with support of the West Yorkshire Violence Reduction Unit and partners in West Yorkshire Police and West Yorkshire Fire and Rescue to help tackle knife crime.

YAS, in partnership with Embrace at Sheffield Children's Hospital and the region's Critical Care Operational Delivery Network, introduced an adult critical care transport service in January 2021 to provide additional support during the COVID-19 pandemic. The service transports critically ill patients between hospital intensive care units when extra capacity is required in different locations or patients need specialist treatment with a specific provider and is based on the well-established model for critically ill infants and children.

At the end of 2020, NHS England made a significant announcement on the next steps for Integrated Care Systems across England, of which we have three in our region. For us there are opportunities for stronger partnerships in local places to work together to address local health inequalities.

Therefore, our plans for the year ahead centre on ensuring we are able to support our highly skilled teams to work effectively with health and care partners across our region, to provide seamless care for our patients and address wider population health challenges faced by the communities we serve.

This has been such a difficult year, COVID-19 will undoubtedly be part of our lives and the "new normal" for 2021-22 and beyond and we will need to ensure we take time to reflect, recover and re-group. Despite this I am looking forward to the year ahead and the opportunities it holds to further improve the care we deliver.

The Executive Team wishes to sincerely thank all our dedicated staff and volunteers, our supportive partners and the Trust Board who continue to work so positively with us to make YAS a greater place to work and Yorkshire a safer place to live. Everyone's continued dedication and resilience is to be applauded and I know is very much appreciated by the whole of the executive and non-executive director team, the wider NHS, and above all the patients and communities we serve.

**Rod Barnes**
Chief Executive

# Chairman's Report

**After a really difficult year, I'd like to reiterate the gratitude expressed by our Chief Executive and say how proud I am of our YAS colleagues and how they have worked tirelessly to care for patients during the pandemic. Our volunteers have also made an excellent contribution, taking on a variety of roles including their valued involvement with our staff vaccination programme. I am proud of everyone who is a member of Team YAS for their compassion and commitment during 2020-21.**

I'm also very saddened by the enormous impact COVID-19 has had on all of us, none more so than the families of our five colleagues who lost their lives to the virus. They continue to be in our hearts and thoughts. The phrase 'Forever One Team' became synonymous with the loss of staff to COVID-19 and I know that we will be one team forever.

I remain immensely privileged to be part of this Trust and see the commitment and kindness shown by our staff to everyone, especially towards their patients and their colleagues.

It's hard to believe that the pandemic has stretched beyond a year and we have all adapted our ways of working and living to cope with its consequences. Working remotely from home, for what has extended into a much longer period than any of us could have imagined, has meant that I have very much missed the usual face-to-face contact I have with colleagues and, like so many, my spare room has become my 'office'. We have still managed to conduct our business as usual activities and those based at home have worked hard to make everything run as smoothly as possible.

Nothing compares to being in regular contact with colleagues on the frontline and, like others, I've spent long hours in front of a computer screen on MS Teams meetings which carries its own pressures. I have kept in touch with colleagues formally for regular meetings and informally through open sessions with staff from across all areas of the Trust. I have been heartened to hear about everyone's experiences at work and home, the changes they have made to adapt to life in a pandemic and how everyone has been coping in more isolated circumstances. It's hard for me to express just how impressed I have been with the way in which YAS colleagues have remained as 'One Team' regardless of where they have been working.

It has become even more crucial to look after our health and wellbeing over the last 12 months and I'm delighted that we have joined more than 190 organisations across the region to take part in the West Yorkshire Health and Care Partnership-led Check-in campaign. This initiative aims to promote a wellbeing culture by normalising the conversation around mental health and suicide. Through the dedicated Check-in website, colleagues, partners and volunteers have access to tools and resources aimed at supporting them with their own mental wellbeing or enabling them to support a colleague with theirs.

Our staff networks – Disability, Pride (LGBT+) and BME – have also played a vital role in supporting staff and they continue to be very influential in helping to develop a culture which promotes the diversity and inclusion of our staff and service-users.

They have helped colleagues to stay connected and emphasise that we are 'in this together' during this unprecedented time. My sincere thanks go to those colleagues who volunteer their time to support these networks – please know that you are making a real difference.

*"I remain immensely privileged to be part of this Trust and see the commitment and kindness shown by our staff to everyone, especially towards their patients and their colleagues."*

## Support from our communities

As a frontline NHS organisation, we have been humbled by the overwhelming support from the public throughout the pandemic which has been reflected in the tremendous fundraising efforts led by the inspirational Captain Sir Tom Moore in aid of the health service's charitable wing, NHS Charities Together. We are grateful to be one of many NHS trusts to benefit with an allocation of over £510,000 to the Yorkshire Ambulance Service Charity. This will provide an army of Yorkshire Ambulance Service community first responder volunteers with additional skills and equipment and facilitate additional support projects.

The Trust currently has over 900 community first responders, helping to provide a vital 24-hour, seven-days-a-week initial response service, which has been highly beneficial to our communities. The people who volunteer their own time have my utmost respect for the hours they contribute to help others, often on top of busy day jobs. The funding will further expand the project in terms of the types of incidents volunteers can attend, with a particular focus on patients who have fallen and are not injured but need help to get off the floor.  This will help to free up ambulances so they can attend more serious calls, ultimately helping to save more lives.


I would like to take this opportunity to thank my Trust Board colleagues and our senior management team for their unstinting support and camaraderie during an extraordinary year to ensure we continued to operate our core services effectively.

Last, but not least, I'd like to extend my heartfelt thanks to all of our staff and volunteers for their immense contribution, their continued resilience and positivity in the face of adversity, their support for each other and most importantly our patients. It has been a true reflection of our One Team ethos that runs through the veins of us all.

Thank you for everything you have done and continue to do.

**Kathryn Lavery**
Chairman

# Our Priorities and Ambitions

Our ambitions remain central to our focus on integrated urgent and emergency care, the health and wellbeing, aspirations and development of our staff, providing high quality, innovative services, and ensuring we continue to invest in our frontline services. These central ambitions drive our core and transformational developments and ensure they are fully aligned both internally and externally.

Providing joined-up care for our patients and communities has been essential during the COVID-19 pandemic, as demonstrated by our developments around NHS 111 First and working closely with local emergency departments, same day emergency care, local community and primary care services, and our own 999 service to ensure that patients received access to the right care, in the right place, at the right time.

Maintaining safe and effective services has been vitally important throughout the pandemic, to ensure the ongoing safety of our people and our patients. Our response to COVID-19 required us to develop and introduce new, innovative solutions to working differently, providing high quality clinical care and assessment and having safe working environments for our people.

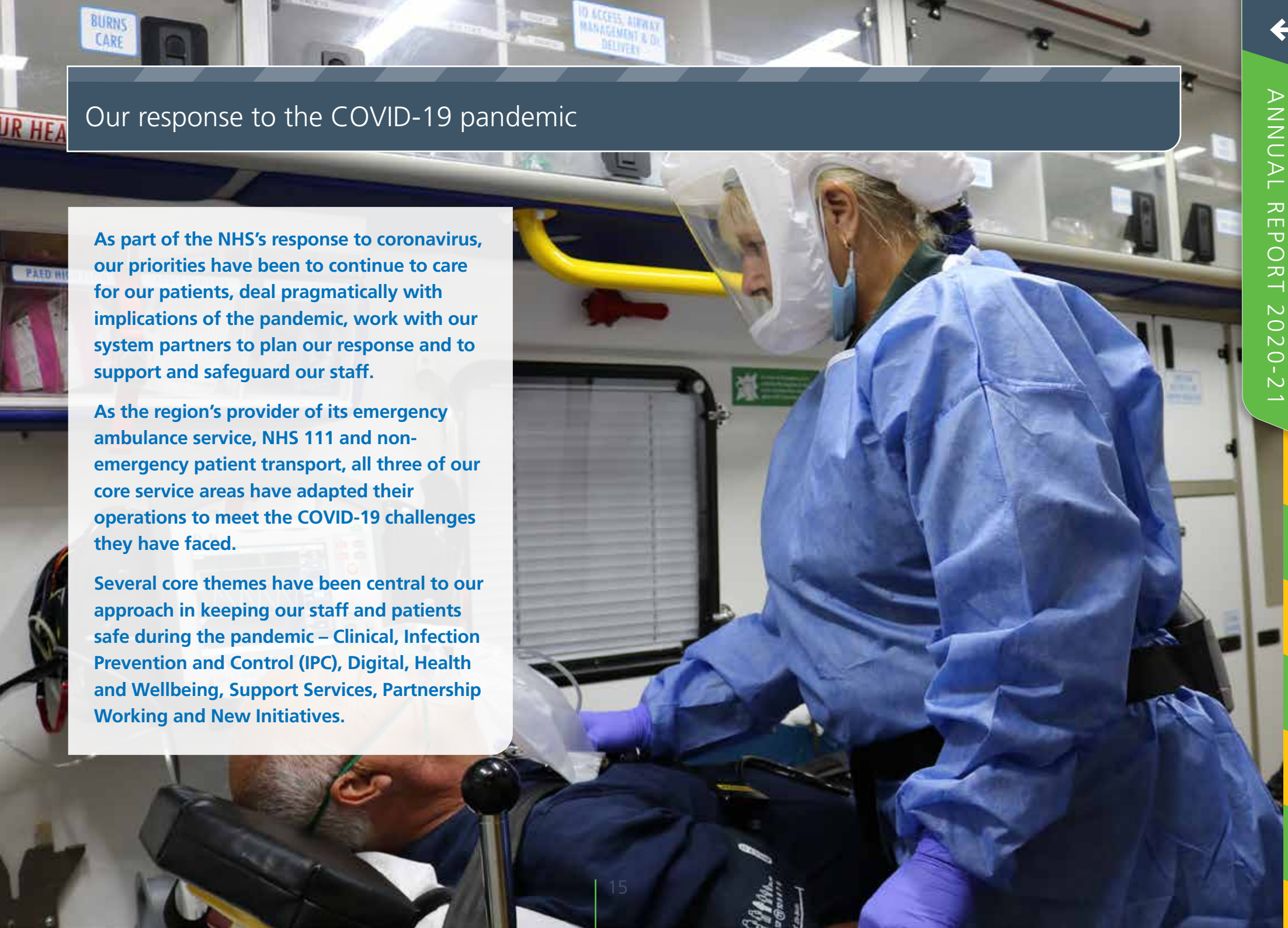

Integrated working across our Quality, Safety and Clinical teams, alongside our operational and corporate support services, was essential in developing safe working models and we are proud of developments outlined in 'Our Response to the COVID-19 Pandemic'.

We also recognise the huge impact that the prolonged response to the COVID-19 pandemic has had on the health and wellbeing of our staff and we have invested in a range of services to support their physical and mental health.

We have a dedicated and highly skilled workforce; we want to ensure that our people feel valued and are able to seek development within the Trust. We also want to attract new people who reflect our values and the diversity of our communities. Our award-winning apprenticeship programme, alongside new career development frameworks and remote learning platforms are integral to our success as an employer of choice and are outlined in our People section.

We continue to focus on delivering highly effective and efficient services and are proud of the investment we have made in our frontline services and COVID-19 response. We are grateful to our volunteers, communities and partners who have supported us throughout this year, providing valuable resources and capacity, enabling us to deliver safe services and important community engagement.

# Our response to the COVID-19 pandemic




**As part of the NHS's response to coronavirus, our priorities have been to continue to care for our patients, deal pragmatically with implications of the pandemic, work with our system partners to plan our response and to support and safeguard our staff.**

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

**Several core themes have been central to our approach in keeping our staff and patients safe during the pandemic – Clinical, Infection Prevention and Control (IPC), Digital, Health and Wellbeing, Support Services, Partnership Working and New Initiatives.**

## Clinical

The senior clinical leadership team has adapted and developed to maintain and promote the delivery of evidence-based, person-centred care:

- Supporting safe care closer to home and no decision in isolation with the introduction of the Senior Clinical Support Cell.
- Specialist clinical cell to support and advise the strategic commanders.
- Development of a COVID-19 decision support tool for frontline ambulance clinicians.
- Launch of a standardised protocol for personal protective equipment (PPE) to support ambulance clinicians responding to high acuity calls.
- Use of the JRCALC (Joint Royal Colleges Ambulance Liaison Committee) app to keep staff informed of the latest updates.
- Development of an ethical forum to support the Trust's governance processes.

### Video Assisted Remote Clinical Assessment

In response to anticipated challenges with urgent and emergency healthcare delivery during the early part of the COVID-19 pandemic, YAS introduced video technology to supplement remote triage and 'hear and treat' consultations. During the first peak, over 600 video-assisted consultations were performed to support care closer to home. High levels of patient and clinician satisfaction were reported and plans are in place to scope out further uses for the technology.

### Senior Clinical Support Cell

In early March 2020, a senior clinical support cell (SCSC) was established within the Emergency Operations Centre (EOC) as part of the response to a predicted increase in ambulance demand, coupled with increased complexity in the management of patients as the urgent and emergency care system adapted to deal with the consequences of a COVID-19 outbreak.

*...YAS introduced video technology to supplement remote triage and 'hear and treat' consultations. During the first peak, over 600 video-assisted consultations were performed to support care closer to home...*

The SCSC aimed to provide an additional layer of clinical leadership within the EOC to support call centre and decision support for on-scene ambulance staff working in challenging circumstances. It was staffed by advanced practitioners, doctors and other senior paramedics with range of diverse skills from critical to urgent care. The SCSC was hugely successful in supporting the Trust's vision of 'no decision in isolation' and received good feedback from ambulance clinicians.

### Flexible staffing models

Flexible clinical staffing models were developed in Integrated Urgent Care (IUC) to increase clinicians at the peak of the pandemic, with bespoke training for 'COVID clinicians'. Some of these clinicians were retired and responded to the request to assist the NHS.

In addition, a rolling programme of clinical training was developed in IUC as more was understood about the virus, to ensure clinicians could provide current and effective advice to patients. Learning continues with an active contribution to research, safety reviews, clinical ethics and the NHS England national response.

In our non-emergency Patient Transport Service (PTS) a clinical on-call rota was established to provide clinical advice and support decision-making from dedicated clinicians for all matters relating to COVID-19 within PTS.

# Infection Prevention and Control (IPC)

## Social Distancing Measures

Social distancing was vital across everyone's lives during the pandemic and we carried out major construction works across all of our call centre environments - Emergency Operations Centres (EOCs), NHS 111 and Patient Transport Service (PTS) to adhere to the government's safe working environment guidance to make them COVID-19 secure. This included creating additional workstations in areas previously occupied by corporate services, screens being installed between work stations and one-way systems introduced in buildings.  At our ambulance stations and headquarters we also did everything possible to ensure we maintained two-metre social distancing to ensure safe working practices to protect our workforce.

At the start of the pandemic, many outpatient appointments, elective procedures and other hospital services were suspended and, as national lockdown was announced, our PTS focused on conveying only those patients who had an essential need to visit hospital – such as for renal dialysis and cancer treatment. Our efforts were also focused on supporting hospitals with patient discharges and transporting only one patient in a vehicle at a time to ensure social distancing could be maintained.


*To adhere to the government's safe working environment guidance, we created additional workstations in areas previously occupied by corporate services, installed screens between work stations and established one-way systems in buildings.*

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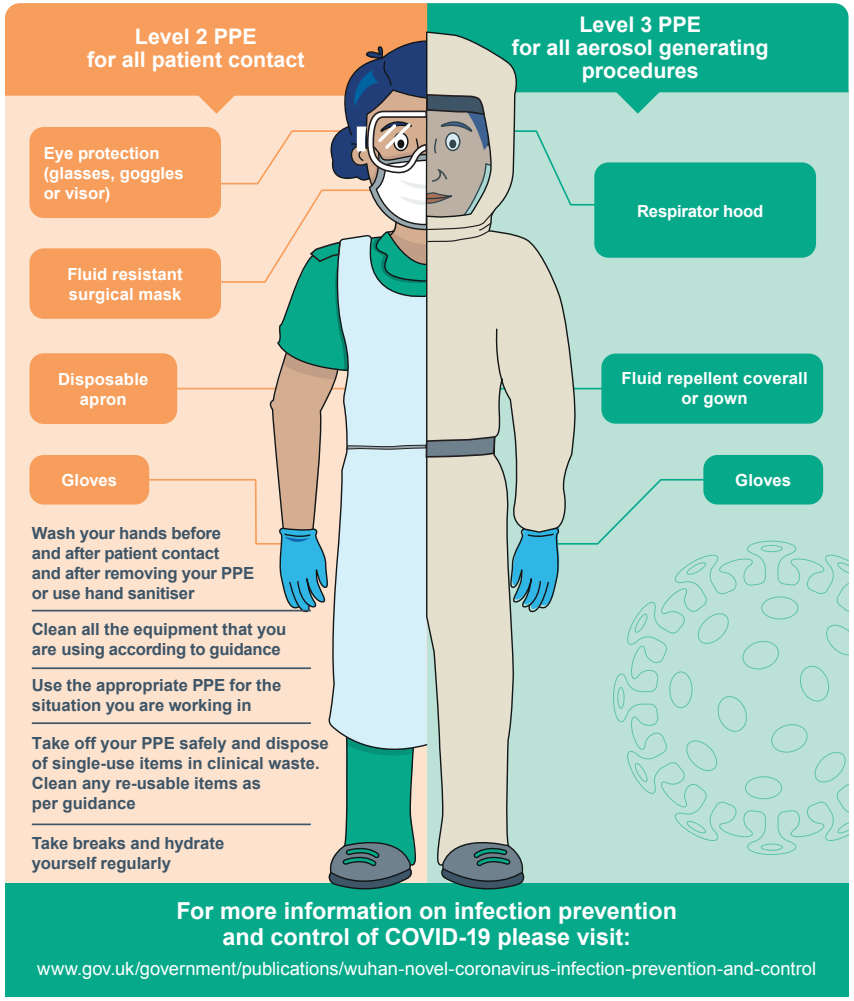
## COVID-19 Safe ways of working

# A Visual Guide to Safe PPE




## Personal Protective Equipment (PPE)

Our staff have been provided with appropriate PPE for all patient settings to keep everyone as safe as possible in all interactions, be that an emergency or escorting patients to a hospital clinic appointment. This included our non-emergency PTS staff and all of our PTS partner providers.

## Vehicles

PTS vehicles without fixed passenger bulkheads were fitted with bespoke-fit passenger bulkheads (pictured below) to provide separation between the cab and rear of vehicles and additional protection to staff and patients.

A vehicle cleaning process was developed by our ancillary team who provided guidance on recommended cleaning techniques for staff to carry out in between each patient. To further support cleaning of ambulances at busy emergency departments, agency staff were employed to provide ancillary services during the COVID-19 pandemic.

## Infection status of patients

To ensure that we understood the most up-to-date infection status of all of our patients, additional information is requested during emergency calls and PTS crews make courtesy calls ahead of collecting each patient. Pertinent questions about the patient's symptoms and travel history were asked in line with government guidance at the time to ensure the most appropriate response was made. In addition, requests for non-emergency transport to and from outpatient appointments could only be booked up to three working days prior to the scheduled appointment.

## Digital

From March 2020, the role of ICT changed rapidly to enable us to support an organisation where working practices were dramatically altered, and change was required within very short timescales. The various ICT teams worked together in order to deliver what was needed to enable colleagues to continue working safely and effectively, whilst delivering a high standard of patient care.

We mobilised 1,360 corporate staff to work from home and continue to support these staff remotely. Virtual desktop infrastructure (VDI) was also implemented to provide any members of staff working on a private device access to the YAS infrastructure from home.

ICT also deployed new technology such as Microsoft Teams to enable video meetings and chat, resulting in staff being more connected to their own teams, while being physically distanced. The introduction of MS Teams Live Events has allowed the Trust to broadcast live Teambrief sessions to all staff which have also been recorded for later access. This digital communication channel has allowed the senior management team to deliver live key messages across the Trust and answer questions posed by colleagues.

For the first time, a remote worker solution was implemented for the 999 call centres. This has allowed clinicians who are self-isolating, shielding, or vulnerable, to take calls from home and triage over the phone or via video conferencing.
The feedback from our clinical staff has been overwhelmingly positive, with clinicians saying that the enhancement of video conferencing allows them to visually assess their patients in the same way that they would when they arrive on scene, improving remote decision making. The video consultation technology has been deployed in the 999/NHS 111 call centres.

The Trust has rolled out 160 homeworker kits in our 999 emergency operations centre, NHS 111 and PTS, and has provided hundreds of other items including laptops, monitors, docking stations, keyboards, mice, cameras and headphones.

The remote option has also increased our ability to work from other areas, for example, the Sheffield Emergency Care Practitioner (ECP) scheme is now able to control its resources from a location much closer to where they work.

The ability for clinical staff to log in at times of high demand from outside of the control rooms (e.g. ambulance stations or home) and be able to provide immediate assistance is hugely beneficial, as previously staff would have been required to physically attend the Emergency Operations Centre (EOC) at Wakefield or York. It means we can use our clinical workforce in a more agile way to cover peaks in demand.

In IUC there was a full national roll-out of the 'GP Connect' booking technology for 'in-hours' GP practices to enable referral from NHS 111 with a focus on booking patients 'remote/virtual consultations' rather than a face-to-face appointment.

### Mobile Technology

Additional technology was provided to A&E frontline operations staff to assist them when responding to patients, including 450 mobile phones for ambulances and 100 smartphones for members of staff working from home. Eight new A&E vehicles and a further four recommissioned vehicles were fitted with radios, mobile data terminals, phones and rugged devices to ensure that all had the required technology to deliver our services in a safe environment.

## Health and Wellbeing

The health and wellbeing of staff was a major focus during the pandemic and additional resources were made available to everyone in an effort to support physical and emotional needs and reduce anxiety.

In addition to a central repository of information on the Trust intranet, there were local initiatives set up to focus on the wellbeing of colleagues. This included the establishment of a dedicated welfare team within IUC to bolster central support from the wider Trust Health and Wellbeing Team. In essence, local ambassadors in the call centres promoted the advice and support measures in place across the Trust with a dedicated focus on IUC colleagues. The IUC team has maintained the focus on its staff, including four virtual Schwartz Rounds (a structured forum where all staff come together regularly to discuss the emotional and social aspects of working in healthcare) with themes such as 'Mental Health – My Work and Me' and 'Life in Lockdown, my COVID experience'.

Lateral flow testing kits were provided to all staff and volunteers who had direct patient contact and those colleagues whose role did not allow them to work exclusively from home.

### Staff Vaccination Programme

Our in-house staff COVID-19 vaccination programme was launched at the start of 2021 and vaccinations were made available to all patient-facing staff and volunteers. Clinics were held at five locations across the region and over 10,000 staff, volunteers, sub-contractors and health and social care colleagues in West Yorkshire being given their first dose and over 6,000 their second dose by the close of the financial year.

## Support Services

### Fleet

2020-21 was a busy year for the Fleet Services team supporting our COVID-19 response. They ensured vehicle availability levels were kept high throughout the pandemic to meet the needs of frontline colleagues whilst continuing to deliver new vehicles into the fleet, including 29 new Double Crew Ambulances (DCAs) which sees the average vehicle age fall to 3.4 years. These new ambulances also see the Trust achieve an 80% single specification which aligns with the NHS Improvement national DCA specification launched in April 2020.

### Ancillary Services

The Ancillary Team was pivotal in delivering enhanced cleaning and infection prevention and control measures across the Trust.

With additional agency staff and enhanced cleaning regimes in all areas, they were able to provide the necessary assurance that the Trust was doing everything possible to keep patients and staff safe.

### Communication

Dedicated COVID-19 staff communications have been provided on a regular basis, sometimes daily, to ensure staff were kept up-to-date in a constantly changing environment. Specific pages on the staff intranet carried all the latest information, guidance and sources of support and fortnightly briefing sessions from the Executive Team were vital in reinforcing key messages and expressing thanks to colleagues for all that they were doing in challenging circumstances.

## Partnership Working

The Trust worked well with its partners and the pandemic strengthened those relationships locally, regionally and nationally. It was important we did this to ensure our plans and delivery of services were aligned. There were a number of initiatives that took place during 2020-21 across the A&E system which supported the management of the pandemic and ensured patient services were not compromised, which included:

- Implementing national 999 call transfer with other ambulance trusts which enables call handling and electronic transfer of incidents when local demand exceeds capacity.
- Yorkshire and Humber Nightingale Hospital Collaborative worked with the four Yorkshire fire and rescue services.

- Implementation of the Volunteer Referral Service; this new pathway is available for frontline staff and offers support to those who are self-isolating due to the virus. It provides practical support such as shopping, prescription collection, transport to and from appointments and short-term telephone support to those at risk of loneliness and isolation.
- New pathways and partnership working with EMBRACE facilitated an adult critical care service for use throughout the pandemic.

In PTS there was the following support from partners:

- Easy Travel, one of our key partners based in Leeds, provided cardboard boxes on a regular basis to help with our distribution of PPE.
- RES Group, an electrical contractor based in Hull, helped us distribute PPE and other supplies across the county during the first wave of the pandemic.
- Sheffield-based City Taxis approached YAS with an innovative solution allowing them to continue transporting patients who were able to travel in a standard car but were either suspected or confirmed of having COVID-19. They have provided Hackney Carriage/London Black Cab style taxis fitted with passenger bulkheads. Easy Travel, Leeds, went on to mirror this initiative introducing bespoke-fit bulkheads and adapting five of their vehicles. All of the private ambulance providers that work with us have also installed bespoke-fit bulkheads across their fleet, mirroring the efforts of the Trust and ensuring consistent provision of our service.

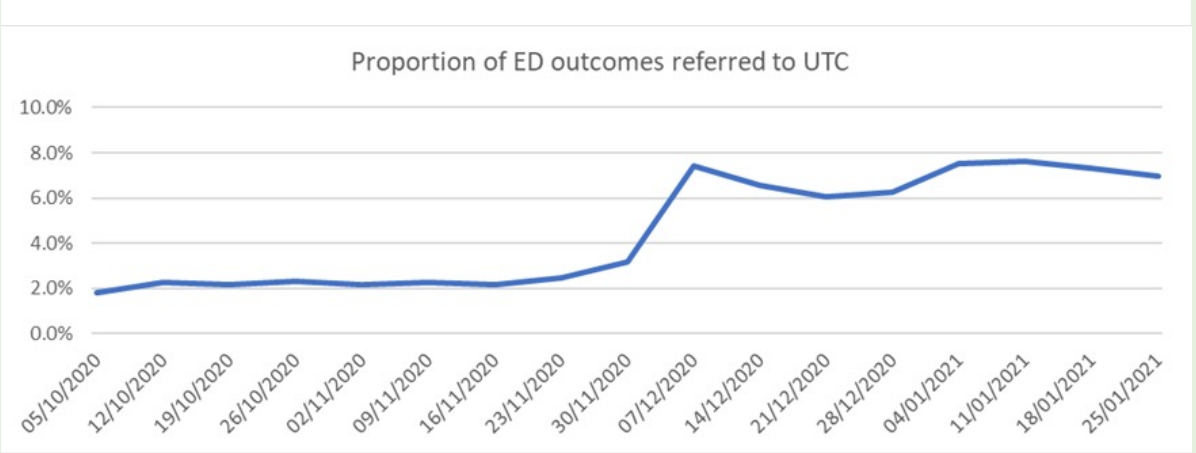
## New Initiatives

### NHS 111 First

NHS 111 First is an NHS England national programme that was initiated after phase one of the pandemic. It aimed to offer people an alternative way of accessing and receiving healthcare, including a new way to access emergency departments, by contacting NHS 111 first before travelling to the hospital. This was launched with a TV advertising campaign which went live on 1 December 2020. Stills of the TV campaign are shown to the right.


The IUC team continues to work with local place-based systems to develop services to support the onward referral of patients to the most appropriate care setting.

One aspect of NHS 111 First was for Urgent Treatment Centres (UTCs) to take more demand destined for emergency departments (EDs). In our region UTCs have been prioritised above EDs in the Directory of Services. Initial data, shown in the graph below, demonstrates the clear impact of this.



# PERFORMANCE REPORT

# A&E Operations

## Commissioning and Contracting

Due to COVID-19, national guidance was issued to suspend the 2020-21 planning cycle and ongoing contracting processes to enable providers to focus on the challenges of the pandemic.

Plans for post-pandemic service transformation have continued with commissioners and system partners throughout 2020-21 via the Integrated Urgent and Emergency Care Programme. This builds on the aims of the previous transformational model, engaging with Integrated Care Systems to develop shared regional priorities for delivery in 2021-22.

## Forecasting and Demand

Demand analysis and modelling at the start of 2020-21 estimated that the population within the Yorkshire Ambulance Service (YAS) boundary would continue to increase by 1.2% each year for the next three years. 999 demand (measured by incidents) was 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 into our Emergency Operations Centre of 5.7% per year for each of the next three years.

COVID-19 saw the introduction of National Escalation Levels (NELs) to help manage demand into 999 services, ensuring the sickest patients were treated in a timely manner.

## A&E Performance against National Targets

In 2020-21, our Emergency Operations Centre (EOC) staff received

**1,035,626 emergency and routine calls,**

an average of 2,837 calls a day. We responded to a total of

**809,727 incidents**

through either a vehicle arriving on scene or by telephone advice. Clinicians in our Clinical Hub, which operates within the EOC, triaged and

**helped 70,819 callers**

with their healthcare needs over the telephone.

| Categories | Mean Performance | TARGET | 90th Centile Performance | TARGET |
|---|---|---|---|---|
| Category 1 | 7 minutes and 37 seconds (7 minutes and 12 seconds in 2019-20) | 7 minutes | 13 minutes and 9 seconds (12 minutes and 26 seconds in 2019-20) | 15 minutes |
| Category 2 | 20 minutes and 36 seconds (20 minutes and 33 seconds in 2019-20) | 18 minutes | 43 minutes and 33 seconds (42 minutes and 41 seconds in 2019-20) | 40 minutes |
| Category 3 | 47 minutes and 24 seconds (40 minutes and 44 seconds in 2019-20) | 1 hour | 1 hour, 58 minutes and 25 seconds (1 hour, 54 minutes and 36 seconds in 2019-20) | 2 hours |
| Category 4 | | | 2 hours, 32 minutes and 16 seconds (3 hours, 1 minute and 10 seconds in 2019-20) | 3 hours |

## A&E Operations Workforce

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

At the outset of the year it was anticipated that YAS would recruit and train the following staff:

- An additional 204 Emergency Care Assistants (ECAs).
- 141 external Paramedics and newly-qualified Paramedics.
- Upskilling Emergency Medical Technician 1s (EMT1s) using the Associate Ambulance Practitioner (AAP) and Ambulance Practitioner (AP) pathway, providing 96 places for future Paramedics.

The recruitment and training landscape rapidly changed in quarter one due to COVID-19. Classroom sizes were reduced due to social distancing, testing was introduced in some practical training to ensure safe practices were maintained which resulted in a revised recruitment and training plan, shown below:

- 134 ECAs.
- 125 Paramedic recruits.
- Upskill training compromised leaving 48 places for EMT1 to AAP.

The recruitment and training team achieved better than the revised plan, and in addition to the above they provided additional ECA courses which meant that a total of 148 ECAs joined the Trust, 62 EMT1 to AAP courses and recruited a further 24 full-time equivalent paramedics which is a great achievement and puts YAS in a stronger staffing position for 2021-22.

Staff retention within 2020-21 improved across all roles within A&E Operations, resulting in a better staffing position going into the new financial year and closing the gap of our clinical/non-clinical skill mix. Future plans will continue to focus on ensuring A&E Operations has robust sources of qualified and support staffing in each area through combined upskill and recruitment.

## Electronic Patient Record (ePR) Developments

The YAS electronic Patient Record (ePR) has been developed in-house, with extensive input from clinical and operational staff and our network of ePR user champions. In 2020-21 a number of usability and clinical update enhancements, requested by our staff, have been added.

Working closely with our Safeguarding team, we have also introduced direct submission of safeguarding and social care assessment requests from the ePR application. This has streamlined our process, allowing frontline clinicians to complete the requests without having to call through to our Emergency Operations Centre (EOC) which has saved valuable time for both frontline and EOC resources and helped to ensure that all relevant information is swiftly and accurately communicated.

To extend the reach of the ePR and minimise physical contact with paper records, our crews can now provide any ongoing patient healthcare providers with secure access details for a specific patient record. All hospital emergency departments in the Yorkshire and Humber region have access to a YAS ePR hospital dashboard which displays records for all patients brought in by ambulance. Smaller locations which receive few patients by ambulance, such as Urgent Care Centres or specific hospital wards, often do not use this system. YAS crews can now provide these locations with specific access details for any patient brought directly to them.

A key benefit of the ePR is the opportunity it provides to share information between healthcare providers, aiding ongoing healthcare and improving patient experience. A number of YAS ePR developments this year have contributed to joined-up patient care across the NHS.

One of the foundation blocks for patient information sharing is securing the unique NHS number for each patient. Where we can identify an NHS number for the patients we treat this brings a range of benefits, including:

- Ensuring the patient is correctly identified on their care journey, reducing clinical risk.
- Streamlining the booking-in process at hospitals and helping match the YAS patient record with any existing hospital records.
- Providing YAS clinicians with the records of previous encounters with the patient.

YAS already checks this information at the point of call through to the service, but it isn't always possible to obtain a match at this point. We have now introduced NHS number-matching facilities from the ePR, giving our frontline clinicians another opportunity to validate the patient NHS number. Since this functionality has been introduced, we've matched an additional 47,000 patient NHS numbers from ePR and increased NHS number matching for 999 calls from 60% to 75%.

We have been working with the Yorkshire & Humber Care Record programme to make the YAS ePR available through a regionally shared system. At the end of June 2020 YAS and Leeds Teaching Hospitals NHS Trust were the first organisations to go live in the UK with electronic transfer of ambulance care records directly into a hospital system. This has automated the transfer of YAS documentation into Leeds' patient records, saving time and resource and helping to ensure that clinical and care staff are provided with up-to-date information. The initiative was commended in the Patient Data Award category of this year's Health Business Awards. YAS is currently working with Rotherham, York and Hull acute trusts to introduce the same system within their hospitals.

Development is also well underway to provide ambulance clinicians with access to patient mental health crisis plans and end-of-life care plans shared through the Yorkshire & Humber Care Record system. This will help ensure that the patients we treat get appropriate and joined-up care.

### New rugged devices for frontline staff

During 2020 YAS replaced the ageing Toughbook devices in all 999 vehicles with new Getac V110 rugged notebooks. The devices are primarily used to capture electronic patient records, but also provide crews with access to the JRCALC clinical application best practice guidelines and remote access to email, video cameras, Microsoft 365 and the Trust's intranet.

Notwithstanding the challenge of starting deployment of the new equipment during the first COVID-19 lockdown, our Fleet and IT departments completed the Trust-wide deployment to schedule. 560 new devices and vehicle docking solutions were installed from May-September 2020. For additional security, the devices can be remotely tracked and "stunned" if lost or stolen.

## Estates and Facilities Developments

In addition to ensuring our A&E estate was fit for purpose with current social distancing guidance, we also saw the opening five new community response points in the Doncaster area to support the newly remodelled Doncaster Hub. Work is now underway to plan and develop a hub in Hull.

There has been continued development of Ambulance Vehicle Preparation (AVP) which ensures that ambulance crews are able to access fully equipped, re-fuelled and re-stocked ambulances at the beginning of each and every shift. As well as the AVP sites in Leeds, Wakefield, Doncaster and Huddersfield, further sites have been established in Leeds, Bradford and Huddersfield.

A drug pouch trial at Wakefield, Castleford and South Kirkby continued as part of the reduction in job cycle time project; reducing the time spent by crews from handing over a patient to becoming available to take on another call.

## A&E Projects

Whilst the pandemic had a significant impact on our ability to deliver against the continuous improvement projects we committed to, we did manage to re-prioritise and focus our limited resources on the following:

### Team Based Working

The Team Based Working proposed model was approved and work began in 2020-21. Despite the pandemic, the Trust proceeded with a staff consultation with those staff impacted by the project across all management levels within A&E Operations. The consultation is complete and feedback is being assessed with Trade Union colleagues in order to finalise and implement the final model.

### Investment days' trial

As part of the Team Based Working project, in Bradford and Doncaster we have been a trialling a day dedicated to operational teams that would be hosted and run by Team Leaders. The main objectives of the day are to:

- Promote peer feedback, review and reflection
- Increase knowledge and awareness of issues raised in clinical investigation
- Improve cross clinical working and team building.

Initial feedback from staff is positive; they've had an opportunity to contribute to the development of the days and feel learning with their peers has strengthened working relationships. Formal learning from these trials will be incorporated into the Team Based Working project.

### Documentation Improvement Project

This is a trial to improve the quality of patient documentation. Bradford and Doncaster are piloting staff receiving guidance and education on reviewing and completing a quality patient report form led by a Clinical Development Manager. This project is aimed at enabling staff to understand the process of audit and review, seeing and understanding how to identify good and poor practice in documenting patient care. This approach encourages a culture of peer review and practice in a safe controlled environment, while exposing staff to understanding why clinical documents are objectively reviewed.

### Integrated Transport Pilot

The Integrated Transport Pilot is a partnership project between PTS and A&E Operations aimed at testing and reviewing the integration of A&E and PTS resources in order to provide a more efficient and effective service to our patients. Further information is available on page 36.

**Career Pathway Phase 2 - Paramedic and Above**

The Trust Board approved this project which aims to develop and implement a Post Registration Paramedic Career Framework, ensuring there is a clear progression route for new and existing Paramedics in line with the YAS Clinical Strategy. Project initiation is underway with activity expected to begin in quarter one of 2021-22.

**Category 3 and 4 Validation Pilot**

YAS and three other UK ambulance trusts were selected to take part in a national pilot scheme to provide clinical validation to Category 3 and 4 incidents prior to dispatch of an ambulance. The initial phase focused on pre-determined codes for navigation and validation. The second phase became larger and included all Category 3 and 4 incidents with some exclusion.

The pilot continues to be supported and operates well. It provides a further opportunity for our EOC clinicians to provide secondary assessment and ensure patients are directed to the care most appropriate to their needs, prior to an ambulance being dispatched.

There were a number of system enhancements put in place for this trial to ensure that patients were not disadvantaged. We meet with the national team regularly and to date have had no patient safety concerns raised and the trial has not had any negative operational performance impact.

**Ambulance Dataset**

YAS is leading the way on the NHSX national Ambulance Dataset (ADS) project, having been chosen to work with the NHS England in developing it.

The objectives of the project are to:

- standardise how data is collected, reported, analysed and benchmarked
- gain valuable information about how patients access ambulance provision
- improve reporting on patient outcomes
- improve integration with the wider urgent and emergency care system in order to understand the whole patient journey.

The benefit of doing this is that it will provide a wider view of activity and value provided by all ambulance services and it will allow linkage between datasets to construct full pathway data for urgent and emergency care systems.

**NHS Pathways Senior Clinician Module (SCM) introduced into EOC**

In our Emergency Operations Centre (EOC) the Senior Clinician Module (SCM) has been designed to enable ambulance dispatch and also Directory of Services (DoS) searches for clinicians based within Clinical Assessment Services.

The DoS is an online service published by NHS Digital and supports clinicians, call handlers, commissioners, and patients by:

- providing real time information about available services and clinicians to support a patient as close to a patient's home as possible.
- Providing information about the most appropriate and cost-effective care for a patient.
- reducing unnecessary ambulance call outs and hospital referral.

**Pathways Clinical Consultation Support (PaCCS) module**

During 2020 YAS implemented the PaCCS module into the control system for 999 calls.

PaCCS has been developed to provide support for clinicians consulting remotely. The triaging clinician can use PaCCS to help select the correct pathway for the patient, thereby reducing unnecessary admissions at hospital.

The system offers consultation support to navigate between symptom information easily and quickly so that clinicians can consider multiple symptoms and determine which is most relevant, to enable an appropriate ambulance dispatch or referral.




## Emergency Preparedness, Resilience and Response (EPRR)

The primary focus of attention for EPRR throughout 2020-21 was one of supporting the Trust's response to COVID-19 whilst maintaining compliance against the full range of interoperable capabilities.

The Hazardous Area Response Team (HART) initially spearheaded the Trust's response of transferring confirmed COVID patients before diverting spare capacity - generated by the cancellation of training - to create a bespoke transfer capability as part of the Trust's contribution to the NHS Nightingale Hospital in Harrogate. This capability was further reinforced with clinical staff from Yorkshire Air Ambulance after flights were temporarily suspended. The EPRR team also facilitated the mutual aid request to the region's fire and rescue services to provide the drivers for the dedicated transfer capability.

In addition, the EPRR management team acted as the conduit to the Trust's strategic partners through the Local Resilience Forum (LRF) strategic and tactical coordination group meetings. The process of capturing the lessons identified throughout the Trust's response to COVID was led by the Business Continuity team.

Routine EPRR business has, however, been significantly impacted.  Multi-agency exercises were cancelled and public events significantly curtailed, reducing the need for attending Safety Advisory Groups (SAGs).

The team has continued to deliver against its Marauding Terrorist Attack (MTA) and Specialist Operational Response Team (SORT) liability, delivering 148 trained volunteers during the reporting period (1 April – 31 March) while preparing to meet the changing requirements of this interoperable standard by creating a cohort of 99 dual-role trained volunteers by April 2021. By maintaining a trained cohort of trained volunteers, YAS achieved 98% compliance for SORT and 97% compliance for Ambulance Intervention Teams (AIT).

The National Ambulance Resilience Unit (NARU) contractual standards continue to require a specific number of personnel in each HART to be available 24 hours a day in order to be able to provide NHS paramedic care to any patients within a hazardous or difficult-to-access environment that would otherwise be beyond the reach of standard 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/AIT/SORT is measured and reported to NARU twice daily to enable a nationally co-ordinated response to any UK emergency which is of such significance that it may require HART assistance from other ambulance trusts. Compliance over the last 12 months for all specialised service areas has been maintained at 95% against the existing standard, rising to 100% when measured against the temporary standards imposed by NARU's 'COVID-19: HART Service Mitigation' measures. YAS's HART continued to maintain its partnership with Air TV through its participation in the production of 999 Rescue Squad, although filming was suspended during the lockdown periods.

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 Patient Transport Service, Emergency Operations Centre, Integrated Urgent Care, and Emergency Preparedness, Resilience and Response.

## Events Medical and Private Ambulance Service

The Events Medical and Private Ambulance Service supplies medical services to event organisers and to the region's sports stadia on a commercial basis. These services are in position to deal with medical emergencies that occur within sports grounds or event footprints without having to pull upon 999 frontline services.

The pandemic saw a cessation of mass gatherings during 2020-21 and, as a result, the vast majority of sporting events were either cancelled or played behind closed doors. The same was true of concerts, festivals and other major events that would normally attract large audiences.

This resulted in a significant decrease in the provision of medical cover required around the region, however many of sport's governing bodies have introduced additional medical requirements for participants and the department was able to support these instead to fill the void.

In addition, the department was able to provide paramedic staff in support of the vaccine trials that took place around Yorkshire.

Throughout October, November, December 2020 and into January 2021 there were active vaccine trials being undertaken to ensure there were a range of vaccine options that would be safely available. Support has continued with the roll-out of the vaccination programme for YAS staff in the last quarter of 2020-21. This has helped to reduce the need to remove frontline staff from patient-facing duties in order to provide this resource.

## A Clinical Perspective

The Clinical Strategy was launched in 2019 to support the delivery of an integrated urgent and emergency care service, to save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it. The strategy puts the patient and clinician at the heart of the organisation through three core aims:

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

Person-centred, evidence-based care has never been so important, than during the COVID-19 pandemic, and the Trust has continued to deliver high quality, safe clinical care throughout the year.

## Safer Right Care, Right Place

The Safer Right Care, Right Place project has been launched and will ensure that the sickest patients get the best treatment on scene and are taken to the most appropriate facility fast, and that those patients with less severe illnesses and injuries are treated as close to home as possible, reducing the demand on emergency departments. The project is divided into eight work-streams which are: Structured Assessment and Documentation, Decision Making, Training and Education, Clinical Leadership and Supervision, Urgent Care Pathways, Technology, Resuscitation and Critical and Emergency Care.

## Responding to patients who have fallen

National data shows that 50% of people aged over 80 suffer a fall annually. Falls are a common reason for people calling an ambulance, with around 10% of all 999 calls to ambulance services for falls. Patients are likely to be harmed the longer they are on the floor and being on the floor can be very distressing and can lead to complications. YAS has developed and agreed a falls framework. One aspect of this framework is how we respond to falls and it notes that not all patients need an ambulance response. YAS has a number of partnership agreements in place with organisations around sending alternative responders to 999 calls for falls where a patient is on the floor and unable to get up. Due to the COVID-19 pandemic and concerns around possible delayed responses to falls, we increased the number of alternative clinical and non-clinical responders and changed the way we dispatched these teams to improve response. Patient satisfaction with alternative responders being used to help them was excellent overall.

## Service Improvement - 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, ensuring they access the right service in a timely manner, and avoid any unnecessary conveyance to hospital. Some examples of the new pathways introduced are listed below:

**Wakefield Single Point of Contact (SPOC)**

A pathway developed and launched enabling access for clinicians to the advanced clinical practitioner team for acute conditions that could be safely managed in the community. This pathway also includes access to the district/community nursing services.

**Calderdale and Kirklees Virtual Frailty Clinic**

This pathway enables clinicians to contact frailty specialists based at Huddersfield Royal Infirmary who have expert knowledge of available community teams across the region. The pathway supports shared decision-making and the multidisciplinary frailty team has access to acute and primary care records.

**Pinderfields Emergency Respiratory Team (PERT)**

This pathway is for Chronic Obstructive Pulmonary Disease (COPD) patients and evidence of an active exacerbation. The PERT team provides support to patients in their own homes in order to avoid inappropriate hospital attendance.

**Leeds Frailty Response Line**

This pathway enables clinicians to have a discussion with a fellow Health Care Professional, helping with conveyance decisions, to agree a treatment plan.

**Bradford, Airedale, Wharfedale and Craven Frailty Digital Care Hub**

This pathway allows for all frail patients to be discussed with a multidisciplinary team if contemplating hospital attendance. YAS clinicians can call to discuss patients and agree care plans to hopefully keep them at home and avoid hospital attendance.

**Bradford, Airedale, Wharfedale and Craven First Response Mental Health Pathway**

This pathway requires all mental health presentations in the area to be referred directly to First Response initially. The aim is to ensure patients are not taken to hospital if this can be avoided through the use of community mental health teams.

**Age UK Calderdale and Kirklees**

A signposting pathway launched allowing access to a temporary aftercare service in the area.

**Emergency Vascular Provision**

New pathway in West Yorkshire; two arterial centres now operate in the area, working 24/7 and are the conveyance destination for all vascular emergencies.

**Urgent Community Response (UCR)**

Forms part of the Ageing Well National Agenda and YAS is working with providers of community response services across the region to allow access for 999 clinicians to a two-hour rapid community response and 48-hour enablement services.

**North and East Yorkshire Mental Health Teams**

Working with local mental health teams to improve access to local services for patients.

**Same Day Emergency Care (SDEC)**

Working with all acute trusts to access their SDEC units to accelerate patient treatment and avoid conveyance to ED

*All the pathways in the area are funnelled into these categories in order to guide clinicians to the best pathway for their patient, making navigation easier. These are listed in the pathways section on Pulse (the YAS intranet system) and within the JRCALC Plus App (accessible by all frontline staff).*

## Mental Health

During 2020 the Trust received 50,000 mental health-related calls to its 999 service and around 21,000 calls to its NHS 111 service. Mental health demand is predicted to increase significantly due to the effects of the COVID-19 pandemic and it is estimated that an additional 10 million people across the UK will experience a new or additional mental health-related illness.

The YAS mental health programme has been developed over the past two years and 2020-21 saw progress of this and significant transformation is planned for 2021-22 and beyond. The Trust Board has endorsed the transformation plans and we have received commissioner investment to support changes in how we deliver care to patients who contact us in mental health crisis. This will help us to achieve the ambitions set out in the NHS Long Term Plan and the Five Year Forward View for mental health investment and new ways of working across systems. Collaboration and integration both internally and externally is a key principle of the YAS mental health programme which aims to ensure patients presenting with mental ill health receive high quality, safe care, that they receive parity with those presenting physical ill health, and that they receive care at the right time, in the right place.

The transformation plans for 2020-21 and into the future are centred on four main work streams looking at:

- specialist roles
- a Rotational Mental Health Nurse Programme with plans in place work in collaboration with mental health providers
- mental health vehicles where work has begun on a pilot in Hull with a dedicated vehicle targeted at patients with a primary mental health condition
- training and education to include mental health, Mental Capacity Act, learning disabilities and dementia.

## Clinical Research

The Research Team is very proud of its achievements during the last year. It responded to the COVID-19 pandemic by working collaboratively with local NHS partners in finding treatments and vaccines and worked with other researchers to understand how patients with suspected COVID-19 get the right treatment. At the same time, we also undertook research that benefits ambulance patients not affected by COVID-19.

The Research Team, together with colleagues in other parts of the Trust, supported the delivery of urgent COVID-19 research, including:

- Oxford/AstraZeneca COVID-19 vaccine study delivered with Sheffield Teaching Hospitals NHS Foundation Trust.
- Novovax COVID-19 vaccine trial at both Leeds Teaching Hospitals NHS Trust and Bradford Teaching Hospitals NHS Foundation Trust.
- The PROVENT monoclonal antibody trial in Wakefield in collaboration with local partners The Mid Yorkshire Hospitals NHS Trust and Spectrum Community Health CIC.
- The PRINCIPLE study which aims to test low-risk COVID-19 treatments in patients being managed in the community who have called NHS 111 about their symptoms.
- The Pandemic Respiratory Infection Emergency System Triage (PRIEST) or pre-hospital patients.
- What TRIage model is safest and most effective for the Management of 999 callers with suspected COVID-19 (TRIM) study.

All of this activity meant that YAS had the most participants included in research of any NHS trust in the country last year which is a fantastic achievement.

Alongside the COVID-19 priority research, a number of our paramedics worked with Hull University researchers to find out whether techniques to ease breathlessness will help more people stay at home rather than being conveyed to hospital in the BREATHE study, and others participated in the Take Home Naloxone study (TIME).

For more information about the Trust's research projects, visit:

https://www.yas.nhs.uk/our-services/additional-services/research-support/

# Integrated Urgent Care (NHS 111)

## Overview

The start of the pandemic in February 2020 was the beginning of an unprecedented year for everyone across the country and within the health service.

The NHS 111 telephone and online services were front and centre of the government's response to the coronavirus pandemic with public messaging focused on staying at home and contacting the health service remotely rather than face-to-face.

Patient demand to the NHS 111 service at times, especially in the months of March and September 2020, was extremely challenging where the focus on delivering a safe service and ensuring staff welfare was paramount.

## Service Demand and Performance

For the year 2020-21, in light of the coronavirus pandemic the IUC service, saw a rise in demand of 7.5% from last year; however some of the normal 'winter' peak demand did not materialise due to social distancing and lockdown restrictions resulting in an overall year-end position of 0.3% below contract ceiling.

Specifically to note there has been a rise in dental demand by 42.8% compared to last year, with 84,952 dental calls answered; this has increased as a result of the reduced face-to-face dental care services available during the pandemic particularly in the March/April 2020 lockdown.

NHS Digital's Online NHS 111 tool processed around 16,600 instances per week on average for 2020-21, supporting patients to manage their conditions through this web-based service. This is an increase of 84.0% compared to the previous year.

Key performance information:

- 1,701,699 patient calls answered.
- 84.1% of calls answered within 60 seconds against a target of 95%.
- 54.3% of clinical calls received a call back within one hour target of 60%.
- 29.5% of core clinical advice provided to patients (target 30%).
- 47.6% Emergency Department (ED) validations (target 50%).
- 97.4% 999 validations (target 95%).
- Of the calls triaged, 11.8% were referred to 999; 8.3% were given self-care advice and 13.4% signposted to the ED. The remainder were referred to attend a primary or community care service or attend another service such as dental.
- In an independent survey 95% of patients agree/ strongly agree that they were treated with dignity and respect, with 97% of patients feeding back that they followed some or all of the advice that they were given.
- 94% would recommend NHS 111 to their friends and family and overall satisfaction for the service continues to be extremely positive with 70 compliments received.

## Looking ahead to 2021-22

With the national vaccination programme in place it is hoped over the course of the year that the ability to control the virus will change the course of the year. The focus for the IUC team will be to take the learning from the pandemic and optimise the benefit from the innovations that have taken place to support our staff and care for patients, two of which are detailed below.

During the winter of 2020, YAS tendered for additional clinical support for suitable providers to be added to a framework to assist with ED validations and the provision of a Clinical Advice Service (CAS). This exercise is now complete and we look forward to working with the successful new providers from 1 April 2021.

Clinicians within IUC are looking forward to the roll out of video technology to assist with the assessment of patients. The IUC Head of Quality and Nursing said, 'remote video consultation within NHS 111 enables clinicians to gain a greater understanding of a patient's illness or injury. This enables a more accurate assessment of a patient's condition and assists in providing increased confidence when giving home care advice. There are also increased benefits in deciding an ED outcome as wounds or injuries can be assessed quickly and with greater accuracy. Patients also seem to like the interaction and convenience of quick video consultations.

In 2021-22 we will be developing a revised supervision and competency model for our Team Leaders aligned to the IUC Workforce Blueprint (Calderdale Framework) to ensure that they are fully equipped with the skills and training required to support staff.

From mid-April 2021, we adopted a new Clinical Decision Support System for clinicians in IUC which has been designed and developed by NHS Digital; Pathways Clinical Consultation Support (PaCCS). This assists clinicians to facilitate and support onward referrals for patients following a clinical assessment using the PaCCS tool. The wide range of services available will be included in the Directory of Services and will build on clinicians' judgement to assist them to identify the right outcome for patients depending on their needs.

## Patient Transport Service

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

- We have just over 700 staff; including 529 in our operations teams, 43 managing bookings, 105 coordinating our fleet and resources and 27 supporting the overall running of our service-line.
- Over 200 volunteers are registered to support us and, this year, 136 provided 7.9% of our journeys, covering 245,230 miles. Due to the pandemic fewer of our volunteers were able to offer their time.
- A framework of 44 quality-assured partner providers to provide flexible support for our operations teams. This year they supported us with 43.5% of our journeys when we began transporting one patient at a time.

*Between April 2020 and March 2021 our PTS provided*

***555,686 non-emergency journeys, covering 4,735,036 miles,***

*making us one of the largest providers in the UK.*

## Mobilisation of new PTS contracts

We mobilised two new PTS contracts during the year – in North Lincolnshire in March 2020 and Hull in April 2020. Staff who have joined us as part of TUPE arrangements and those who have managed the smooth transition for patients at such a challenging time have showed the utmost professionalism. Whilst services normally take four to six months to mobilise, the arrival of COVID-19 acted as a springboard, bringing about unprecedented speed of delivery, achieving our KPI for quality from day one. We have received incredibly positive feedback from staff and stakeholders and, most importantly, compliments from our patients.

## New version of PTS booking system introduced

The new web-based version of Cleric, the PTS booking, assessment and transport logistics software, was launched in September 2020 – YAS is the first ambulance service to use the new application and will be piloting it for Cleric.

## New PTS Fleet

In February 2021, PTS received 11 new ambulances to join the fleet of 350 vehicles. As part of our plan to replace our oldest vehicles, 100 ambulances have been purchased and will be delivered over the coming months, ensuring that none of our fleet is older than seven years. The average of age of the fleet will drop from 7.1 years to 3.2 years.

The Peugeot Boxers feature electric tail-lifts, interior and exterior recording cameras, a dementia-friendly interior and bespoke-fit passenger bulkheads to support the transportation of patients with suspected infections.

## Supporting patients at the end of their life

In March 2021 we introduced a new Standard Operating Procedure to support our staff to identify, facilitate and support a patient's end of life journey – one to their preferred place for end-of-life care or death.

Our aim is to prioritise journeys which will help to fulfil a patient's wishes and support their dignity and support our teams with a process which facilitates the provision of appropriate transport for this purpose.

## Palliative Care Ambulance

We are incredibly proud to have been able to provide transport for Adam Lodge and his fiancée, Hannah, to and from their wedding ceremony in December 2020.

Adam had been receiving treatment at St James's University Hospital, Leeds and, from various PTS journeys, his regular crew learnt that Adam and Hannah were due to be married. However, because of Adam's healthcare and transport needs, he and his wife-to-be had not yet worked out how they would get to their ceremony at Leeds Civic Hall.

With valued help from staff at Wheatfields Hospice, Paul Mountain and Matt Emsley, Ambulance Care Assistants from Bramley Ambulance Station, made the necessary arrangements alongside Heather Farrar, PTS Communications Scheduler, to ensure the happy couple were safely and comfortably conveyed to their ceremony and back home again on Saturday 19 December 2020.

On the couple's wedding day Paul was accompanied by Phil Fenton, Ambulance Care Assistant from Leeds Ambulance Station, and the crew decorated the ambulance together, making sure that the bride and groom's journey was reflective of their special occasion.


## Strengthening PTS Delivery

### Integrated Transport Pilot

In September 2020, we launched an Integrated Transport Pilot with the aim of providing a wholly integrated transport solution for patients in need of our services.

Integrated transport utilises PTS resources for some lower acuity patients who would have traditionally been transported by our 999 crews; those who need transport to hospital, but who don't need a paramedic crew for the transfer.

The pilot is a collaboration between our PTS and 999 emergency services designed to ensure the most efficient use of all the resources available to us. Integrated transport looks at all available YAS resources and uses them to convey patients in the best way.

Journeys are shared between service lines when it will make our response to patients quicker, but only when it is safe and appropriate to do so.

Dedicated PTS schedulers work within EOC staff (remotely) and, together, they assess the most suitable method of transport for the patient. Patients and healthcare professionals continue to request transport in the usual way; patients are triaged by a healthcare professional and the PTS scheduler will use detailed knowledge of PTS operations to ensure the smooth handover of journeys between the service lines.

Integrated transport will reduce waiting times for patients who need transport to hospital, but who don't need a Paramedic crew for the transfer.

Other benefits of integrated transport include:

- improved patient experience
- more effective use of our staff and vehicles - freeing up A&E crews to attend patients most in need of emergency care
- improvements to patient flow within healthcare settings
- a reduction in the use of taxis for non-emergency patients
- supports staff to receive breaks and reduces instances of finishing shifts late
- improved performance against national standards for both service lines.

### Alternative Resources

Since April 2020, the PTS Alternative Resource team has facilitated several projects to ensure that our services are more flexible and responsive to meet the needs of our patients in an evolving NHS landscape.

### PTS Volunteers

The incredible support that the public have shown to the NHS since the start of the pandemic has been instrumental in increasing the number of new PTS volunteers we have been able to attract this year.

Our refreshed recruitment campaign primarily utilised our social media channels and featured a series of videos that our existing volunteers kindly filmed themselves. These videos described each of their personal experiences and their reasons for volunteering, encouraging others to do the same.

Our website page has been updated to provide a wealth of information on the PTS Volunteer role and application process, and we've added an interview to the recruitment process to ensure candidates share our values for quality patient care. Between November 2020 and March 2021 we received applications from 150 new volunteers. Further information on becoming a volunteer is available at: https://www.yas.nhs.uk/get-involved/patient-transport-service-volunteers/

Sadly, volunteering has been a difficult decision for some people this year and for others, we had to ask them to stand down in line with government guidance and to protect their own health and wellbeing. However, we've carried out welfare calls to all of our volunteers and have offered them a vaccine against the virus.

Our volunteers have also been offering their time in new ways - delivering PPE and other equipment across the region and acting as marshals at our vaccination clinics.

### New framework agreements for partner providers

- YAS38 went live on 1 June 2020 securing support from 32 different organisations - 12 private ambulance services, 16 taxi firms and four community transport providers.
- YAS66 went live on 23 December 2020 and established a further 11 organisations from regions where alternative resources were needed. This comprises of eight private ambulance services and three taxi providers, strengthening the support for PTS across all areas of Yorkshire.

## Looking ahead: Our Quality focus for 2020-21

In 2021-22, our focus for improving quality across PTS will be to:

- Continue responding to the COVID-19 emergency with a view to developing new ways of working to support the delivery of our service.
- Receive the remainder of our new ambulances and begin to make plans for the next phase of developing our fleet. This includes researching and piloting options for a 'greener' fleet.
- Enhance quality and governance across our partner providers; we plan to introduce vehicle swabbing as part of our inspection regime to ensure appropriate cleanliness is being maintained.
- Review our mobility algorithm to ensure a patient's needs are identified and managed appropriately and the right resource is allocated to them first time.
- Support the Trust-wide dementia project with aim of developing a dementia friendly patient transport service.
- Standardise the application of eligibility criteria laid out by the Department of Health to ensure parity and equity for all patients, regardless of where they live.

# Our People


Our workforce is central to achieving our vision:

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

We cannot achieve this without a fully engaged, well-trained and committed workforce. We therefore endeavour to support and involve our staff in order to ensure that they can flourish and have the ability and confidence to provide the very best care for our patients.

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

2020-21 saw some changes to this leadership team including the appointment of Simon Marsh as our Interim Chief Information Officer. His extensive experience in the private sector, in health and in the NHS has been invaluable during 2020-21 in meeting the IT demands of responding to COVID-19 and progressing a range of transformation projects including unified communications and the Northern Ambulance Alliance computer aided dispatch (CAD) work.

## Organisational Development

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

## Leadership and Management Development

The Trust put our mandated Leadership in Action programme for people leaders on hold during 2020 to reprioritise resources to support our pandemic response.

The content has undergone a design refresh and we are preparing to recommence the programme in May 2021. We have around 350 leaders and managers awaiting participation.

Due to operational COVID-19 response requirements the Strategic Leadership Forum events were also put on hold during 2020, along with the Annual Leadership Summit. These events are on plan to resume from late summer 2021, subject to any ongoing operational response requirements to the pandemic.

The Organisational Development (OD) Team has designed an Accelerated Development Programme (ADP) for emerging leaders, identified through 2019 engagement activities as being central to building an integrated talent identification and career development framework. Assessment centres for 85 colleagues were held February 2020, and the first cohorts are scheduled to start mid-year 2021, running concurrently through to the year-end in 2022.

*The YAS STARS Awards was held virtually in March 2021 with awards for those staff who had made a valuable and much-appreciated impact on patients within the communities in which they work and with their colleagues.*

## Awards

### Long Service and Retirement Awards

Sadly, due to the COVID-19 pandemic, the annual Long Service and Retirement Awards ceremony had to be postponed. The recognition of loyal service from colleagues is very important to the Trust and the 2020 ceremony has been rescheduled for September 2021.

### 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 third ceremony for 2020-21 was held virtually in March 2021 with awards for those staff who had made a valuable and much-appreciated impact on patients within the communities 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 and Chief Executive's Commendations.

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.

## Queen's Ambulance Medal (QAM) Award

YAS Paramedic and Clinical Pathways Manager Cathryn James was awarded the Queen's Ambulance Medal for Distinguished Service (QAM) in the Queen's New Year's Honours List.

Cathryn, who has completed almost 40 years' service, joined in 1981, originally as an ambulance cadet and becoming a qualified paramedic in 1987. She is a highly experienced, advanced paramedic who continues to work clinically on the frontline and as a clinical manager, leading on alternative patient pathways.

In addition to her work in Yorkshire, since 2014 she has been seconded part-time from YAS to the Association of Ambulance Chief Executives (AACE) to provide clinical support to the National Ambulance Medical Directors' Group. She has been pivotal in progressing national clinical policy issues directly related to improving the standards of care for patients across the UK and also coordinates the ongoing development of the UK Ambulance Services' Clinical Practice Guidelines (JRCALC).

She has played an integral role in making improvements for older people who experience a fall, working with partners to ensure that patients receive a prompt and appropriate response, establishing robust referral pathways towards preventing further falls and recently leading on the AACE national falls response governance framework.

She is also registered for the British pool of clinical volunteers who can be called upon to provide assistance at natural disasters and humanitarian emergencies overseas. She has accompanied school trips as a volunteer to support overseas charitable work and is committed to helping young people to develop their own skills.


## Embracing Diversity – Promoting Inclusivity

The Trust is passionate about ensuring our services and employment practices are accessible and inclusive for the diverse communities we serve and the people we employ. We want to be an employer of choice for all individuals regardless of their background and characteristics and strive to make 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.

Our Say YES to Respect campaign launched in January 2020, with initial events taking place across the region. The roll-out was paused due to the pandemic and the programme was refreshed to be delivered virtually and with content strengthened around how to address incidents of bullying, harassment and aggression towards staff. The programme recommenced at the end of 2020-21 and will continue to be rolled out Trust-wide virtually and in face-to-face sessions when operational demand and government restrictions allow.

## Our Work

The Equality Impact Assessment process has been refreshed with reviews undertaken on all relevant policies and initiatives and organisational change across the Trust. This is to ensure that any developments do not adversely affect any particular staff groups. The process is supported by the Diversity and Inclusion Team, and feedback on its user-friendliness has been incorporated.

Our response to supporting the COVID-19 pandemic has been significant in relation to staff from BAME communities, and those with disabilities and long-term health conditions. These groups have been disproportionately affected by the pandemic; therefore, a tailored response was needed. The Trust individualised the risk-based assessment process, followed by action card reviews with staff. Opportunities for engagement with staff equality networks were also increased through a number of channels:

- All three Staff Equality Networks (BME, Pride@YAS (LGBTQ+) and Disability Support Network) increased frequency of meetings.
- The Disability Staff Network held weekly 'virtual' drop-ins for shielding staff.
- Seven BAME staff engagement sessions were organised and attended by the Director of Workforce and OD.
- A management Q&A session was held with over 20 managers in relation to supporting staff from disadvantaged groups.
- Additional engagement with Chairs of the three staff equality networks who are all members of the Trust's Diversity and Inclusion Steering Group through which they influence strategic priorities around equality, diversity and inclusion.
- The Chair of the National Ambulance BME Forum engaged with us and provided support.

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

For WRES, we improved on some standards and areas of improvement are subject to an action plan, which includes a comprehensive review of our recruitment and selection processes.

For WDES, we improved on all standards; however, we acknowledged that there remains some work to do to support our staff living with disabilities. An action plan is also on place for improvements required on this standard.

For the Gender Pay Gap, reassuringly, the average pay gap decreased (improved) by 1.3%, from 5.21% in 2019 to 3.91% in 2020. Our use of the NHS terms and conditions with the national job evaluation scheme in place to ensure our roles are evaluated through criteria that have been nationally, rigorously tested, supported this reduction.

The Trust is supporting the development of a more diverse workforce at all levels. To increase BAME representation and voice at Board, the Trust has developed a BAME Associate NED Development Programme. The opportunity was advertised in February 2021. The programme will offer development to an individual from a BAME background who has the relevant experience and qualifications to engage at Board level, but no formal Board experience yet. This will give them a voice at Board and the Board-level experience required to be eligible for recruitment into a Non-Executive Director post in the future.

In order to improve our senior leaders' understanding of the issues and barriers faced by our BAME staff, a Reverse Mentoring pilot for BAME staff with four Executives was designed – and training for mentors and mentees began at the end of March 2021 ready for the initiative to commence in April 2021. The scheme pairs individuals from different ethnicities and at different levels in order for them to learn from one another in terms of lived experience.

Through our Pride@YAS staff (LGBTQ+) equality network the Trust started work on becoming a formal LGBTQ+ friendly workplace and a Stonewall Diversity Champion, which is hoped to be achieved in 2021.

# Recruitment, Retention and Resourcing

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

To support with the Trust response to the COVID-19 pandemic, we concentrated on recruitment to our frontline workforce; from April 2020, 148 Emergency Care Assistants (ECAs) joined our workforce. A number of courses were impacted by the pandemic in early 2020 however, ECA courses started again in June 2020 and additional courses commencing towards the end of the financial year.

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

We have undertaken an extensive review of recruitment with wide engagement of stakeholders to ensure our recruitment and selection processes are inclusive and support our five-year People Strategy in order to ensure that we attract and retain the best people. This work will continue over the coming year.

## Recruitment Activity

Our recruitment activity for the year increased considerably due to our response to the COVID-19 pandemic.

| Staff Category | Number of Advertisements | Number of Applications |
|---|---|---|
| A&E Frontline | 103 | 1,080 |
| Apprentice* | 6 | 12 |
| EOC/NHS 111 | 85 | 4,217 |
| Management | 71 | 795 |
| Patient Transport Service | 65 | 272 |
| Support | 153 | 4,705 |
| **Grand Total** | **483** | **11,081** |

## Pay and Reward

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

## Permanent and Other Staff

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

| Staff costs | | | | |
|---|---|---|---|---|
| | Permanent £000 | Bank/Agency £000 | **2020-21 Total £000** | 2019-20 Total £000 |
| Salaries and wages | 182,935 | 4,494 | **187,429** | 165,388 |
| Social security costs | 17,335 | - | **17,335** | 15,774 |
| Apprenticeship levy | 894 | - | **894** | 788 |
| Employer's contributions to NHS pension | 22,175 | - | **22,175** | 19,605 |
| Contributions paid by NHSE on provider's behalf (6.3%) | 9,633 | | **9,633** | 8,556 |
| Termination benefits | - | - | | 75 |
| Temporary staff | | 4,490 | **4,490** | 1,972 |
| **Total staff costs** | **232,972** | **8,984** | **241,956** | **212,158** |

| Average number of employees (WTE basis) | | | | |
|---|---|---|---|---|
| | Permanent Number | Bank/Agency Number | **2020-21 Total Number** | 2019-20 Total Number |
| Medical and dental | 3 | 0 | **3** | 3 |
| Ambulance staff | 4,158 | 83 | **4,241** | 3,999 |
| Administration and estates | 805 | 55 | **860** | 723 |
| Nursing, midwifery and health visiting staff | 79 | 25 | **104** | 90 |
| Scientific, therapeutic and technical staff | 9 | 1 | **10** | 5 |
| **Total average numbers** | **5,054** | **164** | **5,218** | **4,820** |

| Our Workforce Profile (Headcount) | | | | | |
|---|---|---|---|---|---|
| | 2017 (31 March 2017) | 2018 (31 March 2018) | 2019 (31 March 2018) | 2019 (31 March 2018) | **2021 (31 March 2021)** |
| Paramedics (including student paramedics) | 1,685 | 1,668 | 1,736 | 1,984 | **2,135** |
| Technicians | 587 | 664 | 600 | 577 | **532** |
| Emergency Care Assistants | 610 | 599 | 809 | 935 | **1,039** |
| Other frontline staff (including Assistant Practitioners, A&E Support Assistants, Intermediate Care Assistants) | 193 | 151 | 149 | 32 | **32** |
| Patient Transport Service (Band 2, Band 3 and apprentices) | 832 | 618 | 596 | 703 | **764** |
| Emergency Operations Centre (EOC) | 374 | 442 | 461 | 468 | **511** |
| Integrated Urgent Care (NHS 111) | 465 | 524 | 555 | 613 | **715** |
| Administration and Clerical | 659 | 722 | 742 | 800 | **892** |
| Managerial (including Associate Directors) | 167 | 213 | 187 | 182 | **171** |
| Other* (Chief Executive, Directors and Non-Executive Directors) | 17 | 17 | 18 | 14 | **14** |

** Some posts in the 'Other' category were moved into the 'Managerial' category in 2019-20. The figure of 14 in 2020 and 2021 reflects the Trust Board members only.*

| Staff Profile - Gender (Headcount) | | | | | |
|---|---|---|---|---|---|
| | 2017 (31 March 2017) | 2018 (31 March 2018) | 2019 (31 March 2019) | 2020 (31 March 2020) | **2021 (31 March 2021** |
| **Male** | 2,946<br>52.71% | 2,993<br>52.17% | 2,864<br>48.93% | 3,038<br>48.16% | **3,168**<br>**46.55%** |
| **Female** | 2,643<br>47.29% | 2,744<br>47.83% | 2,989<br>51.07% | 3,270<br>51.84% | **3,637**<br>**53.45%** |

| Workforce Levels (Whole Time Equivalent (WTE)) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Staff category | Establishment 31 March 2018 | | Establishment 31 March 2019 | | Establishment 31 March 2020 | | **Establishment 31 March 2021** | |
| | Headcount | WTE | Headcount | WTE | Headcount | WTE | Headcount | WTE |
| A&E Operations | 3,021 | 2,375 | 3,294 | 2,623 | 3,528 | 2,686 | **3,743** | **2,841** |
| PTS | 880 | 547 | 654 | 541 | 700 | 578 | **757** | **618** |
| EOC/NHS 111 | 934 | 714 | 1,016 | 754 | 1,067 | 781 | **1,214** | **880** |
| Support staff | 657 | 554 | 677 | 579 | 787 | 628 | **883** | **658** |
| Management | 230 | 217 | 205 | 195 | 220 | 210 | **201** | **195** |
| Apprentices* | 15 | 13 | 7 | 7 | 6 | 6** | **7** | **7*** ** |
| **Total** | **5,737** | **4,420** | **5,853** | **4,699** | **6.308** | **4,889** | **6,805** | **5,200** |

** 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 had 334 staff who are undertaking apprenticeship programmes of study where the apprenticeship levy is utilised. These staff were undertaking substantive roles and hence are not shown separately in the data above.*

**** The Trust has 318 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.*

## Volunteers

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

| Volunteer role | Sum of Headcount |
|---|---|
| Volunteer Car Driver | 273 |
| Volunteer Doctor | 3 |
| Community First Responder | 643 |
| **Total** | **919** |

## Attrition

During 2020-21 there were 520 people who left the Trust, compared with 760 staff during 2019-20. The reasons for leaving included 76 who retired, 369 who resigned, 104 whose fixed-term contracts ended, 20 staff who were dismissed. Sadly, six members of staff died in service.

## Exit Packages

Five exit packages were provided during 2020-21 with a combined value of £32,760. This compares to £75,464 for two staff in 2019-20.

**Exit Packages agreed in 2020-21**

| Exit package cost band (including any special payment element) | Number of compulsory redundancies | Cost of compulsory redundancies | Number of other departures agreed | Cost of other departures agreed | Total number of exit packages | Total cost of exit packages |
|---|---|---|---|---|---|---|
| | Number | £ | Number | £ | Number | £ |
| Less than £10,000 | 0 | 0 | 0 | 0 | 4 | 20,424 |
| £10,000 - £25,000 | 0 | 0 | 0 | 0 | 1 | 12,336 |
| £25,001 - £50,000 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | **0** | **0** | **0** | **0** | ***5** | **32,760** |

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

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

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

**Exit Packages agreed in 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 | 2 | £13,486 | 2 | £13,486 |
| £10,000 - £25,000 | 1 | £24,917 | 0 | 0 | 1 | £24,917 |
| £25,001 - £50,000 | 1 | £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) | 2020-21 Number of exit package agreements | 2020-21 Total value of agreements | 2019-20 Number of exit package agreements | 2019-20 Total value of agreements |
| | Number | £ | Number | £ |
| Voluntary redundancies including early retirement contractual costs | 0 | 0 | 0 | 0 |
| Mutually agreed resignations (MARS) contractual costs | 0 | 0 | 0 | 0 |
| Early retirements in the efficiency of the service contractual costs | 0 | 0 | 0 | 0 |
| Contractual payments in lieu of notice | 5 | 32,760 | 2 | 13,486 |
| Exit payments following employment tribunals or court orders | 0 | 0 | 0 | 0 |
| Non-contractual payments requiring HMT approval | 0 | 0 | 0 | 0 |
| **Total** | **5** | **32,760** | **2** | **13,486** |
| Non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary | 0 | 0 | 0 | 0 |

## Employee Voice

Since the launch of the Employee Voice Network October 2019, which was designed to increase the opportunities for employees to express their views and discuss topical issues, we have been able to hold one 'in person' event in February 2020, and a virtual event in July 2020 for both the Employee Voice Network and the Cultural Ambassadors. The primary purpose during the Trust's pandemic response was to maintain connection and share our early plans for continuing to strengthen employee engagement into 2021.

Our three quarterly Pulse Check, staff friends and family surveys, were put on hold during 2020 by NHS England/Improvement.

### 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 worked closely together on developing the A&E career development framework, from ECA to Paramedic, and the Trust has begun the next phase of the project looking at post-qualification development, mainly around Specialist Paramedics.

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 2020, we published information covering Trade Union representatives within the reference period 1 April 2019 to 31 March 2020.

## Freedom to Speak Up Guardian

Following the introduction of the Freedom to Speak Up arrangements in 2015, we have supported our guardians to undertake these duties with 22.5 hours a week. Our current guardian, Luzani Moyo, a frontline Emergency Medical Technician, meets with members of the Executive Team on a fortnightly basis to discuss and resolve staff concerns.

## Joint Steering Group (JSG)

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

## National NHS Staff Survey

The national NHS Staff Survey is mandated for all NHS organisations. The latest survey was held from 21 September 2020 to 27 November 2020 when the Trust was experiencing significant operational pressures due to COVID-19. Hence this impacted on Trust response rate which was 37% compared to 50% in 2019, however higher than the 34% achieved in 2018. The Trust maintained its methodology from 2019, with all staff (apart from those on maternity/paternity/adoption leave and long-term sickness absence) receiving their surveys online, and operational staff offered 15 minutes abstraction time to complete.

The results of the latest annual NHS Staff Survey, which were released at the end of February 2021, showed largely insignificant changes across most themes. The Trust's staff engagement score has reduced from 6.6 to 6.5, which is still above the national average for the sector in 2020.

Five of ten themes have remained steady since 2019 and one theme has improved (Health and Wellbeing). Of the four themes that scored slightly lower than in 2019, two of those (Quality of Care and Staff Engagement) remain above sector average. None of the theme scores were below the 2018 scores, showing continued improvements over time.

From the reports, and other relevant data, three key themes have emerged, which is Wellbeing, Behaviour, and Leadership. Further engagement on understanding these themes in more detail and identifying appropriate actions will take place early in 2021-22.

**NHS Staff Survey 2020 - Theme results and trends**

| | YAS 2020 | YAS 2019 | YAS 2018 | +/- 2019-20 | Sector average 2020 | YAS vs Sector +/- | NHS Average |
|---|---|---|---|---|---|---|---|
| Equality, diversity & inclusion | 8.5 | 8.5 | 8.5 | = | 8.5 | = | 9.0 |
| Health & wellbeing | 5.5 | 5.3 | 5.0 | +0.2 | 5.5 | = | 6.1 |
| Immediate managers | 6.4 | 6.4 | 6.0 | = | 6.4 | = | 6.9 |
| Morale | 6.0 | 6.0 | 5.7 | = | 6.0 | = | 6.2 |
| Quality of care | 7.6 | 7.7 | 7.4 | -0.1 | 7.5 | +0.1 | 7.5 |
| Safe environment – Bullying & Harassment | 7.4 | 7.5 | 7.4 | -0.1 | 7.4 | = | 8.1 |
| Safe environment – Violence | 8.9 | 8.9 | 8.9 | = | 8.9 | = | 9.5 |
| Safety culture | 6.3 | 6.3 | 6.0 | = | 6.4 | -0.1 | 6.8 |
| Staff Engagement | 6.5 | 6.6 | 6.3 | -0.1 | 6.3 | +0.2 | 7.0 |
| Team-working | 5.1 | 5.2 | 5.0 | -0.1 | 5.2 | -0.1 | 6.5 |

## Health and Wellbeing

The Trust has a detailed Health and Wellbeing Plan for 2020-22 which focuses on key enabling strategies as well as key intervention areas such as mental health and musculoskeletal health. The plan is monitored through the Health and Wellbeing Group, which meets bi-monthly with senior management membership and one of the Trust Board's Non-Executive Directors as the formal Wellbeing Guardian.

Over the last year, the pandemic provided us with a higher requirement to ensure our staff had the support they needed and we have undertaken a number of initiatives to ensure that our staff remain well at work or are supported if they need to be absent. This included providing staff with access to COVID-19 testing through local hospital providers prior to the national testing service being launched. We also carried out a series of COVID antibody tests for frontline staff during summer 2020.

The Trust ensured that staff who were absent due to COVID, or who had to shield, received regular welfare calls and were signposted to relevant support services. The Trust also provided a 'road map to return' following absence from shielding. A number of engagement sessions took place with staff who had been shielding and our BAME colleagues, as well as some sessions to support staff who were struggling with high levels of anxiety during the pandemic. Risk-based assessments for staff have played an important role in ensuring staff wellbeing remained at the heart of our work.

More recently all staff have had the opportunity to access COVID-19 vaccinations at a number of YAS sites and within local vaccination centres.

To support the mental health strand of our plan, we have continued to provide a 24/7 Employee Assistance Programme, giving access to psychological support when needed. We also introduced a new trauma support service to ensure that staff experiencing trauma during the pandemic had timely access to support. We also launched a new Post Incident Care and Support Process, ensuring our staff have support when they need it and can access services relevant to their needs. We have procured a Mental Health Support Service which will implement a peer support network to all staff where they can talk to a trained peer volunteer and be signposted to the relevant support service. This new service will also bring a trauma risk management approach into the Trust, to provide timely support to staff for some of the most difficult aspects of their role.

To promote good musculoskeletal health, we have continued to provide high quality physiotherapy services to staff alongside support to staff who are now working remotely due to the change in working arrangements over the last year.

We have continued to follow the NHS Wellbeing Framework to develop our Health and Wellbeing Plan, alongside information from our staff survey and from many engagement events held, where we have given staff the opportunity to tell us how they feel and how we can provide further support to them. Our self-assessment in this regard, demonstrated the number of improvements we have made to support our staff.

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

### Occupational Health

The occupational health, physiotherapy, mental health and absence reporting services have continued to provide high quality services to staff, and we have worked hard to maintain the good relationships with our providers. The contracts are closely managed with clear key performance indicators in place, and feedback from staff has been very positive.

### Flu Vaccination Campaign

The 2020-21 flu vaccination campaign had a good uptake with over 64% of frontline staff having the vaccination. The Trust is working on a number of new strategies to ensure that this success is built on with a target of 80% to be achieved in 2021-22.

## Absence Management

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

To support staff to remain at work, the Trust managers worked 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.

Work also began on a review of the current Managing Attendance Policy and a focused sickness action plan to address any hotspots and key themes.

We are positive that our Health and Wellbeing Plan will support our staff to remain at work and lead healthy lifestyles with the ultimate aim of reducing calendar days, and expenditure lost to ill health.

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

| Calendar Days Lost | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Jun | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| **Total (2020-21)** | **11,843** | **9,715** | **7,665** | **7,922** | **8,259** | **9,294** | **11,749** | **12,045** | **11,716** | **13,709** | **10,438** | **12,322** |
| 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 |

| Sickness Absence Percentage | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr | May | Jun | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
| **2020-21** | **8.01%** | **6.32%** | **5.10%** | **5.09%** | **5.31%** | **6.14%** | **7.42%** | **7.84%** | **7.37%** | **8.58%** | **7.19%** | **7.65%** |
| 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% |

## Education and Learning

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

The learning and development provision had to change and adapt across the year in response to the COVID-19 pandemic. COVID-secure learning environments were established to ensure the continued delivery of critical workforce development that could only take place face-to-face, e.g. blue-light driver training and clinical skills' development programmes. Adaptations were made to ensure that undergraduate student placements (140,000 placement hours) could continue ensuring all Paramedic Degree programmes could complete on time. 149 new Practice Educators were trained to mentor and support the placement students.

Technological innovations included the rapid development of three online assessment centres to secure a pipeline of recruits, the use of a roving camera to enable remote end-point assessments and allow our apprentices to progress, and the use of online learning to enable remote teaching. Some learning traditionally delivered face-to-face was successfully developed as eLearning achieving strong completion rates, for example, values-based corporate induction. In total 19 new YAS-specific eLearning packages have been developed.

The Academy has shown flexibility in meeting Trust priorities throughout this unprecedented year.

Examples include, providing advice to strategic commanders and coordinating the set-up of the Harrogate Nightingale Hospital, training and assessing additional Patient Transport Service and volunteer car service drivers, inducting 135 new Paramedics into the Trust, including a group of early registrants, and establishing and setting-up the necessary learning packages to enable the training of COVID-19 vaccinators.

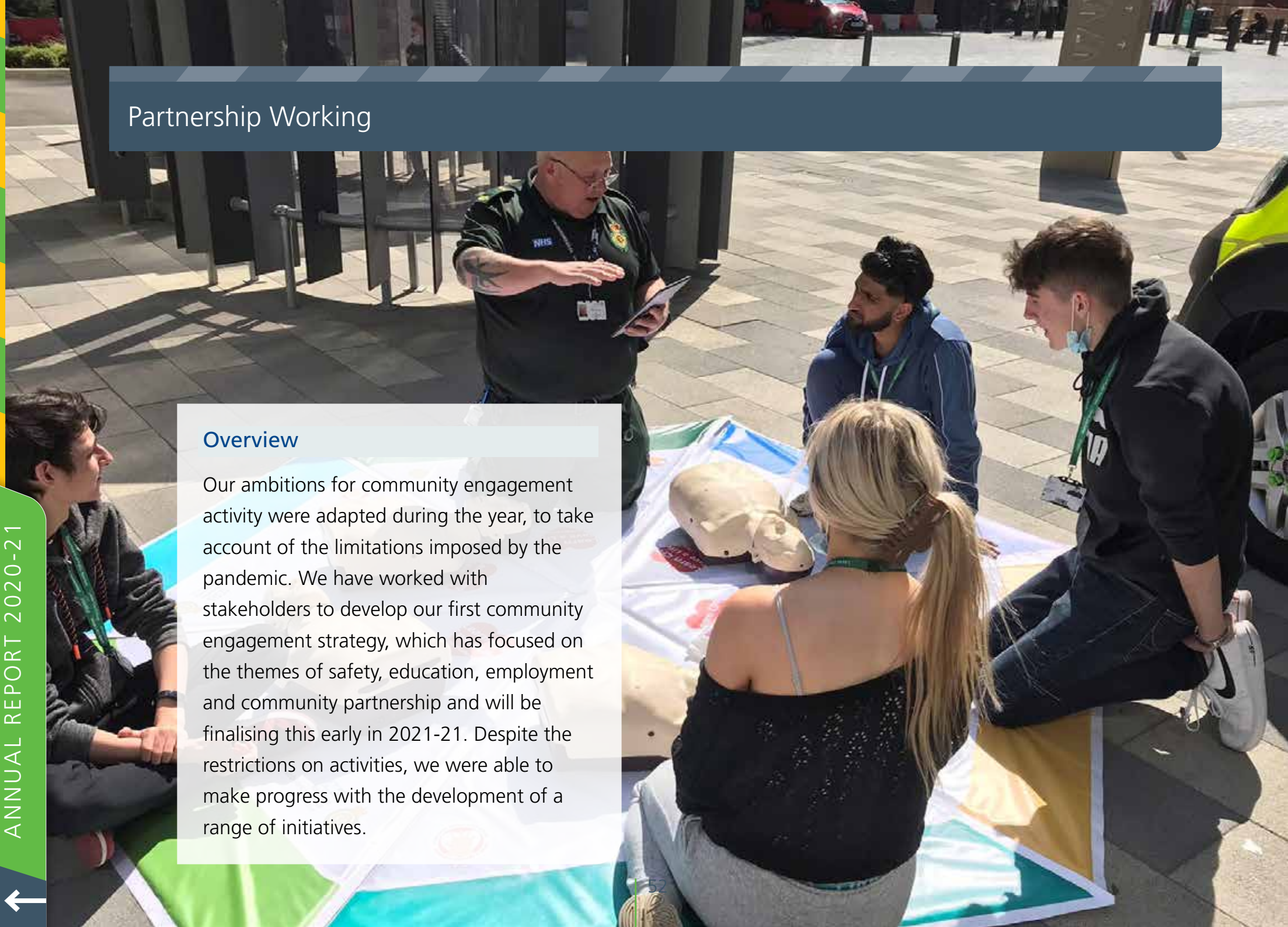
The promotion and support for continuing professional development has also been a focus across the year. Registered healthcare professionals have been actively encouraged to take up their personal CPD budget, funded by Health Education England, and Trust Commanders have been provided tailored support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

The organisational commitment to providing quality apprenticeship programmes was recognised by the Minister for Apprenticeships and Skills, Gillian Keegan, in a YAS apprenticeship showcase event in July 2020 initiated by the Department for Education. The career development pathway for Paramedics, that includes three apprenticeship programmes, was fully implemented. Our initial entry programme, Ambulance Support Worker, won a Gold Award at the prestigious Learning Awards 2021 as 'Apprenticeship Programme of the Year'.


Organised by the Learning and Performance Institute (LPI), the online ceremony held in February 2021 was presented by British TV and radio personality Claudia Winkleman and joined by an online audience of thousands. YAS's apprenticeship programme was cited as a clear winner, being the first of its kind in the UK and praised for being well designed and clearly demonstrating a strong impact on the organisation. The judging panel recognised that YAS worked as part of a national trailblazer group to develop a programme for the ambulance service that meets a need to provide an entry point into the service and offers a robust career progression pathway. In addition, the programme was commended for supporting workforce planning and having a positive influence on the quality of patient care. In terms of measurable success, there have been very positive results with assessment pass rates and staff retention.

40% of our apprentices on this programme have achieved a distinction. As well as clinical apprenticeships, YAS has supported staff development on a wide range of apprenticeship programmes including Business Administration, Customer Service and Project Management.

# Partnership Working



## Overview

Our ambitions for community engagement activity were adapted during the year, to take account of the limitations imposed by the pandemic. We have worked with stakeholders to develop our first community engagement strategy, which has focused on the themes of safety, education, employment and community partnership and will be finalising this early in 2021-21. Despite the restrictions on activities, we were able to make progress with the development of a range of initiatives.

## 999 Aspire Programme

In 2020 we developed and launched our 999 Aspire programme, in collaboration with West Yorkshire Police (WYP) and West Yorkshire Fire and Rescue Service (WYFRS), funded by the West Yorkshire Police Violence Reduction Unit.

The 12-week pilot was launched in January 2020 at Leeds City College with representatives from each emergency service talking about their roles with the aim of changing attitudes and perceptions of the emergency services.

This twelve-week programme is aimed at 14 to 18-year-old young people and the course 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. The programme enables young people of all abilities and backgrounds to learn together in a safe environment whilst raising aspirations.

The first cohort completed the programme at Leeds City College and a second cohort had started at North Huddersfield Trust School, but was paused following Government restrictions imposed due to COVID-19. A third cohort is scheduled to be delivered at Catch Community Centre in Harehills, Leeds and work is underway to develop the pilot into a sustainable programme in the future.

Funding from the West Yorkshire Violence Reduction Unit has also enabled us to support the development of a virtual reality experience for young people, which enables learners to use headsets to experience an ambulance response to an incident, with instructors leading interactive sessions. These materials are developed and ready to test once the pandemic allows trials with young people.

## Restart a Heart Day

Due to COVID-19 restrictions, Restart a Heart Day (16 October) took a very different format, as we were not able to visit schools to provide CPR training to children as we usually would. The event had a digital focus with new content that included a range of videos with celebrities giving CPR instructions, CPR myth-busting and videos in a variety of languages as well as Makaton sign and symbol language.


We were still able to teach CPR by running three virtual sessions for students at nearly 100 schools across the region, with the recording of the live session and a new CPR instructional video. Cardiac arrest survivor stories were shared as part of the event, along with spotlights on the role of our emergency medical dispatchers in the event of 999 call to a cardiac arrest patient.

The success of the digital content from the 2020 event will be developed and incorporated into a CPR training programme which will run virtually (and face-to-face when possible) throughout the next 12 months, culminating in Restart a Heart Day 2021. To make CPR training more accessible for all, we have developed a new training aid – called a Pillow Partner – to enable those without access to manikins the chance to practise hands-only CPR on a pillow. The pillowcases, supported by the YAS Charity, are printed with a torso and basic CPR instructions and can be used alongside our new training video and is a simple, effective and inexpensive way of practising CPR.

## Community engagement

With CPR included on school curriculum from September 2020, we have worked with the publishers of school planners to share CPR instructions for students, along with opportunities to include further content on CPR and first aid as part of the teaching of the new curriculum.

In preparation for the re-starting of community events, we have developed our CPR teaching materials, with the purchase of printed cushioned mats and a monitor, which can be used as part of our training to give feedback on CPR in real time, creating a more interactive experience as part of our events.

YAS, in partnership with Resuscitation Council UK, is taking part in some research that will help shape the future of CPR training. Looking at data from 2014 to date on cardiac arrest data and bystander CPR figures, these figures are overlaid with the locations of CFR schemes and Restart a Heart training. The outcome of this analysis of data will help target future CFR schemes and Restart a Heart training where most needed.

We have significantly improved the accessibility of community public access defibrillators (cPADs) available in the community in recent years. A new partnership was formed with Redrow Homes, who agreed to site a cPAD on each of their new Yorkshire developments when they left site. Thirty-three life-saving community public access defibrillators (cPADs) have also been installed at ambulance stations across Yorkshire, which can be accessed by residents in local communities, which don't have another cPAD within a 600-metre radius.

## 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.

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 2020-21, they responded to 8,893 calls, including 934 Category 1 incidents. They were first on scene at 7,266 of those Category 1 incidents and attended 381 cardiac arrests.

The total number of on-call hours provided by CFRs was 254,247 which is equivalent to 6,780 37.5-hour working weeks. Following the successful pilot in 2019-20 a further 10 falls teams were established across the Trust.

CFRs are currently dispatched using an SMS messaging system that has limited capabilities.

The Ambulance Radio Programme is responsible for the implementation of the National Mobile Application (NMA) planned for all 999 YAS frontline vehicles. NMA Lite is a streamlined version and is being implemented across the Trust for all CFRs so that they can be dispatched to an incident within a radius of their current location, and they can be tracked for the duration of the incident. The use of NMA Lite will allow a more dynamic approach to the deployment of CFRs and will improve the tracking and dispatching of these resources during events such as the Tour De Yorkshire.

The challenges the Trust faced due to the COVID-19 pandemic during this year have been supported by a large number of our CFR volunteers. Not only did they continue to provide hours of coverage, but many also came into the Trust to support frontline services in Patient Transport Service (PTS), NHS 111, Emergency Operations Centre (EOC), fleet, procurement and the in-house vaccination programme.

The valued support from our volunteers had a positive impact on patient outcomes and was well received; some of our volunteers went on to gain bank/permanent contracts with the Trust which is a great achievement and aligned to YAS's People Strategy ensuring we recruit employees representative of our local population.

## 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.

## Ambitions for 2021-22

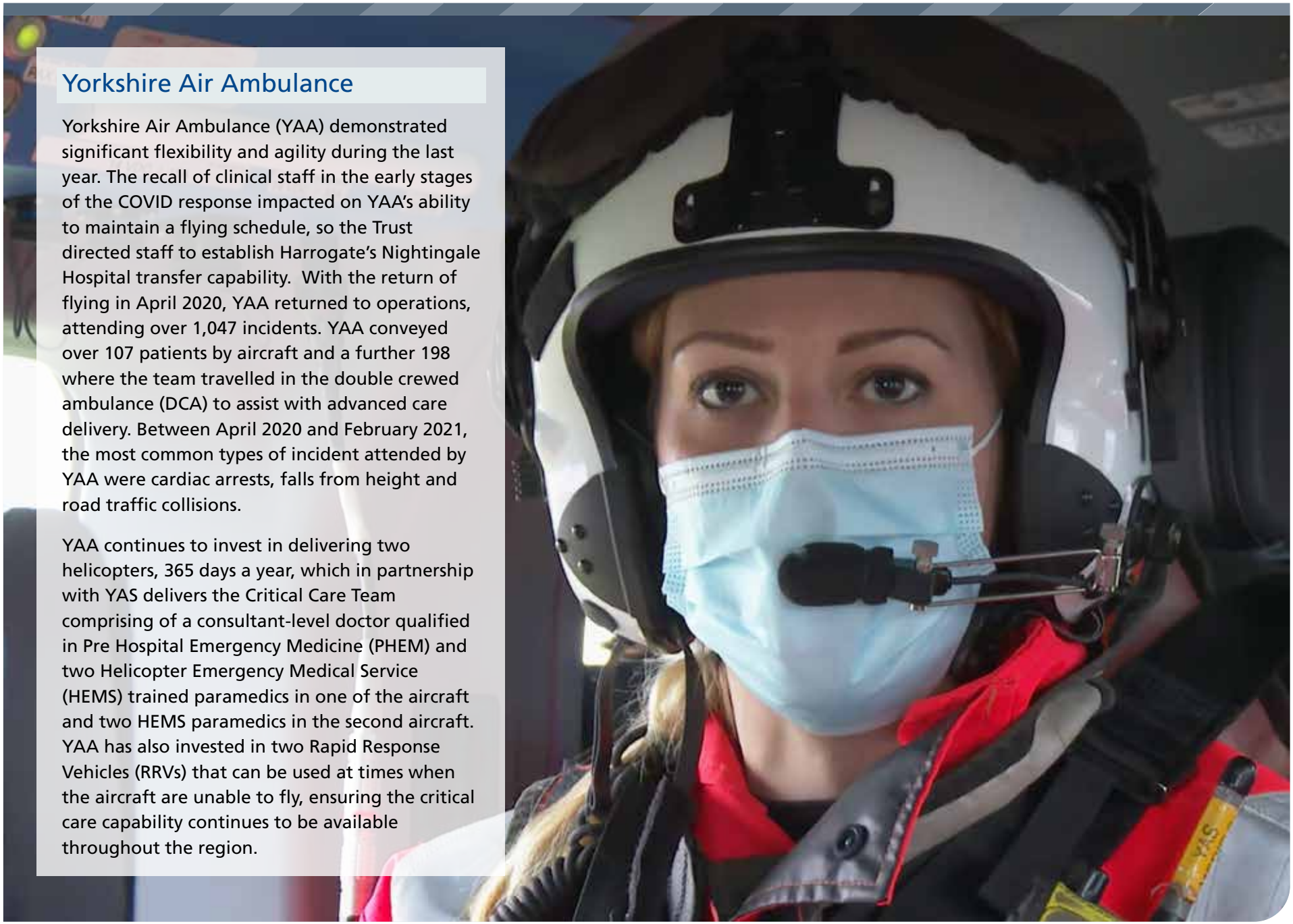
In addition to supporting the Trust with the pandemic, the team has an exciting year ahead. The projects the team are involved in are:

- The roll-out of trackable devices for all CFR schemes. This will enable a faster despatch of our volunteers and any other partners as their location is accurately tracked and their response time can be predicted by the systems within the Emergency Operations Centre (EOC).
- Further development of initiatives on urgent and social care issues which volunteers could support. We have volunteers all over Yorkshire and there is the opportunity to review what other incidents they can attend and provide a more timely and appropriate response in collaboration with our remote clinicians.
- Continuing to support the Restart a Heart Day initiative for 11-16-year-olds. COVID-19 has pushed us to develop new ways of delivering basic life support training and this is something we will continue with and deliver in conjunction with the Restart a Heart initiative and wider community groups in collaboration with our community engagement colleagues. This will help us ensure that when someone has a cardiac arrest in Yorkshire a bystander is equipped to start delivering basic life support.
- Expanding the delivery of falls schemes across the whole of Yorkshire. The pilot project in 2019-20 and initiatives we have delivered in response to COVID-19 have clearly demonstrated the benefits to patients of early lifting from the floor. Volunteers embedded in communities can get to the scene early and, in partnership with our remote clinicians, can ensure patients are taken off the floor and then get the best next steps for their particular circumstances.
- Continuing to collaborate with Police and Fire colleagues to develop tri-service volunteering. When our volunteers interact with people in their community they can share positive health and fire and crime prevention messages if they have the tools and expertise to do this. This is a project we are looking to pilot in West Yorkshire in 2021-22.

## Yorkshire Air Ambulance

Yorkshire Air Ambulance (YAA) demonstrated significant flexibility and agility during the last year. The recall of clinical staff in the early stages of the COVID response impacted on YAA's ability to maintain a flying schedule, so the Trust directed staff to establish Harrogate's Nightingale Hospital transfer capability. With the return of flying in April 2020, YAA returned to operations, attending over 1,047 incidents. YAA conveyed over 107 patients by aircraft and a further 198 where the team travelled in the double crewed ambulance (DCA) to assist with advanced care delivery. Between April 2020 and February 2021, the most common types of incident attended by YAA were cardiac arrests, falls from height and road traffic collisions.

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



# Financial Review

## Strategic Context

2020-21 has been a year dominated by the operational and resulting financial challenges of delivering healthcare services during a coronavirus pandemic.

Emergency funding arrangements were put in place across the NHS at the start of the financial year to enable healthcare organisations to respond to the initial COVID crisis by improving cash flow and reducing the burden of transactional processing.

The Trust has incurred significant additional costs in all areas but particularly in our frontline services. The NHS introduced a temporary financial regime (detailed below) allowing the Trust to respond to the operational challenges and provide the resources required to deliver the best possible service over the past 12 months.

In response to the first wave of the COVID-19 Pandemic, a national programme was initiated encouraging the public to access NHS 111 for the initial management of urgent care needs, thereby avoiding, unannounced attendance at emergency departments. In delivering this national NHS 111 First programme it was necessary for health systems to rapidly scale up their capacity within Integrated Urgent Care (IUC) services, which included implementing new technology and pathways to support referrals between 111 First and emergency departments (EDs).

Within Yorkshire and Humber, projections indicated that call volumes would increase by 12%, equivalent to an additional 190k calls per year. The Trust received £1.3m investment during 2020-21 to support the recruitment of over 30 additional health advisors and 10 additional IUC clinicians.

The NHS 111 First programme went live in December 2020 and is currently being evaluated by NHS England.

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

2020-21 saw the continued capital investment in the Trust's Fleet (Double Crew Ambulances and Patient Transport Service vehicles). Due to COVID-19, several of our planned capital and strategic initiatives were delayed, including Hub and Spoke, with our capital plan reprioritised to respond to the new challenges in year. This enabled significant improvements in our IT infrastructure that supported flexible and homeworking and Estates remodelling to offer socially distanced environments for our staff.

The detailed Trust position for 2020-21 and COVID specific revised NHS arrangements are set out below.

## Revised Financial COVID Regime

From April - September 2020-21, the Trust was working within a temporary finance regime in response to the first wave of the Coronavirus Pandemic which included:

- Suspension of the usual planning processes and contract negotiations
- Retrospective income top-ups in relation to COVID spend to enable organisations to break even in each of months 1-6.

A revised financial regime was put in place for October to March 2020-21. This framework for the second half of the year was primarily aimed at supporting organisations to deliver through the recovery phase and transition to a business as usual (BAU) service, the key features of the proposed framework are outlined in the section below.

The main financial components were:

- Block Payments – allocation determined by national modelling specific to each organisation.
- System Top-up – allocation determined by national modelling specific to each organisation but at the discretion of the ICS.
- Growth Funding and COVID Top-up – allocation distributed by mutual agreement between ICS partners.

## Income and Expenditure

The Trust delivered a £1.011m deficit in 2020-21 against a planned £1.754m deficit.

| | Plan | | | Actual |
|---|---|---|---|---|
| | Months 1-6 | Months 7-12 | **2020-21** | **2020-21** |
| | £m | £m | **£m** | **£m** |
| Income | 150.43 | 156.98 | **307.41** | **334.13** |
| Pay | (112.69) | (117.09) | **(229.78)** | **(241.60)** |
| Non Pay | (37.11) | (40.55) | **(77.66)** | **(92.63)** |
| PDC Dividend | (1.11) | (1.11) | **(2.22)** | **(1.60)** |
| Finance Income/(Costs) | 0.49 | 0.02 | **0.50** | **0.69** |
| **Total** | **(0.00)** | **(1.75)** | **(1.75)** | **(1.01)** |

## Income

The Trust received income of £334.1m including £5.1m for centrally provided personal protective equipment (PPE), £0.4m for staff vaccinations and COVID testing and £13.8m System top-up funding. The Trust also received £9.6m central funding to cover increased staff pension costs.

The financial plan for 2021-22 has rolled forward the principles from the 2020-21 interim COVID-19 financial regime and set a budgetary framework for the first half of 2021-22 (H1). This approach will continue to provide a level of income allowing the Trust to plan our resources and additional expenditure requirements for the ongoing response to COVID-19.

| **Service** | **2020-21** | | 2019-20 |
|---|---|---|---|
| | £m | % | £m |
| Patient Care Income | 298.3 | 89 | 270.9 |
| Non-Patient Care Income | 6.9 | 2 | 6.5 |
| Other* | 9.6 | 3 | 8.6 |
| PSF, FRF and MRET funding | - | - | 2.2 |
| Vaccination and Testing | 0.4 | 0 | - |
| Top-up Funding | 13.8 | 4 | - |
| Centrally Provided PPE | 5.1 | 2 | - |
| **Total** | **334.1** | **100** | 288.2 |

** £9.6m centrally funded pension costs (£8.6m in 2019-20).*

## Expenditure

Combined revenue expenditure in 2020-21 was £334.2m. The breakdown of total expenditure can be seen in the table right.

During 2020-21 pay costs increased by £29.5m. The Trust has continued to deliver as close to a full service as possible throughout the last year, the inevitable effects of COVID- related absence has impacted the level of staffing operationally available on a daily basis. The Trust's workforce has shown a committed and team approach, enabling a large proportion of this shortfall to be covered with additional shifts and hours. The demands placed on our fleet through reduced and sole occupancy for patients together with unpredictable discharges at the height of the acute bed shortages has also required a flexibility from our staff that has also contributed to the increased costs.

Non-pay expenditure has increased by £17.0m. Additional costs associated with COVID included the expansion of our fleet capacity using private providers, enhanced cleaning of vehicles at EDs, and of contact centres and other premises, and estates-related work on infection prevention and control to create safe workplace environments.

The Trust also utilised £5.1m of centrally procured personal protective equipment (PPE).

| **Expenditure** | **2020-21** | | 2019-20 |
|---|---|---|---|
| | £m | % | £m |
| Pay Costs | 241.7 | 72 | 212.2 |
| Non Pay Costs | 75.5 | 23 | 58.2 |
| Depreciation | 11.9 | 4 | 11.4 |
| Centrally Provided PPE | 5.1 | 2 | - |
| **Total** | **334.2** | **100** | **282.1** |

## Quality and Efficiency Savings/ Cost Improvement Plans

Delivery of cost improvement plans for 2020-21 was suspended as part of the COVID-19 Finance Regime, recognising the significant operational challenges faced by the Trust in responding to the pandemic throughout 2020-21.

Yorkshire Ambulance Service has continued to evaluate and develop efficiency opportunities where possible. Some efficiencies were realised as a result of the operational arrangements during the COVID response. The Trust has set a savings target under the roll forward framework for 2021-22 which is considered realistic and achievable and where possible assumes these efficiencies will continue.

## Capital Expenditure

The Trust approved a Trust Capital Plan of £12.4m to fund programmes across Estates, Fleet, ICT and Medical Equipment for 2020-21. In recognition of the challenges associated with COVID the Trust was able to access additional capital made available by NHS England\Improvement (NHSEI).

2020-21 presented the Trust with challenges in delivering the planned capital investment. Ambulance station refurbishments were undertaken as planned, however, further developments on the Hub and Spoke initiative were not possible in 2020-21 and have been reprioritised for 2021-22. Where planned expenditure has been delayed due to COVID and operational demand the Trust was able to accelerate future years' planned medical equipment purchases and the Ambulance Fleet Replacement Programme bringing these forward into 2020-21.

An additional £0.9m expenditure was to support the COVID pandemic response, predominantly to invest in ICT infrastructure, enabling increased homeworking and the roll-out of 111 First.

NHS Digital also provided further support for the ongoing programmes for the Electronic Patient Record and Yorkshire & Humber integrated digital care record.

| **Capital Expenditure** | Trust Capital | Covid-19 Related | **Total Capital** | |
|---|---|---|---|---|
| | £m | £m | **£m** | **%** |
| Estates | 2.3 | - | **2.3** | **17** |
| ICT | 2.3 | 0.7 | **3.0** | **22** |
| Fleet | 5.2 | - | **5.2** | **39** |
| Medical Equipment | 2.8 | 0.2 | **3.0** | **22** |
| **Total** | **12.6** | **0.9** | **13.5** | **100** |

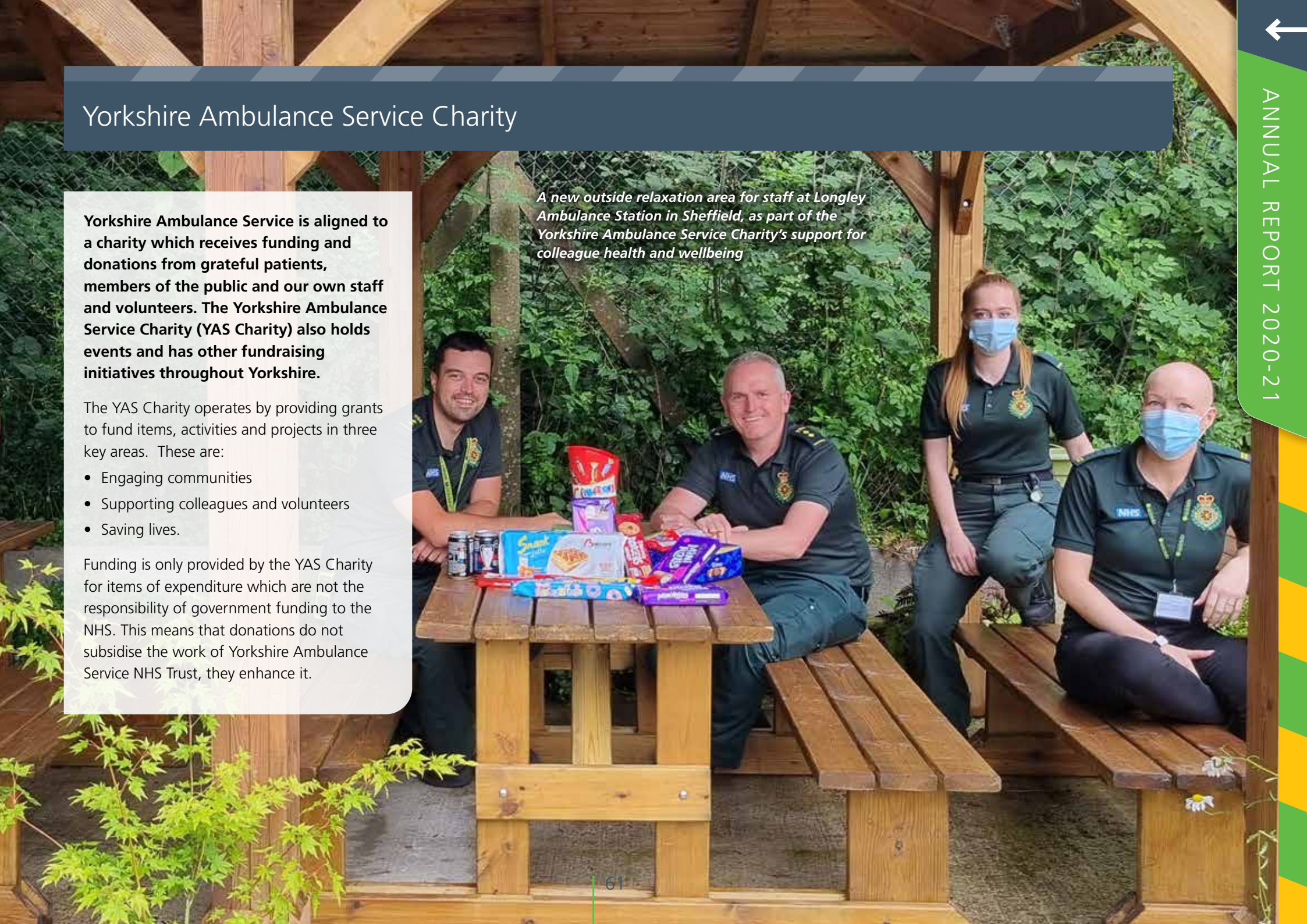
# Yorkshire Ambulance Service Charity

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

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

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

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



*A new outside relaxation area for staff at Longley Ambulance Station in Sheffield, as part of the Yorkshire Ambulance Service Charity's support for colleague health and wellbeing*

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.

In 2020-21 the charity has achieved the following with its funding:

- Partnership projects with local communities to part-fund community public access defibrillators (cPADs) across the region; 11 have been part-funded with a further three pending. The COVID-19 pandemic saw a lengthy period of inactivity on our "999" scheme" but we have now started to see an increase in applications.
- We have continued to fund the community engagement project linked to the West Yorkshire Violent Crime Reduction Unit with funding from the West Yorkshire Crime Commissioners.
- Provided financial support to Restart a Heart Day 2020 investing in the production of 3000 Pillow Partners which aim to teach hands-on CPR remotely.
- Continued support for the Barnsley Hearts Project, which aimed to provide a total of 22 cPADs in the Barnsley district in 2020-21, in partnership with Barnsley Hearts Support Group and Barnsley Metropolitan Town Council.
- The families of the five colleagues who sadly lost their lives to COVID-19 were provided with immediate support payments to assist them in the very difficult weeks following their death.

As a member of NHS Charities Together, the YAS Charity has been able to fund a range of projects from the NHS Charities Together COVID-19 Appeal Fund allocation of £156,150 to date:

- Support for over 100 colleagues and volunteers with emergency payments due to hardship caused by the pandemic.
- Funds have been delegated equally to all YAS business units, mainly supporting enhanced relaxation and recovery areas at stations and other sites. We have also purchased outdoor equipment to aid social distancing and support colleague health and wellbeing.
- Support for YAS's volunteer Community First Responders with enhanced emotional resilience training.
- Provision of facemasks to all PTS volunteers and colleagues for use outside of the workplace.
- A thank-you card sent to all colleagues and volunteers for their amazing hard work in 2020.
- A pin-badge sent to all colleagues and volunteers as part of the STARS staff recognition awards.

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

# ACCOUNTABILITY REPORT

## Openness and Accountability Statement

The Trust complies with the Nolan Principles on Conduct in Public Life and the Trust's Duty of Candour and has various channels through which the public can obtain information about its activities.

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

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

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

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

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

## Environmental Considerations

### Yorkshire Ambulance Service's Green Ambitions

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

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

### Green Plan

The Yorkshire Ambulance Service Trust Board approved the Trust's Green Plan for 2020 to 2025, setting out a long-term commitment to sustainable reductions of our $CO_2$ emissions and carbon footprint. Understanding that the climate emergency is a health emergency, this new plan incorporates the 2045 Greener NHS targets laying out a roadmap to decarbonising our fleet, estates, IT and procurement. We are also identifying ways in which we can reach Net Zero earlier through changes to our models of care.

### Environmental Policy

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 patient care.

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

We anticipate the impact of future policy and legislation and position ourselves to maximise the sustainability benefits to our organisation. We have a process of horizon scanning for best practice, changes to mandatory and legislative drivers and adopt early to maximise benefits.

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 the Trust to support further carbon reduction measures and make further long-term cost savings as well as maintain a more sustainable ambulance service for the future.

### Ambulance Service for the future

Climate change is set to be the biggest threat to humanity in the future and it is important for everyone to play a role in reducing their impact. Through the Estate, projects and the Hub and Spoke programme we are ensuring that we create Net Zero, energy efficient and zero emission buildings for the future. We are working nationally to establish a national specification for ambulance stations to create the design for a net zero location.

The fleet team is trialling viable vehicles and we are working with the national specification and design teams to ensure that we create zero emission vehicles powered by hydrogen and electric.

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

We are working to assess the way that we can integrate PPE (personal protective equipment), like reusable facemasks and gowns that have a lower carbon footprint and generate a lower amount of waste.

## Looking Forward to 2021-22

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

Although the pandemic has put on hold some of the projects that we were anticipating rolling out, we are looking to ensure that during the next year we are bold in our impact. 2021 is the year of COP26 (UN Climate Change Conference of the Parties) and timely for us to make our impact in carbon emission reductions and tackling climate change. We will be rolling out electric charging points at our ambulance stations to make them ready for zero emission and hybrid vehicles joining the fleet. We are working with our civic partners to implement changes to our fleet that will improve air quality across our regional cities as part of the clean air zones.

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

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

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

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

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

## YAS Sustainability Report 2020-21

Yorkshire Ambulance Service was the first ambulance service in the country to draw up a Carbon Management Plan (now identified as the Green Plan).

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

We have incorporated the following points in our Green Plan:

- We have identified a five-year plan for decarbonising our organisation.
- We have stopped sending waste to landfill (a small amount is still produced as ‘flock’ from incineration) and are working to reduce the amount of waste that we generate through more paperless operations and returning waste to the suppliers. Waste diverted from landfill now goes to recovery for fuel.
- We have seven sites that have solar generation systems installed on their roofs.
- We have installed LED lights and lighting panels at all of our sites in order to reduce our energy use.
- Through the estates upgrade programme we are ensuring that we insulate our stations and retrofit them to an energy efficient standard.

- We are adding more zero emission vehicles into our fleet and we have hydrogen hybrid vehicles as well as electric vehicles. Where we don't have zero emission vehicles we have a Euro 6 fleet, ensuring we are using the most up to date and efficient vehicles. We installed solar panels on our new fleet of double crewed ambulances which trickle charge batteries to reduce the impact of idling.
- We have installed EV charging points at several sites to support our road to zero emission vehicles.
- We are improving the biodiversity of our sites and we have planted over 300 trees across our sites.
- We set up the YAS Innovation Hub and investigated new alternatives to many of the products that we consume.
- Through the Warp it furniture reuse platform, we saved over £135,000 of furniture from landfill, reusing within YAS or donating to worthy charities across the country
- NHS organisations have a statutory duty to assess the risk posed by climate change and the Trust is considering the potential need to adapt the organisation's activities, buildings and estates in line with this policy. This will pose a challenge to both service delivery and infrastructure in the future. YAS has created a Climate Change Adaptation Plan to look to the challenges we face as we travel into the future.
- Sustainability issues are included in the Trust's analysis of risks facing the organisation. These include climatic challenges like flooding, flash floods and heatwaves. They also include supply chain issues associated with these issues within the UK and from abroad.

## 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 2020-21 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 2020-21 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 2020-21 was Juliana Field, Head of Corporate Affairs. The role of the Data Protection Officer is to ensure compliance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

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

Due to the ongoing COVID-19 situation, the deadline for the 2020-21 DSPT assessment has been extended to 30 June 2021. The 2019-20 publication showed YAS as Standards Met.

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

In 2020-21, 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;
- Reviewed the Information Governance policies;
- Continued engagement and development of our established network of Information Asset Owners (IAOs) through well embedded confidentiality audit and risk review processes which allow us to undertake information governance and data security checks within IAOs' respective business areas and identify areas for improvement;
- Reviewed the Information Asset Register and data flow maps through engagement with relevant IAOs;
- Rolled out a Cyber Security eLearning course for IAOs;
- Maintained robust archiving and destruction of records in accordance with our Records Management Policy and retention schedule.

## Information Governance incidents

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

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

There have been no serious incidents (SIs) relating to information governance and data security reported during 2020-21.

## Fraud Prevention

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

Our local contact for reporting potential fraudulent activity or obtaining advice in 2020-21 was via Audit One, Kirkstone Villa, Lanchester Road Hospital, Durham, DH1 5RD, https://www.audit-one.co.uk/

In 2021-22 our local contact for reporting potential fraudulent activity or obtaining advice has changed to 360 Assurance, Oak House, Moorhead Way, Bramley, Rotherham, South Yorkshire S66 1YY, www.360assurance.co.uk

# The Board of Directors 2020-21

## Executive Directors

**Kathryn Lavery**

Chairman

**Rod Barnes**

Chief Executive

**Kathryn Vause**
(Interim/Acting from 1 August 2020)

Executive Director of Finance

*Mark Bradley (up to 8 November 2020)*

**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**
(up to 31 December 2020)

Director of Workforce and Organisational Development

*Suzanne Hartshorne (Interim/Acting from 1 January 2021)*

**Karen Owens**
(Interim/Acting from 23 April 2019)

Director of Urgent Care and Integration

## Non-Executive Directors

**John Nutton**

**Phil Storr**

(Associate)

**Tim Gilpin**

**Jeremy Pease**

**Anne Cooper**

**Stan Hardy**

(up to 8 October 2020)

**Andrew Chang**

(from 22 October 2020)

### 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 2020-21

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

| Committee | Membership |
|---|---|
| **Quality Committee** | Three Non-Executive Directors<br>Executive Director of Quality, Governance and Performance Assurance<br>Executive Medical Director<br>Executive Director of Workforce and Organisational Development<br>Executive Director of Operations<br>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<br>Chief Executive<br>Executive Director of Finance<br>Associate Director of Business Development |
| **Charitable Funds Committee** | Two Non-Executive Directors<br>Executive Director of Finance (deputised by the Head of Financial Services)<br>Associate Director of Corporate Services<br>Head of Financial Services<br>Fund Manager<br>Head of Corporate Communications and Community Engagement |
| **Remuneration Committee** | Chairman of the Board of Directors<br>All Non-Executive Board members |

## Declaration of Interests for the Financial Year 2020-21

| 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**<br>Chairman<br>1 July 2016 | Non-Executive Director Navigo, North East Lincolnshire<br>Consultant to Hull University (retained contract)<br>Advisory Board Member Agencia Consultancy, Hessle (unpaid) | Director Kath Lavery Associates | 80% stakeholder of Kath Lavery Associates | None | Chairman of Humber Business Week<br>Board member of Johnnie Whitely Foundation<br>Director/Trustee of Hull Kingston Rovers Community Trust | Member of Northern Ambulance Alliance Board<br>Chair of the Yorkshire and Humber Panel of the ACCEA (Advisory Committee on Clinical Excellence Awards) - fee received for marking award applications | None |
| **Anne Cooper**<br>Senior Independent Director<br>18 Jan 2019 | Non-Salaried Director Ethical Healthcare Consulting CIC, 19 Park Crescent East, North Shields, NE30 2HQ (paid for any delivery work)<br>Associate mHabitat, Leeds and York Partnership FT, 2150 Century Way, Thorpe Park, Leeds (Paid)<br>Self-Employed, Anne Cooper | None | None | None | None | None | Nursing and Midwifery Council Registration |
| **Tim Gilpin**<br>Deputy Chairman<br>1 August 2018<br>Associate NED 31 Jan 2017 - 31 July 2018 | Managing Director of TGHR Ltd. | Managing Director of TGHR Ltd. | None | None | None | School Governor at Dixons Multi Academy Trust | Member of Chartered Institute of Personnel and Development (CIPD) |

## Declaration of Interests for the Financial Year 2020-21

| 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)** | | | | | | | |
| **John Nutton**<br>5 June 2015 | Self-employed Corporate Finance practitioner, Springwell Corporate Finance in association with Cattaneo LLP | The Carbis Beach Apartments Management Company Limited<br>The Marque Management Company (Cambridge) Limited July | None | None | Member of The Wakefield Grammar School Foundation Clayton Hospital Site Fund Raising Committee | None | Fellow of Institute of Chartered Accountants in England & Wales |
| **Jeremy Pease**<br>14 February 2019 | Green Oak Associates Ltd. (paid employment providing consultancy – including for the NHS) | Director Green Oak Associates Ltd. | None | None | None | None | None |
| **Andrew Chang**<br>Chair of the Audit Committee<br>22 Oct 2020 | Non-Executive Director at Bradford District Care NHS Foundation Trust | None | None | None | Governor at Luminate Education Group (Leeds City College)<br>Trustee at Chartered Institution of Water and Environmental Management | None | Fellow of Chartered Institute of Management Accountants<br>Member of Chartered Institution of Water and Environment Management |

## Declaration of Interests for the Financial Year 2020-21

| 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**<br>Chief Executive<br>6 May 2015 | None | None | None | None | Trustee of CATCH (Community Action To Create Hope) (from July 2020) | Member of Northern Ambulance Alliance Board<br>Member of the Ambulance Improvement Programme NHSE/NHSI<br>SRO for West Yorkshire and Harrogate ICS Urgent and Emergency Care Board | Chartered Institute of Management Accountants |
| **Kathryn Vause**<br>Interim Executive Director of Finance<br>In post from 1 August 2020<br>*(joined YAS in June 2017)* | None | None | None | None | None | None | Member of Chartered Institute of Public Finance & Accountancy |
| **Dr Julian Mark**<br>Executive Medical Director<br>1 October 2013 | None | None | None | None | None | Chair National Ambulance Service Medical Directors (NASMeD)<br>*(Ended March 2021)*<br>Urgent and Emergency Care Clinical Lead Yorkshire & Humber Digital Care Board<br>Co-chair of the National Advisory Board 'The Circuit'<br>*(from Sept 2020)* | General Medical Council<br>Medical Protection Society<br>Faculty of Medical Leadership and Management |

## Declaration of Interests for the Financial Year 2020-21

| 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** | | | | | | | |
| **Steve Page**<br>Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive<br>1 October 2009 | None | None | None | None | None | Care Quality Commission Well Led Reviewer | Nursing & Midwifery Council Registration |
| **Nick Smith**<br>Executive Director of Operations<br>12 November 2018 | None | None | None | None | None | None | None |
| **ASSOCIATE NON-EXECUTIVE DIRECTORS (Non-Voting)** | | | | | | | |
| **Phil Storr**<br>Associate Non-Executive Director<br>27 November 2018<br>Non-Executive Director/ Deputy Chairman<br>1 April 2018 - 26 November 2018<br>Associate Non-Executive Director<br>31 Jan 2017 - 31 March 2018 | NHS Interim Management & Support (NHS IMAS)<br>NHS England East of England Region<br>Member- Advisory Committee for Clinical Excellence Awards Committee (Yorkshire & Humber) | MRL Safety Ltd.<br>Burn Grange Properties Ltd. | None | Member of Burn Parish Council | Committee Chair – Yorkshire Ambulance Service Charity | None | Associate - Emergency Planning Society<br>Health and Care Professions Council<br>Member of College of Paramedics<br>Member Institute of Healthcare Management |

## Declaration of Interests for the Financial Year 2020-21

| 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)** | | | | | | | |
| **Suzanne Hartshorne**<br>Acting Director of Workforce and Organisational Development<br>In post from 1 January 2020<br>*(joined YAS in January 2017)* | None | None | None | None | None | None | Member Chartered Institute of Personnel and Development |
| **Karen Owens**<br>Interim Director of Urgent Care and Integration<br>23 April 2019 | None | None | None | None | None | None | Nursing and Midwifery Council Registration |
| **Stan Hardy**<br>NED<br>18 March 2019 to 8 October 2020 | Non-Executive Director, Local Care Direct (LCD) – resigned on 7 March 2019, the resignation was formally recorded at the LCD AGM on 10 June 2019 | None | None | None | Trustee Duke of York's Community Initiative<br>President Leeds Royal British Legion<br>Council Member of the Yorkshire and Humberside Reserve Forces & Cadets Association | None | Fellow of Institute of Directors |

## Declaration of Interests for the Financial Year 2020-21

| 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)** | | | | | | | |
| **Mark Bradley**<br>Executive Director of Finance<br>*1 March 2017 to 8 November 2020* | None | None | None | None | None | None | Chartered Institute of Management Accountants<br>Healthcare Financial Managers Association (HFMA) |
| **Christine Brereton**<br>Director of Workforce and Organisational Development<br>*1 Nov 2017 to 31 December 2020* | None | None | None | None | None | None | Fellow Member of the Chartered Institute of Personnel and Development |
| **Leaf Mobbs**<br>Director of Urgent Care and Integration<br>*1 November 2017 to November 2020**<br>**on secondment to NHS England from 1 December 2018 to November 2020*<br>*(joined YAS in June 2016)* | None | None | None | None | None | None | None |

# Remuneration Report

## Remuneration Policy

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

## Fair Pay Disclosure 2020-21

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 midpoint of the banded remuneration for the highest paid director / member in the Trust in the financial year 2020-21 was £152,500 (2019-20 £152,500). This is 5.02 times (2019-20: 5.39 times) the median remuneration of the workforce, which was £30,305 (2019-20: £28,594).

No employees (2019-20: no employees) received remuneration in excess of the highest-paid director/member. Remuneration ranged from £7,732 to £152,201 (2019-20: £7,625 to £154,088).

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 2019-20.

## Salaries and Allowances of Senior Managers 2020-21

| | | 2020-21 | | | | 2019-20 | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 | 1 | - | 35-40 | 35-40 | 12 | - | 35-40 |
| **Rod Barnes** Chief Executive | 7 | 140-145 | 91 | 32.5-35 | 185-190 | 145-150 | 102 | 25-27.5 | 180-185 |
| **Steve Page** Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive | | 110-115 | 67 | 7.5-10 | 125-130 | 110-115 | 73 | 0-2.5 | 120-125 |
| **Mark Bradley** Executive Director of Finance | 1 | 75-80 | - | 7.5-10 | 85-90 | 120-125 | - | 22.5-25 | 145-150 |
| **Kathryn Vause** Executive Director of Finance (Interim) | 2 | 65-70 | - | 50-52.5 | 120-125 | - | - | - | - |
| **Christine Brereton** Director of Workforce and Organisational Development | 3 | 85-90 | - | 12.5-15 | 100-105 | 115-120 | - | 27.5-30 | 140-145 |
| **Suzanne Hartshorne** Acting Director of Workforce and Organisational Development (Non-Voting) | 4 | 25-30 | - | 2.5-5 | 30-35 | - | - | - | - |
| **Dr Julian Mark** Executive Medical Director | | 130-135 | - | 27.5-30 | 160-165 | 130-135 | - | 25-27.5 | 155-160 |
| **Karen Owens** (Interim) Director of Urgent Care and Integration | | 115-120 | - | 75-77.5 | 190-195 | 95-100 | - | 115-117.5 | 210-215 |
| **Nick Smith** Executive Director of Operations | | 105-110 | - | 7.5-10 | 115-120 | 110-115 | 41 | 52.5-55 | 165-170 |

## Salaries and Allowances of Senior Managers 2020-21

| | | 2020-21 | | | | 2019-20 | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 |
| **Simon Marsh** Chief Information Officer | | 25-30 | - | 0-0.25 | 25-30 | - | - | - | - |
| **Andrew Chang** Non-Executive Director | 5 | 5-10 | - | - | 5-10 | - | - | - | - |
| **Anne Cooper** Non-Executive Director | | 10-15 | - | - | 10-15 | 5-10 | 5 | - | 5-10 |
| **John Nutton** Non-Executive Director | | 10-15 | - | - | 10-15 | 5-10 | 6 | - | 5-10 |
| **Tim Gilpin** Non-Executive Director | | 10-15 | - | - | 10-15 | 5-10 | 5 | - | 5-10 |
| **Jeremy Pease** Non-Executive Director | | 10-15 | - | - | 10-15 | 5-10 | 6 | - | 5-10 |
| **Phil Storr** Associate Non-Executive Director | | 10-15 | - | - | 10-15 | 5-10 | 5 | - | 5-10 |
| **Stan Hardy** Non-Executive Director | 6 | 5-10 | - | - | 5-10 | 5-10 | 5 | - | 10-15 |

*Notes - 2020-21*

1 *to 8 November 2020. On secondment to Humber, Coast and Vale Health and Care Partnership after this date.*

2 *from 1 August 2020*

3 *to 31 December 2020*

4 *from 1 January 2021*

5 *from 9 November 2020*

6 *to 8 October 2020*

7 *The Remuneration Committee has approved a pay award to be backdated to April 2020. This would move the salary into the 150-155 band. Payments will be disclosed in the year these are paid.*

## Pension Entitlement Table 2020-21

| 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 2021 (bands of £5,000) | (d) Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000) | (e) Cash Equivalent Transfer Value at 1 April 2020 | (f) Real increase in Cash Equivalent Transfer Value | (g) Cash Equivalent Transfer Value at 31 March 2021 | (h) Employer's contribution to stakeholder pension | (i) All pension related benefits (bands of £2,500) |
|---|---|---|---|---|---|---|---|---|---|---|
| *Name and title* | | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| **Rod Barnes** Chief Executive | | 2.5-5 | - | 55-60 | 125-130 | 1,062 | 39 | 1,139 | 21 | 32.5-35 |
| **Steve Page** Executive Director of Quality, Governance and Performance Assurance and Deputy Chief Executive | | 0-2.5 | 2.5-5 | 50-55 | 155-160 | 1,231 | 39 | 1,308 | 17 | 7.5-10 |
| **Mark Bradley** Executive Director of Finance | 1 | 0-2.5 | - | 45-50 | 95-100 | 735 | 319 | 789 | 18 | 7.5-10 |
| **Kathryn Vause** Executive Director of Finance (Interim) | 2 | 2.5-5 | 5-7.5 | 30-35 | 70-75 | 520 | 251 | 617 | 14 | 50-52.5 |
| **Christine Brereton** Director of Workforce and Organisational Development | 3 | 0-2.5 | - | 10-15 | - | 113 | 41 | 139 | 11 | 12.5-15 |
| **Suzanne Hartshorne** Acting Director of Workforce and Organisational Development (Non-Voting) | 4 | 0-2.5 | 0-2.5 | 25-30 | 50-55 | 364 | 320 | 423 | 12 | 2.5-5 |
| **Dr Julian Mark** Executive Medical Director | | 0-2.5 | - | 45-50 | 95-100 | 797 | 28 | 857 | 18 | 27.5-30 |
| **Karen Owens** (Interim) Director of Urgent Care and Integration | | 2.5-5 | 5-7.5 | 45-50 | 110-115 | 824 | 77 | 930 | 15 | 75-77.5 |
| **Nick Smith** Executive Director of Operations | | 0-2.5 | 0-2.5 | 40-45 | 55-60 | 631 | 14 | 670 | 14 | 7.5-10 |
| **Simon Marsh** Chief Information Officer | 5 | 0-2.5 | 5-7.5 | 5-10 | 20-25 | - | 106 | 120 | 14 | 0-2.5 |

*Notes: 1. to 8 November 2020. On secondment to Humber, Coast and Vale Health and Care Partnership after this date.*

*2. from 1 August 2020 3. to 31 December 2020 4. from 1 January 2021 5. from 1 January 2021*

## Scope of responsibility

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

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Yorkshire Ambulance Service NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in the Yorkshire Ambulance Service NHS Trust for the year ended 31 March 2021 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 needs of the organisation 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 to a reasonable level.

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+
- Chief Information Officer

*(* denotes voting members; + denotes posts subject to interim appointments at 31 March 2021)*

2020-21 saw the following changes to Non-Executive Director personnel:

- In October 2020 Stan Hardy left the position of Non-Executive Director and Chair of the Audit Committee.
- In October 2020 Andrew Chang was appointed to the position of Non-Executive Director and Chair of the Audit Committee.

2020-21 saw the following changes to Director personnel:

- In April 2020 Simon Marsh was appointed to the position of Chief Information Officer.
- In November 2020 Mark Bradley left the position of Executive Director of Finance. Kathryn Vause was appointed as interim Executive Director of Finance.
- In December 2020 Christine Brereton left the position of Director of Workforce and Organisational Development. Suzanne Hartshorne was appointed as interim Director of Workforce and Organisational Development.

In addition to the changes above, the Trust has also:

- Confirmed the appointment of Amanda Moat to the position of Non-Executive Director from June 2021, to replace John Nutton whose term of office in that role has reached its conclusion.
- Developed a NExT Non-Executive Director role and recruited Zafir Ali to this role to start in June 2021. This NExT role incorporates a two-year programme for aspiring Non-Executive Directors and the appointment is a key part of the Trust plan to increase diversity in the Board and other senior leadership roles.

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

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 2020-21 the Trust Board adopted new working practices based on digitally enabled virtual meetings. This included the Annual General Meeting of the Board which took place as a virtual event in September 2020.

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 2020-21 programme of Board development sessions included:

- COVID-19 Recovery and Reset
- Diversity and Inclusion
- Integrated Care Systems
- Trust Business Priorities
- NHS People Plan

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 Trust 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 (SIRO).

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

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

## Trust Management Group

The Trust Management Group is the 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. During 2020-21 the Trust Management group was chaired by members of the Trust Executive Group on a rotational basis.

From 2021-22 this rotating chair arrangement will be extended to include all designated members of the Trust Management Group.

The remit of the Trust Management Group includes:

- Monitoring and review of performance relating to operational, quality, workforce and financial objectives.
- Overseeing the development and approval of Trust policies and procedures.
- Contributing to the development of Trust strategy, operational plans, business plans and improvement opportunities.
- Identification and management of key risks, including 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 Trust's Risk Management Policy and supporting guidance and procedures.

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 tolerance of residual risk. As part of this process the Board agrees a 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, their potential impact, and the adequacy and effectiveness of associated controls. Risk information and associated treatment plans are recorded and managed using the Trust's risk management system, Datix (which is also the Trust's incident management system). Information held in this system supports formal reviews of existing and emerging risks involving all departments across the organisation via the Risk and Assurance Group.

The Chair of the Risk and Assurance Group (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 guidance and procedures, including an evaluation matrix used to assess the likelihood, impact and overall level of each risk. During 2020-21 the Trust adopted an updated Risk Management Policy.
- The Risk and Assurance Group, which engages operational and service leads across all Trust departments and functions to ensure corporate oversight and moderation of risks and areas of potential or emerging risk, to develop a consistent understanding of risk management and individual risk exposures, 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, but are not limited to, the Information Governance Working Group, the Incident Review Group, the Clinical Governance Group, and the Strategic Workforce 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 management lead. The corporate Risk and Assurance 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 Trust's Risk and Assurance Manager meets with these leads on a regular basis to moderate existing risks and discuss areas of emerging risk.

- All staff can access the Trust's incident and risk management system, Datix, and receive training and support as required to make the most effective use of this system for the management of risks, issues and incidents.

## Quality Governance

Quality is central to the Trust's mission and is a key element of all proceedings of the Trust Board. The Integrated Performance Report includes a focus 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 the governance of quality risks 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 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.

The Quality Committee provides oversight of clinical strategy and practice. The Trust's Clinical Strategy has developed as a key enabler 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.

In addition, the Quality Committee supports the Board in scrutinising and gaining assurance on quality risk management, workforce governance, health and safety, and information governance issues. It also provides scrutiny in relation to the Trust's Quality Improvement strategy, the Trust's transformation programme, and 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 2020-21 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.

## Annual Quality Account

Under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) the Trust is required to prepare Quality Accounts for each financial year.

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

## Risk Governance

The impact and legacy of COVID-19 shaped the Trust's strategic risk landscape throughout 2020-21. The Trust's pandemic response necessitated a wholesale review of day-to-day operations, including the prolonged suspension of many aspects of business as usual activity and development work. This was to ensure that resources were prioritised to meet patient care demands. Internal governance arrangements were reviewed to ensure that they kept pace with the operational situation and that the organisation maintained effective oversight and assurance regarding safety and regulatory compliance.

### 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 Framework is organised around the Three Lines of Defence risk assurance model and is consistent with established good practice guidelines. It emphasises the links between risk management and organisational strategies, plans and objectives, and it explains the roles and responsibilities of individuals, management groups and governance bodies, including the Trust Board.

The Risk Management and Assurance Strategic Framework and associated policies, procedures and guidance 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 the ownership by the Board of strategic risks to Trust objectives.

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

The strategic risks for 2020-21 were originally identified by the Trust Board during February and March 2020. A draft 2020-21 Board Assurance Framework was developed on the basis of those strategic risks. As a result of COVID-19 the Trust's operating environment and strategic context underwent significant change during 2020-21.

The impact of COVID-19 altered the Trust's risk profile to such an extent that the 2020-21 Board Assurance Framework required an in-year review and re-set. Relevant changes to the Trust's operational and strategic context included, but were not limited to, the following:

- Increased pressure on operational services: demand, COVID-19 restrictions, staffing, hospital handovers.
- Impact on the physical and mental health and well-being of staff.
- Major impact of escalated response on other developmental, governance and compliance activities within the Trust.
- Impact on the delivery and pace of strategic and transformational activity.
- Wider system changes relating to urgent and emergency care services, strategic commissioning, and integrated care systems.
- Impact of COVID-19 actions on future organisational arrangements (working patterns, estate, technology) and a fundamental need to review Trust operating models and the associated supporting infrastructure.
- Reduced certainty regarding levels and sources of income, and increased spend.
- Reduced level of assurance regarding key financial controls requiring strengthening of related governance and assurance processes highlighted in the year-end audit of 2019-20.
- Leadership changes relating to Executive Directors and Non-Executive Directors.

An updated Board Assurance Framework was developed to cover the later months of 2020-21, with scope to extend this into 2021-22. This updated Board Assurance Framework captured COVID-19 impact relating to:

- Staff health and well-being
- Demand levels and patterns
- Service performance
- Ways of working
- Staffing levels
- Workplace safety
- Delivery of service developments and change projects
- Transformation programmes and strategic development
- System alignment
- Financial planning and management
- Technology infrastructure and projects
- Estates.

The most significant strategic risks to the Trust's objectives captured in the Board Assurance Framework for 2020-21 were as follows:

- Ability to deliver and sustain the required performance standards and service developments in 999/A&E operations.
- Ability to deliver the required performance standards and service developments in Integrated and Urgent Care.

- Ability to deliver the required performance standards and service developments in the Patient Transport Service.
- Ability to influence and respond to system-wide developments in urgent and emergency care.
- Ability to ensure provision of sufficient clinical workforce.
- Ability to support the physical and mental health and well-being of staff.
- Ability to embed strategies to meet statutory and regulatory requirements and the Trust's own ambitions relating to diversity and inclusion.
- Ability to embed strategies for excellence in leadership, management and organisational culture.
- Capacity and capability to deliver and manage planned transformational changes.
- Ability to respond well to specific wider external challenges.
- Ability to robustly manage Trust finances to deliver required financial performance.
- Ability to deliver our requirements and ambitions regarding key enabling infrastructure (digital technology, estates).

Mitigation plans were developed and implemented for each area of 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.

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

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 2020-21 focussed on the extent to which the Board Assurance Framework captured new risk exposures relating to the impact of COVID-19. The review found a Good level of assurance regarding both the design of the control framework and compliance with it.

## COVID-19 Risks

Throughout 2020-21 the impact of the COVID-19 pandemic presented multiple challenges and risk exposures to the Trust. The emerging and fast-moving position 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 on multiple occasions, to activate its pandemic response plan, and to initiate other procedures relating to incident response and business continuity.

This response phase required the Trust to quickly develop new processes and put in place appropriate systems and controls where required. This included the establishment of a strategic command cell to direct daily operations, including the management and escalation of risks.

The Trust identified specific risks relating to the impact of and response to COVID-19. These were identified, managed and reported as part of the Trust's established risk management processes. The main areas of COVID-19 risk managed by the Trust during 2020-21 were as follows:

- Physical and mental health and well-being of staff.
- Quality, supply and distribution of equipment and supplies, especially personal protective equipment.
- Impact on premises, facilities, equipment and working patterns of social distancing and hygiene requirements. Significant investment was made during the year to ensure a safe environment for patients and staff in line with evolving national guidance and local learning.
- Impact on services of increased demand, reduced staff availability, new service requirements, and new and rapidly evolving working practices.
- Management of increased community transmission of COVID-19 and associated internal outbreaks and clusters of infection. During 8 October to 16 November 2020 the Trust's 999 Emergency Operations Centre received support in responding to emergency calls through national

mutual aid as a result of an outbreak amongst staff. Staffing capacity in the EOC has since been increased to support resilience. The Trust also captured key learning through this period and worked with other ambulance services and the Association of Ambulance Chief Executives to develop a longer-term national solution for mutual aid.

- Impact on the ICT function and infrastructure of rapid rollout and support requirements regarding digital developments to facilitate remote working.
- Supply, provision and uptake of vaccinations.
- Financial pressures and uncertainty around financial planning, including the arrangements concerning income, contracting, revenue and capital expenditure.
- Impact on planned transformation projects and other business development priorities.
- Impact on corporate functions of redeployment of staff to COVID-19 response activity.
- Impact on governance, compliance and regulatory matters of the pace and prioritisation requirements of the emerging operational situation.

The identification and management of risks relating to COVID-19 were the focus of an internal audit review during 2020-21. This review found an overall assurance rating of Good.

## Other (non-COVID-19) Corporate Risks

The Corporate Risk Register operates alongside the Board Assurance Framework to enable the Board to understand and manage 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 2020-21 significant operational risks which had potential impact on the Trust's strategic goals but were not directly related to the COVID-19 pandemic response required sustained management action. Note that even those risks that are not directly related to the pandemic response often have some COVID-19 dimension. These risks were reported to the Trust Management Group, to the Quality Committee and the Finance and Investment Committee, to each public meeting of the Trust Board, and to the Audit Committee via the formal risk report and other assurance reports. Significant areas of operational risks managed during 2020-21 included the following:

- Provision of sufficient staffing levels, including general capacity in A&E Operations, paramedic workforce supply, clinical capacity in the NHS 111 service, and provision of volunteers for the Patient Transport Service.
- The impact on NHS 111 service performance of demand issues relating to external factors such as the launch of '111 First' and national changes to service requirements and business processes.
- The impact on operational capacity and response times of delays in patient handover processes experienced at multiple hospital sites across the region.
- The potential impact of EU Exit on operations, staffing, supply chains, logistics and other aspects of Trust activity, particularly in the possible event of a 'no-deal' exit (which did not materialise).
- Staff physical and mental health and well-being, including mental health guidance and support, prevention of violence and aggression, safer moving and handling, and wider cultural issues.
- The planning and implementation of multiple digital improvement programmes, including the deployment of the Unified Communications solution as a replacement for the legacy Avaya telephony platform and preparations for the deployment of the N365 platform and associated applications across the Trust.

## Strategic Risk Outlook

The Trust's strategic risk outlook for 2021-22 is informed by routine review and refresh of keys corporate risks and the Board Assurance Framework combined with the ongoing response and recovery implications of the COVID-19 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 the areas of strategic risk captured in the revised versions of the 2020-21

Board Assurance Framework remain applicable in 2021-22. The strategic risks carried forward into 2021-22 are:

- Ability to deliver and sustain the required performance standards and service developments in 999/A&E operations.
- Ability to deliver the required performance standards and service developments in Integrated and Urgent Care.
- Ability to deliver the required performance standards and service developments in the Patient Transport Service.
- Ability to influence and respond to system-wide developments in urgent and emergency care.
- Ability to ensure provision of sufficient clinical workforce.
- Ability to support the physical and mental health and well-being of staff.
- Ability to embed strategies to meet statutory and regulatory requirements and the Trust's own ambitions relating to diversity and inclusion.
- Ability to embed strategies for excellence in leadership, management and organisational culture.
- Capacity and capability to deliver and manage planned transformational changes.
- Ability to respond well to wider external challenges.
- Ability to robustly manage Trust finances to deliver the required financial performance.
- Ability to deliver our requirements and ambitions regarding key enabling infrastructure (digital technology, estates).

## 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.

Issues relating to financial management and controls were identified by the Trust's external auditors during the completion of the audit of the 2019-20 annual accounts. The Trust concluded that a significant control issue had been identified in relation to oversight of a significant in-year financial transaction. In response to the issues identified during the audit of the 2019-20 annual accounts, actions have been taken to further strengthen Board oversight of significant in year financial transactions and to ensure the action plan to address areas for improvement is delivered. The agreed actions have now been completed and the Board, the Trust's external auditors and the regional NHS England team are assured that the issues identified have been fully addressed. To provide additional independent assurance on delivery of the action plan the Trust also worked with the Head of Internal Audit to ensure that the internal audit programme for 2020-21 included a sufficiently robust focus on key areas of financial governance and control. In addition, the Trust has agreed an expanded programme of external audit work in relation to the 2020-21 accounts.

In common with other NHS organisations, during 2020-21 the Trust operated under a framework of nationally determined emergency arrangements which included the suspension of normal funding and financial management processes. The Trust's usual contracting and commissioning arrangements were replaced with direct funding via a block allocation derived from 2019-20 income levels.

This presented a level of financial risk to the Trust, however the Trust did deliver a year end position slightly better than plan. These temporary funding and financial management arrangements continued throughout 2020-21 in various guises and will extend well into 2021-22.

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. The Trust developed a Cost Improvement Programme for 2020-21. However, as part of the national temporary financial management arrangements established in response to COVID-19, the requirement to deliver a Cost Improvement Programme was suspended. It is anticipated that some form of cost improvement or equivalent efficiency mechanism will be re-instated during 2021-22.

## Information Risk and Data Security

The Trust's Information Governance Policy, along with related policies and procedures, 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 defined 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 2020-21 include:

- Storage and retention of paper records.
- Management and destruction of confidential waste.
- Compliance with mandatory data security awareness training.
- Information governance relating to remote technology to support home-working.
- Cleanse and re-structuring of data files in preparation for Cloud migration.
- Closure of NHSMail accounts for employees who leave the Trust.
- Management of shared mailboxes and distribution lists within NHSMail.
- Multiple Data Protection Impact Assessments relating to new systems, service developments and transformational change programmes.
- Review and update of multiple Trust policies relating to information governance.

During 2020-21 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. In addition, during the year the Trust took the following actions to identify and mitigate information governance and data security risks and strengthen assurance relating to these:

- Provision of mandatory Data Security Awareness eLearning to all staff.
- Continued engagement and development of our established network of Information Asset Owners (IAOs).
- Reviewed and updated policies and procedures relating to information governance, data protection and records management.
- Reviewed and updated the Information Asset Register.
- Reviewed and updated the suite of data flow maps.
- 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 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 2020-21 the Trust completed 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 identified no significant compliance issues. 116 out of 116 mandatory evidence items were provided and 44 of 44 assertions were confirmed.

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 2020-21 this internal audit review comprised a more general examination of data protection arrangements in the Trust. It reported a good level of assurance.

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 2020-21 the Trust experienced one information governance incident of sufficient significance to merit reporting to the Office of the Information Commissioner (ICO), to the Department of Health and Social Care, or to Commissioners. In September 2020, a breach relating to the unintentional sharing of patient identifiable data with a member of the public was reported to the ICO, given the potential risk to the rights and freedoms of the data subject. No additional action was deemed to be necessary by the ICO in relation to this breach.

## 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 2020-21 this review focussed on the Trust's response to an earlier external evaluation of data governance, data quality and reporting. This advisory review assessed the following:

- Development and application of a KPI hierarchy.
- Data governance policy and framework.
- Data strategy, with a focus on improvement in data quality.
- Review and enhancement of the Integrated Performance Report.
- Assessment and deployment of an appropriate analytics tool.
- Production and circulation of performance and other data-driven reports.
- Establishment of a Chief Information Officer or similar equivalent leadership role.
- Formalise the Business Intelligence team role and business partnering relationships.
- Develop a data model and architecture for future reporting needs.
- Develop an ongoing programme of data quality activities.

The Chief Information Officer role is now in place and the internal audit advisory review found a good degree of progress and achievement regarding the above actions.

During 2020-21 the Trust took the following actions to support good data quality. 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.
- Continued to develop and implement its electronic patient record (ePR) system. This system supports improved data quality by removing the need to scan documents or manually duplicate data entry processes. By March 2021 more than 90% of patient records managed by the Trust were processed via the ePR system.
- Continued to implement its Digital Strategy which sets out a step-change in the use of technology and data across operations and support functions, including further progression of major developments in Unified Communications, migration to the N365 platform and work with Northern Ambulance Alliance partners on development of common Computer Aided Dispatch. Through this strategy the Trust is adopting new systems and processes that support improved data quality.
- Implemented a new reporting analytics platform, Power BI. This product includes functionality that enhances the Trust's control of data and reporting quality.

During 2020-21 this product was used to develop a new Integrated Performance Report and to develop team and departmental intelligence and analytics.

- Via the Business Intelligence team, enacted data quality checks across its reporting products and undertook similar checks of external reports.
- Upgraded its suite of Datix business applications from web-based to cloud-based solutions, covering risk management, incidents, complaints and related functions.
- Developed and implemented digital applications to support business processes such as vehicle checks and inspections of ambulance stations.
- Cleansed and restructured data held on shared drives in preparation for a planned migration to Cloud-based corporate systems.
- Undertook routine audits to assess the Trust's adherence to the mandatory standards for health records.
- Embedded 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 intends to progress further data quality initiatives in 2021-22. Amongst other things, the Trust plans to:

- Continue to develop the Electronic Patient Record system, delivering enhancements that improve the quality and use of data.
- Continue to refine the Electronic Staff Record, delivering enhancements that improve the quality and use of data.
- Progress multiple transformational change projects within its Digital Strategy. These will present opportunities to improve the quality and use of data.
- Deploy the Microsoft N365 platform and associated business applications.
- Implement a new electronic expenses and travel claims system (within the ESR application) that will strengthen the management, analysis and reporting of expenses data.
- Expand the use of the new analytics and reporting platform, Power BI, including the development of dashboards to support the performance management of teams and individuals.
- Undertake a targeted review of data quality via the internal audit plan.
- Continue to refine and embed the enhanced suite of Datix applications and the reporting and analytics opportunities these present.
- Deliver diagnostic and improvement works relating to cyber security to protect its systems integrity and data quality.
- Implement a new target operating model for technology and data services, including an enhanced business partner approach to analytics and reporting services.
- Continue to provide general staff training in the use of systems, including on the importance of accurate data entry, data quality and reporting.

The Trust's ability to deliver the above data quality work during 2021-22 as planned may be subject to capacity constraints associated with the response to and recovery from the COVID-19 outbreak.

During 2020-21 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 a Counter Fraud programme delivered via an annual Counter Fraud Plan, which is approved by the Audit Committee. The key focus of this plan is to achieve and maintain compliance with the counter fraud standards developed by the NHS Counter Fraud Authority (NHSCFA). For 2021-22 the priority is to establish a baseline assessment against a new set of counter fraud standards introduced by the NHSCFA. 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 2020-21 the Trust maintained robust processes to support staff in raising concerns about quality and safety in line with the national Freedom to Speak Up recommendations. The Trust has a designated "Freedom to Speak Up" Guardian to further support a culture of openness and transparency in the management and mitigation of risks across the Trust. Assurance regarding the Trust's Freedom to Speak Up activity is provided through regular reporting to the Quality Committee, the Audit Committee and Trust Board.

## Review of effectiveness

As Accountable Officer I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the 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 annual '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 Trust's risk management and Board Assurance 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:

- Periodic internal self-assessment against the Care Quality Commission Fundamental Standards and the Well-Led Framework.
- Audited self-assessment against the Data Security and Protection Toolkit standards.
- Peer reviews and benchmarking arrangements within the ambulance service sector. During 2020-21 the Trust participated in a per review in relation to Infection Prevention and Control, to support delivery of effective COVID-19 control measures in the contact centre environment.
- 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. In response to significant financial control issues identified by external auditors during the 2019-20 annual report and accounts process, for the 2020-21 annual report and accounts the Trust has agreed an expanded programme of external audit work.

- Reports commissioned from external agencies regarding the Trust's governance arrangements, leadership and management, systems and controls, and strategic capacity and capability, including periodic external evaluations against the Well-Led Framework.
- The most recent regulatory compliance reporting and processes overseen by bodies such as the Care Quality Commission, NHS England / NHS Improvement, and the Department of Health and Social Care.

## Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. Its core aim is to ensure that providers deliver better standards of care for everyone, be that in hospital, in care homes, in people's homes, or elsewhere.

The Trust is fully compliant with the registration requirements of the CQC. The Trust is registered with the CQC and has no conditions on its registration. The CQC has not taken any enforcement action against the Trust during 2020-21. The Trust has not been subject to any special reviews or investigations by the CQC during 2020-21 and has contributed as appropriate to wider system reviews. During 2020-21 the CQC carried out regulatory activity relating to the Trust's management of its response to the COVID-19 pandemic. This process identified no concerns.

The most recent full Care Quality Commission inspection took place in the summer of 2019 and the resultant report was published in October that year.

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 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 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.

During 2020-21 the Trust participated in a review focused on Infection Prevention and Control arrangements and a second review based on the wider CQC standards. These exercises were conducted virtually under the umbrella of the CQC Transitional Monitoring Arrangement. The CQC were satisfied with the assurance provided and no significant issues were highlighted for action.

During 2020-21 the Trust completed the assurance process with the CQC to update the scope of its registered services. The scope of services now provided includes surgical interventions provided by the Trust critical care and emergency medical response teams.

## 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 to 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 risk 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. The next review will take place in 2021-22.
- 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 2020-21 internal audit programme was reduced in quantity and scope compared to the original plan.

Decisions regarding the reduced scope of the 2020-21 internal audit programme were made jointly by the Trust and its internal auditors, and these were taken in a risk-based manner to ensure provision of sufficient depth and breadth of assurance to inform a robust Head of Internal Audit opinion. The reduced 2020-21 programme primarily included only the core audit and assurance work essential to inform the Head of Internal Audit opinion.

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

Within the 2020-21 internal audit programme ten reviews completed during the year found either 'substantial' or 'good' levels of assurance. However, five reviews found only 'reasonable' assurance, meaning that the relevant governance, risk management and control arrangements provide reasonable assurance that the risks identified are managed effectively, that compliance with the control framework was not found to be taking place in a consistent manner, and that some moderate remedial action is required. These were:

- Stock and Stores (fleet and fuel)
- Procurement and Purchasing
- Command and Control System: IT General Controls
- Clinical Referral Pathways
- Staff Absence Management (follow-up audit)

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

Three reviews found only 'limited' assurance, meaning that the relevant governance, risk management and control arrangements provide limited assurance that the risks identified are managed effectively, that compliance with the control framework was not found to be taking place, and that immediate and fundamental remedial action is required. These were:

- Charitable funds - the audit highlighted the existence of pre-existing, locally established Community First Responder schemes which had been raising funds under the YAS Charity or Trust name either explicitly or by inadvertent perception and the risk to Trust reputation arising from the current position. The audit noted the Trust's awareness of the issue but that progress towards resolution was not complete. The actions arising from the audit are now complete and the remaining funds will be transferred to the YAS Charitable Fund bank account by July 2021.
- Travel claims and expenses – the audit noted that the authorising framework was unclear and that there was insufficient guidance to those responsible for approving claims on the assessment of their accuracy or validity, leading to variation in practice. The Trust travel and subsistence policy was updated and approved by the Trust Management Group in January 2021 and this addressed many of the issues raised in the audit. The roll-out of a new e-expenses system is due for completion by September 2021 and the policy will be further updated following this.
- Bank, treasury and cash flow management – the initial audit highlighted the need to update the Treasury Management policy and some procedural weaknesses in management of bank mandates and reconciliations and online banking permissions. A subsequent follow up audit confirmed that the issues raised in the previous report had been fully addressed. The follow-up report was issued with a 'Good' assurance rating.

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 2020-21 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 2020-21 the Head of Internal Audit has reported a Good level of assurance that there is a sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.

From the start of 2021-22 the Trust has a new provider of internal audit and counter fraud services, 360 Assurance, who were appointed following a competitive tendering exercise using an appropriate procurement framework. The Trust acknowledges the work of its outgoing internal audit provider, AuditOne. The transition to 360 Assurance meant that development of the 2021-22 internal audit plan was subject to a longer timeframe compared to previous years. Nonetheless, the Trust and its internal auditors are confident that a full internal audit programme will be completed during 2021-22 and that the process of handover from the existing to the new audit provider has been managed appropriately to ensure continuity.

## Policy Assurance

Internal audit reviews often produce recommendations regarding the review and update of Trust policies. The Trust recognises that timely completion of such recommendations is important to ensure that its policies are fit for purpose, compliant with legislation and other regulatory requirements, and represent good professional practice.

The Trust maintains a defined process for developing, reviewing, updating and approving policies and other procedural documents. All Trust policies are approved by the Trust Management Group.

In response to internal audit reviews carried out during 2020-21, by year-end the Trust had completed recommended updates to the following policies:

- Travel and Subsistence Policy
- Waste Management Policy
- Mobile Device Management Policy
- Procurement Policy
- Criminal Incidents Policy
- Vehicle Maintenance Policy

- YAS Charity Accounting and Disbursement Policy

One other recommended policy update arising from a 2020-21 internal audit review concerns the Treasury Management Policy. Development of this policy is in an advanced position, as confirmed by the follow-up audit of Bank, Treasury and Cash Flow Management. The Trust expects to approve and adopt the updated Treasury Management Policy in early 2021-22.

Two recommended policy updates arising from internal audit reviews carried out in earlier years remain outstanding. These are:

- Development of an Estates Management Policy: this has been deferred until autumn 2021 to align with the timescales for related work relating to a wider estate strategy, approaches to agile working, and the development of new Trust operating models. This deferral carries minimal risk. Tactical estates work will continue where there is a demonstrable business requirement.
- Updates to the Professional Registration and Membership Policy to cover expiry of professional registration during periods of temporary absence (sick leave; maternity leave.) This policy as a periodic review scheduled for 2022.

## 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 apart from the Trust Chairman. The Executive Director of Finance, the Executive Director of Quality, Governance and Performance, 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.

The Audit Committee receives assurance regarding other elements of the Trust's corporate governance, including:

- Trust Standing Orders and Standing Financial Instruments
- Register of Interests
- Register of Gifts and Hospitality
- Board Members' Expenses
- Fit and Proper Persons Declarations
- Use of the Trust Seal

During 2020-21 the Trust reviewed the skills and experience of the Audit Committee membership. A new Chair of the Audit Committee was appointed in November 2020. The Committee has reviewed and updated its Terms of Reference, agreed an annual work plan, and issued an annual report.

## Conclusion

No significant internal control issues have been identified.

**Rod Barnes**
Chief Executive
June 2021

# Financial Accounts

# Head of Internal Audit Opinion for the year ending 31 March 2021

## 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 2021, which should be used to inform the Annual Governance Statement.

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

The organisation's Assurance Framework should bring together all of the evidence required to support the Annual Governance Statement requirements. In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon, and limited to, the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, approved by Audit Committee, which should provide 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.

## 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.

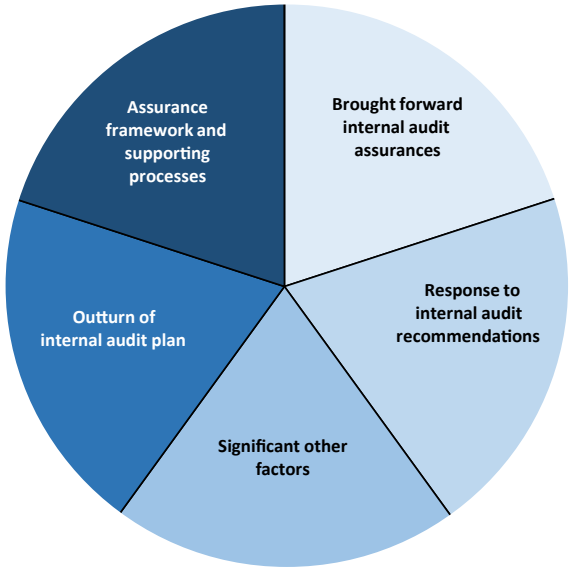
### 3.1 Overall Opinion

*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.*

## 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.




## 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 & Board Assurance Framework audit has been assigned 'Good' assurance and there are no significant issues that warrant inclusion in this report.

**b) Outturn of Internal Audit Plan**

A table of individual opinions arising from audit assignments reported throughout the year is contained in Appendix A. Definitions of individual opinions are given at Appendix B.

At the time of producing this opinion summary we have issued 20 final reports.

The split of assurance levels and categorisation for the reports issued is shown in the table below.

In preparing this opinion, we have identified significant control weaknesses that we recommend should be specifically referenced in the Annual Governance Statement, arising from two Limited Assurance reports that have been issued during the year, as follows.

| Report Status | Assurance Level | | | | |
|---|---|---|---|---|---|
| | Substantial | Good | Reasonable | Limited | n/a (Advisory) |
| **Plan APPENDIX A: Core Assurance Audits** | | | | | |
| Draft | 0 | 0 | 0 | 0 | 0 |
| Final | 2 | 8 | 5 | 3 | 2 |
| **Total App A** | **2** | **8** | **5** | **3** | **2** |

## Charitable Trust Funds

- Community First Responders (CFRs) are trained Trust volunteers based in the community who dedicate their own time to respond to emergencies and provide life-saving treatment to patients before an ambulance can reach the scene. In addition to providing invaluable voluntary operational support, CFRs also often raise funds for either their own local community initiatives or to support Operational Services within the Trust which are known as 'CFR schemes'. CFR schemes are established on the initiative of individual voluntary CFR rather than at the request of the Trust or the Charity.
- In 2018 the Charity identified that a number of CFR schemes had been raising funds under the YAS Charity name or under the Trust's name, either explicitly or by inadvertent perception whilst wearing volunteer uniforms/badges, but that there are no processes in place to govern these schemes to ensure that they are being managed appropriately. Fundamental issues have been identified with this arrangement which could bring potential adverse publicity to the Charity. In summary, the Charity identified that funds are being raised, held and expended under the YAS Charity or Trust name but outside of its control and that the Charity is often not notified of schemes at all resulting in the potential risk of income and expenditure being omitted from the Charity's financial accounts. This exposes the Charity to a significant level of risk in relation to reputational damage, fraud, misstatement of financial accounts and legal issues.
- However, action against addressing these issues did not progress until 2020 when new governance arrangements were proposed under the updated YAS Charity Business Plan and Strategy. The updated YAS Charity Business Plan and Strategy outlines the proposed new governance arrangements for CFR schemes which propose that all fundraising under the YAS Charity name is brought under the control of the Charity and outlines that the support arrangements that the Charity will provide to CFRs wishing to raise funds under the Charity's name. The YAS Charity Business Plan and Strategy was approved by the Charitable Funds Committee in July 2020 but was not presented for approval to the Trust Board until April 2021. As the new arrangements had not yet been implemented the Charity has been exposed to the risks identified above during 2020-21.
- In May 2021 management advised that all recommendations raised in the audit report have been implemented with the exception of the transfer of funds from the CFR bank accounts to the YAS Charitable Fund bank account, the target date for which is July 2021.

## Expense, Travel & IUC Overtime/Unsocial Hours Claims

- The authorising framework for travel, business expense and IUC overtime/unsocial hours claims is unclear. Whilst documenting the system we were advised that the claimant's supervisor or line manager is responsible for approving claims, although the Travel and Subsistence Policy does not specify the approval requirements and the Trust's Scheme of Delegation states that it is the budget holders' responsibility. From our sample testing, instances were found where approval had been made by a staff member of a lower designation than the claimant.
- There is no guidance available that outlines the responsibilities of staff who are responsible for approving travel and expense claims, the steps that they should undertake to ensure that the claim is accurate and valid nor the agreed approach for completing, submitting and processing expense claims under each method for claiming expenses.
- For both electronic and manual mileage expense claims staff are required to self-calculate the distance of their journey and the calculation should be validated by the approver and then again by the Payroll team. Consequently, the process to verify the accuracy of mileage claims is highly resource intensive and could lead to incorrect distances being claimed.
- For expenses submitted via the completion of electronic forms on GRS (rostering system), the system does not have the functionality to attach receipts to the claim as primary function of the system is not an expense system. The process relies on the claimant providing the approver copies of the receipts and there is no assurance that this is done in practice, increasing the risk of fraudulent claims going undetected.

The Trust's Travel and Subsistence Policy was updated and approved by the Trust Management Group in January 2021. This addressed many of the issues raised within the audit report however it will require

further update once the roll-out of the E-Expenses system is complete in the first half of the new financial year. A target date of October 2021 has been provided for the further update of the policy.

### Bank and Treasury Management and Cash Flow Management

A limited assurance report relating to Bank and Treasury Management and Cash Flow Management was also issued during the year. However a follow up review was subsequently undertaken and the issues raised in the previous report were found to have been addressed. As such the follow up report was issued with good assurance provided.

We also issued the following 'Reasonable Assurance' audit reports during 2020-21, which we would bring to the attention of the Accountable Officer for consideration of the following concerns for inclusion in the Annual Governance Statement:

### Procurement and Ordering Process

- The Procurement Manual had not been updated since 2018 and did not reflect some minor procedural changes that had occurred since Brexit.
- There were inconsistencies in the procedures described in the Trust's Scheme of Powers Delegated, Standing Financial Instructions, and Procurement Policy documents regarding the delegated authority and financial limits of authority for the authorisation of single tender waivers.
- Oversight and monitoring of the performance and effectiveness of the procurement function require strengthening, although it is recognised that plans were underway to introduce key performance indicators from April 2021.
- Weaknesses were noted in relation to the single tender waiver approval processes e.g., tender waivers were signed by the budget holder outside of their delegated limit and incomplete information on some forms. This increases the risk that inappropriate single tender waivers may be actioned. Furthermore, it was found that there were gaps/delays in the information on tender waivers reported to the Audit Committee.
- Reviews of Oracle user hierarchy mainly covered checking and removing access for leavers and did not include reviews on whether authorisation limits assigned to individuals were appropriate. A Trust-wide review of Oracle hierarchy was being undertaken with a planned completion date of the end of June 2021.

Recommendations to address the above issues are not yet due for implementation.

### Clinical Referral Pathways

- Due to the lack of monitoring and data being shared between the Trust and the service provider, no action plans are implemented to address any non-compliance and errors. Action plans should be in place and monitored to ensure action is taken to address the issues identified from the analysis of data. Pathways can then be improved if found to be ineffective or unworkable. It was also found that standard operating procedures do not document a requirement for action plans to be put in place when errors or non-compliance are identified as a result of monitoring. There is a risk that errors and non-compliance are not addressed in a timely manner impacting on patient care and treatment.

Recommendations to address the above issues are not yet due for implementation.

### Command and Control IT System

- Operating system updates had not been applied to the live system servers for three months prior to the audit fieldwork and the current version of Microsoft Visual studio installed on the CADSQLWK server is no longer supported by the vendor.
- Software updates were last applied in July 2020 and at the time of audit there were six critical-rated updates pending install.
- Unpatched and outdated software increases the risk of successful cyber-attacks through exploitation of known and published vulnerabilities.
- The Head of ICT carried out a risk assessment for the system in October 2020 which included system unavailability due to cyber-attack. The result was a risk score of 15/25, including risk consequence score of 5-catastrophic and risk likelihood of 3-possible. This had been raised on the Trust risk register.

The recommendation to address the above issues is overdue and an update on progress has not been provided by management.

### Follow Up – Stocks and Stores (Fuel and Fleet)

- During the previous audit review 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. As part of the follow up review it was found that recommendations to address the previous issues had not been fully implemented.

Revised target dates to implement the recommendations to address the above issues were provided but are not yet due.

### Follow Up – Staff Absence Management

Recommendations to address the following issues raised in the previous review on staff absence management had not been implemented:

- Occupational health reports were not always available to managers for sickness review meetings.
- Lack of documentary evidence to show that sickness review meetings had been held.
- Return to work interviews were not always held in line with the timelines specified in the policy.
- Standard approval forms not always completed for special/carer leave.

Revised target dates to implement the recommendations to address the above issues were provided but are not yet due.

**c) Brought forward Internal Audit assurances**

Our overall opinion for 2019-20 was one of good assurance. The detail is as set out in the extract below:

### 2019-20 Head of Internal Audit Opinion Extract:

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 that we need to consider in preparing this opinion.

### Addendum to the Annual Report and Accounts 2019-2020

The audited annual report and accounts for 2019-2020 have been published by the Trust. The Annual Governance Statement includes reference to the Head of Internal Audit Opinion. For 2019-20 the Head of Internal Audit reported good assurance that there was a sound system of internal control, designed to meet the organisation's objectives, and that controls were generally being applied consistently. No significant control weaknesses arose from the core areas audited that were recommended for specific reference in the Annual Governance Statement.

However, as noted in the Annual Governance Statement, issues were identified by the Trust's external auditors during the completion of the audit of the 2019-20 annual accounts. As a result of this and further information arising from the review process, the Trust has concluded that a significant control issue has been identified, in relation to oversight of a significant in-year financial transaction.

In view of the issues raised through the external audit process after completion of the Head of Internal Audit Opinion and closure of the annual report, the Head of Internal Audit has advised that their current working assessment of the Trust control arrangements has now been reviewed.

The Head of Internal Audit has confirmed that, as the external audit review evidenced that compliance with the control framework was not found to be taking place in a consistent manner, their assessment is that the information available provides reasonable rather than good assurance that the risks identified are managed effectively and that some moderate remedial action is required.

In the light of issues identified during the completion of the audit of the 2019-20 annual accounts, action has been put in place to further strengthen Board oversight of significant in-year financial transactions and to ensure the action plan to address areas for improvement is delivered. As part of this action plan the Trust will work with the Head of Internal Audit to ensure that the internal audit programme for 2020-21 includes a sufficiently robust focus on key areas of financial governance and control.

Since the production of the 2019-20 Head of Internal Audit Opinion an audit plan was approved by the Trust's Audit Committee which included coverage as detailed at Appendix A.

**d) Response to Internal Audit recommendations**

The implementation of internal audit recommendations is a key indicator of the Trust's engagement with us and the importance it places on the recommendations we have raised, and which management have agreed will be implemented.

To date, a total of 116 findings have been identified during the year (i.e. 6 High, 67 Medium and 43 Low). Management responses, along with implementation dates, to address them have been sought/obtained from the Trust. Of the 85 recommendations which were due to be completed during the year 72% of them have been implemented.

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.

**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. No other significant factors have been brought to our attention.

| Recommendation Summary 2020-21 | High | Medium | Low | Total |
|---|---|---|---|---|
| Implemented Recommendations | 3 | 31 | 27 | 61 |
| Recommendations Rejected by Client | 0 | 1 | 0 | 1 |
| Open Recommendations | 1 | 18 | 11 | 30 |
| Overdue Recommendations | 2 | 17 | 5 | 24 |
| **TOTAL** | **6** | **67** | **43** | **116** |

In providing this opinion, it is important 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 under normal circumstances. However, as your Head of Internal Audit I am satisfied that we have sufficient evidence, to provide the Trust with a robust Head of Internal Audit Opinion.

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

**Joanne Bryson**
Director of Audit,
AuditOne

7 July 2021

## Summary of work undertaken - Appendix A

| Audit area | Assurance | | | | Findings | | | |
|---|---|---|---|---|---|---|---|---|
| | Substantial | Good | Reasonable | Limited | High | Medium | Low | Totals |
| **Core areas (Appendix A of the Audit Plan)** | | | | | | | | |
| Risk Management and Board Assurance Framework | | ✔ | | | 0 | 3 | 3 | 6 |
| Charitable Funds | | | | ✔ | 2 | 3 | 1 | 6 |
| Expense, Travel and IUC Overtime/Unsocial Hours Claims | | | | ✔ | 1 | 5 | 0 | 6 |
| Bank, Treasury Management and Cash Flow Management | | | | ✔ | 1 | 9 | 0 | 10 |
| Procurement and Ordering Processes | | | ✔ | | 0 | 7 | 1 | 8 |
| Violence and Aggression Towards Staff | | ✔ | | | 0 | 2 | 2 | 4 |
| Clinical Referral Pathways | | | ✔ | | 1 | 2 | 1 | 4 |
| Occupational Health | | ✔ | | | 0 | 1 | 0 | 1 |
| Dispatch/Shift Handover – Data Analytics | n/a – advisory | | | | 0 | 0 | 0 | 0 |
| Server Operational Management: Backup and Anti-Malware Controls | | ✔ | | | 0 | 0 | 2 | 2 |
| Performance Management Key Performance Indicators (KPI) PWC Follow Up | n/a – advisory | | | | 0 | 0 | 0 | 0 |
| Command and Control System (CAD) IT General Controls Audit | | | ✔ | | 1 | 4 | 1 | 6 |
| Security and Resilience of Home Working | | ✔ | | | 0 | 2 | 2 | 4 |
| IM&T Governance and Strategy Controls | ✔ | | | | 0 | 0 | 0 | 0 |
| Data Security Control Framework | | ✔ | | | 0 | 2 | 1 | 3 |
| Follow Up of Stocks and Stores Audit (Fuel & Fleet) | | | ✔ | | 0 | 4 | 0 | 4 |
| Follow Up of Security Management Audit | | ✔ | | | 0 | 1 | 2 | 3 |
| Follow Up of Mobile Device Management Audit | ✔ | | | | 0 | 0 | 0 | 0 |
| Follow Up of Treasury, Bank and Cash Flow Management Limited Assurance Audit Report | | ✔ | | | 0 | 0 | 0 | 0 |
| Follow up of Management of Staff Absences | | | ✔ | | 0 | 4 | 2 | 6 |
| **Totals** | **2** | **8** | **5** | **3** | **6** | **49** | **18** | **73** |

## Recommendation and assurance definitions - Appendix B

| 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

June 2021

# 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

**Kathryn Vause,**
Executive
Director of Finance (Interim)

June 2021

## Opinion

We have audited the financial statements of Yorkshire Ambulance Service Trust for the year ended 31 March 2021 under the Local Audit and Accountability Act 2014. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 35. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2020-21 HM Treasury's Financial Reporting Manual (the 2020-21 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2020-21 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 2021 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 (as amended by the Health and Social Care Act 2012) and the Accounts Directions issued thereunder.

## Basis for opinion

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

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

## Conclusions relating to going concern

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

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

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

## Other information

The other information comprises the information included in the annual report, on pages 3 to 112, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report.

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

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

We have nothing to report in this regard.

## Opinion on other matters prescribed by the National Health Service Act 2006

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

## Matters on which we are required to report by exception

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 2021.

We have nothing to report in these respects.

## Responsibilities of the Directors and Accountable Officer

As explained more fully in the Statement of Directors' Responsibilities in respect of the Accounts, set out on pages 107-108, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to cease operations, or has 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 ensuring that the financial statements are prepared in a format directed by the Secretary of State and for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

## Auditor's responsibility for the audit of the financial statements

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

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

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

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

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

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at ttps://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 reporting criteria issued by the Comptroller and Auditor General in April 2021, as to whether the Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

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

**Delay in certification of completion of the audit include if due to value for money work**

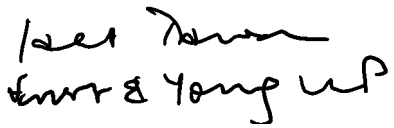
We cannot formally conclude the audit and issue an audit certificate until we have completed our procedures on the Trust's value for money arrangements for the year ended 31 March 2021. We are satisfied that this work does not have a material effect on the financial statements.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

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

## Use of our report

This report is made solely to the Board of Directors of Yorkshire Ambulance Service NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 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** Ernst & Young LLP, London

25 June 2021

# Issue of audit opinion on the financial statements

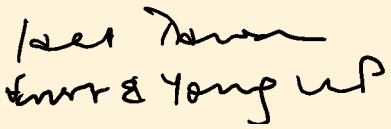
In our audit report for the year ended 31 March 2021 issued on 25 June 2021 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the financial position of Yorkshire Ambulance Service NHS Trust as at 31 March 2021 and of its expenditure and income for the year then ended; and
- had been prepared properly in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and the Accounts Directions issued thereunder.

## Certificate

In our report dated 25 June 2021, we explained that we could not formally conclude the audit on that date until we had completed our procedures on the Trust's value for money arrangements for the year ended 31 March 2021. We have now completed our procedures and no matters have come to our attention that would have resulted in a different opinion on the financial statements or additional exception reporting on significant weaknesses in the Trust's value for money arrangements.

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



**Janet Dawson** (Key Audit Partner), Ernst & Young LLP (Local Auditor), London

29 September 2021

## Statement of Comprehensive Income for the year ended 31 March 2021

| | | 2020-21 | 2019-20 |
|---|---|---|---|
| | Note | £000 | £000 |
| Operating income from patient care activities | 3 | 318,933 | 279,426 |
| Other operating income | 4 | 15,192 | 8,746 |
| Operating expenses | 5, 7 | (334,227) | (280,509) |
| **Operating (deficit)/surplus from continuing operations** | | **(102)** | **7,663** |
| Finance income | 10 | 12 | 344 |
| Finance expenses | 11 | (46) | (115) |
| PDC dividends payable | | (1,599) | (2,439) |
| **Net finance costs** | | **(1,633)** | **(2,210)** |
| Other gains | 12 | 724 | 88 |
| (Deficit) / surplus for the year from continuing operations | | (1,011) | 5,541 |
| (Deficit) / surplus for the year | | (1,011) | 5,541 |
| **Other comprehensive income.<br>Will not be reclassified to income and expenditure:** | | | |
| Impairments | 6 | (759) | - |
| Revaluations | 15 | 140 | 3,726 |
| **Total comprehensive (expense) / income for the period** | | **(1,630)** | **9,267** |
| **Adjusted financial performance (control total basis):** | | | |
| (Deficit) / surplus for the period | | (1,011) | 5,541 |
| Impairments not scoring to the Departmental Expenditure Limit | | 241 | (17) |
| Remove net impact of inventories received from DHSC group bodies for COVID response | | (190) | - |
| **Adjusted financial performance (deficit) / surplus** | | **(960)** | **5,524** |

# Statement of Financial Position for the year ended 31 March 2021

| | Note | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|---|
| **Non-current assets** | | | |
| Intangible assets | 13 | 2,330 | 1,986 |
| Property, plant and equipment | 14 | 105,056 | 104,564 |
| Receivables | 17 | 325 | 505 |
| **Total non-current assets** | | **107,711** | **107,055** |
| **Current assets** | | | |
| Inventories | 16 | 1,935 | 1,583 |
| Receivables | 17 | 14,679 | 13,533 |
| Non-current assets for sale | 18 | - | 160 |
| Cash and cash equivalents | 19 | 64,180 | 46,201 |
| **Total current assets** | | **80,794** | **61,477** |

| | Note | 31 March 2021 £000 | 31 March 2020 £000 |
|---|---|---|---|
| **Current liabilities** | | | |
| Trade and other payables | 20 | (27,026) | (13,119) |
| Borrowings | 22 | (337) | (337) |
| Provisions | 23 | (15,396) | (9,902) |
| Other liabilities | 21 | (77) | (77) |
| **Total current liabilities** | | **(42,836)** | **(23,435)** |
| **Total assets less current liabilities** | | **145,669** | **145,097** |
| **Non-current liabilities** | | | |
| Borrowings | 22 | (3,499) | (3,833) |
| Provisions | 23 | (9,047) | (8,908) |
| **Total non-current liabilities** | | **(12,546)** | **(12,741)** |
| **Total assets employed** | | **133,123** | 132,356 |
| **Financed by** | | | |
| Public dividend capital | | 92,690 | 90,293 |
| Revaluation reserve | | 15,121 | 15,915 |
| Income and expenditure reserve | | 25,312 | 26,148 |
| **Total taxpayers' equity** | | **133,123** | **132,356** |

The financial statements on pages 113 to 116 were approved by the Board on 24 June 2021

**Rod Barnes**
Chief Executive

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

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

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

| | Public dividend capital | Revaluation reserve | Income and expenditure reserve | **Total** |
|---|---|---|---|---|
| | £000 | £000 | £000 | **£000** |
| **Taxpayers' and others' equity at 1 April 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** |

**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 2021

| | | 2020-21 | 2019-20 |
|---|---|---|---|
| | Note | £000 | £000 |
| **Cash flows from operating activities** | | | |
| Operating surplus | | (102) | 7,663 |
| **Non-cash income and expense:** | | | |
| Depreciation and amortisation | 5 | 11,640 | 11,395 |
| Net impairments | 6 | 241 | (17) |
| (Increase) / decrease in receivables and other assets | | (791) | 2,590 |
| (Increase) / decrease in inventories | | (352) | (195) |
| Increase / (decrease) in payables and other liabilities | | 11,465 | (284) |
| Increase / (decrease) in provisions | | 5,663 | 3,941 |
| **Net cash generated from / (used in) operating activities** | | **27,764** | **25,093** |
| **Cash flows from investing activities** | | | |
| Interest received | | 12 | 344 |
| Purchase of intangible assets | | (875) | (1,232) |
| Purchase of PPE and investment property | | (10,159) | (18,117) |
| Sales of PPE and investment property | | 1,024 | 133 |
| **Net cash generated from / (used in) investing activities** | | **(9,998)** | **(18,872)** |
| **Cash flows from financing activities** | | | |
| Public dividend capital received | | 2,397 | 6,736 |
| Movement on loans from DHSC | | (334) | (334) |
| Interest on loans | | (76) | (82) |
| PDC dividend (paid) / refunded | | (1,774) | (2,450) |
| **Net cash generated from / (used in) financing activities** | | **213** | **3,870** |
| **Increase / (decrease) in cash and cash equivalents** | | **17,979** | **10,091** |
| **Cash and cash equivalents at 1 April - brought forward** | | **46,201** | **36,110** |
| **Cash and cash equivalents at 31 March** | 19 | **64,180** | **46,201** |

## 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 2020-21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

*Accounting convention*

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

### Note 1.2 Going concern

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

This year the Trust's operating deficit was £0.1m, reflecting income of £334.1m and expenditure of £334.2m. After finance costs, other income, and a dividend payment of £1.6m the total deficit was £1.0m for the year. Income from Commissioners was largely based on the simplified block payments system introduced in response to the COVID-19 pandemic, which supported the Trust's working capital and cash flow during the year. The additional costs resulting from the pandemic were supported on an actual cost reimbursement (break-even) basis for the first half the year and on an advance block payment basis for the second half of the year working to an agreed ICS financial position.

The financial plan for 2021-22 has rolled forward the principles from the 2020-21 interim COVID-19 financial regime and set a budgetary framework for the first half of 2021-22 (H1). This approach will continue to provide a level of income allowing the Trust to plan our resources and additional expenditure requirements for the ongoing response to COVID-19.

Planning guidance for months 7 to 12 (H2) has not currently been agreed by NHSE\I, but it is anticipated they will reflect the continued impact or improving climate of COVID in line with the H1 framework. Our planned H1 financial position is breakeven with income and expenditure for April to September 2021 of £162m. The Trust remains part of the West Yorkshire and Harrogate ICS and regionally the ICS has produced a consolidated and balanced financial plan.

The cash position at the balance sheet date was £64m, our cash flow forecasts during the going concern assessment period indicates that this position will be maintained.

The Trust has produced its financial plans based on these assumptions which have been approved by the Trust Board. Our going concern assessment is made up to 31 March 2022. NHS operating and financial guidance as is customary is not produced beyond the next financial year. The Trust has assumed, in the absence of anything to the contrary, that the Department of Health arrangements for 2022-23 and beyond will continue to support Yorkshire Ambulance Service in delivering high quality healthcare services for the foreseeable future, and on that basis extends this assessment to 30 June 2022.

The Trust has prepared a cash forecast modelled on the above expectations for funding during the going concern period to 31 March 2022 and estimated funding for the following three months to 30 June 2022. The forecast shows sufficient liquidity for the Trust to continue to operate during that period.

In conclusion, these factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

**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. Give this, the adoption of contract balances IFRS 15 has not resulted in a material change to the timing of income recognition.

*Revenue from NHS contracts*

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019-20 and 2020-21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

***2020-21***

The main source of income for the Trust is contracts with commissioners for health care services. In 2020-21, most of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

***Comparative period (2019-20)***

In the comparative period (2019-20), the Trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered.

In 2019-20, the Provider Sustainability Fund and Financial Recovery Fund enabled 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.

***For 2020-21 and 2019-20***

*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.

**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 employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due

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

*National Employment Savings Trust (NEST)*

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**

*Recognition*

Property, plant and equipment is capitalised where:

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

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

*Subsequent expenditure*

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

*Measurement*

*Valuation*

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

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

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

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

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

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

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

*Depreciation*

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

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

*Revaluation gains and losses*

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

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

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

*Impairments*

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

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

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

### *Derecognition*

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

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'.

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

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

### *Donated and grant funded assets*

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

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

In 2020-21 this includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year-end.

*Useful lives of property, plant and equipment*

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

| | Min life | Max life |
|---|---|---|
| | Years | Years |
| Buildings, excluding dwellings | 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 where it meets the requirements set out in IAS 38.

*Software*

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

*Measurement*

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

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

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

*Amortisation*

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

*Useful lives of intangible assets*

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

| | Min life | 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.

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

**Note 1.10 Cash and cash equivalents**

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

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

**Note 1.11 Financial assets and financial liabilities**

*Recognition*

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

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

*Classification and measurement*

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

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

***Financial assets and financial liabilities at amortised cost***

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

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

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

*Impairment of financial assets*

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

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

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

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

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

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

### *Derecognition*

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

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

**Note 1.12 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 a 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 2021:

| | | Nominal rate |
|---|---|---|
| Short-term | Up to 5 years | Minus 0.02% |
| Medium-term | After 5 years up to 10 years | 0.18% |
| 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 2021:

| | Inflation rate |
|---|---|
| Year 1 | 1.20% |
| Year 2 | 1.60% |
| Into perpetuity | 2.00% |

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% 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 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 23 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 23, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

**Note 1.15 Public dividend capital**

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

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

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

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

**Note 1.16 Value added tax**

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

**Note 1.17 Third party assets**

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

**Note 1.18 Losses and special payments**

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

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

**Note 1.19 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2020-21.

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

*IFRS 16 Leases*

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

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

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

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

**Note 1.21 Critical judgements in applying accounting policies**

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

*Segmental reporting*

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

*Charities consolidation*

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

*Income recognition*

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

**Note 1.22 Sources of estimation uncertainty**

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

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

*Non-Current Assets*

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

Asset lives, with the exception of land and buildings, are set out in note 1.6.5 and note 1.7.3 with maximum lives being set by reference to the type of asset and its expected useful life in normal use. Land and building lives are based on the recommendations received from the District Valuer.

A revaluation of the Trust's Land and buildings has been conducted by the District Valuer as at 31 March 2021 (note 14.1). These values and assets lives reflect both local and national property indices and will reflect any changes relating to Covid-19 during the year.

*Provisions for injury benefits and early retirements (note 23.1)*

The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the year, taking into account the risks and uncertainties. The carrying amount of injury benefit provisions is estimated as the present value of those cash flows using HM Treasury's discount rate of minus 0.95% in real terms (2019\20 - minus 0.50%). The period over which future cash flows will be paid is estimated using the England life expectancy tables as published by the Office of National Statistics.

*Other Provisions (note 23.1)*

Provisions including 'Flowers' holiday pay, staff claims, and employment tribunals have been estimated based on the best information available at the time of the compilation of the accounts. Estimates of employer and public liability legal claims are made on the advice received from the National Health Service (NHS) Litigation Authority to the size and likely outcome of each individual claim. The Trust's maximum liability regarding each claim is limited to £10k.

We have provided the reinstatement costs for our leased\tenancy properties and leased fleet vehicles.

*Allowance for credit losses (note 17.2)*

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. The majority of Trust income was received from NHS organisations.

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

| **Income by group** | **2020-21** | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| DHSC group | 315,885 | 275,294 |
| Other | 18,240 | 12,878 |
| Total income | 334,125 | 288,172 |
| **Percent from DHSC group** | **94.5%** | **95.5%** |

## Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

### Note 3.1 Income from patient care activities (by nature)

| | **2020-21** | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| **Ambulance services** | | |
| A&E income | 226,827 | 213,157 |
| Patient Transport Services income | 37,610 | 32,053 |
| Other income | 44,863 | 25,660 |
| Additional pension contribution central funding** | 9,633 | 8,556 |
| **Total income from activities** | **318,933** | **279,426** |

As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020-21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes.

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

### Note 3.2 Income from patient care activities (by source)

| | **2020-21** | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| **Income from patient care activities received from:** | | |
| NHS England | 16,916 | 10,540 |
| Clinical Commissioning Groups | 300,442 | 267,134 |
| Department of Health and Social Care | - | 2 |
| Other NHS providers | 968 | 877 |
| Local authorities | 5 | 12 |
| Non-NHS: private patients | 15 | 31 |
| Injury cost recovery scheme | 587 | 809 |
| Non NHS: other | - | 21 |
| **Total income from activities** | **318,933** | **279,426** |
| **Of which:** | | |
| Related to continuing operations | 318,933 | 279,426 |

## Note 4 Other operating income

| | 2020-21 | | | 2019-20 | | |
|---|---|---|---|---|---|---|
| | **Contract income** | **Non-contract income** | **Total** | Contract income | Non-contract income | Total |
| | **£000** | **£000** | **£000** | £000 | £000 | £000 |
| Research and development | 418 | - | **418** | 450 | - | **450** |
| Education and training | 2,824 | 162 | **2,986** | 2,617 | 157 | **2,774** |
| Provider sustainability fund (2019-20 only) | | | **-** | 2,232 | | **2,232** |
| Reimbursement and top up funding | 3,222 | | **3,222** | | | **-** |
| Income in respect of employee benefits accounted on a gross basis | 1,121 | | **1,121** | 987 | | **987** |
| Other contributions to expenditure* | | 5,060 | **5,060** | | - | **-** |
| Other income | 2,385 | - | **2,385** | 2,303 | - | **2,303** |
| **Total other operating income** | **9,970** | **5,222** | **15,192** | **8,589** | **157** | **8,746** |
| **Of which** | | | | | | |
| Related to continuing operations | | | 15,192 | | | 8,746 |

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

## Note 5 Operating expenses

| | 2020-21 | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| Purchase of healthcare from NHS and DHSC bodies | 187 | 189 |
| Purchase of healthcare from non-NHS and non-DHSC bodies | 12,454 | 6,324 |
| Staff and executive directors' costs | 241,597 | 212,083 |
| Remuneration of non-executive directors | 114 | 91 |
| Supplies and services - clinical (excluding drugs costs) | 12,420 | 6,995 |
| Supplies and services - general | 2,207 | 2,033 |
| Drug costs (drugs inventory consumed and purchase of non-inventory drugs) | 233 | 241 |
| Inventories written down | 53 | - |
| Consultancy costs | 686 | 931 |
| Establishment | 6,384 | 6,451 |
| Premises | 11,809 | 10,844 |
| Transport (including patient travel) | 18,090 | 15,203 |
| Depreciation on property, plant and equipment | 11,058 | 10,976 |
| Amortisation on intangible assets | 582 | 419 |
| Net impairments | 241 | (17) |
| Movement in credit loss allowance: contract receivables / contract assets | (26) | 76 |
| Increase/(decrease) in other provisions | 5,840 | - |
| Change in provisions discount rate(s) | 681 | 588 |

| | 2020-21 | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| Audit fees payable to the external auditor audit services - statutory audit | 144 | 70 |
| Internal audit costs | 135 | 125 |
| Clinical negligence** | 1,800 | 1,473 |
| Legal fees | 354 | 220 |
| Insurance | 46 | 657 |
| Research and development | 188 | 168 |
| Education and training | 2,250 | 1,612 |
| Rentals under operating leases | 3,677 | 2,428 |
| Redundancy | - | 75 |
| Hospitality | 8 | 32 |
| Losses, ex-gratia and special payments | 4 | 72 |
| Other* | 1,011 | 150 |
| **Total** | **334,227** | 280,509 |
| **Of which:** | | |
| Related to continuing operations | 334,227 | 280,509 |

** £109,000 additional audit fees relating to the 2019-20 year were paid during 2020-21. These are included under "other" costs for 2020-21, above.*

***Clinical negligence costs relate to the Trust's contributions to the Clinical Negligence Scheme for Trusts (CNST).*

*CNST handle all clinical negligence claims against member NHS bodies. Although membership of the scheme is voluntary, all NHS Trusts in England currently belong to the scheme. The costs of the scheme are met by membership contributions.*

### Note 5.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2019-20: £2 million).

## Note 6 Impairment of assets

| | 2020-21 | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| **Net impairments charged to operating surplus / deficit resulting from:** | | |
| Changes in market price | 241 | (17) |
| **Total net impairments charged to operating surplus / deficit** | **241** | **(17)** |
| Impairments charged to the revaluation reserve | **759** | **-** |
| **Total net impairments** | **1,000** | **(17)** |

The Trust's land and buildings valuations were undertaken by the District Valuer Service, part of the Valuation Office Agency of HM Revenue and Customs during March 2021 with a prospective valuation date of 31 March 2021. 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 £241k of impairment (charge) as a result of these valuation due to changes in market price.

## Note 7 Employee Benefits

| | 2020-21 | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| Salaries and wages | 187,396 | 165,388 |
| Social security costs | 17,335 | 15,774 |
| Apprenticeship levy | 894 | 788 |
| Employer's contributions to NHS pensions | 31,808 | 28,161 |
| Termination benefits* | 33 | 75 |
| Temporary staff (including agency) | 4,490 | 1,972 |
| **Total staff costs** | **241,956** | **212,158** |
| **Of which** | | |
| Costs capitalised as part of assets | 359 | - |

** £75k termination benefits for 2019-20 are disclosed as redundancies in operating expenditure*

### Note 7.1 Retirements due to ill-health

During 2020-21 there were 11 early retirements from the Trust agreed on the grounds of ill-health (6 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £331k (£491k in 2019-20).

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

## Note 8 Pension costs

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

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

*a) Accounting valuation*

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 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 at 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 2020-21 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 487 vehicles, of which 250 are due to expire within 1 year and 237 are due to expire between 1 and 5 years.

The commitment on land consists of 3 leases which is for the car parking facility at the Springhill Headquarters and Brunel Road which are due to expire within 1 year and Queen Margarets Parking, Scarborough which is due to expire between 1 and 5 years. The commitment on land and buildings consists of 45 leases, of which 1 is due to expire after 5 years, 12 will expire between 1 and 5 years, and 32 will expire within 1 year.

| | **2020-21** | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| **Operating lease expense** | | |
| Minimum lease payments | 3,677 | 2,428 |
| **Total** | **3,677** | **2,428** |

| | **31 March 2021** | 31 March 2020 |
|---|---|---|
| | **£000** | £000 |
| **Future minimum lease payments due:** | | |
| - not later than one year; | 2,004 | 2,142 |
| - later than one year and not later than five years; | 5,623 | 2,010 |
| - later than five years. | 148 | 822 |
| **Total** | **7,775** | **4,974** |

## Note 10 Finance Income

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

| | **2020-21** | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| Interest on bank accounts | 12 | 344 |
| **Total** | **12** | **344** |

## Note 11 Finance expenditure

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

| | **2020-21** | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| **Interest expense:** | | |
| Loans from the Department of Health and Social Care | 76 | 81 |
| **Total interest expense** | 76 | 81 |
| Unwinding of discount on provisions | (30) | 34 |
| **Total finance costs** | **46** | **115** |

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

No payments were made in respect of this legislation during 2020-21.

## Note 12 Other gains

| | **2020-21** | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| Gains on disposal of assets | **724** | 88 |
| **Total gains on disposal of assets** | **724** | **88** |

## Note 13 Intangible assets - 2020-21

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

## Note 13.1 Intangible assets - 2019-20

| | Software licences | Intangible assets under construction | **Total** |
|---|---|---|---|
| | £000 | £000 | **£000** |
| **Valuation/gross cost at 1 April 2019** | **3,175** | **129** | **3,304** |
| Additions | 638 | 653 | **1,291** |
| Reclassifications | 129 | (129) | **-** |
| **Valuation/gross cost at 31 March 2020** | **3,942** | **653** | **4,595** |
| | | | |
| **Amortisation at 1 April 2019** | **2,190** | **-** | **2,190** |
| Provided during the year | 419 | - | **419** |
| **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 14 Property, plant and equipment - 2020-21

| | Land | Buildings excluding dwellings | Assets under construction | Plant and machinery | Transport equipment | Information technology | Furniture and fittings | **Total** |
|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | **£000** |
| **Valuation/gross cost at 1 April 2020 - brought forward** | **19,012** | **45,004** | **6,631** | **11,237** | **53,689** | **12,174** | **285** | **148,032** |
| Additions | - | 451 | 10,018 | 232 | - | 1,849 | - | **12,550** |
| Impairments | (45) | (1,335) | - | - | - | - | - | **(1,380)** |
| Reversals of impairments | 142 | 238 | - | - | - | - | - | **380** |
| Revaluations | 140 | (1,454) | - | - | - | - | - | **(1,314)** |
| Reclassifications | - | 1,168 | (5,552) | 2,834 | 289 | 1,261 | - | **-** |
| Transfers to / from assets held for sale | (140) | - | - | - | - | - | - | **(140)** |
| Disposals/derecognition | - | - | - | (518) | (869) | (91) | - | **(1,478)** |
| **Valuation/gross cost at 31 March 2021** | **19,109** | **44,072** | **11,097** | **13,785** | **53,109** | **15,193** | **285** | **156,650** |
| | | | | | | | | |
| **Accumulated depreciation at 1 April 2020 - brought forward** | **-** | **-** | **-** | **4,306** | **30,252** | **8,774** | **136** | **43,468** |
| Provided during the year | - | 1,454 | - | 1,879 | 5,974 | 1,721 | 30 | **11,058** |
| Revaluations | - | (1,454) | - | - | - | - | - | **(1,454)** |
| Disposals/derecognition | - | - | - | (518) | (869) | (91) | - | **(1,478)** |
| **Accumulated depreciation at 31 March 2021** | **-** | **-** | **-** | **5,667** | **35,357** | **10,404** | **166** | **51,594** |
| | | | | | | | | |
| **Net book value at 31 March 2021** | **19,109** | **44,072** | **11,097** | **8,118** | **17,752** | **4,789** | **119** | **105,056** |
| **Net book value at 1 April 2020** | **19,012** | **45,004** | **6,631** | **6,931** | **23,437** | **3,400** | **149** | **104,564** |

**Note 14.1 Property, plant and equipment - 2019-20**

| | Land | Buildings excluding dwellings | Assets under construction | Plant and machinery | Transport equipment | Information technology | Furniture and fittings | **Total** |
|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | **£000** |
| **Valuation/gross cost at 1 April 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 financing - 2020-21**

| | Land | Buildings excluding dwellings | Assets under construction | Plant and machinery | Transport equipment | Information technology | Furniture and fittings | **Total** |
|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | **£000** |
| **Net book value at 31 March 2021** | | | | | | | | |
| Owned - purchased | 19,109 | 44,072 | 11,097 | 8,118 | 17,752 | 4,789 | 119 | **105,056** |
| **NBV total at 31 March 2021** | **19,109** | **44,072** | **11,097** | **8,118** | **17,752** | **4,789** | **119** | **105,056** |

**Note 14.3 Property, plant and equipment financing - 2019-20**

| | Land | Buildings excluding dwellings | Assets under construction | Plant and machinery | Transport equipment | Information technology | Furniture and fittings | **Total** |
|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | **£000** |
| **Net book value at 31 March 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 15 Revaluations of property, plant and equipment

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

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

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

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'. Details are provided in note 6.

The desktop valuation exercise was carried out in March 2021 by District Valuation Services with a valuation date of 31 March 2021. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements.

## Note 16 Inventories

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | **£000** | £000 |
| Drugs | 125 | 77 |
| Consumables | 1,349 | 1,266 |
| Other | 461 | 240 |
| **Total inventories of which:** | **1,935** | **1,583** |
| Held at fair value less costs to sell | **-** | **-** |

Inventories recognised in expenses for the year were £12,319k (2019-20: £6,963k). Write-down of inventories recognised as expenses for the year were £53k (2019-20: £0k).

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

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

## Note 17 Receivables

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | **£000** | £000 |
| **Current** | | |
| Contract receivables | 8,371 | 6,242 |
| Allowance for impaired contract receivables/assets | (598) | (624) |
| Prepayments (non-PFI) | 5,894 | 5,424 |
| PDC dividend receivable | 236 | 61 |
| VAT receivable | 579 | 223 |
| Other receivables | 197 | 2,207 |
| **Total current receivables** | **14,679** | **13,533** |
| | | |
| **Non-current receivables** | 325 | 505 |
| **Of which receivables from NHS and DHSC group bodies:** | | |
| Current | 6,099 | 4,077 |

### Note 17.1 Allowances for credit losses

| | 2020-21 | 2019-20 |
|---|---|---|
| | **Contract receivables and contract assets** | Contract receivables and contract assets |
| | **£000** | £000 |
| **Allowances as at 1 April - brought forward** | 624 | 579 |
| New allowances arising | - | 78 |
| Reversals of allowances | (26) | (2) |
| Utilisation of allowances (write offs) | - | (31) |
| **Allowances as at 31 March 2021** | **598** | **624** |

### Note 17.2 Exposure to credit risk

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

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

| | 2020-21 | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| **NBV of non-current assets for sale at 1 April** | **160** | **160** |
| Assets classified as available for sale in the year | 140 | - |
| Assets sold in year | (300) | - |
| **NBV of non-current assets for sale and assets in disposal groups at 31 March** | **-** | **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.

| | 2020-21 | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| **At 1 April** | **46,201** | **36,110** |
| Net change in year | 17,979 | 10,091 |
| **At 31 March** | **64,180** | **46,201** |
| **Broken down into:** | | |
| Cash at commercial banks and in-hand | 6 | 34 |
| Cash with the Government Banking Service | 64,174 | 46,167 |
| **Total cash and cash equivalents as in SoFP** | **64,180** | **46,201** |
| **Total cash and cash equivalents as in SoCF** | **64,180** | **46,201** |

## Note 20 Trade and other payables

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| **Current** | | |
| Trade payables | 3,907 | 1,428 |
| Capital payables | 3,980 | 1,538 |
| Accruals | 16,116 | 7,491 |
| Other taxes payable | - | 4 |
| Other payables | 3,023 | 2,658 |
| **Total current trade and other payables** | **27,026** | **13,119** |
| **Non-current** | | |
| **Total non-current trade and other payables** | **-** | **-** |
| **Of which payables from NHS and DHSC group bodies:** | | |
| Current | 394 | 852 |

**Note 20.1 Early retirements in NHS payables above**

The payables note above does not include any amounts in relation to early retirements.

## Note 21 Other liabilities

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| **Current** | | |
| Deferred income: contract liabilities | 30 | - |
| Deferred grants | 47 | 77 |
| Total other current liabilities | 77 | 77 |
| **Non-current** | | |
| Total other non-current liabilities | - | - |

## Note 22 Borrowings

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| **Current** | | |
| Loans from DHSC | 337 | 337 |
| **Total current borrowings** | **337** | **337** |
| **Non-current** | | |
| Loans from DHSC | 3,499 | 3,833 |
| **Total non-current borrowings** | **3,499** | **3,833** |

**Note 22.1 Reconciliation of liabilities arising from financing activities - 2020-21**

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

**Note 22.2 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 23 Provisions for liabilities and charges analysis

| | Pensions: early departure costs | Pensions: injury benefits | Legal claims | Other | **Total** |
|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | **£000** |
| **At 1 April 2020** | **747** | **7,221** | **292** | **10,550** | **18,810** |
| Change in the discount rate | 29 | 651 | - | 1 | **681** |
| Arising during the year | 79 | 34 | 279 | 7,596 | **7,988** |
| Utilised during the year | (106) | (504) | (148) | (100) | **(858)** |
| Reversed unused | (88) | (188) | (106) | (1,766) | **(2,148)** |
| Unwinding of discount | (4) | (35) | - | 9 | **(30)** |
| **At 31 March 2021** | **657** | **7,179** | **317** | **16,290** | **24,443** |
| **Expected timing of cash flows:** | | | | | |
| - not later than one year; | 82 | 409 | 317 | 14,588 | **15,396** |
| - later than one year and not later than five years; | 338 | 1,675 | - | 1,696 | **3,709** |
| - later than five years. | 237 | 5,095 | - | 6 | **5,338** |
| **Total** | **657** | **7,179** | **317** | **16,290** | **24,443** |

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

We have provided the reinstatement costs for our leased\tenancy properties and leased fleet vehicles.

See note 1.22

**Note 23.1 Clinical negligence liabilities**

At 31 March 2021, £20,320k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Yorkshire Ambulance Service NHS Trust (31 March 2020: £11,394k). See note 1.22

## Note 24 Contingent assets and liabilities

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| **Value of contingent liabilities** | | |
| NHS Resolution legal claims | (253) | (233) |
| **Gross value of contingent liabilities** | **(253)** | **(233)** |
| Amounts recoverable against liabilities | - | - |
| **Net value of contingent liabilities** | **(253)** | **(233)** |
| **Net value of contingent assets** | - | - |

## Note 25 Contractual capital commitments

| | 31 March 2021 | 31 March 2020 |
|---|---|---|
| | £000 | £000 |
| Property, plant and equipment | 393 | 251 |
| Intangible assets | 9 | 17 |
| **Total** | **402** | **268** |

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

## Note 26 Other financial commitments

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

## Note 27 Financial instruments

### Note 27.1 Financial risk management

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

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

*Currency risk*

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

*Credit risk*

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 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 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 2021** | | |
| Trade and other receivables excluding non financial assets | 7,946 | **7,946** |
| Cash and cash equivalents | 64,180 | **64,180** |
| **Total at 31 March 2021** | **72,126** | **72,126** |

| | 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** |
| Cash and cash equivalents | 46,201 | **46,201** |
| **Total at 31 March 2020** | **54,531** | **54,531** |

### Note 27.3 Carrying values of financial liabilities

| | Held at amortised cost | Total book value |
|---|---|---|
| | £000 | £000 |
| **Carrying values of financial liabilities as at 31 March 2021** | | |
| Loans from the Department of Health and Social Care | 3,836 | **3,836** |
| Trade and other payables excluding non financial liabilities | 24,003 | **24,003** |
| Provisions under contract | 16,246 | **16,246** |
| **Total at 31 March 2021** | **44,085** | **44,085** |

| | Held at amortised cost | Total book value |
|---|---|---|
| | £000 | £000 |
| **Carrying values of financial assets as at 31 March 2020** | | |
| Loans from the Department of Health and Social Care | 4,170 | **4,170** |
| Trade and other payables excluding non financial liabilities | 13,115 | **13,115** |
| Provisions under contract | 9,085 | **9,085** |
| **Total at 31 March 2020** | **26,370** | **26,370** |

### Note 27.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows.
This differs to the amounts recognised in the statement of financial position which are discounted to present value.

| | **31 March 2021** | 31 March 2020 restated* |
|---|---|---|
| | **£000** | £000 |
| In one year or less | 38,715 | 23,147 |
| In more than one year but not more than five years | 3,523 | 2,547 |
| In more than five years | 2,308 | 3,346 |
| **Total** | **44,546** | **29,040** |

** This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.*

### Note 27.5 Fair values of financial assets and liabilities

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

## Note 28 Losses and special payments

| | **2020-21** | | 2019-20 | |
|---|---|---|---|---|
| | **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 |
| Bad debts and claims abandoned | 3 | 1 | 6 | (3) |
| Stores losses and damage to property | - | - | 3 | - |
| **Total losses** | **3** | **1** | **29** | **32** |
| **Special payments** | | | | |
| Compensation under court order or legally binding arbitration award | 3 | 103 | 1 | 1 |
| Ex-gratia payments | 31 | 153 | 70 | 247 |
| **Total special payments** | **34** | **256** | **71** | **248** |
| **Total losses and special payments** | **37** | **257** | **100** | **280** |
| 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 Wakefield CCG

NHS Bradford District and Craven CCG

NHS North Yorkshire CCG

NHS Sheffield CCG

NHS Vale of York CCG

NHS East Riding of Yorkshire CCG

NHS Hull CCG

NHS Greater Huddersfield CCG

NHS Doncaster CCG

NHS Calderdale CCG

NHS Barnsley CCG

NHS Rotherham CCG

NHS North Kirklees CCG

NHS England

NHS Pension Scheme

HM Revenue & Customs

YAS Charities

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 medical staff for that service. The Trust Board is the Corporate Trustee of the Yorkshire Ambulance Service NHS Charitable Trust Charity No. 1114106.

Transactions between the Charity and the Trust during the year were not material.

## Note 30 Prior period adjustments

There are no prior period adjustments

## Note 31 Events after the reporting date

There have been no adjusting or non-adjusting events after the reporting date.

## Note 32 Better Payment Practice code

| | 2020-21 | | 2019-20 | |
|---|---|---|---|---|
| | **Number** | **£000** | Number | £000 |
| **Non-NHS Payables** | | | | |
| Total non-NHS trade invoices paid in the year | 23,785 | 129,459 | 25,198 | 136,272 |
| Total non-NHS trade invoices paid within target | 19,914 | 119,325 | 20,745 | 125,350 |
| Percentage of non-NHS trade invoices paid within target | 83.7% | 92.2% | 82.3% | 92.0% |
| **NHS Payables** | | | | |
| Total NHS trade invoices paid in the year | 356 | 1,539 | 403 | 1,581 |
| Total NHS trade invoices paid within target | 233 | 1,041 | 238 | 1,040 |
| Percentage of NHS trade invoices paid within target | 65.4% | 67.6% | 59.1% | 65.8% |

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:

| | **2020-21** | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| Cash flow financing | (15,916) | (3,689) |
| **External financing requirement** | **(15,916)** | **(3,689)** |
| External financing limit (EFL) | (15,838) | 3,479 |
| **Under spend against EFL** | **78** | **7,168** |

## Note 34 Capital Resource Limit

| | **2020-21** | 2019-20 |
|---|---|---|
| | **£000** | £000 |
| Gross capital expenditure | 13,476 | 18,322 |
| Less: Disposals | (300) | (44) |
| **Charge against Capital Resource Limit** | **13,176** | **18,278** |
| Capital Resource Limit | 13,254 | 18,308 |
| **Under spend against CRL** | **78** | **30** |

## Note 35 Breakeven duty financial performance

| | **2020-21** |
|---|---|
| | **£000** |
| Adjusted financial performance (deficit) (control total basis) | (960) |
| **Breakeven duty financial performance (deficit)** | **(960)** |

**Note 35.2 Breakeven duty rolling assessment**

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

| | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | **2020-21** |
|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Breakeven duty in-year financial performance | 6,103 | 2,719 | 10,154 | 9,250 | 5,524 | **(960)** |
| Breakeven duty cumulative position | 18,634 | 21,353 | 31,507 | 40,757 | 46,281 | **45,321** |
| Operating income | 248,965 | 255,424 | 269,451 | 281,698 | 288,172 | **334,125** |
| **Cumulative breakeven position as a percentage of operating income** | 7.5% | 8.4% | 11.7% | 14.5% | 16.1% | **13.6%** |

| Glossary | |
|---|---|
| *Term/Abbreviation* | ***Definition/Explanation*** |
| **Accident and Emergency 999 (A&E) Service** | A responsive service for patients in an emergency situation with a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. |
| **Advanced Medical Priority Dispatch System (AMPDS)** | An international system that prioritises 999 calls using information about the patient as supplied by the caller. |
| **Ambulance Quality Indicators (AQIs)** | AQIs were introduced in April 2011 for all ambulance services in England and look at the quality of care provided as well as the speed of response to patients. The AQIs are ambulance specific and are concerned with patient safety and outcomes. |
| **Ambulance Response Programme (ARP)** | The Ambulance Response Programme (ARP) was established by NHS England in 2015 to review the way ambulance services operate, increase operational efficiency and to ensure a greater clinical focus. The trial helped to inform changes in national performance standards for all ambulance services which were introduced in 2018. |
| **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. |

| Glossary | |
|---|---|
| *Term/Abbreviation* | ***Definition/Explanation*** |
| **Cardio-pulmonary Resuscitation (CPR)** | A procedure used to help resuscitate a patient when their heart stops beating and breathing stops. |
| **Care Bundle** | A care bundle is a group of interventions (practices) related to a disease process that, when carried out together, result in better outcomes than when implemented individually. |
| **Care Quality Commission (CQC)** | An independent regulator responsible for monitoring and performance measuring all health and social care services in England. |
| **Chairman** | The Chairman provides leadership to the 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. |

| Glossary | |
|---|---|
| *Term/Abbreviation* | ***Definition/Explanation*** |
| **Dashboards** | Summary of progress against Key Performance Indicators for review by managers or committees. |
| **Dataset** | A collection of data, usually presented in tabular form. |
| **Department of Health and Social Care (DHSC)** | The government department which provides strategic leadership for public health, the NHS and social care in England. |
| **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)** | For a small number of people who are approaching the last days of life, cardiopulmonary resuscitation (CPR) would be futile or not a viable option. In these circumstances DNACPR forms are completed to avoid aggressive, undignified and futile actions to resuscitate a patient, and to allow a natural dignified death in line with the patient's wishes. |
| **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. |

| Glossary | |
|---|---|
| *Term/Abbreviation* | ***Definition/Explanation*** |
| **Health Overview and Scrutiny Committees (HOSCs)** | Local authority-run committees which scrutinise matters relating to local health services and contribute to the development of policy to improve health and reduce health inequalities. |
| **Healthwatch** | Healthwatch England is the independent consumer champion for health and social care in England. There are also local Healthwatch organisations where networks of individuals and community groups, such as faith groups and residents' associations, work together to improve health and social care services. Healthwatch organisations started to replace LINks (Local Involvement Networks) from October 2012. |
| **Human Resources (HR)** | A function with responsibility for implementing strategies and policies relating to the management of individuals. |
| **Immediate Life Support (ILS)** | ILS training is for healthcare personnel to learn cardiopulmonary resuscitation (CPR), simple airway management and safe defibrillation (manual and/or AED), enabling them to manage patients in cardiac arrest until arrival of a cardiac arrest team. |
| **Information Asset Owner (IAO)** | An IAO is an individual within an organisation that has been given formal responsibility for the security of an information asset (or assets) in their particular work area. |
| **Information, Communication and Technology (ICT)** | The directorate responsible for the development and maintenance of all ICT systems and processes across Yorkshire Ambulance Service. |
| **Information Governance (IG)** | Allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care. |
| **Information Management and Technology (IM&T)** | This department consists of the IT Service Desk, Voice Communications Team, IT Projects Team and Infrastructure, Systems and Development Team which deliver all the Trust's IT systems and IT projects. |
| **Integrated Business Plan (IBP)** | Sets out an organisation's vision and its plans to achieve that vision in the future. |
| **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. |

| Glossary | |
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| ***Term/Abbreviation*** | ***Definition/Explanation*** |
| **Major Trauma** | Major trauma is serious injury and generally includes such injuries as:<br>• traumatic injury requiring amputation of a limb<br>• severe knife and gunshot wounds<br>• major head injury<br>• multiple injuries to different parts of the body eg chest and abdominal injury with a fractured pelvis<br>• spinal injury<br>• severe burns. |
| **Major Trauma Centre** | A network of centres throughout the UK, specialising in treating patients who suffer from major trauma. |
| **Mental Capacity Act (MCA)** | Legislation designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. |
| **Myocardial Infarction (MI)** | Commonly known as a heart attack, an MI is the interruption of blood supply to part of the heart, causing heart cells to die. |
| **National Early Warning Score (NEWS)** | The NEWS is a simple physiological scoring system that can be calculated at the patient's bedside, using agreed parameters which are measured in unwell patients. It is a tool which alerts healthcare practitioners to abnormal physiological parameters and triggers an escalation of care and review of an unwell patient. |
| **National Health Service (NHS)** | Provides healthcare for all UK citizens based on their need for healthcare rather than their ability to pay for it. It is funded by taxes. |
| **National Learning Management System (NLMS)** | Provides NHS staff with access to a wide range of national and local NHS eLearning courses as well as access to an individual's full training history. |
| **National Reporting and Learning System (NRLS)** | The NRLS is managed by 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. |

| Glossary | |
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| *Term/Abbreviation* | ***Definition/Explanation*** |
| **Non-Executive Directors (NEDs)** | Drawn from the local community served by the Trust, they oversee the delivery of ambulance services and help ensure the best use of financial resources to maximise benefits for patients. They also contribute to plans to improve and develop services which meet the area's particular needs. |
| **Paramedic** | Senior ambulance service healthcare professionals at an accident or medical emergency. Working alone or with colleagues, they assess a patient's condition and provide essential treatment. |
| **Paramedic Practitioner** | Paramedic practitioners come from a paramedic background and have additional training in injury assessment and diagnostic abilities. |
| **Patient Report Form (PRF)** | A comprehensive record of the care provided to patients. |
| **Patient Transport Service (PTS)** | A non-emergency medical transport service, for example, to and from out-patient appointments. |
| **Personal Development Reviews (PDRs)** | The PDR process provides a framework for identifying staff development and training needs and agreeing objectives. |
| **Personal Digital Assistants (PDAs)** | Small computer units which help to capture more accurate data on Patient Transport Service performance and journey times and identify areas which require improvements. |
| **Private and Events Service** | Provides medical cover to private and social events for example, football matches, race meetings, concerts and festivals. It also provides ambulance transport for private hospitals, corporations and individuals. |
| **Quality Governance Framework** | A process to ensure that YAS is able to monitor and progress quality indicators from both internal and external sources. |
| **Quality Strategy** | Framework for the management of quality within Yorkshire Ambulance Service. |
| **Rapid Response Vehicle (RRV)** | A car operated by the ambulance service to respond to medical emergencies either in addition to, or in place of, an ambulance. |
| **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. |

| Glossary | |
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| *Term/Abbreviation* | ***Definition/Explanation*** |
| **Serious Incidents (SIs)** | Serious Incidents include any event which causes death or serious injury, involves a hazard to the public, causes serious disruption to services, involves fraud or has the potential to cause significant reputation damage. |
| **Stakeholders** | All those who may use the service, be affected by or who should be involved in its operation. |
| **ST Elevation Myocardial Infarction (STEMI)** | A type of heart attack. |
| **Year to Date (YTD)** | The period from the start of a financial year to the current time. |
| **Yorkshire Air Ambulance (YAA)** | An independent charity which provides an airborne response to emergencies in Yorkshire and has YAS paramedics seconded to it. |
| **Yorkshire Ambulance Service (YAS)** | The NHS provider of emergency and non-emergency ambulance services in Yorkshire and the Humber. |

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Design: **Philip Smithson Design**

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