



## Trust Board Meeting held in Public

**Venue:** The Bradford Hotel, Hall Ings, Bradford, BD1 5SH

**Date:** Tuesday 26 May 2015

**Time:** 1100 hours

**Chairman:** Della Cannings

### Present:

#### Board Members:

Della Cannings	(DC)	Chairman
Rod Barnes	(RB)	Chief Executive
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 Dave Macklin	(DM)	Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director
Steve Page	(SP)	Executive Director of Standards and Compliance

#### Apologies:

Patricia Drake	(PD)	Deputy Chairman and Non-Executive Director
Dr Elaine Bond	(EB)	Non-Executive Director
Ian Brandwood	(IB)	Executive Director of People and Engagement
John Nutton	(JN)	Non-Executive Director (Designate)

#### In Attendance:

Shelagh O'Leary	(SOL)	Associate Director, Organisational Effectiveness & Education
Anne Allen	(AA)	Trust Secretary, YAS
Karamjeet Singh		
Virdee	(KSV)	YAS Forum Member, West
Stan Hardy	(SH)	YAS Forum Member, West
David Bolam	(DB)	Public Member
David Berry	(DBe)	Public Member
Gareth Flanders	(GF)	Head of Quality, YAS
Dr Steven Dykes	(SD)	Associate Medical Director, YAS
Luke Playford	(LP)	Committee Services Apprentice, YAS
Karen Warner	(KW)	Associate Director of Quality & Nursing

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

The meeting was preceded by a presentation, between 1015 and 1045 hours, which was open to all members of the public. 'Our Journey to Clinical Excellence' was presented by: Dr Steven Dykes, Associate Medical Director and Karen Warner, Associate Director of Quality & Nursing.

		<b>Action</b>
	The meeting commenced at 1100 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. She thanked SD and KW for an excellent pre-meeting presentation, noting their offer to return with a progress update in nine to 12 months' time.</p> <p>The Chairman welcomed Committee Services' Apprentice, Luke Playford (LP), to the meeting and thanked him for compiling the electronic photo gallery which had been shown on the screen prior to the start of the meeting.</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, noted that RB had visited an urgent care centre in Tiverton, Devon and asked whether there were any plans for YAS to establish similar centres.</p> <p>RB stated that the centre was a small unit, based in a community hospital in Tiverton and operated by the ambulance service. A GP worked there on rotation and Emergency Care Paramedics rotated with a couple of nurses. The centre, which was geographically located between the A&amp;E departments in Exeter and Taunton, had previously been operated by North Devon Trust but South Western Ambulance Service NHS FT was now commissioned by the local Clinical Commissioning Group (CCG) to provide the service.</p> <p>RB confirmed that feedback to date had been positive, adding that both GPs and Paramedics had found it to be a valuable part of their professional development, as they saw a different type of patient. From a patient perspective, the centre was providing a similar service to a minor injuries unit and seemed valued by both staff and Commissioners.</p> <p>RB stated that the centre was based in a rural area like North Yorkshire and one reason for the visit had been that YAS was considering a variety of options which would allow the Trust to introduce a variety of new services within the region.</p> <p>DB requested details of the Lightfoot work.</p>	

	<b>Action</b>
<p>RB replied that Lightfoot was a consultancy service which did a lot of work across the ambulance sector.</p> <p>Within YAS, Lightfoot was specifically looking at the Emergency Operations Centre (EOC) control centre and call taking process in order to provide YAS with a better understanding to how to develop dispatch services, etc.</p> <p>DB asked about the likelihood of the implementation of performance fines during forthcoming months.</p> <p>RB replied that, in terms of 2014/15 performance penalties, YAS had agreed with its Commissioners in terms of Red 1 or Red 2 these would be re-invested in the services.</p> <p>AC stated that the reinvestment agreed had been an additional £1m expenditure on vehicles in 2015/16. The vehicles had already been commissioned, which was a very positive move.</p> <p>DB stated he had thought that the increased demand might offset the penalties.</p> <p>AC replied that the Trust was paid a marginal rate for additional activity with demand having increased by around 3% during the past 12 months.</p> <p>KSV asked when YAS was likely to become a Foundation Trust (FT).</p> <p>The Chairman replied that the Trust currently faced some challenges in respect of its Red target performance, which could delay its path. In addition, if its Care Quality Commission (CQC) assessment was not in the 'outstanding' or 'good' category this could also delay progress. However, it was still anticipated that YAS would become an FT within the next two years.</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>	
<p><b>2</b></p> <p><b>Apologies / Declaration of Interests</b></p> <p>The Chairman welcomed everyone to the meeting, including SOL, who was deputising for IB. Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p>	

		Action
3	<p><b>Minutes of the Meeting held on 24 March 2015 including Matters Arising (not on the agenda) and Action Log</b></p> <p>The Minutes of the Meeting held on 24 March 2015 were approved as a true and fair representation of the meeting.</p> <p><b>Matters Arising:</b> There were no matters arising.</p> <p><b>Action Log:</b> RB guided the meeting through the updated Action Log. There were no outstanding queries about the completed actions.</p> <p>PB-349 – DM stated that, following consideration of the data, no specific themes had been identified in terms of changed demand. Action closed.</p> <p>PB-355 – EM stated that there was some possibility that YAS would be able to link into the national benevolent fund for all ambulance services across England and Wales. Work would be taken forward within YAS’ Charitable Funds Committee. Action closed.</p>	
4	<p><b>Chairman’s Report</b></p> <p>The Chairman stated that, in order to avoid duplication, her intention was to provide information not covered elsewhere on the agenda, particularly as the Chief Executive’s report was so comprehensive.</p> <p>The Chairman confirmed that, since last Trust Board Meeting in Public, a recruitment process had taken place for the next Chief Executive of YAS.</p> <p>A longlist of over 40 applicants had been reduced to a shortlist of five candidates who had been invited to participate in the interview process. Executive Directors, Non-Executive Directors (NEDs) and wider stakeholders had been involved in the process which had included panel discussions and presentations from candidates in addition to a traditional interview.</p> <p>The Chairman stated that she had participated in the final interview panel alongside the Chairman of an ambulance Foundation Trust, a representative of the NHS Trust Development Authority (TDA) and a YAS Non-Executive Director, BS.</p> <p>The Chairman stated that she was pleased to announce that, as a result of the process, RB had been appointed to the substantive Chief Executive role, which would give some continuity in the organisation in terms of knowledge and experience.</p> <p>The Chairman confirmed that an equivalent process had taken place for the post of Executive Director of Operations, following which former Deputy Medical Director and Interim Executive Director of Operations, DM, had been appointed to the substantive role.</p>	

	<b>Action</b>
<p>The Chairman congratulated RB and DM on their appointments and welcomed them to their first Trust Board Meeting in Public in their new substantive roles.</p> <p>The Chairman confirmed that AC would remain in place as Interim Director of Finance &amp; Performance until such time as the new Chief Executive had undertaken a thorough review of current Executive Directors' portfolios and decisions made about the future structure of the Trust Executive Group (TEG).</p> <p>The Chairman stated that EB, who was coming to the end of her four- year term of office with YAS, had decided not to renew her contract and would therefore be leaving the organisation on 4 June 2015. The Chairman stated that EB's departure would be a great loss to both the Board and organisation. She wished EB well in her future endeavours.</p> <p>The Chairman confirmed that NED (Designate), JN, would become a full NED from 5 June 2015 and welcomed him into his new role.</p> <p>The Chairman stated that the Trust was currently going through the process of recruiting a new NED (Designate) through the NHS TDA process and a new appointment should be made shortly.</p> <p>The Chairman thanked everyone for listening to her update report.</p>	
<p><b>5</b></p>	
<p><b>5.1</b></p> <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 presented that day's patient story: 'Koby's Story'.</p> <p>Koby, a 10-year-old boy living in South Yorkshire who loves sport collapsed at school in March 2015 and stopped breathing. Four teachers took it in turns to give CPR (cardio-pulmonary resuscitation) and when the ambulance crew arrived they had to begin advanced life support. Koby received two shocks with a defibrillator to restart his heart and was taken to Doncaster Royal Infirmary following which he had a further cardiac arrest.</p> <p>Clinicians advised that the best course of treatment would be to induce Koby into a coma and he was then moved to Leeds General Infirmary Paediatric Intensive Care Unit by Embrace Children's Transport Service.</p>	

	<b>Action</b>
<p>Several weeks later, it was decided that Koby should have an operation to insert an implantable cardioverter-defibrillator (ICD) as this would shock his heart back into rhythm, if it ever stopped again.</p> <p>The Chairman stated that Koby had not experienced any prior health problems and the reason for his cardiac arrest remained unclear although clinicians were investigating the possibility of a previously undiagnosed hereditary condition.</p> <p>The Chairman read out some very positive feedback about the treatment that Koby received from YAS' Paramedics and the school staff that had been received from Koby's Mum and the school Deputy Head Teacher.</p> <p>A defibrillator had now been installed at Koby's primary school and representatives from the charity Sudden Arrhythmic Death Syndrome UK (SADS) had delivered training on how to use it. Koby's family stressed the importance of as many people as possible receiving CPR training to help save lives.</p> <p>The Chairman stated that the Paramedics involved in the incident (Martin Parkinson, Lee Murphy and Emergency Care Assistant Freddie Stevens) would be presented with a Locality Director Commendation for their life-saving actions, adding that Koby and his family would also be invited to come along and meet them. In addition, Lee and Martin had already visited the school to talk to staff about what happened and provide positive feedback for them.</p> <p>The Chairman confirmed that Koby was back at school full time and looking forward to starting secondary school in September and she thanked Koby and his family for sharing his story.</p>	
<p><b>5.2</b></p> <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 April 2015 returns contained no material changes to the commentaries submitted in March.</p> <p>He stated that Appendix 1 recognised that the draft CQC report had been received during May and that performance against the 8 minute Red target continued to reflect the risks faced by the Trust. The final statement in Appendix 1 confirmed the appointment of RB and DM to their respective substantive roles.</p> <p><b>Approval:</b></p> <p><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 April 2015.</b></p>	

		Action
5.3	<p><b>For Assurance: Resilience and Special Operations Annual Report 2014/15</b></p> <p>DM provided an update to give assurance on the Trust's activities related to Emergency Preparedness Response and Recovery and Special Operations (EPRR) for 2014/15, in meeting YAS' status as a Category 1 Responder and EPRR Statement of Compliance.</p> <p>He stated that the main report outlined the activities of the Resilience team during the past 12 months and showed that a significant amount of action and work had been undertaken.</p> <p>DM stated that, as the Trust's Accountable Emergency Officer, it was his responsibility to monitor the Trust's compliance with the legal framework. He confirmed that YAS' Business Continuity Management System had received ISO 22301 compliance accreditation with work on-going in relation to the certification of another four departments.</p> <p>The Chairman stated that it was a thorough and detailed report, which widely covered many areas of the organisation.</p> <p>BS asked whether the report had been reviewed by any other group prior to being presented to Board.</p> <p>DM replied that the intention had always been for the report to come directly to the Board.</p> <p>BS stated that page 23 made reference to the postponement of three planned live exercises and asked if it was planned for them to go ahead at some point in the future.</p> <p>DM replied that they had all been joint exercises, the cancellation of which was out of YAS' control. He stated that the Trust was required to run a 'live' exercise once every 3 years and was in compliance with that requirement.</p> <p>BS stated that page 36, the Business Continuity dashboard, contained a number of reds and ambers and asked what actions were being taken to resolve the issues.</p> <p>DM replied that amber represented where plans or an exercise had not been completed and Business Continuity Manager, Angela Vinand (AV), was implementing an action plan to change the reds and ambers to green over the next few months.</p> <p>BS stated he had been involved in business continuity for a number of years in other business environments and stressed the importance of exercises taking place to ensure the smooth running of the organisation in the event of a major incident.</p> <p>DM replied that AV would ensure appropriate exercises took place.</p>	

	<b>Action</b>
<p>The Chairman stated that she attended regular briefings as NED representative for resilience and business continuity, adding that the report summarised YAS' current initiatives very neatly. She noted that the report covered YAS' work on the 2014 Tour de France which was followed up in 2015 by similar support for the Tour de Yorkshire.</p> <p>The Chairman asked why that Annual Report had been presented at a separate meeting to the rest of the Trust's financial and non-financial annual reports, which were presented in the autumn.</p> <p>AA replied that it was nationally prescribed that the Resilience annual report should be presented at the current time.</p> <p>The Chairman thanked DM for his update.</p> <p><b>Approval:</b>  <b>The Trust Board noted the report having sought clarification as required.</b></p>	
<p><b>5.4 For Assurance: Chief Executive's Report and Integrated Performance Report (IPR)</b></p> <p>RB presented an update to give the Board assurance on the activity of the Trust Executive Group (TEG) from 24 March to 17 May 2015 and the opportunity for TEG to highlight key variances / movements contained within the April Integrated Performance Report (IPR).</p> <p>RB stated that, as part of its work to align governing bodies within the NHS, Monitor had updated its well-led framework so that the criteria that Monitor, the Care Quality Commission (CQC) and the NHS Trust Development Authority (TDA) used to define a well-led organisation were identical going forward.</p> <p>In terms of local news, RB confirmed that Bradford District Care NHS Trust had become a Foundation Trust (FT) on 30 April 2015. Deputy Chairman PD, DM and Locality Director Paul Mudd had represented the Trust at the Bradford City Fire 30th Anniversary Commemoration Event in Centenary Square, Bradford on 11 May to remember the 56 victims of the stadium fire.</p> <p>RB stated that the Trust continued its work with health partners in terms of local service reconfiguration; in particular, the Mid-Yorkshire Care Home Vanguard project under the auspices of the Five Year Forward View (5YFV). The project aimed to ensure that all care homes had appropriate care plans in place with care co-ordinated across health and social care providers.</p> <p>RB stated that the Trust was developing a business case for a Hub and Spoke station model, which would be underpinned by 'make ready' services to better support front line operations. Engagement meetings with Commissioners and the TDA were taking place in that respect.</p>	



	<b>Action</b>
<p>He provided a short summary of the Trust's on-going negotiations with the trade unions.</p> <p>RB stated that the YAS Forum had met at the West Yorkshire Police Training and Development Centre, Wakefield on 12 May. The meeting saw a demonstration of collaboration between the three blue light services with a reconstruction of police, fire and ambulance services responses to a road traffic accident. The meeting had also included a presentation from Ian Walton, Associate Director of Resilience and Special Services, on the Tour de Yorkshire and an overview of the draft YAS One Year Operating Plan 2015-16.</p> <p>Three members of YAS' staff were nominated in the Yorkshire Women of Achievement Awards: Tasnim Ali, Service Planning and Development Manager for Calderdale, Kirklees and Wakefield, Emma Scott, Community Defibrillation Officer for South Yorkshire, Calderdale, Kirklees and Wakefield and Liz Harris, Clinical Development Manager, South attended the awards ceremony which took place at the Royal Armouries in Leeds on 15 May 2015, with the event raising funds for the Sue Ryder charity.</p> <p>RB stated that the IPR, the format of which was currently under review, had been updated to incorporate key elements of the One Year Operating Plan for 2015-16. In addition, an Executive Team meeting was due to take place with representatives from all A&amp;E commissioning bodies to discuss a three to five-year alignment of commissioning strategy.</p> <p><b>Operations Directorate</b> DM stated that, in terms of A&amp;E performance, there had been continued improvement during April and March although this was slightly off trajectory due to variable Red 1 performance, which was proving to be a major challenge.</p> <p>Red 2, performance had stabilised to a certain effect, particularly Monday to Friday. However, weekends remained a challenge which the Trust was trying to fill with overtime but there remained some gaps. The modelling work with ORH continued with final results expected shortly.</p> <p>The Trust had not paid any incentives since the beginning of April but was now looking at weekend incentives to reward staff prepared to do some of the less favourable shifts.</p> <p>There was continued monitoring of Green performance as part of the weekly quality and safety monitoring report with ORH also considering what resources were required to ensure that the Trust met its Green response times.</p> <p><b>Clinical Directorate</b> JM stated that the last two months had been a consolidation period.</p>	

	<b>Action</b>
<p>The Paramedic Pathfinder was starting to grow and positive feedback had been received in relation to the introduction of the sepsis care bundle.</p> <p>The consolidation of the non-recurrent funding for the Urgent Care Practitioner (UCP) schemes was under way and the fact that good progress was being made in that respect was evidence of the appetite for YAS to provide that type of care across the region.</p> <p>In terms of medicines management, JM stated that the Trust continued to see a significant number of morphine vials being broken when Paramedics tried to open them. On two occasions Paramedics had been injured. This had been reported to the manufacturer as an issue which needed to be urgently addressed. Other ambulance services were experiencing similar problems and as there were currently only two available manufacturers, this meant that wider discussions were required about alternate options in terms of supply.</p> <p>A further safety issue was that the expiry date on the vials rubbed off although only YAS had reported this problem to date.</p> <p>JM outlined the current problems in relation to the supply of licenced ketamine in the UK which were being addressed at a national level.</p> <p><b>Standards and Compliance Directorate</b>  SP confirmed that the draft Care Quality Commission (CQC) report had been received with the Trust due to feedback on inaccuracies, etc shortly. Work was on-going to finalise the date of the Quality Summit with external stakeholders, following which the final CQC report would be published.</p> <p>He stated that the Trust had continued to contribute actively to the Hillsborough inquest process and plan for the key stages ahead. Recent proceedings included the report from the independent ambulance expert witness and evidence in relation to each of the individual victims which had now commenced.</p> <p>SP further stated that discussions in relation to the NHS 111 and West Yorkshire Urgent Care contract settlement remained on-going with Commissioners, although this was now reaching the end of the process.</p> <p>SP stated that, following publication of the national 'Freedom to Speak Up' report, the Department of Health had issued a consultation on the implementation of key recommendations. YAS was reviewing its current systems and processes for highlighting and responding to staff concerns, and considering best practice in other NHS Trusts around the country to inform its implementation plan. A working group would be established to support implementation of any changes.</p>	

	Action
<p>The Chairman stressed the importance of ensuring that staff issues were followed up and dealt with in a supportive manner.</p> <p>SP replied that, although the Trust's current mechanism seemed to work reasonably well, there was always room for improvement.</p> <p><b>People and Engagement Directorate</b></p> <p>SOL stated that, due to the large amount of on-going recruitment activity there was a very large training plan for the current year with a substantial proportion relating to workforce changes and skill mix.</p> <p>EM stated her belief that the overseas recruitment mentioned on page 10 was a positive forward step.</p> <p>SOL replied that the Trust was in the process of developing an overseas recruitment campaign to identify current opportunities.</p> <p>DM stressed that YAS would only pursue overseas recruitment in countries with health care systems and training that was comparable to the UK. He stated that London Ambulance Service (LAS) had recruited a number of Paramedics from Australia who were shortly due to become operational.</p> <p>EM asked whether they had to undertake a conversion course.</p> <p>DM replied that they had undertaken a local induction which LAS had shared with YAS. Although their training was very similar to the UK, their registration had been a challenge, as it was a lengthy process.</p> <p>SOL stated that the Trust had also initiated a workforce and cultural audit as it had wanted to roll out a more detailed and specific questionnaire than the national NHS staff survey with staff being asked questions around safety culture, etc.</p> <p>She confirmed that two Black and Ethnic Minority (BME) staff support network meetings had taken place which gave staff an opportunity to air their views. As a result, a number of issues had been resolved including the development of a prayer guidance document.</p> <p>The Chairman stated it was essential that the Trust respected people's religious requirements.</p> <p>SOL confirmed that PDR completion rates had risen slightly and sickness absence had reduced.</p> <p>The Chairman stated that Performance Development Review (PDR) rates needed to improve, particularly in the Clinical Directorate and Chief Executive's department.</p> <p>SP confirmed that the completion rate within NHS 111 had now started to improve.</p>	

	<b>Action</b>
<p>BS stated his belief that the current 75% target was not acceptable.</p> <p>The Chairman agreed, stating her belief that it was only acceptable for newly appointed members of staff not to have had a PDR in the initial stages of their appointment.</p> <p>BS stated that the target should be at least 90%, adding that the management team needed a new approach to address the problem.</p> <p>RB agreed with the points being made, adding that a cultural change was required in terms of PDR completion. He stated that IB and his team were considering alternate systems as there were occasions when PDRs were completed but not recorded on the system. An easy-to-use online system would help to improve completion levels.</p> <p><b>Finance and Performance Directorate</b></p> <p>AC stated that all of the 2015/16 Accident &amp; Emergency (A&amp;E) contracts had been signed by the Lead Commissioners and were due to go out to all CCGs. The Patient Transport Service (PTS) contracts were finalised in terms of financials, etc and should be signed within the next couple of weeks. The NHS 111 contract was expected to be finalised shortly. In addition, there had been a lot of Commissioner buy-in to Urgent Care Practitioner (UCP) schemes.</p> <p>The Directorate had been actively involved in supporting the improvements in performance. The Business Information team was better forecasting what performance would look like, with Fleet, Procurement and Information, Communication &amp; Technology (ICT) also involved.</p> <p>In terms of the Trust's financial position, Month 1 was in line with the plans submitted to the TDA. It had been assumed that funding would be received to match the costs of the Hillsborough Inquests and if anything changed in that respect, AC would let the Board know.</p> <p>AC stated that the Trust's main financial risk remained the possible implementation of financial penalties if performance did not meet its trajectory.</p> <p>The meeting considered the contents of the IPR.</p> <p><b>Finance</b></p> <p>BS expressed concern about Fleet's adverse position so early in the financial year.</p> <p>AC stated that the main issue related to maintenance with Fleet having done as much maintenance as possible in April to help with performance. AC had asked the team to investigate the issue, the outcome of which he would report back to the Finance &amp; Investment Committee (F&amp;IC).</p>	

	Action
<p><b>Action:</b> <b>AC to provide F&amp;IC with an update on maintenance issue in Fleet.</b></p> <p>MW asked whether the Capital Plan in 5.8 was realistic and why there had been such a large slippage.</p> <p>AC stated that the Capital Monitoring Group had been told that there needed to be more expenditure earlier in the year so he had asked the Finance team to reconsider the phasing of the Capital Plan, whether it was currently realistic, etc in order to gain more assurance. He would report back to F&amp;IC in due course.</p>	AC
<p><b>Action:</b> <b>AC to provide F&amp;IC with an update re phasing, etc of the Trust's Capital Plan.</b></p> <p><b>Workforce</b> BS stated his belief that there was an urgent need for a turnaround plan in terms of PDR completion to provide assurance about timescales for when those areas would cease to be red risk rated.</p>	AC
<p>The Chairman requested clarification of the turnover and stability targets. If they were the reverse of each other then the two figures should add up to 100% which was not currently the case.</p> <p><b>Action:</b> <b>SOL to provide the Board with clarification about the Trust's turnover and stability targets as seen in the current version of the IPR.</b></p> <p>She stated that a plan should be in place which took the Trust from its current position to the planned position.</p> <p>SOL acknowledged the need for a plan, whilst stressing that the targets would remain difficult to achieve in some areas.</p> <p>The Chairman suggested that a drill down item was required on a future Board Development Meeting (BDM) agenda to allow the Board to consider the source of the targets and how to reach them.</p>	SOL
<p><b>Action:</b> <b>AA to schedule a session on turnover and stability targets at a future BDM.</b></p> <p><b>Quality</b> EM acknowledged that the Complaints and Concerns process was not an easy process to manage. However, she would like to know what the Trust was doing to manage the increasing number of complaints about Local Care Direct (LCD).</p>	AA

	Action
<p>SP replied that the number of complaints about LCD was still a low percentage overall with the increase reflecting increasing activity levels, adding that YAS was working with its stakeholders to manage the situation.</p> <p><b>Support Services</b> The Chairman requested an update in relation to the management of medical devices.</p> <p>AC stated that Fleet had met with DM to discuss medical devices and how to improve things going forward. Work was also under way to recruit an appropriately qualified person to be the lead member of staff.</p> <p>SP confirmed that, in the interim period, a senior manager, Kevin Wynn would also be supporting the management team.</p> <p>RB stated that the updated vehicle replacement numbers in item 3.1 on page 2.20 did not reflect the final numbers.</p> <p>AC replied that he would look into this and amend as appropriate.</p> <p><b>Action:</b> <b>AC to review vehicle replacement numbers in item 3.1 and update as appropriate to ensure information is accurate.</b></p> <p><b>Performance</b> MW acknowledged that the current format of the IPR was under review but asked whether, in the meantime, there was any merit in tracking YAS' agreed A&amp;E performance trajectory against national targets in the Performance section.</p> <p>She further stated that the relationship between planned and actual resource hours was not clear and asked what the planned resource figure represented.</p> <p>DM stated that a Quarter 1 performance target of 74.6% for Red 1 and 72.4% for Red 2 had been agreed with Commissioners and planned rotas were actual rotas which did not take into account overtime, etc. He further stated that comparing planned resource with areas of actual demand masked the fact that the gap in resource hours could be more in some places than others.</p> <p>DM further stated that, as the ORH work was now further advanced, the planned figures were being revised to make them more accurate. In summary: on a Monday to Thursday resource hours were currently about what was required; on Fridays progress was being made; and weekend resource hours still needed further work. How this information might be reported in the IPR remained open to debate.</p>	<p><b>AC</b></p>

	<b>Action</b>
<p><b>PTS Performance</b> BS questioned the fact that all of the items with a current red risk rating were due to be amber by year-end ie March 2016.</p> <p>The Chairman stated her belief that risk ratings were too subjective at times, adding that a clearer definition of each rating was required. EM noted the performance issues in relation to patients collected within 120 minutes and asked whether the data was accurate.</p> <p>RB confirmed that the data was accurate and related to when hospitals had patients ready for release well in advance of planned collection time. The matter had been discussed with the CCGs who were likely to change the Key Performance Indicators to reflect the situation.</p> <p>BS noted that the Trust was performing well short of its targets in relation to call answering, expressing concern that some aborted journeys might, for example, be the result of people being unable to get through on the telephone to cancel their transport.</p> <p>RB stated that, whilst the Trust had a long term solution, shorter term action was still required as the situation was clearly not yet acceptable.</p> <p><b>Approval:</b> <b>The Trust Board noted and discussed the variances contained within the April 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><b>5.5 For Approval: Statement Confirming the Trust Board’s Review of Recommendations in the Report into Matters Relating to Savile.</b></p> <p>SP provided the Board with an update on the matters relating to Savile at Yorkshire Ambulance Service and the progress against the recommendations from the “Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile” (Lampard 2015).</p> <p>In March 2015, subsequent to the publication of the Lampard report, the NHS Trust Development Authority (TDA) had contacted all NHS organisations asking them to provide Trust Board assurance that the recommendations in the national report had been reviewed, and that necessary action had been taken. Where actions were in progress, Trusts were required to indicate completion dates. A template was provided by the TDA for Trust responses and the completed YAS template was attached for Board approval.</p> <p>SP stated that two items remained outstanding on YAS’ action plan. The first item related to safeguarding training for volunteers.</p>	

	Action
<p>The Trust's current Level 1 training would be upgraded to Level 2 with a completion deadline of September 2015. The second item related to the Trust's new starter process which, although the Trust was satisfied with its current arrangements and standards, was being reviewed to ensure consistency and timeliness of the recruitment process. The deadline for completion was June 2015.</p> <p>RB asked whether, considering YAS' large number of volunteers, the timescales for completion of the Level 2 training were realistic.</p> <p>SP replied that although it was a challenging timescale, the training needed to be completed as soon as possible.</p> <p>The Chairman agreed that it was sensible to aim for a September completion date, as it could be revisited if necessary.</p> <p>DM agreed that the September date was sensible but stressed that the people in question were volunteers so although the Trust would do everything it could to ensure completion, it could not be guaranteed.</p> <p>The Chairman thanked SP for his update.</p> <p><b>Approval:</b>  <b>The Trust Board was assured with regard to the completion of the necessary actions in relation to the recommendations from the Lampard report and approved the attached template for submission to the NHS TDA.</b></p> <p>The meeting broke for lunch at 1300 hours, reconvening at 1330 hours.</p>	
<p>5.6 <b>For Assurance: Charitable Funds Committee Review of Benevolent Fund</b></p> <p>EM provided the Trust Board with an update of the process and activities of the YAS Benevolent Fund. She confirmed that only one application had been received to date. The application had been reviewed by the Charitable Funds Committee and agreed.</p> <p>EM stated that a number of issues had been highlighted and consequently lessons had been learned and would be implemented for future applications.</p> <p>EM further stated that, although the Fund had been publicised, she was unclear about the uptake at an operational level.</p> <p>DM stated that he was aware of a couple of recent cases where people were unaware of the Fund and suggested that it could be publicised at the forthcoming managers' conference.</p>	



		<b>Action</b>
	<p>The Chairman stressed the importance of raising awareness of both the Benevolent Fund and YAS' Charity. She suggested that producing 'flyers' to give out at the management conference could be one way in which to publicise them.</p> <p>It was agreed that the Trust's fund-raiser, Maria Amos (MA) should link into the work.</p> <p><b>Action:</b>  <b>EM to liaise with MA about means by which staff knowledge of the Trust's Charity and Benevolent Funds could be improved.</b></p> <p><b>Approval:</b>  <b>The Trust Board noted the update and was assured that the process going forward would be strengthened on the back of the lessons learned.</b></p>	<b>EM</b>
<b>5.7</b>	<p><b>For Assurance: The Board Assurance Framework 2015/16 and Corporate Risk Register</b></p> <p>SP informed the Trust Board on the risks recorded within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) to provide assurance on the effective management of corporate risks.</p> <p>The version of the BAF presented was the first iteration for 2015/16 following review and approval of headline risks to carry forward from the 2014/15 BAF by the Board at February's Board Development Meeting (BDM). A number of developments were proposed, as listed in the paper, which took into account current Trust performance and developments in the wider operating environment.</p> <p>Additional risks had also been identified for inclusion in the BAF relating to PTS (4b), responsiveness and alignment of support services (5c), and staff engagement (6c).</p> <p>SP stated that the actions associated with each risk had been worked up by discussions in Trust Executive Group (TEG) and attached as Appendix 1. He confirmed that, due to the scheduling of Committee and Board meetings, the version presented that day had not yet been to the Level 2 Committees. The BAF would, however, go through the usual round of challenge going forward.</p> <p>SP confirmed that the CRR, which was also attached, continued to be fed by individual departmental risk registers.</p> <p>BS asked whether a track changes version of the document would be used during 2015/16, as this had proved useful during 2014/15 when the various iterations had passed through the Committees.</p> <p>SP confirmed that this would be the case.</p>	

		<b>Action</b>
	<p>BS stated that there seemed to be a lot of March 2016 deadlines and asked whether the deadlines were realistic and had been fully thought through.</p> <p>SP took on board the comment, adding that further challenge and discussion was expected as the BAF went through the Committee process. However, some of the actions were almost summary actions which referred to higher level plans. There would therefore be shorter terms milestones within each action elsewhere.</p> <p>BS asked whether the timescales for the actions on page 8 relating to the PTS Transformation Programme were consistent with the urgency required in relation to the work.</p> <p>SP replied that he would discuss this further with the PTS management team and ensure the inclusion of an appropriate level of detail within the actions.</p> <p><b>Action:</b>  <b>SP to discuss PTS Transformation Programme actions (page 8) with PTS management group to ensure the inclusion of an appropriate level of detail.</b></p> <p>The Chairman thanked SP for his update on the document which was fundamental to the workings of the organisation, adding that she looked forward to receiving an updated version once it had been through the Committees.</p> <p><b>Approval:</b>  <b>The Trust Board noted the new risks identified and agreed the gaps in assurance and subsequent actions required.</b></p>	<p>SP</p>
<p><b>6</b></p>	<p><b>STRATEGY, PLANNING AND POLICY</b></p>	
<p><b>6.1</b></p>	<p><b>For Approval: Workforce Plan</b></p> <p>SOL and DM provided an update about the on-going development of the Trust's workforce plan. SOL stated that the paper highlighted the work of the Strategic Workforce Group and recognised that further work was required in relation to key themes around career pathways, etc.</p> <p>BS asked whether the Executive Directors had sufficient visibility of the items that were discussed in that group.</p> <p>SOL replied that, as the members of the group were Associate Directors, any report produced would go to the Trust Management Group (TMG) of which the Executive Directors were members.</p> <p>The Chairman asked whether the chart in Appendix 2, which detailed the three-year phasing of workforce changes in A&amp;E Operations, would be subject to change as it currently assumed that the Trust would have the same level of workforce for each of the three years.</p>	



		Action
	<p><b>Approval:</b>  <b>The Trust Board noted the detail within the report. It was agreed that a completed workforce plan would be shared with the Trust Board following the completion of the commissioned work with ORH and Curzon for A&amp;E Operations and PTS respectively.</b></p>	
<p><b>6.2</b></p>	<p><b>For Assurance: the 2015/16 Accountability Framework for NHS Boards</b>  AC informed the Trust Board of the publication and content of the NHS Trust Development Authority (TDA) Accountability Framework for NHS Trust Boards, effective from 1 April 2015.</p> <p>He stated that the refreshed Framework, which contained a few updates, continued to focus on three key areas of responsibility:</p> <ul style="list-style-type: none"> <li>• Oversight and escalation;</li> <li>• Development and support;</li> <li>• The approvals process for Foundation Trust, transactions and capital investment.</li> </ul> <p>The Chairman asked where the document would be more thoroughly reviewed in Board.</p> <p>AC replied that, as some of the revisions were more about the ‘tweaking’ of language rather than actions it would probably be more helpful when the TDA had finished their assessment process.</p> <p>SP confirmed that, although the TDA had described the process in broad terms, beyond that there was currently nothing definite.</p> <p>It was agreed that AA would schedule a session at a future BDM meeting.</p> <p><b>Action:</b>  <b>AA to schedule a session about the Trust’s responsibilities in terms of the 2015/16 Accountability Framework for NHS Boards at a future BDM.</b></p> <p><b>Approval:</b>  <b>The Trust Board noted and accepted the contents of the NHS TDA 2015/16 Accountability Framework for NHS Trust Boards.</b></p>	<p><b>AA</b></p>
<p><b>6.3</b></p>	<p><b>For Assurance: Clinical Quality Strategy 2015-2018</b>  SP presented an update on the key achievements delivered as part of the Clinical Quality Strategy 2012-2015 and details of the Clinical Quality Strategy for 2015-2018.</p> <p>He stated that the Clinical Quality Strategy was developed around the three main themes of safety, effectiveness and experience. Fifteen priorities were identified, with key aspects identified in the Integrated Business Plan (IBP).</p>	

	Action
<p>The new Strategy, which was the product of extensive consultation with managers, staff and other stakeholders, had been thoroughly reviewed at Quality Committee, Clinical Governance Group (CGG) and Trust Management Group (TMG). Detailed feedback and input had also been received from the Non-Executive Directors (NEDs).</p> <p>SP stated that the cover paper highlighted some of the achievements of the previous version.</p> <p>The Chairman asked whether there had been any particular challenges on Quality before the document had come to Board.</p> <p>SP replied that only relatively minor points had been raised, adding that the alignment to the Care Quality Commission (CQC) domains and the approach to consultation with staff had been debated.</p> <p>The Chairman asked whether the Trust's main priorities related to what the organisation really needed to do to benefit its patients.</p> <p>SP confirmed that this was the case.</p> <p>The Chairman thanked SP for his update.</p> <p><b>Approval:</b>  <b>The Trust Board received the report as assurance that Clinical Quality remained a key priority for the Trust and that the Strategy for 2015-2018 was now set and outlined the key quality priorities.</b></p> <p>The Chairman noted that the Clinical Quality Strategy represented a 'hard', factual-based approach and asked whether there was likely to be a strategy around the softer side of how people were cared for.</p> <p>JM stated that one area currently being explored was YAS' privileged position of being able to go into people's homes essentially uninvited. It was important to notice items such as piles of ironing, clearing up that needed to be done ie the 'caring' side of things to ensure that people could either look after themselves or were being looked after.</p> <p>The Chairman noted that some safeguarding elements were not easy to describe and it was difficult to be explicit about some of the difficult situations that YAS' staff encountered including ethical areas such as holding a patient's hand and praying with them.</p> <p>DM stated he had already attempted but would need to revisit the possibility of introducing a strategy for a 'softer' support mechanism.</p> <p>SP stated that staff tended to utilise 'softer' skills on an individual basis. This would be on an ad hoc basis as part of their day-to-day interaction with patients and was probably therefore something that the Trust should support.</p>	

		<b>Action</b>
	<p>This was not only in A&amp;E but also in PTS. For example when dropping someone off at home, how much should their driver, etc do to check that they were ok before leaving them.</p> <p>The Chairman agreed that there was a range of things such as locking up an individual's house, checking that the dog was ok, etc that, in spite of not being documented anywhere, was something that staff just did as part of their caring role.</p> <p><b>Action:</b>  <b>SP/DM to consider the possible contents and introduction of a strategy for a 'softer' support mechanism and provide an update at a future Quality Committee meeting.</b></p>	<b>SP/DM</b>
<b>6.4</b>	<p><b>For Assurance: Employee Wellbeing Strategy</b>  SOL presented the Employee Wellbeing Strategy, which had been developed by members of the newly formed Employee Wellbeing Group. The strategy set out the Trust's commitment to providing services and support mechanisms for its employees to maintain and improve their own well-being.</p> <p>SOL that, as Chairman of the Quality Committee, PD had asked for the Strategy, which highlighted the more proactive side to caring for YAS' staff, to be brought to the Trust Board for information.</p> <p>MW stated she liked the document as it was clear and well-written. In terms of the Board responsibility on page 17 of the report, she asked how the Board would monitor the effectiveness of the strategy through annual reporting.</p> <p>SP replied that it would be through existing reports.</p> <p>EM stated that it was a good paper, particularly Appendix 2, which involved an element of support and help for the individual concerned.</p> <p>SP stated that although the document was very good the cross-over between the HR Wellbeing team and the Health and Safety function was not made clear.</p> <p>The Chairman asked what actions had been taken to educate staff about the Strategy.</p> <p>SOL stated that the fact that a health trainer was now available every Thursday had been publicised. In addition, work was on-going with the Emergency Operations Centre (EOC) to ensure work stations were correctly set up and a number of practical action teams had been established.</p> <p>The Chairman asked whether there were any external resources in the wider community that YAS could access such as reduced cost membership of sports clubs which could be negotiated by the Trust.</p>	

		<b>Action</b>
	<p>SOL replied that it was likely that some schemes were in existence, adding that she would look into this further.</p> <p><b>Action:</b>  <b>SOL to investigate the possibility of the Trust accessing external resources such as free/reduced membership fees of sports clubs, to help with staff Wellbeing.</b></p> <p>It was agreed that a further update should be provided at the September Trust Board Meeting in Public.</p> <p><b>Action:</b>  <b>IB to present a progress update on the implementation of the Employee Wellbeing Strategy at the September Trust Board Meeting in Public.</b></p> <p>The Chairman thanked SOL for her update.</p> <p><b>Approval:</b>  <b>The Trust Board noted and supported the detail of the Employee Wellbeing Strategy and supporting action plans.</b></p> <p>The Chairman raised a question about when it was appropriate for strategies to come to Board. It was her belief that clarification was required to sort out the current confusion across the organisation.</p>	<p>SOL</p> <p>IB</p>
<b>7</b>	<b>PERFORMANCE MONITORING</b>	
7.1	<p><b>Charitable Funds Committee: Committee Chairman's Update</b>  EM updated the Trust Board regarding the activities of the Charitable Funds Committee. She stated that, although there had not been a meeting as originally planned at the end of April, things were still Progressing.</p> <p>EM stated that a lot of backroom work was under way, adding that upcoming fundraising events included the Dragon Boat Race on 11 July and a small golfing event, which fundraiser, Maria Amos was in the process of organising.</p> <p>The Chairman asked how YAS' patients, the public, etc found out about the Trust's charity.</p> <p>EM replied that items were advertised in Operational Update.</p> <p>The Chairman stated her belief that more proactive promotion of the charity was required to encourage YAS' staff and the general public to fund raise, make donations, etc.</p> <p>The Chairman thanked EM for her report.</p>	

		Action
	<p><b>Approval:</b>  <b>The Trust Board was assured by the discussions within the Charitable Funds Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</b></p>	
<p><b>7.2</b></p>	<p><b>Audit Committee: Minutes of the meetings held on 8 January 2015 and 5 March 2015 and Committee Chairman's Update on the meeting held on 2 April 2015</b>  BS stated that the minutes of both meetings had been approved at the Audit Committee meeting on 2 April, the minutes of which were currently in draft for BS to review. These would be circulated shortly with the updated action log.</p> <p>BS confirmed that there had been no urgent or exceptional matters to bring to the attention of the Board, adding that the non-standard year-end Audit Committee meeting was due to take place on Tuesday 2 June to sign off the Annual Accounts, etc for 2014/15.</p> <p>The Chairman thanked BS for his update.</p> <p><b>Approval:</b>  <b>The Trust Board notes the minutes of the two meetings and 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 5 February 2015 and Committee Chairman's Update on the meeting held on 7 May 2015</b>  In PD's absence, SP updated the Trust Board regarding the activities of the Quality Committee and provided a short verbal update of the meeting held on 7 May 2015.</p> <p>SP stated that the meeting had covered a wide agenda which had concentrated on the safety aspects of the on-going operational improvements. There had also been a presentation about Urgent Care Practitioners which had stimulated lot of discussion, several annual updates and consideration of the Quality Impact Assessment of the current year's Cost Improvement Plans (CIPs).</p> <p>The Chairman thanked SP for his update and noted that the Care Quality Commission (CQC) inspection report would go to the next Quality Committee meeting.</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>	



		Action
7.4	<p><b>Finance &amp; Investment Committee: Minutes of the last meeting held on 5 February 2015 and Committee Chairman's Update on the meeting held on 7 May 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>The Chairman thanked MW for stepping into the position of F&amp;IC Chairman.</p> <p>MW stated that the minutes of the February meeting had been approved at the meeting on 7 May during which a number of routine updates had been received. A number of the papers, including the Procurement Strategy and the procurement of replacement ambulances, had subsequently gone forward to the Trust Board.</p> <p>The meeting had also reviewed the 2015/16 Cost Improvement Programme (CIP) and the Project Initiation Documents (PIDs) for the major CIPs. The general level of CIPs was not to the standard for which the Committee had hoped and one of the PIDs had been sent back for revision and re-submission to the F&amp;IC at its next meeting.</p> <p>The Chairman invited comments on the reported CIP issue.</p> <p>MW replied that the CIPs were not as robust as they should have been prior to the start of the new year.</p> <p>RB stated that, building on the previous year's experiences, it had been identified that the A&amp;E CIPs in particular required more work and this was taking some time.</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>	
7.5	<p><b>Joint Quality and Finance &amp; Investment Committee – Minutes of the last meeting held on 5 February 2015</b></p> <p>MW confirmed that the next Joint meeting was in July 2015.</p> <p>The Chairman stated her belief that it was efficient and cost effective for overlapping papers to go to one Committee rather than two. She had commended the idea to some other trusts who had thought it was a good idea.</p> <p><b>Approval:</b>  <b>The Trust Board noted the Minutes and was assured by the discussions within the Joint Committee meeting.</b></p>	

		<b>Action</b>
<b>7.6</b>	<p><b>Board Review and Feedback: Board Vital Guiding Principles</b></p> <p><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. She stated that it had been a good location with parking close by.</p> <p>JM stated that the acoustics had been better than expected.</p> <p>In terms of the content of agenda, RB stated that care was needed to ensure adequate time was allocated to agenda items to allow thorough consideration of each item.</p> <p>He asked what additional action could be taken to encourage others to attend Public meetings. It was disappointing that, in a city centre location, public attendance had been so poor.</p> <p>The Chairman stated that YAS members, local stakeholders and press/media, etc had been contacted as usual. She agreed that the attendance was disappointing, as this was the first time there had been a drop in numbers for some time.</p> <p>She suggested that it might be because it was half term and people were on holiday but agreed that it would be worth reviewing how meetings were publicised.</p>	
<b>8.</b>	<b>REGULATORY REPORTS</b>	
	There were no Regulatory Reports.	
	To be resolved that the remaining business to be transacted is of a confidential nature and that under the terms of the Public Bodies (Admission to Meetings) Act, 1960, Section 1, subsections 2 & 3, the Press and the public be excluded from the remaining part of the meeting.	
<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 1440 hours.</p>	

		Action
10	<p><b>Dates and Location of Next Meeting:</b></p> <p><b>2 June 2015</b> - Kirkstall &amp; Fountains, Springhill 1, WF2 0XQ - <b>Extraordinary Trust Board Meeting in Public to Sign Off the Annual Accounts 2014-2015</b></p> <p><b>28 July 2015</b> - The Garden Rooms, Tennant's, Leyburn, North Yorkshire, DL8 5SG - <b>Trust Board Meeting in Public</b></p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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

**DRAFT**