



Trust Board Meeting held in Public

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

Date: Tuesday 31 January 2017

Time: 0945 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
Ronnie Coutts	(RC)	Non-Executive Director
Roberta Barker	(RBa)	Director of Workforce and Organisational Development (Interim)
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
Robert Toole	(RDT)	Executive Director of Finance (Interim)

Apologies:

Ronnie Coutts (RC) Non-Executive Director

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
Hazel Claxton	(HC)	Regional Operations Centre Manager
David Bolam	(DB)	Public Member (North)
John Cunnington	(JC)	YAS Forum Member (East)
Karamjeet Singh Virdee	(KV)	YAS Forum Member (West)

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

		Action
	The meeting commenced at 0945 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>PD advised that she was now a Governor of Calderdale College and that if any conflict of interest should arise then she would leave the meeting.</p>	
2	<p>Minutes of the Meeting held on 31 May 2016 and 27 September 2016 including Matters Arising (not on the agenda) and Action Log The Minutes of the Trust Board Meeting in Public held on 31 May 2016 and 27 September 2016 were approved as a true and fair representation of the meeting subject to the following amendment.</p> <p>Matters Arising There were no matters arising from the minutes.</p> <p>Action Log: RB guided the Board through the action log.</p> <p>PB-436 – PDRs, Competencies and Behaviours – RB advised this would be covered at the Trust Board meeting in Private later that day. Action closed.</p>	
3	<p>Chairman's Report The Chairman referred to the excellent pre-Board presentation provided by Karen Warner, Deputy Director of Quality and Nursing where the Board had heard about the quality developments to date and some of the innovative work the Trust was planning in this area.</p> <p>She updated those present on what she had been involved with since the last meeting in Public on 27 September 2016. There had been a significant amount of work and engagement on the Operational Plan and Financial Plan 2017/18-2018/19 to ensure that it was submitted to NHS Improvement (NHSI) by 23 December 2016.</p> <p>She explained that she continued to Chair the YAS Forum where there had been positive progress on developing the collaborative approach to the Forum meetings. This had been particularly relevant as NHSI had paused the Foundation Trust process.</p> <p>She continued to attend the Provider Chairs meetings and the Northern Ambulance Alliance meetings. She advised that the Ambulance Leadership Forum was due to take place the following week and there would be several representatives from YAS.</p> <p>She referred to NHSI's 'Model Hospital' where it was anticipated that there would be a portal to enable comparison of costs with other Trusts. This was currently focused on the Acute Hospital system and it was expected that similar models would be developed for the ambulance sector and the community sector.</p>	

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	<p>The Board heard that the 'Model Hospital' indicators would be built into the Care Quality Commission Well-Lead Framework and Self Assessments and that until an ambulance sector model was developed then ambulance Trusts would be required to do a 'read-across' from the hospital version.</p> <p>The Board noted that there had been a national NHS Improvement (NHSI) Programme Board review of Ambulance Services the previous day. Discussion took place in relation to comparing 'like for like' across the sector to ensure that genuine comparison could be made.</p>	
4	QUALITY, SAFETY AND PATIENT EXPERIENCE	
4.1	<p>Patient Story</p> <p>The Board watched a video which had been provided to the Board in July 2016; the story had been updated to provide the Board with lessons learned and progress on their implementation.</p> <p>The story was in relation to a patient who had experienced difficulties carrying her own equipment on a Patient Transport Service (PTS) vehicle. Following a complaint to the Trust by the patient the process was reviewed and updated so that patients could take their own medical equipment. However, on subsequently using the service it appeared that this process had not been communicated sufficiently to frontline staff as the patient still encountered issues.</p> <p>The Board noted that the Trust had many lessons to learn from this patient experience particularly in relation to flexibility around a patient's own equipment and also in listening to patients.</p> <p>The difference between an emergency situation and planned transport was noted by the Board and that in an emergency situation it would not always be possible to take a patient's own equipment as there was no solution to safely secure this at present. Where advanced care plans were in place a family member and/or carer could be contacted to bring personal equipment to the receiving hospital.</p> <p>The Chairman asked that an update report to be brought back to the Board in six months' time in relation to further actions that had taken place embed the Policy for the benefit of this group of patients.</p> <p>Action: An update report to be brought back to the Board in six months' time in relation to further actions that had taken place to resolve the issues regarding the use of a patient's own equipment on PTS vehicles.</p> <p>Approval: The Board noted the Patient Story and lessons learned.</p>	SP
4.2	For Assurance: Care Quality Commission Inspection (CQC) (Sep-Oct 2016) Update	

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<p>The Board heard that it was expected that the results of the CQC inspections which took place in September and October 2016 would be published imminently. The Trust had had sight of the reports but the information was embargoed until it was publically released by the CQC and the Chairman encouraged those present to look out for the announcement.</p> <p>The CQC reports had shown positive movement across all service lines since the 2015 CQC inspection. There would be communications sent out to key staff and stakeholders informing them of the results.</p> <p>A Quality Summit would take place with the CQC, NHSI and key stakeholders to discuss YAS' action plan and what the Trust's staff and partners could do to help these be delivered.</p> <p>Approval: The Board noted the update.</p>	
<p>4.3 For Approval: Quality Account Draft Priorities for 2017/18</p> <p>The paper presented the proposed 2017-18 quality improvement priorities to be included in the YAS 2016-17 Quality Account which had to be submitted to the Secretary of State for Health by 30 June 2017.</p> <p>The proposed quality improvement priorities were determined through the national agenda, the five year Integrated Business Plan (IBP), the 2015-18 Clinical Quality Strategy, learning from incidents and complaints and patient feedback; and further through internal and external consultation.</p> <p>He outlined the proposals:</p> <ul style="list-style-type: none"> • Patient Safety <ul style="list-style-type: none"> ○ Improving emergency ambulance response times for patients; ○ Development of the Trust's role in care co-ordination across the urgent and emergency care system, with particular focus on care closer to the home and improved information sharing across care boundaries; • Patient Experience <ul style="list-style-type: none"> ○ Maintain effective patient feedback systems to ensure learning is identified and shared. Additionally develop methodology to ensure robust analysis of all adverse events and patient and staff feedback. This includes root cause analysis, appreciative enquiry and greater involvement of families and carers to inform organisational change; • Clinical Effectiveness <ul style="list-style-type: none"> ○ Develop a patient centred pathway which enables best practice for patients who have suffered a stroke. <p>The evidence based stroke pathways were well established and that the patient should be treated within three hours; currently this was split between 60 minutes for emergency transport, 60 minutes for a hospital scan and 60 minutes for a diagnosis. The rationalisation of acute stroke services across the region had meant that in some cases ambulances could not transport a patient to a unit within 60 minutes due to distance of travel. The Trust was</p>	

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<p>working with provider partners to try and get the best and quickest care pathway for the patient.</p> <p>If there were any issues arising from the CQC inspection report then these would be factored in to the Trust's quality improvement priorities.</p> <p>TG asked whether there was any intention by Commissioners to deliver cross boundary CQUINs, for example with Acute Trusts.</p> <p>SP advised that there had been attempts with Commissioners to join up CQUINs where appropriate to do so but this had not been implemented to date. He added that there were some CQUINs where there was a duty to liaise with hospitals to facilitate positive change. He emphasised that the Trust could not agree to CQUINs where the Trust had no control over outcomes.</p> <p>PD advised that the proposals had been discussed at the Quality Committee on 8 December 2016. The challenges had been noted, particularly in relation to the influenza vaccine for staff. The Quality Committee had recommended the report to Board.</p> <p>Approval: The Board noted the update and approved the proposals for quality improvement priorities for inclusion within the YAS 2016-17 Quality Account.</p>	
<p>4.4 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 September 2016 to 25 January 2017 and the key variances/movements contained within the December Integrated Performance Report (IPR).</p> <p>There had been an on-going pressurised winter period which had resulted in capacity challenges for the ambulance and Acute sectors. There had been sustained pressure on ambulance turnaround times and spikes in demand. The acute sector had experienced significant challenges and had reduced elective activity to cope with the demand.</p> <p>RB welcomed Hazel Claxton, Regional Operations Centre Manager to the meeting and explained that she was representing the Regional Operations Centre team.</p> <p>The Board heard about the important work undertaken by the Gold Centre that sometimes was not recognised as they worked behind the scenes. The team dealt with the complex issues involved when spikes in demand took place and faced significant challenges in relation to hospital turnaround times and resultant capacity issues. They had been unsung heroes during the winter pressures period and RB asked the Board to join him in thanking the team.</p>	

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<p>DM echoed RB's statement and advised that there were 5 Regional Operation Centre Managers who provided a 24/7 365 days per year service. He also expressed his thanks to the team and acknowledged the difficult decisions they made in a challenging environment.</p> <p>The Chairman asked HC to pass on the Board's thanks to her colleagues and thanked her for attending the meeting.</p> <p><u>Chief Executive's Report</u></p> <p>The A&E contract negotiations had been challenging but that settlement had been achieved before external arbitration commenced. It was noted that the contract negotiations had been undertaken in a professional and evidence based way and the Trust had received an improved A&E contract settlement from the Commissioner's the original offer.</p> <p>The Department of Health (DoH), NHS Employers and ambulance unions had agreed that Paramedics would be re-banded nationally from band 5 to band 6 in recognition of the increasing responsibilities of being a modern Paramedic.</p> <p>The loss of the Hull Patient Transport Service (PTS) contract was noted. The HR team was working on the transfer of staff to the new provider under the Transfer of Undertakings (Protection Employment) (TUPE) arrangements.</p> <p>The Trust had been shortlisted for the South Yorkshire PTS contract and the organisation had received positive feedback from the competitive dialogue stage.</p> <p>The financial challenges which the Trust was experiencing due to a number of reasons including a significant increase in A&E demand that was not being funded, the pressures of the hospital reconfigurations across the region and the loss of the Hull PTS contract. Achieving the Quarter 4 financial forecast would be particularly difficult for the Trust.</p> <p>The Trust had achieved level 2 in the Single Oversight Framework (level 1-4 with 1 being the highest), the CQC inspection feedback had highlighted positive movement since the previous inspection in 2015. The Trust was enhancing clinical triage through the West Yorkshire A&E Accelerator Zone and demonstrating innovative practice in this regard. The Trust continued to be part of the Ambulance Response Programme (ARP) Pilot and the Trust benchmarked against the other Trusts within the pilot.</p> <p>NHSI was undertaking a review of ambulance services in response to the current challenges and pressures faced by the sector. The review was at an early stage but it was expected it would address efficiency, collaboration and a 'fit for purpose' service. There was representation on the review from the Northern Ambulance Alliance (NAA).</p> <p>Emma Bolton, Director of Estates and Facilities had started with the Trust and was undertaking a review of the estate portfolio with recommendations</p>	

expected in due course. Mark Bradley had been appointed to the post of Executive Director of Finance and he would take up post on 1 March 2017.

RB offered his thanks to RDT for the excellent work he had undertaken over the past 18 months. RDT would leave the Trust after a brief handover with the new post-holder.

Significant progress was being made in relation to the review of YAS' Strategy, Vision and Values and this would be presented in detail at the Private meeting later that day.

PD remarked that it was disappointing that the Trust had not achieved a 1 in the Single Oversight Framework due to overspending on the Agency Cap.

RB responded that good progress had been made in this regard with posts being scrutinised to find alternative solutions. The Trust was seeking to substantively recruit into roles to further reduce agency spend.

RBa added that there was a new process in place for:

- the approval of agency staff;
- current agency staff;
- developing an in-house Bank;
- review of agencies used by the Trust to ensure that they were on the supplier framework.

TG suggested that the organisation should have the ability to flex its workforce to maintain financial balance.

RBa agreed that where there were peaks in demand that agency employment was effective. The Trust needed to ensure that the organisation was getting the best value for money from external agencies and strengthen its own in-house bank.

Operations Directorate

There had been unprecedented demand in A&E Services over the winter and festive period with demand currently running over 6% of predicted levels. Strategic Commanders and Medical Incident Commanders had been frequently called upon along with their on call teams to manage the demands on the service and ensure that both patients and staff were appropriately looked after.

The challenges and difficulties with the increased demand over the past few months were noted acknowledging the incredibly busy environment that staff were working within to ensure that a safe A&E service was delivered.

A&E transformation work continued including the significant piece of work on rotas.

PD asked whether there had been any significant patient events due to hospital turnaround times.

DM advised that the Trust continued to monitor the situation closely and where the Trust had concerns in relation to a patient this had been escalated to the Acute Trust at an Executive Director level. The Acute Trusts were operating in very challenging circumstances and YAS' Executive Team had liaised with those hospitals where there were unacceptable delays to work together in partnership to mitigate any risk to patients.

Planned and Urgent Care Directorate

PTS performance was positive for both inward journeys and call answering. Outward journeys continued to improve month on month and was only 1% below target.

The renal performance continued to improve with YAS' PTS Renal Engagement Lead working closely with Leeds Teaching Hospitals Trust, renal staff and patients. The Trust had received some very positive feedback over the past two months from both staff and patients.

The final tender document for the PTS South Yorkshire bid was due to be submitted by 22 February 2017. There had been two dialogue sessions and the Trust had scored positively on quality. The Trust had been successful in four of the five lots, with the Doncaster/Rotherham/Barnsley being the unsuccessful lot.

The Trust would be submitting a bid for the PTS East Riding contract.

The NHS 111 service had performed well over the festive period and this position had been recognised nationally by NHS England and commended by local Commissioners.

There had been a significant focus on clinical recruitment since September 2016 with many successful developments including; remote/home working; additional specialists for the Clinical Advisory Service and an increase in senior Clinical Floor Walkers.

Despite 195 applicants and 111 interviews there had only been 34 full time equivalent (FTE) candidates progressing since the Autumn 2016. A handful of staff had been given start dates for March 2017 and the overall workforce continued to reduce. A workshop had taken place with the aim to understand the low take-up from recruitment and some of the ideas from this would be developed.

There had been developments with the West Yorkshire Urgent Care Accelerator Zone with the NHS 111 team being involved in several projects including 'In-house booking' where 20 GP Practices would go live with the system in January/February 2017.

Following a Serious Incident at Easter (2016) within the West Yorkshire Urgent Care service there had been an independent Review into the service. The report was expected in February 2017.

The Board discussed the forthcoming year's contracts for the NHS 111 service and the West Yorkshire Urgent Care service and how these might be

taken forward.

The Trust was working with the voluntary sector to promote working within the ambulance service. YAS had put in a bid with the Red Cross and had been awarded £50k for a five month period. The Red Cross would manage this project.

PD referred to the IPR and remarked that it was good news in relation to non-conveyance rates and queried if it had negatively impacted on job-cycle times.

DM responded that alternatives to conveyance could increase job-cycle time but that staff always acted in the best interests of the patient. He added that hospital turnover was the biggest challenge in terms of job-cycle times.

PS asked whether Commissioners had understood the wider impact of not renewing PTS contracts with YAS in relation to capacity to support major incidents.

DM responded that YAS' ability to respond to a major incident came with its access to vehicles and personnel and although the same duty would be placed on private providers the reality was that they would not have the ability or resource to respond to such an incident. He added that the Trust had emphasised this with Commissioners.

Clinical Directorate

YAS was the first ambulance service to use Ketamine for pain relief by the Red Arrest Team (RAT). This was a positive move for the Trust and enabled staff to administer stronger pain relief to patients.

The Airewaves 2 trial now had 2000 patients and that YAS was a major recruiter for the trial.

YAS had been shortlisted for an award within Public Health in relation to its alcohol referral pathway.

Quality, Governance and Risk Assurance Directorate

The Trust had received correspondence from the Bishop of Liverpool in relation to the review he was overseeing on the families experience of the inquiries into the Hillsborough disaster.

Workforce and Organisational Development Directorate

The senior HR team had now been recruited which would enable the team to start taking the Directorate forward.

The Board noted the Bear Scotland Employment Tribunal case outcome in relation to non-guaranteed overtime the calculation within holiday pay. All ambulance Trusts were working together for a consistent and fixed approach in this regard. It was noted that some Trusts were further down the process than others with one Trust going to Tribunal in March 2017.

The Board received an update in respect of the national Paramedic Band 5 to Band 6 re-banding. This brought a potential cost issue to the Trust and significant work in order to ensure that the workforce met the requirements of the national Band 6 Paramedic role.

The National Staff Survey had been sent to all staff and the Trust had achieved a 37% return rate. A detailed report was expected imminently and comparator results would be published on 7 March 2017.

A comprehensive review of statutory and mandatory training requirements was being undertaken across the Trust. A governance structure would be implemented to ensure appropriate mandatory training competencies had been allocated to posts and that suitable delivery methods were being used to support all staff to become fully compliant.

The Board noted the significant work being undertaken within Diversity and Inclusion and that the Steering Group chaired by DM had been well attended.

TG asked whether the Trust was a net loser in terms of the apprenticeship levy.

RBa responded that at present the Trust was a net loser and the Trust was investigating ways to mitigate this.

BS asked why there was a high turnover in relation to qualified clinical staff and whether turnover was consistent across the organisation.

RBa responded that she hoped the Staff Survey results would provide some explanation in this regard. The Trust was also implementing a more robust exit interview process which should also provide meaningful feedback. Communication work was also being developed to tell the YAS 'story' and the YAS 'offer'. She explained that different parts of the organisation had higher staff turnover than others.

DM added that attrition was still higher than the Trust would expect but the attrition rates did compare favourably to other ambulance services.

Finance Directorate

There had been some significant work undertaken within the Directorate, particularly in relation to the Contracts Team and the Estates Team. The Procurement Team continued to ensure that procurement activity delivered value for money and delivered savings. The Business Intelligence Team had been working with A&E Operations developing data activity sets as part of the transformation programme.

The Trust would be notifying NHSI that its year-end outturn forecast would be changing. This would be discussed in detail at the Private Board later that day. A number of factors had resulted in this change in outturn forecast position including that the Trust had not been funded for the level of activity it was experiencing. RB advised that the Trust was instigating formal

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<p>mechanisms to resolve the funding issue in relation to outstanding invoices for extra contractual activity and acute service changes.</p> <p>A significant number of new A&E vehicles and HART vehicles had been purchased under the Capital Plan although there had been some slippage in relation to the Hub and Spoke Programme and finding a suitable site for the Doncaster 'hub'. The Trust would not be investing in a single training facility at present.</p> <p>BS remarked that the Cost Improvement Plans (CIPs) appeared to be behind target and asked what the Trust was doing to rectify that position.</p> <p>RDT responded that the Trust had positively progressed with the CIPs and explained that the efficiency gains made had been offset by the extra sustained demand that the Trust had faced. He emphasised that the Trust Executive Team was continually challenging itself to deliver CIPs whilst ensuring it maintained a safe patient service.</p> <p><u>Planning and Business Development Directorate</u> The team had been involved in the A&E contract negotiations and a significant amount of work had been undertaken in developing the Operational Plan 2017/18-2018/19. The team was also supporting the PTS South Yorkshire and east Riding bid team.</p> <p>The ongoing development of YAS' Strategy would be discussed in detail at the Private meeting later that day.</p> <p>Fundamental work with stakeholders across a complex geography was being developed and YAS was represented on the A&E Delivery Boards across the region.</p> <p>The Chairman thanked RB and team for their updates and noted the number of positive developments within the Trust.</p> <p>Approval: The Trust Board noted and discussed the variances contained within the December 2016 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>4.5 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 Board noted the new risks which had been added to the CRR since the last Trust Board meeting.</p> <p>The paper provided an update on changes to the BAF including planning for re-casting of the BAF for 2017/18 in the context of a review of risk rating projections for Quarter 3 and key milestones for Quarter 4. In addition it</p>	

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<p>highlighted changes to the Corporate Risk Register.</p> <p>The Board noted the key milestones and actions which were due in Quarter 4 and the impact on the assessment of actual versus projected risk ratings on the BAF for the final quarter of the current financial year.</p> <p>In relation to Principle Risk 1b - 'Lack of compliance with key regulatory requirements including Care Quality Commission (CQC), Health and Safety Executive (HSE), Information Governance Toolkit (IGTK) due to inconsistent application across the Trust' - the Trust expected the CQC report imminently and the Information Governance Toolkit submission was due 31 March 2017. The Trust aimed to achieve a score of 85% which included 2% uplift from last year and equated to movement of 2 standards from level 2 to level 3 and maintained the remaining 33 standards at the 2015/16 level. It was noted that there had been an assessment undertaken on the Information Governance Management Framework and the recommended changes were being reviewed through the relevant management groups.</p> <p>PD advised that the Quality Committee (QC) had gone through the BAF and CRR in detail in December and that exceptions had been highlighted in the various reports received by the Committee.</p> <p>RB referred to Risk 857 'Management Capacity ICT' and asked that this be reviewed to ensure that it was appropriate for this to be removed from the CRR at this time. It was noted this related to on-call cover capacity.</p> <p>Action: For TEG to discuss risk 857 'Management Capacity ICT' to review whether it was appropriate for it to be removed from the CRR.</p> <p>BS asked whether there were more high/red rated risks than previously and when would these be reviewed.</p> <p>SP responded that the risks would be reviewed at the Board Development Meeting on 28 February 2017.</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>SP</p>
<p>4.6 For Assurance: Bi-Annual Report: Significant Incidents/Lessons Learned</p> <p>The report provided an update on significant events highlighted through the Trust reporting systems and by external regulatory bodies and provided assurance on actions taken to effectively learn from adverse events. The report covered Quarters 1 and 2 2016/17.</p> <p>The Board noted the number and reasons of Serious Incidents (SIs) for Quarters 1 and 2. It was noted that SIs were identified and acted upon immediately by the Trust.</p>	

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<p>Incidents/Lessons Learned were being effectively monitored and addressed.</p>	
<p>4.7 For Assurance: Mid-Year Review The Board received a presentation on the Operating Plan 2016/17 Mid-Year Review. It was noted this had been presented at the Board Development Meeting 8 November 2016.</p> <p>The Board noted the progress made by the Trust in most areas.</p> <p>Areas that required further improvement or action were highlighted to the Board.</p> <p>Approval: The Board noted the progress made to date against the Operating Plan 2016/17.</p>	
<p>4.8 For Assurance: Quarter 4 Assessment of A&E Delivery Against Trajectory The paper provided a formal quarterly update in relation to the A&E Transformation Programme as outlined in the Business case presented to the Board on 15 December 2015.</p> <p>The A&E Directorate currently had a positive workforce position in line with the budget forecast for March 2017. A number of vacancies had been held awaiting the outcome of the PTS contracts in Hull, East Riding and South Yorkshire.</p> <p>Progress had been made with A&E staff rotas and consultation continued with staff. Unison had put an indicative ballot question to their members on satisfaction with the rotas but on the whole there had been a positive response in this regard. Any outstanding issues were being addressed. Capacity issues in the East Riding and Hull might delay the rotas in these areas. It was noted that the rotas were currently 94% compliant with Trust policy (of 95% compliant).</p> <p>The A&E management structure had been out to consultation. There had been a number of internal appointments to roles and some new roles had gone out to advertisement. Further updates would be given on this process as it developed.</p> <p>In addition to the transformation work and the winter pressures there had been a significant amount of work that had taken place on the Ambulance Response Pilot.</p> <p>EM welcomed the positive progress made on the rota consultation and noted her compliments to DM and team.</p> <p>Approval: The Trust Board noted the update and took assurance that actions</p>	

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	<p>were in place to support improvements in A&E performance.</p>	
<p>4.9</p>	<p>For Assurance: Lessons Learned from Impact on Patient Transport Service Renal Patients</p> <p>The paper provided assurance to the Board that robust systems and processes had been put in place to further improve the service which was provided to renal patients and included lessons learned and progress in their implementation. The paper demonstrated that the Trust was working closely with Clinical Commissioning Groups (CCGs), renal clinics, patients and the Kidney Patients Association (KPA) on a regular basis.</p> <p>The Board heard that in May 2016 the Trust introduced a number of changes in the way it operated PTS in Leeds. In addition, at the same time 'Auto-Planning' was introduced to PTS which was closely linked to the Resourcing and Logistics functions. In June 2016 these changes were replicated to the whole of West Yorkshire. Following these changes the Trust received an abnormal amount of complaints from renal patients as the new system had caused them issues. The Trust immediately reverted to previous protocols for renal patients and put an action plan in place to resolve issues.</p> <p>SP remarked that the Trust acknowledged that it was a significant event which had significant impact on renal patients. Part of the lessons learned was to improve communication and engagement with patients when implementing changes to services. He was pleased to say that the service had since improved its performance.</p> <p>Approval: The Board noted the update and gained assurance that robust systems and processes had been put in place to further improve the service which was provided to renal patients and that lessons had been learned.</p>	
<p>5</p>	<p>STRATEGY, PLANNING AND POLICY</p>	
<p>5.1</p>	<p>For Assurance: Two Year Operational Plan 2017-18 to 2018-19</p> <p>The Board noted the paper which had been discussed extensively on the lead up to 22 December 2016, the date of submission to NHSI.</p> <p>The document was 'a point in time' and had been produced in a short timescale following the deadline being pulled forward by NHSI. The assumptions that the Trust had made when developing the Operational Plan and the Financial Plan had been made explicit in the report which followed the template guidance provided by NHSI.</p> <p>JN referred to the financial challenges faced by the Trust and some of the initiatives which might positively impact on these such as the Northern Ambulance Alliance (NAA) and Cost Improvement Plans however, he reflected that the Trust no longer had the benefit of financial reserves which was of concern. He asked at what point the Trust would receive intervention by NHSI.</p>	

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<p>RDT responded that if the Trust veered from its agreed financial plan then NHSI would immediately intervene.</p> <p>Discussion took place in relation to the budget and the challenging period over the next three months.</p> <p>The Chairman thanked LM for the update and emphasised that it was a 'working' document.</p> <p>Approval: The Board noted the Final Two Year Operational Plan 2017/18 – 2018/19 which had been submitted to NHS Improvement on 22 December 2016.</p>	
<p>5.2 For Approval: Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions, V.2.3, January 2017 including Committee Terms of Reference of:</p> <ul style="list-style-type: none"> I. Audit Committee; II. Auditor Panel; III. Finance & Investment Committee; IV. Quality Committee; V. Charitable Funds Committee; VI. Remuneration & Terms of Service Committee. <p>The Board noted the paper which asked for approval of the draft updated Standing Orders and Standing Financial Instructions (SOs/SFIs) V2.3 January 2017 including each of the associated Level 2 Committee Terms of Reference.</p> <p>The Chairman remarked that the SOs and SFIs had been discussed extensively in various forums by Board Members. She thanked AA and SP for the work that they had undertaken on updating the documents.</p> <p>AA thanked Perry Duke, Head of Financial Services and other colleagues for the work undertaken on the SFIs.</p> <p>Approval: The Board noted the update and approved the Standing Orders and Standing Financial Instructions V2.3, January 2017 and each of the associated Level 2 Committee Terms of Reference.</p>	
<p>5.3 For Approval: YAS' Charitable Funds Annual Accounts and Trustee Annual Report</p> <p>The paper presented to the Board the independently examined 2015/16 Annual Accounts and Trustee Annual Report.</p> <p>The Charitable Fund had supported a number of different projects including community public access defibrillators and the Restart a Heart event in October 2016. Recruitment was taking place to employ a Fundraising Manager to further enhance the day to day running of the charity.</p> <p>JN referred to previous discussions in relation to the risk around the charity</p>	

	Action
<p>not expending its funds sufficiently and he wondered whether plans were in place for both the short term and longer terms to ensure that funds were expended appropriately.</p> <p>EM explained that the plans were in place as part of the three-year Strategy for the charity. Progress had been made this year and it was expected that there would be further progress in the coming year.</p> <p>The Chairman remarked that the work of the charity impacted positively on local communities across the region.</p> <p>JM formally thanked the charity for the continued support of the YAS British Association for Immediate Care (BASICS) scheme by providing equipment and training to the BASICS Doctors.</p> <p>Approval: The Board noted and accepted the 2015/16 Charitable Fund Annual Accounts and Trustee Annual Report.</p>	
<p>5.4 For Approval: Resilience & Special Operations Half Yearly Report The report provided an update and assurance to the Board on the Emergency Preparedness Resilience and Response (EPRR) work streams. The Board had previously discussed this report at the Private Board meeting on 8 November 2016.</p> <p>Approval: The Board noted the update and gained assurance of the Trust's compliance and progress with the Emergency Preparedness Resilience and Response.</p>	
<p>5.5 For Approval: Statement of Compliance for Emergency Preparedness Response and Recovery The report asked the Board to approve the Emergency Preparedness, Response and Recover (EPRR) Statement of Compliance as set out in the NHS England EPRR Assurance Core Standards Matrix 2016-17 underpinned by the NHS England planning framework and the 2013/14 NHS standard contract (Service Condition 30, page 25).</p> <p>Although the Board had previously discussed this report at the Private Board meeting on 8 November 2016 it was required to be received at a Public Board meeting.</p> <p>Approval: The Board noted the update and retrospectively approved the Statement of Compliance at the Public Board (x3 South and West Yorkshire, North Yorkshire and the Humber) at Substantial.</p>	
<p>6 PERFORMANCE MONITORING</p>	
<p>6.1 Charitable Funds Committee – Minutes of the meeting held on 11 October 2016 and Committee Chairman's Report of the last meeting 17</p>	

	Action
<p>January 2017 The Board noted the Minutes of the meeting held on 11 October. The Board had discussed this item as part of item 5.3 of the agenda.</p> <p>Approval: The Trust Board noted the Minutes and was assured by the discussions within the Charitable Funds Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</p>	
<p>6.2 Audit Committee – Minutes of the meeting held on 6 October 2016 and Committee Chairman's Report of the last meeting 12 January 2017 The Board noted the minutes of the meeting held on 6 October 2016.</p> <p>BS thanked JN for chairing the Audit Committee on 12 January 2017 in his absence. He reported that the Audit Committee continued to receive assurance from the Quality Committee and Finance and Investment Committee on the items within their remit. The Committee continued to receive assurance from Internal Audit reports.</p> <p>Approval: The Trust Board was assured by the discussions within the Audit Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</p>	
<p>6.3 Quality Committee: Minutes of the meeting held on 15 September 2016 and Committee Chairman's Report of the last meeting held on 8 December 2016 The Board noted the minutes of the meeting held on 15 September 2016.</p> <p>PD reported that the Committee continued to receive assurance reports with risks highlighted appropriately. The reports which had been recommended to Board had been on the Board agenda.</p> <p>AA confirmed that the Bright Ideas presentation which PD had asked for was on the Board planner for a future meeting.</p> <p>Approval: The Trust Board was assured by the discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</p>	
<p>6.4 Finance & Investment Committee: Minutes of the meeting held on 15 September 2016 and Extraordinary Meeting of 22 November 2016 Committee Chairman's Report of the last meeting held on 8 December 2016 The Board received the minutes of the meeting held on 15 September 2016 and 22 November 2016.</p> <p>JN reported that the Committee had in depth discussions in relation to the Operational Plan and Financial Plan 2017/18 – 2018/19 particularly in relation to the forecasted outturn position for 2018.</p>	

		Action
	<p>Approval: The Trust Board was assured by the discussions within the Finance and Investment Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</p>	
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>	
7.	<p>REGULATORY REPORTS</p> <p>There were no Regulatory Reports.</p>	
8.	<p>FOR INFORMATION</p> <p>YAS Forum Report of the last meeting held on 11 October 2016. The Board received the report for information.</p> <p>The Chairman thanked the volunteers who made up the YAS Forum.</p> <p>The meeting finished at 1300 hours.</p>	
	<p>To be resolved that the business to be transacted is of a confidential nature and that under the terms of the Public Bodies (Admission to Meetings) Act, 1960, Section 1, subsections 2&3, the Press and the public to be excluded from this part of the meeting.</p>	
9.	<p>Date and Location of the Annual General Meeting and Next Meeting of the Trust Board Held in Public: 28 March 2017, Trust HQ, Kirkstall & Fountains, Springhill 2, Brindley Way, Wakefield, WF2 0XQ</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

INTERIM CHAIRMAN

DATE