



Trust Board Meeting held in Public

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

Date: Thursday 28 November 2017

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
Ronnie Coutts	(RC)	Non-Executive Director
Dr David Macklin	(DM)	Executive Director of Operations
Erfana Mahmood	(EM)	Non-Executive Director
Dr Julian Mark	(JM)	Executive Medical Director
John Nutton	(JN)	Non-Executive Director
Steve Page	(SP)	Executive Director of Quality, Governance and Performance Assurance
Barrie Senior	(BS)	Non-Executive Director
Christine Brereton	(CB)	Director of Workforce and Organisational Development

Apologies:

Dr David Macklin	(DM)	Executive Director of Operations
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In Attendance:

Anne Allen	(AA)	Trust Secretary
Leaf Mobbs	(LM)	Director of Urgent Care and Integration
Tim Gilpin	(TG)	Associate Non-Executive Director
Phil Storr	(PS)	Associate Non-Executive Director
Stephen Segasby	(SS)	Deputy Director of Operations
Jock Crawford	(JC)	Freedom to Speak Up Guardian (Item 4.1)
Perry Duke	(PDu)	Head of Financial Services (Item 7.1)

Minutes produced by: (JL) Joanne Lancaster, Committee Services Manager

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1	Opening Business	

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	The meeting commenced at 0930 hours.	
1.1	<p>Apologies / Declaration of Interests Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p> <p>The meeting was preceded by a presentation from Dr Steven Dykes, YAS' Deputy Medical Director and Jane Shewan, Head of Research and Development on Clinical Governance, Development and Leadership.</p> <p>The presentation highlighted how YAS was using clinical governance, development and leadership to:</p> <ul style="list-style-type: none"> • Enable all clinicians to deliver high quality, evidence based, patient-centred care; • Ensure that patients received consistently high standards of care; • Continuously improve and innovate clinical care. <p>The Chairman thanked SD and JS for the informative and interesting presentation and welcomed the clinical developments across the Trust.</p> <p>The Chairman welcomed Christine Brereton, Director of Workforce and Organisational Development to her first Board of Directors Meeting in Public. She congratulated LM on her change of portfolio to the new Director of Urgent Care and Integration and SS on his appointment to the role of Deputy Director of A&E Operations.</p> <p>The Chairman informed the public meeting that this was BS' last meeting as he was leaving the Trust on 30 November 2017 to take up the position of Chair of Audit Committee at Bradford Teaching Hospital NHS Foundation Trust. She thanked him for his hard work and commitment to YAS during his tenure and wished him well for the future.</p>	
1.2	<p>Minutes of the Meeting held on 31 August 2017 including Matters Arising (not on the agenda) and Action Log The Minutes of the Board Meeting in Public held on 31 August 2017 were approved as a true and fair representation of the meeting subject to the following amendments.</p> <p>Page 17, paragraph 5, to be amended to read 'Consideration was being given to accepting an Associate Member of the NAA'.</p> <p>Page 18, paragraph 12 should read 'External Audit had provided the Trust with a clean audit opinion'.</p> <p>Matters Arising There were no matters arising from the minutes.</p> <p>Action Log: It was noted that all actions on the action log had been appropriately closed.</p>	
2	Strategy Development	

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<ul style="list-style-type: none"> • Subject to the above amendments, approved the Fit and Proper Persons Policy. 	
<p>2.2 For Assurance: Quality Improvement Update Including Patient Experience</p> <p>The paper outlined the proposed implementation of the Trust-wide Quality Improvement (QI) Strategy and proposed options for the YAS Well Led Review for the Care Quality Commission (CQC) and NHS Improvement (NHSI) requirements.</p> <p>The paper followed Board approval of ‘Quality Improvement – Outline proposal for a YAS approach’ on 31 August 2017. The next step was to assess the Trust’s current position in terms of its capacity, capability and readiness to implement QI methodology by way of a diagnostic, and alongside this, to continue to develop the approach and build QI capability.</p> <p>It was proposed to develop a community of engaged QI Fellows who would support and work alongside a core central team through a secondment/fixed term arrangement. The fellows would be selected from volunteers with an interest in QI and would have their line manager’s support. Training would take place prior to April 2018. The proposals supplemented and complemented existing QI across the Trust</p> <p>There was a requirement for the Trust to undertake a Well Led self-assessment at least annually to identify areas of future focus within the Well-led Framework. The Trust also had to commission at least every three years an independent external facilitator to take a holistic view of the Trust.</p> <p>In relation to the commissioning of the well-led framework external review and a diagnostic tool for QI. The Board may consider:</p> <ul style="list-style-type: none"> • Option one: Commission independent external Well Led review and separate QI diagnostic and initial support; • Option two: Combine the commission of the QI diagnostic and initial capacity building support with the external Well Led review. <p>It was noted that the intention would be to build the QI fellows roles into the budget with recurrent funding. This would be achieved by utilising existing transformation money linked to the CIP process.</p> <p>The Chairman emphasised that this approach would become the way the organisation worked with QI embedded at every level. She asked that the Board be kept apprised of the procurement process.</p> <p>Action: SP report back the procurement of the QI/external facilitator for an external review.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Approved the outlined approach to the development of Well Led and QI diagnostic exercises; 	<p>SP</p>

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<ul style="list-style-type: none"> • Approved and supported the proposals for initial capacity building and development of a YAS QI Fellowship programme to build QI capacity and support the growth of the QI culture (Option Two). <p>RC joined the meeting at 0940 hours.</p>	
3 Quality Safety & Patient Experience	
<p>3.1 Bishop James Jones' review of the Hillsborough families' experiences, Home Office Publication, 2 November 2017</p> <p>The Bishop James Jones' review of the Hillsborough families' experiences was published by the Home Office on 2 November 2017. YAS had been invited to and had submitted information to the review and it was noted a small part of the submission had been used; YAS had not been privy to the report or findings until after publication.</p> <p>The report had rightly focused on the suffering of the families' and on the protracted process to bring about justice.</p> <p>The report had largely focused on the South Yorkshire Police Force's approach to the disaster and subsequent Inquests. There had been one specific reference to YAS relating to YAS' approach to the Inquests which had been perceived as adversarial and challenging. YAS had addressed this in the Trust's submission to the Bishop of Liverpool. The Trust apologised for the perception created as the Trust's intention had always been to make available all of the facts so that maximum learning could be had.</p> <p>The report had 25 points of recommendation including:</p> <ul style="list-style-type: none"> • Charter for Bereaved Families; • Increased support to families; • Improved support in Inquests for families; • A duty of candour for the Police Force (NHS already had this in place). <p>The Trust welcomed the report and it was noted that the organisation was different to the incumbent South Yorkshire Metropolitan Ambulance Service when the disaster happened; practices had changed and how the ambulance service managed disasters had matured significantly.</p> <p>The organisation took seriously its Duty of Candour and had taken learning from the outcomes of the Inquests and the Bishop's report. The Government would formally respond to the Bishop of Liverpool's report in due course and YAS would wait until that had been published to formally respond.</p> <p>As always the Board of Directors' thoughts and sympathies remained with the families of those affected by the disaster.</p> <p>Approval: The Board noted the update.</p>	

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3.2	<p>Patient Story The Chairman introduced the Patient Story.</p> <p>On the 26th December 2016 Angela rang 999 as her husband Ian had collapsed and was having difficulty breathing. She spoke of her distress and feelings of helplessness as they waited for an ambulance to arrive. The Call Handler had asked the family to go for a defibrillator but this was too far away to walk and neither Angela nor her son drove a car. Angela started CPR but it took 31 minutes for an ambulance to arrive and by that time Ian had stopped breathing. Sadly Ian passed away.</p> <p>The Chairman stated that this was a particularly distressing video to watch but that the Trust had taken learning from Angela and Ian's case to improve patient care and performance.</p> <p>The Trust had reflected on the incident and the impact on the family and findings from the investigation.</p> <p>A reassuring aspect was that the staff members had reported the incident themselves and this had been passed on to the Incident Review Team. There had been a cluster of incidents during quarter 4 relating to the identification of ineffective breathing at the Call Handler stage. In this particular case the call had not been coded as ineffective breathing and therefore the call did not go through the correct pathway.</p> <p>It was acknowledged that it could sometimes be difficult for staff to determine ineffective breathing as the call originator may use different terminology to describe that particular scenario and it was important that the call handler listened for the nuances in speech or other pointers to determine the seriousness of a situation.</p> <p>The Trust had taken the Quality Improvement (QI) model approach to review the cluster of incidents. Staff had been heavily involved including reviewing case studies in small groups at an Emergency Operation Centre (EOC) learning day. This had been a powerful learning tool with positive results as there had not been a Serious Incident for ineffective breathing since June 2017.</p> <p>Follow up work had taken place within the EOC including non-compliance audits. Education materials had been re-distributed and on-going support was provided to staff.</p> <p>The Board agreed how incredibly brave it had been of Angela to share her story with the Trust. Discussion took place in relation to the learning from Angela and Ian's story. It was noted that the Trust was receiving more information and working with Coroners and Acute Trusts to take learning from such events with the aim to improve patient outcomes.</p>	

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<p>The role of Community First Responders (CFR) was discussed and the ongoing work in this regard to use technology for a more efficient way of utilising the CFRs.</p> <p>The Chairman asked that the sympathies of the Board were conveyed to Angela.</p> <p>Approval: The Board noted the patient story.</p>	
<p>3.3 For Approval: Care Quality Commission (CQC) Action Plan Update The paper updated on the progress of the delivery of the CQC Quality Improvement Action Plan.</p> <p>The CQC Plan had been developed following the CQC inspection in September and October 2016 which had reflected an improved position for YAS across all service lines with the Trust overall rating as 'good'.</p> <p>Good progress had been made against all areas of the CQC action plan.</p> <p>There had been a strong focus on Patient Transport Services (PTS) with a number of measures taking place, including:</p> <ul style="list-style-type: none"> • Continuing to develop a culture of engagement with staff; • Work against the transport of portable oxygen, cleaning and Infection Prevention Control (IPC), and stock control was progressing well. <p>There had been some challenges to implementing the CQC action plan due to capacity at a senior level within PTS due to a management restructure and several PTS tenders but these had been mitigated against with a new management structure in place and relevant support provided.</p> <p>LM advised that PTS had worked hard to implement the actions from the action plan and whilst it was too early to determine the success of this early indications were that demonstrable progress had been made.</p> <p>It was noted that the Training Needs Analysis had been completed for A&E Operations and PTS.</p> <p>The Infection Control Nurse had visited stations and this had resulted in good progress in general with cleanliness and the 'bare below elbows' policy.</p> <p>RB confirmed that PTS had been included within the Hub and Spoke project and going forward the new model would assist with some of the challenges raised by the CQC inspection within PTS.</p> <p>It was noted that there had been an increased focus on workforce issues within A&E Operations and on clinical resource recruitment within NHS 111.</p> <p>It was expected that the Trust would be re-inspected by the CQC early in 2018. The Trust continued to implement the CQC action plan and some of</p>	

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<p>the other initiatives the Trust were implementing and developing would provide demonstrable evidence of the Trust's commitment to improvement.</p> <p>It was noted that the CQC used many different sources to build up a picture of a Care Provider to gain a more holistic view and requisite assurance.</p> <p>Approval: The Board of Directors noted the progress against the CQC action plan and supported the continued focus on Quality Improvement.</p>	
<p>3.4 Quality Committee –Chairman's Report of the Meeting held on 14 September 2017</p> <p>PD provided a summary of the Quality Committee (QC) meeting on 14 September including:</p> <ul style="list-style-type: none"> • Clinical Quality report; • CQC action plan; • YAS' Winter Plans; • Inter Facility Transfers and turnaround times at Acute Trusts remained a concern and focus for the QC; • Workforce and recruitment had been discussed; • The implementation of the Diversity and Inclusion Strategy would be a focus going forward. <p>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.</p>	
<p>4 Workforce</p>	
<p>4.1 For Assurance: Freedom to Speak Up – Six Monthly Review</p> <p>The paper provided an overview of Freedom to Speak Up (FTSU) activity since its launch in July 2016 and assurance that staff were engaging with the process.</p> <p>This was a national initiative which had responded to the 'Freedom to Speak Up: An independent review into creating an open and honest reporting culture in the NHS' (Francis) which had been published in February 2015 and followed on from the Francis report on Mid-Staffordshire Hospital NHS Trust. The aim of the initiative was to ensure that NHS staff felt it was safe to raise concerns and confident that they would be listened to.</p> <p>YAS had launched FTSU in July 2016 with Jock Crawford (JC) (Paramedic) being appointed as the Trust's FTSU Guardian and 10 FTSU advocates appointed across the organisation. The Trust was confident the FTSU was part of its wider working processes and complemented existing avenues to raise concerns/incidents.</p> <p>It was noted that YAS had been an early adopter of FTSU and JC had received 69 concerns in the first 12 months. It had been intended and anticipated that the concerns raised would primarily be in relation to patient safety issues however these had accounted for a small proportion with the</p>	

majority of concerns relating to internal staffing issues.

The majority of the early concerns had related to staffing levels in the Emergency Operations Centre (EOC) which the Trust had already identified as a risk and work had begun on addressing the issue. In response JC had met regularly with EOC Managers and a communications plan was put in place to provide updates and assure staff that the staffing levels were being addressed.

There had been concerns raised in relation to bullying and harassment which reflected the national trend. It was noted that South East Coast Ambulance (SECamb) had published an independent report in July 2017 into Bullying & Harassment within their Trust. YAS had studied the report and had reported to the Trust Management Group on some of the learning from this including the commitment to equip managers, particularly those new to the role, with the necessary knowledge, training and skills to undertake management duties.

JC had attended staffing groups within YAS such as the Lesbian, Gay, Bi and Transgender (LGBT) and the Black Minority Ethnic (BME) Group to promote the FTSU agenda.

Most of the concerns raised within the Trust had been raised with JC directly so it was the intention to reengage the FTSU advocates so as to provide wider opportunities for reporting of concerns.

YAS was seen as an exemplar in the way it had implemented FTSU and its commitment to FTSU. JC had presented at two workshops at the FTSU Conference in London.

Discussion took place in relation to the significant workload undertaken by JC in his role as FTSU Guardian. Managers needed to feel empowered to tackle appropriate issues themselves leaving JC to concentrate on those issues that required FTSU Guardian to lead.

It was noted that bullying and harassment appeared to be a theme within the ambulance sector particularly in comparison to other NHS provider organisations. There was no detailed analysis as to why this might be but as a sector, and a Trust, it did need to be addressed. It was believed that some of this was due to the geographical spread of the sector which made communications challenging. Equipping managers with the right skills to resolve issues or raise performance issues in a constructive way might help to resolve some of the concerns.

TG believed part of the issue was the culture of the organisation and that the Trust should have a zero tolerance approach to inappropriate behaviour. He felt it would be useful to have a working definition of what was 'bullying and harassment' to provide clarity to the organisation. The number of concerns raised should not be seen as negative as it provided the opportunity for the Trust to address the issues and learn from them.

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<p>JC outlined some of the conversations he had had with the Trust Executive Group (TEG) to address concerns. It was believed that the training of managers was essential as was reviewing the FTSU policy to ensure that it was robust in its remit.</p> <p>SP emphasised that that FTSU initiative was just one of a number of processes in place to address concerns/incidents and allowed staff to report issues in a safe way. He advised that he had been discussing with CB how FTSU, Quality Improvement and the assessment of SECamb report (July 2017) aligned/informed the wider organisational culture piece. A report would be presented to the Board in February 2018.</p> <p>It was noted that a self-assessment of YAS had taken place against the recommendations within the SECamb report.</p> <p>Action: A report on how the FTSU, Quality Improvement and the assessment of SECamb aligned/informed the wider organisational culture piece to be brought to the Board of Directors Meeting in Public in February 2018.</p> <p>The Chairman thanked JC for the update and requested a further update in 2018.</p> <p>Action: An update on FTSU to be presented at a Board of Directors Meeting in Public in August 2018.</p> <p>Approval: The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the issues handled via the Freedom to Speak Up Guardian and developments in Trust operations; • Gained assurance with regard to the rigour of the processes in place. 	<p></p> <p></p> <p></p> <p>CB/SP</p> <p></p> <p></p> <p>SP</p>
<p>4.2 For Assurance: National Holiday Pay Update CB provided an update in relation to Holiday Pay.</p> <p>The Bear Scotland Employment Tribunal case (2014) had ruled that statutory holiday pay (20 days) should be based on an average of the preceding 12 weeks' pay including compulsory overtime. A subsequent case (Flowers v East of England Ambulance Service – May 2017) had ruled that this should be paid for all holiday entitlement and not just statutory holiday entitlement. The East of England Ambulance Service was submitting an appeal that day.</p> <p>CB advised that she was liaising closely with her Human Resources counterparts across the ambulance sector to await the outcome of the East of England Ambulance Service's appeal.</p> <p>Approval:</p>	

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<p>The Board of Directors noted the update.</p>	
<p>5 Performance and Finance</p>	
<p>5.1 For Assurance: Chief Executive’s Report and Integrated Performance Report</p> <p>The report provided assurance on the activity of the Trust Executive Group (TEG) from 25 August 2017 to 20 November 2017 and the opportunity for TEG to highlight the key variances/movements contained within the October 2017 Integrated Performance Report (IPR).</p> <p>It was noted that A&E performance remained a key focus with the introduction of the new Ambulance Response Programme (ARP) categories at the beginning of September 2017; four ambulance Trusts had gone live with the ARP. Category 1 demand remained high during the period with the Trust achieving the 90th centile standard of 15 minutes for this category. Category 2 remained challenging for YAS with the Trust. Additional front-line resources were being brought in to the Trust over the winter period and the pilot of a low acuity transport tier was being introduced as was auto-dispatch into the Emergency Operations Centre (EOC) for Category 1 calls from December as mitigating actions.</p> <p>Handover delays at Acute Trusts remained a focus for the Trust with collaborative solutions being discussed with Acute partners to reduce the delays and escalation plans in place as appropriate.</p> <p>The A&E Operations rota lines would undergo a post implementation review to ensure they were robust particularly since the introduction of the ARP standards.</p> <p>The Trust continued talks with the Fire and Rescue Service in relation to the First Responder Schemes. It was noted that the Fire and Rescue Service’s Trade Union had asked for talks to be paused whilst their pay negotiations continued.</p> <p>The YAS internally developed Electronic Patient Record (ePR) had successfully gone live week commencing 20 November and had been well received by staff.</p> <p>The Trust remained in a strong financial position and was on target to deliver its Control Total. The Trust was rated as 1 on the Single Oversight Framework (with 1 being the least risk).</p> <p>It was formally noted that Taryne Davey, Emergency Medical Dispatcher at York EOC had won the prestigious International Academies of Emergency Dispatch (IAED) 2017 Dispatcher of the Year award at the UK Navigator Conference in Cardiff and the Board passed on its congratulations.</p> <p>The Chancellor of the Exchequer had announced plans for additional funding for the NHS in his Autumn Statement. It was anticipated that some of this additional funding would be allocated to the Ambulance Sector.</p>	

Operations Directorate

It was noted that it had been a busy period for A&E Operations over the past few months and it was expected to continue into the winter period. ARP continued to be a focus for the Directorate with reviews taking place to ensure that various plans aligned with the new ARP standards.

The A&E Transformation Programme had been re-focused to three workstreams:

- Ambulance Response Programme;
- Operations Performance Improvements;
- Emergency Operations Centre (EOC) Performance Improvements - A review of the structure of the EOC was being undertaken and was moving at pace.

A focus remained on Hospital Inter Facility Transfers (IFTs) to ensure that the right response was being provided within the required timeframe. Discussions were taking place with Health Care Professionals (HCPs) to ensure that requests for IFTs were appropriate.

BS referred to the increase in vehicle deep clean breaches and asked whether this was a trend to be addressed and whether it posed a clinical risk.

SS responded that work was being undertaken with Fleet Services to rectify the position. Activity had meant that vehicles were on the road more which had impacted on the deep clean schedule; there was a fine balance between staff hours and vehicle availability.

SP added that as YAS vehicles had a daily clean this meant that the deep clean cycle could safely be extended. YAS had been pro-active in the reporting of deep clean breaches and the Trust was not an outlier in this regard. He confirmed that the Trust could demonstrate to the CQC the reporting process and decision making process in respect of deep cleans. He was satisfied that there was a robust process in place between A&E Operations and Fleet Services.

Urgent Care and Integration

The change of name of the Directorate was noted to Urgent Care and Integration which better reflected the Directorate's work and relationship with A&E Operations.

The Patient Transport Service (PTS) Management Team had now completed its recruitment. The PTS key performance indicators were noted. Work against the Care Quality Commission (CQC) action plan continued.

The South Yorkshire PTS transport contract had been mobilised and an update on the North Yorkshire bids would be provided at the Private Board meeting later that day.

BS asked about the decrease in calls answered within 3 minutes to 68% in

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<p>October.</p> <p>LM responded this was due to the additional demands of the South Yorkshire contract and that she would clarify the position and report back outside of the meeting.</p> <p>Action: To clarify the PTS calls answered within 3 minutes to 68% in October and report to BS outside of the meeting.</p> <p>Within NHS 111 staffing levels remained a challenge with plans in place to provide additional resource for the winter period. Clinical performance continued to improve linked to the increase in clinical staffing resource.</p> <p>The Chairman asked whether the telephony issue had been resolved.</p> <p>LM responded that a debrief had taken place and business continuity plans reviewed. The national contingency had been invoked on three occasions.</p> <p>It was noted that the health care system across the region had a strong focus on winter.</p> <p><u>Clinical Directorate</u></p> <p>It was noted that work was taking place with Acute Trusts in relation to handover delays and Inter Facility Transfers (IFTs). A plan had been developed with York Hospital NHS Trust in respect of Scarborough and York hospitals and this should help with vehicle availability in this area of the region. There had been positive engagement between YAS and York Hospital NHS Trust.</p> <p>A meeting had taken place with Bradford and Airedale Hospital Foundation NHS Trust in relation to handover delays to understand the issues and how YAS might be able to help find a solution.</p> <p>Similar joint working was taking place with Sheffield Hospital Teaching NHS Trust on A&E admissions.</p> <p>JM noted one IPR exception which was that YAS was currently ranked 9th for survival to discharge following cardiac arrest in the Utstein subgroup of patients year to date (Apr-June 2017) having completed 2016/17 ranked 1st. Analysis was underway to review potential causes for the fall in ranking. It was noted that YAS had attempted resuscitation on a greater number of patients which may account for the data.</p> <p>BS asked whether there was an issue with the Stemi Care bundle as he had noticed there had been a decline from last year.</p> <p>JM explained that patients were receiving the appropriate level of pain relief however only one pain score was being recorded in some instances rather than the required two pain scores. The electronic Patient Record should help to facilitate the recording of two pain scores.</p>	<p>LM</p>

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<p><u>Quality, Governance and Performance Assurance</u></p> <p>SP reported that a rapid improvement workshop was taking place jointly with Mid Yorkshire NHS Trust in regard to Inter Facility Transfers (IFTs). This would include a mix of staff including those from the frontline to consider the issues for patients and staff and suggest solutions.</p> <p>Work continued on the Model Ambulance Programme and metrics were being developed for fleet, estates and workforce to populate the system. It was anticipated these would be functioning on the Model Ambulance Programme system by March 2018.</p> <p>SP referred to a visit by Hull Safeguarding Board in November 2017 to gain assurance on organisational learning following the very sad death of a patient in 2014. The discussions outlined positive developments in Trust practice since this time, particularly in relation to mental health care and 'frequent callers' to the service. Opportunities were discussed to support wider sharing of good practice across different health communities.</p> <p>SP highlighted an exception in relation to Freedom of Information (Fol) response delays. There had been challenges in getting the information and some staffing changes. A focus had been placed on the process and on ensuring the Publication Scheme was fully populated and response rates had increased.</p> <p><u>Workforce and Organisational Development</u></p> <p>It was noted the Human Resources (HR) and Organisational Development (OD) restructure was completed. There were a number of vacancies which were being recruited. A Head of Leadership and Organisational Development and a Head of YAS Academy had been appointed with appointments commencing in the New Year.</p> <p>The launch of the Vision and Values had taken place at the Leadership Conference in September. Work was now being undertaken to embed these across the organisation. The Behavioural Framework would be launched shortly and along with the Values would be used in Personal Development Reviews (PDRs), recruitment and training.</p> <p>Action: For an implementation plan of the Values and Behavioural Framework to be brought to a Board meeting in February 2018.</p> <p>The Diversity and Inclusion Strategy would be launched in December 2017 and was aligned to the Vision and Values work.</p> <p>The Trust had achieved 56% flu vaccinations and would be focusing on this over the coming weeks to reach a higher figure. It was noted that this was significantly more than this time last year.</p> <p>The staff survey would close on 1 December 2017; to date there had been a response rate of 30%. Once the results of the staff survey were known and analysed by the Trust it would be important that the Trust engaged with staff</p>	<p>CB</p>

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<p>to respond to the feedback received.</p> <p>It was noted that a Workforce Strategy would be developed aligned to the overall YAS Strategy and Vision and Values work.</p> <p>A focus remained on PDR compliance which currently stood at 76% against the target of 90%.</p> <p>Discussion took place in relation to staff well-being and mental health and ensuring that staff had access to the timely and relevant support.</p> <p>PD left the meeting at 1210 hours.</p> <p><u>Finance Directorate</u> The Trust was rated as 1 under the Single Oversight Framework (with one being the least risk and 4 being the highest). At the end of October the Trust was performing positively against the Financial Plan.</p> <p>A Cyber Security audit had been carried out by NHS Digital on 1-3 November 2017 with the results expected in the next month.</p> <p>Within Fleet and Estates invest to save schemes would be taken forward including essential estate improvements and the procurement of 15 Double Crew Ambulances (DCAs).</p> <p>The Finance and Contracting team have been focused on supporting the 2018/19 negotiations for 999 and NHS 111/West Yorkshire Urgent Care (WYUC) including the requirements of the national Integrated Urgent Care specification. The Trust had shared the demand forecasts and the impact of the Ambulance Response Programme (ARP) with Commissioners.</p> <p><u>Planning and Business Development</u> Work continued on the draft YAS Strategy. The team had been involved in the Patient Transport Services (PTS) bids and would continue to support these going forward. The Communications and Engagement Team had supported a number of communications initiatives within YAS such as work to ensure YAS was compliant with the NHS branding guidelines as well as supporting a number of key corporate events such as the We Care Awards and Restart a Heart day.</p> <p>The Chairman thanked the Trust Executive Group for the update.</p> <p>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 October 2017 IPR report, highlighted in the Executive Directors' reports.</p>	
<p>5.2 Finance and Investment Committee (F&IC) –Chairman’s Verbal Report of the Meetings Held on 14 September 2017 and 16 November 2017 JN provided a summary of discussions of the above meetings:</p>	

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	<ul style="list-style-type: none"> • Consideration to be given on the phasing of the Board assurance cycle; • Transformation Programme within PTS should make progress; • The PTS bids for North Yorkshire had been discussed; • A presentation on the Doncaster Hub and Spoke Business Case had been received; • A number of 'invest to save' schemes had been presented and approved subject to assurance on winter plans. <p>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.</p>	
5.3	<p>For Assurance: Audit Committee Minutes of 13 July 2017 and Chairman's Verbal Update of the Meeting held on 6 November 2017 The minutes of the 13 July 2017 were noted.</p> <p>BS provided a summary of the discussions of the meeting of the 6 November 2017:</p> <ul style="list-style-type: none"> • The Board Assurance Framework had been received and reviewed; • Internal Audit had provided two reports with significant assurance attached with three others pending but with a predicted significant assurance; • A discussion on the Charitable Funds financial position; • Good progress had been noted against the HR Internal Audit workforce recommendations; • The Audit Committee annual self-assessment was due in January 2018 but the successor Chair of the Committee may want to move that back to a later date in 2018. <p>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.</p>	
5.4	<p>Charitable Funds Committee –Chairman's Verbal Update of the Meeting held on 11 August 2017 and 23 November 2017 EM provided a summary of discussions of the above meetings:</p> <ul style="list-style-type: none"> • The meetings had retained a focus on generating funds through fundraising; • The expenditure year to date had been noted; • The Fundraising Strategy had been developed and would be presented to Board. • Engagement of staff had been discussed. <p>Action: Fundraising Strategy to be presented to Board in February 2018.</p> <p>Approval:</p>	EM/ MB

	Action
<p>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.</p>	
<p>5.5 For Assurance: Northern Ambulance Alliance Board (NAAB) Chief Executive's Report of the Meeting held on 21 November 2017 RB provided an update on the work with the NAAB.</p> <p>It was noted that collaborative working was moving at pace with some tangible projects taking shape including procurement of a joint fleet system with indicative savings of £980k over the 5 year life of the contract. Consideration was being given to a common specification for fleet going forward. There had been an agreement to look at a common ICT infrastructure to include Computer Aided Dispatch (CAD) and telephony.</p> <p>RB reported that North West Ambulance Service had decided not to pursue the joint Electronic Patient Record system with YAS and to procure a commercial solution.</p> <p>A shared legal service was being considered.</p> <p>East Midlands Ambulance Service had become an Associate Member of the NAA. A Project Director position to oversee the work plan of the NAA had gone out to advertisement.</p> <p>It was noted that a three way meeting of the respective Trusts was taking place on 16 January 2018 in Leeds and it was agreed the Non-Executive Directors would be appropriately briefed ahead of it.</p> <p>Approval: The Board noted the update and gained assurance that work was progressing through the Northern Ambulance Alliance.</p>	
<p>6 Risk Management and Internal Control</p>	
<p>6.1 For Approval: Resilience and Special Operations Half Yearly Report The paper provided an update and assurance on the Emergency Preparedness Resilience and Response (EPRR) work streams.</p> <p>The annual review of EPRR guidance and plans was reviewed as part of the annual 'Operation Blitz' as part of the team's governance and maintenance process. The external award of ISO22301 which was maintained for a fourth year demonstrated that this approach was effective.</p> <p>The management structure and reporting line of EPRR were noted with the Executive Medical Director (JM) currently being the temporary Accountable Emergency Officer (AEO).</p> <p>It was noted that the Critical Care Team continued to operate from the Nostell air support unit responding by helicopter and also Rapid Response Vehicle (RRV) if required. Yorkshire Air Ambulance (YAA) had successfully achieved certification to allow night time operations to commence. There had been a number of clinical advancements in this area with the</p>	

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<p>introduction of the carriage of blood products on both YAA aircraft. This was in partnership with Mid Yorkshire NHS Trust.</p> <p>SS informed the Board that Jim Richardson, Head of Resilience had secured a post at another ambulance Trust and wished him well for the future. There would be a review of the team and reporting structure for the Hazardous Area Response Team (HART) team following this departure.</p> <p>The independent review by the National Ambulance Resilience Unit (NARU) of HART had been positive with some specific areas of focus that were being addressed by the Trust. There had been an issue of clarity of the HART Financial Accounts picked up during the NARU inspection which had now been rectified by the Trust and was due to a 'rounding up' issue.</p> <p>JM explained that the Trust was contractually required to have a minimum of 63 Ambulance Intervention Team (AIT) staff as a response capability to meet a Marauding Terrorist Firearms Attack (MTFA) type incident. This included a set number of HART staff and AIT staff being on duty at all times during a 24 hour period. The Trust monitored the rota at all times to ensure the Trust had the requisite number of staff available.</p> <p>It was noted that YAS had a substantial level of compliance.</p> <p>Approval: The Board noted the update and gained assurance of the Trust's compliance and progress of the EPRR agenda.</p> <p>EM left the meeting at 1230 hours.</p>	
<p>6.2 For Approval: Statement of Compliance for Emergency Preparedness Response and Recovery</p> <p>The paper asked the Board to approve the Emergency Preparedness (EPRR) Statement of Compliance as set out in the NHS England (NHSE) EPRR Assurance Core Standards Matrix 2017-18 underpinned by the NHSE planning framework and the NHS standard contract.</p> <p>It was noted that JM was the temporary Accountable Officer for the Trust and SS was responsible for delivery of the EPRR work streams.</p> <p>YAS had completed the annual self-assessment framework with three separate 'Statements of Compliance'.</p> <p>There had been an independent review of the Hazardous Area Response Team (HART) by the National Ambulance Resilience Unit (NARU) which had been positive with some specific areas of focus that were being addressed by the Trust.</p> <p>Approval: The Board of Directors:</p> <ul style="list-style-type: none"> • Approved the Statement of Compliance (x3 South and West, Yorkshire, North Yorkshire and the Humber) as substantial; 	

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<ul style="list-style-type: none"> • Noted the Action Plan for 2017/18. <p>EM re-joined the meeting at 1245 hours.</p>	
<p>6.3 For Assurance: Corporate Risk Register (CRR) and Board Assurance Framework (BAF)</p> <p>The paper updated on BAF projections 2017/18 in Q2 and provided details of changes to the CRR since the last Board of Directors meeting in Public. New 'red' risks were highlighted and reflected on the findings of the Internal Audit of risk culture and maturity and outlined plans to progress this.</p> <p>It was noted the paper had been through the Trust's assurance cycle having been to Quality Committee, Finance and Investment Committee and Audit Committee.</p> <p>The following risks on the BAF were noted:</p> <ul style="list-style-type: none"> • BAF 1a – Inability to deliver performance targets and clinical quality standards – this had not been mitigated to the predicted level. The predicted reduction from Q1 to Q2 had not been achieved. A plan to mitigate this was now in place; • BAF 4a – Impact of external system pressures and changes in wider health economy – The predicted reduction from Q1 to Q2 had not been achieved. A plan to mitigate this was now in place. <p>An Internal Audit review had been undertaken of the risk culture and maturity during 2016/17 and the review had determined the overall risk maturity level in accordance with the Institute of Internal Audit (IIA) Risk Maturity Matrix was 'Risk Defined' (mid-scale). The Trust was looking at how to fully embed risk awareness and management across the whole organisation.</p> <p>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.</p>	
<p>7 Meeting of the Charitable Trustees</p>	
<p>7.1 For Approval: YAS' Charitable Funds Annual Accounts and Trustee Annual Report</p> <p>The paper presented the independently examined 2016-17 Annual Report and Accounts of the Yorkshire Ambulance Service NHS Trust Charity to the Board of Directors for approval and signature.</p> <p>PDU referred to pages 13 and 15 of the Accounts and advised both pages outlined a statement of the Trustees' responsibilities in respect of the Trustees' annual report and accounts. This was duplicated information so the final signed copy would not include the information on page 13.</p> <p>The Board of Directors as Trustees of the Charitable Fund noted the Annual Accounts and Trustee Annual Report.</p>	

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	<p>Approval: The Board of Directors as Trustees of the Charitable Fund received and approved the Charitable Fund's 2016/17 Annual Report and Accounts.</p>	
8	Closing Business	
8.1	<p>Key Points Arising from the Meeting The positive review by the National Ambulance Response Unit of YAS' Hazardous Area Response Team was noted after a challenging year for the team.</p>	
8.2	<p>Board Review and Feedback The Chairman noted the number of reports which had a key or underlying theme of organisational culture, values and behaviour. It was essential that the Board led the organisations Vision.</p> <p>The meeting finished at 1255 hours.</p>	
	<p>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.</p>	
9.	<p>Date and Location of the Next Meeting of the Trust Board Held in Public: 27 February 2018 – Trust HQ, Kirkstall & Fountains, Springhill 2, Brindley Way, Wakefield, WF2 0XQ</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**