



## Trust Board Meeting held in Public

**Venue:** The Mercure Hotel, 170 Ferensway, Hull, HU1 3UF

**Date:** Tuesday 22 July 2014

**Time:** 1100 hours

**Chairman:** Della Cannings

### **Present:**

#### **Board Members:**

Della Cannings	(DC)	Chairman
David Whiting	(DW)	Chief Executive
Patricia Drake	(PD)	Deputy Chairman and 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
Rod Barnes	(RB)	Deputy Chief Executive and Executive Director of Finance and Performance
Ian Brandwood	(IB)	Executive Director of People and Engagement
Dr Julian Mark	(JM)	Executive Medical Director

#### **Apologies:**

John Nutton	(JN)	Non-Executive Director (Designate)
Russell Hobbs	(RH)	Executive Director of Operations
Steve Page	(SP)	Executive Director of Standards and Compliance

#### **In Attendance:**

Anne Allen	(AA)	Trust Secretary, YAS
Clare Ashby	(CA)	Head of Safety, YAS
Tom Heywood	(TH)	Paramedic Practitioner, YAS
Becky Monaghan	(BM)	Associate Director of Risk and Safety, YAS
Amy Moorhouse	(AM)	Corporate Communications, YAS
Ali Richardson	(AR)	Foundation Trust Membership Manager, YAS
Ian Walton	(IW)	Associate Director of Resilience, YAS
Karen Warner	(KW)	Associate Director of Quality & Nursing, YAS
John Cunnington	(JC)	YAS Forum Member, Public – East
Rod Spratley	(RD)	YAS Forum Member, Public – South
Hazel Allen	(HA)	Member of the Public
David Bolam	(DB)	Member of the Public
Liz Charles	(LC)	Member of the Public

Alison Coggan	(AC)	Health Reporter, Hull Daily Mail
Gill Kennett	(GK)	Member of the Public
Dean Kirk	(DK)	Member of the Public
Lyn Longbottom	(LL)	Member of the Public
Liz Noble	(LN)	Member of the Public
Andrew Reed	(AR)	Member of the Public
Cllr Sarah Rommell	(SR)	Member of the Public
Ann Stanley	(AS)	Member of the Public
John Stanley	(JS)	Member of the Public
Theresa Vaughan	(TV)	Member of the Public
Gary Wareing	(GW)	Member of the Public

**Minutes produced by:** (MG) Mel Gatecliff, Committee Services Manager

The meeting was preceded by a presentation, between 1015 and 1045, which was open to all members of the public. 'Alcohol Awareness' was presented by Tom Heywood (TH), Paramedic Practitioner and was very well received by those present.

		<b>Action</b>
	The meeting commenced at 1100 hours.	
<b>1</b>	<p><b>Questions from the Public</b></p> <p>The Chairman welcomed everyone to the Trust Board Meeting held in Public. She passed on her thanks to TH for a useful and informative pre-meeting presentation.</p> <p>The Chairman welcomed KW, who was deputising for SP and thanked BM and CA for attending to assist with later items. She confirmed that BS, who had originally been unable to attend, had redacted his apologies as he was now able to attend.</p> <p>The Chairman reminded those present that recording the business of the meeting was not permissible in any form other than a personal written record of proceedings.</p> <p>The Chairman reported that a Trust Board Meeting in Private had taken place earlier that morning. The meeting had received updates on a number of confidential and/or commercially sensitive items, including the on-going Hillsborough Inquests, the purchase of vehicles and a deep dive into the organisation's performance issues.</p> <p>The Chairman thanked the members of the public for the interest they showed in YAS, adding her hope that they had already joined up to be Members. She invited questions from those present, asking people to identify themselves by name, geographical area and organisation if appropriate.</p> <p>RS, a YAS Forum Public Member for South, stated that there had been interesting presentations about care pathways at the last two Public meetings and asked whether there was any indication of central directives forthcoming to encourage investment in care in the community.</p>	

	<b>Action</b>
<p>JM stated that the importance of taking healthcare to patients in the home setting was emphasised in the first part of Bruce Keogh's recent report. The second part of the report was due shortly and it was hoped that this would include guidance to help steer the NHS going forward.</p> <p>Therefore, although the ambulance service would play a key role in the treatment of patients closer to home, JM could not yet provide any information relating to how the Government proposed to fund or support these developments.</p> <p>The Chairman stated that such potential investment would be a good use of public money as every £1 spent on this type of care could save up to £20 elsewhere in the NHS.</p> <p>DB, a member of the public from North Yorkshire, requested an update about the realignment of skills mix in relation to Paramedics and Emergency Care Assistants (ECAs) and asked whether the potential industrial action would compromise progress towards Foundation Trust status.</p> <p>DW stated that the implementation of the Workforce Plan was 18 months into the 5-year plan. The Plan would entail training around 450 paramedics over its lifespan, the majority of whom would come from the existing Technicians whose role was due to be phased out.</p> <p>He recognised that this was quite a significant number of people but the Trust was currently on track with two conversion courses having taken place to date.</p> <p>In relation to the potential industrial action, DW stated that the Trust hoped not to get into confrontation with Unison with whom the Trust had a constructive relationship.</p> <p>LL, Chair of 'Save our NHS, Hull and East Riding', requested information about the type and length of training that the ECAs received and its potential impact on patient safety.</p> <p>DW stated that the majority of ambulance trusts in England had ECAs whose role was to assist Paramedics on emergency ambulances. The training received by the ECAs would provide them with the necessary skills to work alongside Paramedics as the role was very much that of an assistant. Diagnosis and treatment would be the responsibility of the registered professional, ie the Paramedic.</p> <p>IB confirmed that ECAs initially received 5 weeks of medical and 3 weeks of driving training. However, this was only the start of the process and within their first 18 months of employment ECAs would be offered other significant opportunities for further development.</p>	

**Action**

DW stated that he had worked with ECAs as a Paramedic and it was a credible role. He acknowledged that the new ECAs would take time to develop and bed in but YAS was one of the few ambulance trusts which had also opted for a significant mix of Paramedics to ECAs.

The Trust's ultimate aim was to motivate the ECAs to improve their skills over a period of time and work towards being the Trust's Paramedics of the future.

The Chairman stated that, although it was the Trust's aim to have a Paramedic on every ambulance attending emergency calls, there would be occasions when vehicles with 2 ECAs would attend emergency calls if theirs was the nearest vehicle. They would therefore support the patient within their skill base until such time as the Paramedic arrived.

The Chairman further stated that YAS was currently reinvigorating its urgent care tier to provide a more bespoke service for people with urgent needs. This in turn would take some of the pressure off emergency crews.

DW confirmed that, on the first morning of the Tour de France weekend, an ECA, working with the attending Paramedic, helped to successfully resuscitate a person in cardiac arrest.

LL thanked the Board for their reply which had provided her with more clarity about the ECA role.

PD stated her belief that YAS was simplifying a complex structure whilst continuing to offer development opportunities for individuals.

LC, a member of the public from Hull, asked whether the Trust had considered training up the army medics returning from active service as there were many such highly-skilled individuals based in the Hull area and YAS would have a ready-trained workforce.

She also asked why GPs, attending a patient at home had to call a help line to assess the needs of the person rather than being able to call for an ambulance direct.

JM stated his belief that this was a reference to the single point of access process that Hull was the process of developing, the aim of which would be to make the whole healthcare system more efficient. He stated that a conversation would take place with the receiving unit to help prevent a blockage in the Emergency Department which was currently often the case.

In relation to the comment about employing former army medics, the Chairman stated that YAS, with its open recruitment policy, would welcome such recruits, adding that the Trust already worked in conjunction with the military in Catterick.

		<b>Action</b>
	<p>DW confirmed that YAS already helped to develop and train military medics to gain a Paramedic qualification and provided real time experience on ambulances, adding that when these medics left the military YAS would be supportive of them working within the Trust.</p> <p>SR, a Counsellor from Hull, provided details of a disappointing personal experience following an emergency call. A relation with a serious neurological condition had recently had a significant fall. 999 had been called and she had been unhappy with the provision of care following the arrival of a first responder when a St John's rather than an emergency ambulance had been provided.</p> <p>The Chairman thanked SR for raising the issue, adding that she was happy for this individual concern to be discussed with relevant Board members outside the meeting. The Trust would then look at the record of the call and respond in full detail about the events.</p> <p>She stressed the importance of YAS working in conjunction with Third Sector organisations to enable the Trust to maintain its usual services during times of major incidents when those organisations could step in.</p> <p>As there were no further questions, the Chairman thanked those present for the interest they had shown in YAS' work.</p> <p>She acknowledged that the agenda item had overrun but stressed the importance of listening to the comments and concerns of YAS' stakeholders. If there were any further questions, Board members would be happy to answer them during lunch, which attendees were welcome to attend.</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 before the end of the meeting if they wished. She reminded those present that, once the formal Board meeting started, they would be unable to play an active part unless invited.</p>	
2	<p><b>Apologies / Declaration of Interests</b></p> <p>The Chairman welcomed everyone to the meeting. Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p>	
3	<p><b>Minutes of the Meeting held on 20 May and 3 June 2014 including Matters Arising (not on the agenda) and Action Log 20 May 2014</b></p> <p>The Minutes of the Meeting held on 20 May 2014 were approved as a true and fair representation of the meeting subject to the following amendments.</p> <p><b>Matters Arising:</b> Page 6, first paragraph – 'Commissioning' replaced with 'Support'.</p>	

	<b>Action</b>
<p><b>3 June 2014</b> The Minutes of the Meeting held on 3 June 2014 were approved as a true and fair representation of the meeting subject to the following amendments.</p> <p><b>Matters Arising:</b> Page 5, paragraph 4 – amended to state: ‘the NEDs’ pre-meeting (not including the Chairman) had assisted Audit Committee members in their review of the Annual Accounts in preparation for that day’s Audit Committee meeting at which the Committee formally agreed to recommend that the Trust Board should approve the Accounts.’</p> <p>Page 5, end of third last paragraph – amended to state: ‘high level of financial scrutiny during the remaining stages of the Foundation Trust process.’</p> <p><b>Action Log:</b> DW guided the meeting through the updated Action Log, all actions on which were completed.</p> <p>EB stated that she had expected to see an action about the issues around the clinical hub from a Cost Improvement Plan (CIP) perspective.</p> <p>DW agreed to investigate the issue.</p> <p><b>Action:</b> <b>DW to investigate the issue around the clinical hub and its CIP position and provide the Board with an update.</b></p> <p>AA submitted a revision to <b>PB-295</b>. The session was now due to take place on 12 August 2014.</p> <p><b>Action:</b> <b>MG to amend date in closed action PB-295 to 12 August 2014.</b></p>	<p><b>DW</b></p> <p><b>MG</b></p>
<p><b>4</b> <b>Chairman’s Report</b> The Chairman stated that, as her intention was to provide information not available elsewhere, she would avoid the issues outlined in the Chief Executive’s report and keep her report as brief as possible.</p> <p>The Chairman stated that the Board was already aware that she had been appointed a Trustee of the Foundation Trust Network (FTN). She had been elected by fellow FTN members and the position, which was for one year, had been open to the Chairman of an aspirant health trust. It was agreed that it would be useful to have direct knowledge of and input into national discussions.</p> <p>The Chairman further stated that, as a representative of the NHS Confederation, she had been asked to become a member of the Armed Services Consultancy Advisory Board.</p>	

	<b>Action</b>
<p>The Chairman confirmed that the Executive Director of Operations, Russell Hobbs (RH), would be leaving the organisation at the end of August to develop some personal business opportunities. She placed on record her thanks to RH for his achievements during his time with YAS and wished him well for the future.</p> <p>The Chairman stated that interim arrangements had been put in place to ensure continuity of business until such time as a replacement was appointed and further updates would be provided at future Board meetings.</p> <p>The Chairman expressed pride at YAS' contribution to the success of the Tour de France, which had been a marvellous advertisement for Yorkshire, its stunning scenery and its people.</p> <p>She stated that the Trust's 'We Care' awards ceremony had taken place the previous week with the majority of recipients being voted for by their own colleagues. It had been tremendous to see staff, volunteers and partner organisations all recognised for their efforts at the enjoyable and successful event.</p> <p>The Chairman confirmed that the event had been sponsored by a number of organisations so the cost had not come out of the public purse. Some of the sponsors were so moved by the night's stories that they were already keen to be involved in 2015.</p> <p>The Chairman stated that although the majority of performance in the organisation was excellent and born out in terms of the Integrated Performance Report (IPR), some key targets were currently not as good as the Trust would wish. However, this would be covered in more depth later in the meeting.</p> <p>The Chairman thanked everyone for listening to her update report.</p>	
<b>5</b>	
<b>5.1</b>	
<p><b>QUALITY, SAFETY AND PATIENT EXPERIENCE</b></p> <p><b>Patient Story</b></p> <p>The Chairman stated that, as patient care was at the heart of the Trust's work, a patient story was provided at every Public Board meeting to highlight the work of the Trust and to learn about steps being taken to improve its services and the knowledge of its staff.</p> <p>The Chairman stated that it was important for the Board to hear about both good and bad experiences, adding that the stories, which were used to help to drive changes through the organisation, were used to provoke thought rather than for discussion.</p> <p>The Chairman invited Clare Ashby (CA), YAS' Head of Safety, to present a summary of how the Trust learned from patient stories.</p>	

	<b>Action</b>
<p>CA stated that there had recently been a slight increase in incidents relating to patient falls in both A&amp;E and Patient Transport Services (PTS) and read out some examples of patients' feedback.</p> <p>As a result of the feedback, a patient experience event had taken place in Hull to enable YAS to listen to its patients talking about their experiences and to learn. Learning included:</p> <ul style="list-style-type: none"> <li>• Raise awareness of promoting dignity / respect for patients;</li> <li>• Give staff the skills and knowledge to care for people with specific care needs, such as dementia;</li> <li>• Raise awareness of the requirement to listen to patients' needs, concerns and abilities before moving and handling;</li> <li>• Improve training in the use of moving and handling techniques and equipment;</li> <li>• Measure patient falls;</li> <li>• Monitor patient experience feedback;</li> <li>• Check all vehicles have the correct equipment to safely move and handle patients.</li> </ul> <p>The learning had then led to specific actions which included:</p> <ul style="list-style-type: none"> <li>• The 2014 Dignity and Respect campaign;</li> <li>• The 2014 Dementia Awareness campaign along with Dementia-safe ambulances;</li> <li>• Continuous measurement of falls using the Patient Safety Thermometer, which had led to a drop in numbers of falls whilst in YAS care during the first half of 2014;</li> <li>• The inclusion of patient stories in a case study style training session for all staff;</li> <li>• The development of a falls awareness training package using patient experiences within A&amp;E and PTS;</li> <li>• All vehicles had been checked to ensure they had the equipment ready to ensure staff could safely move and handle YAS' patients;</li> <li>• Collaborative working with Third Sector agencies such as Age UK to provide falls training sessions for staff;</li> <li>• YAS playing a leading role in the establishment of a Regional Falls Prevention Network.</li> </ul> <p>CA concluded by reading out some examples of what patients had told YAS recently and the feedback was much improved.</p> <p>The Chairman thanked everybody for listening to the patient story and thanked CA for her contribution.</p>	
<p><b>5.2</b></p> <p><b>For Approval:</b></p> <ul style="list-style-type: none"> <li>• <b>NHS Trust Development Authority (TDA) Compliance with Monitor Licence Requirements for NHS Trust Return;</b></li> <li>• <b>NHS Trust Development Authority Board Statements</b></li> </ul> <p>DW confirmed that the June 2014 returns contained no material changes to those submitted in May.</p>	



	Action
<p>He added that the monthly declaration of compliance still contained statements around the risks in relation to performance.</p> <p>The Chairman proposed that the wording of the statement in the Governance section on page two of Appendix 1 should be amended to state that 'The Trust is implementing a performance improvement plan and expects performance to be towards the 75% standard during Q2.</p> <p>EB proposed that an entry should be made underneath the final statement on page 1 of Appendix 1 in relation to clinical governance, assurance and the current quality monitoring arrangements.</p> <p>DW agreed to make the two amendments.</p> <p><b>Action:</b>  <b>DW to amend Board Statements as outlined above prior to submission of the June return.</b></p> <p><b>Approval:</b>  <b>Subject to the above amendments, the Trust Board approved the submission of the NHS Trust Development Authority Compliance with Monitor Licence Requirements for NHS Trusts Return and the NHS Trust Development Authority Board Statements for June 2014.</b></p>	<p>DW</p>
<p><b>5.3 For Assurance: Tour de France Post-Event Report</b></p> <p>The Chairman welcomed Associate Director of Resilience, Ian Walton (IW), to the meeting.</p> <p>IW, who had headed YAS' Tour de France (TDF) support team, thanked the Trust Board, for inviting him to share the outputs.</p> <p>IW stated that the TDF was a massive sporting event and it had been a major challenge to plan the Yorkshire-wide coverage of the event. It had proved very difficult to gather existing information to assess the possible number of casualties but ultimately, 666 was the worst case scenario figure on which the team based their work. Actual casualties over the weekend were 584.</p> <p>It had been a very busy weekend, with 50 Red calls in the special zone that had been put around the race during Stage 1 and 67 during Stage 2 ie a total of 117. Yorkshire Air Ambulance had its busiest weekend on record with 31 calls. However, although it had been a difficult weekend due to the on-going Unite industrial action, this had never impacted on the resources for the event.</p> <p>Venture Medical Management had supplied all private medical provision with 1,200 medical resources at spectator hubs and critical locations around the route. Local authorities had been responsible for provision of first aid facilities.</p>	

	<b>Action</b>
<p>IW stated that there had been no national guidance for cycle races available, so a peer-reviewed rationale for the number of medical providers along the route had been developed. A manager was also embedded in the TDF hub to work with the medical providers.</p> <p>IW stated that a total of 105 Emergency and Local Access Points (ELAP) to assist the transportation of patients from the scene, which did not exist in France, were agreed, some more difficult to cross than others. There had been 40 crossings in Stage 1 and 65 crossings in Stage 2.</p> <p>Private and Events had covered the King of the Mountains stages which was a massive logistics exercise with 40+ vehicles and 31 staff from North East Ambulance Service (NEAS) helping out. All expected staff had attended on both days, which was a total of 248 staff and volunteers and it had been amazing to see so many people involved in the '#Stay safe' campaign.</p> <p>A budget of £200,000 had been allocated for TDF support, all of which was spent. The post-event review and actions were already 98% complete with the Planning team due to stand down on 31 July.</p> <p>The Chairman passed on the Board's congratulations to IW and his team for their success in ensuring that the weekend passed off without any major problems. She also placed on record the Board's thanks to all of YAS' staff who had been involved either during the planning stages or over the weekend of the actual event.</p> <p>IW stated that the TDF had been such a great success that an international standard cycle race around Yorkshire had been proposed, to take place annually at the beginning of May. The learning from TDF could be used to support any future events although there would be funding issues to be addressed.</p> <p>DW stated that the TDF had been a fantastic event and placed on record his personal thanks to all of YAS' staff for the support they had provided.</p>	
<p><b>5.4 Chief Executive's Report and Integrated Performance Report (IPR)</b></p> <p>DW presented a report to give the Board assurance on the activity of the Trust Executive Group (TEG) from 14 May to 15 July 2014 and the opportunity for TEG to highlight the key variances / movements contained within the May and June 2014 Integrated Performance Reports (IPR).</p> <p>DW stated that to support operational resilience during 2014/15, additional national funding would be made available to provider organisations. The focus of the non-recurrent support was for elective services, delivery of acute A&amp;E targets and to support 111 and ambulance service providers.</p>	

The majority of funding would be allocated through local Urgent Care Groups within health economies so YAS was linking in to help shape and develop solutions to ensure specific support for 111 and ambulance services across the region.

A survey undertaken by the Care Quality Commission (CQC) of callers to all English ambulance 'Hear and Treat' services in 2013/14 had been published with YAS coming out with the top score for the Call Handling and Call Advisor services, scoring the highest overall when compared with the other ambulance services.

In addition, YAS and Humberside Fire & Rescue service launched the new Fire First Responder scheme in May, responding to Red calls in an attempt to improve survival from pre-hospital cardiac arrest as part of YAS' Resuscitation strategy and other local related initiatives across the region.

### **Operations Directorate**

DW stated that delivery of A&E performance remained challenging and was reflected nationally with several ambulance services currently not meeting the 75% target. Despite responding to over 600 additional calls within 8 minutes when compared to April-June 2013, the Quarter 1/year to date position for 2014/15 was 69% for Red calls.

The Trust had developed a Performance Recovery Plan aimed at improving response times at a Trust and local level.

DW stated that the overall plan was focused on three main priorities:

- Increasing operational hours which included the on-going recruitment of additional staff and the interim work with YAS' urgent tier service partner, St Johns Ambulance;
- Managing the extra demand by, for example, increasing the number of staff in the Clinical Hub;
- Improving operational efficiencies by increased flexibility such as in the use of Emergency Care Assistants (ECAs) and changing out of date working practices.

To ensure that the quality and safety of services was maintained, a comprehensive monitoring and review process had been implemented which included a weekly review of early warning indicators and incidents, including clinical case reviews where appropriate to be fed back to Board colleague.

DW stated that, although there had been some positive signs in July, the Trust still remained a long way from delivering its 75% targets. However, it was hoped that the creation of a new Performance Recovery group would bring about further improvements from August onwards.

DW stated that, in addition to the Performance Recovery Plan, RH had facilitated an external review conducted by Bob Williams, CEO from North West Ambulance Service (NWAS).

PD stated her belief that the Trust needed to enter into discussions with its Commissioners about increasing funding to help meet the increased demand in both A&E and PTS.

EB stated that overall demand was 1½% above planned demand, and asked whether the Trust had managed to identify reasons for the increased demand, particularly in cases where Red demand was up to 16% over where it was believed it would be.

DW stated that there were an increasing number of Red calls coming across from 111, and other ambulance trusts such as NWAS were also seeing a similar picture.

He further stated that the Association of Ambulance Chief Executives (AACE) had commissioned a formal review of demand around Red services, which was now in its final stages.

JM stated that the fact that the global increase in Red demand had no focus on any one particular type of demand, made it more difficult to analyse.

EB asked why the organisation had not seen a major step change to date, adding that she did not like to see the same statement in the IPR each month without a caveat.

DW replied that the Trust had started to see progression in a number of areas during July such as the new arrangements for meal breaks and the more flexible use of ECAs. Triage should start to show additional benefits from Month 6 and recruitment benefits should start to show from October.

#### **Clinical Directorate**

JM stated that, working with Medipex (NHS Innovation Hub Yorkshire & Humber) YAS had developed three Innovation Scouts who had completed courses in 'Essentials of Intellectual Property' and would encourage innovation and signpost staff to the most appropriate source of action and intellectual property protection.

Work continued to improve the management of patients following cardiac arrest. In February 2014 YAS ranked second for survival to discharge from all causes of pre-hospital cardiac arrest and first for the Utstein comparator group with 33.1% of this group surviving.

JM congratulated Mark Millins, Lead Paramedic for Clinical Development, who had been successful at competitive interview for the role as National Lead for Pre-Hospital Guideline Development and had been seconded to AACE for one day per week.

	<b>Action</b>
<p>EB stated that the Clinical Directorate's section was a very positive report and noted that it was the only section which did not give a separate IPR commentary.</p> <p>JM stated that this was because he included this information in his overall commentary.</p> <p><b>Standards and Compliance Directorate</b>  In SP's absence, KW presented the update from the Standards and Compliance Directorate.</p> <p>She stated that, following the appointment of an interim Urgent Care Manager, the Trust had made positive progress in taking forward key developments within the relevant Development Plan. Recruitment to the substantive post had been completed and the new manager should take up post in September 2014.</p> <p>KW confirmed that SP and she had both attended workshop events on the emerging process for nurse revalidation which was due to be introduced in 2015. An internal communication and implementation plan was being developed to support nurses within the Trust.</p> <p>KW stated that, following receipt of some slightly negative feedback, a number of focus groups had taken place and feedback taken on board about the language used by call handlers when giving advice or explaining why an ambulance would not be sent. The language had now been amended and feedback had improved.</p> <p>PD passed on her congratulations to the Resilience Team for achieving the ISO2230 certification, adding her belief that, by introducing the ability to report incidents 24/7, the Standards and Compliance team had made a huge step forward.</p> <p>PD stated that the Quality Committee had stated that incidents of staff losing keys to drugs cabinets should be recorded as medication related incidents and asked whether any progress had been made in terms of how such incidents would be dealt with.</p> <p>JM replied that RH had provided assurance that the seriousness of such incidents had been emphasised to managers, adding that it was also being written into a new policy.</p> <p>IB stated that progress had been made in relation to the processing of Freedom of Information requests. YAS' Head of Stakeholder Engagement, Hester Rowell and her team had carried out a huge amount of work and the Trust was now in a strong position.</p> <p><b>People and Engagement Directorate</b>  IB stated that there had recently been a major focus on recruitment in his Directorate, although there was still more to do.</p>	

	<b>Action</b>
<p>IB stated that the Trust continued to have a constructive relationship with Unison and would be working with the Advisory, Conciliation and Arbitration Service (ACAS) over the next few weeks to seek agreement over any additional changes that might need to be made.</p> <p>The 'We Care' awards were attended by 170 staff and had been a great opportunity to recognise those individuals and teams that had gone above and beyond the call of duty for the past year. Feedback from the event had been extremely positive</p> <p>IB confirmed that a further Leadership Best Practice event was held on Friday 18 July and positive feedback had already been received.</p> <p>EB stated that, in relation to Workforce issues such as sickness absence and Personal Development Review (PDR) progress, she would like to see a forward plan containing information about how problems were being addressed, expected dates of completion, etc. She asked whether there was an ownership issue, as things did not seem to be making significant progress month on month.</p> <p>IB stated that there had been a marginal improvement in attendance in the current month although absence levels in certain directorates were still too high.</p> <p>A key message coming through was that some of the processes put in place as part of the Occupational Health (OH) contract were not working as well as hoped. For example, the Day 1 sickness absence reporting process needed to be more effective so changing this process to line management reporting was being considered.</p> <p>IB stated that, although 120 new people who did not yet require a PDR were currently included in the figures and PDR completion had improved, it was still not at the level that the organisation required. The PDR process was also likely to be modified and be included as part of the induction of new employees.</p> <p>MW asked whether everyone expected to attend had attended the recent Leadership best practice event.</p> <p>IB replied that the target audience was anyone in a leadership position in the organisation, as the Trust wanted managers at all levels of the organisation to think differently. He confirmed that, as there had not been enough Clinical Supervisors (CSs) at the event, a specific CS event would take place later in the year.</p> <p>The Chairman stated that it would be interesting to see the names of the managers who did not attend events so that they could be approached and asked for a reason as to why they did not attend.</p> <p>IB replied that steps were in place to introduce such a process.</p>	

	Action
<p>PD noted that 120 of YAS' current staff were over 66 years old, with 20 over 71. She stated that the Quality Committee had requested information about the areas of work in which the staff were employed and how they would be supported through Occupational Health.</p> <p>The Chairman agreed that, as changing pensions' issues meant that a greater percentage of staff would work for longer, the organisation would need to ensure that it was fulfilling its duty of care.</p> <p>EM stated that there appeared to be a downward trend in the Trust's Equality and Diversity data.</p> <p>IB acknowledged this statement, adding that an initial analysis of NHS Jobs and recruitment showed that the number of ethnic minority staff was disproportionately down. There was an urgent need to look at Equality and Diversity issues across the organisation before an explanation about the anomalies could be provided.</p> <p>He confirmed that the Trust's Associate Director of Organisational Effectiveness and Education, Shelagh O'Leary, currently was leading on a major piece of work in this area.</p> <p>EM stated that she would like to see the outcomes of the valuable piece of work go through the Quality Committee.</p> <p><b>Action:</b>  <b>IB to present update on ongoing Equality and Diversity work at an appropriate Quality Meeting</b></p> <p><b>Finance and Performance Directorate</b>  RB stated that performance information confirmed that overall PTS was slightly ahead of plan year to date.</p> <p>In ICT Service Level Agreement response times missed the target of 90% due to the work required to upgrade Windows XP to Windows 7. Service Level Agreement targets should return to normal next month.</p> <p>RB stated that the Fire, Health and Safety rating had been lowered to amber, reflecting asbestos and general conditions at Bentley station, South Yorkshire. The Estates management team were developing plans for corrective work and to address backlog maintenance issues at a number of sites which required refurbishment or upgrade.</p> <p>The amber rating for A&amp;E vehicle age was being addressed through the 43 new vehicles entering service and plans to replace the South Yorkshire Emergency Care Practitioner (ECP) vehicle fleet in the current financial year. The Red rating for PTS fleet age profile would be addressed through the planned replacement of 120 lease vehicles in the current financial year.</p>	<p>IB</p>

	<b>Action</b>
<p>RB stated that the Trust's surplus at the end of June was £0.817m against a plan of £0.667m a positive movement of £0.15m. The position did not reflect the potential imposition of penalties for Red 1 and 2 performance (£0.972m year to date).</p> <p>The Cost Improvement Programme (CIP) schemes had achieved 88% of the year to date target in the original plan, which was a deficit of £280k. Reserve schemes had been utilised to bring the programme back in line with plan.</p> <p>RB stated that the PTS locality management teams had spent a week in June working from Wakefield control to focus on improving resource utilisation. This work had started to drive out reductions in taxi spend which would be seen in the July figures.</p> <p>JN asked when the Trust was likely to reach the trigger point whereby it decided that it was sufficiently far enough through the financial year for full recovery to be unlikely and that provision should be made in the accounts for possible financial penalties.</p> <p>RB replied that discussions were underway in this respect.</p> <p>BS stated that, although he appreciated the difficulty of assessing this area, he would not want the Trust to continue to work on the basis that the planned surplus for the year was still achievable.</p> <p>The Chairman stressed that this work should take place as soon as possible with a detailed discussion to take place at the September Finance and Investment Committee meeting.</p> <p>In relation to the Trust's Cost Improvement Programme (CIP), BS stated his belief that it was very early in the year to be invoking reserve schemes due to the failure of main line schemes. It was his belief that there was an over-reliance in the organisation on reserve schemes rather than taking a harder line with the owners of the original schemes.</p> <p>RB stated that, as CIPs were not an exact science, it was necessary to have contingencies in place to mitigate shortfalls. He further stated that where reserve schemes were in a ready state to enact them, the Trust would do so.</p> <p>DW stated that several schemes were brought to each CIP Management Group meeting for detailed analysis and drill down.</p> <p>EB raised a number of concerns in relation to the Director's Commentary on expenditure on page 5.3, particularly the under spend in A&amp;E and PTS.</p>	



	Action
<p>IB stated that, although a significant number of Emergency Care Assistants (ECAs) were helping to fill the gap, overtime was not being taken up at the anticipated level. This was believed to be partly due to the number of staff working 12-hour shifts who were therefore reluctant to take on overtime.</p> <p>He further stated that a project plan was now in place and the Trust should start to see a reduction in underspend by the end of August with a positive impact on performance being seen from September onwards.</p> <p>The Chairman asked whether budgets would be re-profiled across Operations for the remainder of the year.</p> <p>RB agreed that it would make sense to do this.</p> <p>BS asked why, in the Debt summary in section 5.9, there had been a subsequent crediting of invoices that had already been paid by East Riding of Yorkshire CCG.</p> <p>RB replied that this was because of a double payment, adding that he would discuss the matter with BS outside the meeting.</p> <p><b>Action:</b>  <b>RB to discuss crediting of East Riding CCG invoice with BS outside the meeting</b></p> <p>EB stated that the majority of the Directors' exceptions on page 1 of the IPR Executive Summary had a deadline of 'on-going'. She asked whether specific dates could be included.</p> <p>The Chairman stressed that specific dates should be included in all sections of the IPR.</p> <p><b>Action:</b>  <b>DW to ensure that precise expected completion dates were included going forward in all sections of the IPR.</b></p> <p><b>Approval:</b>  <b>The Trust Board noted and discussed the variances contained within the May and June 2014 IPR reports, highlighted in the Executive Directors reports and agreed that it had sufficient assurance on the activities of the Executive Team and Trust Executive Group during the reporting period.</b></p>	<p>RB</p> <p>DW</p>
<p>Prior to the lunch break, the Chairman introduced YAS Forum Public Members Rod Spratley (South) and John Cunnington (East).</p> <p>She stated the YAS Forum had held its first meeting on 8 July.</p>	

		<b>Action</b>
	<p>There were currently a couple of vacancies on the Forum the Chairman was looking forward to working with Forum members to recruit new members and to help YAS further develop its services to make sure they were appropriate for the communities that it served.</p> <p>The meeting broke at 1300 hours, reconvening at 1330 hours.</p>	
5.5	<p><b>For Approval: Board Memorandum on Quality Governance</b> KW presented the updated Board Memorandum on Quality Governance to the Trust Board for approval.</p> <p>The Chairman stated that it had been useful to receive both a clean copy and one that contained track changes.</p> <p>BS stated that section 4.7 currently stated that the Audit Committee ‘reviews and tests the controls and assurances .....’ whereas it actually ‘receives and reviews controls and assurances’.</p> <p><b>Action:</b> <b>KW to amend the wording in section 4.7 of the Board Memorandum on Quality Governance to state that the Audit Committee ‘receives and reviews controls and assurances’</b></p> <p><b>Approval:</b> <b>Subject to the above minor amendments, the Trust Board approved the Board Memorandum on Quality Governance as an accurate reflection of quality governance arrangements in the Trust.</b></p>	KW
5.6	<p><b>For Approval: Committee Terms of Reference Updated:</b></p> <ol style="list-style-type: none"> <li>I. <b>Audit Committee</b></li> <li>II. <b>Quality Committee</b></li> <li>III. <b>Finance &amp; Investment Committee</b></li> </ol> <p>AA stated that for the Trust Board to be assured by the reports received from each of its key Committees, it was essential that the relevant Terms of Reference (ToR) were kept under review to ensure their validity and effectiveness.</p> <p>At its meeting on 6 March 2014, the Audit Committee had agreed, subject to final amendment by its Chairman, BS, to recommend to the Trust Board its updated ToR.</p> <p>The Finance &amp; Investment and Quality Committees had, at their respective meetings on 12 June 2014, agreed to recommend to the Trust Board their updated ToR.</p> <p>AA further stated that the ToR for the Charitable Funds Committee, of which the Trust Board was Trustee of the funds, would be reviewed at its meeting on 2 October 2014 and submitted to the Trust Board for approval on 25 November.</p>	

		<b>Action</b>
	<p>The ToR of the Remuneration and Terms of Service Committee were reviewed at its meeting in February 2014 and would also be submitted to the Trust Board for approval on 25 November.</p> <p>PD stated that the Deputy Director of Operations was no longer expected to be in attendance at Quality Committee meetings and asked that section 4.2 be amended accordingly.</p> <p>RB stated that, for continuity, the ToR for Audit Committee and Finance &amp; Investment Committee should be amended to state that: 'The Committee Services Manager will take the minutes of the meeting'. (See section 9.3 of the Quality Committee ToR).</p> <p><b>Action:</b>  <b>AA to amend each Committee's ToR to take into account the amendments outlined in the body of the minutes.</b></p> <p><b>Approval:</b>  <b>Subject to the above minor amendments, the Trust Board approved each of the updated Terms of Reference for: Audit Committee; Finance &amp; Investment Committee; and Quality Committee; and noted that the Charitable Funds and the Remuneration and Terms of Service Committees' Terms of Reference would be presented for Trust Board approval on 25 November.</b></p>	<b>AA</b>
<b>5.7</b>	<p><b>For Approval: Annual Review of Standing Orders, Reservation and Delegation of Powers and Standing Orders</b></p> <p>RB provided the Trust Board with an update on changes to Standing Orders (SOs), the Scheme of Delegation and the Standing Financial Instructions (SFIs), which had gone to the July meeting of the Audit Committee for review. Amendments were shown with track changes.</p> <p>AA requested an amendment to pages 51 and 95 which referred to the Director of Corporate Affairs in relation to Freedom of Information (FOI) requests. AA's title had changed to Trust Secretary and all FOI requests were now the responsibility of IB.</p> <p><b>Action:</b>  <b>RB to amend SOs to take out reference to Director of Corporate Affairs' responsibility for Freedom of Information requests.</b></p> <p>BS stated that, following comments at the last meeting about the inconsistency in wording between the Audit Committee's Terms of Reference and the relevant sections in the SOs and SFIs, work had been carried out to bring them in line.</p> <p>AA confirmed that a detailed check had been undertaken and there remained only a few minor amendments to be made.</p>	<b>RB</b>

		<b>Action</b>
	<p><b>Approval:</b>  <b>Subject to the above minor amendments and a final proof read, the Trust Board approved the changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions and endorsed the changes made.</b></p>	
5.8	<p><b>For Assurance: Annual Organisational Audit (Doctor's Revalidation)</b>  JM stated that Medical Revalidation was launched in 2012 to strengthen the way that doctors were regulated, with the aim of improving the quality of care to patients, improving patient safety and increasing public trust and confidence in the medical system.</p> <p>In previous years every designated body had to complete an Organisational Readiness Self-Assessment (ORSA) exercise, to demonstrate its level of preparedness for delivering revalidation. Revalidation was now well underway, so there was now a similar need to provide assurance that systems and processes underpinning revalidation were in place and working effectively.</p> <p>JM stated that provider organisations had a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it was expected that the Trust Board would oversee compliance.</p> <p>Part of this compliance was the need for the Board to receive an annual report. As the prescribed document was based very much on acute trusts there were a number of entries which were not applicable. However, it would still need to be signed and returned to the Department of Health by the end of month.</p> <p>Although the Trust employed eight doctors and had honorary contracts with 20 more as members of the YAS British Association for Immediate Care (BASICS) scheme, YAS was the main employer for only two of these; the Executive and Deputy Medical Directors.</p> <p>JM confirmed that both he and Deputy Medical Director, Dr Dave Macklin, had successfully been revalidated in 2013-14.</p> <p>He further confirmed that the Responsible Officer for Mid Yorkshire Hospitals NHS Trust (MYHT), currently Dr Richard Jenkins, Medical Director MYHT, was also the Responsible Officer for YAS.</p> <p>JM stated that Dr Andrew Pountney, YAS Medical Governance Lead, was the only recognised medical appraiser in the Trust. He was substantively employed by MYHT, seconded to YAS, and received support and training through his substantive employer.</p> <p>RB asked what would happen if Dr Pountney left his employment.</p>	

	<b>Action</b>
<p>JM replied that, in the interim another appraiser would be found in MYHT.</p> <p><b>Approval:</b>  <b>The Trust Board noted the report and understood that the document, the Statement of Compliance and the Annual Audit, would be shared with the NHS England Higher Level Responsible Officer. The Trust Board also approved the Statement of Compliance confirming that the Trust, as a Designated Body, was in compliance with the regulations.</b></p>	
<p><b>5.9</b></p> <p><b>For Assurance: Board Assurance Framework including Corporate Risk Register</b></p> <p>KW provided an update on the risks recorded in the Board Assurance Framework (BAF) and Corporate Risk Register to provide assurance on the effective management of corporate risks.</p> <p>She stated that the Quarter 1 BAF was updated and risks rated 12 and above had been agreed through the round of Level 2 Committee and Public Trust Board meetings during May and June 2014.</p> <p>BS stated that the front cover of the report made no reference to the fact that the report had also been considered by the Finance &amp; Investment Committee.</p> <p>KW stated that risks 3a and 6b remained of most concern and had been reviewed during the various meetings. The decision had been taken to review and reassess the score for risk 6b.</p> <p>More than 300 incidents had been viewed and to date only two had triggered the need for further information. However, further work was still required in terms of YAS' potential contribution to level of harm.</p> <p>When considering risk 3a, EB stated that information about the dialogue with the Commissioners in terms of the demand versus income argument should be included.</p> <p>The Chairman stated that the risk should also contain further information about the Trust's current industrial relations issues.</p> <p>KW confirmed that the BAF would be updated to reflect the feedback and comments received during the latest round of meetings.</p> <p><b>Action:</b>  <b>KW to update BAF to reflect comments received during the latest round of Board and Committee meetings.</b></p> <p><b>Approval:</b>  <b>The Trust Board noted the developments outlined in the report and was assured with regard to the effective management of risks.</b></p>	<p><b>KW</b></p>

		Action
5.10	<p><b>For Assurance: Bi-Annual Report: Significant Incidents/Lessons Learned</b></p> <p>KW provided a bi-annual briefing on significant events highlighted through Trust reporting systems and by external regulatory bodies during quarters 3 and 4 (ie October 2013-March 2014) of 2013-14. The report also focused on actions taken and lessons learned.</p> <p>KW stated that the Trust's Incident Review Group (IRG) met bi-weekly and considered all cases rated as moderate or above via the Trust risk grading system.</p> <p>This was the key forum for ensuring that themes and trends were identified, lessons learned were shared across teams and appropriate action plans are in place.</p> <p>A total of 19 Serious Incidents (SIs) had been reported during the six-month period, seven of which related to delayed response. The roll out of the new blue emergency response bag was complete and was likely to reduce the number of reported moving and handling injuries.</p> <p>KW stated that, in A&amp;E overall patients reported high satisfaction levels across the Trust with the most frequently occurring source of attitude complaints and concerns related to the way in which patients were moved. Focus groups had taken place and a lot of learning gained which was shared across the Trust.</p> <p>KW confirmed that there had been no real change in relation to complaints around PTS which were predominantly around waiting times for journeys home.</p> <p>MW asked whether there was anything that the Trust could do to reduce the number of clinical care complaints and concerns received which were related to dissatisfaction with non-conveyance decisions made by YAS clinicians.</p> <p>JM replied that consideration was currently being given to measures that could be built in to reduce these complaints, adding that NHS 111 had introduced an audit process to monitor occasions when 999 calls resulted in non-conveyance.</p> <p>The Chairman stated that the organisation needed to provide a better explanation of why decisions were made and should publish more information about the range of services provided by the Trust.</p> <p>The Chairman suggested that the Trust needed to be more innovative to get more 'softer' stories into the public eye for a relatively small investment.</p> <p>DW stated that a lot of ambulance trusts were using signage on their vehicles about items such as the early identification of a stroke, etc.</p>	

		<b>Action</b>
	<p>The Chairman thanked KW for her update.</p> <p><b>Approval:</b>  <b>The Trust Board noted the contents and supported the actions detailed in the paper.</b></p>	
<b>6</b>	<b>STRATEGY, PLANNING AND POLICY</b>	
<b>6.1</b>	<p><b>For Assurance: Summary – Final 2 Year Operating Plan</b>  RB stated that the Trust’s 2 Year Operating Plan had been approved at the March Private Board Meeting.</p> <p>Several minor amendments, including the removal of some finer details of the Cost Improvement Programme and a couple of potentially commerciality sensitive areas, had been made prior to its publication on the public website.</p> <p>The version received by the Board was that which had been published on the YAS website.</p> <p>The Chairman thanked RB for sharing the latest version of the report.</p> <p><b>Approval:</b>  <b>The Trust Board noted and was assured on the content of the Summary Two-Year Operating Plan.</b></p>	
<b>7</b>	<b>PERFORMANCE MONITORING</b>	
<b>7.1</b>	<p><b>Charitable Funds Committee – Minutes of the meeting held 6 May 2014</b>  EM updated the Trust Board regarding the activities of the Charitable Funds Committee, stating that matters had progressed since the 6 May meeting had taken place.</p> <p>A submission had been received requesting the provision of more Community Medical Units (CMUs). However, it was agreed that until more information was available about the usage of the two current CMUs no further units should be purchased from charitable funds.</p> <p>EM stated that the Tour de YAS had been a great success. She placed on record her thanks to the organisers, Maria Amos and Chris Sharpe, for their efforts and to the participants for taking place. More details would be available in the next set of minutes.</p> <p>EM thanked the Chairman for attending the event in her absence, adding her belief that the event had raised around £5,000.</p> <p>The Chairman stated that the success of the Tour de YAS was fabulous news and she looked forward to receiving more detail in due course. She thanked EM for her report.</p>	

		Action
	<p><b>Approval:</b>  <b>The Trust Board noted the Minutes and was assured by the discussions within the Charitable Funds Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</b></p>	
7.2	<p><b>Audit Committee – Chairman's report of the meeting held on 3 July 2014 including:</b></p> <ul style="list-style-type: none"> <li>• <b>Appendix A – Audit Committee Annual Report 2013-14;</b></li> <li>• <b>Appendix B - Minutes of the meeting held on 6 March 2014;</b></li> <li>• <b>Appendix C – Minutes of the meeting held on 3 June 2014.</b></li> </ul> <p>BS stated that the Audit Committee's Annual Report for 2013/14, which provided information about all of the key issues, discussed by the Audit Committee over the past 12 months, had been discussed and agreed at the Audit Committee meeting on 3 July 2014.</p> <p>There were no questions about the report or the attached minutes.</p> <p>The Chairman thanked BS for his update.</p> <p><b>Approval:</b>  <b>The Trust Board noted the report and was assured by the discussions within the Audit Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</b></p>	
7.3	<p><b>Quality Committee – Minutes of the meeting held on 3 April 2014</b></p> <p>PD updated the Trust Board regarding the activities of the Quality Committee. She outlined the key items that had been covered at the Committee's most recent meeting on 12 June 2014.</p> <p>The date for the Workforce Support Service effectiveness review had been delayed from 23 July to September 2014 at the request of the Executive team and the complaints review, which would include the delayed peer review with the expert patient, had also been delayed.</p> <p>PD stated that a full risk report had been submitted to the Audit Committee and there was nothing outstanding from the report. She further stated that the Committee had asked for an objective around medicine management to go into all clinical staff's PDRs and it was her understanding that this had been done.</p> <p>The Chairman stated that YAS' expert patient, Andrea Broadway-Parkinson, who attended Quality Committee meetings, had received the inaugural Patient Partnership Award at the recent 'We Care' Awards, which had been very well deserved.</p> <p>The Chairman thanked PD for her detailed update.</p>	



		<b>Action</b>
	<p><b>Approval:</b>  <b>The Trust Board noted and was assured by the discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</b></p>	
<p><b>7.4</b></p>	<p><b>Finance &amp; Investment Committee – Minutes of the meeting held on 3 April 2014.</b>  EB updated the Trust Board regarding the activities of the Finance &amp; Investment Committee (F&amp;IC) and outlined the key items covered during the Committee's most recent meeting on 12 June 2014.</p> <p>She stated that the organisation's Cost Improvement Programme (CIP) and the contents of the various Project Initiation Documents (PIDs) had been discussed in detail.</p> <p>The PIDs circulated with the papers for the Joint Finance and Investment and Quality Committees' meeting on the same day had not been updated to reflect the changes taking place and concerns had been expressed to this effect.</p> <p>Detailed updates were received about Service Line Management (SLM), NHS 111 and PTS, all of which were standing items on the F&amp;IC agenda and it had been agreed that additional resources were required for the SLM programme to get it back on track.</p> <p>EB stated that the Joint Committee meeting had been worthwhile as it considered both the quality and financial aspects of CIPs. A paper on the claims process had also been received.</p> <p>PD agreed that the innovation of the Joint Committees meetings to discuss core issues had been very effective.</p> <p>The Chairman thanked EB for her update report.</p> <p><b>Approval:</b>  <b>The Trust Board noted and was assured by the discussions within the Finance and Investment Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</b></p>	
<p><b>7.5</b></p>	<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>	

		<b>Action</b>
	<p>She stated that Unite was again taking industrial action that day and it was her personal belief that it was despicable of them to fail to provide any emergency cover.</p> <p>IB stated that he had found it difficult to hear in such a large room, particularly when the air conditioning was switched on.</p> <p>PD stated that the meeting had been timely with plenty of time to discuss important matters when appropriate.</p> <p>EB stated her belief that it had been a good, open meeting, particularly considering that some of the issues were rather complex.</p> <p>The Chairman stated that holding the Private meeting prior to the Public meeting had worked again. In addition, she was pleased to see a good number of new members of the public present, adding that they had asked some good questions.</p> <p>EM stated that this might have been because the venue had good accessibility as it was so close to the train station.</p> <p>PD stated that it had been pleasing to see some positive coverage in the press about YAS. For example, there had been a good item on the front page of the Yorkshire Post about how the industrial action had been dealt with during the weekend of the Tour de France. She stressed that more positive press coverage was urgently needed.</p> <p>The Chairman thanked everyone for attending and for their positive and constructive challenge.</p>	
8	<p><b>Regulatory Reports</b> There were no Regulatory Reports.</p> <p>The meeting closed at 1515 hours.</p>	
9	<p><b>Dates and Locations of Next Meetings:</b>  <b>Extraordinary Trust Board Meeting in Public to Receive the Trust's 2013/14 Non-Financial Annual Reports (1115-1300)</b>  2 September 2014  Kirkstall and Fountains, Springhill 1, Wakefield, WF2 0XQ.</p> <p><b>Annual General Meeting (1015-1145) and Trust Board Meeting In Public (1300-1530)</b>  30 September 2014  Thackray Medical Museum, Beckett Street, Leeds, LS9 7LN</p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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