



Extraordinary Trust Board Meeting held in Public

Venue: Kirkstall and Fountains, Springhill 1, Wakefield, WF2 0XQ

Date: Tuesday 2 September 2014

Time: 1115 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
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
Steve Page	(SP)	Executive Director of Standards and Compliance

Apologies:

Barrie Senior	(BS)	Non-Executive Director
Mary Wareing	(MW)	Non-Executive Director

In Attendance:

John Nutton	(JN)	Non-Executive Director (Designate)
Karen Warner	(KW)	Associate Director of Quality and Nursing (<i>for Item 4</i>)
Anne Allen	(AA)	Trust Secretary
Dennis Shaw	(DS)	YAS Forum Member, South
Rod Spratley	(RS)	YAS Forum Member South
Rev Tony Dutton	(TD)	YAS Forum Member, South
John Egglestone	(JE)	YAS Forum Member, West
Karamjeet Singh Virdee	(KSV)	YAS Forum Member, West
Cllr Arthur Hodgson	(AH)	YAS Forum Member, East
Jackie Craven	(JC)	Public Member
Cynthia Binns	(CB)	Member of the Public
Helen Carr	(HC)	LCD

Minutes produced by:

Jo Kane	(JK)	Executive PA to Chairman and NEDs
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		Action
	The meeting commenced at 1115 hours.	
1	<p>Questions from the Public</p> <p>The Chairman welcomed everyone to the Extraordinary Trust Board Meeting held in Public to receive the Trust's non-financial annual report for 2013/14.</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 a deep dive into performance.</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>JE, a YAS Forum Public Member for the West, provided details of disappointing personal experiences on two occasions relating to Patient Transport Services (PTS). His daughter had booked PTS to take her to her a physiotherapy appointment on two occasions but unfortunately the transport had not turned up in time which led to her missing her scheduled appointments. When she rang to chase where they were she was told that they did not have enough staff due to sickness on both occasions.</p> <p>The Chairman commented that, generally, there had been a marked improvement in PTS so this was very disappointing to hear and she committed the Trust to look at the concerns as individual cases.</p> <p>The Chairman asked JE to provide RB with the details outside the meeting to enable an investigation to take place.</p> <p>RB confirmed that a recruitment drive was currently under way in two of the four localities to enable rotas to be fit for purpose.</p> <p>Action: RB to carry out investigation of the concern once details had been received from JE.</p> <p>TD, a YAS Forum Public Member for the South, provided details of a disappointing experience of a lady who attends one of the local food banks within his area. The lady had been severely burnt in a house fire and on receiving treatment the Doctor suggested that she attend hospital. Unfortunately the YAS PTS would not take this lady to hospital and TD asked why this would be.</p> <p>RB asked TD to provide details of the GP's surgery so that the matter could be looked into.</p>	RB

		Action
	<p>He suggested that this could have been a commissioning issue in that YAS might not have been contracted to provide such a service in that geographical area.</p> <p>RB invited TD to discuss the issue with him further outside the meeting, after which he would ensure an investigation followed.</p> <p>Action: RB to carry out investigation of the concern once details had been received from TD.</p> <p>AH, a YAS Forum Public Member for the East, asked why Humberside Fire and Rescue was not represented on YAS Forum.</p> <p>The Chairman reiterated that the Board had debated fully which organisations should be invited to put forward Appointed Members on the YAS Forum, adding that this particular matter had already been responded to. She stated the Board was always happy to consider all stakeholders' points of view whether represented on the Forum or not.</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 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>	RB
2	<p>Apologies / Declaration of Interests The Chairman welcomed everyone to the meeting.</p> <p>Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p>	
3	<p>Minutes of the Meeting held on 22 July 2014 The Minutes of the Meeting held on 22 July 2014 were approved as a true and fair representation of the meeting subject to the following amendments.</p> <p>Matters Arising: Page 3, paragraph 10 - amended to state 'received 5 weeks classroom'.</p> <p>Page 5, paragraph 3 - KW to ensure that member of public Cllr Sarah Rommell from Hull is contacted with regards to personal experience following an emergency call.</p> <p>Action: KW to liaise with Cllr Rommell re her personal experience.</p>	KW

		Action
	<p>Page 16, paragraph 5 – amended to state ‘via email not present’.</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>Update on action PB-314 – Board Assurance Framework including Corporate Risk Register to be presented at Quality Committee meeting on 11 September 2014.</p>	
4	<p>For Approval: Risk and Clinical Quality Annual Report 2013-14, including:</p> <ul style="list-style-type: none"> • Risk Management; • Information Governance; • Health and Safety; • Security; • Infection Prevention and Control • Patient Safety • Medicine Management; • Safeguarding; • Clinical Effectiveness; • Patient Experience; • Legal Services <p>SP stated that the purpose of the report was to provide the Trust Board with a summary of Trust developments in relation to risk, safety and clinical quality in 2013/14.</p> <p>He noted that the report provided an additional level of detail to that contained in the Trust’s Annual Report and Quality Accounts and that it also supported the Trust in meeting the statutory and best practice reporting requirements for NHS risk, safety and quality functions.</p> <p>SP stated that the content of this paper was informed by contributions from a number of corporate departments, reflecting their annual work plans and the activity of key management groups.</p> <p>Assurance reports on each of the subject areas covered by the report had been considered by the Quality Committee during the year and assurance relating to key risks had also been considered by the Audit Committee.</p> <p>Key points in the report were highlighted in a presentation delivered by SP, JM and KW.</p> <p>Risk Management and Assurance Strategy PD commented that the implementation and development of the Datix system was good news and this would help the Trust going forward including in the area of how ‘near misses’ could be reported into the Quality Committee.</p>	

	Action
<p>SP expanded on Trust Committee structures and how the information now flowed into all Level 2 Committees following the reviews involving the NEDs and EDs the previous year.</p> <p>The Chairman stated that every manager in YAS should read the report as it outlined the whole picture of how the organisation operated and how the managers fitted in.</p> <p>PD commented that integrating quality and risk into the Operations agenda was key. Staff needed to be cognisant in order that risks could be mitigated and the 2015 Quality Review would pick up on these areas.</p> <p>The Chairman agreed that evidencing Trust Board discussions throughout the organisation was key.</p> <p>DW confirmed that quality and risk featured in the Teambrief.</p> <p>Action SP to circulate presentation to all managers as essential reading.</p> <p>Progress in 2013/14 - Risk Management: SP reported that the Datix system, which had been implemented at the start of 2013, was now a powerful database for holistic reporting of Serious Incidents (SIs) and near misses for the Trust.</p> <p>The Quality Committee had confirmed that it was a positive move to see increased reporting of near misses by staff. This was supported by telephone line reporting which was now available.</p> <p>SP stated that 182 safety alerts had been published the previous year, all of which were reviewed within the Trust and appropriate action initiated.</p> <p>JM stated that, although many of the safety alerts did not relate to YAS, the Trust had to review all alerts very carefully for relevance and appropriate action.</p> <p>Next steps for 2014/15 included continuing to build on internal capacity for robust incident investigation, which would include further work with managers on route cause analysis training.</p> <p>Monthly Managers meetings also took place to support further embedding of risk management at all levels.</p> <p>Progress in 2013/14 - Information Governance PD stated that, as Quality Committee Chair, she was more confident around the Trust's governance processes and the Trust should not under estimate the work that had been done.</p>	<p>SP</p>

	Action
<p>JM remarked the audit trail provided by Datix was important in that the server held a log which recorded every time the system was accessed.</p> <p>The roll-out of 'thin client' meant that there was now less information on desktops and more on central servers. SP stated that the overall programme of Information Governance (IG) work was very robust with no serious data incidents reported to the Information Commissioner's Office.</p> <p>The Chairman sought assurance around the risks of paper-based Patient Report Forms (PRF) for YAS.</p> <p>SP acknowledged that this continued to be a risk and good housekeeping of documentation was essential. Any risks would ultimately reduce with the roll-out of the electronic PRF (e-PRF). Generally, good progress had been made in reducing paper-based records to mitigate the risk in the short term.</p> <p>The Chairman stated her belief that 11 data incidents in 2013/14 seemed too low for the organisation.</p> <p>DW asked how the Trust benchmarked its performance against other trusts.</p> <p>SP replied that this happened informally through the national group.</p> <p>Action: SP to circulate benchmarking information if available.</p> <p>Progress in 2013/14 - Health and Safety SP stated that the Trust had increased emphasis on reducing harm associated with moving and handling continuing into 2014 /15. A 64% reduction in musculo-skeletal incidents had been seen in relation to the introduction of new lighter weight responder bags. However, claims in relation to responder bags continued to rise as there was a time lag from introducing the new ones.</p> <p>The Chairman noted that the Trust continued to take advantage of technological changes to improve safety, for example smaller battery size and the introduction of tail lifts rather than ramps.</p> <p>In the coming year the Trust would be focusing on maximising the use of the 5 bariatric vehicles, complete roll out of the new carry chairs and introducing lighter weight defibrillators.</p> <p>SP stated that the development of the Inspections for Improvement process had resulted in feedback to local managers for action and some Trust-wide developments including reduced harm/potential for harm, from pot holes in ambulance stations and a programme of work to ensure that server rooms were to a standard specification.</p>	<p>SP</p>

	Action
<p>SP confirmed that the review of moving and handling training would continue through into 2014/15.</p> <p>The Chairman stated that the organisation needed to look at advances that had been made to enable the Trust to reach its current position. YAS had no control over the environments into which staff had to go and there was a balance to be reached between the needs of patients and the risks to YAS' staff.</p> <p>JM expressed pride in terms of the organisation's policy of openness to patients and families where adverse events had occurred.</p> <p>Progress in 2013/14 - Security (LSMS) SP stated that the Trust had lock down procedures in place for more stations with CCTV fitted on a risk-assessed basis.</p> <p>The Trust's Local Security Management Specialists (LSMS) actively follow-up incidents of violence or aggression with staff, managers and the Police to pursue offenders including prosecution where feasible.</p> <p>The Chairman suggested that future Annual Reports should contain a 2-year comparative for security incidents.</p> <p>Action SP to ensure annual comparative data for security incidents included in future annual reports.</p> <p>The Chairman pointed out that all members of YAS' staff needed to be more vigilant, especially with the increased level of National Alert 'severe'. For example, everyone should ensure that their vehicles were secure at all times.</p> <p>Positive feedback had been received from NHS Protect following the completion of the self-review tool relating to the new NHS Security Standards.</p> <p>The Chairman asked why the Trust had been graded "amber" in the report.</p> <p>SP replied that this was a minor issues and he would brief the Chairman on the issue and action taken outside the meeting.</p> <p>Progress in 2013/14 - Infection Prevention and Control (IPC) SP stated that the Trust completed monthly IPC audits, which were carried out by local managers and staff in the areas of vehicle and premises cleanliness and hand hygiene.</p> <p>The audits were validated by drop-in sessions by the Head of Safety (IPC Nurse) and the one-to-one process. Compliance was improving on a monthly basis.</p>	<p>SP</p>

In the event of any staff coming into contact with sharps/needles 24/7 IPC advice is available in addition to agreements having been put in place with A&E departments across all patches to treat YAS' staff.

Next steps for 2014/15 included IPC roadshows which would be led by YAS' Head of Safety over the coming months. These would include a refresh of information and training based on audits, eg ensuring housekeeping is of the standard requirement eg reinforcing appropriate wearing of jewellery.

The Chairman asked if the issues in relation to damage to upholstery stated in the Annual Report section 2.5.7 were being actioned.

RB stated that major steps had been taken. The Fleet department were now more responsive and spot checks were being carried out on a regular basis. Temporary covers were now available avoiding the need for vehicles to be taken off road and repairs were done during routine servicing.

Clinical Quality Strategy

JM presented the Clinical Quality Strategy 2012-15. This was based on evidence-based practice and national priorities including the three domains of:

- Safety;
- Effectiveness;
- Patient Experience.

The Strategy focussed on the most important issues for the people of Yorkshire and the Humber which formed a key part of the Trust's Integrated Business Plan. These were:

- Improvements in Cardiac Arrest;
- Major Trauma;
- Ambulance Quality Indicators (AQIs) including heart attack, asthma, stroke and hypoglycaemia.

PD stated that it was essential that YAS' staff reported Serious Incidents (SIs) that occurred in other's care, ie that are for others to investigate. The Trust also needed to push back where appropriate to improve the patient experience.

SP noted that Local Care Direct and other out-of-hours providers were learning from end-to-end reviews within for example, the NHS 111 service. The regional Mental Health Concordat hosted by the Police was a good example of crossing agency boundaries.

PD noted that some incidents might not be applicable to a particular organisation in the system but nevertheless adversely affected the patient. For example, if a service was not available and this led to the patient ending up in A&E.

Progress in 2013/14 - Patient Safety

SP stated that YAS had launched the ambulance-specific Safety Thermometer following analysis of incident data management systems where falls were highlighted as an area of harm for YAS.

YAS was also identifying other 'harms' that occurred during the year, which were benchmarked against indicators nationally. The three harms identified were:

- Falls;
- Injury to patients;
- Medication errors.

KSV, YAS Forum Member for the West, asked what the Safety Thermometer was.

JM explained that the Safety Thermometer had been developed initially in a hospital setting but that YAS had adapted the concept to fit with ambulance services. It was a tool which was used to measure the prevalence of harm to patients and was like a temperature check which could be used in any environment.

JM further stated that YAS had successfully recruited 12 Safety Champions within the Trust.

The Chairman acknowledged that the Champions had an important role to raise staff awareness of the importance of reporting SIs in order for the learning to be timely. She further stated that information for staff needed to be digestible and packaged in an appropriate way.

JM agreed, noting that clinical updates and training were now case-based.

JM pointed out that the launch of the clinical 'App' was key to giving real-time information to clinicians.

Next steps for 2014/15 included a continued focus on reduction of harm through the safety thermometer.

Progress in 2013/14 - Medicines Management

JM stated that had been a year of considerable development where governance protocol had been reviewed and the Trust now had more robust systems in place.

New painkillers (Ketamine and Transexamic Acid) had been introduced for use by Air Ambulance and HART paramedics, which had improved the patient experience and saved lives. Local clinical audits had demonstrated there had been no inappropriate use of the new drugs.

JM further stated that new drugs had also been introduced to improve outcomes for patients with severe bleeding following trauma.

	Action
<p>The Major Trauma Networks had undoubtedly led to improvements which had saved lives and added to all providers' learning.</p> <p>A change in the law had led to the Trust introducing a new internal morphine supply process. The Chairman noted that this would be a more effective process and cheaper for the Trust.</p> <p>JM confirmed that YAS would also complete the pilot of IV Paracetamol and the roll out of Misoprostol would be introduced to enable front line clinicians to treat post-partum haemorrhage.</p> <p>Progress in 2013/14 - Clinical Effectiveness Improvements had been seen in many Clinical Performance Indicators (CPIs) and in AQIs.</p> <p>New care pathways had been developed, for example alcohol referral where patients had been seen to present less often.</p> <p>The Chairman noted that this group of patients often had chaotic life styles and that timely intervention of other services was key. No matter how difficult it was to assess or accurately measure YAS' impact on these patients, it was vitally important to do so.</p> <p>The next steps 2014/15 would see a continual drive for improvement in CPIs and AQIs and an increase in clinician-led local audits.</p> <p>JM stated that it was vital for YAS to further develop referral pathways with partners, use of electronic records and clinical applications. Referral pathways must be the right place at the right time for patients leading to improved patient experience.</p> <p>DW stated that YAS was doing well in relation to the national clinical initiatives and improvements over the last year and PD remarked that YAS was undoubtedly saving lives.</p> <p>Progress in 2013/14 - Safeguarding KW provided update on progress for Safeguarding in 2013/14.</p> <p>The safeguarding team had continued to increase safeguarding referrals and ensure that all staff received the appropriate level of awareness training.</p> <p>The Trust also continued to be actively involved with Child Death Panels and Serious Case reviews</p> <p>KW stated that Dave Blain, Head of Safeguarding, had led on the development of a self-assessment tool used nationally for peer review. A peer review of safeguarding standards had been completed for YAS, with positive findings, and YAS had contributed to two other peer reviews.</p>	

	Action
<p>She further stated that YAS continued preparation for 'Prevent' training, the Department of Health's anti-terrorism strategy with training for all front line staff included in the training plan for 2014/15.</p> <p>PD stated her belief that the Trust undersold itself ourselves in relation to the work of the Safeguarding team, as a significant amount of work had been carried out during 2013/14, including raising staff's awareness of domestic violence and safeguarding issues, particularly for children.</p> <p>The Chairman stated her belief that the Trust needed to fully understand the challenges and cuts faced by other agencies so communicating with others was key.</p> <p>SP commented that YAS' safeguarding team had reported that the Trust was now receiving more feedback from other agencies, which was a positive development.</p> <p>JN raised a concern that the Trust might be at risk of over-reporting,</p> <p>The Chairman commented that, as YAS was not an expert in the field, it was safer to over-report. The Trust needed to be clear on what is expected of it but at the end of the day it was down to YAS' staff's professional judgement.</p> <p>SP noted that the referrals were expressions of concern, allowing potential safeguarding issues to be highlighted and investigated by the appropriate agencies.</p> <p>PD raised her concern that it was not only about safeguarding children but also vulnerable adults and the Trust needed to strengthen its work in this area. However, it was certainly going in the right direction.</p> <p>Patient Experience – Building the Picture</p> <p>KW provided an update on patient experience, an important priority at YAS, which was monitored through various ways including patient surveys, complaints and concerns, compliments, focus groups, feedback from staff and patient stories</p> <p>The Chairman stated that patient stories were used at Board meetings held in Public.</p> <p>The Chairman further stated that, following a recent meeting with the TDA, she had received good feedback with regard to how YAS obtained and actioned patient experiences.</p> <p>KW reported that the Trust had received first prize in the National Patient Network award 'Setting the Stage: measuring, reporting and acting' for its work in 'hear and treat' of callers where YAS was the top performer.</p>	

	Action
<p>Looking Forward During 2014/15 the Trust will strengthen and further embed its quality and risk processes focussing on clinical leadership, staff engagement and patient centred professionalism.</p> <p>The Trust will also prepare for a new CQC regime which will involve several departments and key roles.</p> <p>There will be wide consultation with staff and patients to develop the new Clinical Quality Strategy for April 2015 onwards, which will include the key themes of:</p> <ul style="list-style-type: none"> • Safety; • Experience; • Clinical effectiveness. <p>YAS Forum members will also be involved in the development of the new Strategy.</p> <p>The Chairman invited those present if they had any questions about the information presented during the course of the meeting.</p> <p>There were no questions forthcoming.</p> <p>Closing comments The Chairman suggested that the Report should be shared with all members of staff and PD asked that the Board's appreciation and recognition of their efforts be shared with staff.</p> <p>Approval: The Trust Board accepted the 2013/14 Risk, Safety and Clinical Quality Annual Report as assurance with regard to YAS' management of quality, risk and safety and compliance with the relevant statutory and regulatory requirements.</p> <p>The meeting closed at 1258 hours.</p>	
<p>4 Date and Location of Annual General Meeting and Next Trust Board Meeting in Public: 30 September 2014 at The Thackray Museum, Beckett Street, Leeds, LS9 7LN.</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**