



Trust Board Meeting held in Public

Venue: The Source, 300 Meadowhall Way, Sheffield, S9 1EA

Date: Tuesday 27 January 2015

Time: 1145 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
Lee Murphy	(LM)	YAS Forum Member, Staff
Cynthia Binns	(CB)	Public Member
David Bolam	(DB)	Public Member
Chris Burn	(CBu)	Sheffield Star Reporter
Adam Butcher	(AB)	Public Member
Hazel Chatwin	(HC)	Public Member
Tony Claby	(TC)	Healthwatch, Rotherham
Jackie Craven	(JC)	Public Member
Enid Hurst	(EH)	Public Member
Mike Simpkin	(MS)	Public Member

Stacey Squires	(SS)	Public Member
Jason Carlyon	(JC)	Clinical Development Manager, YAS
Dr Steven Dykes	(SD)	Associate Medical Director, YAS
Anne-Marie Haigh	(AMH)	Quality and Risk Co-ordinator, YAS
Joanne Kane	(JK)	Executive PA to Chairman, YAS
Luke Playford	(LP)	Committee Services Apprentice, YAS
Ali Richardson	(AR)	Foundation Trust Membership Manager, YAS
Lorna Thornley	(LT)	Associate Director of Communications, YAS

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

The meeting was preceded by a presentation, between 1100 and 1130 hours, which was open to all members of the public. *'Improving Outcomes from Cardiac Arrest'* was presented by Jason Carlyon, Clinical Development Manager and Dr Steven Dykes, Associate Medical Director.

		Action
	The meeting commenced at 1145 hours.	
1	<p>Questions from the Public</p> <p>The Chairman welcomed everyone to the Trust Board Meeting held in Public and thanked JC and SD for an excellent pre-meeting presentation. She stated it was good to see so many YAS' members, Healthwatch representatives, members of the public, etc at the meeting.</p> <p>The Chairman stated that the Board was currently 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. To this effect, for the first time at that day's meeting, the papers would be projected onto a screen for the Public's information.</p> <p>The Chairman invited questions from those present, asking people to identify themselves by name, geographical area and organisation if appropriate.</p> <p>MS from 'Save our NHS', Sheffield stated it had been reported that London Ambulance Service (LAS) currently had up to 25% vacancy levels and asked what the current level was within Yorkshire. In addition, it had been reported at a recent meeting of the Sheffield Clinical Commissioning Group (CCG) that GPs were receiving more calls from ambulance crews than they used to and asked why this was the case.</p> <p>The Chairman replied that the London issue was around trained Paramedics rather than across the whole organisation and invited IB to reply to MS in relation to the current Yorkshire position.</p> <p>IB stated that, against a background of a national Paramedic shortage, YAS had a 2.7% Paramedic vacancy level ie about 50 vacancies out of a total of around 1000 Paramedics which, although a concern, was not the worrying position currently facing LAS.</p>	

	Action
<p>The Chairman stated her belief that better marketing of the Paramedic career path was required, as it was an excellent career which could lead to many different opportunities.</p> <p>In relation to MS's second question, JM stated that the Trust was working hard across the whole of the region to improve ambulance clinicians' access to GPs, who remained the custodians of individual patient's health records. Information about long term conditions, etc could help to inform Paramedics' decisions about the most appropriate pathway for a patient as taking patients to A&E might not necessarily be the right decision for everyone.</p> <p>TC from Healthwatch Rotherham asked whether the recent Care Quality Commission (CQC) inspection had highlighted any variations in the standard of service around the huge area that YAS covered.</p> <p>The Chairman replied that the CQC was currently carrying out some follow up work and information gathering before the Trust would see the draft report. However, it had been a good inspection overall and although there were certain differences around the region, this was no surprise when the history of YAS, the area it covered and local necessities were taken into account.</p> <p>JM stated that YAS' region encompassed a varied geography and with that came different challenges. The Trust was constantly trying to balance and maintain quality and it was his belief that there were currently no major gaps in terms of general clinical provision. However, the regional rationalisation of stroke services, etc had led to regular issues for the Trust as an organisation in terms of response times, etc.</p> <p>The Chairman stated that, in spite of the fact that the media gave the impression that all 999 responses needed to be within 8 minutes, this was not the case. The 8-minute response was for life threatening situations, with the Trust commissioned to attend at least 75% of such calls within 8 minutes. With additional resourcing, the Trust could increase its response levels but there would always be a limit to what it could achieve within its allocated resources.</p> <p>The Chairman stated that, as many people did not have a first aid kit in their homes, basic first aid education, plus advice about when and when not to call for an ambulance would also help the Trust.</p> <p>DB from North Yorkshire stated that, during the lead up to the forthcoming general election, he had noticed a lot of newspaper headlines targeting the A&E workload including the call connect clock start changes and the downgrading of some Red calls to 19 minutes response, which in his opinion was a retrograde step.</p>	

	Action
<p>JM agreed the call connect clock start change was not right from a clinical perspective, adding he had been working with other Medical Directors for the past 3 years to lobby nationally for change.</p> <p>JM stated that the main problem in relation to call connect was that a resource had to be dispatched immediately a call was received. As there was no evidence about whether the call related to a life threatening emergency or whether the patient could be treated alternatively, this was a potential waste of resources which could potentially divert resources away from a real emergency.</p> <p>In relation to the national debate about the downgrading of Red 2 from 14 to 19 minutes, JM stated that probably only about 10% of 999 calls each day related to a life-threatening situation which immediately needed an ambulance. With the majority of other quite seriously ill patients there was an opportunity to wait an extra few minutes to enable the Trust to understand in more detail what was wrong with the patient and to provide an appropriate response without increasing the clinical risk.</p> <p>The Chairman stated her belief it was advantageous that the Trust also had the contract for the region's NHS 111 service.</p> <p>SP stated that recent dramatic headlines in the national newspapers relating to the poor standard of the NHS 111 service across the country did not apply in Yorkshire. The way in which YAS managed the service across the region, with its sharp focus on the clinical needs of patients meant that YAS had a safe and consistently lower referral rate for 999 ambulances than other parts of the country.</p> <p>YAS was working with its Commissioners to provide more investment up front to ensure further improvement of the service and the availability of a wider range of options in community primary care services to which YAS could refer patients would also help.</p> <p>JM stated that ambulance services had struggled to improve their NHS pathways in other parts of the country. However, YAS, as an organisation was very engaged with the evolving pathways regionally.</p> <p>SP stated that innovations such as the introduction of pharmacists and dentists in YAS' NHS 111 call centre had brought about a significant impact, as a lot of queries could be dealt with at source.</p> <p>The Chairman suggested that an update about the Trust's NHS 111 service would be useful as a future pre-Public Board meeting presentation.</p> <p>Action: AA to organise an update on the Trust's NHS 111 service as a future pre-Trust Board Meeting in Public presentation.</p>	<p>AA</p>

	Action
<p>JE, a YAS Forum Member for West Yorkshire, expressed disappointment about the low scores in recent 'Friends and Families' surveys, asking what was being done to improve these scores.</p> <p>The Chairman stated that although 98% of people indicated that they wanted to keep using YAS' services, it was human nature that people who expected to have an ambulance sent to them but did not receive one would express their disappointment in those surveys.</p> <p>SP stated that feedback was used to improve the Trust's services on a continuous basis. He further stated that matching YAS' service to public expectations was a constant challenge, agreeing that some education was required in relation to what members of the public should reasonably expect from the service.</p> <p>SP further stated that call handling staff in both the 999 and NHS 111 services underwent regular audits with their performance reviewed by their line managers.</p> <p>AB asked how YAS ensured that people with disabilities, who might be unable to express, for example, where they were hurting, accessed the most appropriate treatments</p> <p>JM replied that, from a call handling perspective, all questions and responses always defaulted to a safety option if a call handler could not understand what was being said. Therefore, that person was more likely to have an ambulance dispatched to them.</p> <p>JM added that training on alternative methods of communication was provided for front line staff. This included the use of booklets with multi-language options and pictures so anyone who was unable to communicate verbally could point to highlight their area of pain.</p> <p>As there were no further questions, the Chairman thanked those present for the interest they had shown in YAS' work, adding that she had allowed the session to overrun due to the large amount of interest shown by members of the public.</p> <p>The Chairman reminded those present that recording the business of the meeting was not permissible in any form other than a personal written record of proceedings.</p> <p>The Chairman 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>	

		Action
2	<p>Apologies / Declaration of Interests 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 25 November 2014 including Matters Arising (not on the agenda) and Action Log The Minutes of the Meeting held on 25 November 2014 were approved as a true and fair representation of the meeting subject to the following amendments.</p> <p>Matters Arising: Page 14, paragraph 5 – ‘and performance’ added after ‘call volumes’.</p> <p>Page 15, paragraph 5 – ‘Safety Thermometer’ replaced with ‘carry chair’.</p> <p>Page 19, paragraph 6, line 2 – ‘provider’ added after ‘health’.</p> <p>Action Log: RB guided the meeting through the updated Action Log. There were no queries relating to the completed actions.</p> <p>PB-326 – RB stated that following detailed analysis by the Business Information team, nothing significant had been identified in relation to the August dip in average responses. A detailed piece of modelling work was ongoing which would incorporate these findings. Action closed.</p> <p>PB-336 – SP stated that carry chair training had been built into all on-going class room training to supplement local training with all relevant staff training due to be completed by the end of March. Action closed.</p> <p>PB-337 – IB confirmed that YAS’ Occupational Health provider, PAM’s, audit of calls had been completed and had concluded that, on occasions, conversations were not challenging enough. Appropriate action was being taken in relation to the training needs, etc of PAM’s call handlers. Work was also under way to develop IT systems so improved consistency of data should be seen going forward. Quality Committee would continue to monitor the situation. Action closed.</p>	
4	<p>Chairman’s Report 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 stated that national issues around NHS pay had led to a 12-hour strike national strike being called on Thursday 29 January.</p>	

		Action
	<p>Negotiations remained on-going to try to prevent this action but, in the meantime, plans had been put in place to ensure that emergency calls were responded to appropriately during the period.</p> <p>The Chairman stated that the Trust was currently experiencing an amazingly demanding period. There had been an enormous increase in December 2014 of 17% in Red demand and an across-the-year increase of 13% on the previous year.</p> <p>She placed on record her appreciation of the Trust's staffs' tremendous work during the demanding period, adding that it was a credit to YAS' Executive team that the organisation was managing to cope so well with the demand pressures.</p> <p>The Chairman stated her belief that there was a self-help role for the general public to play. It should be recognised that YAS provided an emergency service which should not be called upon in non-emergency situations.</p> <p>The Non-Executive Directors unanimously supported the Chairman's comments.</p> <p>The Chairman stated that, during December, she had shadowed three night shifts with different Paramedics and had been extremely impressed by the consistently high level of care they had provided and the compassion they had shown throughout the course of their shifts.</p> <p>The Chairman expressed frustration at the fact that, although YAS had targets to meet they were often difficult to achieve due to challenges elsewhere in the system. For example, when appropriate community services were not available or when hospitals were unable to receive patients in a timely manner. For example, during December, 150 of YAS' ambulances had been held up outside hospitals for over an hour each, which was a major problem.</p> <p>The Chairman reported that a Trust Board Meeting in Private had taken place earlier that day. 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 recent CQC inspection and several workforce items.</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 Public to highlight the work of the Trust and to learn about steps being taken to improve its services and the knowledge of its staff.</p>	

	Action
<p>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.</p> <p>The Chairman presented a patient story entitled: ‘Frieda’s Story’ as shared with the Trust by her husband, Ken.</p> <p>In December 2013 Frieda had been diagnosed with lung cancer and further tests showed it had spread throughout her body. Following treatment Frieda seemed to be doing well but one night in April 2014 she went to bed feeling unwell and deteriorated during the night.</p> <p>Ken called the cancer ward and an ambulance was booked to take Frieda to the ward within the following hour. Sadly, Frieda passed away before the ambulance arrived so Ken called 999 for help.</p> <p>A short film of Ken sharing his experiences was then shown.</p> <p>The Chairman stated that, in terms of lessons learnt for YAS, the story related well to YAS’ End of Life (EOL) Care Learning Resource for staff which emphasises the impact that positive words and empathy can have on those involved or affected by an incident and the value in assisting patients’ relatives during the grieving process.</p> <p>She added that the story would be a valuable training resource, to be used in particular when relating to the YAS Dignity Code and the YAS ‘WE CARE’ values. The story also highlighted the inspiration and positive value of sharing service user feedback with YAS’ clinicians.</p> <p>The Chairman expressed the Trust’s sincere thanks to Ken for sharing Frieda’s story and his experience of YAS’ service.</p>	
<p>5.2</p> <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 December 2014 returns contained no material changes to those submitted in November.</p> <p>He stated that, in Appendix 1, the compliance with CQC regulations statement had been amended to reflect the January planned inspection. Further amendments reflected the challenges around Red demand and turnaround times at hospitals.</p> <p>RB further stated that the Appendix 3 evidence log had been flagged in relation to the delivery of national performance standards and statements 8 and 10 amended to take into account the current joint work with Commissioners.</p>	

	Action
<p>The Chairman asked whether Board colleagues had any issues in relation to the returns.</p> <p>EM stated her belief that the Board needed to consider referencing upcoming issues in terms of penalties and possible legal costs.</p> <p>AC stated that information about the possible imposition of penalties, Hillsborough costs, etc were already flagged through to the TDA so there was no necessity to list them separately.</p> <p>JN stated that assurance was also provided by the Trust's External Auditors, Deloitte in their annual report.</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 December 2014.</p>	
<p>5.3</p> <p>For Approval: Emergency Preparedness Response and Recovery (EPRR) and Major Incident Plan (MIP) DM presented the YAS Major Incident Plan (MIP) for the Board's approval.</p> <p>He stated that the MIP, which set out YAS' policies, procedures and requirements in terms of a major incident, was a statutory requirement of the NHS England Core Standards Matrix, the NHS England Planning Framework, Everyone Counts: Planning for Patients 2013/14, the 2013/14 NHS standard contract and the Health and Social Care Act (Section 46).</p> <p>The cover paper contained details of the extensive consultation process undertaken by YAS with its partners.</p> <p>A member of the Resilience Team had carried out a research project on MIPs as part of their post graduate certification in Integrated Resilience Management with some of that learning incorporated into the document. In addition, changes implemented as part of the Joint Emergency Services Interoperability Programme (JESIP) Doctrine had also been incorporated.</p> <p>The Chairman stated that, although she had found the document useful, it was her belief that the definition of a major incident was rather convoluted.</p> <p>A discussion took place about the definition of a major incident.</p> <p>PD asked how the Board gained assurance in the MIP. For example, when had the last simulated major incident taken place?</p>	

	Action
<p>DM replied that the M62 bus crash in 2013 had been the last time that the MIP had been activated, with learning identified used in the same way as it would have been from an exercise. In addition, planning was under way for an exercise in the next few months.</p> <p>PD suggested that learning should come through the Quality Committee, as she was not currently sighted on it.</p> <p>The Chairman stated she would be happy with that approach.</p> <p>DM stated that there had been two national exercises in the last 12 months, agreeing that it would be useful to share the learning from live incidents and exercises.</p> <p>BS stated he had found the MIP an interesting document and asked what level of on-going peer review was in place to enable the Trust to learn from and tap into the experiences of other organisations.</p> <p>DM replied that ambulance services and other emergency responders peer reviewed MIPs during the consultation process.</p> <p>BS asked how the Trust assured itself that employees were appropriately educated in the MIP's contents.</p> <p>DM replied that part of the Trust's on-going work was the continuing task of ensuring that YAS' staff were trained and capable.</p> <p>The Chairman stated that, following the recent decision that she should take on the NED role in relation to emergency procedures, she had subsequently attended a meeting to discuss more detailed issues. These included ensuring the Trust had the right equipment in place and enough funding available to replace as necessary and ensuring that appropriate time was allocated for training.</p> <p>DM stated that the Trust was also considering introducing a Commander Continuing Professional Development (CPD) exercise.</p> <p>Approval: The Trust Board approved the YAS Major Incident Plan (MIP).</p> <p>The meeting broke for lunch at 1300 hours, reconvening at 1330 hours</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 17 November 2014 to 19 January 2015 and the opportunity for TEG to highlight the key variances / movements contained within the December 2014 Integrated Performance Report (IPR).</p>	

Action

RB stated that the NHS had experienced unprecedented levels of demand over the Christmas period which placed severe pressure on its services with urban areas in South and West Yorkshire seeming to have taken the brunt of the increased demand within the region.

Locally, significant delays had been experienced in ambulance patient handover times across the region and on a number of occasions the Trust had activated local escalation plans in conjunction Commissioners and other health partners.

RB stated that regular conference calls had taken place across all ambulance services; none of whom had been able to deliver national performance standards during December.

RB placed on record his thanks to the Operational management and Resilience teams for their efforts in getting resources to the most urgent calls over the Christmas and New Year period.

RB stated that the NHS Trust Development Authority (TDA) had published its planning guidance for 2015/16 in December, requiring trusts to produce one year operational plans. He outlined the Trust's business priority areas, which included the:

- delivery of improvements in Red 1 and Red 2 response targets in line with agreed trajectories and actions included in the Performance Recovery plan;
- on-going recruitment to Paramedic and Urgent Care support vacancies;
- development of proposals for changes to the A&E workforce plan.

RB stated that, although there was no easy solution to the current performance problems across the region, the Trust was working with its Commissioners to identify different ways of working to try to overcome some of the challenges it was currently facing. Discussions would continue during a joint meeting the following day.

RB further stated that there were some positive indications, as the Trust remained one of the top performers in the country for Red 19 and was the best in the country for 'time to treat'.

The official opening ceremony of Manor Mill Resource Centre in South Leeds took place on 18 December 2014. The Lord-Lieutenant of West Yorkshire, Dr Ingrid Roscoe, was in attendance to unveil a plaque commemorating the opening and guests were given a live demonstration by the Hazardous Area Response Team (HART).

RB stated that the Care Quality Commission (CQC) had started a planned inspection on 13 January 2015. The process had begun with the Chairman and Executive Team meeting the CQC Inspection Team to present an overview of YAS' strategic plans and challenges, which was well received.

	Action
<p>Over the course of three days between 60 and 70 CQC inspectors visited 15 stations across the region, the two Resilience bases and the three A&E and 111 Control Centres.</p> <p>The Inspectors had clarified that the inspection would be the third ambulance trust pilot review and would therefore not receive a formal rating. A draft report would be presented to the Trust to comment on factual accuracy within 6 to 8 weeks of the visit.</p> <p>RB stated that the Trust was thanked by the CQC Inspection Team for the welcome they had received during the visit; the openness displayed by YAS senior managers and staff; and the good mix of staff that they had met in terms of length of service and role.</p> <p>The inspectors had been particularly impressed by the Trust's commitment to patient care, safeguarding processes and pathway development. They had also recognised the Trust's current industrial relations problems and had attended a YAS Forum meeting.</p> <p>RB stated it was reassuring that the Inspection Team had not raised any issues about which the Trust was unaware and thanked everyone involved in the inspection for their efforts.</p> <p>RB further stated that he had conducted a number of station visits and ride outs during December and January to discuss winter pressures and strategic plans. The visits underlined the commitment of staff to maintaining the highest standards of patient care but also highlighted the need to improve how support services were delivered at local level.</p> <p>Operations Directorate DM stated that the major priority for the Directorate continued to be the delivery of the Performance Improvement Plan. December had experienced unprecedented levels of Red demand with an increase of over 13% in Red activity overall and over 1000 Red calls a day seen on several occasions.</p> <p>EB noted that the Director's comments in section 2a of the IPR (A&E Performance) were very limited, asking from an Operational Improvement Group perspective, why basic information had not been included, such as 'action 'a' will bring about an improvement of 'x%'.</p> <p>DM stated that, although the major issue during the previous two months had been demand and turnaround, overall performance had seen a very small recovery in the last two weeks. It was his hope, therefore, that things might be starting to settle down in terms of demand and the refreshed IPR would more clearly demonstrate the benefits of the actions currently being taken. However, performance outturn did not remain in a steady state with many variables contributing to it.</p>	

	Action
<p>MW stated her belief that resource utilisation was the key.</p> <p>DM replied that a new method of utilisation was currently being developed which would allow for more accurate reporting of figures. The Trust was currently still reliant on high-level measurements so was not able to see the headline figures.</p> <p>EB stated she would like to see a paper which included those measurables. She would also like to see the trajectory encompass some of the information contained in the Good Governance Institute's report which had contained some useful suggestions.</p> <p>The Chairman stated that she would like to see a new, revised improvement plan for the remainder of the year with early steps in place for the following year.</p> <p>DM replied that he was in the process of refreshing the Performance Improvement Plan, which was almost ready for sharing.</p> <p>Action: DM to share refreshed Performance Improvement Plan with Board colleagues as soon as possible.</p> <p>JN noted that there had been a large number of aborted journeys in PTS and asked if there was any push back to the CCGs if YAS had not been responsible for those aborted journeys.</p> <p>RB replied that this was something which PTS was currently discussing.</p> <p>Clinical Directorate JM placed on record formal recognition of Clinical Development Manager, Jason Carlyon's (JC) achievement. Following the success of the 'Restart a heart' scheme, JC had won the Yorkshire Post Health Awards 'Emergency Response Worker of the Year', with the team winning 'Team of the Year'.</p> <p>JM stated that the Clinical Directorate had been put under immense pressure with the loss of the Deputy Medical Director to the post of Interim Executive Director of Operations. However, the increased demands related to the implementation of Urgent Care Practitioners, the roll out of Paramedic Pathfinder, the continuing demands of the Hillsborough Inquests and the inability to secure outsourcing for the health care records management function had been absorbed into the current establishment.</p> <p>JM further stated that 'Stroke 60' remained a challenge to deliver nationally. The Stroke 60 Ambulance Clinical Quality Indicator (ACQI) had been raised at a national level with the national lead for stroke care presenting to the National Ambulance Service Medical Directors (NASMeD).</p>	<p>DM</p>

JM stated that the Trust's resuscitation strategy concentrated on improving survival to discharge from out of hospital cardiac arrest rather than the measure of Return of Spontaneous Circulation (ROSC) at hospital which was not an effective patient-centric measure of good practice. The Trust's survival to discharge rate for the Utstein Comparator group of 39.8% year to date remained the highest in England for the fourth consecutive month.

He further stated that YAS achieved 87.2% in August for ST Segment Elevation Myocardial Infarction (STEMI) 150 with no exceptions due to YAS' operational delays. Exceptions identified that were outside of YAS' control were discussed at the regional cardiac network meetings.

Standards and Compliance Directorate

SP stated that YAS continued to contribute to the national debate about the new NHS 111 service specification and at a local level, discussions were continuing with Commissioners and Local Care Direct on future development and funding of the West Yorkshire urgent care model.

He further stated that YAS had been successful in securing funding support for further pilot work to enhance the use of pharmacist and pharmacy support staff skills both within the NHS 111 call centres and as a referral end point, to support the increase of dental triage during the winter period and to improve the value that NHS 111 could provide to palliative care patients. The service would also continue to expand its successful pilot of home working for staff.

The Trust continued its investigation into matters relating to Jimmy Savile, in liaison with the Department of Health Savile Legacy Unit. No specific allegations of abuse had been highlighted relating to Savile's activities in the ambulance service so the report would focus on the nature of Savile's contacts with the service, how these were managed and lessons to be learned. The publication date of the report was still to be confirmed.

SP confirmed that the Trust had formally signed up to the new national patient safety programme 'Sign Up for Safety' and was in the process of developing a detailed action plan aligned to the wider Trust Clinical Quality Strategy.

PD expressed concern about the 23% decrease in Safeguarding training compliance since October.

SP replied that this should be a short-lived problem, as it had been caused by the fact that everyone had run out of compliance at the same time. He added that the Trust had received positive comments from the CQC in terms of its Safeguarding work. It was agreed that the issue would be picked up in the Quality Committee.

	Action
<p>Action: Quality Committee to pick up the issue of Safeguarding training compliance.</p> <p>People and Engagement Directorate IB stated the Directorate remained very busy, with recruitment taking up a lot of time.</p> <p>The Chairman expressed concern that Unite the Union continued to make contact with a wide range of external bodies spreading negative rumours such as: YAS was making inappropriate use of its Emergency Care Assistants; YAS was not providing accurate performance figures; and YAS was providing a poor quality of care.</p> <p>IB replied that YAS' data had been subject to independent audit over the past 12 months on a number of occasions and it had been confirmed that they were entirely appropriate.</p> <p>He further stated that debate remained on-going with the Unions about alleged skill shortages in the organisation. However, in spite of the fact that Unite the Union had been asked to share its evidence with the Trust on numerous occasions, they had still not agreed to do this.</p> <p>IB confirmed that the Trust had won a bid by the Clinical Skills Network to introduce an immersive simulation suite, which would be based at the Manor Mill site and would allow the use of simulation to enhance training provision.</p> <p>Further to recent Board discussions, IB confirmed that work to improve staff engagement across the organisation continued. Focus groups had been held which would support the development of a cultural survey to be issued to all staff in February.</p> <p>IB stated that, over the Christmas and New Year period, Corporate Communications secured a large amount of coverage both in highlighting the levels of demand facing the organisation and in guiding people to make sensible choices about their care. The coverage was in most cases balanced and the media were supportive in getting positive messages to the public.</p> <p>Communications in the last few weeks had centred round Unite the Union's continued leverage campaign against the Trust and all of the issues that had been picked up by the media had been strongly rebutted by the Trust.</p> <p>PD noted that around 20% of the Trust's current workforce was over 50 years of age, with 1% over 66 and several staff over 71. She asked what roles they were employed to do and what the Trust was doing to support its older workers to ensure that they were fit for purpose for the roles they were undertaking.</p>	<p>PD/SP</p>

	Action
<p>IB agreed to provide the Board with an update.</p> <p>Action: IB to provide the Board with a detailed analysis of roles being undertaken by YAS' workers aged 66 and over and information about the support available to those members of staff.</p> <p>IB stated that following the pension changes in 2015 the Trust was likely to employ a higher percentage of older people so would need to draft a strategy in this respect.</p> <p>The meeting discussed the possible fitness testing both of new recruits and of current staff. It was noted that there was no current national benchmark about what level of fitness was required for which roles and it was agreed that it would be pragmatic to introduce fitness testing during the recruitment process as opposed to fitness testing for members of staff already employed by the organisation.</p> <p>BS asked why staff absences were abnormally high.</p> <p>IB replied that this was primarily due to the current high level of sickness absence.</p> <p>BS asked what the expected rate of improvement was in relation to the completion of PDRs, as they remained below target.</p> <p>A long debate took place about the outstanding number of PDRs.</p> <p>IB stated that individual Executive Directors would be discussing the situation with their Associate Directors, who would all have personal appraisal targets relating to completion of their teams' appraisals.</p> <p>The Chairman raised the issue of the Finance team's 38% completion rate.</p> <p>AC replied that, as there were only 25 members of the Finance team, a small number of people with outstanding PDRs led to quite a significant proportion percentage-wise. He had raised the issue with the team and the situation should be rectified during the next month.</p> <p>EB asked whether PDR records were centrally held.</p> <p>IB replied that this was not currently the case but if it was the will of the Board, he would work with his team to set up such a system.</p> <p>The Chairman stated her belief that the PDRs should be fed back through the individual directorates to a central system.</p> <p>It was agreed that further discussions should take place outside the meeting.</p>	<p>IB</p>

	Action
<p>Finance and Performance Directorate</p> <p>AC stated that staff from PTS and Business Development had been working on the recent tender for Derbyshire PTS services and had completed the final tender submission in December.</p> <p>Contract negotiations had begun with A&E, PTS and NHS 111 Commissioners. Focus to date had been to agree joint priorities for commissioning intentions and preparing for the implementation of Payment by Results contract currencies from 1 April 2015 for A&E services.</p> <p>AC stated that the Business Intelligence team continued to work with Iain Bell from NHS Interim Management and Support (IMAS) on the development of the Integrated Performance Report (IPR) and the data warehouse.</p> <p>The ICT team continued to support the roll out of the Electronic Patient Report Form (ePRF) and Paramedic Pathfinder clinical decision support applications across West Yorkshire.</p> <p>Procurement were finalising the Trusts' new Procurement Strategy, which was aligned to the NHS national e-procurement strategy and Estates had been supporting the completion of the Strategic Outline Case (SOC) for the proposed move to a Hub and Spoke station model.</p> <p>The Fleet Team had been engaged with Operations colleagues in improving availability of A&E vehicles through workshop maintenance efficiencies and improved tracking of vehicles.</p> <p>The Finance Team was currently focused on 2015/16 budget setting and financial plans.</p> <p>AC stated that the Trust's forecast year end surplus was £2.9m against a plan of £2.9m. However this might potentially be significantly impacted by the application of penalties for Red 1 and Red 2 performance and Hillsborough cost pressures.</p> <p>The cost improvement delivery for the year to December was 107% of plan (a positive variance of £741k). The forecast year end delivery was £11.05m which was 107% of plan (97% recurrent) through the utilisation of a number of reserve schemes.</p> <p>EB stated that the commentary in the Finance section was excellent, adding it was more detailed and thorough than previous versions.</p> <p>With regards to the Hillsborough costs, EM asked, as the year-end was approaching, when the Trust would recognise them and their impact on the surplus.</p>	

	Action
<p>AC replied that they would be recognised once a final decision had been made about their funding. This would probably be at year-end.</p> <p>The Chairman stated that year to date the costs had been around £850k, adding that she was still awaiting a reply to her earlier letter to the Deputy Prime Minister.</p> <p>In relation to section 5.3, overspends in PTS and A&E, EB asked whether F&IC could receive a bridge analysis on the planned breakdown at the start of the year and performance against this plus any lessons learned to inform the budget setting process for the following year.</p> <p>AC agreed to produce this information for the May Finance & Investment Committee (F&IC) meeting.</p> <p>Action: AC to produce bridge analysis of PTS planned expenditure and actual performance for 2014/15 for May meeting of F&IC.</p> <p>BS asked AC to explain the large difference between the A&E pay overspend at month 9, compared with the massive increase in overspend that was expected by the end of year.</p> <p>AC replied that this related to how the budget had been phased. It had been more front-loaded than it should have been and the end of year figure of a £1.5m overspend reflected the initiatives in the Performance Improvement plans and overtime.</p> <p>MW asked AC to explain the slippage in the capital programme of nearly £1m.</p> <p>AC stated that the main reason for this related to the purchase of A&E vehicles, as there had been a legal challenge in terms of the award of the contract. However, the issue had now been concluded.</p> <p>AC confirmed that the capital plan would be improved going forward with a lot more expenditure up front in Quarters 1 and 2.</p> <p>Approval: The Trust Board noted and discussed the variances contained within the December 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>AC</p>
<p>5.5</p> <p>For Approval: Code of Conduct for the Board of Directors AA stated that the purpose of her paper was for the Trust Board to receive and approve the draft updated Code of Conduct for the Board of Directors, which had been revised in January 2015.</p>	

		Action
	<p>The current version of the Code had been approved by the Trust Board in September 2012, when it was agreed to be reviewed as the Trust was approaching Foundation Trust authorisation.</p> <p>Although the Trust was clearly not yet in that position, a number of recent statutory requirements and guidance had been published, which made it an appropriate time to review the Code.</p> <p>AA stated that the Board should note that the Trust was already compliant with several recently introduced specific requirements (Health and Social Care Act, 2014) and, where appropriate, Board approvals had been received. These included:</p> <ul style="list-style-type: none"> • Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England, Professional Standards Authority, 2013 (Trust Board in Public, (28 January 2014); • The Statutory Duty of Candour (Trust Board in Public, 25 November 2014); • Fit and Proper Person Requirement (Director recruitment process). <p>AA further stated that the other main changes were around Monitor's Code of Governance which impacted on details around the role and responsibilities of the Chairman and NEDs' roles.</p> <p>There were no questions.</p> <p>AA stated that a report containing more detail about the 'Fit and Proper Person' requirement would go to the next Remuneration and Terms of Service Committee (RTSC) meeting, adding that the CQC had indicated during the recent inspection that YAS' process complied with what they would expect to see.</p> <p>The Chairman thanked AA for her update.</p> <p>Approval: The Trust Board approved the draft updated Code of Conduct for the Board of Directors, which had been revised in January 2015.</p>	
5.6	<p>For Assurance: Bi-Annual Report: Significant Incidents/Lessons Learned</p> <p>SP provided the Board with a bi-annual briefing on significant events highlighted through Trust reporting systems and by external regulatory bodies during Quarter 1 and Quarter 2 of 2014/15. The report also focused on actions taken and lessons learned.</p> <p>SP stated that a total of 40 Serious Incidents (SIs) had been reported in Quarter 1 and Quarter 2 with a total of 56 in the year to December.</p>	

	Action
<p>Significant analysis had been carried out in recent months and no new themes or trends were apparent. The key theme identified from the SIs reported during the period related to delays in response to patients which reflected the challenges with performance and associated increase in Red 1 and Red 2 demand. No direct relationship had been found between patient safety outcomes and achieving target performance or not.</p> <p>SP stated that, following three SIs during a 12 month period relating to lone responding, a large amount of work had been completed during Q1 and Q2 in relation to this. Updates were made to the Lone Worker Procedure (as part of the Safety & Security Policy) and SI 2014.6401 was subject to a rigorous Coroner's inquest in July 2014.</p> <p>Learning identified through a number of SIs related to dispatchers within the EOC conducting regular resource allocation checks. A reminder had been issued to staff highlighting the importance of conducting those checks and there had been subsequent improvement in that area.</p> <p>A developmental project in relation to human factors in the EOC was planned for 2015/16, and it was anticipated that this would be built into the annual Commissioning for Quality and Innovation (CQUIN) programme.</p> <p>SP stated that the overall incident data generally showed a healthy picture of high reporting and low harm.</p> <p>During the reporting period, 293 incidents related to staff welfare; two-thirds of these being missed or delayed meal breaks.</p> <p>Earlier in the year there were several moving and handling incidents mainly involving staff and the use of the emergency response bag and the new track carry chair. The new response bag had now been fully rolled out across the Trust and there had been a subsequent reduction in the number of associated incidents. Carry chair training was underway across the Trust with continued progress on staff training in the last quarter.</p> <p>SP stated that key themes arising from complaints during the period included dissatisfaction from patients in relation to EOC response to Green calls. Within the A&E service an ongoing theme related to staff attitudes and behaviours and following consultation with staff, action was being taken to reduce the level of complaints.</p> <p>The Chairman asked whether there was any indication of under-reporting of incidents by staff.</p> <p>SP replied that there was not. He stated that a 24/7 phone line had been set up so any member of staff anywhere in the organisation could ring up and speak about incidents / concerns at any time.</p>	

		Action
	<p>PD stated her belief that a high reporting organisation was a high quality organisation, adding that the Quality Committee went through the report in detail at every meeting. She asked whether there was any feeling that fear of harm was increasing in the organisation, particularly in inner-city areas.</p> <p>SP replied that incidences of verbal aggression, etc were measured and he had not seen any trend of things getting worse.</p> <p>JM stated that he was also unaware of any negative trend.</p> <p>Approval: The Trust Board noted contents of the report and supported the actions detailed in the paper.</p>	
6	STRATEGY, PLANNING AND POLICY	
6.1	<p>For Assurance: Planning Update 2015/16</p> <p>AC provided information about the Annual Planning Guidance for 2015/16. He stated that the NHS Trust Development Authority (TDA) planning guidance was issued on 19 December 2014. For 2015/16 the operating plan would be a one-year refresh with no formal submission of five-year plans as part of the planning process as these would be in line with YAS' FT trajectory.</p> <p>Initial plans were submitted on 13 January 2015 in line with TDA planning requirements. Further progress would be discussed with the Trust Board in February and March 2015.</p> <p>AC presented the Business Planning Timeline. He stated that the three key guidance documents referred to in the completion of YAS' plans were:</p> <ul style="list-style-type: none"> • the NHS Five Year Forward View (5YFV); • the Forward View Into Action: planning for 2015/16; • TDA Planning: Delivering in a challenging environment Refreshed plans for 2015/16. <p>He stated that, in terms of developing its plans, the Trust had made sure it had taken into account both national and local priorities, triangulating them with Commissioners' plans.</p> <p>The 5YFV set out the challenges ahead and had identified three key areas of: increased demand; funding constraints; and the need for improved efficiency (3.8% in the current year).</p> <p>It also laid out new hospital models of care including:</p> <ul style="list-style-type: none"> • Multispecialty Community Providers (MCPs); • Primary and Acute Care Systems (PACS); • enhanced health in care homes; • development of local System Resilience Groups into Urgent and Emergency Care Networks. 	

	Action
<p>It also identified the requirements to:</p> <ul style="list-style-type: none"> • enhance access to Mental Health Care, including the provision of mental health support as an integral part of NHS 111 services; • expand the use of personalised care plans for end of life care; • utilise a shared digital patient record across all settings of care with the NHS number as the primary patient identifier. <p>AC stated that the NHS TDA Planning Guidance contained no real surprises with provider organisations to face another challenging year and a requirement to deliver efficiency gains of at least 3.8%. There were also potentially stricter penalties for non-delivery of national performance and constitutional standards.</p> <p>AC provided a summary of YAS' one-year Operating Plan content which, based on the NHS TDA planning themes, focused on:</p> <ul style="list-style-type: none"> • strategic priorities; • service developments; • approach taken to improve quality and safety; • workforce plans; • financial and investment strategy; • delivery of contractual and national targets and standards. <p>AC stated that, to meet the challenges and priorities identified, YAS' strategic priorities for 2015/16 would include:</p> <ul style="list-style-type: none"> • clinical workforce; • digital records; • clinical triage and call centre infrastructure to support pathways across the system; • clinical skills; • staff, Member and patient engagement; • public and staff health and wellbeing; • Estate, Fleet and Support Service infrastructure; • appropriate referral into community-based services. <p>Service capacity and developments would include:</p> <ul style="list-style-type: none"> • continued rollout of Electronic Patient Report Form (ePRF) & Paramedic Pathfinder; • Hub & Spoke and Make Ready; • Call Centre synergies / scoping integration; • Patient Transport Service (PTS); • the Intelligent Ambulance; • mental health developments; • NHS 111 developments; • stakeholder engagement; • Urgent Care Practitioner schemes. 	

Action

AC stated that the new Clinical Quality Strategy was fully aligned to national priorities and relevant published evidence on staff engagement. Further consideration was required about how the Trust could embed its Clinical Leadership Framework as it moved forward to ensure effective clinical leadership and supervision for staff. Enhanced processes would need to be developed for the monitoring of safety.

AC stated that workforce priorities would include:

- the continued development of the workforce model for A&E operations in order to respond to increasing demand with a highly skilled and flexible workforce;
- Quality Impact Assessment of proposed changes;
- nursing revalidation preparations;
- further consideration of the diversity of the workforce;
- improving the physical and mental wellbeing of staff.

He further stated that the Trust's financial plans would fully align with both strategic and Commissioner plans. There would be continued delivery of the Cost Improvement Programme and the Capital plan would be aligned to Trust strategies including Fleet, Estates and ICT.

AC confirmed that the guidelines for contract negotiations stated there should be no variation from the NHS Standard Contract unless this was jointly agreed between Commissioners and Providers. Contracts would need to be clear on the volume of activity being commissioned and there would be stricter application of performance penalties, based on 75% across the region rather than based on individual CCGs.

AC stated that next steps would include:

- collation of completed Directorate Operating Plans;
- finalising the Service Transformation Programme for 2015/16;
- agreeing Workforce Plans, Revenue budgets and Capital priorities;
- agreeing Commissioner contracts (A&E, NHS 111 & PTS), which was likely to be a major challenge.

The Chairman stated her belief that an in depth discussion about the Operating Plan was required at the February Board Development Meeting (BDM).

RB stressed that the Plan presented that day was only a first draft and was very much an initial reflection following the publication of the national guidance. The work to be carried out over the forthcoming months would flesh out the details.

It was agreed that a more detailed discussion should take place at the February BDM.

		Action
	<p>Actions: AA to include a session about the One-Year Operating Plan on the agenda for the February BDM.</p> <p>Board members to provide AC with feedback on draft Operating Plan prior to February BDM.</p> <p>Approval: The Trust Board noted the update on the Annual Planning Guidance 2015/16, acknowledged the on-going work and agreed that a further session was required at the February BDM to take the development of the Plan further.</p> <p>The Chairman thanked AC for his detailed presentation.</p>	<p>AA</p> <p>AC</p>
<p>6.2</p>	<p>For Assurance: Action to Tackle Race Inequality Across the Workforce</p> <p>IB presented a paper to highlight the introduction of a new Workforce Race Equality Standard (WRES) and the mandating of the NHS Equality Delivery System 2, from April 2015. He stated that the introduction of a WRES had been proposed and agreed by the NHS Equality and Diversity Council (EDC).</p> <p>The WRES, which would require NHS organisations to demonstrate progress against specific workforce metrics including a specific metric on Board representation, would be implemented by inclusion in the NHS Standard Contract 15/16.</p> <p>IB stated that YAS already had a number of equality objectives which were agreed in April 2012. These specifically recognised the importance of implementing an equalities framework and having a workforce which reflected the community served by the organisation.</p> <p>In preparation for the development of the metrics some initial analysis had been undertaken to assess the current position to address where further work was required and to identify where performance data needed to be improved.</p> <p>The Chairman asked what the Trust could do to make it a more attractive employer to all communities, adding that supporting and reinvigorating YAS' Black and Minority Ethnic (BME) Network might help in this respect.</p> <p>PD stated her belief that apprenticeship schemes had a huge potential for creating an appropriate way forward.</p> <p>IB stated his belief that the Trust was not currently smart enough in its recruitment processes, adding that although the organisation had tried to reinvigorate some of its staff networks, attendance remained fairly low.</p>	

		Action
	<p>The Chairman stated that YAS needed to work more collaboratively. She suggested that a Member of the YAS Forum could be invited to attend BME Network meetings, adding that NED involvement might also be helpful.</p> <p>DM stated his belief that, in addition to recruitment, there were also the wider implications of community engagement to consider.</p> <p>EM stated that she would also like to see something relevant included in YAS' Workforce Strategy.</p> <p>Approval: The Trust Board formally reviewed and scrutinised the Workforce Race Equality Standard update report and agreed with the further work required.</p>	
7	PERFORMANCE MONITORING	
7.1	<p>Charitable Funds Committee: Minutes of the last meeting held on 3 July 2014 and Committee Chairman's Update on the meeting held on 9 October 2014</p> <p>EM updated the Trust Board regarding the activities of the Charitable Funds Committee.</p> <p>She stated that the Committee had not met since the last Trust Board Meeting in Public but work remained on-going. For example, the possibility of purchasing an additional Community Medical Unit was being considered, with a paper due to go to the March meeting.</p> <p>EM confirmed that the YAS Benevolent Fund was up and running, adding she would like to see more applications being received.</p> <p>She further stated that Michelle Scott, who had been instrumental in helping to develop the Charity, was leaving at the end of the month. EM placed on record the Committee's appreciation of Michelle's support and efforts.</p> <p>EB stressed the importance of continuing to raise the profile of approved projects, to encourage more applications to come forward.</p> <p>The Chairman stated her belief that the Committee could be more pro-active in publicising itself, suggesting that banners advertising YAS' Charitable Funds could be purchased and used at events.</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>	

		Action
7.2	<p>Audit Committee: Minutes of the last meeting held on 9 October 2014 and Committee Chairman's Update on the meeting held on 8 January 2015</p> <p>BS stated that the Minutes of the meeting held on 9 October 2014 had been included in the meeting papers and provided a short verbal update of the meeting held on 8 January 2015.</p> <p>The January meeting had been a productive meeting, which had covered all of the appropriate items on the Committee's Workplan. There were no particular matters to bring to the Board at the current time and the minutes would be approved at the April Audit Committee meeting before coming to the May Board meeting.</p> <p>The Chairman thanked BS for his update.</p> <p>Approval: The Trust Board noted the Minutes 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: Minutes of the last meeting held on 11 September 2014 and Committee Chairman's Update on the meeting held on 4 December 2014</p> <p>PD updated the Trust Board regarding the activities of the Quality Committee.</p> <p>She stated that the key focus of the meeting on 4 December 2014 had been workforce and performance. A key issue for her was continuing to ensure that there was no relationship between performance and actual harm to patients.</p> <p>PD further stated that the Committee had received an excellent update report about the Trust's NHS 111 service with the main issues currently experienced by the service relating to 'warm transfers' and sickness absence.</p> <p>The Chairman thanked PD for her 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: Minutes of the last meeting held on 11 September 2014 and Committee Chairman's Update on the meeting held on 4 December 2014</p> <p>EB updated the Trust Board regarding the activities of the Finance & Investment Committee (F&IC).</p>	

		Action
	<p>She stated it had been agreed at the meeting on 4 December that the Hub & Spoke Strategic Outline Business Case (SOC) should proceed to Outline Business Case (OBC) and go forward to the Trust Board for approval.</p> <p>EB further stated that the Trust's Patient Transport Service (PTS) had also been discussed in detail. In addition, a large amount of time had been spent considering the current difficulties around A&E performance and the potential effect of possible financial penalties.</p> <p>The Chairman stated that the issues relating to the purchase of the new PTS vehicles needed to be resolved and recommended that the Board should delegate responsibility to F&IC to consider and sign off the revised paper at its meeting the following week.</p> <p>Action: F&IC to consider the revised paper relating to the purchase of new PTS vehicles for sign off at its meeting on 5 February 2015.</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>	EB/AC
7.5	<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>PD stated that it had been an easy venue to get to and it was agreed that it had been a good meeting location.</p>	
8.	REGULATORY REPORTS	
	There were no Regulatory Reports.	
9.	FOR INFORMATION	
9.1	<p>YAS Forum: Notes of the last meeting held on 13 January 2015</p> <p>The Chairman stated that the notes of the meeting of the YAS Forum, held on 13 January 2015, had been attached for information. She thanked AR for turning the notes around so promptly.</p> <p>The Chairman thanked Board colleagues for their input and constructive challenge and wished everyone a safe journey home.</p>	

		Action
	<p>The meeting closed at 1535 hours.</p> <p>To be resolved that the 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 this part of the meeting.</p>	
10	<p>Dates and Locations of Next Meetings: 1100, 24 March 2015 The Courtyard, Boothferry Road, Goole, East Yorkshire, DN14 6AE</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**

DRAFT