



## Annual General Meeting

**Venue:** Lazarus Suite, Doncaster Racecourse, Leger Way, Doncaster, South Yorkshire, DN2 6BB

**Date:** Tuesday 29 September 2015

**Time:** 1130 hours

**Chairman:** Della Cannings

### Present:

#### Board Members:

Della Cannings	(DC)	Trust Chairman
Patricia Drake	(PD)	Deputy Chairman and Non-Executive Director
Erfana Mahmood	(EM)	Non-Executive Director
John Nutton	(JN)	Non-Executive Director
Barrie Senior	(BS)	Non-Executive Director
Mary Wareing	(MW)	Non-Executive Director
Rod Barnes	(RB)	Chief Executive
Dr Dave Macklin	(DM)	Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director
Steve Page	(SP)	Executive Director of Standards & Compliance
Robert Toole	(RDT)	Interim Executive Director of Finance & Performance

#### Apologies:

Ian Brandwood	(IB)	Executive Director of People & Engagement
Ronnie Coutts	(RC)	Non-Executive Director (Designate)
Andrea Broadway-Parkinson	(ABP)	YAS Expert Patient
Sgt Pat Casserly	(PC)	Appointed YAS Forum Member
Bob Kirton	(BK)	Appointed YAS Forum Member
Cllr Lynn Healing	(LH)	Appointed YAS Forum Member

#### In Attendance:

David Smithson	(DS)	Interim Head of Human Resources, YAS
Anne Allen	(AA)	Trust Secretary, YAS
Victor Benson	(VB)	CV4 Consulting (Observing)
Beverley Peacock	(BP)	CV4 Consulting (Observing)
John Cunnington	(JC)	YAS Forum Member, East
John Egglestone	(JE)	YAS Forum Member, West
Stan Hardy	(SH)	YAS Forum Member, West
Dennis Shaw	(DSh)	YAS Forum Member, South
Rod Spratley	(RS)	YAS Forum Member, South
Karamjeet Singh Virdee	(KV)	YAS Forum Member, West

Olivia Eames	(OE)	YAS Forum, Staff Member
Mark Wright	(MW <sub>r</sub> )	YAS Forum, Staff Member
Cllr Lynn Healing	(LH)	YAS Forum, Appointed Member
Omar Bennaser	(OB)	Public Member
David Bolam	(DB)	Public Member
Stephen Forster	(SF)	Public Member
Steve Gorton	(SG)	Public Member
Ian Lodge	(IL)	Public Member
Mike Simpkin	(MS)	Public Member
Matthew Todd	(MT)	Public Member
Amarjit Virdee	(AV)	Public Member
Jim Brown	(JB)	York Healthwatch
Kevin Larkin	(KL)	Doncaster Reporter & BBC Radio Sheffield
Bev Marshall	(BM)	Doncaster & Bassetlaw NHS Trust
Jayne Andrews	(JA)	Head of Safeguarding & Quality Assurance, YAS
Cheryl Astbury	(CA)	Clinical Duty Manager, NHS 111, YAS
Don Buxton	(DB)	Community & Commercial Education Trainer, YAS
John Cartwright	(JCa)	Vanguard Programme Lead, YAS
Karen Cooper	(KC)	Head of NHS 111 Service Delivery, YAS
Kate Edgar	(KE)	Quality & Risk Co-ordinator, YAS
Rosie England	(RE)	Volunteering, YAS
Elaine Gibson	(EG)	Head of Media Relations, YAS
Fiona Goulding	(FG)	Organisational Learning Facilitator, YAS
Dave Jones	(DJ)	Community Resilience, YAS
Mark Leese	(ML)	Interim Lead Manager, NHS 111, YAS
Luke Playford	(LP)	Committee Services Administrator, YAS
Jo Rawnsley	(JR)	Volunteer Co-ordinator, YAS
Craig Reynolds	(CR)	Quality & Risk Co-ordinator, YAS
Ali Richardson	(AR)	Foundation Trust Membership Manager, YAS
Karen Sellers	(KS)	Service Development Manager, NHS 111, YAS
Lorna Thornley	(LT)	Associate Director of Corporate Communications, YAS
Keeley Townend	(KT)	Associate Director of NHS 111, YAS
Karen Warner	(KW)	Associate Director, Quality & Nursing, YAS

**Minutes produced by:** (MG) Mel Gatecliff, Executive Officer

The meeting was preceded by a presentation, between 1045 and 1115, which was open to all members of the public. 'NHS 111 Service' was presented by Keeley Townend (KT), Associate Director of NHS 111 and was very well received by those present.

		<b>Action</b>
	The meeting commenced at 1130 hours.	
<b>1</b>	<p><b>Apologies / Declaration of Interests</b></p> <p>The Chairman welcomed everyone to the Annual General Meeting (AGM) of the Yorkshire Ambulance Service (YAS). She passed on her thanks to KT for an informative pre-meeting presentation which highlighted services available to patients through the '111' number and how they linked to the '999' emergency service to better meet the needs of patients presenting with non-life threatening conditions. Apologies were received as above and declarations of interest would</p>	

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	be noted during the course of the meeting.	
<b>2</b>	<p><b>Minutes of the AGM held on 30 September 2014 including Matters Arising not on the Agenda</b></p> <p>The minutes of the meeting held on 30 September 2014, which had been chaired by Deputy Chairman, PD, were approved as a true and fair representation of the meeting.</p> <p><b>Matters Arising:</b> There were no matters arising.</p>	
<b>3</b>	<p><b>Welcome from the Chairman of Yorkshire Ambulance Service</b></p> <p>The Chairman formally welcomed members of the public, representatives of partner organisations, YAS Forum members, volunteers and staff to the AGM. The Chairman stated that she was delighted to see such an excellent turn out for the meeting and encouraged those present to stay on and attend the Trust Board Meeting in Public later that day.</p> <p>The Chairman introduced herself and invited Board colleagues, both Non-Executive (NED) and Executive Directors, to introduce themselves to those present.</p> <p>The Chairman formally recognised the excellent work carried out by former NED, Elaine Bond, who had been Chairman of the Finance and Investment Committee (F&amp;IC) until leaving the organisation in May 2015 at the end of her term of office.</p> <p>The Chairman outlined the contents of the meeting's agenda, which would look at the Trust's achievements and performance during the 2014/15 financial year. She stated that 2014/15 had been a challenging year as YAS had continued to navigate through a significant period of transformation both internally and in the wider healthcare system.</p> <p>There had been several changes at Executive Director level as YAS continued to develop to take the organisation forward. The Chairman noted that the Trust had become a more effective and efficient organisation during the five years since her appointment as Chairman, attracting new business such as NHS 111 and increasing its involvement in new healthcare initiatives.</p> <p>The Chairman stressed the importance of every one of the Trust's 4,700+ employees and publically paid tribute to each one of them as YAS was a tremendous organisation with amazing staff. The Chairman stated that she was always impressed by YAS' professional and caring front line staff when she went out on the road and witnessed them dealing with challenging illnesses, often in very difficult circumstances. She added that YAS' 'back office' staff were equally vital to the success of the organisation.</p> <p>In terms of the wider stakeholder environment, the Chairman paid</p>	

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<p>tribute to the Clinical Commissioning Groups (CCGs) which, although still relatively new organisations, had been supportive of YAS through difficult and challenging times.</p> <p>The Chairman stated that, as YAS was not yet a Foundation Trust (FT), it did not have a Council of Governors (COG). However, the YAS Forum had been established as a form of 'shadow' COG and it was good to see several YAS Forum representatives, both appointed and Public Members, present at that day's meeting.</p> <p>The Chairman stated that changes to the national approval process, which had delayed the Trust's progress towards becoming an FT had meant that the pathway to FT had become rather an extended journey for YAS. However, YAS was now well on course to becoming an FT, hopefully during the next 12 months.</p> <p>In terms of its FT pathway during 2014/15, the Chairman stated that:</p> <ul style="list-style-type: none"> <li>• YAS' Membership target had been exceeded with over 7,000 Public Members to date;</li> <li>• Over 90% of eligible staff were Members at the end of 2014/15;</li> <li>• YAS Forum, the forerunner to the Trust's Council of Governors made up of public, staff and appointed members, had held its inaugural meeting in July 2014;</li> <li>• The Trust continued to work closely with the NHS Trust Development Authority (TDA) towards FT status.</li> </ul> <p>The Chairman reiterated her thanks to YAS' staff and volunteers for all they did to care for the Trust's patients every day and thanked those present for listening to her update.</p>	
<p><b>4 Patient Story</b></p> <p>The Chairman stated that patient care was at the heart of the Trust's work. She explained that a patient story was provided at every Trust Board Meeting in Public and Annual General Meeting, either verbally or in the form of a filmed interview. This story would highlight the Trust's work and enable people to learn about steps being taken to further improve its services and the knowledge of its staff.</p> <p>The Chairman further stated that it was important for YAS' Board to hear about patients' experiences, which were the rationale for all of the Trust's work, to give Board Members real feedback on which to reflect and from which to learn.</p> <p>The Chairman stated that the Patient Story related to a thank you letter received by the Trust's NHS 111 service from the mother of an elderly patient, who had previously been impressed by the care and compassion shown to her late husband by the Paramedics who looked after him at the end of his life.</p> <p>During January 2015 the patient, who had been feeling unwell for</p>	

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<p>several days, took a turn for the worse and agreed to her daughter calling 111. The NHS 111 call operator that they spoke to was very pleasant and extremely professional and immediately made them feel at ease, helping to make a stressful situation more bearable.</p> <p>Following a long discussion, the patient was offered an appointment at Dewsbury District hospital but said that she did not feel well enough to go. They were told not to worry and after a short wait, during which time the operator obtained further clinical advice, a house visit from a doctor was arranged.</p> <p>The visit identified that changes to the patient's medication had caused the problem and thankfully there were no lasting issues.</p> <p>The patient's daughter stated it was reassuring to know that there were people working for YAS who not only provided a professional and efficient service but who also showed empathy and compassion to patients in their hour of need.</p> <p>The Chairman thanked everyone for listening to the patient story.</p>	
<p><b>5</b></p> <p><b>Review of the Financial Year 2014/15 and an Overview of Future Plans</b></p> <p>RB presented a review of the 2014/15 financial year and an overview of future plans. He stated that, in spite of the many challenges faced by the organisation during the year, progress continued to be made.</p> <p><b>A&amp;E Performance</b></p> <p>RB stated that 2014/15 had been a challenging year of high demand for both the ambulance service specifically and the healthcare sector as a whole. Ambulance queues at emergency departments and bed shortages had been some of the issues faced relating to the flow of patients through the system. YAS had responded to 730,417 emergency incidents, which was up by 3.4% on 2013/14.</p> <p>RB stated that YAS' top performing clinical outcomes were for cardiac survival and stroke, adding that demand for the most critically ill and injured patients had increased by over 11%. The Trust's A&amp;E performance for the year 2014/15 was:</p> <ul style="list-style-type: none"> <li>• Red 1 (8-minute) 69.92% (Target 75%)</li> <li>• Red 2 (8-minute) 69.35% (Target 75%)</li> <li>• Red (19-minute) 95.68% (Target 95%)</li> </ul> <p>National and local industrial relations problems had impacted on the delivery of response time standards.</p> <p>RB stated that the implementation of new A&amp;E staff rotas in February 2014 did not have the desired benefits for a number of reasons, including national and local recruitment issues.</p> <p>In common with the majority of other ambulance services, YAS had</p>	

been unable to achieve the Red 1/Red 2 performance standards. However, YAS' Red 19 performance remained one of the best in the ambulance sector.

RB expressed pride at the way in which the Trust's staff had worked together to support the front line clinicians over the winter period.

### **NHS 111**

RB thanked KT for her earlier presentation. He stated that YAS' NHS 111 service, which covered the whole of the regional patch plus areas in Lincolnshire and North Nottinghamshire, was one of the largest in the country.

The service had taken 1,403,780 calls by the end of 2014/15, 92.7% of which were answered within 60 seconds (92.0% nationally) with only 8.5% of calls transferred to 999 (9.3% nationally).

RB stated that YAS' role as a national pilot site for several areas meant that the regional service was helping to inform how the NHS 111 service developed nationally going forward.

### **Patient Transport Service (PTS)**

RB stated that the PTS improvement measures were starting to come to fruition. There had been 1.1m patient journeys and 1.2m miles had been driven by volunteers, the numbers of which had increased to almost 150 following a major recruitment effort.

There had been a major fleet upgrade, with the Board committed to changing 110 of its PTS ambulances over the next 12 months. Rota changes had also led to improvements although further improvement was still required, particularly in terms of renal patients.

RB confirmed that the introduction of vehicle telematics and patient Secure Messaging Service (SMS) had helped to improve arrival and collection times.

RB stated that, alongside the NHS 111 service, PTS was the area most open to competition within the NHS. It was important, therefore, to ensure that the service remained as high quality and competitive as possible.

### **Developments and Highlights 2014/15**

RB presented a selection of Trust-wide developments and highlights from 2014/15. These included:

- Opening the Manor Mill Resource Centre;
- Expanding the use of Urgent Care Practitioners (UCPs);
- Roll out of the electronic Patient Records Form (ePRF) and the Paramedic Pathfinder application;
- Introduction of Fire co-responder schemes in the East Riding;
- The 'Restart a Heart' campaign which had trained over 11,000

schoolchildren in Cardiopulmonary resuscitation (CPR) on one day;

- The Resilience Department gained International Organisation for Standardisation (ISO) 22301 certification for business continuity;
- Provision of around 200 additional Community Defibrillators, which provided major benefits, particularly in rural communities;
- Support for the Tour de France Grand Départ which had around 3m spectators. YAS' staff made a fantastic effort, with about 250 staff volunteering to provide cover during the event;
- Staff awards with YAS' staff winning three of the ten awards available at the national Ambulance Leadership Forum (ALF) awards. These were: Paramedic of the Year, Information Technology (IT) and Information Management (IM) Staff Systems Innovation and Outstanding Mentor.

### Care Quality Commission (CQC) Inspection

RB stated that a routine planned inspection had taken place in January 2015 under the five domains of: safe, effective, caring, responsive and well-led. The inspection had taken place during one of the most challenging periods of the year so the CQC had seen the service at its most stretched.

The Trust had received a 'Good' rating for caring and one 'Inadequate' rating in the safety domain for Resilience following which immediate action was taken and the issues addressed. YAS' overall, rating was 'Requires Improvement', although the Trust was not too far away from a 'Good' rating.

RB noted that the majority of Trusts inspected by the CQC to date had also received a rating of 'Requires Improvement'.

RB stated that the Trust had identified that the majority of the areas for improvement highlighted by the CQC in a presentation to the CQC prior to the start of the inspection and the plans already in place to address these. A robust action plan had been developed to address all of the issues in the report and the CQC had acknowledged that the actions were under way.

### Looking Forward

RB stated that financial pressures were the major challenge across health and social care and forced organisations to find innovative ways of providing services, etc. It was a critical period for health and social care integration and going forward there would need to be more collaboration between ambulance services and partnership working with other emergency services as well as health and social care functions.

During 2015/16 YAS would make further investment in frontline A&E

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	<p>vehicles and staff plus developing the clinical skills of staff to support care closer to home. Common health records were seen as key to health and social care coordination and the West Yorkshire Vanguard Programme.</p> <p>RB stated that, although YAS had a good track record in terms of financial delivery, there was currently great pressure across the system. YAS would continue to collaborate with Fire, Police and Community services to ensure that services were delivered in the most cost effective way but significant investment would be required to take forward YAS' Hub and Spoke and Make Ready Programme.</p> <p>RB placed on record his thanks to the Associate Director of Finance, Alex Crickmar, who had stepped into the Interim Director of Finance role at short notice, helping YAS through a very challenging period.</p>	
6	<p><b>For Formal Adoption: Annual Report and Accounts 2014/15 including Quality Account</b></p> <p>RB introduced the 2014/15 Annual Report. He stated that in spite of the many challenges faced by the organisation during the year progress continued to be made.</p> <p>RB further stated that increased demand for services and funding constraints meant that there would need to be efficiencies and increased collaborations between providers going forward.</p> <p>RDT presented YAS' 2014/15 financial overview.</p> <p><b>Financial Objectives 2014-15</b></p> <p>RDT stated that the Trust had continued to meet all of its financial targets in 2014/15. Budget Surplus, which had been planned at £2.913m, had achieved £2.991m ie was fractionally above plan.</p> <p>In terms of its Cost Improvement Plan (CIP), the Trust had planned to achieve savings of £10.3m in-year, equating to 4.5% of planned income. The actual outcome was £10.545m ie 101.9%.of the CIP.</p> <p>YAS' Capital Resource Limit (CRL) was set at £10.6m and £10.7m had been spent, the Trust having received £295k from assets sold.</p> <p>The Trust had received an Unqualified Audit Opinion and notification that proper arrangements were in place to secure Value for Money.</p> <p>RDT stated that investment in fleet was critical as it would mean lower maintenance costs and more comfortable journeys for patients.</p> <p><b>2014/15 Headlines</b></p> <p>RDT stated that the financial headlines for 2014/15 were as follows:</p> <ul style="list-style-type: none"> <li>• Income was £241.3m, an increase of £7.9m (+3.4%) over the previous year;</li> <li>• Expenditure was £238.8m, an increase of £8.2m (+3.5%) over</li> </ul>	

the previous year;

- Surplus was £2.9m, ie 1.2% of income (1.1% in 2013/14);
- Capital Expenditure was £10.7m, which included £5.8m on vehicles
- Charitable donations of £162k were received, with expenditure of £26k.

In terms of activity:

- A&E responded to 730,417 incidents (+3% on 2013/14);
- NHS 111 answered 1,403,780 calls (+27.5% on 2013/14);
- PTS made 1,112,549 journeys (+25.5% on 2013/14).

RDT stated that the on-going retained surplus demonstrated strong financial management and effective contract discussions with Commissioners.

In terms of Income and Expenditure for 2014/15 RDT stated that the major source of income was the A&E 999 contract which accounted for 71% of income. PTS accounted for 12% and NHS 111 for 13%. The major source of expenditure was staff pay, which accounted for 68%.

In terms of capital expenditure (Capex), the purchase and refurbishment of a new Hazardous Area Response Team (HART) facility at a cost of £4.7m had been funded by £4.5m from the Department of Health and £200k from YAS.

Other major items of Capex included:

- the purchase of 43 new A&E ambulances at a cost of £3.8m;
- the installation of Solar panels and energy management solutions at YAS' headquarters and several ambulance stations;
- ICT refresh and upgrade.

RDT stated that the Trust had won a number of awards, featuring heavily in the trade press. The awards included:

- Winner of Fleet News Green Van Fleet Award 2013;
- Energy Saving Trust - Fleet Heroes Award for Innovation in Car & Van Manufacturing 2013.

Many of the measures identified to reduce CO2 emissions would deliver on-going financial savings from the reduced costs associated with utilities, transport and waste. In addition, all new drivers into the organisation received eco driving skills as part of their training in a bid to maximise fuel efficiency.

RDT stated that a Building Management System had been installed

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<p>at YAS' main call centres and headquarters at the beginning of 2013. The system allowed the temperatures of boiler and air conditioning systems to be controlled remotely which dramatically cut the amount of gas and electric used to heat and cool the buildings.</p> <p>A combination of these and other improvements meant that there had been an 8% decrease in energy use in comparison with the baseline year data. Fleet reductions in numbers were, however being offset by increased demand which in turn increased mileage driven and wear and tear on vehicles that required more frequent maintenance.</p> <p><b>YAS' Charitable Fund</b> RDT stated that YAS' Charitable Fund had received £162k income from donations and legacies during the year, with a total of £26k expenditure. The Fund's balance as of 31 March was £239,763.</p> <p>He further stated that the Fund continued to focus on raising money to support Community Medical Units (CMUs) and providing community Public Access Defibrillators (cPADs).</p> <p>The two current CMUs had initially been used to provide a static ambulance facility in busy town and city centres on Friday and Saturday evenings and other key dates including bank holidays.</p> <p>In the previous year a total of 765 patients were seen at the Leeds location, saving an estimated 351 ambulance attendances which were made available for patients with more serious illnesses and injuries and relieving pressure on busy hospital emergency departments.</p> <p>Staffed by an Emergency Care Practitioner and Emergency Care Assistant, the mobile units had been developed to incorporate a clinical assessment/treatment area and waiting area for patients and were equipped to the same level as an ambulance.</p> <p>The CMUs were also used to provide support at large-scale events in the region including the Tour de France cycle race which started in Yorkshire during July 2014.</p> <p>RDT stated that YAS was also rolling out a community access defibrillator project. A hundred communities across Yorkshire were due to receive a £2,000 defibrillator and a 24-hour access cabinet as part of YAS' Community Public Access Defibrillator 100 Project.</p> <p>The Chairman thanked RB and RDT for their presentations.</p>	
<b>7</b>	<b>For Approval: Risk and Clinical Quality Compliance Report 2014/15.</b>

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<p>SP stated that the purpose of the presentation was to:</p> <ul style="list-style-type: none"> <li>• provide a summary of Trust developments in relation to risk, safety and clinical quality in 2014/15;</li> <li>• provide additional detail on specific areas of development to complement information in the Annual Report and Quality Account;</li> <li>• fulfil statutory and best practice reporting for key functions.</li> </ul> <p>SP stated that it had been a challenging and very busy year for all of YAS' operational and support services. However, the Trust had maintained compliance with the key regulatory requirements.</p> <p>There had been many positive developments across all areas of activity including a refresh of the Clinical Quality Strategy, alignment to the national Sign up to Safety campaign and significant development of patient safety monitoring processes.</p> <p>A CQC inspection had taken place in January 2015, with the report published in August 2015. Good progress had already been made on the issues highlighted.</p> <p><b>Risk Management</b>  SP stated that the Risk Management Strategy had been reviewed, updated and approved by the Trust Board. Other improvements to the risk management processes included:</p> <ul style="list-style-type: none"> <li>• the introduction of the 24/7 staff incident reporting line in an attempt to make it as easy as possible for staff to report incidents and near misses plus facilitate improved learning;</li> <li>• Safety Alert review and action;</li> <li>• Inspections for Improvement at main Trust locations including all ambulance stations.</li> </ul> <p>During 2015/16 further work would take place to support the consistency of risk management. There would also be continued training on incident investigation and learning and a focus on sharing lessons learned.</p> <p><b>Information Governance (IG)</b>  SP stated that good progress had been made in improving electronic systems. Advancements included encrypted smartphones and enhanced ICT systems for information security and in addition, the roll out of electronic patient records would significantly improve YAS' records. There had also been further progress on the IG Toolkit.</p> <p>SP stated that there had been two data breaches reportable to the Information Commissioner's Office (ICO) but there had been no significant risks to individuals. During 2015/16 the IG work plan would be delivered with further improvements to be made in relation to the IG toolkit.</p> <p><b>Health &amp; Safety</b>  SP stated that musculoskeletal injuries remained a major risk in the</p>	

organisation. Following a review of the moving and handling policy, practice and process new response bags had been introduced which had resulted in 64% fewer incidents including staff.

Further improvements included:

- The continued roll out of tracked carry chairs, which enabled patients to be more easily manoeuvred down stairs;
- Lighter equipment for the crew of solo response cars;
- Increased focus on display screen equipment risk assessment;
- Improved Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

Proposed improvements for 2015/16 included:

- Certificated training for managers;
- Continued focus on moving and handling injuries, slips, trips, falls;
- Alignment of an enhanced premises' risk assessment to the estate survey to inform the capital plan.

### Security

SP stated that security developments during the past 12 months had included:

- Increased vehicles with CCTV capacity;
- Increased reporting and follows up of security incidents with 15 warning letters issued to staff to date;
- Completion of the Self Review Tool and an audit with NHS Protect in relation to the new NHS Security Standards.

Further developments for 2015/16 would include:

- Premises security and access review;
- A self-assessment against NHS security standards;
- Further development of staff guidance.

### Legal Services

SP stated that the Trust had continued to support the HM Coroner's process. The workload in relation to Inquests was very high with 360 inquest cases during 2014/15, 60 more than 2013. YAS employees gave evidence to 196 inquests, with 164 still awaiting a hearing date.

The Trust had received and acted on two Coroner 'Preventing Future Deaths' letters and continued to contribute significantly to the new Hillsborough inquests with the conclusion expected in early 2016.

SP stated that the Trust had improved its claims handling, adding that there had been a reduction in employer liability claims relating to moving and handling. There was also a low level of clinical negligence and public liability claims.

### Clinical Quality Strategy 2015-18

SP stated that the Trust's Clinical Quality Strategy had been

substantially refreshed during the course of the year with national and local evidence used to inform best practice and service improvement.

### **Patient Safety**

SP confirmed that YAS had signed up to 'Sign Up To Safety', the aim of which was to reduce falls and injuries in transit, deteriorating patients and other human factors.

Other developments included:

- Improved incident investigation and learning in relation to falls, spinal assessment and drug administration;
- Inclusion of learning in clinical updates and training;
- Better communication with patients and carers;
- Enhanced safety monitoring.

Further developments during 2015/16 would include:

- Delivery of the 'Sign Up to Safety' priorities;
- Learning from staff concerns in relation to 'Freedom to Speak Up';
- Feedback to staff on learning from adverse events.

### **Safeguarding**

SP stated that there had been good staff engagement in terms of the referral process. YAS had contributed to 14 Serious Case Reviews, Domestic Homicide Reviews and Learning Lessons Reviews and 109 Child Death Panels. There had been progress in the delivery of 'Prevent' training and a robust investigation in matters relating to the Investigation into Savile inquiry.

During 2015/16 the Trust would strengthen the Memorandum of Understanding with Designated Nurses and there would be a continued focus on training compliance.

### **Infection Prevention and Control (IPC)**

SP stated that the monthly IPC audits were validated by an Infection Control Nurse. IPC training compliance was 93.5% and an IPC 'App' was currently being developed. In addition, North East Ambulance Service had undertaken a Peer review of YAS' systems and processes which had provided some further learning.

Further developments would include the forthcoming 'Bare Below the Elbow' campaign and purchase of fob watches for clinical staff, plus a series of IPC roadshows and a trial of the new vehicle preparation processes.

### **Medicines Management**

JM stated that the huge amount of regulation around medicines

management had led to the need for a full-time Pharmacist appointment. In YAS, the Trust also had five Patient Group Directions (PGDs) for Specialist Paramedics to help patients avoid unnecessary hospital attendance.

YAS had started to use Misoprostol as a life-saving treatment for Post-Partum Haemorrhage and intravenous Paracetamol had been introduced as a trial in North Yorkshire. The drug, which gave more options for pain relief for patients in moderate to severe pain, had been successful in reducing the need for morphine.

### **Clinical Effectiveness**

JM stated that a key objective in terms of clinical effectiveness was the area of survival from out of hospital cardiac arrest.

He advised that YAS continued to work towards increasing the number of public access defibrillators in the community with the aim of teaching one million people in the Yorkshire region how to do basic life support over a period of the next five years.

JM confirmed that 292 patients had been discharged alive from hospital following cardiac arrest in the community during 2014/15 who would not otherwise have survived.

### **Major Trauma**

JM advised that YAS had introduced a revised Major Trauma Triage Tool during 2014/15. The 2009 guidelines had been developed and there were now three trauma networks in the region. JM stated that enhanced partnership working was definitely starting to make a difference.

A communication tool for the Major Trauma Co-ordinators in the Emergency Operations Centre (EOC) had been developed and there were also regular Morbidity and Mortality meetings with the Major Trauma Networks.

As a result of the developments there had been a total of 90 unexpected survivors from major trauma in Yorkshire and the Humber during 2014/15, a figure which had already been surpassed during 2015/16.

### **Patient Experience**

SP stated that extensive survey processes were in place within the Trust with great use being made of patient feedback and lessons learned, which included PTS booking, values based recruitment and case based learning in training and education.

SP advised that changes to support systems and ways of working had improved complaint response times, adding that there had been

	<b>Action</b>
<p>a number of positive Ombudsman case reviews.</p> <p>The aim for the forthcoming year was to build on the processes already in place by expanding the programme with a focus on specific patient groups.</p> <p><b>Assurance</b>  SP stated that considerable assurance processes were already in place. Actions taken during 2014/15 included:</p> <ul style="list-style-type: none"> <li>• Further development of monitoring and audit processes;</li> <li>• A programme of Inspections for Improvement;</li> <li>• Clinical Audit programme improvements;</li> <li>• Increased Committee review and challenge at all levels;</li> <li>• Further Internal Audit consideration in terms of risk, safety and quality.</li> </ul> <p>During 2015/16 the Trust's priorities would be to complete delivery of the Care Quality Commission (CQC) action plan and to reduce variation in local processes. There would also be a focus on clinical leadership, staff engagement and professional development.</p> <p>The Chairman thanked SP and JM for their updates.</p> <p>The Chairman stated that the preceding presentations had given an insight into the complexity of the services provided by YAS.</p> <p><b>Approval</b>  <b>The Trust Board formally adopted the Annual Report and Accounts for 2014/15, including the Quality Account.</b></p> <p>The Chairman commended to everyone YAS' Annual Report for 2014/15, which could be found online at: <a href="http://www.yas.nhs.uk">http://www.yas.nhs.uk</a>.</p> <p>Hard copies were also available at the reception desk.</p>	
<p><b>8</b> <b>Questions from Members of the Public</b></p> <p>As no questions relating to the specific business of the AGM were forthcoming, the Chairman proposed that the meeting should break for lunch.</p> <p>An opportunity for more general questions about YAS' business would be provided at the start of the Trust Board Meeting in Public, which was due to commence immediately following lunch at 1330 hours.</p> <p>The Chairman thanked YAS colleagues for their hard work and support during the past twelve months.</p> <p>The Chairman stated that Members of the Public were very welcome to stay for lunch, during which they might want to visit the several</p>	

	<b>Action</b>
<p>information stalls exhibiting YAS' work and following which they could observe the business of the Trust Board Meeting in Public.</p> <p>If anyone had any questions that they would like to raise outside the meeting environment, they could discuss them with the relevant Director during the lunch break.</p> <p>The Annual General Meeting closed at 1300 hours.</p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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

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