



Trust Board Meeting held in Public

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

Date: Tuesday 28 March 2017

Time: 0930 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:

Patricia Drake	(PD)	Deputy Chairman and Non-Executive Director
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In Attendance:

Dr Phillip Foster	(PF)	Director of Planned and Urgent Care
Leaf Mobbs	(LM)	Director of Planning and Development
Anne Allen	(AA)	Trust Secretary
Phil Storr	(PS)	Associate Non-Executive Director
Tim Gilpin	(TG)	Associate Non-Executive Director
Luke Playford	(LP)	Committee Services Administrator
Perry Duke	(PDu)	Head of Financial Services – Financial Controller
Dr Andrew Pountney	(AP)	Medical Governance Lead
Gillian Hart	(GH)	Associate Director Communications and Engagement
David Bolam	(DB)	Public Member (North)
Karamjeet Singh Virdee	(KV)	YAS Forum Member (West)
Len Cragg	(LC)	Public Member (North)
Kelvin Williams	(KW)	Public Member
Gareth Davies	(GD)	Zoll Pharmaceuticals
Richard Smith	(RS)	Ferno

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

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	The meeting commenced at 0930 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 Board meeting in Public was preceded by a presentation on 'Yorkshire Critical Care Team – One Year In' presented by Dr Andy Pountney, YAS Medical Governance Lead.</p> <p>The Chairman thanked Dr Pountney and his colleague for the valuable unpaid work they do for the community.</p>	
2	<p>Minutes of the Meeting held on 31 January 2017 including Matters Arising (not on the agenda) and Action Log The Minutes of the Trust Board Meeting in Public held on 31 January 2017 were approved as a true and fair representation of the meeting subject to the following amendment.</p> <p>Page 9, paragraph 7, should read 'Airways' not airwaves.</p> <p>Matters Arising There were no matters arising from the minutes.</p> <p>Action Log: 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>Chairman's Report The Chairman welcomed Mark Bradley, Executive Director of Finance to his first Board meeting in Public with YAS. She further welcomed Phil Storr and Tim Gilpin who had joined the Trust as Associate Non-Executive Directors.</p> <p>She advised that she continued to be busy in her role as Chairman of YAS. During March she had been undertaking one to ones and there had been Board member level appraisals. She had been on a ride-out with a Double Crewed Ambulance (DCA) in Beverley and on the evening of Thursday, 30 March she would be observing work in the Emergency Operations Centre (EOC) and NHS 111 operations room.</p> <p>Externally she had met with the Chairpersons of York Hospital Trust and Leeds Teaching Hospital Trust; she was due to meet with the Chairperson of Hull and East Yorkshire Hospital Trust the following day.</p> <p>She had attended the National Ambulance Leadership Forum (ALF) in February and reported that it had been a positive and engaging conference, with particular reference to the item on Change Management</p>	

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<p>by Helen Bevan.</p> <p>She referred to a meeting that she had attended with YAS staff in relation to the Emergency Response in Custody (ERIC) project and some of the issues for YAS staff when responding to incidents in a prison environment. She concluded by remarking that she had undertaken a lot of internal work in her first nine months with YAS getting to know the organisation and staff. She now looked forward to further enhancing external relationships with YAS' partners in the local, regional and national setting.</p>	
<p>4</p> <p>QUALITY, SAFETY AND PATIENT EXPERIENCE</p>	
<p>4.1 Patient Story</p> <p>The Chairman guided the Board through a presentation outlining the patient story.</p> <p>The patient was 79 years old with complex medical needs. A call was received into NHS 111 as the patient was feeling unwell following an infection which was being treated by his GP. Following triage by NHS 111 an ambulance was requested within the hour and an urgent care practitioner (UCP) attended. Based on the UCP's observations and that the patient did not want to attend hospital advice was sought from the GP Out of Hours (OOH) service. The GP agreed that the patient did not need to be admitted to a hospital and could see his own GP the next day.</p> <p>Four hours later the GP OOH service received test results from bloods taken earlier in the day and due to extremely high blood glucose readings an urgent home visit was arranged. The GP could not gain access and requested assistance from the Fire and Rescue Service. Once in the property it was clear the patient required immediate hospital admission. An ambulance was requested but shortly after this request the patient suffered a cardiac arrest. Despite being given Cardio Pulmonary Resuscitation (CPR) the patient passed away. An ambulance arrived on scene 23 minutes after the request was made.</p> <p>The ambulance crew reported the incident on the Trust incident reporting system due to not arriving on scene within 8 minutes. The Quality & Safety team subsequently reviewed the circumstances surrounding the incident and the immediate findings highlighted areas of learning.</p> <p>YAS decided, with the support of Commissioners, to hold an end to end review meeting which brought together the agencies involved to review the patient's journey and identify areas for improvement and sharing good practice. The conclusion of this process was, with hindsight, the patient should have been admitted to hospital sooner due to his persistently high blood glucose levels. This by no means indicated that the outcome would have been different but that treatment could have been initiated sooner.</p> <p>YAS had regular contact with the patient's son regarding the investigation and end to end review. The findings were shared with the family who were grateful and appreciative of the depth of the investigation.</p> <p>Learning for all agencies was identified. This included human error elements in the call handling which was addressed through individual</p>	

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<p>reflection and learning. In YAS' training programme there was a focus on the correct application of National Early Warning Scores and sepsis screening tools which supported staff decision making.</p> <p>JM remarked that he had an overview of this particular investigation and that learning had been taken from the review findings.</p> <p>SP noted the power of using an end to end review process in an investigation; this particular case highlighted the importance of communication between different agencies.</p> <p>The Chairman thanked the patient's family on behalf of YAS for allowing the Trust to share their experience of the service.</p> <p>Approval: The Board noted the Patient Story and lessons learned.</p>	
<p>4.2 For Assurance: Care Quality Commission (CQC) Inspection Yorkshire Ambulance Service Quality Report – 1 February 2017</p> <p>The Board was guided through a presentation on the published report of the CQC inspections that had taken place in September and October 2016.</p> <p>The CQC inspection team had undertaken a thorough inspection of YAS visiting 14 ambulance stations, Patient Transport Services (PTS), 999 and NHS 111 call centres. They visited hospital emergency departments and patient reception centres and spoke with a variety of patients and staff from emergency and outpatients departments. The team inspected 92 YAS vehicles and reviewed patient records.</p> <p>The ratings published on 21 August 2015 were compared against those published on 1 February 2017. This highlighted that the Trust had improved in all areas and was now rated as 'Good' overall. SP made particular reference to medicine supplies and the outstanding improvement in this area.</p> <p>Whilst PTS had shown signs of improvement there were still further improvements to be made.</p> <p>The Trust had the following 'must do's' to undertake for A&E, PTS, EOC and Resilience:</p> <ul style="list-style-type: none"> • Ensure there were sufficient numbers of suitably skilled, qualified and experienced staff; • Ensure all PTS ambulances and equipment were appropriately cleaned and Infection, Prevention and Control (IPC) procedures followed; • Ensure seating for children was routinely available in ambulance vehicles – the Trust had since procured the necessary equipment. <p>There were no 'must do's' applicable for NHS 111. The Trust had received positive feedback in a number of areas and the inspection team had found the NHS 111 service to be one of the best in the country.</p> <p>The Trust had also been provided with a list of 'should do's'. A CQC</p>	

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<p>Delivery Plan was being developed with a clear emphasis on the ‘must do’s’ and ‘should do’s’ to ensure that areas for improvement were taken forward in a timely manner; progress had been made in some areas since the publication of the report.</p> <p>A Quality Summit had been organised for 24 April 2017 which would include YAS’ stakeholders and CQC inspectors.</p> <p>The Chairman congratulated the Trust on such a positive outcome and she made particular reference to the recognition of the NHS 111 service. She emphasised her thanks to all staff across the organisation acknowledging that their work was recognised and appreciated.</p> <p>SP remarked that there had been a significant amount of staff involved in the inspection itself but it was the whole of the organisation that had contributed to the positive inspection results.</p> <p>BS referred to PTS and enquired whether there was an action plan in this regard.</p> <p>It was noted there was an on-going piece of work to review and strengthen the PTS management structure and the issues raised by the CQC inspection team would feed in to this review.</p> <p>SP advised that the CQC inspection reports had been considered in detail and the areas of focus would be discussed by the Trust Executive Group (TEG), colleagues in the Quality, Governance and Performance Assurance Directorate and individual managers.</p> <p>The Chairman expressed her thanks to SP and the team and the wider YAS workforce on the positive results.</p> <p>Approval: The Board noted the update and the contents of the presentation.</p> <p>JN arrived at 10:10 hours.</p>	
<p>4.3 For Discussion and Feedback: Consultation on the Code of Fundraising Practice, the Fundraising Regulator, February 2017</p> <p>The Board was guided through a presentation in relation to the consultation on the Code of Fundraising Practice, Fundraising Regulator.</p> <p>The Fundraising Regulator, the independent regulator of charitable fundraising, was established following the Etherington review of fundraising self-regulation (2015) to strengthen the system of charity regulation and restore public trust in fundraising.</p> <p>The Regulator inherited the Code of Fundraising Practice from the Institute of Fundraising on 7 July 2016; it was last updated in March 2016. The Regulator was now consulting on a review of the code.</p> <p>The details of the Code of Fundraising Practice were outlined and it was noted that YAS’ Charitable Fund did not undertake many of the activities</p>	

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<p>listed.</p> <p>YAS' Charitable Fund was a small charity when compared to some local, regional and national charities. Currently there was one person who worked part-time for the Charitable Fund and a new Fundraising Manager was due to start on a full-time basis. The Charitable Fund already followed the Charity Commission recommendations and reviewed the Fund Raising Code annually to ensure that YAS' approach was appropriate. The Fund was managed by Charitable Funds Committee.</p> <p>The seven areas that were out for consultation were appropriate and fair and YAS had no concerns in relation to the proposed changes. YAS intended to register the Charitable Funds with the Fundraising regulator, although it was not obliged to do so, and would publically commit to the updated Code of Fundraising Practice.</p> <p>The Chairman asked whether the Yorkshire Air Ambulance (YAA) Board had sight of the consultation so that YAS' Board was assured of such and it was agreed to raise this at the next Partnership Board.</p> <p>Action: To determine whether the Yorkshire Air Ambulance Board had had sight of the consultation on the Code of Fundraising Practice to that YAS' Board was assured of such. It was agreed to ask the YAA Board at the next Partnership Board.</p> <p>Approval: The Board noted the update and the agreed with the content of the presentation.</p>	<p>RB</p>
<p>4.4 For Assurance: Purpose, Vision and Values Statements – Consultation Update</p> <p>The paper provided an update on the progress and current results of the Purpose, Vision and Values Statements consultation update.</p> <p>This piece of work was part of the wider Organisational Cultural Change programme and competency based appraisal system. The Trust had pledged to consult with at least 10% of staff on the Purpose, Vision and Values Statements and to date had reached 9.7%; it was expected that 10% plus would be reached with forthcoming planned events.</p> <p>RB remarked that PTS and Fleet Services appeared to be under represented in the consultation and he asked how these would be captured.</p> <p>RBa responded that the consultation period was on-going until the end of April and it was intended to engage with staff from across the Trust including those mentioned; the team were visiting ambulance stations across the region and ensuring different shift patterns were factored in.</p> <p>It was agreed to bring the completed work to the 31 May Board meeting.</p>	

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<p>Action: To bring the completed Purpose, Vision and Values work to the 30 May Board meeting.</p> <p>Approval: The Board noted the updated and agreed for the continuation of the planned engagement throughout the rest of March and April 2017.</p>	RBa
<p>4.5 For Assurance: YAS NHS Staff Survey 2017/18 Results The report informed the Board of the results of the 2016 NHS Staff Survey along with an overview of the high level conclusions and recommendations for consideration. The results and information were currently being analysed and the commentary being reviewed to produce a more in-depth report for YAS.</p> <p>This was the first time that the staff survey had been sent to all staff within YAS and this had produced a 37% completion return rate; this placed YAS above average for the ambulance sector for completion rates.</p> <p>The overall staff engagement indicator score for YAS for 2016 was 3.38 which represented a slight increase on the 2015 result of 3.31. The Trust score was slightly below the national average for the ambulance sector which was 3.41.</p> <p>The 2016 survey results compared to the 2015 results show that no key findings had deteriorated whilst five had improved and the remaining indicators were statistically similar.</p> <p>RBa advised that the intention was to address the findings of the survey in a way that, where possible, was demonstrable to staff. Simple solutions to some of the issues could be activated very quickly, for example a poster showing pictures of management teams in relation to 'staff not knowing who their line manager was'.</p> <p>RC remarked that the working group to take forward the survey's findings appeared to have large representation from Human Resources (HR) and he suggested this may need to be broadened out to include more operational staff.</p> <p>The Chairman agreed that the working group should be broadened out to a wider representation of the workforce. She further remarked that communication and engagement was not just a HR function but was everyone's responsibility.</p> <p>RBa responded that currently the working group was analysing the data and the next stage would be to engage with operational staff. It was intended that those issues relating to management roles would be included within individual PDRs alongside ensuring managers were equipped with the necessary skills in this regard.</p> <p>TG stressed the importance of staff engagement through appropriate leadership and communications and the effect on business outcomes. Communication, engagement and leadership should be mainstreamed</p>	

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<p>within management roles and individuals should be equipped with the fundamental skills to carry these out.</p> <p>It was agreed that the final report would be brought back to the 31 May Board meeting.</p> <p>Action: The final NHS YAS Staff Survey report would be brought back to the 30 May Board meeting.</p> <p>Approval: The Board:</p> <ul style="list-style-type: none"> • Noted the content of the report and its demonstration of improvement against the data from 2015; • Agreed a census approach for future National Staff Survey deployment; • Agreed that the findings from the report be used to inform the Trust’s Communication and Engagement Strategy through the recommendations of the working group; • Approved the inclusion of the Staff Engagement Score of relevant Trust performance reports and scorecards; • For TEG to establish accountability within the leadership hierarchy for improving levels of staff engagement across the Trust; • For TEG to consider the membership of the working group. 	<p>RBa</p>
<p>4.6 For Approval: Two Year Operational Plan 2017-18 to 2018-19 and Verbal Update on Contract Negotiations</p> <p>The paper asked the Board to approve the two-year operational plan 2017-18 to 2018-19 as submitted to NHS Improvement (NHSI) on 23 December 2016.</p> <p>The Board had seen the Operational Plan several times and it was on the day’s agenda for formal acceptance and approval at a Public Board meeting.</p> <p>The Plan had been submitted on 23 December 2016 to NHSI within required timescales. This date had been brought forward by NHS England (NHSE) and NHSI as a way to establish the financial challenges faced by the NHS.</p> <p>There would be a number of plans that sat beneath the Operational Plan to enable the Trust to deliver the Operational Plan 2017-18 to 2018-19.</p> <p>Approval: The Board approved the Final Two-Year Operational Plan 2017-18 – 2018/19 and noted this was submitted with Board approval to NHS Improvement on 23 December 2016 in line with national planning requirements.</p> <p><u>Update on Contract Negotiations</u> A brief overview of contract negotiations was provided and it was noted that this would be covered in more detail at the Board meeting in Private</p>	

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<p>which was taking place later in the day.</p> <p>Approval: The Board noted the update.</p>	
<p>4.7 For Assurance: Chief Executive's Report and Integrated Performance Report (IPR)</p> <p>The report provided assurance on the activity of the Trust Executive Group (TEG) from 26 January to 27 March 2017 and the key variances/ movements contained within the February 2017 Integrated Performance Report (IPR).</p> <p>The Trust had seen an improvement in A&E response times for the highest priority patients, coupled with continued improved delivery against PTS collection and drop off time standards and the proportion of calls answered within 60 seconds in NHS 111.</p> <p>As discussed earlier in the agenda the outcome of the CQC inspection was noted and RB expressed his thanks to all staff for their hard work delivering the improvements identified in the report.</p> <p>YAS was rated at 2 (against 1 – 4 with one being the highest and 4 the lowest) under the Single Oversight Framework which assessed NHS providers across five themes:</p> <ul style="list-style-type: none"> • Quality of care; • Finance and use of resources; • Operational performance; • Strategic change; • Leadership and improvement capability. <p>The NHS provider sector had experienced one of the toughest winters on record with A&E departments seeing exceptionally high numbers of attendances throughout the period. In terms of performance in the ambulance sector none of the eight ambulance services that had submitted complete data for the 3 months ended 31 December 2016 had achieved any of the three national response standards (Red 1, Red 2 and A19).</p> <p>There had been an adverse movement for the overall financial position of the NHS with a forecast full-year deficit of £973m. The ambulance sector was reporting an overall deficit of £26m. Six of the ten ambulance services in England were forecasting a full year deficit for 2016/17 with three forecasting a full year surplus and this included YAS.</p> <p>The Trust had a challenging Cost Improvement Programme to achieve for the 2017/18 and 2018/19 financial periods. Action to reduce agency spending was being taken and some progress had been made in this regard.</p> <p>Representing the Association of Ambulance Chief Executives RB had attended the Public Accounts Committee meeting at the House of Commons on 20 March 2017 where consideration was being given to the National Audit Office report into NHS Ambulance Services.</p>	

The Northern Ambulance Alliance (NAA) Chief Executive Officers were supporting the work of NHS Improvement's (NHSI) Ambulance Sustainability Review which aimed to support sector improvements in operational and financial performance, workforce development and organisational development.

Work was developing on the Clinical Advisory Service (CAS) in relation to 'Hear and Treat' and 'See and Treat' with the intention to manage demand more effectively.

Congratulations were noted for Jon Richards, Paramedic in North Yorkshire for being awarded 'Paramedic of the Year' at the Ambulance Leadership Forum conference.

In February Mick Ferguson, Events Manager for the YAS Private and Events Team, celebrated 50 years' service with YAS and its predecessor organisations. This was a significant achievement which the Board congratulated.

A&E Operations Directorate

Patient demand continued to be in excess of predicted levels with several areas across YAS still seeing unprecedented calls on its service which put pressure on operational resources.

The rota implementation had seen a successful roll-out so far with the remaining few rotas to be implemented by 3 April 2017.

Currently the amount of resource required was impacting on the availability of the Double Crewed Ambulance (DCA) fleet and colleagues in Fleet services were working hard to minimise Vehicle Off Road (VOR) rates and increase DCA availability. DM expressed his thanks for the hard work of colleagues in Fleet Services in this regard.

The remaining operational vacancies were being filled and a number of Paramedics and Emergency Care Assistants (ECAs) had joined the Trust in late February and early March 2017. Attrition rates were below plan.

The re-structure of the management team within A&E Operations was moving forward with a number of the senior posts being appointed. The vacant posts for Locality Manager positions had been advertised.

There would continue to be workforce challenges if patient demand for A&E operational services continued at current levels. The management team continued their focus on staff skills mix matching forecasted demand as far as this was possible.

BS asked whether there was a comparison available between how the Trust was performing against Red 1 and Red 2 national targets compared to performance under the Ambulance Response Programme (ARP).

DM explained that due to the ARP pilot there were no national targets for performance under the scheme until the pilot had been reviewed. Sheffield University were developing metrics for the ARP and once this had been completed a performance framework could be developed and put in place.

He assured the Board that he was comfortable that YAS was performing well under challenging circumstances and response times were currently on an upward trend and continued to improve. Daily monitoring of response rates took place with a further weekly report to management. The Quality Committee continued to receive assurance in this regard.

Planned and Urgent Care Directorate

The Patient Transport Service (PTS) improvements were noted in the recent CQC report. Renal performance continued to improve and the service continued to receive positive feedback from the renal patient survey.

The East Riding of Yorkshire PTS contract had been given an interim three month extension until a new contract commenced with the successful bidder from the recent tender exercise (outcome unknown at this point).

The service continued to engage with Vale of York CCG and Scarborough and Ryedale CCG as they had publicised their intention to undertake a procurement exercise for their elements of the recently agreed North Consortia contract.

NHS 111 call volumes were above the forecasted level and marginally above the contract ceiling by 0.8%. The NHS 111 service has one of the lowest referral rates to the 999 service in the country.

An action plan had been developed to try and achieve the NHS national target of 30% of NHS 111 call receiving clinical advice. This was a challenge for the Trust but further clarification had been sought from NHS England in relation to what could be included within the figures. The Trust expected to reach 28% by the end of March 2017.

A working group had been established to focus on clinical recruitment. Recruitment to clinical roles continued to be a challenge and the working group was addressing this Trust-wide and not just within NHS 111.

BS referred to the Integrated Performance Report (IPR) and asked why the PTS Transformation Programme was rated 'red'.

PF responded that the PTS management team had been focusing their attention on the recent bid activity and once the outcome of the PTS contracts for East Riding of Yorkshire and South Yorkshire were known progress could continue.

Clinical Directorate

The Clinical Audit programme had been finalised and had been presented at the Quality Committee.

The National Ambulance Services Medical Directors Group (NASMED) would hold the responsibility for Clinical Quality Indicators (CQIs) going forward and it was anticipated these would be developed in to more appropriate measures in the future.

The Myocardial Ischaemia National Audit Project (MINAP) published the

2015/16 data. The numbers reported differ from the IPR for the same period and this may be attributed to poor data submission by the Acute Trusts responsible for data upload.

The Sepsis screening tool had been published on-line and was a component of the upcoming clinical refresher. The major changes included use of National Early Warning Score (NEWS), reduction in the fluid required for resuscitation, and the use of intra-osseous access in unresponsive children.

The Home Office had provided clarity on what was required of Ambulance Services in terms of Drug and Fire Arms Licensing.

Research continued to be a focus within the Directorate and the Trust had recently bid for a national research trail in relation to hyper-glycaemia.

Mark Millins, Associate Director of Paramedic Practice was working with the Fire and Rescue Service to refresh their skills and governance arrangements.

The Quality Committee had received a presentation on using real-time data from cardiac-arrests; this pilot had been rolled out to Hull from Leeds.

There had been 2 recent Clinical Practice Days which had received positive feedback from staff. The National Best Practice Day had been live-streamed though Social Media enabling it to reach a wider audience.

Quality, Governance and Performance Assurance

Work continued on developments to support the nursing internship pilot with the first cohort due to join the Trust in May 2017. The Trust was hosting a national workshop in April, involving representatives from across the UK ambulance services on nursing as part of the wider ambulance service multi-professional team.

An Independent Care Sector Programme Board had been established in March and would be Chaired by a representative from NHS England. The Independent Care Sector Programme Board would focus on greater integration in patient care pathways. The ambulance sector was a key contributor to this work.

The overall number of incidents reported had reduced in February from the January position but remained consistently higher than in 2015/16 reflecting the positive work undertaken to promote reporting and learning across the Trust.

Performance in relation to Freedom of Information requests had reduced reflecting the volume of activity and wider Trust management pressures.

Workforce and Organisational Development Team

The senior Human Resources (HR) team had been recruited and was in place. The structure within Education and Learning and HR had been reviewed and business cases were ready to be presented to the Trust Executive Group (TEG) for approval.

There were a number of national issues relevant to the Trust in relation to holiday pay and the Band 5 to Band 6 progression for Paramedics. Work was progressing with the trade unions in relation to a two-year Newly Qualified Paramedic role.

A review of Statutory and Mandatory training was taking place across the Trust with a first priority given to staff with direct patient contact.

Personal Development Reviews (PDRs) stood at an 80% compliance rate which was a positive improvement and work was on-going to further improve this performance.

The Apprenticeship Levy was due to commence in April 2017, the Trust would pay 0.5% of its pay bill into a digital account which could only be accessed to pay for apprenticeship training. As a public sector organisation the Trust was obliged to have a minimum of 2-3% of its workforce signed on to an apprenticeship at any given time.

The Diversity and Inclusion agenda within the Trust continued with the Diversity and Inclusion objectives being approved by the Board on 12 January 2017 and the first steering group having taken place. Over 300 managers had been on the Diversity and Inclusion workshop training sessions.

Trust recruitment remained busy and work was on-going to further streamline the recruitment process. A central 'booking team' had been established for the review and approval of temporary/agency staff.

Trust sickness absence rate for February 2017 was 5.88% which was a decrease from 6.10% from the previous month.

Finance

The Finance Directorate continued to experience a busy and challenging period. Focus had been on the Financial Plan and contract negotiations.

Work continued with the four Sustainability and Transformation Plans (STPs) that were configured in the YAS footprint and it remained challenging for the Trust to engage with this number of STPs and feed into plans.

The Trust had submitted figures to the Mid-Yorkshire Hospital Trust in relation to their recent reconfiguration of services.

The Trust continued with the implementation of the Patient Level Costing System (PLICS) and the Purchase to Pay process was being piloted in a number of sections.

The Trust expected delivery of 109 DCAs; 82 of these vehicles had left the production line and the remainder would be ready by 31 March 2017.

An Estates Strategy was in the process of being developed and a number of station refurbishments were underway across the region.

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<p>Procurement continued to work to release cash savings through more effective and efficient contracting.</p> <p>The Trust expected to deliver a £2.7m surplus at the 2016/17 year-end which was below that of the Control Total set by NHS Improvement (NHSI). The new forecasted position had been notified to NHSI as per their agreed process.</p> <p>The Cost Improvement Programme (CIP) for 2017/18 would present a challenge as approximately half of the savings from the 2016/17 programme had been non-recurrent. The Trust was in the process of identifying further CIPs.</p> <p>BS referred to the CIP and asked whether the target for 2017/18 was realistic and achievable.</p> <p>MB responded that delivery of the 2017/18 would be a significant challenge and this would be discussed in more detail at the Board meeting in Private.</p> <p><u>Planning and Development</u></p> <p>The team continued to manage the engagement with the four STPs within the region and the 13 A&E Delivery Boards. The team still required capacity to manage this level of engagement as at present the team was small and there were still a number of vacant posts to be filled.</p> <p>The team had been involved in supporting the PTS bids for the East Riding of Yorkshire and South Yorkshire.</p> <p>Work was ongoing to determine the impact on YAS of the various Acute Hospital reconfigurations across the region.</p> <p>The Chairman thanked RB and team for their updates and noted the number of positive developments within the Trust as well as the number of challenges faced by the Trust.</p> <p>Approval: The Trust Board noted and discussed the variances contained within the February 2017 IPR report, highlighted in the Executive Directors' reports and agreed that it had sufficient assurance on the activities of the Executive Team and Trust Executive Group during the reporting period.</p>	
<p>4.8 For Assurance: Review Board Assurance Framework including the Corporate Risk Register</p> <p>The Board received the Risk Management Report, Board Assurance Framework (BAF) and the Corporate Risk Register (CRR). The BAF and CRR had been through the appropriate management groups and Committees prior to being presented to the Board.</p> <p>At the end of Quarter 3 2016/17 it was reported that the Trust was carrying a greater risk level than was projected at the outset of 2016/17. The key factors impeding the reduction of risk were the external system changes and the pressures of Acute Trust reconfigurations and hospital turnaround</p>	

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<p>delays. The Trust was also undertaking a number of significant change programmes across the organisation.</p> <p>The report reflected the discussions which had taken place at the 28 February 2017 Board Development Meeting and the BAF 2017/18 would be presented to the Board on 30 May 2017.</p> <p>There had been a couple of new additions to the CRR since the last report:</p> <ul style="list-style-type: none"> • Apprenticeship Levy Utilisation; • Basic Life Support and Defibrillation training and competency. <p>JM informed the Board that there had been 4 incidents within the delivery of Basic Life Support and delay in the use of a defibrillator. The Trust was confident this was not indicative of a widespread issue but had taken the precaution of exploring the reasons and to further embed basic lifesaving skills with front line clinicians.</p> <p>DM emphasised that all cardiac arrest incidents were reviewed and it had been through this process that the 4 incidents had been highlighted. This confirmed that the process was working correctly and enabled management to review and take action to resolve issues quickly.</p> <p>There had been some risks that had escalated from departmental level to the CRR since the last meeting including 'Information Governance (IG) Mandatory Training Compliance' which currently had an increased focus within the Trust and 'EOC Call Handling Performance' to ensure a focus remained on ensuring staffing met forecasted demand levels within the EOC.</p> <p>DM advised that due to some staff leaving to take up roles in other parts of the organisation this had created a short term issue that had quickly been resolved. The A&E demand profile had been reviewed and the recruitment plan corrected for Quarter 1.</p> <p>Approval: The Trust Board noted the update and was assured of the effective management of the Board Assurance Framework and the Corporate Risk Register.</p>	
<p>4.9 For Assurance: Independent Review of West Yorkshire Urgent Care Service</p> <p>The report provided an overview of the West Yorkshire Urgent Care (WYUC) Independent Review and the associated timeline.</p> <p>The WYUC service was a sub contract to the NHS 111 service provided by Local Care Direct (LCD). Since commencement of the contract in 2013 the service had experienced a demand and capacity challenge as a result of patient demand significantly exceeding the contracted levels.</p> <p>The issues with the LCD contract had been discussed by the Board since the contract commenced. As part of contract negotiations each year Commissioners had agreed to some additional funding and but not enough to determine a long term sustainable solution. In the contract negotiations</p>	

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<p>for 2016/17 it had been agreed that an independent review would be commissioned jointly by providers/commissioners.</p> <p>At Easter April 2016 a Serious Incident was declared and the joint review previously agreed with Commissioners was scheduled to take place with the Primary Care Foundation's Dr Ossie Rawstrone and Henry Clay.</p> <p>The independent review commenced in December 2016 with a document information review and observations at both NHS 111 and WYUC on 30/31 December 2016.</p> <p>The initial findings of the review were shared with YAS/LCD in January 2017 and followed up with a factual accuracy review. It was expected that the finalised formal report would be formally signed off at the Contract Management Board (CMB) on 6 April 2017.</p> <p>The Chairman requested a further update be brought back to the Board meeting in Private July 2017.</p> <p>Action: For a further update on the WYUC independent review to be brought back to the Board meeting in Private July 2017.</p> <p>Approval: The Board noted the update and agreed to receive a further update in June 2017.</p>	<p>PF</p>
<p>4.10 For Assurance: Public Health England and the Role of Ambulance Service</p> <p>The paper provided an overview on the role of YAS in the national public health landscape and its translation at a local level.</p> <p>YAS was the only ambulance service to have a dedicated public health lead and as such had been recognised nationally as an exemplar of public health practice within the ambulance sector.</p> <p>In recognition of its public health contribution YAS was a finalist for the Public Mental Health and Wellbeing Award at the Royal Society of Public Health (RSPH) Awards 2016 and the Trust had also been shortlisted for an Advancing Healthcare Award for its contributions to public health.</p> <p>The public health lead within YAS had been invited to speak as an advocate for the ambulance service and public health at both the national Public Health England conference and annual Local Government Association/Association of Directors of Public Health conference.</p> <p>The opportunity had arisen to second YAS' public health lead to North West Ambulance Service as part of the work of the Northern Ambulance Alliance (NAA) and this would provide opportunities for shared learning and expertise. Public health work benefitted from 'scale' and the secondment would aid with capturing a greater populous across the North of the country.</p>	

		Action
	<p>The ambulance sector had a unique opportunity within the public health/health and wellbeing agenda as staff were invited into people's homes and, where it was appropriate to do so, could offer advice/interventions and signpost patients to other services/agencies.</p> <p>The Board discussed some of the relevant initiatives that the Trust had been involved in including the YAS referral pathway into local alcohol services and Breathe 2025 (children born in a place free from tobacco).</p> <p>The Chairman thanked JM for the useful and informative update. She noted it was difficult to measure the success of public health initiatives due to the long timescales involved emphasising that 'every contact counted'.</p> <p>Approval: The Board noted the update and the importance of the public health agenda within YAS and supported the key areas and opportunities in which would be progressed for the next financial year.</p>	
5	STRATEGY, PLANNING AND POLICY	
5.1	<p>For Approval: Northern Ambulance Alliance Board Updated Terms of Reference</p> <p>The paper requested Board approval for the updated Terms of Reference (ToR) of the Northern Ambulance Alliance Board (NAAB).</p> <p>BS referred to Page7, paragraph 19.1 of the ToR (Termination of Membership) and suggested that the wording did not take into account that it might be the Chairman or the Lead Chief Executive of the NAAB that might want to terminate the agreement.</p> <p>Action: To consider the wording of page 7, paragraph 19.1 to include that it might be the Chairman or the Lead Chief Executive of the NAA Board (NAAB) that might want to terminate the agreement.</p> <p>RB suggested that following the legal advice received it would be useful to include some examples under page 2, paragraph 7 – Decision Making.</p> <p>Action: To consider the inclusion of examples under page 2, paragraph 7 – Decision Making.</p> <p>Approval: Subject to the amendments outlined above the Board approved the Norther Ambulance Alliance Board's Terms of Reference.</p>	<p>AA</p> <p>AA</p>
5.2	<p>For Approval: Compliance with Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions, V.2.3, January 2017:</p> <p>I. Appointment of Committee Chairpersons;</p> <p>II. Terms of Reference of the Trust Executive Group.</p> <p>The paper requested that, in compliance with the Standing Orders, Reservation and Delegation of Powers (SOs) V2.3 January 2017, the Board approved:</p>	

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	<p>I. Appointment of Committee Chairpersons; II. Terms of Reference of the Trust Executive Group.</p> <p>Approval: The Board approved, in compliance with the Standing Orders, Reservation and Delegation of Powers (SOs) V2.3 January 2017:</p> <p>I. Appointment of Committee Chairpersons; II. Terms of Reference of the Trust Executive Group.</p>	
5.3	<p>For Assurance: Review Register of Interests and Hospitality Register 2016/17 The paper requested that the Board reviewed and approved the Register of Members' Interests including the Trust's hospitality Register 2016/17.</p> <p>MB referred to a potential declaration of interest and agreed to speak with AA outside of the meeting.</p> <p>Approval: The Board reviewed and approved the Register of Members' Interests including the Trust's hospitality Register 2016/17.</p>	
5.4	<p>For Assurance: Review of Trust Seal The paper requested that the Board reviewed and approved the Register of Use of the Trust Seal 2016/17.</p> <p>Approval: The Board reviewed and approved the Register of Use of the Trust Seal 2016/17.</p>	
6	PERFORMANCE MONITORING	
6.1	Charitable Funds Committee – Nothing to report since the last Board meeting of 31 January 2017	
6.2	Audit Committee – Nothing to report since the last Board meeting of 31 January 2017	
6.3	<p>Quality Committee: Minutes of the meeting held on 8 December 2016 and Committee Chairman's Report of the last meeting held on 9 March 2017 The Board noted the Minutes of the meeting held on 8 December 2016.</p> <p>EM provided an update in PD's absence. The Quality Committee had noted the excellent continuing work on cardiac arrest survival. Assurance was received from the NHS111 service line report and good CQC report and the Committee recognised the significant challenges particularly in relation to clinical recruitment. Concerns had been expressed in relation to hospital turnaround times but the Committee was assured by the significant work with partners both locally and nationally in this regard. Further updates on the integration of the CQC action plan following the Quality Summit had been requested as was further assurance in regard to the governance arrangements within education and training.</p>	

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	<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>	
6.4	<p>Finance & Investment Committee: Minutes of the meeting held on 8 December 2016 and Committee Chairman's Report of the last meeting held on 9 March 2017 The Minutes of the Meeting held on 8 December 2016 were noted.</p> <p>JN reported that much of the discussion at the Finance and investment Committee on 9 March had mirrored the Board discussions of 28 February 2017. The Committee welcomed the working with the Northern Ambulance Alliance and the potential for savings through joint working. The Committee had noted the PTS bids for the East Riding of Yorkshire and South Yorkshire and the negative impact on the Trust should these not be secured. Further assurance was requested in relation to the Cost Improvement Programme.</p> <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>	
6.5	<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 the meeting and for their positive contributions.</p> <p>The Chairman summarised the discussions that had taken place at the meeting.</p> <p>The meeting finished at 1230 hours.</p>	
7.	<p>REGULATORY REPORTS</p> <p>There were no Regulatory Reports.</p>	
8.	<p>FOR INFORMATION</p> <p>No Items.</p>	
	<p>To be resolved that the business to be transacted is of a confidential nature and that under the terms of the Public Bodies (Admission to Meetings) Act, 1960, Section 1, subsections 2&3, the Press and the public to be excluded from this part of the meeting.</p>	

		Action
9.	Date and Location of the Annual General Meeting and Next Meeting of the Trust Board Held in Public: 30 May 3017, Trust HQ, Kirkstall & Fountains, Springhill 2, Brindley Way, Wakefield, WF2 0XQ	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **INTERIM CHAIRMAN**

_____ **DATE**