NHS
Yorkshire
Ambulance Service
NHS Trust

Trust Board Meeting held in Public

Venue: Trust HQ, Springhill 2, Brindley Way, Wakefield, WF2 0XQ

Date: Tuesday 27 March 2018

Time: 0930 hours

Chairman: Kathryn Lavery

Board Members:

Kathryn Lavery	(KL)	Chairman
Patricia Drake	(PD)	Deputy Chairman and Non-Executive Director
Rod Barnes	(RB)	Chief Executive
Mark Bradley	(MB)	Executive Director of Finance
Christine Brereton	(CB)	Director of Workforce and Organisational Development
Ronnie Coutts	(RC)	Non-Executive Director
Tim Gilpin	(TG)	Associate Non-Executive Director
Richard Keighley	(RK)	Non-Executive Director
Dr David Macklin	(DM)	Executive Director of Operations
Erfana Mahmood	(EM)	Non-Executive Director
Dr Julian Mark	(JM)	Executive Medical Director)
Leaf Mobbs	(LM)	Director of Urgent Care and Integration
John Nutton	(JN)	Non-Executive Director
Steve Page	(SP)	Executive Director of Quality, Governance and Performance Assurance
Phil Storr	(PS)	Associate Non-Executive Director

Apologies:

Dr David Macklin	(DM)	Executive Director of Operations
Tim Gilpin	(TG)	Associate Non-Executive Director

In Attendance:

Anne Allen	(AA)	Trust Secretary
Stephen Segasby	(SS)	Deputy Director of Operations
Yvonne Mwolds	(YM)	PWC, Well Led Review (Observing)

Minutes produced by:

Joanne Lancaster	(JL)	Committee Services Manager

		Action
1	Opening Business	
	The meeting commenced at 0930 hours.	
1.1	**Apologies / Declaration of Interests** Apologies were noted as above and declarations of interest would be considered during the course of the meeting. The meeting was preceded by a presentation from Christine Brereton, Director of Workforce & Organisational Development and Claus Madsen Associate Director of Education and Learning. The Board noted the positive developments and the roll-out of the Values and Behavioural Framework across the organisation The Chairman thanked CB and CM on the progress so far and emphasised how important the Framework was for the Trust as it was the core to delivering excellent patient services. The Chairman welcomed Richard Keighley, the new Chair of the Audit Committee and Non-Executive Director to the meeting. She advised that it was PD's last meeting with the Trust and she would speak about this later in the meeting. PS advised that he had updated his Declaration of Interests.	
1.2	**Minutes of the Meeting held on 28 November 2017 including Matters Arising (not on the agenda) and Action Log** The Minutes of the Board Meeting in Public held on 27 November 2017 were approved as a true and fair representation of the meeting. **Matters Arising** There were no matters arising from the minutes. **Action Log:** Action PRB-469 – This was included on the agenda. Action closed. It was noted that all other actions on the action log had been appropriately closed.	
2	**Strategy Development**	
	There were no items under this heading.	
3	**Quality Safety & Patient Experience**	
3.1	**Patient Story** The Board heard the story of Raymond who had been born in 1933, who was a dedicated family man and had had a varied and distinguished career. He had previous medical issues which he had been treated for and recovered from however more recently Raymond had been diagnosed with Alzheimer's disease.	

		Action
	On 4 February 2017 Raymond had collapsed at home and his wife had called their daughter who was a Paramedic with YAS; she went to help and called for an ambulance. When the ambulance arrived she had explained that she was a Paramedic and offered a handover from the previous hour however this was declined from the attending Paramedic. During the journey to the hospital the family were upset by the attitude of the Paramedic and felt that they did not receive any reassurance, comfort or compassion. The family felt this lack of compassion and understanding of Alzheimer's disease from the Paramedic continued in the hospital setting. The family were disappointed by the Paramedic's attitude and gave the individual an opportunity to apologise on scene however the Paramedic did not feel he'd done anything wrong and the family didn't feel the apology provided was sincere. Subsequently, the Trust provided an apology to the family and feedback had been provided to the staff involved for them to reflect on how they were perceived by the family. This also provided an opportunity to raise the Paramedic's knowledge about Alzheimer's disease and the impact this has on a person's memory, anxiety and communication. Raymond recovered in hospital before returning home however the incident with the Paramedic's attitude have the left the family nervous about having to call for an ambulance again. The Trust was serious about the values of the organisation and had launched a refreshed set of core values and behaviours. These were critical features which outlined how the Trust expected colleagues and stakeholders to interact with each other and patients. Discussion took place in relation to the patient story and whether the Paramedic's colleague had acted in the same way or challenged the behaviour. It was emphasised by the Board that peer challenge was a powerful tool to promote positive behaviour. The Chairman thanked Raymond and his family for sharing their story. **Approval:** **The Board noted the Patient Story.**	
3.2	**For Assurance: Care Quality Commission (CQC) Action Plan Update** The paper updated on the delivery of the CQC Improvement plan and the preparation and readiness for the next CQC inspection. The last CQC inspection took place during September and October 2016 and the results were published in February 2017, these reflected an improved position for YAS across all service lines with the Trust overall rating as 'good'. There were a number of actions for the Trust post-inspection; predominantly on two main areas, leadership and management; and specifically in Patient	

		Action
	Transport Services (PTS), Infection Prevention and Control (IPC). Within PTS there had been a focussed programme of working including IPC, and the development of Standard Operating Procedures. With a restructured PTS management team work had progressed against the PTS CQC Action Plan at pace over the last six months. The CQC Action Plan for the organisation had retained a strong Trust Executive Group (TEG) focus with regular performance updates being received. It was proposed to close down the current CQC Quality Improvement plan and that monitoring and audit of all completed actions would continue and become the responsibility of the relevant service line. The Trust was in regular contact with the CQC and it was anticipated that the Trust would be inspected in the coming months. The new inspection would be on a risk based assessment in addition to assessment against the Well-Led Framework. An external company had been secured to provide the Well-Led Framework assessment (in line with national guidance). Work continued in engaging staff in relation to preparations for the CQC inspection and the Trust would carry out a mock inspection to provide assurance that the standards were consistent across the organisation. **Approval:** **The Board of Directors gained assurance that the CQC Improvement Plan had been delivered and could be closed and that the Trust had begun preparation for the next CQC inspection plan.**	
3.3	**For Assurance: Bi-Annual Report: Significant Incidents/Lessons Learned** The report provided an overview to of the key events and learning which had taken place during the first half of the 2017-18 financial years (April – September 2017). The number of Serious Incidents (SIs) reported during the period remained stable with 19 SIs being reported in Q1 & Q2 2017-18 compared to 16 in the previous 6 months. A theme identified in Q4 2016-17 and going into Q1 2017-18 within the EOC was in relation to Emergency Medical Dispatchers (EMDs) not recognising in a timely manner when a patient was ineffectively breathing. This had led to the incorrect coding of some calls and subsequently delays in response. A Quality Improvement action plan had been developed for delivery over the summer to address the issue. As part of the QI plan the effectiveness of the interventions had been monitored since June and there had been a reduction in the number of non-compliant audits relating to ineffective breathing and no further SIs had been detected. It was noted that in terms of ARP Category 1 calls that YAS was an outlier in terms of the number of calls being coded to Category 1; some of this was a	

		Action
	result of YAS' recognition of ineffective breathing. There would be an international review of the question set so that Category 1 calls could be more effectively identified. During Q2 a theme was identified relating to the management of cardiac arrest and timely defibrillation. Three SIs had been reported during Q2 in addition to two cases which had been reported in the 14 months prior. A collective review of the cases was undertaken in addition to individual case investigation and a number of actions identified including supervision and training. The work continued to be monitored closely and reported to the Clinical Governance Group (CGG). It was noted that this had allowed the Trust to review its training in this regard and adopt best practice for training in CPR and defibrillators; all clinical staff would receive 5 hours training on an annual basis in this regard. There had been some national developments in terms of a National Review of SI reporting and it was reported that this may lead to some changes. YAS had refreshed its own guidance on SI reporting ahead of the outcome of the review which included awareness in relation to cultural differences when responding to incidents. YAS had renewed its focus to ensure organisational learning occurs through incident reporting. Incident reporting remained high which was a positive for the organisation to enable it to learn from incidents. There was still a focus on moving patients safely. The Trust had a zero tolerance of violence and aggression against staff and training on conflict resolution had been strengthened to provide staff with de-escalation skills. It was confirmed that sanctions were taken out against offenders who had verbally or physically abused YAS' staff. It was noted that violence and aggression was not limited to frontline staff but also to those taking calls in the EOC, NHS 111 and back office functions. **Action:** **To include in future reports the number of sanctions and prosecutions relating to verbal or physical abuse against YAS' staff.** The Trust had a focus on complaints relating to delayed responses to Inter Facility Transfer (IFTs) bookings in South Yorkshire. The Trust had worked with Sheffield Hospital to reduce the volume of cases being received. The highest category of complaints within A&E Operations related to staff attitude and behaviours and the Trust was addressing this and it was being monitored closely. During this period the Ombudsman had completed one investigation into a complaint regarding the A&E service; the case was not upheld. The Trust had received a significant number of compliments and these had all been acknowledged and fed-back to the member of staff where they could be identified.	**SP**

		Action
	The majority of claims related to employer liability; clinical negligence remained low. The Trust's involvement in Inquests continued to remain high in relation to attendance of staff as witnesses and currently there were 314 open cases. During the period there had been one Prevention of Future Death (PFD) report issued to the Trust relating to the allocation of resources to an incident. YAS had responded to the Coroner providing satisfactory reassurance that the process had been improved and members of staff had been adequately trained and appropriately supported. The Trust continued to receive concerns reported through the Freedom to Speak Up (FTSU) process via the Trust's Guardian and Advocates. During the period 48 concerns had been raised through this process. The role of the Guardian and the FTSU process were being reviewed within YAS to ensure it continued to be an effective route for raising concerns. **Approval:** **The Board of Directors noted the current position and took assurance from the work highlighted within the report, supporting ongoing proposals for improvement.**	
3.4	**Quality Committee –Minutes of the Meeting Held on 14 September and 14 December 2017 and Chairman's Report of the Meeting held on 15 March 2018** The Chairman informed those present that it was PD's last meeting with the Trust before she took up the role of Non-Executive Director at Doncaster and Bassetlaw NHS Trust. She formally thanked PD for the work she had undertaken as Deputy Chairman and Chair of Quality Committee (QC) for YAS the latter which had been formally recognised by the CQC for being a superb example of Chairing a QC. PS passed on best wishes and thanks on behalf of the QC and the hard work she had put in to making it an effective and accountable Committee. PD thanked the YAS team and particularly SP and JM for their support with the Quality Committee. She was immensely proud of the Committee's work in relation to quality, safety and patient focus. The Chairman on behalf of the Board wished PD all the best for the future in her new role. The Minutes of 14 September and 14 December were noted. PD advised that the QC workplan 2017/18 had been delivered, all actions had been picked up and relevant risks had been highlighted to the Audit Committee. The QC continued to monitor the CQC Action Plan/CQC Inspection preparation, BAF and Corporate Risk Register (CRR) and Serious Incidents	

		Action
	(SIs). A recent focus of the QC had been performance against the Ambulance Response Programme (ARP) from a quality and safety perspective. Acute reconfigurations across the region had remained a concern as had hospital turnaround times. Workforce issues including the Occupational Health contract, Workforce Strategy, Diversity and Inclusion Strategy and the Values and Behavioural Framework also retained a focus. **Approval:** **The Trust Board was assured by the discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee's work programme.**	
4	**Workforce**	
4.1	**For Assurance: Diversity and Inclusion Update** The paper updated on progress of the objectives outlined in the Trust's Diversity and Inclusion (D&I) Strategy. It was noted that here had been a detailed presentation at the Quality Committee (QC) on 15 March and it had been agreed that the Head of D&I would provide regular reports to the QC going forward. The D&I Strategy was currently being implemented across the Trust and was interlinked with the roll-out of the Behavioural Framework. The D&I Steering Group was considering the specific objectives of the D&I Strategy. There had been positive engagement with staff across YAS and there was a focused session planned for the next Board Development Meeting (BDM) on 10 April with Yvonne Coghill the WRES national lead and to which a wider group of staff would be invited. RC asked whether there would be some smarter measurable objectives introduced to the D&I Strategy. CB responded this had been a topic discussed by TEG the previous day and advised that smarter objectives would be developed and shared with the Board once they had been determined. Discussion took place relating to increasing the number of staff from a BME background within the Trust to reflect the population of the YAS region. The Trust was working to increase the number of staff from a BME background and further work was being considered on how best to do this. It was noted that the Trust was actively engaging with the Higher Education Centres to encourage them to promote their courses to a wide range of people. CB added that a Succession Plan had been developed and this included D&I themes. It was noted that a similar plan should be developed for the Board, particularly for Non-Executive Director roles. RB advised that the Trust was committed to the D&I agenda and that this remained a focus of the Trust Executive Group (TEG).	

		Action
	The Chairman asked that Board/Committee front sheets and reports reflect that, where required, an Equality Impact Assessment (EIA) had been undertaken. **Action:** **For Board reports to reflect, where appropriate/required, that an Equality Impact Assessment had been undertaken.** CB advised that a review was being undertaken on a new EIA process and this would be discussed at TMG/Quality Committee. Once complete this would be incorporated into the Board assurance/governance process. SP advised that the Trust currently undertook Quality Impact Assessments and the EIAs would add to and strengthen this process. The Chairman emphasised that the Trust was actively engaged with the D&I agenda and the Board would continue to monitor progress in this regard. **Approval:** **The Board of Directors noted the update and gained assurance that the Diversity and Inclusion Strategy was being implemented across the Trust.**	**CB/AA**
4.2	**For Assurance: National Paramedic Re-banding Update** The paper updated on the progress to date and the implementation plan to meet the national milestones for the Paramedic re-banding and associated training plans. It was noted that the Board had received a detailed report at the 28 November 2017 Board Meeting. The national agreement had been split in to two sections, the delivery of both sections was required for the requisite funding to be released to the Trust. The first section included managing the matching and assimilation of current Paramedics on to the new Band 6 job profile, implementing the Newly Qualified Paramedic (NQP) concept, conducting a national (and local) Training Needs Analysis and drafting a detailed plan for the training needed. The Trust achieved all the requirements of the first section and the first part of the funding had been released. Section two of the national agreement focused on the competencies of Paramedics. Ambulance Trusts must ensure that by the end of March 2020 all Paramedics would meet the minimum threshold criteria to work as a Paramedic to the new nationally agreed job description and hence deliver on the objectives of the Urgent and Emergency Care Review (UECR). Section two of the national agreement had been further detailed through milestones/key deliverables set out in a letter from NHSI/NHSE sent to the Trust in December 2017 and this had been attached to the report for reference at Appendix 1. The letter included a detailed training plan to be agreed and implemented from 1 April 2018 and the continuous	

		Action
	implementation of this (delivery of the skill-gap training) with some 'on track' percentages for 'planned and accepted' and 'trained' as detailed through half-yearly milestones from 31 March 2018 – 31 March 2020. CB provided assurance that progress had been made on the delivery of the national agreement and the Trust was on track to deliver the training plan and this was detailed at section 3 of the report. It was noted that 97% of Paramedics had undertaken a self-assessment of skills; 60 were outstanding and these were being pursued on a daily basis. The Trust would identify those Paramedics who needed extra training; this could be as many as 200 but was expected to be lower than that figure. The Training had already been designed and would be rolled out over the next two years for those Paramedics who required it. It was noted that the Paramedic re-band funding was currently non-recurrent for 2017/18 and 2018/19. Discussion took place in relation to career pathways across the Trust and clinical supervision. It was noted that roles and responsibilities would be reviewed to ensure there was clarity. It was not anticipated that there would be an impact on Paramedic career pathways relating to the recently announced proposed national pay award for Agenda for Change staff. Further reports would be provided going forward and these would include wider implications should there be any. **Approval:** **The Board of Directors noted the update and gained assurance that progress was being made in relation to the national agreement for Paramedic re-banding to Band 6.**	
4.3	**For Approval: Fit and Proper Persons Policy** The paper sought approval for the updated Fit and Proper Persons Policy following receipt of new Care Quality Commission (CQC) guidance. It was noted the Fit and Proper Persons Policy had been submitted to the Board at its 27 November 2017 meeting but that further guidance from the CQC had been released in February 2018. Appendix E included the new CQC guidance and had been referenced through the Fit and Proper Person Policy; the remainder of the Policy remained unchanged. RB asked that paragraph 4.5 of the policy should be explicit that NHSI involvement was for the Chairman and Non-Executive Directors only. The Executive roles remained the responsibility of YAS. He asked that the job title for 'Director of Planned and Urgent Care' be amended to 'Director of Urgent Care and Integration'. Reference to 'google' should be replaced to 'internet'. **Action:** **To amend the wording of the policy at paragraph 4.5 so that it was explicit that NHSI involvement was for the Chairman and Non-**	**CB**

		Action
	Executive Directors only. The Executive roles remained the responsibility of YAS. That the job title for 'Director of Planned and Urgent Care' be amended to 'Director of Urgent Care and Integration'. Take out reference of 'google' search to replace with 'internet' search. **Approval:** **The Board of Directors approved the Fit and Proper Persons Policy subject to the above amendments.**	
5	**Performance and Finance**	
5.1	**For Discussion: YAS' Updated Operating Plan Priorities 2018/19** The paper updated on the ongoing development of the Trust's Operating Plan introducing key changes around ARP and Integrated and Urgent Care 111. The Operating Plan would be finalised ready to submit to NHSI at the end of April 2018. It was noted that NHSI Planning Guidance required ambulance services to deliver Ambulance Response Programme (ARP) performance standards by September 2018; this date was earlier than had been anticipated. The Trust was in negotiations with Commissioners regarding the A&E contract settlement for 2018/19. The Trust had developed a range of business cases seeking investment from Commissioners to change YAS' delivery model and drive out improvements in productivity and efficiency; this would be alongside internal investment by YAS. The business cases related to: • Low Acuity Tier – this had already been approved by Commissioners and would improve the management and response to low acuity demand; • Rapid Response Vehicle (RRV) to Double Crew Ambulance (DCA) – Investing in the number of DCA vehicles and reducing the level of RRV vehicles to support the delivery of the AP standards by increasing the capacity of transportable vehicles, particularly for Category 2 demand; • Emergency Operations Centre (EOC) transformation – Redesign and restructure of the EOC functional model to deliver a more cohesive and locally focused response to ARP. • Ambulance Vehicle Preparation (AVP) – this was already part of the Trust's Hub and Spoke Programme. The Trust was currently piloting the 'in-house' developed electronic Patient Record (ePR) and early indications were this was being well received by staff. The Trust continued to focus on workforce and organisational development. The Workforce Strategy was currently being refreshed to align to the Trust Corporate Strategy and to reflect the significant transformations being developed. It was noted that the Trust was part of the Paramedic Rotation pilot.	

		Action
	It was noted that the Operating Plan was more integrated having moved away from a silo based plan and there had been significant engagement with staff in its development. The Integrated Business Planning Group would monitor progress against the Operating Plan. PD commented that there did not appear to be reference to patient care, safety and experience within the Operating Plan. MS responded that it what implicit throughout the document but this would be strengthened prior to submission. SP added that sitting underneath the Operating Plan was a plethora of documents which included, amongst other things, patient care, safety and experience. It was confirmed the final Operating Plan would be signed off by the Board at the Extraordinary Private Meeting on 26 April 2018. The Chairman commented that the Trust had a lot of different plans and strategies coming to fruition and asked whether there was a comprehensive directory of these which showed the interdependencies within. MS responded that this would be developed. **Action:** **For a comprehensive 'directory' of plans and strategies to be developed showing timescales for implementation and interdependencies between them.** AA added that there was a version of this which she was due to speak with the Chairman, RB and SP about in due course. SP advised that part of the work was to ensure that all the plans aligned together. **For Approval:** **The Board of Directors noted the contents of the paper and considered the operating plan priorities for 2018/19.**	**MS**
5.2	**For Assurance: Chief Executive's Report and Integrated Performance Report** The report provided assurance on the activity of the Trust Executive Group (TEG) from 21 November 2017 to 19 March 2018 and the opportunity for TEG to highlight the key variances/movements contained within the February 2018 Integrated Performance Report (IPR). The Trust had gone 'live' with reporting against the new Ambulance Response Programme (ARP) categories at the beginning of September 2017. Good progress had been made in improving EOC call answer times, rates of 'Hear and Treat' activity and a safe reduction in the number of vehicles being dispatched to each incident.	

		Action
	It was noted that a national review by NASMeD of categorisations was being undertaken particularly in relation to the AMPDS determinants for Category 2 and Category 3 to ensure that the algorithms were robust. It was a significant piece of work and it was anticipated this would be completed before the winter period (2018). The Trust would need to be in a position to implement any changes when ready; it would not have any influence on how and when changes would be introduced. There was a lead national Commissioner that was linked into these developments. Discussion took place in relation to the new codes and the possible impact of these being introduced prior to the winter period. There had been a sustained period of adverse weather during February and March. There had been some challenges with delayed handovers at the Acute Trusts although not the same levels as some parts of the country; delayed handovers within the YAS region had been appropriately highlighted with system partners. PD asked whether there had been any Serious Incidents relating to turnaround times. RB responded that there had been a national focus by both NHS England (NHSE) and NHS Improvement (NHSI) on the turnaround times and any resulting incidents. SP added that discussions had taken place with NHSE and NHSI with 'hotspot' areas within the YAS region being identified to them for their consideration. Discussion took place relating to the health system pressures as a whole and that the issue was not necessarily at the 'front-door' but challenges with bed space across hospitals and social care bed availability in the community. It was noted that there were unprecedented levels of pressure across the healthcare system and it required a whole system solution to resolve these. The positive news that YAS had retained the PTS Vale of York Patient Transport Service (PTS) was noted. The Leadership Programme would be launched in the coming months and a number of leadership events would be held to provide leaders at all levels of the organisation an opportunity to explore in depth the Trust's Values and Corporate Strategy and what these would mean for staff and everyday work at YAS. The 999 contract negotiations continued with Commissioners and the Trust was working on the Financial Plan and Operating Plan for 2018/19 for submission to NHSI at the end of April 2018. RB noted formal congratulations to the following for awards won at the Ambulance Leadership Forum (ALF) on 20 March 2018:	

		Action
	• Alistair Gunn, YAS' Planning and Development Manager on winning the 'Outstanding Service in leading on Diversity & Inclusion Award'; • Dave Hill, YAS' Ancillary Services Manager who won the 'Outstanding Service in Support Services Award'. PD asked what the governance arrangements were in regards to the Rotational Paramedic Role. RB responded that the pilot was at an early stage of development. LM added that this was a crucial issue that was being worked through and she would update the Quality Committee at the June meeting. **Action:** **An update on governance arrangements for the Rotational Paramedic Role to be provided to the June Quality Committee.** <u>Operations Directorate</u> It was noted that the ARP Category 1 'mean' remained a challenge as did Category 2. The adverse weather conditions over the past few months had also presented significant challenges. SS formally noted thanks to staff for their dedication in getting in to work during the adverse weather. It was noted that a notification had gone to staff thanking them for their hard work. The Chairman also noted the formal thanks of the Board to staff for their hard work and commitment during the period of challenging weather. Discussion took place how best to capture the 'spirit' of staff and partner organisations during that period. SP suggested a 'best photo' competition. **Action:** **Consideration to be given relating to capturing the 'spirit' of YAS' staff and partner organisations during the adverse weather conditions, particularly a 'best photo' competition.** <u>Urgent Care and Integration Directorate</u> It was noted that the directorate had performed strongly during this period. Within PTS on-day discharge remained the most challenging area; work was on-going to improve this for the future. The PTS South Yorkshire contract performance was improving against an increase in demand for the service. NHS 111 had performed well over the winter period. There were some on-going sickness absence issues which had impacted on increased call handling times; work was on-going to reduce sickness absence within the service. Work was continuing for preparation for expected higher demand over Easter with initiatives to incentivise staff to work over this period. EM asked about the deep clean breaches within PTS.	**LM** **CB**

		Action
	LM responded there was a plan in place to rectify this. The new PTS fleet had gone into the South Yorkshire patch which had impacted on the rest of the region. SP added that there were challenges around vehicle deep cleans but he emphasised that there was a cut-off point at which a vehicle was taken off the road to receive a deep clean before further use on the front-line. MB advised that the uncertainty relating to the West Yorkshire PTS contract and when this would be out for tender and that this impacted on vehicle replacement plans for the Trust. SS added that the fleet team had managed the vehicle availability situation very well over the winter period working with A&E Operations colleagues to reduce impact. <u>Clinical Directorate</u> YAS had won two awards at the annual Clinical Research Network: Yorkshire & Humber in December: • Richard Pilbery, YAS' Research Paramedic won 'Research Allied Health Professional of the Year'; • The YAS Research Team won the 'Improvement in Patient Engagement' award. YAS would be presenting the results of the study 'An investigation into suicide amongst ambulance staff' at the 999 EMS research conference in Stirling in March. The report had already been accept by the Association of Ambulance Chief Executives (AACE) and also distributed to participating ambulance services. YAS was a partner with the Universities of Hull, York and Sheffield in a bid for £250k research funding to conduct the BREATHE trial in the Hull area. The study would test a Paramedic delivered intervention to support patients with chronic respiratory conditions who had an acute exacerbation. The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) clinical guidelines app had been made available to all clinical staff and had been positively received. <u>Quality, Governance and Performance Assurance</u> It was noted that Freedom of Information (FoI) response times had improved back to usual standards. There had been a good take up of the e-learning Level 2 Safeguarding training. In terms of IPR exceptions there had been two Serious Incidents (SIs) relating to Information Governance (IG) breaches which were reported to the Information Commissioners Office in early 2018. Neither had significant consequences in relation to data held but they had highlighted some weaknesses in control of electronic folders which had now been addressed. The learning from these unconnected incidents would be taken through Quality Committee and Audit Committee.	

		Action
	The Chairman asked that once the update had been through the level 2 Committees that an update be included within the Significant Incident Report to Board. **Action:** **To include an update on the lessons learned from the IG breaches within the next Significant Incident report to the Board.** It was noted that eight (rather than six) Quality Improvement (QI) Fellows had been appointed as the quality of candidates had been exceptional. Support had been secured from the QI Academy for delivery of training, coaching and other support for the core QI team, QI Fellows and wider YAS workforce. Work continued to strengthen the Critical Friends Network (CFN). YAS was working collaboratively with local GP practices to encourage participation and a calendar of engagement events had been planned for 2018/19. It was noted that in November 2017 the Trust hosted a visit, supported by the World Bank, by a senior team from the Poltava region of Ukraine. Following this a further request had been received for a visit from representatives of the Volyn region. <u>Workforce and Organisation Development Directorate</u> It was noted that 'Holiday Pay' was a national issue and remained within the legal process. The Employment Tribunal for Flowers v East of England Ambulance Service was being heard on 12 April 2018 with the outcome likely to be known mid-May 2018. The Trust, along with all other ambulance Trusts and other NHS organisations had been invited to participate in a national WRES Expert Programme which would take place between March and October 2018. The programme would focus on developing a WRES expert that was able, through expert facilitation, support and guidance, to ensure that the Trust was able to meet and improve its WRES compliance. It was noted that Yvonne Coghill, WRES National Lead would be facilitating a workshop at YAS in April to consider YAS' WRES priorities. TEG had signed off the Health and Wellbeing Plan and a health needs assessment and mental health survey would be undertaken with staff. This covered the next 12 months and a longer term strategy would be developed during this period. In terms of IPR exceptions it was noted that PDR compliance was below where it should be and a robust action plan had been put in place to rectify this. <u>Finance Directorate</u> It was noted that the Trust had a rating of 1 under the Single Oversight Framework (with 1 being the lowest risk and 4 being the highest risk).	**SP**

		Action
	The Trust had a positive year to date variance of £1.8m against the plan. The year-end forecasted position had been amended as agreed previously by the Board and the detail of this would be discussed at the Board of Directors meeting in Private later that day. The Trust was ahead of the Cost Improvement Programme (CIP) plan and this provided the opportunity for the Trust to undertake some invest to save schemes. The Trust had a strong cash position. There was some slippage in the Capital Programme and this was noted as an IPR exception. The Estates Programme had accelerated over the past couple of months with 35 properties having maintenance work completed on them. MB noted formal thanks to Emma Bolton, YAS' Director of Fleet, Estates and Facilities, Paul McGuinness, YAS' Head of Property and Projects and team for their hard work on this programme of works. **Action:** **To include an update on the estates developments within the next CEO report for the May Public Board.** On-going work was taking place with colleagues in A&E Operations to determine the correct fleet mix for delivery of the ARP. Fleet requirements had been discussed with Commissioners during the 999 contract negotiations. <u>Planning and Development Directorate</u> The team had been focusing on the YAS Corporate Strategy, Business Plan and the Operating Plan. They had been integral to the recent PTS tender bids and would also assist with the upcoming bids for West Yorkshire PTS and NHS 111 which would be up for renewal next year. The team had also worked on the business cases to present to Commissioners during 999 contract negotiations. The Chairman thanked the Trust Executive Group for the update. **Approval:** **The Board agreed it had sufficient assurance on the activities of the Executive Team and Trust Executive Group during the period and noted and discussed the variances contained within the February 2018 IPR report, highlighted in the Executive Directors' reports.**	**MB**
5.3	**Finance and Investment Committee (F&IC) – Minutes of the Meeting Held on 14 September, 16 November and 14 December 2017 and Chairman's Report of the Meeting held on 15 March 2018** The minutes of the meetings for 14 September, 16 November and 14 December 2017 were noted. JN advised that the F&IC had considered the financial outturn including a revised Control Total with detailed discussions taking place at each F&IC meeting. Spending money wisely had been a focus particularly in relation to	

		Action
	the Capital Spend. Patient Transport Services continued to improve and the work of the Northern Ambulance Alliance (NAA) would benefit YAS and its partners going forward. **Approval:** **The Trust Board was assured by the discussions within the Finance and Investment Committee and the key issues highlighted for further scrutiny within the Committee's work programme.**	
5.4	**For Assurance: Audit Committee Minutes of 6 November 2017 and Chairman's Verbal Update of the Meeting held on 11 January 2018** The minutes of the 6 November were noted. JN noted formal thanks to Barrie Senior, former YAS' Non-Executive Director, who had left the organisation at the end of 2017, for his excellent Chairmanship of the Audit Committee. He welcomed RK to the role and offered his support should it be needed. The Audit Committee continued to receive assurance from the Quality Committee and the Finance and Investment Committee. Ernst & Young continued as the Trust's External Auditors and the Financial Accounts continued to a similar timetable as in previous years. The External Auditors had been alerted to the risks connected with the increased Control Total. **Approval:** **The Trust Board was assured by the discussions within the Audit Committee and the key issues highlighted for further scrutiny within the Committee's work programme.**	
5.5	**Charitable Funds Committee (CFC) – Minutes of the Meeting Held on 11 August 2017 and Chairman's Report of the Meeting held on 23 November 2017** The minutes of the 11 August were noted. Two errors were noted on the CFC minutes, Mark Millins was the Associate Director, Paramedic Practice and the date should be 11 August 2017. EM advised that the November meeting of the CFC had considered the Fundraising Strategy and financial challenges. A plan had been developed for the next three years. It was noted that the Charity's mission statement wording had been slightly amended as follows: • NEW WORDING "Saving more lives across Yorkshire and The Humber, by enabling EVERYONE to respond to a medical emergency in the appropriate way and by supporting those who deal with such emergencies." PREVIOUSLY AGREED WORDING "Saving more lives across Yorkshire and The Humber, by enabling EVERYONE to respond in a medical emergency and to seek appropriate care, and by supporting those who respond to such emergencies."	

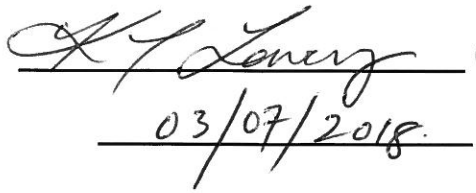
		Action
	Approval: **The Trust Board was assured by the discussions within the Charitable Funds Committee and the key issues highlighted for further scrutiny within the Committee's work programme.**	
6	**Risk Management and Internal Control**	
6.1	**For Approval: Trust Secretary's Annual Report 2017/18:** **1. Updated Standing Orders Including Scheme of Powers Delegated and Reserved to the Board and Standing Financial Instructions - V2.4;** **2. Updated Committee Terms of Reference (all);** **3. Registers of Interest:** **a. Board of Directors** **b. Staff Band 8d & Above** **4. Hospitality Register** **5. Members' Expenses** **6. Fit & Proper Persons Declaration** **7. Review of the Use of the Trust Seal** This was the Trust Secretary's annual report to the Board to provide assurance and approve the above documents. AA brought to the attention of the Board that PS had updated his Declaration of Interests and this would be amended with the new details prior to publication. The background and the changes were clearly highlighted under each section within the report. **Approval:** **The Board of Directors approved:** **1. Updated Standing Orders Including Scheme of Powers Delegated and Reserved to the Board and Standing Financial Instructions - V2.4;** **2. Updated Committee Terms of Reference (all);** **3. Registers of Interest:** **a. Board of Directors** **b. Staff Band 8d & Above** **4. Hospitality Register** **5. Members' Expenses** **6. Fit & Proper Persons Declaration** **7. Review of the Use of the Trust Seal**	
6.2	**For Approval: Board/Committee Planner 2018/19** The paper highlighted amendments to the Board/Committee Meetings Calendar for 2018/19. Specifically it was proposed that, in light of historical uncertainty around the date of publication of central Planning guidance, to delay the (Quarterly) meeting of the Board in February to March. **Approval:** **The Board of Directors approved the Board/Committee Meetings Calendar for 2018/19.**	

		Action
6.3	**For Assurance: Corporate Risk Register (CRR) and Board Assurance Framework (BAF)** The paper update on the closedown of the BAF 2017/18, summarised the process for the recast of the BAF and proposals for amends to principal risk descriptions for 2018/19. It provided detail of changes to the Corporate Risk Register since the last meeting and explained work being undertaken in respect of Vehicle Accident Reduction and updated on plans to achieve compliance with General Data Protection Regulations (GDPR). It was noted there were two risks not mitigated to expected levels by year end: • **BAF 1a) Inability to deliver performance targets and clinical quality standards** - Contributory factors included attrition of staff in EOC which was presenting a risk to filling of rotas; the risk relating to EOC call performance was on the corporate risk register. The introduction mid-year of the new ARP standard which would require significant investment and service transformation to support full delivery. Work was ongoing to improve vehicle availability to A&E Operations, including planning for movement of vehicles to align with rostering of both core and additional shifts and a review of vehicle mix was ongoing. • **BAF 4a) Impact of external system pressures and changes in wider health economy -** the Corporate Risk Register entries reflect the strategic impact of reconfigurations and other external system pressures. Specific hospital Trust or condition-specific service changes were recorded as and when sufficient information became available to be able to articulate and assess the risk to performance, the financial impact and ultimately patient safety and experience. It was noted that the remainder of the risks had been mitigated to the anticipated level. At the BDM meeting on 22 February the Board had reviewed the BAF and agreed the headline risks. Many of the key issues had been referenced during the day's meeting. The Corporate Risk Register continued to be reviewed on a quarterly basis. It was noted that risk discussions at Quality Committee and Finance and Investment Committee in March 2018 relating to A&E Operations South Performance, financial and patient safety impacts of commissioning and implementation of ARP, and the proposed reconfiguration at Friarage Northallerton. These would be reflected in the next quarterly cycle of the Corporate Risk report with risk description and rating moderated and actions scrutinised through the next quarterly corporate governance meeting cycle. The Board noted the risks which had been added to the CRR since the last report. SP highlighted Risk '1030: Big Word – Information Governance' was noted; there were two elements relating to this - the processing of data outside of the European Union/United States Privacy Shield and the timeliness of	

		Action
	quality of the response when translating. This was an issue for patient care for those patients requiring translation services. This had been escalated through MB and Big Word had stepped up the contract. The Vehicle Accident Reduction process had been developed and aimed to influence positive culture and behaviour when driving YAS vehicles. It was noted that although Fleet provided the vehicles it was ultimately A&E Operations that used the vehicles and therefore needed to ensure that vehicles were looked after with due care. SP emphasised that work was on-going preparing for the new General Data Protection Regulations (GDPR) which would come into force from 25 May 2018. The Head of Legal Services and Data Protection Officer had several workstreams to address the various elements of the GDPR including data security and cyber security. The Information Governance (IG) toolkit had been refreshed and would be available from April 2018 for individual members of staff to self-assess against. It was confirmed that work was on-going pulling together information that was processed in the organisation and that which was shared to understand the impact on the Trust's consent processes and linked with the Caldicott principles. It was noted that the Risk Manager liaised with managers with regards to risks and that risks were escalated appropriately should they need to be. **Approval:** **The Board noted the update and the developments outlined in the report and gained assurance with regard to the effective management of risks across the Trust.**	
7	**Closing Business**	
7.1	**Key Points Arising from the Meeting** The Chairman noted the progress made with the Behavioural Framework. She commented on the progress made against a number of different workstreams.	
7.2	**Board Review and Feedback** The Chairman thanked everyone for attending and contributing to the meeting. The meeting finished at 1215 hours.	
	To be resolved that the business to be transacted is of a confidential nature and that under the terms of the Public Bodies (Admission to Meetings) Act, 1960, Section 1, subsections 2&3, the Press and the public to be excluded from this part of the meeting.	

		Action
9.	**Date and Location of the Next Meeting of the Trust Board Held in Public:** 24 May 2018 – Trust HQ, Kirkstall & Fountains, Springhill 2, Brindley Way, Wakefield, WF2 0XQ	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS



CHAIRMAN

03/07/2018

DATE