



Trust Board Meeting held in Public

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

Date: Thursday 31 August 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
Vacant Post		Director of Workforce and Organisational Development

Apologies:

Dr David Macklin	(DM)	Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director
Ronnie Coutts	(RC)	Non-Executive Director
Leaf Mobbs	(LM)	Director of Planning and Development
Tim Gilpin	(TG)	Associate Non-Executive Director

In Attendance:

Dr Phillip Foster	(PF)	Director of Planned and Urgent Care
Anne Allen	(AA)	Trust Secretary
Phil Storr	(PS)	Associate Non-Executive Director
Dr Steven Dykes	(SD)	Deputy Medical Director (for JM)
Stephen Segasby	(SS)	Divisional Commander West (for DM)
Suzanne Hartshorne	(SH)	Deputy Director of Workforce and OD
Kez Hyatt	(KH)	Head of Diversity and Inclusion (Item 4.2)
Anne-Marie Kelly	(AK)	PTS Renal Engagement Lead (Item 4.6)
Dave Green	(DG)	Head of Quality Improvement (Pre-Presentation)
Luke Playford	(LP)	Committee Services Administrator
Karamjeet Singh Virdee	(KV)	YAS Forum Member (West)

		Action
	The meeting commenced at 1000 hours.	
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 by Dave Green, Head of Quality Improvement on the 'Bright Ideas' initiative which invited suggested ideas for quality improvement or efficiencies from YAS' staff. The Board heard that the scheme had attracted a great deal of interest and resulted in many ideas being taken up and delivered in the Trust. All staff who suggested an idea received feedback on their proposal(s).</p> <p>The Chairman thanked DG for an interesting and informative presentation and asked for a further update to Board in 12 months time.</p> <p>Action: An update on Bright Ideas to Public Board in 12 months.</p>	AA
2	<p>Minutes of the Meeting held on 30 May 2017 including Matters Arising (not on the agenda) and Action Log The Minutes of the Board Meeting in Public held on 30 May 2017 were approved as a true and fair representation of the meeting subject to the following amendments.</p> <p>Page 5, paragraph 5 should read '....short of the £5.1m NHSI control target.'</p> <p>Page 11, paragraph 6 should read '.... revision of the IPR had been led by the Performance Improvement and Business Information teams....'.</p> <p>Matters Arising There were no matters arising from the minutes.</p> <p>Action Log: RB guided the Board through the outstanding actions on the action log.</p> <p>Action PB- 449 – Pictorial version of A&E Operations Senior Management Structure – It was confirmed this had been circulated. Action closed.</p> <p>Action PB-450 – Resilience Board Papers - PS and SS had discussed this. Action closed.</p> <p>Action PB-452 – EPRR queries – BS advised that he would pick this up outside of the meeting. Action closed.</p> <p>It was confirmed that all other actions had been appropriately closed.</p>	

		Action
3	Quality Safety & Patient Experience	
3.1	<p>Patient Story The Chairman introduced a video which focused on a patient who had had asthma for most of her life. The patient was being treated for a chest infection when on 3 November 2016 she took an unexpected turn for the worse and had a severe asthma attack. Her Mother was with her at the time and called for an ambulance. The patient stated that she believed that she would not survive the asthma attack and she remembered how reassuring and calm the Paramedics had been. She praised their skills and professionalism throughout the time they were attending to her. She believed that if it had not been for their actions that she would not be alive to relay the story.</p> <p>The Chairman reflected on the professionalism and skills of YAS' staff when attending difficult and complex situations and the care and compassion they showed to their patients. She asked that the crew who attended to this particular patient be provided the opportunity to watch the video if they had not already done so.</p> <p>Approval: The Board noted the patient story.</p>	
3.2	<p>For Approval: Responsible Officer Annual Report 2016/17 The report provided assurance that the systems and processes underpinning revalidation were in place and were working effectively, to ensure that every licensed doctor's fitness to practise was monitored and assessed on a regular basis.</p> <p>It was noted that as at 31 March 2017 only two doctors had prescribed connections with the Trust, being wholly employed by YAS: they were the Executive Director of Operations and the Deputy Medical Director. The Trust was the Designated Body for these doctors. The Executive Medical Director, also wholly employed by the Trust, was appointed the Responsible Officer for YAS in January 2015 so his prescribed connection was with NHS England (North). These doctors had completed annual appraisals, maintained licences to practice and had successfully revalidated.</p> <p>A further 12 doctors were employed by the Trust on part time contracts or open-ended secondments. These doctors' other employers were their Designated Body and, whilst appraisal and PDR by YAS contributed to their overall appraisal for revalidation purposes, they did not have prescribed connection with the Trust.</p> <p>It was noted that the Trust also held honorary contracts with 19 other doctors who were members of YAS British Association for Immediate Care (BASICS). The activity reports produced by the Trust's Medical Governance Lead were available to these doctors to help inform their appraisal at their employing Trusts.</p> <p>The Chairman thanked SD for the update.</p>	

		Action
	<p>Approval: The Board accepted the report, understanding that the document, the Statement of Compliance and the Annual Audit would be shared with the NHS England higher level Responsible Officer. The Board approved the Statement of Compliance (at Appendix F) confirming that the Trust, as a Designated Body, was in compliance with the regulations.</p>	
3.3	<p>For Approval: Board Assurance Framework 2017/18 The paper presented the BAF for 2017/18 and updated on the key changes to the Corporate Risk Register (CRR) since the last Trust Board meeting in May 2017.</p> <p>It was noted that BAF risk 4a 'Impact of external system pressures and changes in wider health economy' had been given a higher risk rating than had been anticipated; this reflected the external system being in a state of fluctuation.</p> <p>The Board noted the new risks added to the CRR since the last meeting, the following were of particular note:</p> <ul style="list-style-type: none"> • Risk 946 – Re-negotiate contractual terms – PTS Harrogate, Hambleton, Richmond and Whitby; • Risk 947 – North PTS Bid, Vale of York and Scarborough/Ryedale; • Risk 949 – Information Governance concerns in workforce team; • Risk 987 – Frequent Caller Management; • Risk1018 – Mid Yorkshire Hospital Trust – A&E Operations Mobilisation – some of the short term risks had been mitigated and on-going discussions were taking place to resolve the longer term issues. <p>It was noted that the Trust continuously monitored risks and had plans to mitigate against and manage down known risks.</p> <p>PD questioned the reduction of the rating for 'Risk 766 – Hospital handover' as she believed that there were still some key outliers that were of concern.</p> <p>The Chairman asked whether there needed to be a risk around specific outliers.</p> <p>SP provided assurance that the risk was still on the Corporate Risk Register and as such afforded regular robust scrutiny with the risk rating reviewed at least quarterly.</p> <p>Action: To consider the wording to Risk 766: Hospital Handover and reconsider the risk rating.</p> <p>Discussion took place in relation to 1 and 2 hour hospital handover breaches and it was confirmed that all breaches were appropriately</p>	SP

	Action
<p>reported to the relevant bodies. YAS was trying to be supportive to those Acute Trusts that were currently facing issues with handover and there had been some positive discussions and movement with some of the Acute Trusts in this regard.</p> <p>Action: A report to Quality Committee on hospital handover specifically in relation to 12 hour breaches.</p> <p>PS remarked that he believed that once a breach had taken place then Commissioners should be alerted in 'real-time' as he felt that would have a greater impact than reporting after an event had taken place. MB advised that discussions had taken place with Commissioners in relation to the additional pressure being placed on YAS through local re-configurations and hospital handover times and there was an acceptance by Commissioners that there was an issue.</p> <p>The Chairman asked whether the Trust did employment checks in-house in relation to 'Risk 951 – UKVI Right to work employment checks'.</p> <p>It was confirmed employment checks were done in-house. SH emphasised this was a low risk and related to historical checks that took place prior to 2004 which were now being undertaken retrospectively. All pre and post-employment checks since 2004 had undergone a robust process.</p> <p>The Chairman thanked SP for the report.</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>SS</p>
<p>3.4 For Assurance: Chief Executive's Report and Integrated Performance Report</p> <p>The paper provided assurance on the activity of the Trust Executive Group (TEG) from 23 May 2017 to 24 August 2017 and highlighted key variances/movements contained within the July 2017 Integrated Performance Report (IPR).</p> <p>RB referred to the discussion under the previous item (3.3) in relation to Acute reconfigurations and emphasised that senior colleagues within the Finance and Operations teams were actively discussing the impact of such on YAS. In particular discussions were taking place with Mid-Yorkshire Hospital Trust to resolve some of the issues YAS had faced since the implementation of their reconfiguration and active resolutions were being sought.</p> <p>The East Riding Non-Emergency Patient Transport Service (PTS) went live at the beginning of July 2017 and Commissioners had complimented the YAS' PTS on the smooth changeover to the new operating model. The</p>	

new PTS contract including the new operating model in the South of the region was due to go live the day following the day's meeting.

It was noted that there had been slippage with some elements of the PTS Transformation Programme due to tender activity and restructuring of the PTS management team. Work was on-going with PTS to ensure that resources were in place to support programme delivery going forward.

YAS' new Values were finalised after extensive consultation with staff and had been positively received by colleagues; the Values would be formally launched at the Trust's Leadership Conference on 5 September. The Diversity and Inclusion Strategy was on the agenda later in the meeting to be formally adopted. The Trust's Wellbeing Strategy had been developed and the first draft had been shared with TEG.

The Estate's Doncaster Hub Business Case was due to be reviewed by Finance and Investment Committee on 14 September prior to approval being sought from the Board at the latter end of September. This was a positive step forward for the Hub and Spoke programme.

A number of the senior team had met with members of the NHS Improvement (NHSI) Lord Carter Programme in August to discuss the implementation of the national 'Model Ambulance' model. YAS was one of the national pilot sites supporting development of the model. Feedback was being provided to the NHSI Lord Carter Team to further refine the model ahead of its national release. There were some challenges with the data including the consistency of the data used across the sector and the quality of care versus cost per incident debate. Further information would be provided to the Board as it became available.

The Board offered its congratulations to Emma Scott, Community Defibrillation Officer (South Yorkshire, Calderdale, Kirklees and Wakefield) for being awarded the British Heart Foundation Heart Health Professional Award in its regional Heart Heroes awards for her drive and commitment to improving the lives of heart patients and their families.

The Board expressed their sincere thanks to Ian Walton, Deputy Director of Operations who had retired at the beginning of August. The Board placed on record its appreciation and thanks for the hard work, commitment and strong leadership that Ian had given the Trust during his long career with the ambulance service. The Board wished him a very long and happy retirement.

The Board noted that it was Dr Phil Foster's last Board meeting in Public as he would retire at the end of October 2017 following a long and distinguished career in the NHS. The Board expressed its sincere thanks and placed on record its appreciation and gratitude for his contribution to YAS and his passion and commitment to the development of urgent care and NHS 111 services locally and nationally. The Board wished him well in his retirement.

	Action
<p>The Chairman placed her thanks to PF on record and remarked that he would be missed by the Trust.</p> <p>It was noted that interviews for the Director of Workforce and Organisational Development had taken place and a joint announcement would take place shortly with the successful candidate's current employer.</p> <p>The Non-Executive Directors (NEDs) had raised the issue of accountability of the Sustainability and Transformation Plans (STPs) and requested more information in this regard and the impact of STP decisions on YAS and YAS' Board accountabilities. It was suggested that it would be prudent to consider the wording of the risk (4a) in relation to this on the CRR.</p> <p>Action: To consider BAF 'Risk 4a – Impact of external system pressures and changes in wider health economy' and whether this needed to make specific reference to STPs requirements for customised services from YAS.</p> <p>It was noted that LM would bring an update to Private Board in September and a fuller report to the Board Development Meeting (BDM) in October on governance and partnership arrangements which should bring further clarity.</p> <p>The Secretary of State had announced the launch of the national revised Ambulance Response Programme (ARP). Key elements of change included call handlers amending the way they assessed cases to identify priority patients earlier whilst having slightly more time to decide the most appropriate clinical response. Ambulances would now be expected to reach the most seriously ill patients in an average time of seven minutes, with the 'clock' only stopping when the most appropriate response arrived on scene.</p> <p>A detailed action plan had been developed to ensure that the introduction of the national ARP did not impact on Trust performance. The Trust aimed to improve response times and had plans to recruit an additional 36 Emergency Care Assistants (ECAs) from within existing budgets, in addition to an increase in fleet to aid with vehicle availability.</p> <p>It was noted that clinical advice within NHS 111 was exceeding the 30% NHS England (NHSE) target.</p> <p>The Trust had submitted a financial plan to NHSI with an annual planned surplus for £53k for 2017/18. This had since been revised to a planned £3,408k surplus in line with the agreed Control Total.</p> <p>PD asked whether there was an impact on ARP performance due to the uncertainty with relation to the Fire and Rescue Service Emergency Responder agreement.</p> <p>RB confirmed that discussions continued with the Fire and Rescue</p>	<p>SP</p>

over the winter period by NHS England (NHSE) to allow the ambulance sector to adapt; the Trust would be accountable to the national ARP standards from the Spring of 2018. YAS had a two year contract for A&E Operations with Commissioners and Finance and A&E Operations colleagues were working together to improve performance under the new standards.

It was noted that the number of reconfigurations of Acute Trusts in the region had further impacted on the Trust's performance.

Planned and Urgent Care

It was noted that Patient Transport Services (PTS) performance had improved. The mobilisation was going well for the PTS South Yorkshire contract although the lack of a signed contract from the Clinical Commissioning Group (CCG) was a risk for the Trust. The South Yorkshire contract specified that vehicles should not be over 5 years of age and so negotiations were taking place in this regard in relation to volunteer drivers as a supplementary resource. The South Yorkshire contract further specified that the Trust needed a Drug and Alcohol Policy and the Trust had therefore implemented with trade union agreement a Trust-wide Fitness to Practice Policy which included the drug and alcohol element. It was noted that the contracts for PTS within the North of the region remained in a state of fluctuation.

NHS 111 performance remained positive despite an increase in activity. Clinical staff had increased to 52 full time equivalent (fte) in July 2017 with a further 5 home workers due to start with the Trust in September 2017.

NHSE was soon to publish an Integrated Urgent Care (IUC) specification which would set out the requirement for IUC by April 2019. Work was taking place to determine what this meant for the Trust going forward.

BS referred to the Care Quality Commission (CQC) finding within PTS of 'requires improvement' at the last CQC inspection and asked whether it was likely that PTS would be re-inspected again.

SP responded that it was anticipated that PTS would be re-inspected as could any service within YAS. The service had an action plan to address the issues raised. The PTS management structure was now in place so it was expected that progress against the action plan would accelerate. Progress would be monitored and reported to the Board in due course.

Clinical

It was noted that the Airways 2 research trial had closed to patient recruitment this month and YAS had been the highest recruiting ambulance service with around 300 Paramedics delivering interventions to over 2,800 patients. YAS was well recognised nationally as an organisation for research.

The Urgent and Emergency Pathways teams had been working to increase the number of clinical care pathways available to Paramedics and further

	Action
<p>integrating out of hospital care and community care to ensure seamless patient flow. The improved Single Point of Access service model in Doncaster was a good example.</p> <p>The Stemi-Care Bundle performance had slightly decreased; a possible cause for this could be attributed to the number of incidents which failed on the analgesia element of the care bundle.</p> <p><u>Quality, Governance and Performance Assurance</u> It was noted that the Well-Led Framework guidance Care Quality Commission (CQC), June 2017 would be considered at the Trust Board Meeting in Private later that day.</p> <p>The CQC were currently conducting a number of local inspections to which YAS had been invited to contribute. YAS had welcomed this opportunity and it had provided examples of good quality improvement. YAS had hosted a number of other organisations to look at quality improvement across the Trust which was seen as an exemplar. It was noted that a formal internal review of YAS' Freedom to Speak Up arrangements had been conducted on 23 August 2017 and feedback would be used to inform further development.</p> <p>The Directorate was working closely with the Estates and Operations teams to review current ambulance station facilities and identify improvement priorities for the coming year.</p> <p>It was noted that improvements had been made to the processes for follow up of violent and aggressive incidents against staff.</p> <p>PD asked whether we involved the police in such incidents.</p> <p>SP confirmed that the Trust did involve the police service in such incidents and that YAS ensured sanctions took place against individuals. Consideration was also being given to providing 'body-armour' although there were mixed views in this regard which would be evaluated before any decision was made.</p> <p><u>Workforce and Organisational Development</u> The new Workforce and Organisational Development (including Education and Learning) structure had been signed off by the Trust Executive Group (TEG).</p> <p>In line with the National profile the job description for the Paramedic re-banding Band 5 to Band 6 had been signed off and staff would be assimilated onto their new pay band.</p> <p>The implementation of the transitional apprenticeship strategy was underway with the formation of the apprenticeship working group.</p> <p>The Trust's flu campaign for this year had been agreed and it was anticipated this would result in more staff receiving their flu vaccinations.</p>	

	Action
<p>The Board would receive their flu jabs ahead of the AGM on 26 September.</p> <p>The Trust's vacant Health and Wellbeing roles had now been appointed to with the successful candidates due to start with YAS shortly.</p> <p><u>Finance</u></p> <p>It was noted that work was on-going to implement the Purchase to Pay project.</p> <p>Reference Costs had been submitted on time and the process had been reviewed prior to submission by the Audit Committee.</p> <p>Focused work with the STPs was taking place by the Director of Finance and the Deputy Director of Finance.</p> <p>Recent procurement activity included the purchase of Double Crewed Ambulance vehicles (DCAs) and PTS vehicles and this would increase vehicle availability.</p> <p>Plans for the Main Telephone Switch Upgrade had been confirmed with BT and this would bring the telephone system up to the very latest version.</p> <p>The Trust had received a Single Oversight Framework score of 1.</p> <p>The Month 4 financial position was noted. The challenges ahead were emphasised as was the requirement for the Trust to deliver the Cost Improvement Plans programme in full to deliver the Control Total. The number of non-recurrent CIP schemes were an issue but the Trust was actively trying to identify more schemes of a recurrent nature.</p> <p>A refreshed Capital Plan would be presented to the Finance and Investment Committee on 14 September and to Trust Board in Private on 26 September 2017.</p> <p>The cash position of the Trust remained favourable.</p> <p>BS remarked that the Purchase to Pay project would require cultural change to be fully successful.</p> <p>MB responded that all managers were going through training and Business Managers were engaging with Directorates. The Finance team was working hard to embed this through the organisation.</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 July 2017 IPR report, highlighted in the Executive Directors' reports.</p> <p>RB left the meeting at 1135 hours.</p>	

	Action
<p>3.5 For Assurance: Bi-Annual Report: Significant Incidents/Lessons Learned</p> <p>The paper provided an overview of the key events and learning that have taken place during the second half of the 2016/17 financial year (October 2016 – March 2017). It was noted the report had been scrutinised by Quality Committee prior to being presented to Board.</p> <p>During this period there had been 16 Serious Incidents (SIs). A theme identified during Q4 was in relation to Emergency Medical Dispatchers (EMDs) within the Emergency Operations Centre (EOC) not recognising when a patient was ineffectively breathing on a 999 call. Although it was not thought that this was indicative of a wider issue within the EOC the Trust had refreshed training and produced additional material for staff in this regard. This would be monitored to ensure the actions had been effective.</p> <p>There had been an increase in the number of incidents involving violence and aggression towards staff. This had coincided with the relaunch of the Violence and Aggression Policy and the Trust believed it was positive that more staff felt able to report such incidents. The position would be monitored.</p> <p>The significant increase in NHS 111 complaints and concerns was due to the Post Event Messages process and how these were logged on the system resulting in the figures not accurately reflecting the actual number of complaints and concerns. Actual figures remained consistent with previous recorded months and the Trust was trying to resolve how figures could be differentiated to reflect the actual numbers.</p> <p>It was noted that discussions were taking place with Sheffield Hospital Trust in relation to Inter Facility Transfers (IFTs) and the number of complaints received by the hospital in this regard. A joint plan was being developed to manage IFTs going forward.</p> <p>During the period two Coroner’s Prevention of Future Deaths (PFDs) had been received by the Trust; one of these YAS believed that appropriate systems and processes were already in place, the other had resulted in enhanced processes being put in place for hospital pre-alerts.</p> <p>It was noted that 30 concerns had been raised by staff through the Freedom to Speak Up process. The common theme had related to organisational culture rather than patient safety concerns.</p> <p>PD welcomed the use of patient representatives on YAS’ ‘Moving Patients Safely Group’</p> <p>EM formally noted the hard work undertaken by Jock Crawford, YAS’ Freedom to Speak Up Guardian.</p> <p>Approval: The Trust Board received the report as assurance that Significant Incidents/Lessons Learned were being effectively monitored and</p>	

	Action
addressed.	
4	Strategy, Planning and Policy
<p>4.1 For Approval: Memorandum of Understanding – South Yorkshire and Bassetlaw Accountable Care System</p> <p>The paper provided an overview of the content of the South Yorkshire and Bassetlaw Health and Care Working Together Partnership Memorandum of Understanding (MoU).</p> <p>It was noted that the Non-Executive Directors (NEDs) had expressed reservations in relation to the MoU. A more detailed discussion was required on Sustainability and Transformation Plans (STPs) and YAS' Trust Board's influence within the system and governance arrangements in this regard.</p> <p>The Chairman emphasised that the MoU was not a legally binding document but a commitment to work together.</p> <p>RB returned to the meeting at 1145 hours.</p> <p>The Chairman noted that PD and BS were attending the NHSI STP workshops that were taking place.</p> <p>PF emphasised the need for YAS to remain engaged with the STP process.</p> <p>PS remarked that the STPs within the region were all at differing levels of maturity. The MoU with South Yorkshire and Bassetlaw Accountable Care System provided the opportunity to scrutinise the document to ensure it worked for YAS.</p> <p>RB added that the next 6 months would enable the Trust to set the tone for any future MoUs with the other STPs.</p> <p>Discussion took place in relation to ensuring that YAS remained pivotal to discussions at a STP level and this would be achieved by attending meetings and building and strengthening relationships. It was noted that it would be important for the Trust to explain YAS' offer so the STPs could see the Trust's vision to be the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients.</p> <p>RB advised that YAS senior representation across STPs and A&E Delivery Boards was challenging in terms of capacity but was being achieved. Key messages were disseminated to senior managers so that the same message was given at each meeting irrespective of who attended.</p> <p>The Chairman asked the Board if they would accept and agree the MoU with South Yorkshire and Bassetlaw Accountable Care System and it was agreed to adopt the MoU.</p>	

	Action
<p>Approval: The Board:</p> <ul style="list-style-type: none"> • Ensured full engagement with the development of the Accountable Care System, particularly in the shadow phase when the future working mechanisms were shaped; • Were fully cognisant of the MoU requirements and the obligations therein for YAS in supporting the delivery of STP plans across SYB; • Provide feedback on the MoU to enable this to be fully reflected in the final MoU for SYB. • Consider the implications for YAS of the SYB MoU and the direction of travel for all STPs across Yorkshire. 	
<p>4.2 For Approval: Diversity and Inclusion Strategy The Chairman introduced the item which was the Trust's first Diversity and Inclusion (D&I) Strategy and a refreshed set of equality objectives in line with YAS' legal and contractual obligations.</p> <p>KH outlined the background to the D&I Strategy which related not only the need to respond to legal obligations but also enhanced the Trust's patient care and strengthened staff and community engagement.</p> <p>The D&I Strategy had been through a consultation process including targeted consultation with patients, staff and communities. It had also been informed by the latest Staff Survey results and the Cultural Audit of the organisation which had taken place.</p> <p>A D&I Steering Group had been developed and this had met a couple of times with more sessions planned.</p> <p>It was proposed there would be a communications plan alongside the launch of the D&I Strategy.</p> <p>The Trust had recently been successful in the NHS Employers Partnership Programme which supported participating Trusts to progress and develop their equality performance and build capacity in this area. YAS demonstrated good practice on the D&I agenda and the Trust had been invited to several events as part of the programme requirements.</p> <p>The Trust would measure progress against the D&I objectives to demonstrate improvement against them.</p> <p>Discussion took place in relation to ownership of the objectives within the D&I Strategy. These would be weaved into Personal Development Reviews (PDRs) and would be driven through by the Trust Management Group (TMG).</p> <p>Action: A report to QC to include a timeframe for delivery of the D&I objectives and how these will be performance managed at TMG.</p>	<p>SP/KH</p>

		Action
	<p>KH offered his thanks to the Board for their time and support on the wider D&I agenda.</p> <p>The Chairman thanked KH for the hard work adding that the quality of the work undertaken had been excellent. She remarked that this was a starting point and that YAS was an exemplar in this regard within the NHS but there was still a lot of work to do within this field to truly embed an open culture across the organisation. The D&I Strategy aligned well to the Visions and Values of the Trust and the draft Behavioural Framework and was part of the organisational development of the organisation.</p> <p>Approval: The Board noted the update and agreed to adopt the Diversity and Inclusion Strategy and receive regular progress reports.</p>	
4.3	<p>For Approval: Code of Conduct for the Board of Directors The paper provided the updated Code of Conduct for the Board of Directors and asked the Board to approve such.</p> <p>The Board noted the updated Code of Conduct for the Board of Directors.</p> <p>Approval: The Board approved the updated Code of Conduct for the Board of Directors, August 2017.</p>	
4.4	<p>For Approval: Board of Directors and Committee Planner 2018/2019 The paper proposed the Board and Committee Planner for 2018/19.</p> <p>It was noted that Board Meetings had been moved to Thursdays to avoid full-day meetings taking place directly after a Bank Holiday Monday. Committee Meetings would now take place on a Tuesday. It was confirmed that papers would aim to be published the week prior to the meetings (ahead of the weekend) with the unavoidable exceptions being published providing as much notice as possible.</p> <p>There were two dates that were not suitable for the Quality Committee which in turn affected the Finance and Investment Committee which PD and JN would discuss with AA outside of the meeting.</p> <p>Approval: The Board noted the update and subject to the above amendments approved the Board and Committee Planner 2018/19.</p>	
4.5	<p>For Approval: Terms of Reference of the Remuneration and Terms of Service Committee (RTSC) The paper presented the updated RTSC Terms of Reference (ToR) which had been amended to reflect organisational practice and deliver the appropriate governance of the Committee. The Board was asked to approve the RTSC ToR in compliance with the Trust's Standing Orders 2017.</p>	

		Action
	<p>It was noted that the Chief Executive's role had been omitted at 4.2 of the ToR and this had been rectified on the original document.</p> <p>Approval: The Board, in compliance with the Trust's Standing Orders 2017, approved the updated RTSC Terms of Reference which had been amended to reflect organisational practice and deliver the appropriate governance of the Committee subject to the above amendment.</p>	
4.6	<p>For Assurance: Patient Transport Service (PTS) – Embedding the Learning from Feedback Received</p> <p>PF introduced the paper which provided assurance to the Trust Board that robust systems and processes had been put in place to further improve the service which YAS provided to renal patients.</p> <p>It was noted that in May 2016 YAS had introduced a number of changes in the way in which the PTS operated in the Leeds area only. In June 2016 the changes were replicated across the whole of West Yorkshire. After a sharp increase in complaints from renal patients the service put immediate actions in place to resolve the situation.</p> <p>AK advised that when she had taken up post of Renal Engagement Lead for YAS on 1 August 2016 that renal patients' perceptions of the service they received was poor and they had lost trust with PTS. She explained that she had immediately started a process of engaging with renal patients, hospital renal units, Kidney Patient Association and CCGs. She was pleased to report that she now had an excellent working relationship with these groups and as a result the number of complaints in this area had significantly reduced. She added that over the coming months she would be focusing on PTS patient communication and how patients would like to receive information from the service.</p> <p>PF added that important learning had been taken from this experience including that from a patient perspective the journey to and from the hospital felt like part of their treatment and that a positive or negative experience with PTS affected the rest of their day.</p> <p>SP congratulated the team on the work undertaken to resolve the issues and the turnaround on performance. He asked how the learning from this would be used across PTS and the wider Trust.</p> <p>PF agreed that the lessons learned and good practice should be shared with colleagues and it was agreed that PF and SP would discuss this outside of the meeting.</p> <p>Action: To consider how the good practice undertaken with renal patient/unit engagement can be shared across the whole of YAS</p> <p>The Chairman thanked AK for attending the Board and remarked how</p>	<p>PF/SP/ AK</p>

		Action
	<p>pleased she was with the positive outcomes achieved. She asked whether it was worth exploring publishing a piece in the NHS Journal or similar to highlight the issues, lessons learned and the work undertaken to resolve these.</p> <p>Action: To consider publishing a piece on the good practice undertaken with renal patient/unit engagement in the NHSJ and/or academic publication</p> <p>Approval: The Board noted the update and gained assurance that robust systems and processes had been put in place to further improve the Patient Transport Service which YAS provided to renal patients.</p>	PF/SP/ AK
4.7	<p>For Assurance: Northern Ambulance Alliance Board (NAAB) and Carter Update – Meeting held on 14 March 2017 and 18 July 2017 RB provided an update on the work with the NAAB.</p> <p>It was noted that East Midlands Ambulance Service had become ‘Associate Members’ of the Northern Ambulance Alliance (NAA).</p> <p>There were various work streams being undertaken to explore joint working and efficiencies of scale.</p> <p>The NAA Annual Report had been signed off at the last NAA meeting.</p> <p>Approval: The Board noted the update and gained assurance that work was progressing through the Northern Ambulance Alliance.</p>	
4.8	<p>For Assurance: YAS Forum Minutes of the Final Meeting held on 20 July 2017 The Chairman confirmed that at the last meeting of the YAS Forum on 20 July 2017 it had been agreed to stand down the forum.</p> <p>It was noted that originally the Forum had been formed as a tentative Council of Governors as a precursor to the Trust attaining Foundation Trust status. The external environment had since moved on resulting in achievement of Foundation Trust status being suspended nationally for the time being. New draft YAS Forum Terms of Reference (ToR) had been considered at the meeting on 20 July which reflected that governance belonged to the Trust Board. The YAS Forum had felt it only prudent to stand down and for a future electoral process to take place to re-elect members to any forum. Any subsequent forum would have new ToR approved by the Board in due course.</p> <p>Discussion took place in relation to engaging with the public through the YAS Forum in addition to other engagement processes.</p> <p>The Chairman stated that the ToR would need to be approved by the Board.</p>	

		Action
	<p>The excellent work of the YAS Forum was noted, particularly the work undertaken by the Staff Forum.</p> <p>Approval: The Board noted the update.</p>	
5	Performance Monitoring – By Exception	
5.1	<p>Charitable Funds Committee – Minutes of the meeting held on 20 April 2017 and Chairman’s Verbal Update of the Meeting held on 11 August 2017</p> <p>The Board noted the Minutes of the meeting held on 20 April 2017.</p> <p>EM advised that funds were now being expended. A Fundraising Manager had been appointed and was in the process of developing the Charitable Funds Strategy and a financial plan for future sustainability of the charity.</p> <p>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.</p>	
5.2	<p>Audit Committee:</p> <ul style="list-style-type: none"> • Audit Committee Annual Report 2016/17 • Minutes of the Meeting held on 13 April 2017 • Chairman’s Verbal Update of the Meeting held on 13 July 2017 <p>The Board noted the Audit Committee Annual Report 2016/17. It was noted that the job title on page 5 of the report for the Executive Director of Quality Governance and Performance Assurance needed rewording.</p> <p>Approval: The Board noted the Audit Committee Annual Report 016/17 subject to the above amendment.</p> <p>The Board noted the Minutes of the Audit Committee Meeting held on 13 April 2017.</p> <p>BS advised that the Audit Committee were receiving regular updates on the outstanding Internal Audit recommendations for the Workforce and Organisational Development Directorate. Work was progressing and further assurance had been requested.</p> <p>The Board Assurance Framework (BAF) and Corporate Risk Register (CRR) had been reviewed and the relevant assurance had been provided by the Quality Committee and Finance and investment Committee.</p> <p>External Audit had provided the Trust with a clean audit.</p> <p>There had been one limited assurance Internal Audit report relating to</p>	

	Action
<p>Workforce. The Audit Committee was keeping a strong focus on this area.</p> <p>SH confirmed that significant progress had been made against all of the actions on the Internal Audit Recommendations action plan with all but 4 not completed.</p> <p>The significant improvement with the Fleet Management had been welcomed.</p> <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>	
<p>5.3 Quality Committee – Minutes of the meeting held on 9 March 2017 and Chairman's Verbal Update of the Meeting held on 15 June 2017</p> <p>The Board noted the Minutes of the meeting held on 9 March 2017.</p> <p>PD advised that the June agenda had been a full agenda with items including Quality Improvement Plan, workforce issues, the Diversity and Inclusion Strategy and West Yorkshire Urgent Care.</p> <p>It was noted that concerns had been expressed about the impact of Acute Reconfigurations on patient safety and YAS' performance.</p> <p>The implementation of the national Ambulance Response Programme (ARP) system had been noted.</p> <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>5.4 Finance and Investment Committee (F&IC) – Minutes of the meeting held on 9 March 2017 and Chairman's Verbal Update of the Meeting held on 15 June 2017</p> <p>The Board noted the Minutes of the meeting held on 9 March 2017.</p> <p>The meeting had discussed the Control Total. Concerns had been raised about the non-recurrent nature of some of the CIP schemes and a report had been requested for the September meeting for further scrutiny.</p> <p>The F&IC had welcomed the progress of work with the Northern Ambulance Alliance and looked forward to further progress updates in this regard.</p> <p>The Patient Transport Service (PTS) Transformation Programme had been discussed and the slow progress had been noted. The management structure had been key and it was understood that roles had now been filled so that progress against the transformation programme could now move at pace.</p>	

		Action
	<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>	
5.5	<p>Board Review and Feedback: Board Vital Guiding Principles T – timely, accessible communications R – respect differences; be supportive U – understand shared purpose, risks S – self-awareness; give/receive feedback; time for reflection T – take responsibility; challenge</p> <p>The Chairman thanked all those present for attending and for their positive contributions and summarised the discussions that had taken place.</p> <p>The meeting finished at 1250 hours.</p>	
6.	FOR INFORMATION	
6.1	<p>YAS Forum Minutes of the meeting held on 20 April 2017 The latest YAS Forum Report was noted for information.</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.	
9.	<p>Date and Location of the Next Meeting of the Trust Board Held in Public: 26 September 2017 – (Annual General Meeting) 1130 – 1300 Ebor Boxes 4 – 6, York Racecourse, York, YO23 1EX</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**