



## Trust Board Meeting held in Public

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

**Date:** Tuesday 30 May 2017

**Time:** 1000 hours

**Chairman:** Kathryn Lavery

### Present:

#### Board Members:

Kathryn Lavery	(KL)	Chairman
Patricia Drake	(PD)	Deputy Chairman and Non-Executive Director
Rod Barnes	(RB)	Chief Executive
Roberta Barker	(RBa)	Director of Workforce and Organisational Development (Interim)
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

#### Apologies:

Dr David Macklin	(DM)	Executive Director of Operations
Erfana Mahmood	(EM)	Non-Executive Director
Ronnie Coutts	(RC)	Non-Executive Director
John Nutton	(JN)	Non-Executive Director
Leaf Mobbs	(LM)	Director of Planning and Development

#### In Attendance:

Dr Phillip Foster	(PF)	Director of Planned and Urgent Care
Anne Allen	(AA)	Trust Secretary
Phil Storr	(PS)	Associate Non-Executive Director
Tim Gilpin	(TG)	Associate Non-Executive Director
Paul Mudd	(PM)	Divisional Commander North and East (for DM)
Isabel Hunt	(IH)	Insight Programme (Observer)
Claus Madsen	(CM)	Associate Director Organisational Education and Learning
Luke Playford	(LP)	Committee Services Administrator
Perry Duke	(PDU)	Head of Financial Services – Financial Controller
David Bolam	(DB)	Public Member (North)
Karamjeet Singh Virdee	(KV)	YAS Forum Member (West)
Tracy Launchbury	(TL)	Head of Leadership and Learning

		Action
	The meeting commenced at 1000 hours.	
1	<p><b>Apologies / Declaration of Interests</b> Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p>	
2	<p><b>Minutes of the Meeting held on 28 March January 2017 including Matters Arising (not on the agenda) and Action Log</b> The Minutes of the Board Meeting in Public held on 28 March 2017 were approved as a true and fair representation of the meeting subject to the following amendment.</p> <p>Page 2, item 1, paragraph 3 – JM requested that the minute be amended to state that: ‘The Chairman thanked Dr Pountney and his colleague for their presentation and placed on record her appreciation of the BASICS doctors and the valuable unpaid work they do in the community.’</p> <p><b>Matters Arising</b> There were no matters arising from the minutes.</p> <p><b>Action Log:</b> It was noted that there were no outstanding actions on the action log. All completed actions were agreed to be appropriately closed.</p>	
3	<p><b>Chairman’s Report</b> The Chairman advised that she continued to be very busy in her role. She stated that there had been a significant and continual focus on finance issues in Chairs’ meetings with the most recent Regional Chairs’ meeting of particular note. There was a huge expectation on organisations to meet their Control Total although the feeling, particularly from Acute Chairs was that this would be extremely difficult to achieve. The emphasis on Sustainability and Transformation Partnerships (STPs) and Accountability Care Boards and Systems together with the shifting nature of the NHS architecture also continued to dominate meetings.</p> <p>The Chairman had recently attended a community event in Hull. Although the content had been interesting, particularly around the Diversity agenda, public attendance at the event had been disappointing. Work was now underway with the Corporate Communications team, etc to strengthen attendance at similar events going forward. The Chairman was looking forward to her first ride out in a Rapid Response Vehicle (RRV) out of Hull the following week.</p> <p>The Chairman expressed sorrow at the previous week’s tragic events in Manchester and the Board noted that the organisation had participated in the national minute’s silence. It was agreed that it would be timely to stand as a Board to remember those who lost their lives and to pay tribute to the emergency teams from all over the UK who had attended the incident, with particular thanks to the team from YAS.</p>	

		Action
	All of those present stood and observed a one minute's silence in respect of everyone involved in the Manchester tragedy.	
4	<b>Receive the Annual Report and Accounts: 2016/17 and the Quality Account and Annual Governance Statement: 2016/17</b>	
4.1	<p><b>Annual Report &amp; Accounts 2016/17 (and Associated Statutory Returns)</b></p> <p>RB confirmed that the version of the Annual Report presented that day contained the feedback received from Board colleagues. He reflected on 2016/17 during which progress had been made by the organisation in a number of areas.</p> <p>The Board agreed it was reassuring to see the positive impact of the work going into the recruitment of frontline staff and the improved response times resulting from the implementation of the new A&amp;E rotas.</p> <p>RB stated that, following the successful work on the Ambulance Response Programme (ARP) in conjunction with West Midlands Ambulance Service (WMAS) and South West Ambulance Service (SWAS), it was hoped that ARP, the focus of which was to send a more appropriate response to patients, would be implemented into the remaining seven ambulance trusts in England during the following year.</p> <p>The Board noted the hard work which had led to significant improvements in the organisation resulting in YAS receiving a rating of 'Good' by the Care Quality Commission (CQC) across each of their assessment domains following a planned inspection in autumn 2016.</p> <p>RB stated that, although the Trust had been disappointed to lose the Hull Patient Transport Service (PTS) contract, learning had been adopted which had led to YAS securing new five-year contracts in the East Riding and South Yorkshire.</p> <p>The Board noted that, although the Trust had not managed to deliver its 2016/17 Control Total, a £2.7m financial surplus had been delivered which was the largest surplus across the whole of the ambulance sector and key to future investment.</p> <p>RB stated there had been good improvement in terms of staff engagement and the Staff Forum's positive impact could be seen in a number of areas. The appointment of the 'Freedom to Speak Up' Guardian and Advocates had been successful and had provided the opportunity to discuss and share best practice with other areas of the ambulance sector. Significant progress had also been made in terms of feedback around the 2016/17 staff survey and the Workforce Race Equality indicators.</p> <p>RB stated that A&amp;E Operations had seen a notable increase in demand of close to 5% during the previous year. This had proved to be a challenge in terms of service delivery as there had been no corresponding increase in staffing levels.</p> <p>He advised that the Trust continued to play a leading role nationally in cardiac survival and major trauma initiatives.</p>	

Work led by JM and his team also continued to establish pathways around specific patient groups and YAS' alcohol pathway had received an award for contributions to public health at the Advancing Healthcare awards.

A huge effort had been made to improve the region's Survival to Discharge figures. Initiatives with a positive impact included the very successful 'Restart a Heart' campaign, which attracted an increasingly large amount of public engagement across the region. RB placed on record his appreciation of the efforts of Clinical Development Manager, Jason Carlyon, who had led on the introduction and subsequent development of the initiative nationally.

RB highlighted the continuing high level of demand for the Trust's Patient Transport Service (PTS) with over one million journeys undertaken during the year. The increased number of voluntary car drivers had also made an enormous contribution to patient delivery. The number of new tenders within PTS had impacted on the pace of delivery of the transformation programme although work remained on-going to identify means by which delivery of the service could continue to strengthen.

RB stated that, although demand had remained fairly flat within NHS 111, there had been improved response times in relation to calls from patients. NHS 111 had encountered problems in relation to the recruitment and retention of staff but an initiative which allowed staff to work remotely from home had been successful in terms of supporting flexible shift patterns, etc.

In terms of the West Yorkshire Urgent Care service, there had been a significant increase in the demands on the out-of-hours service. A review had subsequently been carried out by NHS England, the outcome of which would inform work and potential reconfigurations, etc going forward.

Current innovations within NHS 111 included the Trust's involvement in the roll out of the on-line national pilot, feedback from which would be taken into account before its national roll out. The Pharmacy team within 111 had received an award around medication management and the CQC had been complementary about workforce management within the service.

In terms of staff engagement, RB stated that the Trust's vision and values were currently out for consultation with all staff. During the year there had also been successful Long Service Awards and 'We Care' Awards ceremonies which recognised staff members who were willing to 'go the extra mile' for patients and colleagues. The Board noted recent Diversity and Inclusion developments with the Trust's networks now working strongly at a local level.

In an effort to enhance internal communications, YAS TV had been launched in July 2016. The service provided staff with the opportunity to keep up-to-date with organisational news and developments.

RB stated that great progress had been made in terms of partnership work with major developments in community engagement and public education. In excess of 135 free first aid training courses had been delivered at a wide variety of venues across the region reaching around 2,900 participants.

	Action
<p>In terms of community resilience, there were now over 1,000 Community First Responders (CFRs) across the region and a 22% increase in the amount of incidents to which they responded. Doncaster fundraiser, Pat Gardner continued to work with the team and the YAS Charitable Fund to fundraise for defibrillators across the region.</p> <p>RB stated YAS remained committed to reducing its carbon footprint with installation of solar panels and LED lighting at a number of sites. YAS was also leading the way in the ambulance sector with innovative work in terms of fleet design and alternative fuels.</p> <p>The Chairman reiterated her earlier comment that 2016/17 had been a busy but successful year. Hard work had led to real progress in a number of areas and staff should be proud of their achievements.</p> <p><b>Financial Review</b></p> <p>MB presented the financial review of 2016/17. He confirmed accounting standards had been approved by the Audit Committee (AC) prior to submission of the annual accounts, which had been submitted on time.</p> <p>MB stated that the auditors had given a clean opinion of the accounts and confirmed YAS' end-of-year surplus of £2.7 million, which fell short of the £5.1 NHSI control target. He stated that the end-of-year figure reflected the forecast received by the Trust Board at Month 9.</p> <p>MB presented details of Income and Expenditure and the Quality and Efficiency Savings/Cost Improvement Plan and the Board noted that there would be new challenges as the Trust moved into 2017/18.</p> <p>It was further noted that the Capital Cost Absorption Duty target had been achieved and that, in terms of the Better Payment Practice Code (BPPC), the Trust's year-end position had been 87.8% against a target of 95%.</p> <p>BS stated that the Audit Committee meeting to sign off the Annual Report and Financial Accounts for 2016/17 earlier that day had not been quorate due to the absence of EM and RC. However, as the documents had already received detailed scrutiny, he was happy, as Chairman, to recommend their approval to the Board.</p> <p><b>Approval:</b>  <b>The Board reviewed the content and approved the final draft of the Annual Report and Financial Accounts 2016-17 subject to insertion of any outstanding figures when available and any amendments to the narrative requested by members of the Trust Board.</b></p>	
<p><b>4.2 Quality Account – 2016/17</b></p> <p>SP presented the draft Quality Account for 2016/17. This was a mandated annual requirement of all healthcare providers which had been prepared in line with national guidance and as in previous years, the Quality Account had gone through an informal internal round of consultation and followed by an external round with key stakeholders.</p> <p>Priorities for improvement during the coming year were then identified.</p>	

	Action
<p>SP stated that comments received from external stakeholders had been the most positive set received since the Trust had started to publish its Quality Accounts, which was encouraging to see.</p> <p>The key achievement related to progress in relation to the previous CQC inspection with YAS achieving a 'good' rating across all domains. SP stated that a lot of noteworthy effort had been made across all directorates to achieve the successful outcome.</p> <p>SP highlighted the many positives in the report, including specific reviews of achievements in relation to the national Commissioning for Quality and Innovation indicators (CQUINs), etc without duplicating the Chief Executive's earlier update. He stated that, in terms of staff engagement, the development of the behavioural framework was progressing well.</p> <p>There had been good work around the use of the Datix Risk Management system and through the use of the safety thermometer. Falls by PTS patients in transit had reduced by 50% and injuries by 30% year on year. This information would be added to the final version of the Quality Account.</p> <p>SP stated that reviews were under way to identify ways in which to strengthen the more challenging elements during the coming year.</p> <p>The Chairman stated that the draft Quality Account was a strong report and the Trust had much to be proud of. She invited questions from the Board.</p> <p>PD stated that, as the Quality Account had been thoroughly scrutinised at recent Quality and Audit Committee meetings, she was happy to receive it.</p> <p>JM had been impressed by the number of research publications written by frontline staff listed in the Quality Account. It was very difficult to undertake research in an ambulance service and the Trust should be very proud of its output.</p> <p>PD agreed that the increase in research activity was very good news.</p> <p><b>Approval:</b>  <b>The Board reviewed and approved the draft annual Quality Account for 2016/17.</b></p>	
<p><b>4.3 Annual Governance Statement – 2016/17</b></p> <p>RB presented a brief summary of the Annual Governance Statement (AGS) which had been discussed in the Audit Committee meeting earlier that day.</p> <p>A great deal of work, which had started with the portfolio review to help strengthen leadership within functions and directorates, had taken place over the past 12-18 months to strengthen governance within the organisation. The Chairman had joined YAS in July 2016 with a number of other changes at Board and just below Board level. Examples included the creation of the role of Director of Planned and Urgent Care, recruitment to the substantive Director of Finance and Director of Planning and Development roles and recruitment of a dedicated Director of Estates, Facilities and Fleet.</p>	

	Action
<p>Other developments included the strengthening of performance management and the escalation process in the organisation and a review of the scope of the Trust Executive Group (TEG) and Trust Management Group (TMG). TMG was now the main decision-making forum below the Board, meeting twice a month with TEG the lead strategy forum. In addition, the Trust's Service Transformation Programme had been aligned to the portfolio review</p> <p>SP presented details of significant risks faced by the organisation during 2016/17. Other risks identified throughout the year and actions to mitigate those risks had been recorded in the Board Assurance Framework (BAF). The Board noted SP's update in relation to the Trust's risk and control framework.</p> <p>As Accountable Officer, RB was responsible for reviewing the effectiveness of the system of internal control. This was informed in a number of ways and included the Head of Internal Audit's opinion pages 18/19), the BAF and the Care Quality Commission (CQC) inspection process.</p> <p>RB invited comments or questions from those present.</p> <p>The Chairman commended RB and his team on a strong governance report. She stressed the importance of effective governance which led to a safe and efficient organisation.</p> <p>PD stated her belief that the Trust would need to place more emphasis on its partnership arrangements in the following year's AGS as this was the most risky area into which the Trust was moving.</p> <p><b>Approval:</b>  <b>The Board approved the final version of the 2016/17 Annual Governance Statement.</b></p>	
<p><b>4.4 Letter of Representation to External Audit</b></p> <p>MB stated that the Letter of Representation to External Audit had been discussed earlier in the Audit Committee meeting. The letter, which would be signed by the Chief Executive and Director of Finance, was part of the audit process and confirmed that sound financial control was in place, that the annual accounts had been prepared properly and that there was no knowledge of fraudulent activity that could affect that accounts.</p> <p>As Chairman of the Audit Committee, BS confirmed that he would be happy to approve the letter.</p> <p><b>Approval:</b>  <b>The Board accepted and approved the Letter of Representation to External Audit for signature.</b></p>	
<p><b>4.5 External Audit Report For Those Charged with Governance</b></p> <p>MB stated that the Annual Governance Report (ISA 260), the draft of which had previously been circulated, had been discussed in that morning's Audit Committee meeting.</p>	

	Action
<p>He stated that External Audit had confirmed no issues had arisen since the draft version was circulated and no amendments were required. The financial statements gave a true and fair view of the Trust's financial position and there was nothing to bring to the attention of the Board in relation to value for money, etc.</p> <p>BS stated it had been a streamlined and simple process in terms of the end audit resulting in a very reassuring clean report from External Audit.</p> <p>The Chairman stated that the set of end-of-year reports presented that day provided the Trust with a real foundation on which to move forward and were a tribute to the work done over the past year. She passed on her congratulations to everyone who had been involved.</p> <p><b>Approval:</b>  <b>The Board noted and accepted the Report.</b></p>	
<p><b>5</b></p> <p><b>QUALITY, SAFETY AND PATIENT EXPERIENCE</b></p>	
<p><b>5.1</b></p> <p><b>Patient Story</b></p> <p>The Chairman guided the Board through the patient story which been identified by the Deputy Director of Quality and Nursing who was involved in the handling of the complaint.</p> <p>Mr Ronald Drake was 79 years old and had previously worked as a miner. He lived on his own some distance from immediate family but had many friends.</p> <p>On 2 November 2015 Mr Drake was suffering from some concerning symptoms. He had been seen by a locum GP and advised self-treatment was the best course of action. However, his friend was concerned and advised Mr Drake to call for an ambulance which duly arrived. Mr Drake advised he did not want to go to hospital and, following the assessment and examination, the paramedic confirmed he could stay at home and take paracetamol 4 hourly to help with the discomfort. The decision for Mr Drake to stay at home was appropriate at this point.</p> <p>On 4 November Mr Drake made a second call to 999 as he felt worse. Following assessment and examination he was again advised to remain at home and contact his GP if he felt he was worsening.</p> <p>On 5 November Mr Drake made a third 999 call. He was in severe pain and an ambulance attended and conveyed him to hospital. He was diagnosed with a perforated bowel and sadly died the following day from septic shock.</p> <p>Mr Drake's brother subsequently contacted YAS as he was not satisfied with the advice given by the clinicians who attended on 4 November. As his brother lived alone and had called 999 previously he believed he should have been encouraged to go to hospital. A clinical review then took place.</p> <p>The Operational management team investigated the incident and advised that the combination of Mr Drake's symptoms, the 'Paramedic Pathfinder' followed by the attending paramedic and a National Early Warning Score (NEWS) of 2 fulfilled the criteria for self-care.</p>	



The information was provided to the Patient Relations Team and a letter in response to the complaint from Mr Drake's brother was sent. The letter, which offered the Trust's condolences and explained the actions that YAS had taken, was sent to the agreed timescale. However, Mr Drake's brother wrote back as he was not satisfied with the response and he listed the items about which he was concerned.

The Deputy Director of Quality and Nursing and Deputy Medical Director met with Mr Drakes' family to talk about his care. Apologies were made regarding the process as the response to the family had been protracted and escalated late to the senior team. A long discussion was held with the family regarding the balance clinicians are required to make in relation to clinical judgement and the application of protocols.

The Chairman stated that Mr Drake's story illustrated:

- How patient assessment could be complex and whilst holistic care would always be the goal, often the management of acute clinical emergencies needed to be the first priority. For families however, this could sometimes be hard to understand.
- How timely response and effective communication with patients and families who make a complaint is so important.
- How careful consideration is required on how feedback is provided for patients and families who have made a complaint to the Trust.
- The emotional impact on patients and their families when clinical decisions were made which were not perceived by them to include consideration of a more family-orientated and holistic approach.

She further stated that lessons learned for YAS included:

- Education and supervision of Paramedics had improved through the introduction of case studies and scenarios which offered a more holistic approach to patient assessment and care planning. This story is now used to inform the clinical education programme.
- Clinical supervision had been strengthened through the operational re-structure.
- Early escalation is now in place for those complaints not responded to within the agreed timeframe.
- NHS 111 has a protocol for repeat callers, which differs from frequent callers. YAS are exploring the possibility of linking patient records so that multiple calls from the same person can be identified and managed differently.

The Board discussed the importance of finding the right balance between individual accountability for assessment and official protocols.

PD asked whether YAS was considering including 'living alone' as part of any protocol, as this might help staff members to think more holistically about a patient's condition and context together.

JM agreed staff should try to confirm whether patients lived on their own or whether a safety net was in place for someone who called in regularly. It was his belief that the second 999 call should have raised questions marks because it was within a 24-hour period and stressed the need for staff to be able to access call histories to enable the identification of a whole story.

	Action
<p>TG stated the story highlighted the complex interface between primary care and YAS' services and unfortunately the end result would not always be 100% right.</p> <p>The Chairman stated that how the Trust responded to incidents of this nature was very important. Learning should always be taken on board and used with clinicians for development purposes.</p> <p>She stated that the Board's thoughts were with Mr Drake's family and the Board thanked them, particularly his brother, for raising their concerns with YAS and affording the Trust the opportunity to improve its clinical services and the care it provides.</p> <p><b>Approval:</b>  <b>The Board noted the Patient Story and lessons learned.</b></p>	
<p><b>5.2 For Assurance: Chief Executive's Report and Integrated Performance Report</b></p> <p>RB presented the Chief Executive's Report to give the Board assurance on the activity of the Trust Executive Group (TEG) from 29 March to 22 May 2017 and the opportunity for TEG to highlight key variances / movements contained within the April 2017 Integrated Performance Report (IPR).</p> <p>RB stated that it was the first time the IPR had been presented in its new format which aimed to provide a more strategic view of delivery across the organisation and highlight the risks associated with the delivery of YAS' plans. The new format had been developed to more easily signpost to key exceptions and to prompt informed enquiry on core areas of assurance.</p> <p>RB placed on record his appreciation of how the ambulance service responded to the recent tragic events in Manchester and the cyber-attack which affected the NHS. He was reassured by the response provided and the resilience shown which was a huge testament to the training and planning that regularly took place to help manage such a tragic emergency.</p> <p>RB also placed on record thanks for the efforts made by the ICT team to ensure that YAS was not adversely affected by the cyber-attack on 12 May.</p> <p>RB stated that the Trust's A&amp;E and NHS 111 services had coped very well with the peaks over the Easter period. The NHS 111 service had exceeded the national response standard 95% of calls answered in 60 seconds throughout the weekend.</p> <p>He further stated the Trust had been delighted to hear that, following a competitive tender process, it had been awarded a new five-year contract to deliver non-emergency health care patient transport services across South Yorkshire. The contract would commence on 1 September 2017 and included some packages of work not previously provided by YAS.</p> <p>The Care Quality Commission's (CQC) report containing the findings of the autumn 2016 inspection of YAS' services, which gave the Trust an overall rating of 'good', had been published in April 2017 and a Quality Summit of stakeholders took place on 24 April.</p>	

The meeting was a success and received a presentation from the CQC on key findings within the report and the Trust's response highlighting the priorities in YAS' action plan to move from 'good' to 'outstanding'.

RB stated that, aligned to the Five Year Forward View recommendations on development of new workforce models, YAS had become a beacon site for the ambulance sector in terms of the development of nursing roles. On 15 May six registered nurses started the first cohort of YAS's new Nurse Internship Programme.

In terms of operational delivery, RB stated that demand was only slightly above 2016 levels, adding that there was a slight positive benefit tied in with the implementation of the new A&E rotas.

PD stated that the Quality Committee (QC) would focus on what the Trust intended to do to move to 'outstanding' and although the news was positive, she still had concerns about financial challenges to delivery and finances overall in the organisation and the wider sector. The QC would therefore require assurance in relation to the high level Quality Impact Assessments (QIAs) that would be required going forward.

RB replied that the Trust needed to take care to ensure it used resources in the best way possible in terms of QIAs in a number of areas and the need to strengthen some of the modelling had already been touched on in TEG.

SP stated that the revision of the IPR had been led by the Business Information (BI) team following heavy engagement with senior managers. There was currently little narrative as it was the first time that the report had been seen in its new format.

A key development was the attempt to align the IPR more to directorate and corporate business plans to achieve a clearer view of trends and expectations with an additional layer of reporting at directorate level. It was acknowledged that more information was required about support services and consideration was being given to the inclusion of high priority metrics.

SP stated that the document would continue to develop over the course of the next few months and it was expected that there would be a much closer alignment of commentary on exceptions by the time that the next iteration came to Board. However, as it was still a developmental project, any feedback from Board colleagues would be useful.

The Chairman stated her belief that the new IPR was a real improvement on previous versions as it was much easier to interpret.

PM stated that the Operations directorate was on track in terms of response times and there had also been improvements in other areas such as PDR compliance. A big challenge had been the number of lost hours due to the turnaround times at hospitals.

PD stated that a pictorial version of the new structure in Operations would be useful.

	Action
<p><b>Action:</b>  <b>PM to share pictorial version of A&amp;E Operations Senior Management Team structure chart with Board colleagues.</b></p> <p>PD requested information about benefits of the new rosters and suggested it would be useful to see evidence of these in the IPR going forward.</p> <p>PM replied that the amount of reliance on overtime had reduced and the organisation was no longer using private providers. A reduction in end of shift overtime and missed lunch time payments had also been seen. However, there remained work to be done in terms of meal breaks, which was one of the workstreams in the transformation project.</p> <p>BS asked what scrutiny, for example identification of underlying themes, was applied to category 1 calls that took too long.</p> <p>JM outlined details of the process developed by SP and his team which led to a review of all excessively out-of-time cases. All such cases were flagged and investigated then reported back to the Incident Review (IRG) and Clinical Governance (CGG) groups to identify particular themes and ensure learning was shared at different levels of the organisation.</p> <p>PF stated there had been a significant amount of activity in the Patient Transport Service (PTS) arena. April had been the first month without the Hull contract and the transfer to the new provider had gone smoothly. The East Riding work was progressing well and a good relationship was developing with commissioners.</p> <p>South Yorkshire was moving into a period of mobilisation at the same time as going through a period of transformation. The tender for the South Yorkshire Renal service was the latest piece of work for the PTS team which was looking for as much support as possible from within the organisation at this busy and stressful time.</p> <p>PF confirmed that the Trust had been served notice by the Vale of York that they were also going out to procurement.</p> <p>In terms of clinical advice, PF confirmed that the Trust was in the process of reaching the 30% target by the end of the current month. YAS was also waiting for guidance on Integrated Urgent Care from NHS England.</p> <p>BS requested details of actions in place to change the current red rating against PTS transformation back to amber or green.</p> <p>SP stated that the red rating was mainly the result of the current extreme emphasis on tenders. Most of the management capacity within PTS and supporting management capacity outside of PTS had focussed on this. A refocus on the whole of the transformation programme was under way.</p> <p>MB stated that the forecast projection for PTS and its Cost Improvement Plan (CIP) also had a knock on effect as there remained some concerns about the deliverability of the PTS CIP for 2017/18.</p>	<p><b>PM</b></p>

PD asked whether the Trust could currently evidence a safe discharge when patients were discharged out of hours in PTS.

SP stated that work was currently under way with hospital leads in relation to hospital discharge processes, adding that the Trust would need to ensure its members of staff were supported and allowed to express any concerns that they might have about the process.

SP further stated that the work in which YAS was involved with care homes and their usage of 999 and 111 could make a major difference as the data which YAS gathered could help raise consciousness and identify gaps in the system.

JM stated that a lot of work was being done regionally at Sustainability and Transformation Partnership (STP) level to improve clinical developments and research. He was proud to say that YAS was taking the lead in a lot of this work.

SP stated that, in addition to the items covered earlier, his Directorate had begun the process of improving engagement with the Local Workforce Advisory Boards which were aligned to the STP geographical areas.

RBa stated that a lot of work had been completed on the revised structures in the HR and the Learning and Education teams with a paper due to go to Trust Executive Group (TEG) the following week. Work on the national issues of Paramedic re-banding and holiday pay remained on-going.

PD stated it was good to see that newly qualified paramedics would be on band 5 and requested more details about the Health Professions Council (HPC) requirement to register anyone employed by YAS from overseas. She wondered what positions were being appointed to and whether the standard of candidates' written English was being assessed.

RBa replied that quite a lot of work had already been carried out in the whole of the ambulance service and the cost to trusts depended on the part of the world from which employees originated. She added that London Ambulance Service was keen to bring in overseas workers.

RBa stated that PDR compliance of around 80% had been maintained with the staff satisfaction rate about the process improving from 3.6/5 in 2014/15 to 4.2/5 in 2016/17.

MB stated that the Finance Team continued to focus on the 2017/18 and 2018/19 financial plans, which included working through the detail of departmental budgets and Cost Improvement Plans (CIPs), the implementation of new financial control processes and procedures and "deep dives" into high-risk CIP areas. The month one financial position was consistent with plan.

The Trust still needed to reach agreement with NHS Improvement (NHSI) in terms of a more realistic control total for 2017/18 as the £5.2m current expectation from NHSI seemed to be out of kilter with rest of the sector.

	Action
<p>MB stated that the Finance Team had also been focused on the 2016/17 year-end accounts with draft accounts submitted to NHS Improvement and to YAS' external auditors in line with national and local deadlines.</p> <p><b>Approval:</b>  <b>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 April 2017 IPR report, highlighted in the Executive Directors' reports.</b></p>	
<p><b>5.3 For Approval: Care Quality Commission Action Plan</b>  SP updated the Board on the final draft of the Quality Improvement Plan arising from the 2016 Care Quality Commission (CQC) inspections. He stated that all of the 'must dos' and 'should dos' plus some other small comments had been taken out of the report and included in the action plan. Corporate level actions were included on page one of the report and were then followed by service line information.</p> <p>SP stated there was quite a large focus on the Patient Transport Service (PTS) in the plan which reflected the service's need for more ongoing support. There would be more concentration on the development of management capacity and ability in the team going forward.</p> <p>The Board considered the importance of maintaining a focus on a day to day basis to ensure that the current 'Good' status was maintained whilst making progress towards a more ambitious rating.</p> <p>SP confirmed the action plan had been shared with the CQC who were happy with its content. It would now be published on the Trust's website to enable it to be shared with other stakeholders.</p> <p>PD stated her belief that, even though the action plan would need to be kept separate from other plans for the CQC's information, it should be integrated into 'business as usual' within the Trust.</p> <p><b>Approval:</b>  <b>The Board approved the Quality Improvement Plan.</b></p>	
<p><b>5.4 For Approval; Emergency Preparedness Resilience and Response (EPRR) and Special Operations Bi-annual Report, Oct 2016-Mar 2017</b>  PM presented an update and assurance to the Board on the Emergency Preparedness Resilience and Response (EPRR) work streams.</p> <p>He acknowledged the hard work which had taken place across the board since the 2015 CQC inspection. This had resulted in Resilience being rated as 'Outstanding' for 'Effective' and across all of the remaining domains the Trust had now been CQC-rated as 'Good'.</p> <p>PM stated that the Trust continued to work with its Emergency Service partners and other Category 1 and 2 responders to ensure that the Joint Emergency Services Interoperability Principles (JESIP) were maintained and continued to be embedded across the region.</p>	

	Action
<p>The relationship had been tested during the recent Manchester tragedy and had worked well.</p> <p>PM confirmed that the Trust's support of the third Tour de Yorkshire had again proved to be successful with the event anticipated to grow even more over the coming years.</p> <p>PD placed on record her congratulations to everyone who had been involved in the success of the Tour de Yorkshire.</p> <p>PM stated that there had been further slippage of the staff responder scheme initiative since the last bi-annual report.</p> <p>PS raised the issue of ensuring that the correct level of detail was included in future Resilience papers coming to Board. The Chairman agreed and asked PS to discuss this further with PM outside of the meeting.</p> <p><b>Action:</b> <b>PS to liaise with PM re content of future Resilience Board papers.</b></p> <p>PM stated that NHS England required 150 of YAS' staff to be Specialist Operations Resource Team (SORT) trained. All SORT staff were volunteers from YAS Operations. The Board expressed concern at the current total of 122 with 32 people awaiting training. It was agreed that PM should bring an update on the concerns expressed around the vacancies and operational capacity to Board at its Private meeting on 31 August.</p> <p><b>Action:</b> <b>PM to present update re vacancies in SORT team and operational capacity at its Private Board meeting on 31 August.</b></p> <p>BS requested information about the source of funding in terms of the income streams supporting EPRR which were listed on page 3 of the report. As BS had a number of other queries, it was agreed that PM would liaise with BS directly outside the meeting.</p> <p><b>Action:</b> <b>PM to liaise with BS re EPRR queries outside the meeting.</b></p> <p><b>Approval:</b> <b>The Board was updated and assured of the Trust's compliance and progress in relation to the Emergency Preparedness Resilience and Response (EPRR) agenda.</b></p>	<p><b>PS</b></p> <p><b>PM</b></p> <p><b>PM</b></p>
<p><b>The meeting broke for lunch, to which Members of the Public were invited, at 1245 hours. The meeting reconvened at 1325 hours.</b></p>	
<p><b>6 STRATEGY, PLANNING AND POLICY</b></p>	
<p><b>6.1 For Assurance: NHS Staff Survey Results</b> Claus Madsen (CM), Associate Director of Organisational Education and Learning and Tracy Launchbury (TL), Head of Leadership and Learning joined the meeting to provide an update on the results of the 2016 NHS Staff Survey along with an overview of the high level conclusions and recommendations for consideration.</p>	

TL stated that the feedback reports produced for each organisation from the nationally mandated survey focussed on 32 key findings presented under nine themes.

Historically a sample approach to the survey had been taken at YAS but in 2016 it had been decided to use a census approach to provide all staff with the opportunity to respond. This led to a significant increase in the number of people responding albeit a slight dip in the percentage of responders.

CM stated that ambulance trusts tended to have lower response rates than the rest of the NHS. There had been a slight increase in the 2016 results in terms of the engagement score and more positive responses overall. A key message was that staff wanted more involvement in decision-making. Of note was the fact that the number of staff who had had an appraisal in the last 12 months was a clear 10% ahead of other ambulance services.

The Board considered the Trust's performance in terms of the national Commissioning for Quality and Innovation (CQUIN) on Health and Wellbeing and next steps to enable achievement of the CQUIN.

TL stated that a working group, which would include senior representatives from HR, Education and Learning and the Corporate Communications, had been established to review the 2016 results with a view to establishing a corporate level action plan to be presented to Trust Executive Group (TEG) for approval. Following this a future process for staff opinion surveys would be defined which would see Directorate leads taking responsibility for effecting change within their own areas.

PD was supportive of the way in which the survey had been run, as it had provided more staff with the opportunity to express their opinions. She stated that, going forward, it was essential that more responses were received from the A&E Operations and PTS teams, as this was where the majority of YAS' staff were based.

The Chairman asked whether it would be possible to incentivise staff to respond to the Staff Survey.

TL replied that part of the working group's remit would be to encourage more staff to get involved. CM stated that the Trust was currently working towards developing a more accessible solution such as an App for a smart phone going forward.

PD suggested that the organisation would also need to provide examples of what developments had been implemented as a result of the survey.

SP agreed it would be helpful to see the results set out in a different way to clearly highlight where the organisation had made progress and where it needed to do more work.

TG stated that research clearly showed that the more managers communicated with their teams, the better it was for patients. Accountability for carrying out appraisals should therefore form part of managers' own appraisals.



	Action
<p>He further stated that more skilful interpretation and reporting of some of the survey's data was required. For example, encouraging staff to report near miss incidents and violence and aggression towards them could be interpreted as bad news in feedback reports whereas it was actually a positive move.</p> <p>PS found the report useful and concise. It was appropriate to issue it to a broader audience and he wondered what the Non-Executive Directors (NEDs) could do to help encourage people to share their opinions.</p> <p>The Chairman suggested that social media could be a good platform to help encourage staff to participate.</p> <p>TL stated that once the correct communication infrastructure was in place this would make it easier to get the NEDs involved.</p> <p>CM stated his belief that the current Vision and Values work should also help to encourage staff to participate in similar surveys going forward.</p> <p>The Chairman was pleased that a generally improving picture could be seen and a better understanding was developing within the Trust about what was required to help improve the situation further.</p> <p><b>Approval:</b>  <b>The Board noted the content of the report and its demonstration of improvement against the data from 2015. The Board further noted that outputs from the working group would be reported back into TEG and monitored through the Trust's Quality Committee.</b></p> <p>TL left the meeting.</p>	
<p><b>6.2 For Approval: YAS' Purpose, Vision and Values</b></p> <p>CM presented a progress update in relation to the Purpose, Vision and Values project. Following discussion the revised Purpose and Vision were agreed by the Board.</p> <p>CM presented the revised Values descriptors which had been amended following initial staff feedback and TEG discussion. Further testing would be required by way of an electronic survey to see if the descriptors resonated with staff. The revised Values framework (ie the descriptors) was approved by the Board subject to further testing.</p> <p>CM confirmed that when the responses from the electronic staff survey were received, the achieved score and any patterns of concern would be circulated. Depending on the result, the Board would be asked to approve via email or to revisit the Values.</p> <p>CM suggested that the Board could approve if the score was 3.5/5 or above which would equate to 70% answering "agree" or "strongly agree". However, following further discussion it was agreed that no approval should be given until the results had been shared via email with the Board.</p>	

	Action
<p><b>Action:</b>  <b>Following receipt of feedback, CM to email a summary of issues, etc to the Board to enable final approval to be given.</b></p> <p>PD stated that the ‘We Care Awards’ had a strong resonance with YAS’ staff so careful thought would need to be given to how best to encapsulate the new Values into the organisation to give them a visual identity.</p> <p>Following discussion, the Board agreed that a visual identity for the Values framework and each of the individual Values could also be dealt with in terms of reaching agreement via email to the Board.</p> <p><b>Behavioural Framework</b>  CM stated that work was progressing in relation to the YAS Behavioural Framework. He stated that the view from the recent TEG workshop was to proceed with the concept of having both positive (“we will”) and negative (“we won’t) behavioural examples and indicators within one document.</p> <p>A discussion took place about displaying expected behaviours for all staff as well as specific leadership behaviours within the same document so colleagues had clear visibility of what was expected at both management and non-management levels in the organisation.</p> <p>The Chairman stated that NHS Improvement (NHSI) were interested YAS’ work, adding she would share the work with NHSI at an appropriate stage.</p> <p>Next steps were agreed as follows:</p> <ul style="list-style-type: none"> <li>• Prepare and send a final staff survey;</li> <li>• Compare and report the results to TEG/Board;</li> <li>• Create a communications campaign for the new YAS Values launch;</li> <li>• Develop the values based Behavioural Framework (stage 2);</li> <li>• Progress to multi-faceted implementation (stage 3).</li> </ul> <p>PD asked how the values would link with the professional codes of conduct and behaviours that many of YAS’ staff had to demonstrate adherence to. SP replied that he would expect this to come through the Personal Development Review (PDR) process.</p> <p>CM stated that the framework would be generic as it applied to everyone. It could then be further developed to include technical objectives relating to specific roles or professions.</p> <p><b>Approval:</b>  <b>The Board noted the update and actions required to take the item forward.</b></p> <p>The Chairman congratulated CM on a good piece of work. CM left the meeting.</p>	<p><b>CM</b></p>
<p><b>6.3</b></p> <p><b>For Approval: Updated Terms of Reference for the Northern Ambulance Alliance Board</b>  The Chairman presented the updated Terms of Reference (ToR) of the Northern Ambulance Alliance Board (NAAB) for Board approval.</p>	

		<b>Action</b>
	<p>RB confirmed that minor amendments had been made to the ToR on the back of legal advice. He stated that issues to be decided by the NAAB would be categorised as either Category 1 or 2, adding that a list of issues that required unanimous approval of all participating Trusts had been approved by the NAAB.</p> <p><b>Approval:</b>  <b>The Board approved the updated Terms of Reference of the Northern Ambulance Alliance Board.</b></p>	
<b>6.4</b>	<p><b>To Receive: Charity Commission Guidance It's your Decision: Charity Trustees and Decision Making (May 2017)</b>  The Chairman stated that the Guidance had come to Board for information as the Board of Directors were the Trustees of YAS' Charitable Fund.</p> <p>BS asked whether the level of scrutiny suggested in the guidance was ever applied at YAS. The Chairman replied that although scrutiny was applied through the Charitable Fund Committee it would be useful to consider both the function of the Committee and the Board members' role as Trustees.</p> <p>The Board considered whether current scrutiny was vigorous enough. It was agreed that the Charitable Fund Committee should discuss the item, self-assess and then bring a report back to Public Board to demonstrate the Trust's compliance with the Guidance.</p> <p><b>Action:</b>  <b>Charitable Funds Committee to self-assess against the Guidance and bring report back to future Public Board meeting.</b></p> <p><b>Approval:</b>  <b>The Board received and acknowledged the implications of the Guidance for YAS' Charitable Fund and the Board members' responsibilities as Trustees.</b></p>	<b>EM/AA</b>
<b>7</b>	<b>PERFORMANCE MONITORING</b>	
<b>7.1</b>	<p><b>Charitable Funds Committee – Minutes of the last meeting held on 17 January 2017</b>  The Board noted the Minutes of the meeting held on 17 January 2017 and that only one Non-Executive Director was required at Charitable Fund Committee meetings.</p> <p><b>Approval:</b>  <b>The 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.</b></p>	
<b>7.2</b>	<p><b>Audit Committee – Minutes of the last meeting held on 17 January 2017</b>  The Board noted the Minutes of the meeting held on 17 January 2017.</p> <p>BS provided a short update on the key matters covered during the meeting on 13 April. The most significant item was that actions relating to findings in a number of HR audits had not been satisfactorily progressed.</p>	

		<b>Action</b>
	<p>As a result, BS had requested that an update report be brought to the Audit Committee (AC) meeting on 13 July 2017. PD had also asked for the report to go to the Quality Committee (QC) meeting on 15 June 2017.</p> <p>BS stated it was encouraging to hear that YAS should achieve full recovery of the new Apprenticeship levy. The AC had received an update on the on-going holiday pay claim and developments to improve the Trust's financial and accounting controls. YAS' accounting policies and draft Annual Governance Statement (AGS) had been reviewed and assurance gained from the QC and Finance &amp; Investment Committee (F&amp;IC) in relation to the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).</p> <p>The External Audit plan had been reviewed and the Internal Audit and Counter Fraud Plan had been agreed subject to approval by the Trust's Executive Group. The AC had also reviewed a number of recent Standing Financial Instructions (SFI) Single Tender Waivers (STWs) as there seemed to be some instances of full authorisation not being given.</p> <p>MB stated that a review was under way to ensure controls around SFIs were improved going forward.</p> <p><b>Approval:</b>  <b>The Board was assured by discussions within the Audit Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</b></p>	
<b>7.3</b>	<b>Quality Committee – nothing to report since the last Board meeting on 28 March 2017</b>	
<b>7.4</b>	<b>Finance &amp; Investment Committee – nothing to report since the last Board meeting on 28 March 2017</b>	
<b>6.5</b>	<p><b>Board Review and Feedback: Board Vital Guiding Principles</b>  <b>T</b> – timely, accessible communications  <b>R</b> – respect differences; be supportive  <b>U</b> – understand shared purpose, risks  <b>S</b> – self-awareness; give/receive feedback; time for reflection  <b>T</b> – 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 1420 hours.</p>	
<b>8.</b>	<b>FOR INFORMATION</b>	
<b>8.1</b>	<p><b>YAS Forum Report of the last meeting held on 17 January 2017</b>  The latest YAS Forum Report was noted for information.</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&amp;3, the Press and the public to be excluded from this part of the meeting.</p>	

		<b>Action</b>
<b>9.</b>	<b>Date and Location of the Next Meeting of the Trust Board Held in Public:</b> 31 August 3017, Trust HQ, Kirkstall & Fountains, Springhill 2, Brindley Way, Wakefield, WF2 0XQ (Pre-Board Presentation: 0900-0930, Board of Directors 0930 start)	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

\_\_\_\_\_ **INTERIM CHAIRMAN**

\_\_\_\_\_ **DATE**