



Trust Board Meeting held in Public

Venue: The National Railway Museum, Leeman Road, York, YO26 4XJ

Date: Tuesday 25 November 2014

Time: 1100 hours

Chairman: Della Cannings

Present:

Board Members:

Della Cannings	(DC)	Chairman
Rod Barnes	(RB)	Interim 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
Ian Brandwood	(IB)	Executive Director of People and Engagement
Alex Crickmar	(AC)	Interim Executive Director of Finance
Dr Dave Macklin	(DM)	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:

John Nutton	(JN)	Non-Executive Director (Designate)
Anne Allen	(AA)	Trust Secretary, YAS
John Egglestone	(JE)	YAS Forum Member, West
Karamjeet Virdee	(KV)	YAS Forum Member, West
Jeanette Anness	(JA)	Public Governor, York Teaching Hospital NHS Trust
Kieran Baker	(KB)	Business Information Analyst, YAS
Mr P Beaumont	(PB)	Public Member
David Bolam	(DB)	Public Member
Anne Bolland	(AB)	Governor, York Teaching Hospital NHS Trust
J Bollin	(JBo)	Public Member
John Brown	(JB)	East Riding Healthwatch and Public Member
Tim Cain	(TC)	Community First Responder, Richmond

Chris Davies	(CD)	IMT Support Analyst, YAS
Tony Greenwood	(TG)	Ferno UK Limited
Anne-Marie Haigh	(AMH)	Quality and Risk Co-ordinator, YAS
Margaret Jackson	(MJ)	Lead Governor, York Teaching Hospital NHS Trust
David Jones	(DJ)	Community Defibrillation Officer, YAS
Angela Monaghan	(AM)	Nurse Adviser, Greater Huddersfield Clinical Commissioning Group
Suzi Morris	(SM)	Paramedic, YAS
Richard Pilbery	(RP)	Paramedic, YAS
Ali Richardson	(AR)	Foundation Trust Membership Manager, YAS
John Shutt	(JS)	Public Member
Michael Sweet	(MS)	Non-Executive Director, York Teaching Hospital NHS Trust
Lorna Thornley	(LT)	Associate Director of Communications, YAS
Ian Walton	(IW)	Associate Director of Resilience, YAS

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

The meeting was preceded by a presentation, between 1015 and 1045, which was open to all members of the public. ‘*Do computer diagnoses influence Paramedics’ interpretation of electrocardiograms?*’ was presented by Richard Pilbery (RP), a Paramedic and was very well received by those present.

		Action
	The meeting commenced at 1100 hours.	
1	<p>Questions from the Public</p> <p>The Chairman welcomed everyone to the Trust Board Meeting held in Public.</p> <p>The Chairman thanked RP for an excellent pre-meeting presentation, adding that she had received several positive comments about the high standard of the presentation and RP’s professionalism.</p> <p>The Chairman reported that a Trust Board Meeting in Private had taken place earlier that morning. The meeting had received updates on a number of confidential and/or commercially sensitive items, including the on-going Hillsborough Inquests and Savile Investigation, the purchase of vehicles and various items relating to the Trust’s Charitable Funds Committee.</p> <p>The Chairman and Board formally noted in Public the resignation and departure of the former Chief Executive, David Whiting (DW). They acknowledged the excellent work that DW had carried out during almost four years as the Chief Executive of Yorkshire Ambulance Service (YAS) and wished him well in his future endeavours.</p> <p>The Chairman stated she was very pleased that RB, the current Deputy Chief Executive, had agreed to take on the challenging role of Interim Chief Executive.</p> <p>The Chairman confirmed that YAS’ Deputy Medical Director Dr David Macklin (DM) would act as Interim Executive Director of Operations.</p>	

DM was well-placed to take on the challenge having a wealth of A&E experience and having worked closely with the Operations Directorate leading the Performance Improvement Project.

The Associate Director of Finance Alex Crickmar (AC) would act as Interim Executive Director of Finance and Performance during the period of transition.

IB, who had been acting as Interim Executive Director of Operations, had returned to his substantive role as Executive Director of People and Engagement and would also act as Deputy Chief Executive during the interim period.

The Chairman formally thanked IB for the hard work that he and the Operations Directorate had undertaken over the course of the past three months.

The Chairman formally welcomed the new members of the Executive team, AC and DM, to the Board.

The Chairman stated that the Board was in the process of moving towards becoming paperless. Good progress had been made although it had become apparent during the transition period that more efficient use could be made of the new technology.

The Chairman invited questions from those present, asking people to identify themselves by name, geographical area and organisation if appropriate.

DB, a Public Member from Wensleydale, expressed an awareness of the fact that the Clinical Commissioning Groups (CCGs) in North Yorkshire were not commissioning for the national 'Red' performance targets ie the more serious, including life-threatening, calls and asked whether YAS could influence this decision in any way.

The Chairman took on board DB's point. She stated that, although North Yorkshire was now performing at a higher level, there remained an issue around funding and affordability.

RB stated that negotiations for the following year's contracts were already underway and YAS would, as usual, put forward what resources the Trust believed were required to enable delivery of national performance targets in each particular area.

AC stated that he would be taking the issue forward with the Commissioners and looking at the funding gap to try to ensure 75% delivery across all CCGs as part of on-going contract negotiations.

JE, a YAS Forum Member for West Yorkshire, asked why the former

		Action
	<p>Chief Executive had left the organisation.</p> <p>The Chairman replied that the reasons for DW's departure had been made clear in YAS' press release. She further stated that people regularly chose to move on to take up opportunities elsewhere, adding that there was no further comment to make.</p> <p>As there were no further questions, the Chairman thanked those present for the interest they had shown in YAS' work.</p> <p>She reminded those present that recording the business of the meeting was not permissible in any form other than a personal written record of proceedings.</p> <p>The Chairman stated that members of the public were welcome to stay and observe the business of the Board meeting but should feel free to leave before the end of the meeting if they wished. She reminded those present that, once the formal Board meeting started, they would be unable to play an active part unless invited.</p>	
2	<p>Apologies / Declaration of Interests</p> <p>The Chairman welcomed everyone to the meeting. There were no apologies and declarations of interest would be considered during the course of the meeting.</p>	
3	<p>Minutes of the Meeting held on 30 September 2014 including Matters Arising (not on the agenda) and Action Log</p> <p>The Minutes of the Meeting held on 30 September 2014 were approved as a true and fair representation of the meeting subject to the following amendments.</p> <p>The Chairman thanked her Deputy, PD, for chairing the meeting.</p> <p>Matters Arising:</p> <p>Page 6 – paragraph one amended to state: 'BS stated his belief that the former task and finish group involving NEDs, with its expert scrutiny and focus around sickness management had resulted in a positive outcome. However, in an ideal world there should be no need for such high level involvement in this area.'</p> <p>Page 9 – amended to state: 'SP stated that the deep dive into the figures showed that a number of SIs were the result of human error which was more likely when accompanied by resourcing issues.'</p> <p>Action Log:</p> <p>RB guided the meeting through the updated Action Log. There were no queries relating to the completed actions and the Chairman asked Board colleagues to speak clearly to ensure that the members of Public who were present could hear.</p> <p>PB-326 – RB stated that historically there seemed to be a dip in</p>	

		Action
	<p>performance in August. Work underway to identify the root cause of this was not yet completed. Action remains open.</p> <p>PB-328 – MW confirmed that a conversation about the revision of the whole of the Integrated Performance Report (IPR), which took into consideration Ian Bell’s work, was required.</p> <p>EB stated that the revisions should include clear signposting when one section in the IPR related to other sections.</p> <p>The Chairman suggested that the current action should be closed to be replaced by a new action around the revised IPR and the timescale for its production.</p> <p>The Board agreed that this was an appropriate decision to take.</p> <p>Action: TEG to agree contents of revised IPR, including more read across between sections and realistic timeline for its production and report back to Board.</p> <p>PB-330 – Action closed - RB confirmed that there had been a briefing in the Private Board meeting earlier that day.</p> <p>EM stated that the national Ambulance Benevolent Fund had a wider remit than YAS’ Fund so the possibility of signposting from YAS’ Fund to the national Fund had been discussed during the meeting.</p> <p>Closed Action - PB-323 EB requested an update on the outcome of the meetings which had taken place in relation to the scrutiny of sickness levels within the organisation.</p> <p>The Chairman replied that detailed discussion was due to take place during the IPR section of the agenda and it was her belief that this discussion would prompt a new, more robust action.</p>	<p>RB</p>
<p>4</p>	<p>Chairman’s Report</p> <p>The Chairman stated that her intention was to provide information not covered elsewhere on the agenda, adding that she would keep her report as brief as possible.</p> <p>The Chairman outlined details of YAS’ constantly increasing workload. For example, the number of NHS 111 calls each day had doubled over the past 12 months as well as the continuation of the year on year increase in 999 calls.</p> <p>The Chairman placed on record her appreciation of the efforts made by YAS’ staff to ensure that the organisation continued to provide the best possible service for its patients.</p> <p>The Chairman thanked the Public for their consideration during the recent day of national industrial action. There had been an overall</p>	

7% drop in calls to YAS in terms of A&E and a continuation of these efforts during the rest of the winter would be greatly appreciated. The Chairman reported that YAS continued to lead on the staging of national meetings of Non-Executive Directors (NEDs) from all ambulance trusts. The Trust had recently run an event mainly attended by the Chairs of Quality, Audit and Finance & Investment Committees. The meeting had been well-received and the Chairman placed on record her thanks to EB and PD for their professional input and her PA, Jo Kane, for organising and ensuring the smooth running of the event.

The Chairman stated that the Trust continued to meet with representatives of the Clinical Commissioning Groups to formulate links and strengthen relationships with them.

YAS had been well-represented at the recent Ambulance Leadership Forum (ALF), which had taken place in Leeds. During the Gala Awards Dinner 10 national awards had been presented to ambulance services and their members of staff of which YAS had won 3.

The Chairman stated that the recipients of the awards had been invited to attend that day's meeting to allow the Trust to formally congratulate them and enable public recognition of their tremendous achievements.

The Chairman further stated that the Trust was extremely proud of these achievements. There had been 75 nominations across all award categories and to have 3 winners was exceptional. No other ambulance service received as many awards and to have several members of staff recognised nationally for their contribution to patient care and the delivery of a high-quality service was extremely commendable.

The Chairman stated that the winners were:

- Wakefield-based Business Information Analyst, **Kieran Baker**;
- Longley Paramedic, **Darren Bailey**; and
- Ripon Paramedic, **Suzi Morris**.

The Chairman read out the citation for each individual, although Darren Bailey was unable to attend, due to being at university that day. Each citation was acknowledged with a round of applause.

Suzi Morris had won the **Outstanding Paramedic** award in recognition of her "dedication to patient care and her professional standards and performance which are exemplary". Her nomination continued, "She gives 110% to every patient and strives to deliver excellent patient care. The feedback you hear from patients and colleagues, be it members of the public, healthcare professionals, police or other professionals, is always positive. She is calm and reassuring in the very worst of situations. In her spare time she is

		Action
	<p>committed to developing her knowledge base”.</p> <p>Kieran Baker had won the award for Information Technology (IT) and Information Management (IM) Staff Systems Innovation for the work he has done to develop daily online data reports for YAS’ Patient Transport Service to help make efficiency improvements.</p> <p>His nomination read, “Kieran has developed innovative reporting services linked to the Trust’s data to support the PTS contracts, supplying information that has never been seen before. For example, real time costs of transfers, mapping of journeys and taxi utilisation. He has also developed new ways to deliver data in a more concise, efficient and timely manner. This means that Trust managers can now access daily reports in a real-time environment, helping them to make quicker and more cost-effective decisions”.</p> <p>Darren Bailey had won the Outstanding Mentor, Teacher or Tutor award for his passion, extensive clinical knowledge and high levels of patient care.</p> <p>His nomination read, “With a relaxed and understanding personality, he puts students at ease and passes on his knowledge in an effective manner. He is enthusiastic, both when working and teaching; Darren possesses an attitude that is never overbearing and helps to motivate and inspire others. In addition to being an official mentor for students from the Sheffield Hallam Paramedic Practice Course, he also acts as an informal mentor to current technicians undergoing the Sheffield Hallam Technician to Paramedic Conversion Course, as well as helping to guide emergency care assistant (ECA) colleagues - especially those who hope to achieve Paramedic status in the future”.</p> <p>The Chairman stated that YAS’ Dr Phil Foster’s national work on urgent care was a very important piece of work within local health economies and she congratulated Dr Foster on his efforts.</p> <p>The Chairman further stated she was also very grateful for the work being undertaken by the YAS Forum Members and Sub Groups.</p> <p>She encouraged those present to attend the annual NHS Carol Service at York Minster on Wednesday 10 December, commencing at 7.30pm. The service had been arranged in conjunction with York Teaching Hospital and two members of YAS’ staff, including Interim Executive Director of Operations, DM, were due to do a reading.</p> <p>The Chairman thanked everyone for listening to her update report.</p>	
5	QUALITY, SAFETY AND PATIENT EXPERIENCE	
5.1	<p>Patient Story</p> <p>The Chairman stated that, as patient care was at the heart of the Trust’s work, a patient story was provided at every Board meeting in</p>	

Public.

This was to highlight the work of the Trust and to learn about steps being taken to improve its services and the knowledge of its staff.

It was important for the Board to hear about both good and bad experiences and the stories were used to help to drive changes through the organisation and provoke thought rather than discussion.

The Chairman presented a patient story entitled: 'The Chain of Survival'. She stated that a cardiac arrest was the ultimate medical emergency and the correct treatment must be given very quickly to improve the patient's chances of survival to discharge from hospital.

The interventions contributing to a successful outcome after a cardiac arrest can be conceptualised as a chain ie the *Chain of Survival* and these are:

- Early recognition and call for help;
- Early CPR (Cardiac Pulmonary Resuscitation);
- Early Defibrillation; and
- Post resuscitation care.

The Chairman stated that, with good CPR, the heart could be kept in a potentially reversible rhythm until the arrival of a defibrillator. However, without effective initial CPR the heart would become non-shockable in around 4 minutes.

Once a defibrillator is attached to the patient, it decides whether the heart is in a shockable rhythm. The shock delivered is designed to stop the heart from beating and allow it to 'reset' to hopefully begin to beat normally again.

If a defibrillator can be made available within the first 3-4 minutes of cardiac arrest, there is around an 85% chance of survival. This will fall by between 7% and 10% for every minute of time delay where nothing is happening.

The Chairman stated that YAS were called to a patient who had collapsed. Two members of the public had quickly telephoned 999 for an ambulance and began performing CPR until the ambulance arrived. The ambulance paramedics then continued to perform CPR and used a defibrillator before transporting the patient to hospital.

YAS were contacted by the son of the patient to say thank you to the crew involved and he commended the quick actions of the public: "If it wasn't for what the public and paramedics did, my mother wouldn't be here today. We would like to thank all those involved for saving mum's life. We are eternally grateful."

The Chairman stated that YAS continually raised public awareness of the importance of CPR

		Action
	<p>She showed a short video of YAS' members of staff and volunteers who sprang into action in Leeds Train Station on Saturday 18 October 2014 with an innovative 'flash mob' method to promote the importance of learning CPR.</p> <p>The Chairman further stated that Dave Jones (DJ), YAS' Community Defibrillation Officer for West Yorkshire, who could be seen in the film, would be happy to provide demonstrations of how to perform CPR for those who wished to take part outside the Board meeting.</p> <p>The Chairman thanked everybody for listening to the story and thanked DJ for the continued time and effort that he put into the organisation of events to promote the importance of learning CPR.</p>	
5.2	<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>RB confirmed that the October 2014 returns contained no material changes to those submitted in September. However, risks had been identified in relation to the delivery of national performance targets and additional narrative had been highlighted in red text.</p> <p>EB asked whether highlighting the final statement as a risk left the Trust open to challenge.</p> <p>RB replied that the TDA were currently happy with the arrangements that the Trust had put in place. The situation would continue to be monitored and discussions would take place as and when the TDA deemed it appropriate.</p> <p>SP stated that although all actions had been completed in relation to the CQC's concern in relation to Outcome 14, there was still a risk in relation to this Outcome as there remained work to be done around some of the elements, including the Clinical Supervisor role and Personal Development Plans. However, the actions currently under way would continue the momentum in this area.</p> <p>The Chairman stated that the planned Care Quality Commission (CQC) inspection in early January 2015 would consider any outstanding issues.</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 October 2014.</p>	

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5.3	<p>For Approval: Statement of Compliance for Emergency Preparedness Response and Recovery</p> <p>The Chairman welcomed YAS' Associate Director of Resilience, Ian Walton (IW), to the meeting to answer specific questions in relation to the self-assessment process.</p> <p>DM stated that the Board was asked to approve the Emergency Preparedness, Response and Recovery (EPRR) Statement of Compliance as set out in the NHS England Core Standards Matrix, the NHS England planning framework, Everyone Counts: Planning for Patients 2013/14, and the 2013/14 NHS standard contract (Service Condition 30, page 25).</p> <p>IW provided an update of progress against YAS' Action Plan for 2013/14, informing those present of additional actions required following the assurance process conducted against the NHS EPRR national matrix for 2014/15. He stated that, although the majority of the Action Plan was rated 'green', a couple of areas had been identified in which further work was still required.</p> <p>IW further stated that, as it was four years since YAS' Major Incident Plan had been drafted, a review of the Plan was currently under way. The revised Plan was due to be launched in January 2015, with the first draft already ready for review.</p> <p>He stated that, although the current process remained manual, the Trust was actively considering options for an automated process.</p> <p>IW further stated that, although there remained an issue around delivery of the the Trust's decontamination training, as new staff came through the training school the opportunity was being taken to train them to use the equipment.</p> <p>The Chairman stated her belief that, although there remained a few areas for improvement, the organisation was robust and well-prepared in terms of emergency preparedness.</p> <p>IW stated that the 'red' element in the 2014/15 section related to the new way of dealing with Chemical, Biological, Radiological and Nuclear (CBRN) incidents. The approach had been simplified to enable front line staff to deal with such types of incident but the national training programme had been set up outside the Joint Emergency Services (JESIP) training programme and training had not yet commenced.</p> <p>IB stated that he had worked closely with IW and his team in his Interim Executive Director of Operations role. He had been impressed by the team's level of skill and dedication and it was his belief that the detail that went into YAS' contingency planning was a great credit to them.</p>	

	Action
<p>The Chairman echoed IB's comments.</p> <p>PD stated that her main concerns related to the Trust's preparations for a possible outbreak of Ebola.</p> <p>IW stated that all of YAS' personal protective equipment for low risk cases had been replaced. High risk and confirmed cases would be dealt with by the Hazardous Area Response Team (HART) using the same level of equipment as that used by the military.</p> <p>Protocols were in place to identify patients demonstrating symptoms of Ebola to ensure that the most appropriate response was provided and Ebola reference group meetings were also held every two weeks.</p> <p>A discussion took place about the forthcoming HART team exercise and the need to manage communications around the exercise to prevent a scare.</p> <p>JM stated that the early presentation of Ebola was similar to malaria, adding that the vast majority of people travelling from West Africa to the UK who became ill were currently more likely to have malaria.</p> <p>The Chairman stated that two of YAS' Paramedics had gone to Sierra Leone to provide humanitarian aid. YAS was proud of its staff and had been provided with funding from the Department of Health to backfill whilst they were away.</p> <p>PD stated it was reassuring to know that the Trust was so well prepared, adding that the Quality Committee would continue to monitor the situation.</p> <p>Approval: The Trust Board approved the EPRR Statement of Compliance and noted the action plan and delivery timescales</p>	
<p>5.4</p> <p>For Assurance: Chief Executive's Report and Integrated Performance Report (IPR)</p> <p>RB presented a report to give the Board assurance on the activity of the Trust Executive Group (TEG) from 22 September to 16 November 2014 and the opportunity for TEG to highlight the key variances / movements contained within the October 2014 Integrated Performance Report (IPR).</p> <p>RB confirmed that three new Foundation Trusts (FTs) had been authorised by Monitor on 1 November 2014. These were the first authorisations since 2013 and YAS was in the pipeline for FT status during Quarter 3 of the 2015/16 financial year.</p>	

RB further stated that the Trust had welcomed a team of managers and paramedics from St John Ambulance Western Australia to spend time with staff at Headquarters and the Emergency Control Centre in Wakefield. The delegation had visited Yorkshire to attend the Ambulance Leadership Forum (ALF) in Leeds.

Covering an area of 2.5 million square kilometres, St John had a significant challenge providing services throughout rural and remote regions and it had been interesting to get an insight into their models of clinical practice and use of volunteers.

RB stated that YAS had been well-represented at ALF and had taken the opportunity to promote its Resilience Web and its values-based recruitment process, both of which had been well-received.

RB confirmed that, in an attempt to further develop his understanding of Red demand, he had spent time with a night crew in Leeds and he had been impressed by the team's performance during a very busy night.

The recent focus of the Executive team had been on the challenges relating to operational performance. The on-going central industrial action had caused a number of difficulties and although a low number of staff had taken full action, the continued 'working to rule' was having an impact.

Operations Directorate

BS noted that the Trust had made some progress in terms of improved performance, asking what could be done to further improve matters.

RB replied that, although the Trust had been successful in increasing the level of on-day resourcing, there remained further potential scope to improve in this area.

DM stated that, globally, the Trust was putting out more resources across Yorkshire than it had been earlier in the year. However, work was still required to direct the increased resource to specific areas of high demand such as Leeds, particularly taking into account the expected increased demand over the forthcoming festive period.

DM was assured of the process for maintaining a safe level of cover across the region.

The Chairman stated that performance remained a major challenge nationally, adding that, out of the ten ambulance trusts, YAS had finished 4th for Red 1 and 2nd for Red 2 in the previous two weeks.

PD stated her belief that learning from the current issues would be very important for the future and should be utilised to inform how the service was structured going forward.

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<p>BS stated that the Board would need to closely monitor newly emerging risks associated with the changes being made as part of the Performance Improvement Plan to ensure that they were effectively managed.</p> <p>RB confirmed that this was being taken forward as a structured piece of work.</p> <p>In relation to the recent Computer Assisted Dispatch (CAD) system failures, EB asked whether there was any possibility of YAS being able to apply performance-related penalties.</p> <p>RB replied that contracted compliance standards were applicable over a longer period of time, adding that MIS had endeavoured to do everything that they could to support the Trust.</p> <p>DM agreed that there had been a high level of co-operation from senior management at MIS.</p> <p>The Chairman asked how far off the turnaround trajectory the Trust was currently.</p> <p>DM replied that performance was slightly off target, adding that a significant amount of additional challenge would be required on a daily basis around operational efficiency, etc to maintain and improve current performance.</p> <p>BS stated that, although he understood the focus on improving Red performance, he wondered how the Trust maintained an overall balance across the patch.</p> <p>DM stated that the Trust was clearly not where it expected to be, adding that the connection between Operations and the Clinical team was important and needed to continue to improve to ensure that the right elements were being prioritised.</p> <p>The Chairman expressed concern about the fact that nationally ambulance services did not all have the same figure sets.</p> <p>JM stated that YAS needed to continue to make steady improvement rather than comparing how it stood in relation to other ambulance services.</p> <p>In relation to PTS patients arriving on time for their appointments in South, PD requested further information about the increased demand and a definition of 'complex patients', adding that she would like the Quality Committee to consider some data in this respect.</p> <p>RB replied that work was currently under way and the findings would be reported back in due course.</p>	

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<p>Action: RB to provide Quality Committee with information relating to the increased demand re PTS Patients in South and in relation to 'complex patients'.</p> <p>EM noted the low percentage of patients collected within 120 minutes in East Consortia during September, which was out of sync with the previous months' performance.</p> <p>The Chairman stated that a footnote or annotation explaining such exceptions was required within the IPR.</p> <p>RB stated that he would check the validity of the data outside the meeting and report back to the Board.</p>	<p>RB</p>
<p>Action: RB to check the validity of the data re patients collected within 120 minutes in East Consortia during September and report back to the Board.</p> <p>In terms of the large number of aborted journeys, PD stated that she would appreciate a detailed breakdown of the reasons to clarify whether YAS or others were the cause.</p>	<p>RB</p>
<p>Action: RB to clarify reasons for aborted PTS journeys and to share data with Board.</p> <p>BS requested an update in relation to the increased call volumes in NHS 111.</p> <p>SP replied that this should be a short term issue. Call volumes had increased, particularly at weekends and call handler staffing levels were lower than planned, due to a larger than anticipated number of leavers in September and additional staff for winter still going through the training process. Short term measures had been taken to strengthen rota cover and it was anticipated that the situation would be resolved when new staff completed their training and became operational.</p> <p>Clinical Directorate The Chairman asked how YAS was dealing with the issue of severe turnaround problems at Hull and Scarborough hospitals.</p> <p>DM replied that the challenge was significant in terms of patient flow and although a significant amount of work was under way with both hospitals and the relevant Clinical Commissioning Groups (CCGs), turnaround times remained a challenge.</p>	<p>RB</p>

	Action
<p>DM confirmed that additional support was required and the Trust had offered to deliver some training its stakeholders in relation to its approach to incident management, etc.</p> <p>JM stated that Stroke 60 performance was poor at 56.7% (national range = 77.2 – 54.9%) and would remain a challenge due to the availability and location of hyper-acute stroke units. The likely reconfiguration of acute stroke services would only serve to increase the challenge. The issue had been raised at a national level, as the national targets needed to be rebuilt to make them more relevant.</p> <p>Standards and Compliance Directorate SP stated that two amber ratings remained, one relating to the rise in PTS complaints and the other relating to the Friends and Family question score.</p> <p>However, when the new Friends and Family test was introduced, the scores should even out with the risk level turning 'green' by the end of the financial year. The new test would be a qualitative question which would explain the reasons for people's rating of the service.</p> <p>PD asked when the Safety Thermometer training would be completed.</p> <p>SP replied that around 50% of the training, which was being delivered at a local level, had currently been completed, adding that he would liaise with DM to identify any opportunities for accelerating the roll out.</p> <p>Action: SP to liaise with DM re accelerating the roll out of the Safety Thermometer training.</p> <p>PD confirmed that the Quality Committee was well-sighted on the details of on-going Serious Incidents and had an understanding of the reasons why the Trust was not currently performing well against its Stroke targets.</p> <p>Although return to spontaneous circulation was poor, long term survival to discharge was good, with efforts being made to empower staff and the public to carry out early CPR, making a big difference.</p> <p>People and Engagement Directorate IB introduced Lorna Thornley, the new Associate Director of Communications.</p> <p>PD asked whether there were any links between the current performance issues, the low level of Personal Development Review (PDR) completion, the drop in abstractions for training and the increasing sickness levels.</p>	<p>SP</p>

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<p>The Chairman acknowledged that the problems did not solely belong to HR and asked how the HR team ensured that they were supporting the changes that needed to be made.</p> <p>IB stated that although no direct link had been identified between the low level of PDR completion, sickness absence and training abstraction, staff engagement was a factor.</p> <p>He further stated that there had been a small reduction in sickness absence in the previous few months. Work had taken place to review the current and former absence policies and the general consensus was that the current policy was fit for purpose. However, there remained more that the Trust could do to ensure for example, the consistent implementation of the policy.</p> <p>IB stated that absence across the ambulance service nationally was currently higher than target. This was not helped by the fact that the national issue of paying unsocial hours allowances during periods of sickness was not yet resolved.</p> <p>IB confirmed that he had met with the Managing Director (MD) of YAS' Occupational Health provider the previous day to discuss the robustness of the current first day reporting procedure. It had been agreed that the MD would listen to and analyse a selection of calls over the next couple of weeks and report back to IB who would then provide the Board with an update.</p>	
<p>Action: IB to provide the Board with an update re the current first day of absence reporting procedure.</p> <p>IB agreed that it had been disappointing to see the PDR rate fall again in the previous month.</p> <p>The Chairman stated that the Trust should not under-estimate the urgency of completing PDRs. This was a very high priority which could be used as a tool to help to bring down sickness levels.</p> <p>PD stated it would be useful for a breakdown of long term sickness to be presented to the Quality Committee and it was agreed that PD and IB would discuss this outside the meeting.</p>	<p>IB</p>
<p>Action: PD/IB to agree outside the meeting format for the presentation of long term sickness information to Quality Committee.</p> <p>Finance and Performance Directorate A discussion took place about winter funding and potential risks to the Trust's proposed surplus of £2.9m, including the potential for Commissioners' implementation of financial penalties and reinvestment opportunities.</p>	<p>IB/PD</p>

	Action
<p>RB confirmed that the Hillsborough costs of around £1.5m were not accounted for in the current forecasts, adding that this had been raised with the Commissioners and the TDA, both nationally and regionally.</p> <p>EB stated that Cost Improvement Plan (CIP) delivery was currently at 83% within month with a forecast of 100% delivery of plan utilising reserve schemes. She confirmed that details of the schemes had been covered in depth at the recent Finance & Investment Committee meeting where the CIP was a standing agenda item.</p> <p>PD asked how the national contract discussions were progressing in relation to NHS 111.</p> <p>SP replied that negotiations were being managed at a local level, adding that items in the national review relevant to YAS' negotiations would play into the contract negotiations for 2015/16.</p> <p>JN asked whether the debt provision in section 5.9 was at year end.</p> <p>AC stated that the Trust's debt management process was improving, adding that majority of NHS debts related to 2013/14 which should reduce by the end of the calendar year to show a better picture.</p> <p>The Chairman asked whether vastly over-trading CCGs such as Hambleton and Sheffield could afford to pay their debts.</p> <p>AC replied that they had agreed to settle their debts.</p> <p>MW asked what the possible external review into the achievement of Commissioning for Quality and Innovation payments framework (CQUINs) might cover.</p> <p>DM replied that it was currently unclear.</p> <p>RB confirmed that the wording in the contract did not provide the necessary clarity, adding that the review would be led by the Commissioning Support Unit (CSU).</p> <p>EB asked whether the emphasis on Early Warning Indicators (EWIs) could be better placed in the document.</p> <p>It was agreed that the better use of EWIs should form part of the discussions in relation to the redesign of the IPR, which needed to contain the right information in an easy to read format.</p> <p>The Chairman stated that read across between the different sections of the IPR needed to be more consistent.</p>	

	Action
<p>The Chairman further stated that the recent report from the Good Governance Institute (GGI) had stated that the IPR contained information that was 3 months out of date. However, it was only some the national data over which YAS had no control that was out-of-date, with the vast majority of YAS' own data being up to date to the end of the previous month.</p> <p>Approval: The Trust Board noted and discussed the variances contained within the September 2014 IPR report, highlighted in the Executive Directors reports and agreed that it had sufficient assurance on the activities of the Executive Team and Trust Executive Group during the reporting period.</p> <p>Prior to breaking for lunch, the Chairman reminded those present that, as part of Item 5.3 (above), the Board should have formally appointed Interim Executive Director of Operations, Dr Dave Macklin, who had a great deal of experience in emergency preparedness, as the Trust's Accountable Emergency Officer (AEO), a post which was required under the Civil Contingencies Act (2004).</p> <p>Approved The Trust Board formally appointed Interim Executive Director of Operations, Dr Dave Macklin as the Trust's Accountable Emergency Officer and the Chairman as the designated Non-Executive Director.</p> <p>The meeting broke for lunch at 1300 hours, reconvening at 1330 hours.</p>	
<p>5.5 For Discussion: NHS Five Year Forward View (NHS England, October 2014)</p> <p>RB provided the Board with an overview of the NHS Five-Year Forward View (5YFV) and its implications for YAS' strategic direction.</p> <p>He stated that the document, which set out a vision for the future of the NHS, was the first strategy document to have been issued since Simon Stephens' appointment as Head of the NHS and had been developed by the partner organisations that delivered and oversaw health and care services.</p> <p>RB stated that the succinct document, which highlighted the challenges currently being faced by health organisations, had identified the three key pressures of: Demand; Efficiency; and Funding.</p> <p>The 5YFV identified a number of initiatives and commitments in all three areas to sustain a comprehensive high quality NHS, arguing for a "radical upgrade" in prevention and public health and a more engaged relationship with carers, patients, etc, including shared care records and promotion of healthier lifestyles within communities.</p>	

	Action
<p>RB further stated that the 5YFV had not been universally welcomed as a document and further consideration at a national level was required around the sustainability of its recommendations within the current levels of funding in the NHS.</p> <p>He added that, although the document as a whole clearly aligned with YAS' current strategy, it also provided some clear ideas of possible opportunities to help further develop and integrate YAS' services.</p> <p>The Chairman stated that she had been particularly interested in the section about 'Prevention' and was eager to consider ways in which YAS could help to influence the movement of funding to where it could be best utilised in a more integrated way.</p> <p>The Chairman further stated that she was keen to see YAS introduce innovations to encourage people to think more about health issues.</p> <p>DM stated that in terms of the public health agenda, budgets were being controlled quite tightly by local authorities which could provide opportunities for YAS to engage more actively with these organisations.</p> <p>JM stated his belief that commissioning needed to be on a larger scale, which would allow YAS, as the only remaining regional health organisation, to become more involved in the public health agenda.</p> <p>PD stated her belief that the 5YFV was making a brave attempt to solve the problems currently faced by primary care, stressing the need for localisation as YAS should be able to provide local services such as minor injury units, etc as well as regional services going forward.</p> <p>SP stated that the Trust needed to be able engage at a number of different levels, adding that the key recommendation to YAS' Commissioners from the recent Good Governance Institute Report, stressed the importance of working closely with YAS.</p> <p>The Chairman agreed that this recommendation justified some of the items already included in the Trust's Integrated Business Plan, which would need to be revisited again at an appropriate time to identify any further opportunities.</p> <p>The Chairman thanked RB for his update.</p> <p>Approval: The Trust Board considered and noted the contents of the report, particularly in relation to the implications for the Trust's future strategy.</p>	

		Action
5.6	<p>For Assurance: Board Assurance Framework including Corporate Risk Register</p> <p>SP provided the Board with an update on the risks recorded in the Board Assurance Framework (BAF) and Corporate Risk Register to provide assurance on the effective management of corporate risks.</p> <p>He confirmed that the report had gone through the normal quarterly cycle of peer reviews. Since the last iteration, a couple of new pages (4 and 5) had been added, which provided a summary of changes and updates.</p> <p>The Board considered the key risks in the BAF.</p> <p>JM stated that progress against risk 1a, relating to medical devices, was progressing satisfactorily, with the exception of the recruitment of a Head of Medical Devices.</p> <p>SP confirmed that risk 3a relating to performance was subject to the implementation of the A&E improvement plan.</p> <p>He further stated that, although risk 6a had reduced to a residual risk level in relation to the Clinical Leadership Framework following completion of the original actions, the residual risk was actually higher than stated and required further review.</p> <p>Risk 6b relating to the Workforce Plan remained at a high level although several different strands of work remained under way.</p> <p>SP stated that in relation to risk 7a, business continuity, the Computer Aided Dispatch (CAD) live test had been deferred due to the recent issues experienced by the Trust highlighted earlier in the IPR Report (5.4).</p> <p>Approval: The Trust Board noted the developments outlined in the report and was assured with regard to the effective management of risks.</p>	
5.7	<p>For Assurance: Statutory Duty of Candour for Health and Adult Social Care Providers</p> <p>SP presented an update to provide assurance to the Board that the 2014 Health & Social Care Act regulation regarding Duty of Candour had been adequately considered and incorporated into systems and practice within YAS.</p> <p>He stated that the Act detailed the regulations required to be met by Health & Social Care providers. A statutory Duty of Candour was introduced in November 2014, which placed a formal requirement on providers to be open with their patients when they suffered harm related to care or treatment. This aimed to ensure openness and transparency as the normal and standard way of working.</p>	

		Action
	<p>SP further stated that Section 3 of the report outlined details of the application of the Duty of Candour, the breach of which would be enforced by the Care Quality Commission (CQC). The CQC also had a key role to play through its inspection and oversight functions, in ensuring that provider organisations had open cultures and worked with staff regarding mistakes acknowledged and lessons learned.</p> <p>SP confirmed that it would be a criminal offence under the new regulation not to notify a service user of a notifiable safety incident or to fail to meet the requirements for such a notification.</p> <p>YAS' existing policies and procedures had been adjusted to meet the requirements and it was SP's belief that there were currently no additional implications for YAS.</p> <p>Approval: The Trust Board was assured that the Duty of Candour had been adequately considered and was being incorporated and embedded into system and practice.</p>	
6	STRATEGY, PLANNING AND POLICY	
6.1	<p>For Approval: Review of the Register of Members' Interests AA stated that the previous iteration of the Register of Interests had gone to Audit Committee on 9 October. There had been a number of changes since that date and the version presented to Board that day captured all changes up to 18 November 2014.</p> <p>AA outlined the changes, adding that a generic amendment had been made to the substantive Directors' entries to reflect their role of Trustee of YAS' Charity.</p> <p>AC stated that the initials following his entry as a Member of the Institute of Chartered Accountants in England & Wales should be ACA not FCA.</p> <p>The Chairman stated that her entry should state Trustee of NHS Providers rather than Foundation Trust Network, as the organisation had recently changed its name.</p> <p>Approval: Subject to the above amendments, the Trust Board approved the record, at Appendix A, as a true representation of the Register of Declaration of Members' Interests up to and including 18 November 2014.</p>	
6.2	<p>For Approval: Updated Terms of Reference:</p> <ul style="list-style-type: none"> i Remuneration and Terms of Service Committee; ii Charitable Funds Committee 	

		Action
	<p>Remuneration and Terms of Service Committee (RTSC) IB stated that the revised RTSC Terms of Reference (TOR) were not significantly different to the previous version, although some minor amendments to sections 1.1 and 4.3 were still required.</p> <p>Action: IB to make amendments to the RTSC TOR as follows:</p> <ul style="list-style-type: none"> • Section 4.4.4 applies in Section 1.1; • SFIs/SOs were updated and approved in July 2014 (Section 1.1); • All references to Director of Workforce and Strategy to be changed to Executive Director of People and Engagement. <p>Approval: Subject to the above amendments the Trust Board approved the updated Terms of Reference for the Remuneration and Terms of Service Committee.</p> <p>Charitable Funds Committee EM thanked AA for the work she had undertaken in relation to the revision of the Charitable Funds Committee's TOR.</p> <p>There were no comments or questions.</p> <p>Approval: The Trust Board approved the updated Terms of Reference for the Charitable Funds Committee.</p> <p>The Chairman thanked AA for carrying out the useful exercise.</p>	IB
7	PERFORMANCE MONITORING	
7.1	<p>Charitable Funds Committee:</p> <ul style="list-style-type: none"> i Minutes of the last meeting held on 3 July 2014; ii Charitable Funds Committee Annual Report 2013/14 <p>EM updated the Trust Board regarding the activities of the Charitable Funds Committee. The papers were taken as read and there were no questions in relation to the Minutes or the Annual Report.</p> <p>The Chairman thanked EM for her report.</p> <p>Approval: The Trust Board noted the Minutes and was assured by the discussions within the Charitable Funds Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</p>	
7.2	<p>Audit Committee –Verbal Update from Chairman BS stated that the minutes of the meeting on 9 October 2014 were still in draft form.</p>	

		Action
	<p>The next meeting of the Audit Committee was scheduled to take place on 8 January 2015 and nothing needed to be brought to the attention of the Board at the current time.</p> <p>The Chairman thanked BS for his update.</p> <p>Approval: The Trust Board noted the report and was assured by the discussions within the Audit Committee and the key issues highlighted for further scrutiny within the Committee’s work programme.</p>	
7.3	<p>Quality Committee – Verbal Update from Committee Chairman PD updated the Trust Board regarding the activities of the Quality Committee, the last meeting of which had taken place on 11 September. The next meeting was due to take place on 4 December.</p> <p>The key items covered during the meeting included: the forthcoming CQC inspection, the Savile report, A&E quality and safety issues and the regular Clinical Leadership update.</p> <p>PD stated that the Internal Audit (IA) report had been received on the Quality Governance Framework. Whilst the Trust remained at Level 3, a number of recommendations had been received.</p> <p>A number of mid-year reports had also been received with the annual reports due to come to Board.</p> <p>PD stated that the Trust’s Volunteer Policy needed further work, particularly due to the increasing use of volunteers.</p> <p>The Chairman thanked PD for her detailed update.</p> <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>	
7.4	<p>Finance & Investment Committee – Verbal Update from Committee Chairman EB updated the Trust Board regarding the activities of the Finance & Investment Committee (F&IC), stating that the minutes of the last meeting, which had taken place on 11 September would not be approved until the meeting which was due to take place on 4 December.</p> <p>EB confirmed that the PTS issues discussed earlier in the Board meeting had been covered in detail during the September meeting. The Committee had also been given some assurance in relation to the development of major business cases.</p>	

	Action
<p>She further stated that the deep dive into the Long Term Financial Model (LTFM) had provided a good update on what remained to be done by the Trust.</p> <p>In terms of the risk of the implementation of financial penalties and possible mitigations in this respect, the Committee had taken some assurance, with a further update due at the December meeting.</p> <p>EB stated that a particular area of concern was the lack of movement in relation to Service Line Management (SLM). The Committee took SLM as a positive movement for the organisation and the current very slow progress was a source of frustration.</p> <p>RB stated that a significant amount of work was being done in terms of developing pricing structures for individual sectors in relation to Service Line Reporting (SLR), which had resulted in the organisation acquiring a good picture in terms of A&E and PTS pricing.</p> <p>EB stated that the Committee’s overall concern was how to ensure that local management bought in to SLM to allow it to fully embed at a local level.</p> <p>The Chairman requested an update on the development of the Workforce Plan.</p> <p>IB stated that work on the new Plan was progressing quite well and a review in conjunction with Unison had been under way for several weeks. Some initial modelling had been done and ideas were now being tested out.</p> <p>The Chairman thanked EB for her 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>	
<p>7.5</p> <p>Board Review and Feedback: Board Vital Guiding Principles T – timely, accessible communications R – respect differences; be supportive U – understand shared purpose, risks S – self-awareness; give/receive feedback; time for reflection T – take responsibility; challenge</p> <p>The Chairman requested feedback on the meeting and asked whether the Board believed it had achieved its guiding principles.</p> <p>The Chairman expressed her gratitude to the new members of the Board for fully contributing to the meeting.</p>	

		Action
	<p>She stated that the acoustics in the meeting room had been disappointing, as had been the temperature problems. In addition, the Chairman was hopeful that there would be fewer typographical errors in the papers for the next Board meeting.</p> <p>MW stated that it was good that the Board had been able to engage with the public who had attended the meeting during the lunch break.</p> <p>EM stated that there had been good attendance from the public, adding that the venue had been easy to find and very convenient for those using public transport.</p>	
8.	FOR INFORMATION	
8.1	<p>YAS Forum: Notes of the last meeting held on 7 October 2014 The Chairman stated that the notes of the meeting of the YAS Forum, held on 7 October 2014, had been attached to the meeting papers for information and thanked PD for chairing the meeting.</p> <p>PD stated that the Forum seemed to be working well. She had been particularly impressed by the good ideas that the Forum members had brought forward when they had been asked to consider how they could support their own training.</p> <p>In addition, SP had done a very good presentation about quality governance and she had also been impressed by the outcomes of the Forum's own Membership sub-group.</p> <p>The Chairman thanked Board colleagues for their input and constructive challenge and wished everyone a safe journey home.</p>	
9	<p>Regulatory Reports There were no Regulatory Reports.</p> <p>The meeting closed at 1445 hours.</p>	
10	<p>Dates and Locations of Next Meetings: 1130 hours, 27 January 2015 The Source Academy, Meadowhall Way, Sheffield, S9 1EA.</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**