



## Trust Board Meeting held in Public

**Venue:** The Courtyard, Boothferry Road, Goole, DN14 6AE

**Date:** Tuesday 24 March 2015

**Time:** 1130 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
Erfana Mahmood	(EM)	Non-Executive Director
Barrie Senior	(BS)	Non-Executive Director
Mary Wareing	(MW)	Non-Executive Director
Alex Crickmar	(AC)	Interim Executive Director of Finance & Performance
Dr Julian Mark	(JM)	Executive Medical Director
Steve Page	(SP)	Executive Director of Standards and Compliance

### Apologies:

Dr Elaine Bond	(EB)	Non-Executive Director
Ian Brandwood	(IB)	Executive Director of People and Engagement
Dr Dave Macklin	(DM)	Interim Executive Director of Operations

### In Attendance:

John Nutton	(JN)	Non-Executive Director (Designate)
Kate Sims	(KS)	Associate Director of HR
Ian Walton	(IW)	Associate Director of Resilience & Special Services
Anne Allen	(AA)	Trust Secretary, YAS
John Egglestone	(JE)	YAS Forum Member, West
Karamjeet Singh		
Virdee	(KV)	YAS Forum Member, West
Rod Spratley	(RS)	YAS Forum Member, South
Gavin Wray	(GW)	YAS Forum Member, East
David Bolam	(DB)	Public Member
Len Cragg	(LC)	Public Member
Jacky Crawford	(JC)	Public Member
Bill Clucas	(BC)	Hazardous Area Response Team, YAS
Anne-Marie Haigh	(AMH)	Quality and Risk Co-ordinator, YAS
Luke Playford	(LP)	Committee Services Apprentice, YAS

Ali Richardson (AR) Foundation Trust Membership Manager, YAS  
 Adnan Zahid (AZ) DMS Project and Improvement Manager, YAS

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

The meeting was preceded by a presentation, between 1045 and 1115 hours, which was open to all members of the public. *'Embrace: Children's Transport Service'* was presented by Dr Stephen Hancock (SH), from Embrace.

		<b>Action</b>
	The meeting commenced at 1130 hours.	
<b>1</b>	<p><b>Questions from the Public</b></p> <p>The Chairman welcomed everyone to the Trust Board Meeting held in Public and thanked SH for an excellent pre-meeting presentation. She stated that it had been good to see partnership working across the organisation, adding that the Trust would consider the most appropriate ways in which to take his suggestions forward.</p> <p>The Chairman invited questions from those present, asking people to identify themselves by name, geographical area and organisation if appropriate.</p> <p>DB, a Public Member from North Yorkshire, requested details of the current system for ward-to-ward time critical transfers and asked whether the clock stopped at the ward or the door.</p> <p>JM replied that inter-hospital transfers were not subject to the time standards set as part of the Department of Health national ambulance targets. However, there was a series of time windows within which the Trust would expect transfers with varying degrees of urgency to take place ie the next available vehicle, 1 hour, 4 hours, etc. He stated that the system, which originated in Yorkshire, had been adopted elsewhere.</p> <p>DB asked whether maternity transfers were classified as Red 1 or Red 2.</p> <p>JM replied that whilst some maternity transfers sat in the domain of Red 2 and the next available vehicle in terms of dispatch others were less time critical and would sit in the one-hour window.</p> <p>The Chairman stated that any potentially problematic maternity cases in North Yorkshire would be booked into James Cook hospital.</p> <p>JM stated that medical emergencies would be transferred from Friarage Hospital to James Cook. However, very few cases were true 8 minute emergencies as the midwifery-led units would start to see the onset of problems at an early stage thus giving some flexibility before the case turned into a true emergency.</p>	

		<b>Action</b>
	<p>The Chairman stated that South Tees had provided YAS with some additional funding to allow further improvement of the service in that area.</p> <p>JE, as YAS Forum Member for West Yorkshire, asked whether there was any truth in rumours currently circulating about issues in relation to staffing levels.</p> <p>The Chairman stated that there was currently a national shortfall in the availability of fully-qualified Paramedics. However, compared with some other trusts, this was not a major problem for YAS.</p> <p>KS stated that the Trust currently had about 60 vacancies for qualified Paramedics and was proactively trying to fill those vacancies. For example, YAS was building up good relationships with local universities and was involved in national and local Paramedic recruitment events.</p> <p>RB stated that other parts of the country were suffering more serious recruitment problems than YAS. He further stated that, following a meeting the previous week, several of the ambulance services had agreed to do more joint working in terms of retaining current staff and recruiting new members of staff.</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 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>	
<b>2</b>	<p><b>Apologies / Declaration of Interests</b></p> <p>The Chairman welcomed everyone to the meeting, including KS, who was deputising for IB and IW who was deputising for DM.</p> <p>Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p>	
<b>3</b>	<p><b>Minutes of the Meeting held on 27 January 2015 including Matters Arising (not on the agenda) and Action Log</b></p> <p>The Minutes of the Meeting held on 27 January 2015 were approved as a true and fair representation of the meeting.</p> <p><b>Matters Arising:</b></p> <p>There were no matters arising and the Chairman placed on record her thanks to MG for the accuracy of the minutes produced.</p>	

		<b>Action</b>
	<p><b>Action Log:</b> RB guided the meeting through the updated Action Log. All actions had been completed and there were no outstanding queries.</p>	
4	<p><b>Chairman's Report</b> The Chairman stated that her intention was to provide information not covered elsewhere on the agenda, adding that her report that day would be slightly longer than usual.</p> <p>The Chairman asked whether the Trust had received recognition from the Unions following the decision taken by the Board to move to being a living wage employer.</p> <p>RB confirmed that 107 members of staff had been positively affected by the change, adding that he was unaware of any formal feedback being received.</p> <p>KS stated she had also not seen anything to date, although it was her belief that a 'thank you' might be forthcoming once the increase in pay had been received by the individuals concerned.</p> <p>The Chairman expressed her disappointment. She stated that, as the Unions were quick to comment when things were not going well, she had hoped that they would have recognised the positive move.</p> <p>The Chairman invited RB to present an update on the Trust's on-going pursuit of funding for the legal costs of the Hillsborough Inquests.</p> <p>RB confirmed that there had been positive movement in this respect. Agreement had been reached nationally between the Trust Development Authority (TDA) and NHS England that YAS would receive funding for its legal costs.</p> <p>The Chairman stated her belief that the current interim Executive team, which had been in place since November 2014, had handled a very difficult period for YAS, which included the winter and increased daily demand, very well. She placed on record her personal appreciation of the time and efforts that the interim team had committed to the organisation which was now starting to see some 'green shoots' in terms of performance.</p> <p>PD supported the Chairman's statement, adding her belief that there had been a very smooth transition with any questions and concerns allayed appropriately.</p> <p>MW stated that not only was she encouraged by what the interim team had achieved to date but she also believed that the Trust had placed itself in a good position to continue to improve.</p>	

	<b>Action</b>
<p>The Chairman stated that the YAS Forum, which was similar to a Foundation Trust's Council of Governors but without the statutory powers, had now been running for a year. She thanked the four members who were present that day for their efforts.</p> <p>Following nominations and an election within the Forum, a Lead Member had recently been appointed. A formal announcement would shortly be made that Ian Braithwaite had been appointed to the position and the Chairman would meet with him to discuss the best way in which to take the role forward to further develop the Forum.</p> <p>The Chairman stated that to commemorate International Women's Day, the Trust had published pen profiles of various female members of staff, including Trust Secretary, AA and herself which had been shared externally and internally.</p> <p>Nationally, the Chairman remained actively involved in the work of NHS Providers (formally the Foundation Trust Network). Current responsibilities included participation in work on the implementation of national tariffs.</p> <p>The Chairman stated that she also continued to chair the Chairs' meetings of the Association of Ambulance Chief Executives (AACE).</p> <p>Regionally, the Chairman stated that she continued to hold meetings with the Chairs of other NHS trusts and the Chairs of the 23 regional Clinical Commissioning Groups (CCGs), which was very demanding in terms of the time commitment required.</p> <p>She stated that the process continued in relation to the appointment of a new Chief Executive and Executive Director of Operations with interviews for both posts due to take place at the beginning of May.</p> <p>The Chairman stated that the Trust was conscious that the period of Purdah leading up to the General Election, during which politically sensitive announcements were not made, could mean that the announcement of the appointments might have to be delayed.</p> <p>The timeliness of dealing with concerns and complaints was a major concern to the Chairman as, although the Trust had made some progress, it had not yet reached a consistently acceptable standard.</p> <p>She stated that, in terms of the Trust's relationship with its Unions, there had been 12 months of misleading press, containing comments which had not been helpful in YAS' relationship with its wider public.</p> <p>However, work was underway to ensure that the Trust had a more representative staff side going forward which was involved in developments across the whole of the organisation's services.</p>	

		<b>Action</b>
	<p>The Chairman stated that the format of the Integrated Performance Report (IPR) was currently being redesigned and following a meeting with the Business Intelligence team she was assured that the current work would result in the IPR not only meeting the high level needs of the Board but also the more fundamental needs of the rest of the organisation.</p> <p>The Chairman further stated that current tensions within the local health economy included the time taken for clinical handovers from ambulance crews to acute trusts. There were currently unacceptably long delays in the handover of patients at Scarborough Hospital and Hull Royal Infirmary.</p> <p>The Chairman stated that the issues, which urgently needed to improve, had been raised with Commissioners, Monitor, the Care Quality Commission (CQC) and the hospitals themselves as they could lead to problems in relation to patient safety.</p> <p>The Chairman thanked everyone for listening to her update report.</p>	
<b>5</b>	<b>QUALITY, SAFETY AND PATIENT EXPERIENCE</b>	
<b>5.1</b>	<p><b>Patient Story</b></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. 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 introduced Bill Clucas (BC) to the meeting. BC and his colleague, Paramedic Gareth Ross (GR), had recently spent several weeks in Sierra Leone supporting patients with Ebola. She expressed pride in the international work in which BC and GR had been involved.</p> <p>BC had joined the ambulance service in 2000 as an Emergency Medical Dispatcher, becoming a Paramedic in 2003 and joining the Hazardous Area Response Team (HART) in 2011.</p> <p>BC thanked the Board for inviting him to address the meeting. He stated that his volunteer experience to date included: 3 months in the Democratic Republic of Congo in 2009; 2½ months in Kenya in 2010; and 5 weeks in Sierra Leone supporting patients with Ebola in 2014.</p> <p>He explained the symptoms of Ebola and provided a history of the virus in Africa, the first case of which was diagnosed in 1976. From December 2013 to October 2014 there were 14,000 cases of Ebola with 5,000 deaths reported in West Africa, which led to the recognition that there was a major health emergency to manage.</p>	

	<b>Action</b>
<p>BC stated that the British Government, which required Medical professionals to be deployed to Sierra Leone, had accessed the UK International Emergency Medical Register (UKIETR) on which BC and GR were already registered. Sir Bruce Keogh, NHS Medical Director, had also written to NHS Trusts requesting volunteers.</p> <p>UK-MED liaised with the Department of International Development regarding BC and GRs' suitability for the role and the requirements specified by the charitable organisations working in Sierra Leone and YAS provided support by releasing BC and DR on a secondment basis for 10 weeks.</p> <p>Pre-deployment training was delivered by the National Ambulance Resilience Unit at the Ministry of Defence (MOD) dedicated facility in York. This was specifically about operational practice in relation to treating patients with Ebola (for instance, protective suits). GR and he were then deployed to Sierra Leone on 22 November 2014. BC was based in Port Loko and GF in the capital city of Freetown which were the two districts with the most Ebola cases at that time.</p> <p>BC stated that, as the treatment centre at Port Loko was still being built, he spent his first two weeks preparing clinical governance arrangements, patient flow and infection prevention and control systems. He was also involved in training 50 volunteer staff to ensure that Ebola did not spread via patients. The majority of the volunteers from Sierra Leone had no previous training regarding treatment of Ebola.</p> <p>The Port Loko Ebola Treatment Centre was opened in December 2014. Work began slowly with only 5 patients for the first few days, to test procedures and practices and ensure everyone was safe. Numbers then increased to approximately 20 patients. After 6 days the first survivor was discharged and thereafter approximately one survivor was discharged per day.</p> <p>BC provided details about the treatment and care of patients with Ebola, which included replacing lost fluids, emotive care and support for both patients and their families.</p> <p>Following BC's return to the UK there was a 3-week incubation and monitoring period during which time he could not carry out any clinical work. He had regular temperature checks and discussions with Public Health England. At the first sign of any symptoms Public Health England would have arranged BC's transport by the HART team to the nearest infectious disease unit.</p> <p>In terms of bringing best practice back to YAS, BC was working with Clare Ashby, YAS' Infection, Prevention &amp; Control Nurse, to contribute to YAS' Ebola procedures. This included:</p> <ul style="list-style-type: none"> <li>● Improving decontamination procedures;</li> <li>● Reduction of possible cross-infection;</li> </ul>	

		<b>Action</b>
	<ul style="list-style-type: none"> <li>• Disinfection of ambulances;</li> <li>• Allaying staff fears around treating patients with Ebola.</li> </ul> <p>The Chairman thanked BC for sharing his experiences, adding that YAS really appreciated what BC and GR had done and the lessons learned they had brought back to the organisation to take on board.</p>	
5.2	<p><b>For Approval:</b></p> <ul style="list-style-type: none"> <li>• <b>NHS Trust Development Authority (TDA) Compliance with Monitor Licence Requirements for NHS Trust Return;</b></li> <li>• <b>NHS Trust Development Authority Board Statements</b></li> </ul> <p>RB confirmed that the February 2015 returns contained no changes to the commentaries submitted in January.</p> <p>The usual evidence statements were contained in the appendices, which would be updated as appropriate throughout the year. For example, the Care Quality Commission (CQC) timelines would be updated in Appendix 1 for the early April return.</p> <p>EM asked when reference to the minor concerns from the 2013 CQC inspection relating to Outcomes 9 and 14 (second statement in Appendix 1) would be deleted.</p> <p>SP replied that the Trust should be able to drop those comments following receipt of the inspection report.</p> <p><b>Approval:</b>  <b>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 February 2015.</b></p>	
5.3	<p><b>For Assurance: Board Assurance Framework including Corporate Risk Register</b></p> <p>SP informed the Trust Board on the risks recorded in the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) to provide assurance on the effective management of corporate risks. The report included the final iteration of the BAF and CRR for 2014/15, which had been updated following the usual round of Executive reviews.</p> <p>SP stated that the strategic risks in the BAF had been reviewed during February's Board Development Meeting (BDM) and decisions taken about what the Trust needed to carry forward into 2015/16. It was the Board's opinion that progress had been made in relation to the majority of risks, although there were a number of risks that needed carrying forward into 2015/16.</p> <p>Section 3 of the report contained a review of the key risks for 2015/16.</p>	



	Action
<p>SP stated that the Trust would need to review the risks around quality once the CQC's report was received, adding that this would feed into the wider BAF overall.</p> <p>He further stated that the final 2014/15 BAF and the February Board review would be used to inform the 2014/15 Annual Governance Statement. In addition, further work would be undertaken by the Executive team to develop the 2015/16 BAF based on the above review. The updated BAF would be presented to the Board in May for approval.</p> <p>SP confirmed that an additional session had been scheduled within the Board Development programme to allow further opportunity to discuss Risk Appetite in relation to Trust Strategy.</p> <p>The Chairman questioned whether the Trust was too open about the information it shared in the publically-available BAF as other trusts were less open for commercial reasons, etc. She suggested that the Board should consider producing public-facing and internal versions of the BAF going forward.</p> <p>SP noted the Chairman's comment. He agreed that although the Trust clearly wanted to be transparent, there were also certain items that were commercially sensitive.</p> <p>PD stated it had been noted at Quality Committee that the record of changes made in red at the beginning of the report was very helpful. However, there remained a significant number of deadlines to complete between January and March and PD asked whether there was any further risk of the Trust not achieving those deadlines.</p> <p>SP replied that the majority of deadlines as set out were broadly on track although some of the more significant risks would carry on over year end.</p> <p>The Chairman thanked SP for his update.</p> <p><b>Approval:</b>  <b>The Trust Board noted the developments outlined in the report and was assured with regard to the effective management of risks.</b></p>	
<p><b>5.4 For Assurance: Chief Executive's Report and Integrated Performance Report (IPR)</b></p> <p>RB presented a report to give the Board assurance on the activity of the Trust Executive Group (TEG) from 20 January 2015 to 16 February 2015 and the opportunity for TEG to highlight the key variances / movements contained within the February 2015 Integrated Performance Report (IPR).</p>	

RB stated it was good to see progress in relation to the Foundation Trust (FT) applications process with three NHS Trusts authorised to become FTs since January 2015.

He further stated that Monitors' Quarter 3 Performance Report, published in February 2015, highlighted the scale of problems experienced across the FT sector during the winter months and the financial challenges faced by the sector as a whole.

RB confirmed that the Trust, along with 15 other NHS organisations, had published its report on its connection with Jimmy Savile on Thursday 26 February.

Following the Department of Health's invitation to individual organisations and partnerships, to apply to become 'vanguard' sites for the New Care Models Programme, one of the first steps towards delivering the Five Year Forward View, the first wave of 29 sites had been chosen. Locally, four bids had been approved to progress to the next stage.

RB further stated that, to mark National Apprenticeship Week (9-13 March 2015) YAS had commissioned several short films of its apprentices in action and describing their roles and future ambitions. The films could be viewed via the Trust's main website.

RB stated that the main focus of the Trust's work during the previous period had been the contract negotiations for A&E, PTS, NHS 111 and West Yorkshire Urgent Care. Although reasonable progress had been made towards agreement of the A&E contract, discussions towards reaching agreement in other areas remained challenging.

Trust operational priorities for the forthcoming period included:

- Progressing actions in support of the 'Spring into Action' A&E performance improvement initiative; and
- Embedding new rotas within PTS and reducing expenditure on private provider transport.

RB stated that the Trust had continued to work with Curzon and PTS management team to develop robust plans for PTS transformation. A dedicated project team had been established to improve delivery and PTS patient representatives had been identified to inform and challenge improvement initiatives.

Members of the Executive Team had met with Jo Webster (Chief Officer of Wakefield CCG, YAS' Lead Commissioner for A&E Services) to progress joint quality and performance improvement initiatives. The meetings were part of the work being undertaken to agree a joint strategy for ambulance services.

	<b>Action</b>
<p><b>Operations Directorate</b></p> <p>IW stated that the major priority for DM and the Directorate continued to be the delivery of the Performance Improvement Plan. The Plan had undergone a significant refresh along with the reporting pack used by TEG on a weekly basis to track the progress of the plan and was shared with Commissioners and TDA.</p> <p>The ‘Spring into Action’ initiative, which was designed to galvanise the organisation into focused, key actions that would deliver quick wins in short term performance improvement had been launched. All of the work would need to continue into the first quarter of 2015/16.</p> <p>Work which was under way that would be critical in terms of future improvements in performance, etc included:</p> <ul style="list-style-type: none"> <li>• Work with Lightfoot on an analysis of YAS’ call cycle and any system efficiencies that could be made;</li> <li>• An interim report from Operational Research in Health (ORH) had been received with the Trust on track to receive their full report in early April;</li> <li>• The report from the Professional Planning Forum which had undertaken a review of YAS’ Resource function was due shortly.</li> </ul> <p>IW stated that on-going challenges faced by the Directorate included:</p> <ul style="list-style-type: none"> <li>• Paramedic vacancies and skill mix;</li> <li>• Sickness absence, although slightly improving, remained high across the departments;</li> <li>• Handover delays at hospitals.</li> </ul> <p>MW stated her belief that the organisation now had matters much more under control with a better understanding of the problems it faced and how to drive things forward.</p> <p>IW stated that, although performance was much improved Monday to Friday, weekends could still be volatile. However, there were definitely ‘green shoots’ which DM had worked very hard to achieve.</p> <p>PD stated it was good to see that progress had been made. However, there were four Bank Holidays in April and May which could adversely affect performance and it was her belief that the Trust should ask the acute trusts about their main issues in relation to turnaround times and what contingency plans they had in place.</p> <p>BS noted that Red 1 performance in February was shown as 71.06% in the table on page 7 and 71.60% in the narrative. He asked which figure was correct. IW agreed to provide the Board with the correct figure.</p> <p><b>Action:</b>  <b>IW to provide Board with correct Red 1 performance figure for February 2015.</b></p>	<p>IW</p>

	<b>Action</b>
<p>BS noted that, in 2.1, total demand in February was significantly lower than at other times and wondered why this was the case. IW replied that he would follow this up.</p> <p><b>Action:</b>  <b>IW to follow up and share with the Board the reasons for the decrease in total demand in February.</b></p> <p>BS asked why, in 2.12, the East Consortia performance was so poor.</p> <p>RB replied that it related to patients discharged from hospital where requests were received during the morning for collection in the afternoon. Therefore it was a counting issue rather than an actual reality and the IT-triggered measure had raised no concerns from Commissioners to date.</p> <p>BS noted that, in 2.15, the quality of call answering in PTS seemed to have dropped again and asked what the organisation was doing to ease the stress on its PTS patients.</p> <p>RB replied that earlier messages to staff would be reiterated.</p> <p>PD stated that a number of aborted journeys related to the failure of providers to notify the Trust about cancelled appointments, etc and asked what could be done to help with this situation.</p> <p>RB replied that discussions were on-going in this respect.</p> <p><b>Clinical Directorate</b></p> <p>JM outlined the three main items to bring to the Board's attention:</p> <ul style="list-style-type: none"> <li>• The launch of the Clinical App providing up to date clinical pathways information and access to the Paramedic Pathfinder decision support tool. The App was a good example of collaboration with ICT and although still in beta form, it was being widely used and continued to be developed.</li> <li>• The new Home Office regulation relating to licencing for Controlled Drugs had caused some concern over the legality of moving morphine stock between ambulance stations and the possession of individual licences for each station. The Trust did not currently comply with the regulation and the national issue was being addressed with the Home Office by the Ambulance Pharmacists' Network.</li> <li>• The process for apportioning funding from the National Institute for Health Research (NIHR) through the regional Clinical Research Network (CRN) had been altered and would have significantly adversely affected funding received by YAS for 2015/16. However, a 5% 'cap and collar' had been applied to avoid smaller research organisations such as YAS from being left without viable funding.</li> </ul>	<p>IW</p>

	Action
<p>JM stated that the funding proposal for 15/16 did not reflect the forecast significant increase in activity and discussions were ongoing regarding appropriate funding levels for the coming year.</p> <p>PD stated that the Directorate was to be congratulated on the number of people from YAS who were leading on national initiatives.</p> <p><b>Standards and Compliance Directorate</b></p> <p>SP stated that the Trust was awaiting a further update on the CQC publication date for the draft inspection report and a potential date for the quality summit. The current dates being suggested were early May for the receipt of the draft report, with the quality summit at the end of May and final publication of the report on 3 June.</p> <p>In terms of Hillsborough, the Trust had continued to contribute actively to the inquest process and plan for the key stages ahead. The next phase of proceedings would include the report from the independent ambulance expert witness.</p> <p>SP stated that the Trust was implementing a new phase of national pilot projects in NHS 111. These were focused on use of pharmacist and pharmacy support staff skills both within the NHS 111 call centres and as a referral end point. The pilots would also support the increase of dental triage during the winter period and improve the value that NHS 111 could provide to palliative care patients.</p> <p>The Chairman stated that the Trust continued to do well nationally in spite of the challenges faced by the service.</p> <p>SP agreed that, in spite of December's challenges, performance had held up and YAS was doing well overall.</p> <p>He stated that the Trust continued to prepare the Quality Account for 2014/15, building on the informal stakeholder consultation, with the formal external consultation due to commence at the end of March. In addition, the Information Governance toolkit would 'go live' that week, which was a positive move.</p> <p>The Chairman stated she had concerns about the number of complaint responses taking longer than 25 days. However, she noted that the position had begun to improve and hoped that this would continue going forward.</p> <p>SP confirmed that this was a priority issue for his team.</p> <p>PD asked when the Trust would reach the expected level in terms of its Safeguarding Level 2 compliance, which had dipped in recent months.</p> <p>SP confirmed that the position was improving and that the Trust should reach its target level by the end of March/beginning of April.</p>	

	<b>Action</b>
<p>PD stated she would like to see more statistical information about medication-related Serious Untoward Incidents (SIs). She noted the historic focus on morphine and asked if there was anything else about which the Board should be made aware.</p> <p>JM replied that he would analyse the information and provide an update at a future Quality Committee meeting.</p> <p><b>Action:</b>  <b>JM to analyse the information and provide an update on medication-related SIs at a future Quality Committee meeting.</b></p> <p>MW stated that Internal Audit had recently facilitated a workshop as part of the audit of the service transformation programme. She had been encouraged by the workshop as, although there remained work to be done, there seemed to be much more drive and rigour around the definition of the programme and what was being delivered going forward.</p> <p>SP agreed with MW's comments.</p> <p><b>People and Engagement Directorate</b>  KS stated that, following agreement of the national pay award, the national threat of industrial action had been lifted and outlined the key elements of the award.</p> <p>The Chairman stated that, as employers, YAS had not been involved in the negotiations leading up to the agreement which was not cost neutral to the organisation.</p> <p>The meeting moved on to discuss issues specific to the ambulance service.</p> <p>KS stated that recruitment to core services continued to be a priority for the Human Resources team. In particular, Paramedic recruitment was a key focus with conditional offers being made to the Year 2 students at Sheffield Hallam University and a dedicated Lifewise assessment centre for Paramedic recruitment organised.</p> <p>The Strategic Workforce Group had held its first meeting and agreed that a key piece of work to be taken forward by a sub-group was the development of a career framework for both clinical and non-clinical staff.</p> <p>KS stated that the Training and Education plan for 2015/16 prioritised the additional programmes required as part of the A&amp;E five-year workforce plan and these were now under development. The additional technician programme for Band 4 to 5 staff was underway and there were 44 applications for the Technician to Paramedic programme being delivered in conjunction with Teesside University.</p>	<p><b>JM</b></p>

	<b>Action</b>
<p>She confirmed that YAS' BME staff network had been re-launched and a sub group established to develop an action plan to meet the requirements of the NHS Race Equality Scheme. Additional actions had also been agreed which would improve the Trust's approach to race diversity in coming months.</p> <p>KS stated that the first meeting of the sub group had taken place and it had been agreed that the focus of the next meeting would be recruitment and the Trust's current support systems for its staff.</p> <p>EM stated that good progress had been made and some excellent suggestions had been forthcoming. From her perspective, the development of systems to encourage the employment of BME colleagues to senior management positions was something that YAS could pioneer.</p> <p>KS stated that Corporate Communications had been supporting the Trust's Union activity and national campaigns such as managing the Trust's input into the publishing of the final report into Jimmy Savile's association with the ambulances service in Yorkshire.</p> <p>She further stated that there had been a slight improvement in absence with absence in February standing at 6.57%, although this was still some way above the Trust's 5% target.</p> <p>The highest levels of absence were in the Ancillary Division (10.34%) NHS 111 (7.66%) and A&amp;E Operations (6.73%). However, in respect of both NHS 111 and A&amp;E Operations, this represented a significant improvement compared to previous months.</p> <p>The Chairman stated that the sustainability of the progress needed to be considered.</p> <p>PD stated that, according to the IPR, long term sickness had actually increased, adding that the Quality Committee needed more detailed information about the true reasons why people were off work.</p> <p>JN asked whether, as the IPR fluctuated so much each month, there was any merit in a long term 12 month average which would allow the Board to see the trends more clearly.</p> <p>KS replied that she would look into alternate ways of presenting the sickness absence data to allow more in depth analysis.</p> <p><b>Action:</b>  <b>KS to investigate alternate ways of presenting sickness absence information to allow more in depth analysis.</b></p> <p>KS stated that a revised PDR management system had been implemented which provided managers with information about the number of the PDRs that were due for completion.</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p><b>KS</b></p>

As a result, further incremental improvement could be noted with the completion rate now at 72.34% against the 75% target.

#### **Finance and Performance Directorate**

AC stated that contract negotiations were ongoing with A&E, PTS and NHS 111 Commissioners. Focus to date had been to agree joint provider and Commissioner priorities and strategies for commissioning including activity levels and required levels of investment in 2015/16 contracts.

AC further stated that the Trust's forecast year end surplus remained £2.9m against a plan of £2.9m. However this could potentially be significantly impacted by the application of penalties for Red 1 and Red 2 performance and Hillsborough cost pressures (if funding was not received). The Trust remained in negotiation with Commissioners in relation to the risks.

Headline news in the Directorate included:

- ICT were continuing to support the roll out of ePRF and Paramedic Pathfinder clinical decision support applications across West Yorkshire;
- Procurement were finalising the Trusts' new Procurement Strategy aligned to the NHS national e-procurement strategy and the new Head of Procurement started in post in January;
- Estates Department staff had continued to support the business case for the proposed move to a Hub and Spoke model;
- Fleet had been fully engaged with Operations colleagues in the "Spring into Action" initiative and improving the availability of vehicles, as well as improving the Trust's carbon footprint;
- Finance were currently focused on 2015/16 budget setting and financial plans along with preparations for the year-end accounts.

The Chairman expressed concern about a number of missing defibrillators. She found it difficult to understand why this happened and asked what the organisation was doing to overcome the issue.

AC replied that that numbers were small and Fleet were working with DM and the Operations Directorate to solve the problem.

AC stated it had been agreed with BS as Chairman of the Audit Committee that a meeting was required with External Audit to discuss any year-end issues well in advance of year-end.

The Chairman asked how the Trust was performing in relation to its Cost Improvement Plan (CIP).

AC replied that there was an expectation that the organisation would deliver its Plan at about 100%.



	Action
<p>The Chairman stated her belief that this was a good achievement and a really good effort on everyone's part.</p> <p>PD and EM echoed the Chairman's comments.</p> <p>SP stated it was very important to recognise that this had been achieved with no detriment to quality or safety.</p> <p><b>Approval:</b>  <b>The Trust Board noted and discussed the variances contained within the February 2015 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.</b></p> <p>The meeting broke for lunch at 1330 hours, reconvening at 1400 hours.</p>	
<p><b>5.5</b></p> <p><b>For Approval: Register of Members' Interests including the Trust's Hospitality Register: Annual Formal Review 2014/15</b></p> <p>AA stated that the purpose of her paper was to allow the Trust Board to review and approve the Register of Members' Interests including the Trust's Hospitality Register, 2014/15, which had not previously been presented to Trust Board.</p> <p>AA further stated that the Audit Committee had, at its meeting in October 2014, taken assurance from the information contained in the Register of Members' Interests, which was correct at that date. Subsequent amendments, which were highlighted in section 2.3 of the report, were outlined by AA.</p> <p>In terms of the Trust's Hospitality Register, AA stated it was disappointing to note that considering the organisation employed 4,500 members of staff there were so few entries on the register.</p> <p>AA further stated that information about the Hospitality Register was regularly published to all employees, including in Operational Update. In addition, the importance of completing the Hospitality Register had been highlighted to Associate Directors at Trust Management Group (TMG) meetings to ensure appropriate cascade to all teams.</p> <p>The Chairman expressed concern about the limited use of the Hospitality Register, asking whether staff fully understood what they were meant to be doing. It was her belief that a memo should be sent to all staff providing examples of what they could or should not accept unless prior agreement had been given.</p> <p>The Chairman stated the Trust needed to consider alternate means of communicating with staff many of whose email inboxes were frequently full as they did not have time to catch up on emails.</p>	

	Action
<p>PD asked whether YAS' staff understood the definition of a gift and that managers fully understood the cash limit for gifts.</p> <p>The Chairman replied that although clear definitions existed, for example that gifts should be worth no more than £25, messages were obviously not getting through. It was essential therefore that the organisation got its communication channels right.</p> <p>PD suggested that locality managers could be given their own document to complete on behalf of their teams.</p> <p>EM agreed with PD that a local form, which could be collated into a regional return, would be more user-friendly.</p> <p>JM stated that, as the ambulance service was very different to the hospital environment, gifts were not regularly received.</p> <p>It was agreed that further consideration of suitable ways to cascade reminders about the completion of the Hospitality Register was required.</p>	
<p><b>Action:</b>  <b>AA to liaise with Corporate Communications team re alternate ways in which to cascade reminders about the completion of the Trust's Hospitality Register.</b></p>	AA
<p>The Chairman asked whether any further amendments were required to the Register of Interests. Changes were agreed as follows:</p> <ul style="list-style-type: none"> <li>• Reference to Foundation Trust Network to be changed to NHS Providers;</li> <li>• AC's entry should read ACA not FCA;</li> <li>• JN was a Fellow of the Institute of Chartered Accountants in England &amp; Wales;</li> <li>• JM was now Chairman of the National Ambulance Service Medical Directors (NASMeD).</li> </ul>	
<p><b>Action:</b>  <b>AA to update the Register of Members' Interests for 2014/15 to incorporate the amendments as noted in the body of the minutes.</b></p>	AA
<p>It was noted that the Business Conduct for Staff – Interest, Gifts, Hospitality, and Sponsorship Policy (April 2013) would be reviewed in April 2015 and submitted to TMG for approval in May 2015.</p>	
<p>The Chairman thanked AA for her update.</p>	
<p><b>Approval:</b>  <b>The Trust Board reviewed and, subject to the above amendments, approved the Register of Members' Interests including the Trust's Hospitality Register for 2014/15.</b></p>	

		Action
5.6	<p><b>For Assurance: Update on the Report Into Matters Relating to Savile at YAS</b></p> <p>SP provided the Board with an update about matters relating to Savile at YAS. He confirmed that, along with 15 other NHS trusts, YAS had published its report on 26 February under the overall guidance of the Department of Health's Savile Legacy Unit. A number of national reports had been published at the same time.</p> <p>SP confirmed that, although YAS had found no evidence of abuse by Savile as part of his association with the ambulance service, he did have a level of access to patients during ride outs in ambulance vehicles that people no longer had in the current service. This was because some processes were less robust than those currently in place.</p> <p>SP stated that the report could be found on YAS' website. There had been no great media interest in YAS' report on the day of publication as the main focus had been around Savile's activity at the Stoke Mandeville hospital nationally and the Leeds hospitals locally.</p> <p>SP stated that, in addition to investigating Savile's historical association with the ambulance service, the Trust had also looked at current processes in relation to the issue and had taken appropriate, minor action in light of those findings.</p> <p>SP stated that a national report, authored by Kate Lampard, had been published which pulled together the learning from a wide range of investigations. Although there were no major new issues for the Trust it had become apparent that current policies would need to be revisited in relation to managing risks, etc around celebrity and VIP visitors.</p> <p>The Chairman agreed that heightened awareness was required of any celebrity involvement in activities around the ambulance service.</p> <p>SP stated that there were also a number of recommendations to consider in relation to refresher training for volunteers, Disclosure and Barring Service (DBS) checks and charitable funds.</p> <p>SP stated that a discussion had taken place at the previous week's Trust Management Group (TMG) meeting and it had been agreed that Associate Director of Quality and Nursing, Karen Warner and Associate Director of HR, Kate Sims would liaise with the operational areas of the organisation and compile the Trust's responses.</p> <p>PD confirmed that the report was due to be considered at the next meeting of the Quality Committee.</p> <p>The Chairman stated her belief that a review of changes made to policies and procedures as a result of the Savile investigations should be scheduled for a Board meeting in 12 months' time.</p>	

		<b>Action</b>
	<p><b>Action:</b> AA to add a review of actions taken as a result of the Savile investigation to the Board forward planner for March 2016.</p> <p><b>Approval:</b> The Trust Board noted the update report.</p>	<b>AA</b>
<b>6</b>	<b>STRATEGY, PLANNING AND POLICY</b>	
<b>6.1</b>	<p><b>For Assurance: Update on A&amp;E, PTS and NHS 111 Contracts – 2015/2016</b> AC provided a verbal update on the 2015/2016 contract negotiations for YAS' A&amp;E, PTS and NHS 111 services.</p> <p>The Chairman acknowledged that a detailed discussion had already taken place at the Private meeting earlier that day.</p> <p>AC provided details of the background to the current contract negotiations, which were taking place in the context of significant changes to the financial and economic environment.</p> <p>He stated that, in previous years, the Trust would have been about to sign its new contracts at that time of year. However, for a variety of reasons, including the fact that planning had been put back due to national issues relating to tariff agreements, etc this was not the case for the current year.</p> <p>However, contract negotiations, led by AC and with the involvement of RB, SP and DM in relevant areas, were progressing and a further update would be provided at the April Board meeting.</p> <p>PD stressed the need to keep a focus on quality and patient care issues in relation to financial constraints.</p> <p>The Chairman reiterated the importance of not taking on contracts that were not financially viable. She thanked AC for his update and all involved in the contract negotiations for their on-going hard work.</p> <p><b>Approval:</b> The Trust Board noted the update on the 2015/2016 contract negotiations for the A&amp;E, PTS and NHS 111 services.</p>	
<b>6.2</b>	<p><b>For Approval: Draft Budget Setting including: Cost Improvement Programme, Revenue and Capital Budgets – 2015/16</b> AC presented the proposed draft 2015/16 Income &amp; Expenditure Budget, Capital Budget and Cost Improvement Programme. He stated that the budget, which had been discussed in detail at the recent meeting of the Finance &amp; Investment Committee (F&amp;IC), remained a draft which would be subject to change following the outcome of the on-going contract negotiations.</p>	

	Action
<p>AC highlighted the financial risks section of the paper. He stated that the level of mitigation of the risks would depend on the outcome of the contract negotiations and the current budgets did not currently mitigate all risks.</p> <p>He pointed out that the risk rating in the table on page 8 had been updated since the F&amp;IC meeting.</p> <p>AC stressed that the final budget would be challenging for the Trust to achieve as it was not just about income and surplus but also about sustainability and investment in services for YAS' patients.</p> <p>AC stated that, as the contract negotiations progressed, he would keep the Board updated of any changes to the draft budgets.</p> <p>MW stated that, from an F&amp;IC perspective, the recognition of a significant financial risk going into 2015/16 had been discussed. Once the final budget had been agreed, it would therefore be useful for F&amp;IC to receive a detailed bridge analysis between 2014/15 and 2015/16.</p> <p>AC replied that he was already preparing a bridge analysis and would share the information with the F&amp;IC and Board around the time of the final sign off of the budget.</p> <p><b>Approval:</b>  <b>The Trust Board approved the draft Income &amp; Expenditure budget, the draft Capital budget and the draft Cost Improvement Programme for 2015/16. The Trust Board noted that the budgets remained in draft form and once contract discussions with Commissioners had been finalised were therefore subject to amendment and change.</b></p>	
<p><b>7</b></p>	
<p><b>7.1</b></p> <p><b>Charitable Funds Committee: Minutes of the last meeting held on 9 October 2014 and Committee Chairman's Update on the meeting held on 5 March 2015</b></p> <p>EM updated the Trust Board regarding the activities of the Charitable Funds Committee and provided a verbal update of the meeting that had taken place on 5 March 2015.</p> <p>Items covered during the meeting had included:</p> <ul style="list-style-type: none"> <li>• The benevolent fund had received its first application and a sum of £5,000 had been agreed in principle upon receipt of relevant invoices</li> <li>• Joint working with Yorkshire Air Ambulance on the clothing bins project. YAS' Charitable Funds would receive 50% of all proceeds at no cost;</li> <li>• The MyDonateBT service was up and running and working well with total donations of £999.97 to date;</li> </ul>	

	Action
<ul style="list-style-type: none"> <li>• The establishment of a Community First Responder (CFR) Scheme in Netherton, Wakefield which led to the presentation of a defibrillator at Thornhurst Park Golf Club in Doncaster alongside Cardiopulmonary resuscitation (CPR) basic training to fifteen of their Members;</li> <li>• Work was on-going with the Corporate Communications team on the production of printed materials which could be used / adapted to suit various audiences and the production of a generic pull up banner;</li> <li>• The success of the Restart a Heart day in October 2014, which saw basic life-saving skills given to 12,000 students across 51 Schools in Yorkshire and the Humber had led to arrangements being made to repeat the event on Friday 16 October 2015. The Trust's fundraiser, Maria Amos (MA) was working with the group on the project;</li> <li>• Future events and plans included a Charity Golf Day on Friday 10 July 2015, plans for participation in a Dragonboat Race at Pugney's, Wakefield on Saturday 11 July and discussions with Wakefield Trinity Wildcats in relation to providing CPR training pre-match at the ground involving their players, YAS' CFR colleagues and including a bucket collection on the day.</li> </ul> <p>EM stated that MA had contacted local Funeral Directors to supply appropriate literature for families wishing to make donations and provided details of recent donations/legacies that had been received.</p> <p>The Chairman asked how engaged YAS' staff were in relation to fund raising for its Charitable Funds as it was her belief that the Trust was currently missing out on opportunities.</p> <p>EM acknowledged that the profile of the Charity was not as high as it could be, although work was under way to rectify this situation with, for example items of interest published in Operational Update.</p> <p>The Chairman stated her belief that a more concerted effort was required to involve YAS' staff in fund raising for its own charity.</p> <p>In relation to the Benevolent Fund, the Chairman suggested that YAS needed to have a link to the national fund. It was agreed that AA, in liaison with EM, would look into this suggestion further.</p> <p><b>Action:</b>  <b>AA to investigate the possibility of linking YAS' Benevolent Fund into the national fund with an update report to be presented to the Charitable Funds Committee.</b></p> <p>The Chairman thanked EM for her report.</p>	<p style="text-align: center;">AA</p>

		Action
	<p><b>Approval:</b>  <b>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.</b></p>	
<p><b>7.2</b></p>	<p><b>Audit Committee: Committee Chairman's Update on the meeting held on 5 March 2015</b>  BS stated that there were no newly-approved minutes to present to the Board. The meeting on 8 January 2015 was the last full agenda meeting, the minutes of which were due to be approved at the April Audit Committee meeting.</p> <p>BS confirmed that the Committee had met on 5 March to deal with a number of specific matters including:</p> <ul style="list-style-type: none"> <li>• The Committee's self-assessment;</li> <li>• The effectiveness review of External Audit, the actions from which AC would take forward in due course;</li> <li>• Consideration of the newly-available Internal Audit reports to ease the workload of the Committee at its April meeting;</li> <li>• Consideration of the 2015/16 Internal Audit and Counter Fraud plans.</li> </ul> <p>Approval of the minutes of that meeting would also be given at the April meeting with both sets of minutes to be presented at the Trust Board Meeting in Public in May 2015.</p> <p>The Chairman thanked BS for his update.</p> <p><b>Approval:</b>  <b>The Trust Board was assured by the discussions within the Audit Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</b></p>	
<p><b>7.3</b></p>	<p><b>Quality Committee: Minutes of the last meeting held on 4 December 2014 and Committee Chairman's Update on the meeting held on 5 February 2015</b>  PD updated the Trust Board regarding the activities of the Quality Committee and provided a short verbal update of the meeting held on 5 February 2015. The Committee had gained key assurance in relation to quality and the main items covered during the meeting included:</p> <ul style="list-style-type: none"> <li>• Updates on actions in place to improve sickness absence levels and PDR compliance (both in terms of numbers completed and the quality of the PDRs);</li> <li>• An A&amp;E performance improvement update which included quality and safety issues;</li> <li>• Presentation of the annual report on the strategy to improve outcomes from cardiac arrest;</li> </ul>	

		<b>Action</b>
	<ul style="list-style-type: none"> <li>• An update on the development of the Quality Governance Development Plan;</li> <li>• An introduction to the Trust's Safety Improvement Plan and 'Sign up to Safety'.</li> </ul> <p>PD stated that the recent CQC inspection had gone well and the publication of the Savile report had gone smoothly.</p> <p>PD further stated that items at the next meeting would include the Clinical Quality Strategy, which was due to be launched at the end of April and YAS Forum's involvement in 'Sign up to Safety'. She added that both items would then come to Board.</p> <p>The Chairman thanked PD for her update.</p> <p><b>Approval:</b>  <b>The Trust Board noted the Minutes and was assured by the discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</b></p>	
7.4	<p><b>Finance &amp; Investment Committee: Minutes of the last meeting held on 4 December 2014 and Committee Chairman's Update on the meeting held on 5 February 2015</b></p> <p>As incoming Chairman of the Finance &amp; Investment Committee (F&amp;IC) and in EB's absence, MW updated the Trust Board regarding the activities of the Committee.</p> <p>She stated that the key items on the agenda at the February meeting had included a paper about PTS fleet replacement, passed back from the previous Board meeting, which had contained a proposal for the purchase of half the original quantity.</p> <p>In preparation for the February Board Development Meeting (BDM) and that day's meetings, the Committee had discussed the 2015/16 budget setting process, the Curzon Patient Transport Service (PTS) report and the opportunity to review the tender for the PTS service in Derbyshire.</p> <p>The Chairman reminded MW and AC that they would need to ensure any 'virtual' meetings were minuted and papers saved on BoardPad with relevant notes coming to Board alongside the minutes of the formal F&amp;IC meetings.</p> <p>The Chairman thanked MW for her update report.</p> <p><b>Approval:</b>  <b>The Trust Board noted the Minutes 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.</b></p>	



		<b>Action</b>
<b>7.5</b>	<p><b>Board Review and Feedback: Board Vital Guiding Principles</b>  <b>T</b> – timely, accessible communications  <b>R</b> – respect differences; be supportive  <b>U</b> – understand shared purpose, risks  <b>S</b> – self-awareness; give/receive feedback; time for reflection  <b>T</b> – 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 the meeting had been timely and well-chaired. In terms of the venue, PD had been unable to hear what people were saying at times due to the noise outside the room.</p> <p>The Chairman acknowledged PD’s comment, adding her belief that, other than the noise issue, overall it had been a good venue.</p> <p>AC and EM stated that the patient story had been excellent and passed on their thanks to BC for sharing his experiences with the Board.</p>	
<b>8.</b>	<b>REGULATORY REPORTS</b>	
	There were no Regulatory Reports.	
<b>9.</b>	<b>FOR INFORMATION</b>	
	<p>There was nothing additional for the Trust Board’s information.</p> <p>The Chairman thanked Board colleagues for their input and constructive challenge and wished everyone a safe journey home.</p> <p>The meeting closed at 1445 hours.</p>	
<b>10</b>	<p><b>Dates and Location of Next Meeting:</b>  26 May 2015  The Bradford Hotel, Hall Ings, Bradford, BD1 5SH</p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

\_\_\_\_\_ **CHAIRMAN**

\_\_\_\_\_ **DATE**