



## Trust Board held in Public

**Venue:** Eureka, Discovery Road, Halifax, HX1 2NE

**Date:** Tuesday, 21 May 2013

**Time:** 0945 hours

**Chairman:** Della Cannings

### Present:

#### Board Members:

Della Cannings	(DC)	Chairman
David Whiting	(DW)	Chief Executive
Patricia Drake	(PD)	Deputy Chairman & Non-Executive Director
Dr Elaine Bond	(EB)	Non-Executive Director
Erfana Mahmood	(EM)	Non-Executive Director
Barrie Senior	(BS)	Non-Executive Director
Mary Wareing	(MW)	Non-Executive Director
Stephen Moir	(SM)	Deputy Chief Executive & Executive Director of Workforce and Strategy
Rod Barnes	(RB)	Executive Director of Finance & Performance
Paul Birkett-Wendes	(PBW)	Executive Director of Operations
Julian Mark	(JM)	Executive Medical Director
Steve Page	(SP)	Executive Director of Standards & Compliance

### Apologies:

None

### In Attendance:

Anne Allen	(AA)	Director of Corporate Affairs & Trust Secretary
Jacqui Crossley	(JC)	Head of Clinical Effectiveness
Andrew Pippin	(AP)	Clinical Development Manager
Rachel Simpson	(RS)	Clinical Supervisor
David Bolam	(DB)	Public Member
Len Cragg	(LC)	Public Member
Michael Kirke	(MK)	Public Member
Fred Gilbert	(FG)	Public Member
Steve Sullivan	(SG)	Member of the Public

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

The meeting was preceded by a presentation, between 0900 and 0930, which was open to all members of the public. 'Rapid Arrest Team, Clinical Service Improvement (CSI), Hull' was presented by Jacqui Crossley, Head of Clinical Effectiveness, Andrew Pippin, Clinical Development Manager and Rachel Simpson, Clinical Supervisor and was very well received by those present.

The meeting commenced at 0945 hours.

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### Questions from the Public

The Chairman welcomed the members of the public to the Trust Board meeting held in Public.

She stated that the Trust Board continued to move its Public meetings around the region to encourage members of the public to attend to ask questions, raise queries, etc.

The Chairman passed on her thanks for the excellent pre-meeting presentation which had been very informative and had illustrated how important it was for the organisation to support its clinical colleagues to enable them to carry out their roles in the most effective way. It was the Chairman's belief that the move towards the assessment of which incidents clinical supervisors, etc should attend because they could add value at the scene seemed to be a very positive step forward.

The Chairman invited questions from the floor, asking individuals to identify themselves by name, geographical area and organisation if appropriate.

DB from North Yorkshire expressed his belief that Craven in North Yorkshire had become a "political football" being aligned to several different geographical areas in recent years. He was concerned that the boundary changes might negatively affect the already limited number of Double Crewed Ambulances (DCAs) in Upper Wensleydale.

PBW stated that the Trust currently had no intention to change how it despatched ambulances. Both Emergency Operations Centres (EOCs) worked in a "virtual" situation so the boundary changes should not have any impact on the service provided to patients. In addition, the recent focus on improving standards for patients in that geographical area would continue.

DW reinforced PBW's comments, stating that the Trust was not planning to make any operational changes.

The Chairman stated that even though a Lancashire-based CCG now covered an area of North Yorkshire that would not affect YAS's service in that area.

She further stated that DCAs were resources that belonged to the whole of Yorkshire and would continue to be moved around the county as and when required.

As there were no further questions, the Chairman thanked those present for the interest they had shown in YAS's work.

		<b>Action</b>
	<p>The Chairman stated that members of the public were very welcome to stay and observe the business of the Board meeting.</p> <p>She added that people should feel free to leave early if they wished as they had not committed to stay for the whole event. She reminded those present that, once the formal Board meeting started, they would be unable to play an active part unless they indicated that they wished to say something and were invited to pass comment.</p>	
2	<p><b>Apologies / Declaration of Interests</b> The Chairman welcomed everyone to the meeting.</p> <p>There were no apologies and declarations of interest would be considered during the course of the meeting.</p>	
3	<p><b>Minutes of the Meeting held on 26 March 2013 including Matters Arising (not on the agenda) and Action Log</b> The minutes of the meeting held on 26 March 2013 were approved as a true and fair representation of the meeting subject to the amendment highlighted.</p> <p><b>Matters Arising:</b> Page 16, paragraph four, line one – “over-performance” was replaced with “growth assumptions”. Page 25, line one – “PD updated” to be replaced with “SP on behalf of Quality Committee Chairman PD, updated”. Page 25, paragraph three – “PD stated that” to be deleted. Page 25, paragraph four – “PD for her report” to be replaced with “SP for his report”. Page 26, line one – “Government” to be changed to “Government’s”.</p> <p><b>Action Log:</b> DW guided the meeting through the updated Action Log.</p> <p>There were no outstanding queries relating to the completed actions and the meeting did not consider actions that were not yet due.</p> <p>PB-184 - PBW confirmed that the paper had been through TEG and the Quality Committee had received it on 14/05/2013. It would now be implemented and tracked. DW confirmed that information had been fed back to clinical supervisors the previous week as part of the new Team Brief meetings. PD confirmed that this item would remain a priority on the Quality Committee agenda. Action closed.</p> <p>PB-191 - EM confirmed work was on track. Action remained open.</p>	
4	<p><b>Chairman’s Report</b> The Chairman stated that the intent of her report was to provide information not available elsewhere. On this occasion she intended to provide a verbal update as the organisation was going through a period of such fast change.</p>	

It was PBW's last Board Meeting in Public and the Chairman thanked PBW for all he had done during his time with YAS. The Chairman stated that she had been very impressed with the fresh approach and dedication PBW had shown to bring about significant changes during his twelve months with the organisation.

She told PBW that he would be missed and passed on her personal and the Board's best wishes for the future.

DW echoed the Chairman's comments. He stated that PBW had brought a fresh perspective and energy to the role and thanked him for the hard work, dedication and impact he had brought to the Trust.

The Chairman confirmed that a process was in place to recruit a replacement Executive Director of Operations.

The Chairman stated that she had attended Exercise Amber, a recent exercise to demonstrate the capability of the ambulance service nationally to Clinical Commissioning Groups (CCGs) and commissioners across the country.

YAS had been represented in the exercise and the Chairman had found it interesting to see how the exercise had brought the ten ambulance services together. She asked DW if he could request feedback on the exercise from the YAS staff who attended.

**Action:**

**DW to request formal feedback on Exercise Amber from YAS staff who attended.**

**DW**

The Chairman stated that she had attended a meeting with the NHS Trust Development Authority (TDA) with the Executive Directors the previous week. The meeting had been arranged to discuss YAS's concerns about the elongated timescales in relation to its Foundation Trust (FT) application. It had been a productive meeting and the notes had been shared with the Board.

The Chairman acknowledged that some of the delays had been caused by the changing NHS landscape. However, YAS had been waiting to enter the next stage of its application for six months and the TDA now had a very clear picture of the Trust's concerns and the need to ensure that YAS was kept better informed going forward.

DW confirmed that the Trust had still not received a definite date for the Quality Visit and Quality Challenge and needed this information as soon as possible to ensure it would go forward to the TDA's September Board meeting for approval to move to the Monitor phase. He added that the Board to Board would probably take place in August.

PD suggested that the Board Reserve day on 20 August might be a suitable date on which to hold the Board to Board meeting.

The Chairman replied that this would be one of the dates considered, adding that the sooner that formal confirmation of dates was received the better it would be as Board members still had to get on with their ordinary lives.

SP confirmed that the report from the Quality Challenge would feed into the Board to Board meeting.

The Chairman stated that definite information was due to be received within the next seven days.

She further stated that she had arranged to attend the TDA Board meeting in London later that week to see how they dealt with the three trusts that had been progressed to this meeting. She would feed back to Board colleagues after the meeting.

**Action:**

**Chairman to feed back to Board colleagues after attendance at the TDA Public Board meeting on Thursday 23 May.**

**Chairman**

PD stated that she would like to see short biographies of the TDA Board members.

**Action:**

**SM to provide Board with information about TDA Board members.**

**SM**

The Chairman noted the recent BBC Panorama programme about Hillsborough. The Chairman accepted that the main focus had been on the policing of the event, which was a major point but personally she had found it surprising that there had been very little comment either about the club and its responsibilities and the council's licensing of the event.

DW stated that very little new information had come out of the programme but it was clear from the Panorama programme that the focus would be on the co-ordination of care and the actual care given. He added that YAS would, of course, co-operate fully with the new inquest process and any investigations.

JM stated that the main purpose of the re-inquests was to reconsider the potential survivors' question.

The Chairman acknowledged how much the emergency services in general had developed since Hillsborough. This was highlighted by the quick and varied response to the recent M62 incident.

The Chairman noted the Trust's improved performance which was a massive move forward. The Trust had been 11<sup>th</sup> out of 11 when she became Chairman three years previously and it was now 2<sup>nd</sup> out of 10. This was a tremendous step change, particularly in terms of RED1, which were a small number of calls across a large area.

The Chairman acknowledged that the Trust would continue to face challenges but wanted to place on record her thanks to the YAS staff for their hard work over a period of time which was now delivering such good results.

The Chairman stated her belief that the Trust's decision to take on the NHS 111 contract was really important as it meant that the service would become an integrated part of YAS business. She stated that by working closely with the commissioners, the Trust was starting to resolve some of the initial issues linked to the NHS 111 service and helping to deliver a safe service.

The Chairman reported that a number of the Executive Directors and Non-Executive Directors (NEDs) were due to travel to Warwickshire that evening to attend the annual Ambulance Leadership Forum (ALF). The ambulance services' Chairmen were due to meet the following day and it would be interesting to catch up with them to discuss the issues in more depth.

The Chairman reported that she had also been meeting with the new Police and Crime Commissioners around the region to discuss areas in which the emergency services could work together to provide better value for money in the use of public funds.

The Chairman stated that she had welcomed the West Yorkshire High Sheriff to YAS HQ the previous week and, as she believed it was important to ensure that other people acted as ambassadors for YAS, she would be meeting with the remaining High Sheriffs during the course of the year.

The Chairman thanked everyone for listening to her update report.

## **5 QUALITY, SAFETY AND PATIENT EXPERIENCE**

### **5.1 Patient Story**

The Chairman stated that patient care was at the heart of the Trust's work. A patient story was provided at every Public Board meeting, either verbally or in the form of a filmed interview, to highlight the work of the Trust and to learn about steps being taken to further improve its services and the knowledge of its staff.

She further stated that it was important for the Board to hear about patients' or their relatives' views on both good and bad experiences but this was something to reflect on and was not for general comment or discussion.

The Chairman read out the patient story, which was a summary of the end of life care that a patient, Mrs J, had received which had enabled her to fulfil her wish of dying at home.

The Chairman also read out a thank you message to YAS from the patient's husband and the ambulance person's recollections of the event.

She stated that it had been good to hear from both the family and the YAS member of staff and thanked everybody for listening.

5.2

**For Assurance: Bi-Annual Report: Significant Incidents/Lessons Learned**

SP provided a briefing on significant events highlighted through Trust reporting systems and by external regulatory bodies. The briefing also focused on actions taken and lessons learned.

He stated that the six-monthly report to the Public Board covered the period 1 November 2012 to 30 April 2013 and was an aggregation of the two-monthly reports discussed at each meeting of the Quality Committee.

SP further stated that the Trust Incident Review Group (IRG) met every two weeks to consider all cases rated as 'red' or 'amber' via the Trust risk grading system and was chaired by JM.

He added that Serious Incidents (SIs) were the most significant events reported to commissioners. There had been 28 during the reporting period which were broadly in line with the other ambulance services.

There had been two emerging themes: one relating to delayed responses, with a range of different underlying causes; and the other relating to a number of falls whilst patients were being transported, all of which were being investigated thoroughly.

The Chairman stated that, although they were a concern to the Trust, the 28 SIs were still a very small number considering the thousands of calls that YAS had dealt with during the period in question.

SP stated that staff were encouraged to err on the side of caution when reporting incidents or potential incidents so that the Trust could pro-actively pick up on potential issues and investigate them.

He further stated that two important pieces of work: the introduction of the new carry chair; and the introduction of the new equipment bag were shortly due to come on stream.

The Chairman asked when this was likely to be, as the work to identify a new bag had been on-going for some time.

RB replied that their introduction would be phased in as part of the capital programme.

SP stated that a number of themes were highlighted in complaints received during the period. Four requests had been received from the Ombudsman: one referral had been upheld; two not upheld; and one was still in progress. No Rule 43 letters had been received.

He further stated that only one letter had been received from the Health and Safety Executive (HSE) during the period and this had related to rest break facilities. An investigation was undertaken and communication was on-going.

PD stated that the report had been considered in depth by the Quality Committee and as Chairman of that Committee she was satisfied that the work being carried out around SIs had much improved over the past 12 months.

The Chairman informed the members of public present that, due to issues around patient confidentiality, the more in depth report would be considered at the meeting of the Board in Private later that day.

PBW stated that delayed back up/response was most often not due to errors by despatch staff but because of resource shortage and would be considered as a key part of the rota review, which was a very important current workstream to address that issue.

DW stated that a new report, which looked at average back up time, was now included in the Integrated Performance Report (IPR). However, the indicator was still being developed and the data would need to be considered in context.

The Chairman stressed the importance of feeding back information about increased demand to the commissioners.

RB stated that since being notified of the moving and handling incidents, he had asked Mark Squires to ensure that the checking of patient straps was undertaken as part of routine vehicle inspections.

In relation to item 10.1, EB asked how the Trust could stop complaints from going to the wrong area within the organisation.

SP replied that this had been an isolated case. Clear instructions about where correspondence should go were published on the website to help raise awareness so it was already clearly signposted.

PD stated that it would be useful to see data relating to near misses and the learning from that.

SP stated that near misses were included in YAS's current reporting system. Staff were encouraged to flag up all concerns as information about near misses also helped with learning.

MW asked whether incidents relating to NHS 111 would come though this report in the future.

SP confirmed that this was the case.

Public Member, LC, asked whether the previous problems relating to turnaround had been resolved.



PBW replied that work was on-going to improve this. For example, the handover and wrap up times for YAS crews had been separated out. There were varying standards across Yorkshire and YAS was working with NHS North of England to achieve consistency across the whole of the North of England.

The Chairman asked whether all acute trusts had now signed the turnaround agreement.

PBW confirmed that one signature remained outstanding.

DW stated that pressures on A&E was currently a very topical issue which was receiving a lot of media coverage, adding that historically some acute trusts seemed to struggle most in the management of surges.

The Board agreed that any acute trusts who had not signed up to the agreement needed to be publicised.

The Chairman stated that YAS was contributing to the national whole service emergency care review and needed to play its part to ensure that people did not go to A&E unnecessarily. However, this would have a knock on effect on social care and the current fit was unclear.

SM stated that a statement from the Secretary of State was shortly anticipated on plans for A&E services.

JM reiterated his statement made at a previous Board meeting that there would need to be a 12-18 month period for changes to bed in before things began to perform effectively.

PD stated that NHS England were the regulatory, quality body for GPs, so where individual GPs rather than CCGs were not engaging, discussion was needed with NHS England.

The Chairman thanked SP for his update and the Board for a useful discussion.

**Approval:**

**The Trust Board noted the contents and supported the actions detailed in the paper.**

5.3

**For Approval: Board Statements: Updated**

SP provided an update on the Board Memorandum on Quality Governance and the other Board governance statements which were required as part of the Foundation Trust (FT) application and authorisation process to give assurance to the broader public that the Trust had robust governance systems in place.

The Board Memorandum on Quality Governance (Appendix 1) had been updated several times but there had been no changes as a result of the April 2013 update.

There had, however, been changes to the other Board governance statements (Appendix 2) and the changes had been included verbatim from the Applicants' Guide.

The Chairman stated that both documents urgently needed version control to ensure that Board members referred to the most up-to-date version.

**Action:**

**SP to introduce version control on Board Memorandum on Quality Governance and Board governance statements.**

SP

BS stated that he had directly provided comments to SP by email, as the testing controls and assurances mentioned in 4.7 on page 20 were not a function of the Audit Committee.

EM stated that in the first bullet point at the bottom of page 5, more appropriate wording would be 'efficiency savings' rather than 'eliminating waste'.

DW asked for reference to the new Team Brief to be added to 3.26 on page 17.

The meeting moved to consider Appendix 2, Additional Board statements.

DW asked whether the revised statements reflected the changes incurred when the Trust moved from the current Single Operating Model (SOM) return to the new on-line reporting arrangements that would be discussed during the Private meeting later that day.

SP confirmed that they did, as the new return was almost the same as the SOM.

The Chairman stated that they were quite exacting statements eg ensuring whether Board members were all sufficiently qualified.

SP replied that, as the Trust progressed through the FT authorisation process part of the testing process had been to demonstrate the evidence that sat underneath the statements. YAS would not have passed the Deloitte assessments without such evidence and similar evidence would be collated for use alongside the additional statements.

The Chairman thanked SP for his update.

**Approval:**

**Subject to the above minor amendments, the Trust Board noted and approved the updated Board Memorandum on Quality Governance. The Trust Board also confirmed its assurance with regard to the updated statements in the Foundation Trust Applicants Guide April 2013.**

5.4

**For Approval: Francis Report Action Plan**

SP provided an update on the assessment of the Trust position in relation to the Report recommendations of the Mid-Staffordshire NHS Foundation Trust Public Inquiry. He also provided an outline of the actions arising for the Trust and the proposed management process.

SP stated the Board had previously reviewed the recommendations at a high level and the update provided a more detailed review to give the Trust's baseline position and to outline an initial action plan.

He further stated that the recommendations fitted broadly into two categories: those with immediate relevance; and a larger number, targeted at national bodies which would need to submit their official response, etc before the Trust found out how it would be affected.

Appendix 1 contained a summary of all of the recommendations from Inquiry Report. Appendix 2 was the current YAS Quality Governance Action Plan. The recommendations which applied to YAS had been added into this plan so all recommendations were in one place and progress against each would be reviewed at every meeting of the Quality Committee.

PD stated that integration was an important point and the Action Plan would need to become part of everyday business. The Quality Committee had asked for information about the immediate actions that the Trust would need to take and it would monitor these as a priority.

JM reported that national work looking at mortality data was under way and being piloted in Yorkshire to be shared more widely. The challenge for ambulance services was that they did not have contact with patients for a particularly long length of time.

The Chairman highlighted recommendation number 185, 'focus on culture of caring' and asked how YAS would get a base line as to where its culture currently lay in terms of care, values, etc.

SM stated that NHS Trusts were being advised that they should use the new cultural barometer process but progress had been slow so YAS was already in a position to do some internal pulse surveys amongst staff, the first of which should have been undertaken by end of the current month.

He further stated that YAS as an organisation had pre-empted most of this recommendation and the recognition of staff achievement in relation to Trust values, etc was being marked by the second annual "We Care" awards the following week.

In addition, a third values-based selection and recruitment process had taken place, so again YAS was ahead of the recommendations and therefore in a better position in terms of patient outcomes.

		<b>Action</b>
	<p>PD stated that the review of the terms of reference of the Clinical Governance Group (CGG) to allow it to take a more operational oversight would demonstrate more commitment to professionalism in the organisation.</p> <p>EM suggested that a root cause analysis about the way in which complaints were dealt with by the Trust might be useful as she thought improvements could still be made.</p> <p>SP agreed that it was important not to look at things superficially and agreed there was a need to look at cross references between different events, adding he would be happy to discuss this further with EM outside the meeting.</p> <p>PD suggested that it might be interesting for the NEDs to attend a CGG group meeting to allow them to witness and therefore understand more about the current cross referencing process.</p> <p><b>Action:</b>  <b>AA to ask JK to liaise with NEDs re attendance at a CGG meeting.</b></p> <p>SP stated that the recommendations had not been unexpected so the Trust had already been making significant progress during the past couple of years. The Action Plan reflected a continuation of this work but would be building on a good foundation.</p> <p>PD stated that the Trust needed to reflect on and remember the original report on Mid-Staffs which was very much patient focused in its 18 recommendations.</p> <p>It was agreed that the Board should note the Trust's baseline position and revisit the Action Plan again at an appropriate time.</p> <p>The Chairman thanked SP for his update.</p> <p><b>Approval:</b>  <b>The Trust Board noted YAS's baseline position and supported the proposed action plan and management process.</b></p>	<p>AA</p>
6	<b>STRATEGY, PLANNING AND POLICY</b>	
6.1	<p><b>For Approval: Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions (Revised May 2012): Updated</b></p> <p>RB presented the revisions to the Standing Orders, Scheme of Delegation and Standing Financial Instructions.</p> <p>The Chairman stated that when section 10.2.8 on page 57 was brought to Board in 2012 following approval at Audit Committee the line which stated "Chief Executive up £250,000 pa" had disappeared and it was not picked up on. The Trust had therefore been operating for the past 12 months as if that line was there.</p>	

As there had been no action as a Board to take away that level of delegation from the Chief Executive in the interim 12 months and as it had been an oversight that the line was missed out, the Chairman stated that she had allowed the Trust to continue to work as if the line had been included in the version approved by Board.

The Chairman asked if any Board colleagues had an issue with this decision. There were no comments and the re-introduction of the missing line was approved.

Other items to be amended included:

- The deletion of Strategic Health Authority (SHA) and Primary Care Trust (PCT) on various pages;
- The inclusion of Clinical Commissioning Group (CCG) and NHS Trust Development Authority (TDA) on various pages;
- The replacement of "Chair" and "Vice Chair" with "Chairman" and "Deputy Chairman" on various pages;
- Clarification of designated budget holders in 10.2.8;
- Changes to the healthcare landscape to be taken into account eg pages 9 and 11, NHS Appointments Commission no longer exists;
- Changes need to be reflected in 11.6, Security Management.

The Chairman stated her belief that as such significant changes were required the Board should agree to operate under the revised version and accept the revisions in principle but the final, revised version would need to come back at Board.

**Approval:**

**The Trust Board noted the changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions and agreed in principle the changes made on the proviso that the final amended version came back to Board for approval.**

**7 PERFORMANCE MONITORING**

**7.1 Chief Executive's Report and Integrated Performance Report**  
DW stated that the aim of his report was to give the Board assurance on the activity of the Trust Executive Group (TEG) from 20 March 2013 to 14 May 2013 and to highlight the key variances / movements contained within the April 2013 Integrated Performance Report (IPR).

DW stated that when he initially wrote the paper, a lot of information was emerging around the increased pressure A&E departments were suffering. The key action, initiated by NHS England, was for Clinical Commissioning Groups (CCGs) to form Urgent Care Boards to focus on the immediate issues around A&E pressures, bring all stakeholders to the table and to consider some of the wider issues. It was looking likely that there would be 12-14 Urgent Care Boards in the region which would be serviced by the Executive Directors and some of the Senior Management Group (SMG) Associate Directors.

He further stated that YAS was aiming to link in quickly to ensure that its voice was heard around the table, adding that it was likely that the Boards would start to meet during June 2013.

PD stated her belief that this was a key opportunity for the Trust's senior people to be proactive and go with YAS's urgent care offer. The Acute Trusts would not be aware of the key work that YAS had been doing so it needed to be on the table.

DW replied that the Trust Executive Group (TEG) had already met to discuss this and the urgent care offering came up very early in those discussions.

He further stated that, although it might be the case in other areas of the country, it must be made clear that the local NHS 111 service was not causing the additional A&E pressures which were being created by a much wider set of health economy issues.

The Chairman stated that the new groups would need a fair bit of YAS's time and attendance at all of the meetings would be a challenge and quite difficult to orchestrate. In addition, the Trust would need some sense of the extra costs to it to ensure that it did not take away from front line services.

She further stated that GPs, etc needed to recognise the additional costs and be really clear about what was core, what was additionality and what the cost of this would be.

DW stated that although it was early days, it seemed as if the new Team Brief had been well received. The tour around four areas in the region the previous Friday had been hard work but worthwhile as DW had met a large number of clinical supervisors throughout the day. He further stated that he would ensure that the NEDs were made aware of the next event, as the Executive team would be delighted for them to join them to hear what was being said.

DW had been meeting with fire service Chief Executives and would be participating in local level discussions about plans for the future. Discussions would also include the police as everyone was currently looking at similar issues such as possible co-location, etc.

The Chairman asked why the Summary Integrated Business Plan (IBP) was not on the YAS website, as the public should be able to see it.

It was agreed that SM would follow this up on behalf of the Chairman.

**Action:**

**SM to arrange for Summary IBP to be put onto YAS Website.**

**SM**

PBW provided an update on the work of the Operations Directorate.

He stated that April had been a challenging month in Operations for a number of reasons which included: Easter; the industrial day of action called by Unite the Union; and the major incident on the M62. This could have knocked performance off course but it was pleasing to report that the Trust had delivered both RED1 and a strong RED2 performance.

PBW confirmed that since the beginning of the financial year the Trust had performed extremely well against all of the national targets. The focus had been on looking into financial balance in more depth and as the organisation moved through the coming months, trying to anticipate the challenges that NHS 111 would bring, etc.

The Chairman asked if there was any possibility of a review of activity levels.

RB replied that this might be worth considering after quarter one but activity levels were significantly down in May to date.

DW acknowledged that it was not easy to predict the ebb and flow of activity. He would not have expected to see drop off in May and the organisation needed to be cognisant of the need to flex demand so it did not under or over shoot the financial position by not being able to react quickly enough.

The Chairman stated her belief that the organisation needed to improve its analysis of data to utilise it more effectively to feed back to people. With 7 years of data it should be able to carry out some trends analysis.

**Action:**

**RB to follow up on the use to data to carry out trends analysis.**

**RB**

PBW reported that PTS had transitioned across to RB in preparation for PBW's departure in June.

There had been steady improvement and much of the service was now in a stable position. Although the red risk rating remained in the PTS Hull and East area, work was continuing to improve the position. Although there remained a lot of work to do and more focus required the service was now generally in the right place to build from.

The Chairman stated that she still had major concerns around PTS which the organisation had to progress to see major step changes.

JM provided an update on the work of the Clinical Directorate.

Two CPD events on End of Life care had been held for staff around the region. A spin off was that YAS had been invited to take the regional lead on DNACPR. In addition, the Red Action Team, who had presented before the start of the Public meeting, had also been funded by End of Life Care money.

A long discussion took place on the loss of the funding agreement from the Specialist Commissioning Board which had halted the progression of the Enhanced Care Team pilot. This loss had led to Yorkshire Air Ambulance (YAA) withdrawing their funding as they were unwilling to fund a pilot in isolation.

JM stated that YAS would start to explore other options but it would now potentially be 204/15 before the introduction of the Enhanced Care Team on air ambulances.

The Chairman stated that this was a major disappointment and it was disgraceful that the decision had been made at such a late stage.

RB stated that the issue could be revisited as, if it was so minded, the Specialist Commissioning Board could fund the development through a contract variation.

PD asked how YAS would handle the reputational issue with the acute trusts.

JM replied that the main motivation had come from individual doctors, some of whom already flew on a voluntary basis with YAA and this motivation remained. The main issue would be with the clinical directors of the acute trusts themselves. YAS would need to work out the impact with YAA and then write to express joint disappointment to the clinical directors.

DW stated that the letter would need to explain YAS's role and the hard work that had taken place to date to make the pilot happen to ensure that NHS England fully understood what YAS was trying to achieve and the obstacles that had been put in its way.

JM stated his belief that YAS would find a way forward. At a meeting with YAA the previous day an idea was germinating that funding from outside of the NHS such as the military might be another option.

PD expressed frustration at the withdrawal of the funding as it could have helped to save 200 lives a year and was part of the bigger plan of getting patients to the right place for treatment at the right time.

DW stressed that patients would still end up at right place but the withdrawal of the funding would mean that a small percentage of seriously ill patients would not receive an additional service.

The Chairman stated that the Trust needed to keep up the pressure to try to progress the pilot.

PD asked whether an official reason had been given for the withdrawal of the funding.

EB stated that the Trust should request a reason in writing so that it could submit an appropriate written response.



**Action:**  
**DW to request formal notification / reason for the withdrawal of funding from the Specialist Commissioning Board.**

DW

SP provided an update on the work of the Standards and Compliance Directorate.

In addition to the information about Hillsborough provided earlier in the meeting, SP stated that the Trust was currently contacting all current and former staff who might be witnesses in advance of the new inquests which were likely to commence in April 2014 somewhere in the North West. Internal work had commenced in preparation and EM had agreed to be the NED member of the group.

NHS 111 was performing fairly well. The key performance indicators (KPIs) could be found in 2.16 in the IPR and the call answering KPI basic measure was now up to 95% plus on most days. In addition, the peaks were starting to flatten out.

SP stated that referrals to 999 A&E services were at the lower end of scale. As previously agreed, additional temporary resources were in place to support the phased roll out and YAS continued to work with the commissioners to flatten out some of the broader patient pathway issues. The plan for roll out was sensible and working well and the whole system would be live by 2 July.

The Chairman stated it was not helpful that media comments about the failures of the new service did not differentiate between different services.

SP agreed with the Chairman, adding that the comments about NHS 111 being a dangerous service had not been replicated within the Yorkshire and Humber region.

The Chairman asked whether the headings on the IPR pages were correct as they seemed to imply that the information related to call volume over 24 hours rather than a whole month.

DW replied that numbers were right but acknowledged that the headings could be misleading.

**Action:**  
**SP to reword headings in IPR relating to NHS 111 call volumes.**

SP

Following the Board's recent request relating to the refinement of the Early Warning Indicators (EWIs) in the IPR, SP reported on the changes that had been made. The EWIs were summarised on page 1.1 and ran through the document, highlighted with the letters EWI.

EB asked why there were no EWIs relating to Finance.

SP replied that the EWIs largely related back to CIPs, service developments, etc and their possible impact on quality but they could be applied more generally to allow easier cross referencing.

SM provided an update on the work of the Workforce and Strategy Directorate.

He stated that 90 members of Unite the Union had taken part in the one day of strike action on 2 April and a continuous ban on overtime had commenced on 26 March. No further information had been received to date on any proposed additional days of strike action.

The second annual WE CARE Staff Awards Ceremony was due to take place on 31 May 2013. SM reported that the quantity of nominations had increased and their quality had improved.

SM stated that the Directorate had been instrumental in the development of collaboration between HM Army, Cumbria University and the Trust to deliver Student Paramedic Foundation Degree practice placements for Army Medical Technicians. The approach was 'show cased' to other ambulance trusts at a national conference hosted by the Army at Sandhurst on 2 May 2013.

In relation to the IPR, SM stated that, although sickness absence levels remained above the Trust's 5% target, April had seen the third consecutive month of reduction. The work of the Board Absence Turnaround Group was considered to have made a positive impact.

He further stated that Performance Development Reviews (PDRs) also showed a slightly improving position with compliance standing at 63% as at the end of April.

The Chairman expressed disappointment that improvements were not being seen more quickly following the agreement to spread PDRs out more evenly across the year.

PD stated that the issue of the remaining 28 wte vacancies for clinical supervisors had been raised by the Quality Committee and it had been requested that urgent action be taken to fill the posts.

DW confirmed that additional focus would be given to this issue.

**Action:**

**TEG to give additional focus to recruit to vacant clinical supervisor posts.**

**DW**

RB provided a Finance & Performance Directorate update.

He stated that Finance were working on the completion of the 2012/13 Annual Accounts, undertaking financial modelling support for PTS and NHS 111 and validating and assisting in the development and implementation of CIP plans.

He further stated that the Estates space utilisation study was expected to report at the end of the week.

The Month 1 finance position was showing slightly ahead of plan with a £362k surplus, as long as no penalties were incurred in relation to the NHS 111 roll out. There had been Month 1 overspends in A&E, NHS 111 & PTS.

In addition the Fleet team had instigated a number of actions to improve vehicle availability and repair turnaround times.

The Board noted the number of reds in relation to PTS performance, which remained a concern.

There were no further questions.

**Approval:**

**The Trust Board agreed that it had sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period and noted and discussed the variances contained within the April 2013 IPR report, highlighted in the Executive Directors' reports**

7.2

**Charitable Funds Committee – Committee Minutes of the meeting held on 21 November 2012 and Chairman's Report of the last meeting held on 18 April 2012**

EM stated that the aim of her report was to give the Trust Board assurance that the Charitable Funds Committee was meeting the requirements set down in the Terms of Reference.

EM presented a summary of the meeting held on 18 April 2013, the highlights of which included:

- Agreement that the Disbursement Policy would be circulated to members for approval as soon as possible;
- A further meeting of the Fundraising Committee and a meeting with Yorkshire Air Ambulance to discuss possible partnership working were due to take place;
- A training event re governance of NHS Charitable Funds had been arranged for Committee members;
- The workplan was reviewed and updated;
- Consideration was given to the three recommendations in the Internal Audit Report;
- Corporate Communications outlined the new proposed Communications action plan;
- A strategy meeting would be scheduled to decide the focus of both fundraising and project expenditure for the coming year;
- It was agreed to take forward the purchase of public access defibrillator case proposed by Chris Sharp as a pilot.

The Chairman expressed slight concern about the future implications of equipment purchase with regards to replacements.

JM stated that the defibrillators in caravan parks were very similar to community first response schemes but the Chris Sharp proposal was a new concept for the organisation so from a Charitable Funds perspective would be a good use of funds. However, if it was a success, it could perhaps be incorporated into 'business as usual' going forward.

It was agreed that alternative sources of funding would need to be considered for similar schemes if the pilot was a success.

The Chairman thanked EM for her report and for getting the Committee up and running.

**Approval:**

**The Trust Board had sufficient assurance on the matters reviewed by the Committee.**

7.3

**Audit Committee – Minutes of the meeting held on 12 February 2013 and Chairman's Report of the last meeting held on 18 April 2013.**

BS stated that the aim of his report was to provide assurance to the Trust Board regarding the activities of the Audit Committee.

He presented a summary of the key matters arising at the 18 April Audit Committee meeting, which included:

- Consideration of the latest version of the Board Assurance Framework;
- Updated assurance from the Chairmen of F&IC/Quality Committee regarding the effective management of financial /quality risks;
- Noting the intention to further streamline reporting to the Audit Committee;
- Receipt of a paper providing assurance regarding Clinical Governance, Risk Management and Audit procedures;
- An update on the Trust's Business Continuity Exercising and Testing procedures;
- Assurance that planning relating to Final Accounts; 2013/14 Budgets; Annual Report ; and Quality Accounts timelines remained on track;
- An External Audit update report;
- Various Internal Audit update reports.

The Chairman stated her belief that the Committees were now fully undertaking their roles which took some pressure off the Board.

BS stated that the Committees had already been working on streamlining and looking at how assurance flowed through the organisation to the Committees and ultimately to the Board.

However, they were looking at making themselves even more efficient and a meeting was currently being arranged between EB, PD, RB, SP and himself to take this further.

	Action
<p><b>Action:</b>  <b>AA to ensure streamlining meeting was arranged to take place as soon as possible.</b></p> <p>The Chairman thanked BS for his update.</p> <p><b>Approval:</b>  <b>The Trust Board noted the content of the report and derived adequate assurance regarding the activities of the Audit Committee and the assurance provided by that Committee.</b></p>	<p><b>AA</b></p>
<p>7.4 <b>Quality Committee – Minutes of the meeting held on 5 March and Chairman’s Report of the last meeting held on 14 May 2013</b>  PD provided an update on the activities of the Quality Committee and provided a summary report of the meeting held on 14 May 2013.</p> <p>She stated that the Committee workplan had been updated for 2013/14 and would continue to be used as the basis for the agenda for each meeting. Three new items: on-going monitoring of progress in relation to the Mid-Staffordshire Public Inquiry recommendations; an on-going emphasis on the clinical leadership framework; and a report on the quality impact of cost improvement schemes had been added as standing agenda items.</p> <p>In addition to scheduled regular updates, papers presented included:</p> <ul style="list-style-type: none"> <li>• The clinical audit plan and implementation of NICE guidelines;</li> <li>• A review of recommendations from the Public Inquiry into Mid-Staffs;</li> <li>• An update on the quality impact assessment of all cost improvement schemes;</li> <li>• An update on CQUIN schemes for 2013/14;</li> <li>• A review of the 2013/14 Quality Account;</li> <li>• An update on clinical governance in the NHS 111 service;</li> <li>• An update report on clinical leadership by the Executive Director of Operations;</li> <li>• A report outlining the annual training plan agreed by TEG;</li> <li>• An update on the Service Transformation Programme.</li> </ul> <p>PD stated that assurance reports from operational Locality Directors would continue as part of the work plan and <b>these</b> reports would be used to dive down to risks below those at the corporate level.</p> <p>In addition, presentations would precede each meeting, details of which would be noted in the minutes, to allow an opportunity for the Committee to hear directly from the staff involved and examples of good practice from across the Trust. Chris Sharpe, Head of Leadership and Learning presented on recent Trust developments in dementia awareness training prior to the 14 May meeting.</p> <p>DW noted that the Locality Directors’ involvement was useful to the Quality Committee and asked whether the Committee intended to cover the breadth of the organisation in the same way.</p>	

PD replied that all areas were scheduled as part of the workplan for the year and confirmed that EOC was still reporting back as part of the task and finish group.

The Chairman thanked PD for her report.

**Approval:**

**The Trust Board noted the content of the report and derived adequate assurance regarding the activities of the Quality Committee and the assurance provided by that Committee.**

7.5

**Finance & Investment Committee – Minutes of the meeting held on 5 March and Chairman’s Report of the last meeting held on 14 May 2013**

EB stated that the purpose of her report was to give the Trust Board assurance that the Finance & Investment Committee (F&IC) was meeting the requirements set down in its terms of reference.

EB provided a verbal update from the F&IC meeting held on 14 May 2013. It had been a very involved meeting and the main items discussed included:

- The 95% achievement of the 2012/13 Cost Improvement Programme (CIP) albeit using several reserve schemes to achieve this;
- The significant financial risks of NHS 111 to YAS;
- The significant financial risk of the 2013/14 PTS CIP to YAS;
- The fact that F&IC could not gain assurance in relation to the effectiveness of the CIP programme for 2013/14 given the overall level of risks involved;
- An update on Service Line Management, the competing priorities for business information, the differing level of priority it was being given in different departments and the improving commercial understanding in each area of the business;
- The Better Payment Practice Code which had been achieved for the first time;
- The three contracts going forward to Private Board had been approved;
- An update on the new HART facility had been received.

The Chairman stated that she had observed part of the challenging meeting which had raised a lot of issues. The meeting had been handled very well by EB as Chairman and the Board would rely on F&IC to continue its close monitoring of issues including the 2013/14 CIPs, PTS and NHS 111 in particular.

The Chairman thanked EB for her report.

**Approval:**

**The Trust Board noted the discussions within the Finance and Investment Committee and the key issues highlighted for further scrutiny and had sufficient assurance on the matters reviewed by the Committee.**

		<b>Action</b>
7.6	<p><b>Board Review and Feedback: Board Vital Guiding Principles</b>  <b>T</b> – timely, accessible communications  <b>R</b> – respect differences; be supportive  <b>U</b> – understand shared purpose, risks  <b>S</b> – self-awareness; give/receive feedback; time for reflection  <b>T</b> – take responsibility; challenge</p> <p>The Chairman requested feedback on the meeting and asked whether the Board believed it had achieved its guiding principles.</p> <p>DW stated that the meeting had been timely and the papers had generally been of a good standard.</p> <p>JM stated that the Integrated Performance Report had been too big to email so he was unable to be totally “paperless”.</p> <p>DW stated that it was disappointing that only five members of the public had attended.</p> <p>The Chairman asked whether the event had been publicised in the local press, etc as it was in the middle of a town, next door to the railway station, with plenty of car parking.</p> <p><b>Action:</b>  <b>AA to provide Chairman with details of how the meeting had been publicised.</b></p> <p>DW stated that the fact that the agenda had been slightly ‘lighter’ than some Public meeting agendas had meant that there had been sufficient time to discuss and work through any issues. This was something that would need to be considered when drafting the agenda for the July Public meeting.</p> <p>EB stated that this was also partly because many of the necessary detailed discussions had taken place at Committee level so Board discussion that day had been by exception.</p> <p>AA stated that the report cover sheet template for Board papers had been amended to show where reports had been previously debated and agreed.</p>	AA
8	<p><b>REGULATORY REPORTS</b>  There were no Regulatory Reports.</p>	
9	<p><b>FOR INFORMATION</b></p>	
9.1	<p><b>Healthwatch: Update</b>  SP had circulated the Board with a briefing on the new working arrangements for the Healthwatch organisations who took over from Local Involvement Networks from 1 April 2013 to provide assurance that there was an appropriate system in place for managing YAS’s relationships with Local Healthwatch organisations in the local area.</p>	

**Approval:**

**The Trust Board accepted the briefing and assurance that appropriate relationship management was in place to build positive working relationships with the new Local Healthwatch organisations.**

It was resolved that the remaining business to be transacted was 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 be excluded from the remaining part of the meeting.

The Chairman highlighted the items for discussion at that afternoon's Private Board meeting were: the new TDA on-line reporting system that was to replace the SOM; the more detailed Significant Incidents and Lessons Learned paper; NHS 111 and Hillsborough verbal updates; the new Occupational Health Services contract; two new lease car contracts; the report of the Remuneration and Terms of Service Committee; and an update on the Trust's financial risks.

The Chairman thanked everyone for attending the Trust Board meeting held in Public and the meeting closed at 1255 hours.

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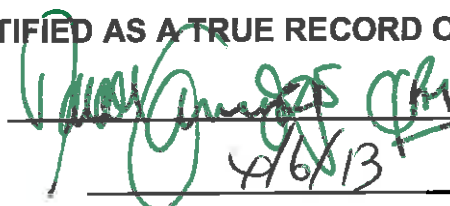
**Date and Location of Next Meeting**

**Extraordinary Trust Board Meeting held in Public to receive the Annual Report and Accounts: 4 June 2013 at Yorkshire Ambulance Service NHS Trust, Kirkstall and Fountains Rooms, Springhill 1, Unit 41 Industrial Estate, Brindley Way, WF2 0XQ**

and

23 July 2013 at Sneaton Castle, Castle Road, Whitby, YO21 3QN

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

  
 \_\_\_\_\_ CHAIRMAN  
 4/6/13 \_\_\_\_\_ DATE