



Extraordinary Trust Board Meeting held in Public

Venue: Kirkstall and Fountains, Springhill1, WF2 0XQ

Date: Tuesday 3 September 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
Barrie Senior	(BS)	Non-Executive Director (Part meeting)
Mary Wareing	(MW)	Non-Executive Director
Rod Barnes	(RB)	Executive Director of Finance & Performance
Nick Cook	(NC)	Interim Executive Director of Workforce and Strategy
Michael Fox-Davies	(MFD)	Interim Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director
Steve Page	(SP)	Executive Director of Standards & Compliance

Apologies:

Erfana Mahmood	(EM)	Non-Executive Director
Elaine Bond	(EB)	Non-Executive Director

In Attendance:

Anne Allen	(AA)	Director of Corporate Affairs & Trust Secretary	
Mark Hall	(MH)	Associate Director Risk & Safety	
Karen Warner	(KW)	Associate Director of Quality	
Elaine Gibson	(EG)	Head of Corporate Communications	
Dennis Shaw	(DS)	Public Member	
Cllr Arthur Hodgson	(AH)	Public Member	
John Egglestone	(JE)	Public Member	
Stephen Miller	(SM)	Public Member	
Karamjeet Virdee	(KV)	Public Member	
Dr Kenneth Townend	(KT)	Public Member	
George Arthur	(GA)	Public Member	Barnsley Trade Union Council
Dave Gibson	(DG)	Public Member	Barnsley Trade Union Council
Helen Rowe	(HR)	Public Member	Healthwatch - Sheffield
Chris Higginton	(CH)	Public Member	

Minutes produced by: (JK) Jo Kane, Executive PA to Chairman and NEDs

	Action
The meeting commenced at 0945 hours.	

		Action
1	<p>Questions from the Public</p> <p>The Chairman welcomed the members of the public and Mark Hall (MH), Associate Director Health and Safety to the Extraordinary Trust Board Meeting held in Public.</p> <p>SP informed the Board that KW would be joining the meeting later.</p> <p>The Chairman informed those attending that the meeting had been convened to consider and approve the Risk, Safety and Clinical Quality Annual Report for 2012/13. This was the first time that all of YAS' non-financial annual reports had been combined into one document.</p> <p>The Chairman confirmed that the YAS Annual General Meeting (AGM) was due to take place on 24 September 2013 at Cutler's Hall, Sheffield and warmly invited members of the public to attend.</p> <p>The Chairman invited questions from the members of the public asking people to identify themselves by name, geographical area and organisation if appropriate.</p> <p>DG from Barnsley Trade Union Council asked why there remained an on-going dispute with Unite and why the union had been derecognised.</p> <p>The Chairman stated that YAS' door had always been open to Unite to discuss any issues. The Trust had also opened up communication through ACAS although Unite had chosen not to engage with YAS through this or any other forum. Notwithstanding Unite's de-recognition by the Trust, YAS remained willing to discuss issues with individual staff members of the union.</p> <p>DW stated that the Trust was and always had been very supportive of Trades Unions in their role to represent the staff who were their members. He confirmed that historically Unite had had the smaller representation of YAS staff and Unison by far the larger proportion.</p> <p>DW further stated that during the last 2½ years the relationship with Unite had not been as constructive as YAS would have liked, and there had been a series of difficult issues. A significant proportion of these had concerned important changes that needed to be effected such as simplifying the workforce mix as the current mix did not best serve patients' interests and was not in line with best practice in other ambulance services.</p> <p>NC confirmed that discussions had been held with Unite and ACAS which the Trust had thought were going well. However, Unite had withdrawn and had issued a series of press releases which were quite hostile.</p> <p>NC confirmed that, on taking up his interim post, he had personally reiterated the invitation to Unite, stressing that YAS' door remained open. However, to date, he had not received a reply.</p>	

The Chairman stated that the 'questions and answers' sheet on the YAS website would hopefully answer any further questions.

DG commented that the Trust needed to understand its staff's values and needs. YAS needed to find solutions to its problems as without these they would surely contribute to major problems in the future.

Cllr Hodgson from East Yorkshire informed the Board that issues had been raised by MPs at recent meetings; the main concern being that the 75% target was not being hit, especially in the Holderness area. He quoted Category A figures for the Holderness area of 67, 52, 42, 39 and 31%, adding that outside West Hull, the figures were around 30%.

Cllr Hodgson quoted an example of a child who had stopped breathing when it had taken 90 minutes for a YAS first responder to arrive. The police had arrived first and the Officer on the scene had performed resuscitation which was not acceptable by any means. He added that the MP for the area had written to the Trust and would like a response outlining what the Trust was going to do about it.

The Chairman informed the meeting about a recent event at the House of Commons to which all Yorkshire's MPs had been invited. The event had been extremely well received and the Trust had reiterated that it was always happy to discuss issues with Members of Parliament.

The Chairman explained that YAS' A&E services were commissioned not to provide 75% in specific local areas but across the regional service as a whole and encouraged Cllr Hodgson to speak to the Commissioners to help influence the funding to improved levels of finance. She added that the CEO could discuss this with him on a one to one basis if he wished.

Cllr Hodgson welcomed this suggestion.

Action:

DW to arrange to discuss commissioning of local services with Cllr Hodgson

DW

The Chairman stated that YAS delivered an excellent service within the boundaries of how it was commissioned and any discussions would be welcomed.

RB stated that YAS had areas of priority that it was working on with the Commissioners, adding that these included performance in rural areas.

KT, as a member of the public, asked that YAS recognised as a Trust, the tremendous work that Dave Jones did on a day to day basis, both paid and unpaid, in his role as a Community First Responder.

Action:

DW to pass on Board's thanks to Dave Jones for his work as a CFR

DW

GA from Barnsley Trade Union stated that members of the public had not being made fully aware of YAS' de-recognition of Unite. He further stated that there were also concerns about private ambulances, asking how much work was currently being done by them and whether more business was going to be given to these providers.

DW replied that the Trust had been open about its de-recognition of the union, the reasons for which were in the public domain including on YAS' website. He added, that as the Chairman pointed out earlier, the YAS website included a 'questions and answers' sheet which should address the majority of queries that the public might have.

DW further stated that YAS scheduled private provider usage of approximately 5% on a daily basis which was focussed on urgent work. All private providers used by YAS were Care Quality Commission (CQC) registered and their usage was reviewed on a daily to weekly basis. Currently, they were needed. He added that work was on-going to change how the Trust rostered its crews. Therefore, using private providers was a short term measure for the Trust.

The Chairman stated that YAS was committed to being the provider of choice for Yorkshire and the Humber.

JE stated that other Trades Unions were not recognised by YAS. For example, GMB was de-recognised nearly four years ago. JE further stated that he had been a GMB member but had opted out and asked the Trust to reconsider re-recognising Unite.

JE raised issues around YAS' usage of private taxis for renal patients; the length of time that patients had to wait; and the cleanliness of some of the taxis being used.

The Chairman stated that YAS would view this very seriously. She asked that any issues be raised with the relevant YAS people and gave assurance that they would be followed up.

SP stated that YAS encouraged feedback and in the past had removed private providers from its lists following receipt of poor feedback.

PD stated her belief that this was an issue on which YAS needed to focus, adding that clearly, YAS would prefer to have all its patients looked after by its own staff.

DW stated that he was passionate about spending time out and about with staff. He had worked in many ambulance stations and it was his belief that YAS staff morale was generally good.

HR from Healthwatch, Sheffield stated that there had been excellent engagement between YAS and LINKS historically and there was now a need to rebuild the level of engagement with the new Healthwatch bodies.

		Action
	<p>SP welcomed the positive feedback and acknowledged that things were very different in the transition period. He stated that YAS had held a Healthwatch engagement event in June which had been very successful and Public Engagement would also feature in the Quality Accounts from October.</p> <p>The Chairman was particularly keen when YAS became a Foundation Trust for it to work with its Governors on the Council of Governors to allow wider debates and to ensure that the public was listened to.</p> <p>The Chairman confirmed that the AGM papers would be on the YAS website.</p> <p>As there were no further questions, the Chairman thanked those present for the interest they had shown in YAS' work.</p> <p>The Chairman stated that members of the public were welcome to stay and observe the business of the Board meeting but 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 were invited to pass comment.</p>	
2	<p>Apologies / Declaration of Interests The Chairman formally welcomed everyone to the meeting. Apologies were received as above and declarations of interest would be considered during the course of the meeting.</p> <p>The Chairman expressed her congratulations to Fiona Dinkel who had recently been awarded Emergency Medical Dispatcher (EMD) of the year from the International Academy of Emergency Dispatch (IAED).</p> <p>DW stated it was the first time that a member of YAS had won this national award. It was a fantastic achievement for Fiona and congratulations would be sent to the Emergency Operations Centre.</p> <p>The Chairman fed back to the Board on the excellent recent YAS 'We Care' Staff Awards ceremony and confirmed that the Trust would be holding its Long Service and Retirement Awards on 5 September at The Pavilions of Harrogate. Lord Crathorne, KCVO, Lord Lieutenant of North Yorkshire, would be attending to present the awards</p> <p>DW stated that he would be presenting two awards for heroism to YAS staff. One of the awards was a Royal Humane Society award which was to be presented to two of YAS' staff and a West Yorkshire Police Officer.</p>	
3	<p>Minutes of the Public Meeting held on 23 July 2013 including Matters Arising (not on the agenda) and Action Log The Minutes of the Meeting held on 23 July 2013 were approved as a true and fair representation of the meeting subject to the amendments highlighted.</p>	

	Action
<p>Matters Arising: Page 9, paragraph 6 – RB to reword</p> <p>Page 10, paragraph 7 – line altered to read: 'KW confirmed that JRCALC guidelines are to be implemented in October.'</p> <p>Action Log: DW guided the meeting through the updated Action Log. There were no outstanding queries relating to the completed actions.</p> <p>PB-161 – on-going to be carried forward to 30/11/2013.</p> <p>PB-200 – DW had liaised with Stuart Ide and raised issues that this was a specialised role that needed a solution as soon as possible.</p> <p>Action: DW to liaise with Stuart Ide for response re ECT funding queries.</p> <p>PB-210 – JM and RB currently working on this as the BASICS scheme funds sits independently outside YAS Charity.</p> <p>PB-211 – there are no regional Governors meetings in place.</p> <p>PB-212 – in spite of assurance that this would be received by August unfortunately it has not yet been received. Action closed to be replaced with new action PB-230.</p> <p>Action: Chairman's office to follow details of TDA's appraisal process and Chairman to share details with Board colleagues.</p> <p>PB-214 – Quality Agenda for the 10 September 2013. Action closed.</p> <p>PB-215 – Carry forward to next meeting</p> <p>PB-216 – Action closed.</p> <p>PB-217 – On SMG Agenda for 11 September 2013.</p> <p>PB-218 – UCB leads requested to raise item at UCB meeting. PD due to attend Bradford UCB meeting. Action closed.</p> <p>PB-219 – Needs to be raised at TDA on Thursday 5 September as the Trust needs to start elections as soon as possible.</p> <p>PB-220 – Revised report to be presented at next Board meeting. Action closed.</p> <p>PB-221 – Next meeting later in the week. Advertising of 111 possibly needs to be re-launched, as YAS is not currently receiving the predicted level of calls.</p>	<p>DW</p> <p>AA</p>

	Action
<p>PD asked, whether YAS was picking up more calls through 111 instead of people going through the normal GP route.</p> <p>PB-222 – Report back and review November 2013.</p> <p>PB-223 – Carry forward next meeting 24/9/13.</p> <p>PB-224 – Carry forward next meeting 24/9/13</p> <p>PB-225 – Carry forward next meeting 24/9/13</p> <p>PB-226 – RB confirmed that the redesign of the ICT section of the IPR had commenced.</p>	
<p>4</p> <p>For Approval: Risk, Safety and Clinical Quality Annual Report</p> <p>1.0 Introduction: The Chairman confirmed that feedback would be welcomed as this was the first time that the reports for Risk, Safety and Clinical Quality had been combined and presented as one report.</p> <p>SP stated that the aim of the report was to provide a summary of Trust developments in relation to risk, safety and clinical quality in 2012/13 and to provide additional details on specific areas of development to complement the information in the Annual Report and Quality Account.</p> <p>He stated that the two main sections of the report were:</p> <ul style="list-style-type: none"> • Risk Management Strategy including Risk and Safety; and • Clinical Quality. <p>Risk and Safety included: Risk Management ie how risk was identified and treated; Information Governance; Health & Safety; Security (of staff and premises); and Infection Prevention and Control.</p> <p>Clinical Quality Strategy included: Patient safety; Medicines Management; Safeguarding; Clinical Effectiveness; and Patient Experience which was both reactive, for example complaints and concerns, and proactive including patient surveys, patient forums etc.</p>	
<p>2.0 Risk Management Strategy including Risk and Safety</p> <p>MH stated that the purpose of the presentation was to provide assurance to the Public, Commissioners and Regulators and for internal assurance of YAS was developing against its own plans.</p> <p>He further stated that the Strategy had been agreed by the Trust Board which was an annual requirement. Set out in the Strategy were the Trust's intentions for risk management at all levels in support of the underpinning risk procedures, detailing the Trust's Committee structures and information flows to the Trust Development Authority (TDA), Care Quality Commission (CQC) and Internal Audit. Risk is a key part of the Integrated Business Plan and supports the Annual Governance Report.</p>	

	Action
<p>He further stated that Strategy also included the key high level risk management priorities identified in the Francis Report, 'Taking it on Trust', which included:</p> <ul style="list-style-type: none"> • Effective policies and systems for risk management; • Effective Committees and information flows; • Concise and accurate information to Committees to enable decision making and prevent inertia; • Monitoring of reports and delivery of actions; • Learning from adverse events and good practice. 	
<p>2.1 Risk Management Progress in 2012/13: MH stated that YAS had moved from Prism to the new Datix system for incidents, risk registers and the 4C's: comments, concerns, compliments and complaints. There was a quarterly review of the Board Assurance Framework (BAF) including peer review involving two Non-Executive Directors which covered risk processes and systems to ensure that they were effective, timely and embedded.</p> <p>Progress in 2013/14 and Next Steps: Recruitment to key posts (Mark Hall, Associate Director of Risk and Safety and Claire Ashby, Head of Safety which includes Infection Prevention and Control) had been completed. Positive outputs seen to date included the completion of Datix mapping to the new national risk reporting system (NRLS). Full integration of the Datix risk register is in progress and one to one team training is being held. .</p> <p>MH stated that the update to the Trust's Risk Grading Matrix had been completed and changed the level of 'moderate' to a more appropriate measure. The 'Duty of Candour' had also been implemented. The Quality Committee had stated its belief that a better indication of preventative techniques and measures were now in place, with appropriate separation of events and near misses/concerns.</p> <p>The Chairman stated her belief that culture was the key to success. The Trust needed to ensure that matters were raised and dealt with in a timely manner with the key aim for this to become embedded within the organisation.</p>	
<p>2.2 Information Governance Progress in 2012/13: YAS had achieved Level 2 for the Information Governance (IG) Toolkit, at 73% compared to 66% for 2011/12, and on which Internal Audit (IA) had provided significant assurance.</p> <p>Benchmarked against other Ambulance Services, YAS was in the middle and had plans to improve which built on the nine criteria where the Trust believed it was already at Level 3. The Trust had invited IA to provide an independent review of its scores against these criteria.</p>	

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<p>The Records Management Policy had been updated to reflect the changes to PRISM/Datix, paediatric records and the e-PRF (electronic patient report form).</p> <p>Progress in 2013/14 and Next Steps: An Information Governance working group has been established as have information asset owners to manage the 65,000 patient records that YAS deals with each month. The volume and geographic spread of the number of patient records reflect the 2,300 daily patient contacts.</p> <p>PD stated that the YAS approach to IG was very IT driven, as paper records had no ready audit trail.</p> <p>SP stated that YAS was making good progress with its computerised systems and continued to strengthen both clinical and non-clinical records.</p>	
<p>2.3 Health and Safety Progress in 2012/13: MH stated that the Risk and Safety team had driven forward improved RIDDOR reporting incidents (Reporting of Injuries, Diseases and Dangerous Occurrences) of which there were circa 60 occurrences.</p> <p>DC asked if Board Committees were fully sighted on such incidents.</p> <p>PD replied that the issues were included in Committee work plans. She asked how many such incidents resulted in medical retirement of staff.</p> <p>MH replied that this was not currently recorded.</p> <p>He confirmed that Health & Safety training had been updated and included in the Statutory and Mandatory work books. In addition three yearly tutor-led moving and handling training had also been introduced.</p> <p>It was confirmed that YAS had introduced bariatric vehicles, training and equipment. DW stated that it would make more sense to redeploy these resources to PTS in future, to optimise their usage and the Trust's investment. Work was on-going with A&E which was looking at a more sustainable model.</p> <p>The new response bags had been evaluated and a University trial of a lighter weight defibrillator was being conducted with a view to having only one bag that would carry all equipment. These would be trialled with Rapid Response Vehicle paramedics.</p> <p>In addition, new carry chairs had been delivered. There should be a reduction in musculoskeletal injury as their higher handles would reduce stooping. They also had a tracking mechanism to aid the chair's movement. It was estimated that complete roll out across all areas would take around 3 years and had begun with the areas with the highest incidence of this type of injury.</p>	

	Action
<p>PD asked if a response bag could be made available for all to see.</p> <p>Action: SP/MH to organise a response bag for Board members to view. Progress in 2013/14 and Next Steps:</p> <p>The new Occupational Health provider would be effective from October 2013 with complete coverage across the Trust by April 2014.</p> <p>PD stated that it was expected in the Quality Committee to see improvement in sickness and absence levels.</p> <p>New 'Inspections for Improvement' would replace individual inspections which covered for example, Health & Safety, security, etc and would be conducted once a year in operational areas lead by Locality Managers.</p>	<p>SP</p>
<p>2.4 Security and Local Security Management Specialist (LSMS) Progress in 2012/13:</p> <p>CCTV cover on stations and vehicles has been improved with the potential to assist both YAS staff and the Police. One hundred and ten (110) frontline A&E vehicles and a small number of PTS vehicles currently have CCTV systems installed. Although they do not record continually in the patient carrying area of vehicles; staff can activate the cameras in if they feel they may be at risk.</p> <p>The Trust faces particular security challenges due to its need to operate a large number of small sites, many of which might be unstaffed for periods of the day. At the end of 2012/13, 22 YAS ambulance stations and 9 strategic premises had lockdown procedures in place in the event of, for example, major terrorism, fire, etc.</p> <p>There was a broad discussion around the incidents that were reported and SP confirmed that all reported incidents were followed up.</p> <p>PD stated that the Report did not make a link between security incidents and RIDDOR. As there was zero tolerance it would be useful for future reporting to headline how many prosecutions had been taken forward.</p> <p>The Chairman stated that the Report did not provide sufficient context, and suggested that a section should be added in future with regards to what the organisation had learnt.</p> <p>Progress in 2013/14 and Next Steps: Procedures have been reviewed to enable easier retrieval of SD cards from CCTV in the event of a police request. The Chairman queried whether YAS charged for such information requests as she knew of other organisations which did this.</p> <p>Board members discussed the security of inner city sites such as the York/Leeds static medical units (SMUs).</p>	

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<p>It was confirmed that these sites were located near to Police units to reduce risk to YAS' staff. In addition, YAS' deployment model included flagging 'at risk' addresses where these were known.</p> <p>Uploading of the annual Violence Against Staff report had been mapped to the data fields on the Security Incident Reporting System (SIRS).</p> <p>YAS was one of only 3 compliant Ambulance Services and had been commended by SIRS as such.</p>	
<p>2.5 Infection Prevention and Control</p> <p>Progress in 2012/13:</p> <p>The YAS Infection Prevention and Control (IPC) plan is monitored via the Clinical Governance Group and the Trust is compliant with the CQC standards (Outcome 8) and the Health & Social Care Act, 2008. In addition, there are monthly IPC audits which are fully compliant and the Trust is 92% IPC training compliant.</p> <p>JM stated that he was encouraged by what he had witnessed in relation to staff's regular glove changing and use of alcohol gel. IPC was high on the clinicians' agenda and the recent unannounced CQC visits had all reported positive assurances which was particularly encouraging taking into account the challenging environments in which YAS' staff frequently worked.</p> <p>The schedule of deep cleaning of vehicles had moved to 35 days from 28 days in line with national standards. The Chairman asked if vehicles could be repeatedly missed if they were unavailable for their scheduled clean.</p> <p>SP confirmed that there was a system to recall vehicles where they had been unable to meet their scheduled slot.</p> <p>Progress in 2013/14 and Next Steps:</p> <p>SP stated that the Trust had recently appointed IPC lead nurse, Claire Ashby, who was also YAS' Head of Safety and confirmed that YAS regularly received national guidance through the Nursing Directors regional group.</p> <p>A review of procedures for A&E post inoculation injury was currently under way through the new Occupational Health provider and YAS also had a process of reciprocal information sharing in place with the West Midlands ambulance service.</p>	
<p>3.0 Clinical Quality Strategy</p> <p>JM led the Board through the Clinical Quality Strategy which formed a key part of YAS' Integrated Business Plan (IBP) setting out the key clinical priorities for 2012/15. The Strategy focussed on evidence-based practice and national priorities and the most important issues for the people using YAS' services.</p>	

	Action
<p>3.1 Patient Safety including Incidents and Serious Incidents (SI) Progress in 2012/13: SP confirmed that safeguarding children and vulnerable adults continued to be a high priority with YAS actively seeking feedback from patients to inform its development.</p> <p>Continuous improvement had been seen in all Clinical Performance Indicators (CPIs) and the Ambulance Quality Indicators (ACQIs) which contributed to YAS' delivery of all PTS and A&E CQINS (Commissioning for Quality and Innovation).</p> <p>All SIs were coded on Datix, which would allow trends to be monitored. Where SIs did not belong to YAS, a positive development meant that YAS could now identify these and report them to the relevant Trust / organisation thus starting the process of learning.</p> <p>SP further stated that the Trust had agreement with the Commissioning CCG to utilise the national Serious Incident Framework which involved a change of reporting timescales to allow more time for internal investigation before reporting of an SI, if appropriate.</p> <p>He confirmed that the YAS SI reporting had been completed within the commissioned timescales. CCGs would in future be responsible for SIs (in transition from the Primary Care Trusts) and YAS had already developed productive relationships with the Clinical Support Units (CSUs) who represented the CCGs for SI reporting.</p> <p>SP further confirmed that the Trust had introduced a new SI reporting template which included the Duty of Candour, issue/concerns, and other fields on Datix at the point of reporting.</p> <p>In addition, work has taken place on the Safety Thermometer and cross referenced incidents and serious incidents, identifying and analysing where harm to patients may occur.</p> <p>The three 'harms' identified are :</p> <ul style="list-style-type: none"> • Falls; • Injury to patients (not from falling); • Harm arising from delayed response to calls coded as 'Green'. <p>PD stated that Root Cause Analysis had been used to identify lessons learned and key areas progressed through the Quality Committee. It was her belief that the Trust had undersold itself as it had made huge progress and should be proud of what it had achieved.</p>	
<p>3.2 Medicines Management Progress in 2012/13: JM stated that the Trust's main aim in 2012/13 was to closely monitor the safe and secure handling of controlled drugs and it was pleased with the feedback it had received from the CQC.</p>	

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<p>In relation to the management of risk, the vehicle and station controlled drug books did not support ambulance services' ways of working. YAS had led the national development of new controlled drug stationery which had led to a reduction in drug administration errors. JM stated that although electronic systems are available, the law requires that controlled drugs have written records.</p> <p>JM stated that a recent change in the law allowed Paramedics to possess ketamine for improved pain relief. This is carried by Yorkshire Air Ambulance (YAA) and the Hazardous Area Response Team (HART) and its usage is reported on a monthly basis to the Medicines Management Group (MMG).</p> <p>A new Standard Operating Procedure (SOP) for morphine allows the Trust to identify which health care professional has a controlled drug at any time.</p> <p>In addition, YAS is required to have a representative at the West Yorkshire Controlled Drug Local Intelligence Network (CDLIN) and the Trust's Pharmacist attends this network on a quarterly basis.</p>	
<p>3.3 Safeguarding Progress in 2012/13: The Trust has increased adult and child referrals to social care and ensured that all necessary staff have received safeguarding training at the correct level for their role.</p> <p>The number of under-2 year olds not taken to hospital after being seen by a YAS clinician has been reduced. The audit and review process is continuing to ensure compliance with Trust guidance.</p> <p>The new Occupational Health provider will provide a post-incident support service for staff following child death.</p> <p>The Chairman stressed the need for back up plans as the Trust did not have the power to push and pursue a doctor follow-up, for example the Baby P case.</p> <p>A discussion took place around challenges in relation to possible safeguarding issues that YAS staff might encounter. The Trust's staff had unique access to vulnerable patients in their home environment, particularly in PTS. There could be occasions when YAS' staff might need to make a social judgement and it was important that over time they did not become immune to the situations that they often faced.</p> <p>JM stated that a culture of patient centred professionalism was in place through the Clinical Supervisor Framework and a culture of reporting had been established.</p> <p>He further stated that, through the Safeguarding Group, the Trust had established a system of peer review, the learning outcomes from which would feed into Quality Committee and then to Board.</p>	

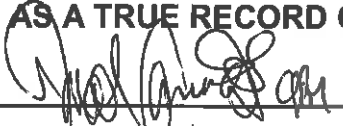
	Action
<p>The Trust had also received positive feedback from the CQC that its Emergency Operations Centre (EOC) escalation processes were clear and being used.</p>	
<p>3.4 Clinical Effectiveness Progress in 2012/13: JM stated that the Trust reported against two sets of clinical quality standards: the Clinical Performance Indicators (CPIs) and the Ambulance Clinical Quality Indicators (ACQIs). For CPIs, YAS benchmarked well for asthma and hypoglycaemia.</p> <p>Ambulance services had important interventions for the group of STEMI patients and YAS was leading on this with its cardiac partners. Data was collected from the 65,000 patient record forms issued each month which showed how many patients received the correct assessments and treatments for their conditions.</p> <p>PD stated the Report omitted individual practitioner's improvements, delivered through the Clinical Leadership Framework and a positive change in YAS' culture.</p> <p>YAS was upper quartile in performance against the following ACQIs:</p> <ul style="list-style-type: none"> • Time to answer (calls); • Time to treatment; • Cardiac arrest: survival to discharge. <p>JM confirmed that Clinical Managers had moved into the Clinical Directorate from Operations.</p> <p>Progress in 2013/14 and Next Steps: JM stated that YAS was leading the way in cardiac arrest and resuscitation management. In 2013/14, the Trust needed to focus on basic life support which should lead to improved resuscitation outcomes for patients. YAS' focus had been on the 'UTSEIN' group where the key had been early ambulance service intervention and survival to discharge rates.</p> <p>YAS has also played a lead role in the development of the new JRCALC (Joint Royal Colleges Ambulance Liaison Committee) guidelines which have now been rolled out nationally.</p> <p>The Trust now needs to educate its clinicians in pain score reporting and ensuring that they record their actions.</p> <p>JM stated that NASMED (National Ambulance Service Medical Directors) had agreed that there was proven disparity in the collection and measurement of data and that benchmarking between ambulance services was not currently possible. Work would therefore take place during 2014/15 to identify common data sets.</p>	

	Action
<p>3.5 Patient Experience</p> <p>Progress in 2012-13: KW talked the Board through the variety of methods that had been used during the past twelve months to build up a picture of patient experience. These included:</p> <ul style="list-style-type: none"> • Patients surveys; • Complaint and concerns; • Compliments; • Feedback from service user groups; • Focus groups; • Feedback from staff; • Patient stories; • Expert patient; • Patient opinion website; <p>Progress in 2013/14 and Next Steps: KW stated that the Trust had extended the range of measures to gauge patient experience and its future focus would be on triangulating information to analyse, monitor and correlate data and information, for example staff surveys, complaints and concerns. This should in turn lead to improvements in patient experience and outcomes.</p>	
<p>3.6 Learning in Action</p> <p>Progress in 2012-13:</p> <ul style="list-style-type: none"> • Changes within the EOC when referring 999 calls to a clinical advisor which make clearer to patients the next steps in their care plan; • Learning from events to improve the way that YAS cares for patients at the end of their lives. Angela Harris, YAS Lead Urgent Care Nurse has reduced end of life hospital admissions regionally through improved DNR (Do Not Resuscitate) documentation and education; • Increasing the Trust's understanding of safe care especially in reducing the risk of harm to patients for example falls, medication errors; • Working with individuals with complex care needs. The Trust needs to have care plans in advance to ensure that patients' particular needs are carried out, not a generic response. <p>Progress in 2013/14 and Next Steps:</p> <ul style="list-style-type: none"> • Bespoke responses which are right the first time; • Ensuring that people have the responsibility for planning their own needs in advance; • Further progressing the safety thermometer work with North West Ambulance Service. 	
<p>4.0 Assurance on Risk, Safety & Clinical Quality</p> <p>Progress in 2012/13:</p> <ul style="list-style-type: none"> • The restructure of the directorate redefined key roles and responsibilities and increased the support and expertise provided in all areas; 	

		Action
	<ul style="list-style-type: none"> • Quality and Risk reporting through the Integrated Performance Report, dashboards and direct observation complements the data; • YAS internal audit processes with an extensive focus on risk, safety and quality which have taken an objective view. 	
	<p>5.0 Looking ahead to 2013-14 JM reported that the Trust was looking forward to strengthening and embedding quality and good patient experience at all levels focussing on clinical leadership, staff engagement and patient centred professionalism.</p> <p>It was confirmed that there had been a restructure of the Committees reporting to the Audit Committee to take a whole business approach.</p> <p>Future emphasis would be that the corporate approach to clinical quality translated to and was embedded at local level to ensure the appropriate quality and to fulfil the expectations of YAS' Board.</p> <p>The Chairman stated there had been a marked shift to measuring and improving quality rather than the financial approach to measuring success which was in place when she became Chairman three years previously.</p> <p>PD stated that there had been a significant change in the breadth and level of detail available and that External Audit supported YAS' view of a risk based approach to Committee scrutiny.</p> <p>Approval: The Trust Board accepted the 2012/13 Risk, Safety and Clinical Quality Annual Report as assurance that YAS was compliant with statutory and regulatory requirements and had robust work plans in place for 2013/14 to deliver safe, effective services and meet the standards required for a Foundation Trust.</p>	
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 requested feedback on the meeting and asked whether the Board believed it had achieved its guiding principles.</p> <p>DW and BS stated that the single Report approach had been effective.</p> <p>PD welcomed the holistic, joined up approach to reporting.</p> <p>The Chairman thanked everyone for attending. The meeting closed at 12:35 hours.</p>	

		Action
6	Date and Location of Next Meeting: 24 September 2013: Annual General Meeting, Cutlers' Hall Church Street, Sheffield, S1 1HG	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS



CHAIRMAN

24/9/13 DATE