



Trust Board Meeting held in Public

Venue: The Thackray Medical Museum, Beckett Street, Leeds, LS9 7LN

Date: Tuesday 30 September 2014

Time: 1300 hours

Chairman: Pat Drake

Present:

Board Members:

Patricia Drake	(PD)	Deputy Chairman and Non-Executive Director (Chairing)
David Whiting	(DW)	Chief Executive
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
Steve Page	(SP)	Executive Director of Standards and Compliance

Apologies:

Della Cannings	(DC)	Trust Chairman
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In Attendance:

John Nutton	(JN)	Non-Executive Director (Designate)
Anne Allen	(AA)	Trust Secretary, YAS
Sheila Barnes	(SB)	Healthwatch, Doncaster
Hilery Brearly	(HB)	Basingstoke & North Hampshire NHS FT
Jayne Brown, OBE	(JB)	Senior Associate, Good Governance Institute (GGI)
Hazel Chatwin	(HC)	Healthwatch, North Yorkshire
Robert Edmondson-Jones	(REJ)	Rebor Ltd
David Ita	(DI)	Healthwatch, North Yorkshire
Trevor Kent	(TK)	Member of the Public
Sarah Laidlaw-Moore	(SLM)	West Yorkshire Fire and Rescue
Diane McKerrachor	(DMc)	Public Member
Daniel Mason	(DM)	NHS Sheffield CCG
Catherine Riley	(CR)	Calderdale and Huddersfield NHS FT
Helen Rowe	(HR)	Public Member
Katie Smith	(KS)	Harrogate and Rural District, CCG

Rod Spratley (RS) YAS Forum Member, Public – South
 Richard Taylor (RT) Healthwatch, Leeds
 K S Virdee (KSV) YAS Forum Member, Public – West
 Ian Whitehouse (IW) Public Member
 Cl John Wilkinson (JW) North Yorkshire Police
 Andy Wood (AW) Overview and Scrutiny Officer, Wakefield Council
 Alison Wright (AWr) Public Member

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

		Action
	The meeting commenced at 1300 hours.	
1	<p>Apologies / Declaration of Interests The Deputy Chairman (PD) welcomed everyone to the meeting. Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p>	
2	<p>Minutes of the Meeting held on 2 September 2014 including Matters Arising (not on the agenda) and Action Log The Minutes of the Meeting held on 2 September 2014 were approved as a true and fair representation of the meeting.</p> <p>Matters Arising: There were no matters arising.</p> <p>Action Log: DW guided the meeting through the updated Action Log, all actions on which were completed. There were no queries relating to the completed actions.</p>	
3	<p>Deputy Chairman's Report The Deputy Chairman stated that, following the earlier Annual General Meeting, she did not intend to deliver a report.</p>	
4	QUALITY, SAFETY & PATIENT EXPERIENCE	
4.1	<p>For Approval:</p> <ul style="list-style-type: none"> • NHS Trust Development Authority (TDA) Compliance with Monitor Licence Requirements for NHS Trust Return; • NHS Trust Development Authority Board Statements <p>DW confirmed that the August 2014 returns contained no material changes to those submitted in July 2014. Additional narrative had been highlighted in red text and no questions were forthcoming from the Board.</p> <p>Approval: 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 August 2014.</p>	

		Action
4.2	<p>For Assurance: Chief Executive's Report and Integrated Performance Report (IPR)</p> <p>DW presented the Chief Executive's report, the aim of which was to give the Board assurance on the activity of the Trust Executive Group (TEG) from 16 July to 22 September 2014 and the opportunity for TEG to highlight the key variances and movements contained within the July and August 2014 IPRs.</p> <p>The Deputy Chairman reminded Board colleagues that they should refrain from using acronyms in reports coming to Trust Board meetings in Public unless they had first explained their meaning.</p> <p>DW presented highlights of activity in the external environment.</p> <p>He stated that, in response to the allocation of resilience funding to support urgent and emergency services, YAS had submitted a number of proposed schemes to address local urgent care need. The Trust had been successful in securing over £2m of additional funding to supply a number of Urgent Care Practitioner (UCP) schemes, a frequent caller service and support for mental health crisis. The first UCP scheme would be mobilised in Wakefield in October and would be followed by 4 others during Quarter 3. The final stage of recruitment had taken place and Urgent Care Practitioners (UCPs) had been identified for each scheme.</p> <p>DW further stated that, following a national ballot for Industrial Action by the major trade unions, Unison had announced that 68% of its NHS workers had voted for strike action.</p> <p>Negotiations were under way with Unison to ensure that patient care was protected during the period of industrial action and the Resilience team was also working on contingencies to ensure that YAS continued to provide a safe service for its patients.</p> <p>It was agreed that DW would provide the Non-Executive Directors (NEDs) with a further update as part of his weekly briefing.</p> <p>Action: DW to provide Chairman and NEDs with a further update re industrial action arrangements in his weekly briefing.</p> <p>IB confirmed that the Unison strike action would take place between 0700 and 1100 hours on Monday 13 October. This would then be followed by further industrial action, short of actual strike action, for the remainder of the week.</p> <p>Nationally, staff would be encouraged to participate in an overtime ban between Monday 13 and Sunday 19 October, which would cause significant operational difficulties, against which YAS would need to mitigate.</p>	<p>DW</p>

	Action
<p>IB stated that Unite the Union had also voted in favour of action.</p> <p>The Deputy Chairman suggested that the Trust should liaise with other front line service providers in relation to potential patient safety issues.</p> <p>DW replied that NHS England was co-ordinating with the acute trusts to measure the impact of the industrial action on A&E departments.</p> <p>In terms of A&E performance and the range of key actions being implemented as part of the A&E Performance Recovery plan, August had seen some improvements against June and July, which had continued into September.</p> <p>DW stated that, as the North and East localities were performing well against all Red targets, the improvement focus was being applied to West and South Yorkshire. In addition, delivery of the A&E Performance Recovery plan actions, which had been considered in depth at that morning's Private Board meeting, continued to be monitored on a weekly basis by the Trust Executive Group (TEG).</p> <p>DW further stated that urgent recruitment against vacancies continued and, following settlement of an industrial relation issue with Unison locally, the agreed greater flexibility in the use of Emergency Care Assistants (ECAs) and a more flexible meal break should both help to improve performance going forward.</p> <p>He added that, as 8 of the 10 ambulance trusts in England were currently not achieving the national performance standards, performance was of concern nationally.</p> <p>DW confirmed that YAS was monitoring the quality and safety of services on a daily basis to ensure that its quality of care was maintained.</p> <p>The Deputy Chairman invited questions about the Chief Executive's report.</p> <p>EB asked why there had been such a significant increase in the proportion of breaches relating to YAS delays in relation to the STEMI (ST Segment Elevation Myocardial Infarction, a type of heart attack) care within 150 minutes Ambulance Quality Indicator (AQI) in April 2014.</p> <p>JM replied that this related to the secondary transfer of patients who had developed a certain type of heart attack following admission to hospital. He stated that YAS had no control over timescales, etc and provided the Board with details of the system that had been put in place to review the situation.</p>	

	Action
<p>JN asked whether sickness absence could be tracked in a different way as no real, sustained progress had been made to date.</p> <p>He suggested that the Trust could buy in short term consultancy expertise to analyse and drill down into the available data.</p> <p>IB stated that the organisation already had access to detailed absence data and would expect local managers to undertake that type of analysis work. It had been confirmed that there was no widespread abuse of the system, especially since the introduction of the new policy which was more robust and stringent than the previous policy.</p> <p>IB further stated that the ultimate aim of the policy was to get people back to work and to keep them there. Where absence was unacceptably high, action would need to be taken so there was therefore a need to ensure that managers understood and were working in accordance with the current policy.</p> <p>IB confirmed that there were built in disincentives to overtime opportunities if people were regularly absent for sickness reasons.</p> <p>DW stated that, although there had been improvements in the amount of short term sickness absence, long term sickness absence remained a major problem, with it standing at almost double the short term level.</p> <p>EB stated that, after several months of receiving similar messages, she was concerned that the Board could still not see any defined improvement. Whilst acknowledging that it would not be an easy problem to overcome, EB asked whether it would be possible to look at the trajectory around it.</p> <p>IB replied that he would share this information outside the meeting.</p>	
<p>Action: IB to share sickness absence trajectory information with the Chairman and NEDs.</p>	<p>IB</p>
<p>DW stated his belief that TEG would also need to scrutinise several functions in more depth to satisfy itself that current trajectories, targets, etc were appropriate.</p> <p>Action: TEG to scrutinise sickness levels in several functions in more depth to satisfy itself that current trajectories, etc were appropriate.</p>	<p>DW/IB</p>
<p>BS stated his belief that the previous task and finish group involving NEDs, with its focus around sickness management, had seemed to work.</p>	

	Action
<p>He stated that, although in an ideal world there should be no need for such high level involvement in this area, in reality if it did help to reduce sickness absence, it might be worth considering the re-introduction of the group.</p> <p>DW agreed that TEG should take this suggestion forward to try to strike a balance between what was currently being done and what had appeared to work well when the higher level of scrutiny had been applied.</p> <p>Action: TEG to consider further actions to reduce the level of sickness absence in the organisation and report back to full Board.</p> <p>The Deputy Chairman stated that preventative actions were also very important and requested an update on the Trust's 'flu' vaccine plans.</p> <p>IB replied that the roll out of vaccine had already commenced. Plans were in place for Paramedics to give injections at stations and more fridges had been provided in which to store the vaccines.</p> <p>IB further stated that 50% of YAS' staff had received the 'flu' vaccine the previous year and the current year's aim was to beat this total.</p> <p>In relation to staff engagement, EB asked whether 'listening watch' visits were still taking place, as she had not seen a schedule for some time.</p> <p>DW replied that the current challenges around performance, etc had meant that the number and regularity of visits had dropped off during the past 6 months. However, he acknowledged that the management team needed to ensure that their listening watch visits took place over the next couple of months.</p> <p>SP confirmed that the listening watch visits allocated to him and his team members had been carried out.</p> <p>The Deputy Chairman reminded the Executive Directors of the NEDs' on-going wish to attend 'listening watch' visits once dates had been agreed.</p> <p>EB requested further information about the decision to develop a Cultural Barometer, expressing concern that, as the Trust already knew what its issues were, the work might delay the implementation of its plans.</p> <p>IB replied that the Cultural Barometer was part of a Board decision taken in March 2014. He stressed that the work would not delay any of the Trust's current plans and would in fact complement the work that was already under way.</p>	<p>DW</p>

	Action
<p>IB further stated that, following the procurement exercise, Zeal Associates had been appointed to assist with the work and he offered to share their presentation with Board colleagues.</p> <p>Action: IB to share Zeal Associates' presentation re Cultural Barometer with Board colleagues.</p> <p>The Deputy Chairman stated that the acronym 'LETBE' on page 10 should actually be 'LETB' which stood for 'Local Education and Training Board'.</p> <p>Integrated Performance Report (IPR) Performance</p> <p>The Deputy Chairman stated that there had been a great deal of discussion and scrutiny in relation to YAS' current performance recovery plans during that morning's Private Board Meeting.</p> <p>DW provided a short update in relation to the actions being taken to improve current performance and it was noted that October would be the crucial month in terms of delivering 75% performance.</p> <p>EB stated that page 2.1 showed a dip in the average responses per day curve for August and asked why this had happened.</p> <p>RB replied that he would provide a response outside the meeting.</p>	<p>IB</p>
<p>Action: RB to provide Chairman and NEDs with information about the August dip in average responses per day (page 2.1)</p> <p>BS noted that, on page 2.3a, the proportion of Rapid Response Vehicles (RRVs) to Dual Crew Ambulances (DCAs) when comparing the current year to the previous year had changed significantly.</p> <p>DW replied that although the ratio in South was lower than it had been, globally there was no significant shift in car to ambulance ratios so there was not a material difference.</p> <p>BS stated that, although there was a great deal of data on pages 2.4 and 2.4a the comments boxes remained empty. He requested management's interpretation of that data.</p> <p>DW replied that he would include details of the information underpinning the data, in narrative form, in the IPR.</p>	<p>RB</p>
<p>Action: DW to include narrative about the data on pages 2.4 and 2.4a on the IPR.</p>	<p>DW</p>

	Action
<p>EM stated that, on page 2.4a, the total number of calls closed by the Clinical Hub seemed to have fallen from the previous month whilst she would have expected the figures to have increased.</p> <p>DW replied that this was mainly a resourcing issue. As NHS Direct was no longer being used, all calls were now dealt with by the Clinical Hub. The establishment had increased, with the number of 'hear and treat' staff doubled. Although this would have a half month impact on September's figures, October's figures would be the key measure of success.</p> <p>MW stated that the Directors' Exceptions on page 4 of the Patient Transport Service (PTS) section mentioned that plans were in place to improve Key Performance Indicator (KPI) performance. However, as most of them did not have a timescale attached, MW wondered when it was expected that the impact of the anticipated improvements would start to be seen.</p> <p>RB replied that the impact of the new East rotas should start to be seen shortly, noting that there was currently no Locality Manager in place.</p> <p>He further stated that actions had been implemented to reduce taxi spend across all localities. This had already impacted on the KPIs with quite a marked impact in terms of reduction in spend.</p> <p>The new rotas in West were due to go live during November so the Trust should start to see further improvements during that month.</p> <p>MW asked how the figures relating to aborted journeys were taken into account when working out KPI performance.</p> <p>RB replied that they were excluded from the top line figure and worked out as a percentage of the remainder.</p> <p>RB confirmed that text messaging had also gone live to a limited number of patients in all areas.</p> <p>JN stated that he was becoming more confident that the Trust's PTS performance would improve over the coming months, particularly as a result of the discussions that had taken place at the September meeting of the Finance & Investment Committee meeting.</p> <p>BS noted that the target for PTS call answering within 30 seconds was 80% and asked whether any action was being taken to improve the current poor performance in that area.</p> <p>RB stated that, in terms of medium term measures, the on-line booking system, which was currently in the process of being rolled out, now had a much more user-friendly interface.</p>	

	Action
<p>Quality</p> <p>JM stated that quality and patient safety were being monitored on a weekly basis and expressed his hope that the Deputy Chairman and NEDs felt assured that robust processes were in place, which would lead to concerns being raised immediately.</p> <p>The Deputy Chairman asked why the numbers of Emergency Operations Centre (EOC) responses to complaints over 25 days were increasing.</p> <p>SP replied that this was more of a resource issue rather than a rising number of complaints, although he acknowledged that a number of complaints were being received due to the Trust's current performance issues.</p> <p>SP confirmed that the Trust was currently enacting a plan to bring EOC complaints into the corporate complaints process.</p> <p>EB stated that, without SP's previous assurance at Quality Committee about the stabilising of figures relating to Serious Incidents (SIs) on pages 3.9 and 3.10, she would have been more concerned, especially if she had looked at the figures in isolation.</p> <p>SP stated that, although he had still not received all of the root cause analysis from the deep dive into the figures, it looked as if many SIs were the result of simple resource issues which meant that there was more likelihood of human error.</p> <p>He further stated that there was a complex relationship between SIs, safety monitoring and performance.</p> <p>SP stated that it was difficult to draw conclusions of a pattern from the current patient experience results from the Friends and Family test. During the current month the results had gone down in all localities at the same time, so it could only be assumed that this was caused by the impact of the current operational issues. However, more work was currently under way in relation to the test.</p> <p>BS stated that it looked as if July into August had been a month of good progress for the Service Transformation Programme, with a number of 'reds' changing to green or amber. He asked whether this was a true picture.</p> <p>DW confirmed that this was the case with some really good progress being made, particularly in the areas of modelling and the Hub and Spoke estate model.</p> <p>RB stated that, from an Estates perspective, he was fairly confident that things were back on track.</p>	

	Action
<p>For example, whilst there remained a vacancy at Head of Estates level, a contractor, with specific technical skills, had been appointed to work with YAS on a soft business case. He confirmed that the Hazardous Area Response Team (HART) work remained on track.</p> <p>Workforce MW stated that the trends shown on page 4.1 were inconsistent. An upwards movement was good on some occasions whereas a downwards movement was good at other times. She suggested that it would be very helpful if the direction of movement could be made consistent.</p> <p>MW further stated her belief that a lot of the useful information which was contained in the Workforce section could contribute to other parts of the IPR. For example, how did sickness absence feed through to performance, how did it affect quality, etc.</p> <p>It was agreed that IB should liaise with MW about her idea as this would allow TEG to consider in more depth the suggestion of a balanced dashboard, with more read across between sections when discussing future amendments to the IPR.</p> <p>Action: IB to liaise with MW re her suggestion of the development of more read across between sections of the IPR.</p> <p>EB stated that the narrative in relation to Performance Development Reviews (PDRs) and the progress being made towards the 75% target provided an improvement trajectory which had been on-going for several months and which, in her opinion, was not acceptable.</p> <p>IB stated that analysis of the reporting statistics showed that they had contained a percentage of staff not having a PDR due to being on maternity leave, long term sickness, etc. These people would need to be removed from the statistics.</p> <p>MW stated that the note on page 4.10 confirmed that these people had all now been removed.</p> <p>IB further stated that he expected the fact that operational staff would in future be stood down for two hours for their PDR to make a positive difference.</p> <p>It was agreed that appraisal timescales should be in line with the business planning timetable and that timings for appraisals were currently not being made explicit enough.</p> <p>IB stated that he would ensure that this was addressed in a more robust fashion over the course of the next month.</p>	<p>IB</p>

	Action
<p>Action: IB to communicate more detailed information about expected timescales for appraisals, etc to line managers as soon as possible.</p> <p>Finance JN requested an update on whether financial penalties were likely to be invoked.</p> <p>RB replied that, although the Trust was likely to see some alignment of penalties to the improvement trajectories in the plan, there remained an on-going risk of penalties being applied to A&E for Red targets during the current year. He added that a meeting was due to take place shortly with the Lead Commissioner to further clarify the situation which would continue to be monitored on a monthly basis.</p> <p>Approval: The Trust Board agreed that it had sufficient assurance on the activities of the Executive Team and Trust Executive Group during the reporting period having noted and discussed the variances contained within the July and August 2014 IPR reports, highlighted in the Executive Directors reports.</p>	<p>IB</p>
<p>4.3 For Approval: Annual Review of the Adequacy of the Information Governance Management Framework, Role of the Senior Information Risk Owner (SIRO) and Supporting Information Risk Management Infrastructure</p> <p>SP presented a paper, the purpose of which was to formally review the adequacy of the Information Governance Management Framework to ensure that it remained fit for purpose and to ensure that the role and responsibilities of the Senior Information Risk Owner (SIRO) and supporting information risk management infrastructure (including the Caldicott Guardian, Registration Authority Lead and Information Asset Owners), remained current, effective and correctly assigned.</p> <p>The information governance arrangements for review were Requirements 12-101, 12-200, 12-300, 12-303 and 12-307, details of which were contained in Section 3 of the report.</p> <p>Section 4 of the report contained information about YAS' assessment of its current position and SP drew the Board's attention to 12-303, which stated that: 'A member of the Board or equivalent, has been assigned (by the Board) to take overall responsibility for the Registration Authority (RA) function.'</p> <p>SP stated that a recommendation of the report was to agree the RA Lead Officer on the Trust Board as being Rod Barnes, Executive Director of Finance and Performance.</p>	

		Action
	<p>The Deputy Chairman noted that, in Appendix D, the Information Asset Owners' (IAO) training was not fully compliant due mainly to staff turnover and therefore changes in IAOs during the past 12 months. She asked whether the Board could take assurance that this issue would be solved in the near future.</p> <p>SP confirmed that this would be the case.</p> <p>Approval: The Trust Board noted the current arrangements and agreed that the Information Governance Management Framework, the role of the Senior Information Risk Owner (SIRO) and Supporting Information Risk Management Infrastructure remained fit for purpose. In addition the Trust Board also agreed the Registration Authority Lead Officer on the Trust Board as being Rod Barnes, Executive Director of Finance and Performance.</p>	
4.4	<p>For Approval: Updated Audit Committee Terms of Reference AA presented the updated Audit Committee Terms of Reference (TOR) for the Trust Board to consider and approve.</p> <p>She stated that, following approval of amendments to the Audit Committee TOR by the Trust Board on 22 July 2014, the Audit Committee Chairman highlighted one further required amendment to section 4.4. This was:</p> <p>“The Audit Committee shall be quorate in the presence of three members, to include the Audit Chairman or an appointed Deputy Audit Chairman. Once the Designate Non-Executive Director becomes a full member the quoracy of the Committee will be increased to four.”</p> <p>The amendment was accepted by the Board at the July meeting and it was agreed that the TOR should be updated subject to Trust Board approval at its September meeting.</p> <p>Approval: The Trust Board approved the updated Terms of Reference of the Audit Committee.</p>	
5	STRATEGY, PLANNING & POLICY	
5.1	<p>For Approval: Board and Committee Planning 2015/16 AA presented the updated Board and Committee Planner 2015/16 for the Trust Board to consider and approve.</p> <p>She stated that the Planner had been through a number of iterations with feedback incorporated from both the Non-Executive and Executive Directors.</p>	

		Action
	<p>Following approval, the Planner would be published on the Intranet and circulated internally and externally to relevant stakeholders.</p> <p>No further comments were forthcoming.</p> <p>Approval: The Trust Board approved the Board and Committee Planner 2015/16.</p>	
5.2	<p>For Assurance: Mid-Year Review of the Two-Year Operating Plan</p> <p>RB presented a mid-year progress update on the Two-Year Operating Plan, draft submissions of which had been made on 13 January and 5 March 2014 with progress shared at Board Development meetings on 25 February and 11 March 2014.</p> <p>RB stated that the final operating plans were approved by the Board on 25 March and submitted to the NHS Trust Development Authority (TDA) on 4 April 2014.</p> <p>RB stated that the seven key areas in the Service Development and Improvement Programme were:</p> <ul style="list-style-type: none"> • Electronic Patient Record Form (ePRF) / Paramedic Pathfinder (PP); • Community Emergency Care Response; • Urgent Care Service Developments; • PTS Transformation; • Staff and Stakeholder Engagement; • ICT Transformation; and • Estate Programme. <p>Electronic Patient Record Form / Paramedic Pathfinder</p> <p>RB stated that the objective was to roll out the ePRF and PP to all West Yorkshire Clinical Commissioning Groups (CCGs) except Leeds and Airedale, Wharfedale and Craven (AWC).</p> <p>Strengthened project management arrangements were now in place as the result of the recruitment of a Project Manager and the establishment of a Programme Board.</p> <p>In addition, a Paramedic Pathfinder 'app' had been developed which was due for release onto Toughbook, the vehicle-based IT device, in October 2014.</p> <p>Other progress included:</p> <ul style="list-style-type: none"> • Huddersfield and Calderdale clinicians had been trained in the Paramedic Pathfinder; • staff training in the latest release of Emergency Care Solution was due in Quarter 3 due to a new release of software; 	

- Toughbook computers and mounting kits had been installed in Calderdale, Huddersfield, Kirklees and Wakefield and enough equipment had been procured to ensure the roll out of the project for the rest of the year;
- The Lifepak 15 defibrillator interface had been tested; and
- hardware had been procured for the 2014/15 planned roll out plus Rotherham Paramedic Pathfinder pilot.

RB stated that older Toughbooks were being left at stations to allow for staff familiarisation and a £1m bid for capital funding had been made to the NHS England Digital Care Fund in August 2014.

RB reminded Board colleagues that, as the national ePRF contract was due to come to an end in 2016, this could have a knock on effect on the project.

Community Emergency Care Response

RB confirmed that specialist Community (Static) Medical Units (CMUs) had been procured for both Leeds and York with a business case being developed for the purchase of two additional CMUs out of Charitable Funds.

Other developments included:

- the establishment of a co-responder scheme with Humber Fire Service;
- good progress against targets with the purchase of an additional 156 Public Access Defibrillators and 107 Static Defibrillators; and
- 25 new Community First Responder (CFR) schemes.

Urgent Care Developments

RB stated that developments included:

- **NHS 111+**: the Interoperability messages to A&E Departments pilot had gone live. The Interoperability Toolkit (ITK) is a set of national standards, frameworks and implementation guides to support interoperability within local organisations and across local health communities;
- **Care Co-ordination**: local and national opportunities were being explored with the York Single Point of Access service being extended for Quarters 3 and 4;
- **Frequent Caller Pathway**: 9 Clinical Commissioning Groups (CCGs) had commissioned the Pathway through resilience forums;
- **Telecare**: a proposal was being developed via the Gating Process; early stage discussions were under way with a supply chain and models were being developed;
- **Urgent Care Practitioner**: schemes had been agreed with 5 System Resilience Groups (SRGs), 25 staff had been appointed and further interviews were being arranged;

- **Urgent Transport:** the service model was being revised with expected completion in Quarter 3; and
- **GP Out of Hours:** the Trust was in discussion with several prime contractors.

Patient Transport Service (PTS) Transformation

RB confirmed that the new planning and scheduling structure had gone live in Quarter 1 with the new East Yorkshire rotas going live in Quarter 2.

The West Yorkshire rotas, which were due to go live in November 2014, were currently out to staff consultation and an initial paper on the future development of Patient Receiving Centres (PRCs) had been submitted to TEG. There was, however, more work to do on PRC configuration and the use of technology to improve patient information on vehicle arrival times.

RB further stated that Volunteer Car Scheme (VCS) mileage had almost doubled year on year. The use of volunteers to take patients to treatment areas was now up to around 100,000 miles per month. Local press campaigns had been very successful with a large number of new volunteers currently in training.

He added that text message reminders for patients were currently being piloted and new branding developed for use in the second half of the year. In addition the business model would be focused on financial sustainability in Quarter 3.

Staff and Stakeholder Engagement

RB stated that developments in relation to staff and stakeholder engagement included:

- senior management were undergoing leadership development training;
- a preferred provider for the staff Cultural Audit had been identified;
- the clinical career framework and supervision model had been finalised;
- the scopes of practice for Specialist and Advanced Paramedics had been developed;
- the Service Line Management (SLM) roll out was continuing in PTS, Logistics and A&E albeit at a slower pace than originally envisaged; and
- interim Account Management roles were in place and Customer Relationship Management (CRM) solutions were being evaluated.

Information & Communication Technology (ICT) Transformation

RB provided an update on progress to date in relation to the ICT Transformation work.

		Action
	<p>RB confirmed that developments included:</p> <ul style="list-style-type: none"> • Data warehouse: the service line workshops had been completed and the business case was in development; • Smart Apps: the implementation of Resweb and the development of the Paramedic Pathfinder ‘app’ were complete; • Intelligent Ambulance: the ePRF / Lifepak interface had been tested and Toughbook installation was on track; • Information Technology Infrastructure Library (ITIL): ITIL was the set of practices for IT service management (ITSM) that focused on aligning IT services with the needs of business. The review of the Service Desk Function had now been completed with further work on-going; • Telematics: the business case was complete and was now out to tender for hardware; and • Paperless: BoardPad had gone live and the Board members’ tablets were currently being deployed. The Trust’s paperless strategy should be achieved over four years. <p>Estates Programme</p> <p>RB stated that, although there had been some delays in the Estates Programme, progress had still been made, which included:</p> <ul style="list-style-type: none"> • Hazardous Area Response Team (HART): the building and ICT infrastructure were complete and the HART team in place. Service line workshops had been completed and co-location proposals out for consultation; • Springhill: the plans for Springhill 1 had been agreed and Springhill 2 options were being evaluated; • Hub and Spoke / Make Ready: the business case was on track and due to come back to Board in December 2014; • Potential Hub sites: locations had been mapped and options were being assessed; and • Back Office Consolidation: staff consultation had commenced. <p>The Deputy Chairman thanked RB for his comprehensive update. Significant progress had been made and the Board would look forward to receiving the end-of-year update report.</p> <p>Approval: The Trust Board noted the contents of the Two-Year Operating Plan Mid-Year Review.</p>	
6	PERFORMANCE MONITORING	
6.1	<p>Charitable Funds Committee – Verbal Update from Committee Chairman</p> <p>EM updated the Trust Board regarding the activities of the Charitable Funds Committee, a detailed update about which had been included in that morning’s Annual General Meeting (AGM).</p>	

	Action
<p>EM stated that that the Trust's recent 'Tour de YAS', had exceeded its fundraising target of £5k and raised in the region of £6,200. She placed on record her appreciation of the efforts of the Trust's fundraiser, Maria Amos (MA), which had been one the main reasons for the success of the event.</p> <p>EM confirmed that the Charitable Fund donation line had gone live. Donations could be gift-aided so all of the donation would go into the Fund.</p> <p>She further stated that the Fund had purchased a second Community Medical Unit (CMU), which was now in place in York to help especially with the night-time economy. The CMU could also be used in conjunction with other stakeholders for provision of health education, etc.</p> <p>EM stated that a Benevolent Fund for the use of current or former YAS employees who were in genuine need had been established. Further information about the Fund and how to apply was available on the Intranet.</p> <p>DW asked whether the Fund would link into the national Ambulance Benevolent Fund.</p> <p>EM replied that although it did not currently link into the Fund she would look into this and provide a further update at a future meeting.</p> <p>Action: EM to look into how the YAS Benevolent Fund could link into the national Ambulance Benevolent Fund and report back to Board at a future meeting.</p> <p>The Deputy Chairman thanked EM for her report, adding that it had been good to hear about MA's first success in her new post.</p> <p>Approval: The Trust Board was assured by the discussions within the Charitable Funds Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</p>	EM
<p>6.2 Audit Committee – Verbal Update from Committee Chairman BS updated the Trust Board regarding the activities of the Audit Committee.</p> <p>He stated that the last meeting of the Audit Committee had taken place on 3 July 2014, following which the Trust Board had been provided with a full update on key matters at its meeting in Public on 22 July 2014.</p>	

	Action
<p>The next meeting of the Audit Committee was due to take place on Thursday 9 October 2014 at which the minutes of the July meeting would be approved. These minutes would be presented and a verbal update provided at the November Trust Board meeting in Public.</p> <p>The Deputy Chairman thanked BS for his update.</p> <p>Approval: The Trust Board was assured by the discussions within the Audit Committee and the key issues highlighted for further scrutiny within the Committee’s work programme.</p>	
<p>6.3 Quality Committee – Minutes of the meeting held on 12 June 2014</p> <p>As the Deputy Chairman, who was the Chairman of the Quality Committee, was chairing that day’s Board meeting, SP updated the Trust Board regarding the activities of the Quality Committee. He outlined the key items that had been covered at the Committee’s most recent meeting on 11 September 2014.</p> <p>SP stated that there had been an update on the Trust’s Quality Governance arrangements, including a refresh of the assessment in relation to the Internal Quality Governance audit. There remained a number of actions to take forward in the Quality Governance action plan to further strengthen the Trust’s position.</p> <p>SP further stated that Commissioner feedback had been received in relation to quality surveillance. All of the stakeholders around the table felt that the issues discussed could be handled through YAS’ existing processes with no need for further escalation.</p> <p>SP confirmed that a Clinical Commissioning Group (CCG) Quality Leads meeting was being set up take place in October 2014.</p> <p>In relation to the Care Quality Commission (CQC) inspection regime, the standards had been updated to reflect the new Duty of Candour with the new process due to go live during October 2014.</p> <p>SP stated that the Trust was currently preparing a report about the activities of Jimmy Savile in relation to the organisation.</p> <p>He stressed that, to date, there had been no suggestion of any specific allegations in relation to Savile, adding that the report would come to a future Board meeting.</p> <p>The Deputy Chairman thanked SP for his update.</p> <p>EM stated that, due to the Savile legacy, YAS’ fundraising procedures were also being reviewed. Although a dedicated internal resource was currently in place, consideration was being given to how best to manage fundraising going forward.</p>	

		Action
	<p>Approval: 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.</p>	
6.4	<p>Finance & Investment Committee – Minutes of the last meeting held on 12 June 2014 and the Minutes of the Joint meeting with the Quality Committee on 12 June 2014</p> <p>EB updated the Trust Board regarding the activities of the Finance & Investment Committee (F&IC) and outlined the key items covered during the Committee's most recent meeting on 11 September 2014 and the joint meeting held between F&IC and Quality Committee on the same date.</p> <p>She stated that, during its June meeting, the F&IC had considered in detail the financial risks for the organisation around possible performance penalties and their potential impact on the Trust's surplus.</p> <p>The September meeting had again considered this item in great detail and had gained significant assurance about the plans in place and work under way to combat this potential issue.</p> <p>EB stated that the organisation's new Gating Review process had been presented during the June meeting. The presentation, which had included details of the framework being implemented in relation to the consideration of business cases, was welcomed as a development for the organisation. Outcomes would be reported back to F&IC part of the way through the process.</p> <p>EB further stated that the main objective of the Joint Committee meeting had been to consider the Cost Improvement Programme (CIP) and accompanying documents, including the Quality Impact Assessments (QIAs) of schemes.</p> <p>It had been a useful and detailed meeting which had led to agreement of some revisions to current CIPs, Project Initiation Documents (PIDs) and QIAs.</p> <p>EB confirmed that the next Joint Committee meeting was due to take place in February 2015.</p> <p>The Deputy Chairman thanked EB for her thorough update report.</p> <p>Approval: 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.</p>	

		Action
6.5	<p>Board Review and Feedback: Board Vital Guiding Principles</p> <p>T – timely, accessible communications R – respect differences; be supportive U – understand shared purpose, risks S – self-awareness; give/receive feedback; time for reflection T – take responsibility; challenge</p> <p>The Deputy Chairman requested feedback on the meeting and asked whether the Board believed it had achieved its guiding principles.</p> <p>EM stated that the meeting had been very timely, whilst still covering everything on the agenda in an appropriate amount of detail.</p> <p>The Deputy Chairman replied that this had, in part, been due to the fact that the Deputy Chairman’s detailed introduction and questions from the Public had been included as part of the agenda for the earlier Annual General Meeting.</p> <p>She stated that it had been good to see Board colleagues using the new BoardPad system on their iPads during the meeting.</p> <p>EB stated that, although the new BoardPad system had been reasonably easy to use, she had found it difficult to scroll through the IPR and Chief Executive’s report at an appropriate speed to allow her to raise the comments she had noted on the documents.</p> <p>DW suggested that, until such time as the format of the IPR was changed, this document should continue to be provided in hard copy.</p> <p>Action: MG to continue to provide Board members with hard copies of IPR in addition to uploading it onto BoardPad.</p> <p>The Board agreed that this would be a sensible solution to the current problem.</p> <p>EB reiterated her comment in the earlier Trust Board Meeting in Private that it would be useful if MG could upload presentations prior to Board meetings going forward, if they were ready in time, to allow Board members sufficient time to prepare for agenda items which were not accompanied by a written report.</p> <p>It was agreed that this would be useful, although it was noted that, as data needed to be as up-to-date as possible, presentations would not always be ready for publication at the same time as written reports.</p> <p>Action covered in Private Board Action Log (PRB-190).</p> <p>The Deputy Chairman thanked everyone for attending the meeting and for their positive and constructive challenge.</p>	<p>MG</p>

		Action
7	Regulatory Reports There were no Regulatory Reports.	
8	FOR INFORMATION	
8.1	<p>YAS Forum: Notes of the last meeting held on 8 July 2014</p> <p>The Deputy Chairman stated that the notes of the meeting of the YAS Forum, held on 8 July 2014, had been attached to the meeting papers for information.</p> <p>The meeting closed at 1450 hours.</p> <p>To be resolved that the remaining business to be transacted is of a confidential nature and that under the terms of the Public Bodies (Admission to Meetings) Act, 1960, Section 1, subsections 2 & 3, the Press and the public be excluded from the remaining part of the meeting.</p>	
9	<p>Date and Location of Next Meeting:</p> <p>1100 hours, 25 November 2014</p> <p>National Railway Museum, Leeman Road, York, YO26 4XJ</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**