



Annual General Meeting

Venue: Cutlers' Hall, Church Street, Sheffield, S1 1HG

Date: Tuesday 24 September 2013

Time: 0930 hours

Chairman: Della Cannings

Attendees:

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)	Executive Director of Finance and Performance
Ian Brandwood	(IB)	Executive Director of People and Engagement
Mike Fox Davies	(MFD)	Interim Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director
Steve Page	(SP)	Executive Director of Standards and Compliance

Apologies:

None

In attendance:

Nick Cook	(NC)	Interim Director of Workforce and Strategy
Anne Allen	(AA)	Director of Corporate Affairs & Trust Secretary
Angela Harris	(AH)	YAS Lead Nurse, Urgent Care
Elaine Gibson	(EG)	YAS Head of Corporate Communications
Joshua Bainbridge	(JB)	From the office of Meg Munn, MP
Alan Baranowski	(AB)	YAS Member of Staff
David Bolam	(DB)	Public Member
Kath Briers	(KB)	Healthwatch, York
Adam Butcher	(AB)	Public Member
Sarah Goodfellow	(SG)	Healthwatch, Barnsley
Melanie Hall	(MH)	Healthwatch, Rotherham
Marianna Hargreaves	(MH)	Senior Commissioning Manager, End of Life Care at Sheffield CCG
Cllr Mary Lea	(ML)	Cabinet Member for Health, Care & Independent Living, Sheffield City Council
Steve Mace	(SM)	Healthwatch, Rotherham
Carrie McKenzie	(CM)	Healthwatch, Sheffield

Myrtle O'Connor (MC) Healthwatch, Sheffield
 Steve Rendi (SR) YAS Member of Staff
 Dennis Shaw (DS) Public Member
 Mike Singleton (MS) Public Member

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

The meeting was preceded by a presentation, between 0900 and 0930, which was open to all members of the public. 'End of Life Care' was presented by Angela Harris, YAS Lead Nurse, Urgent Care and was very well received by those present.

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	The meeting commenced at 0930 hours.	
1	<p>Apologies / Declaration of Interests Prior to the commencement of the meeting, the Chairman thanked Angela Harris for her presentation, which had been very interesting, highlighting YAS' focus on the important area of patient care and its work with other healthcare partners in this area.</p> <p>No apologies had been received from members of the Board and declarations of interest would be noted during the course of the meeting.</p>	
2	<p>Minutes of the AGM held on 25 September 2012 including Matters Arising not on the Agenda The minutes of the meeting held on 25 September 2012 were approved as a true and fair representation of the meeting.</p> <p>Matters Arising: There were no matters arising.</p>	
3	<p>Welcome from the Chairman of Yorkshire Ambulance Service The Chairman welcomed members of the public and representatives of partner organisations and staff to the Annual General Meeting (AGM) of the Yorkshire Ambulance Service (YAS), which would look at the Trust's achievements and performance during 2012/13.</p> <p>She stated that, in line with the Trust's decision to hold its Trust Board meetings in Public closer to the communities it served, the AGM continued to be held at an external venue and placed on record her compliments to the Master Cutler for the magnificent surroundings of Cutlers' Hall.</p> <p>The Chairman outlined the contents of the meeting's agenda and encouraged those present to attend the Trust Board meeting in Public later that day.</p> <p>She emphasised the continued importance of members of the public becoming Members of the Foundation Trust (FT) as they would be able to help influence the future direction of the Trust and the shape of future services.</p>	

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<p>The Chairman stated that this was the fourth AGM she had chaired and she was very proud of the progress that YAS had made during this time to meet the needs of the region's 5.5m residents and the challenges raised by the 6000 square miles that it covered.</p> <p>The Chairman stated that although good progress had been made in 2012/13 with the continued emphasis on quality, appropriateness of services, etc, the Board continued to acknowledge the challenges it still faced, introducing new processes and systems to ensure continued improvement of services.</p> <p>The Chairman invited the members of the Board to introduce themselves to the meeting.</p> <p>The Executive Directors each outlined the main responsibilities of their roles and the Non-Executive Directors (NEDs) described the skills and outside experiences that they brought to the Board.</p> <p>The Chairman stated that she was proud of the diversity of the YAS Board of Directors and formally thanked the Executive Directors and NEDs for the work they undertook to ensure the continued development of the organisation.</p> <p>The Chairman further stated that although the general public tended to see YAS very much in terms of an emergency response service, the Trust was involved in many other areas of healthcare.</p> <p>The Chairman stated that when YAS was formed in 2006 it had not performed well for several years, either financially or in terms of response times.</p> <p>Things had improved greatly and the Trust had now delivered 'Red' performance for the second consecutive year. This national target was to ensure the provision of timely emergency care to the most seriously ill and injured patients. During 2012/13 YAS had handled almost 800,000 urgent and emergency calls and responded to over 717,000 incidents.</p> <p>Other highlights of the year included:</p> <ul style="list-style-type: none"> • Winning the NHS 111 competitive tender and mobilising the new urgent care service. The service currently receives around 2000 calls on a weekday and 5000 calls at weekends, which can be very challenging, particularly in rural areas; • YAS has continued to look at opportunities to realise benefits of integration of services at a local level, for example, mobile health services to ensure that patients received the right treatment at the right time in the right place, which its NHS 111 service will enhance further; • YAS' Patient Transport Service (PTS) undertook over 880,000 journeys taking patients to and from vital outpatient appointments; 	

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<ul style="list-style-type: none"> • There had been two major incidents during 2012/13: the first was the M62 hen party accident, which received a tremendous response including five air ambulances which dealt with casualties at the scene; the second was a very icy day in December 2012 when there were many incidents in West and South Yorkshire with which neighbouring ambulance services helped; • Meeting the challenges of seasonal peaks including a prolonged period of severe winter weather; • The introduction of the YAS A&E workforce changes to further improve the quality and safety aspects of the services provided by the Trust, the plan being to significantly increase the number of paramedics on ambulances. Fully-funded training is available for 450 staff to become paramedics in the next 5 years, as providing high-quality and responsive patient care remains YAS' main priority; • The changing landscape of the NHS and the move from Primary Care Trusts (PCTs) to Clinical Commissioning Groups (CCGs) has meant that YAS has had to develop new relationships whilst ensuring there has been no detrimental effect on its patients. <p>The Chairman stated that YAS' Foundation Trust (FT) journey had been underway for a long time. She confirmed that the Trust felt it was ready to become an FT and the Strategic Health Authority (SHA) had assessed the organisation as 'fit for purpose' in 2011/12. However, changes in the wider NHS landscape and the publication of the Francis Report had led to an altered application process and a national 'pause' in all FT applications.</p> <p>The Chairman further stated that, although it was still her ambition for the Trust to become an FT in 2014, external circumstances might mean that it was delayed until 2015.</p> <p>The Chairman confirmed that the Membership base of the organisation, including Staff Members, currently stood at over 10,000, adding that there were already over 5,000 Public Members. She added that FT Membership Officer, Ali Richardson, had done excellent work to attract so many Members across YAS' wide area.</p> <p>The Chairman stated that none of the Trust's achievements would have been possible without its committed, first class staff, adding that over 80% of the organisation's budget was spent on its staff, with the main focus being on front line provision of care.</p> <p>She also placed on record her appreciation of the hard work and ability of the Trust's volunteer workers such as the Community First Responders and volunteer drivers without whom YAS would be unable to provide such a high class service.</p>	

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	<p>The Chairman outlined the workforce changes which had taken place during the past twelve months. She acknowledged the challenges in implementing the changes, adding that there had been an urgent need to reconfigure the organisation to ensure that the right people were in the right place with the right skills at the right time.</p> <p>She stated that although Unite the Union, which represented a small proportion of YAS staff, had been unhappy about the changes, the vast majority of staff had signed up to be a part of the 21st Century organisation.</p> <p>The Chairman further stated that YAS appreciated the efforts of its staff and one of the ways in which they were thanked was at YAS' annual "We Care" awards. The Trust had also received accolades from external organisations.</p> <p>The Chairman thanked everyone for listening to her welcome, adding that she looked forward to presenting examples of further progress at the following year's AGM.</p>	
4	<p>Patient Story</p> <p>The Chairman stated that patient care was at the heart of the Trust's work. She explained that a patient story was provided at every Board meeting held in Public, either verbally or in the form of a filmed interview, to highlight the Trust's work and to learn about steps being taken to further improve its services and the knowledge of its staff.</p> <p>She further stated that it was important for the Board to hear about both good and bad experiences to give them something to reflect on.</p> <p>The Chairman read out the patient story. Mr B had been taken ill following a gall bladder operation and a YAS ambulance crew had been able to help out when the acute trust were unable to locate the results of his ECG. Without these results his symptoms would have been impossible to assess. Mr B had been pleasantly surprised and humbled at the service he had received from YAS and had now returned to work, although he remained under review by the cardiologist.</p> <p>At the conclusion of the story, the Chairman thanked everyone for listening to the patient story.</p>	
5	<p>2012/13 Annual Report and Accounts</p> <p>DW introduced the 2012/13 Annual Report. He stated that in spite of the many challenges faced by the organisation during the year much progress had been made.</p> <p>A&E Performance</p> <p>DW stated that, as both speed and quality of service were important to an ambulance trust, a good performance against the 'Red' performance standards was critical to the organisation.</p>	

He further stated that the peak of summer and severe winter weather were the most difficult times for ambulance services.

Regular progress had been made since the Trust's formation in 2006 and in 2012/13 the Trust had achieved the standards for the second consecutive year.

2011-12	2012-13	
Red (8 minute) 75.72%	Red (8 minute) 75.3%	(75% target)
Red (19 minute) 97.94%	Red (19 minute) 97.0%	(95% target)

DW stated that he was pleased that the figures showed sustainable improvements in services despite an increase in demand of around 3% per year.

Ambulance Clinical Quality Indicators (ACQIs)

DW stated that the ambulance services' eleven National ACQIs had been in existence for two complete years. The benchmarked data, which could be viewed on the YAS website, allowed comparisons to be made between ambulance services.

He further stated that it was crucial that ambulance services worked closely with their A&E hospital colleagues, particularly as some of the indicators were taking time to align closely to the acute setting. He added that 'survival to discharge - from cardiac arrest' was the one shared indicator with acute trusts. Although there was a focus on clinical outcomes, not all outcomes were clinical.

DW stated that there was a mixed bag of results for 2012/13, although there had been overall improvements in most indicators.

YAS' best performances, with upper quartile outcomes were:

- Time to treatment
- Cardiac arrest - survival to discharge
- Stroke care and transport to specialist care

Those remaining in the lower quartile were:

- STEMI – care within 150 minutes
- Re-contact rate – following telephone triage
- Non transfer to A&E

DW stated that the Trust was currently working with the acute trusts to ensure that data was validated. For example, in relation to STEMI Care 150 YAS knew it did well getting patients to hospital but it was unclear how well it did in relation to transfers between hospitals, etc.

He further stated that a real improvement had been seen in the Trust's re-contact rates following telephone triage. Such calls had dropped from 25% in 2011/12 to 18% in 2012/13 and were currently running at 8% in 2013/14 year to date.

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<p>DW added that the Trust was trying to treat more patients at home. The current rate was about 1/3 of appropriate patients but 40% was a realistic stretch target with additional work under way to further develop skills and knowledge.</p> <p>Improved Resilience DW outlined the progress made in relation to the organisation's resilience in the past twelve months:</p> <ul style="list-style-type: none"> ▪ The Trust's Medical Emergency Response Incident Teams (MERIT) had been further developed; ▪ The Trust had managed two major incidents, which had tested the Health Gold Cell initiative. This was a command and control suite, housed at the Trust's Wakefield HQ, which could deal with incidents across the whole of the North of England. It was a facility that other health partners and emergency services could also use; ▪ Funding had been secured for a new purpose-built facility for the Trust's Hazardous Area Response Team (HART), which was due to open in spring 2014. <p>DW stated that YAS had shown a big commitment to the Olympic and Paralympic Games over the summer of 2012. The Trust had played a major role in the support of the Yorkshire section of the Torch Relay, which had taken place prior to the commencement of the Games. In addition, 34 of YAS' staff had relocated to London to work alongside London Ambulance Service during the Olympics.</p> <p>DW further stated that assisting with the Olympics had been a great experience for YAS' staff, adding that they had done the organisation proud and introduced Steve Rendi, who had worked as an Incident Manager at the Olympic Park.</p> <p>Achievements DW stated that achievements during 2012/13 had included the development of various Urgent Care initiatives and YAS being awarded the tender for NHS 111 service for Yorkshire and the Humber; and Bassetlaw, North Lincolnshire and North East Lincolnshire in the East Midlands.</p> <p>YAS' NHS 111 service had been mobilised as part of a phased roll out which had taken about seven months. Although the service had received a lot of criticism nationally, YAS' regional service had received a great deal of positive feedback.</p> <p>Clinical Developments DW stated that Clinical Developments during the past 12 months included the introduction of: the Clinical Leadership Framework (CLF); Major Trauma Coordinators; and the A&E workforce model.</p> <p>He outlined details of the CLF and the on-going major changes to the A&E workforce structure.</p>	

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<p>The new structure would improve the safety and quality of YAS' service and increase opportunities for its staff with funding committed to train an additional 450 paramedics over the next five years.</p> <p>Awards DW stated that various awards had been received by YAS during 2012/13. These included: a further Regional award for its Apprenticeship scheme; paramedic, Michelle Ping, a reservist with the Army, had received a Yorkshire Woman of the Year award; and Angela Harris, Lead Nurse, Urgent Care had received an award from Mid-Yorkshire Hospitals for Partnership Working.</p> <p>In addition, YAS had achieved the Accredited Centre of Excellence Award from the International Academy of Emergency Medical Dispatch, the kite mark of quality for Emergency Operations Centres worldwide. There were only 147 of these Centres worldwide and YAS' Wakefield and York Centres were numbers 146 and 147.</p> <p>Looking forward DW stated that progress during 2013/14 would include:</p> <ul style="list-style-type: none"> ▪ The re-commencement of the Trust's Foundation Trust journey following the national "pause"; ▪ The introduction of the Electronic Patient Report Form (ePRF), which would be a major development; ▪ The continued implementation of the Operational Transformation Programme and the A&E and PTS workforce plans; ▪ Increasing numbers of Paramedics; ▪ Further development of the NHS 111 urgent care service. <p>RB presented the 2012/13 Financial Overview. He stated that 2012/13 had been a successful year with the main statutory targets having been met. These included:</p> <ul style="list-style-type: none"> • Exceeding Target Surplus, achieving £2.2m; • Attaining 95% of the Cost Improvement Plan; • Meeting the national Capital Expenditure Limit target; • Meeting the External Financing Limit. <p>RB further stated that to achieve significant efficiency savings over a number of years became more challenging each year so YAS had done well to continue to meet its Cost Improvement Plan targets.</p> <p>Less successful had been the Trust's ability to meet the Better Payment Practice Code. Although this was not a statutory target, the Trust was striving to meet the target of paying 95% of suppliers within 30 days. In 2011/12 87% of suppliers had been paid within the limit. This had risen to 89% in 2012/13, with further progress expected in 2013/14.</p> <p>RB outlined the Trust's sources of income in 2012/13, which had totalled £209.8 million.</p>	

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<p>A&E income, at £168.1m, was the most significant part of the business. NHS 111 Mobilisation had brought in £2.2m but this would form an increasing part of the business going forward.</p> <p>RB stated that the Trust's expenditure during 2012/13 had totalled £207.2 million. He outlined details of the expenditure, of which salaries and wages of £145.1m were the major part and which remained at a similar level to 2011/12.</p> <p>RB stated that the Trust had delivered a break-even performance over the past three years, although it was facing further requirements to deliver a bigger surplus going forward.</p> <p>He outlined the Trust's Capital Expenditure Plans which had totalled £15.6m in 2012/13 compared with £9.4m in 2011/12.</p> <p>Fleet and medical equipment had benefited from expenditure of £4.8m with the start of the ambulance replacement process. The new, lighter ambulance, which was more fuel efficient, was proving to be very popular and had attracted national interest in the project. Twenty-one vehicles had been purchased during the year and the model was currently being trialed by the North East Ambulance Service. In addition, YAS had worked with the local supply chain across Yorkshire and the North of England to get the conversion work done locally.</p> <p>RB stated that there had been a major investment in IT systems of £2.3m to support the new NHS 111 service. Significant effort had been made to get the brand new call centre open, equipped and staffed in less than nine months.</p> <p>He further stated that the £8.5m expenditure on Buildings and Estates included the new Rotherham NHS 111 centre and the purchase of the Wakefield Springhill Headquarter buildings; the purchase of which had saved around £500k per annum on revenue costs and had allowed the Trust to make changes to the buildings to house the NHS 111 Service.</p> <p>RB added that the Trust was now looking to reduce its carbon footprint by taking such actions as purchasing solar panels for the Springhill HQ buildings.</p> <p>RB confirmed that the Trust had received very good feedback from its external auditors. The organisation's annual accounts had received an unqualified audit opinion and confirmation that it had proper arrangements in place to secure value for money.</p> <p>The Trust Board had reviewed and approved the annual accounts in June 2012. They were submitted to the Department of Health in keeping with the national deadlines and were now due to be adopted at that day's AGM.</p>	

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	The Chairman thanked DW and RB for their presentations.	
6	<p>Questions from Members of the Public</p> <p>The Chairman invited questions asking people to identify themselves by name, geographical area and organisation if appropriate.</p> <p>DS, a Member from South Yorkshire, stated that he had used the NHS 111 service on three occasions and his experience had improved each time as the knowledge of the new staff had developed. He placed on record his thanks to the people to whom he had spoken for the service they had provided.</p> <p>KB from Healthwatch York asked whether any additional funding was to be made available to help with YAS' support of the Yorkshire section of the Tour de France and if so, from where.</p> <p>The Chairman replied that 'Welcome to Yorkshire' had not taken into account the cost of emergency services when it had tendered for the Yorkshire section of the Tour de France.</p> <p>DW stated that early discussions were taking place with the Commissioners but the Trust would expect to receive some additional funding. He confirmed that logistically the Trust would be able to handle the extra work, which would build on YAS' experiences from the Olympic Torch Relay.</p> <p>AB, a Member, asked how the service coped with patients who had multiple disabilities.</p> <p>SP outlined various means by which the Trust handled its diverse groups of patients, which included: the use of specialist eg bariatric vehicles; ensuring staff were trained and appropriately skilled; working with a specialist interest groups; and working with an expert patient who provided a constant, valuable challenge.</p> <p>MS, a Member from South Yorkshire, stated that the last time a member of his family had needed an ambulance, they had been picked up by an ambulance which did not belong to YAS. He further stated that although YAS' A&E service had been mentioned a great deal during the course of the AGM, very little had been said about its Patient Transport Service (PTS) and asked what the effect of competition had been in this area.</p> <p>The Chairman acknowledged that YAS was in a competitive market wherein any provider could bid for sections of its PTS. She further stated her belief that this trend, which was a threat to YAS' business, might also move across to YAS's current A&E work in the future.</p> <p>The Chairman added that PTS providers ranged from taxis to other ambulances which although they looked like NHS ambulances did not actually belong to NHS organisations.</p>	

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<p>She stated that YAS needed to ensure it could compete on a level playing field and it was her belief that this was not currently the case. The Chairman stressed that people needed to be mindful of the long term consequences of private companies taking on YAS' role.</p> <p>The Chairman stated that PTS currently made almost one million journeys a year. The service had a variety of vehicles to meet the needs of patients such as bariatric vehicles, those with wheel chair access, etc. Any organisation taking on PTS would need to be able to offer a quality service at a competitive price and be able to cope with the challenges of winter, etc as there had been cases where YAS had been asked for assistance during difficult times.</p> <p>MH from Healthwatch Rotherham asked whether YAS could inform patients who they were going to be picked up by, as many of the vehicles currently looked alike.</p> <p>The Chairman stated her belief that the Commissioners needed to put constraints on this practice so that how a vehicle was marked up made it clear whether it belonged to YAS or a private company.</p> <p>SG from Healthwatch Barnsley expressed her concern about the massive scale of difference in experience and skills if there was to be a push to tender out emergency services to private companies. She asked whether the Public would be able to have a say in the process.</p> <p>The Chairman replied that YAS would carry out whatever tasks it was commissioned to do. She suggested that SG and the other Healthcare representatives present should speak to their local Clinical Commissioning Groups (CCGs) to try to influence their commissioning decisions.</p> <p>PD stated that the Care Quality Commission's (CQC) current oversight of private services was much less robust than it was of ambulance services and the public needed to be made aware of this.</p> <p>JM explained that the Trust had several health initiatives in Hull, working with the local authority and local providers to help improve health standards in the area.</p> <p>The Chairman agreed that good work was under way in that area, adding that there was more that could be done.</p> <p>The Chairman expressed concern that the Trust was not represented on the new Health and Wellbeing Boards in spite of possessing a wealth of information that they could utilise. As YAS tried to keep overheads as low as possible, there was only a limited resource available to allow its staff to engage with these groups.</p> <p>DW agreed there were a large number of new bodies and it was a major challenge for the Trust to engage with all of them. However, YAS did want to be involved to help improve services in local areas.</p>	

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<p>MS, a Member from South Yorkshire, stated his belief that the reputation of YAS had improved over the last year and congratulated the Trust on its new NHS 111 service but expressed concern that the Trust's de-recognition of Unite could lead to reputational damage.</p> <p>The Chairman stated that the workforce changes to which Unite so strongly objected would simplify a very complex work model. She explained that historically all ambulance services had considered the Emergency Care Assistant (ECA) role and had signed up to the proposal that an ECA should be paired up with a professional Paramedic. Several trusts had already gone down this route.</p> <p>DW stated that the training for the ECA role, which was not too dissimilar from the Technician role, was very good and it was felt that the ECA and Paramedic skill mix was appropriate for YAS, especially as it would give the Trust the opportunity to train more Paramedics.</p> <p>He further stated that, after five years, the Trust would be looking at a 30-35% ECA and 65-70% paramedic skill mix with diagnostic decision making being carried out by the Paramedics.</p> <p>The Chairman stated that the majority of staff had accepted the changes as a progressive move.</p> <p>She further stated that Unite, who represented only around 200 A&E staff, had objected to the vast majority of changes being proposed over a long period of time so, as constructive dialogue no longer remained, the difficult decision had been taken to de-recognise the union.</p> <p>The Chairman stated that the possible reputational damage issue mentioned by MS was very important. Over recent weeks Unite's issues had changed and seemed to have become quite muddled so YAS had issued a press release the previous day containing information about the real issues, including the fact that Unite had had to call off one of its proposed strikes due to a lack of support.</p> <p>The Chairman confirmed that all of YAS' staff who were members of Unite had individually signed up to and moved across into their new roles. She further stated that YAS had wanted to work with Unite via ACAS but the union had also withdrawn from these discussions.</p> <p>It was therefore the Trust's belief that the time was right to move forward and put these issues behind it.</p> <p>DW stated that the vast majority of A&E staff were unaffected by the changes and affected staff, whose pay would be protected for the next five years, had been informed at an early stage.</p> <p>Technicians, who were capable and interested, would be expected to become Paramedics over the next five years.</p>	

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<p>As there were no further questions, the Chairman thanked those present for the interest they had shown in YAS' work and commended to everyone YAS' Annual Report for 2012/13, which could be found online at: http://www.yas.nhs.uk .</p> <p>The Chairman thanked YAS colleagues for their hard work and support both during and in the preparation for the meeting.</p> <p>The Chairman stated that Members of the Public were very 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> <p>The Chairman apologised for the meeting over-running but stated her belief that it had been important that all questions were given a thorough reply. She again thanked those present for attending the meeting and encouraged anyone who was not already a Member of the Trust to join.</p> <p>The Annual General Meeting closed at 1105 hours.</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

CHAIRMAN

DATE