

# Yorkshire Ambulance Service NHS Trust

An Aspirant Foundation Trust

# **Trust Board Meeting held in Public**

Venue: The Garden Rooms, Tennants, Leyburn, North Yorkshire, DL8 5SG

Date: Tuesday 28 July 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 Mary Wareing (MW) Non-Executive Director

Patricia Drake (PD) Deputy Chairman and Non-Executive Director Ian Brandwood (IB) Executive Director of People & Engagement

Dr Dave Macklin (DM) Executive Director of Operations

Dr Julian Mark (JM) Executive Medical Director

Steve Page (SP) Executive Director of Standards & Compliance

**Apologies:** 

John Nutton (JN) Non-Executive Director Barrie Senior (BS) Non-Executive Director

Alex Crickmar (AC) Interim Executive Director of Finance & Performance

In Attendance:

Ronnie Coutts (RC) Non-Executive Director (Designate)

Neil Cook (NC) Interim Associate Director of Finance & Performance

Anne Allen (AA) Trust Secretary, YAS

Edwina Shachar (ES) YAS Forum Public Member, North

Julie Austin (JA) Virgin Media Business

David Bolam (DB) Public Member

Alan Clark (AC) Operations Director, Ferno UK

Len Cragg (LC) Public Member

Sue Medley (SM) Public Member & Leyburn Town Council

Robert Toole (RDT) Public Member

Gareth Flanders (GF) Head of Quality, YAS

Luke Playford (LP) Committee Services Apprentice, YAS

Pete Shaw (PS) Paramedic Practitioner, YAS

Bryan Ward (BW) Head of Education & Standards, YAS

# 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. 'Caring for You in Your Community' was presented by Paramedic Practitioner, Pete Shaw and was well-received by those present.

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		Action
	The meeting commenced at 1100 hours.	
1	Questions from the Public The Chairman welcomed everyone to the Trust Board Meeting held in Public. She thanked PS for an excellent pre-meeting presentation, adding her appreciation of his exceptionally professional support of the Leyburn community.  The Chairman invited questions from those present, asking people to identify themselves by name, geographical area and organisation if	
	appropriate.  DB, a Public Member from North Yorkshire and a committee member of the Practice Patient Group in Leyburn, reiterated the Chairman's appreciation of PS' efforts in the community. He stated that everyone in the area knew PS and were reassured by his presence.	
	DB asked whether the two-minute delayed A&E despatch was due to be rolled out further.	
	DM stated that plans to roll out the pilot nationally were not yet in place. However, there was a possibility that it might be extended from the South West and London into potentially two other sites. He stressed that the two-minute delayed despatch only applied to non-Red 1 incidents which remained categorised as life-threatening emergencies.	
	The Chairman stated that RB and she had recently attended a meeting of the national Association of Ambulance Chief Executives (AACE) during which South West Ambulance Service had provided positive feedback on the pilot operating in their region.	
	LC, a Public Member from North Yorkshire, commented about the Trust's Patient Transport Service (PTS).	
	LC stated that, until recently, there had been a tremendous number of very old vehicles in the PTS fleet. He complimented the Fleet workshop teams on their skills which had kept the vehicles on the road even though the seating, etc was not of the standard that patients and drivers should expect.	
	As a Voluntary Car Scheme (VCS) driver, LC stated he had seen at first hand the problems encountered by patients trying to book or cancel transport over the telephone. Patients frequently failed to get through and the number of aborted calls shown on page 2.15 of the Integrated Performance Report was a high proportion of all calls.	

LC expressed his hope that training was under way to ensure that standards improved dramatically.

The Chairman thanked LC for his positive comments about the work undertaken by Fleet in terms of PTS vehicle maintenance.

RB acknowledged that PTS call response was an area of concern. He stated that a number of additional staff had been recruited into PTS earlier in the year but staff turnover meant that recruitment remained on-going.

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.

The Chairman stated that, present at that day's meeting was a member of staff, Bryan Ward (BW) who had joined the organisation in February 1979 and was currently YAS' Head of Education and Standards.

The Chairman stated that BW had been recognised nationally with the award of the Queen's Ambulance Medal in the Queen's Birthday Honours. As this was only the second round of ambulance honours, BW was part of an elite group of ambulance service employees.

Those present congratulated BW on the tremendous service he had given over the years with a round of applause and the Chairman thanked BW for travelling over form Whitby to attend the meeting.

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.

### 2 Apologies / Declaration of Interests

The Chairman welcomed everyone, including NC, who was deputising for AC. Apologies were noted as above and declarations of interest would be considered during the course of the meeting.

The Chairman stated that although Non-Executive Director (NED), BS, was unable to attend, he had submitted a series of comments on agenda items which would be raised at an appropriate time.

The Chairman welcomed new NED designate, RC, to his first Board meeting. She stated that RC had been chosen from a good field of applicants, five of whom had been interviewed under the auspices of the Trust Development Authority (TDA). Three of the excellent candidates were seen as being very suitable to become NEDs but RC had been the interview panel's first choice.

	Action
RC thanked everyone for their warm welcome and presented a short summary of his career to date.	
The Chairman stated that interviews had been held for an Interim Executive Director of Finance & Performance. The role was a	

The Chairman stated that interviews had been held for an Interim Executive Director of Finance & Performance. The role was a replacement for RB who had been appointed to the substantive Chief Executive role and would be in place until the vacancy for the substantive post was filled. Subject to completion of the usual preemployment checks, an announcement about the successful candidate would be made shortly. Further details would be shared with Board colleagues in the Private meeting later that day.

# Minutes of the Meeting held on 24 March 2015 including Matters Arising (not on the agenda) and Action Log

The Minutes of the Trust Board Meeting in Public held on 26 May 2015 and those of the Extraordinary Trust Board Meeting in Public held on 2 June 2015 were approved as a true and fair representation of those meetings.

# **Matters Arising:**

There were no matters arising from either meeting.

#### **Action Log:**

RB guided the meeting through the updated Action Log. There were no outstanding queries about the completed actions.

PB-361 – EM confirmed that the meeting had taken place and some suggestions had been made in terms of raising the charity's profile that she had raised with the Corporate Communications team. These actions would be monitored through the Committee with an update to come back to Board at an appropriate time. Action closed.

PB-363 – It was noted that the deadline date for this action was not until September 2015. Action remains open.

PB-365 - It was noted that the deadline date for this action was not until September 2015. Action remains open.

PB-366 – IB stated that the action had been passed on to the Health and Wellbeing Steering Group. Robert Dimsdale (RD) was taking the lead and information would be made available as an appendix to the current Health and Wellbeing Strategy. Action closed.

PD stated that the Quality Committee had suggested that it would be useful for a Staff Member of YAS Forum to become a member of the Steering Group. It was agreed that this should be taken forward.

#### Action:

IB to liaise with Robert Dimsdale re YAS Forum Staff Representative membership of Health and Wellbeing Steering Group. ΙB

		Action
	PB-367 – IB confirmed that RD was due to attend the September Trust Board Meeting in Public. Action closed.	
	(PB-372 – closed action – a typographical error was noted and the word 'not' deleted after the word 'explanation').	
4	Chairman's Report	

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.

The Chairman had recently attended an Urgent Care event and had been impressed by a slide presented by Angela Harris (AH), Lead Nurse for Urgent Care. The brightly coloured slide, which was projected for those present to see, provided a very useful summary of AH's views about priorities for Urgent Care services and staff.

The Chairman suggested that the Corporate Communications team could use the style of the slide as the basis of a fresh, new way to present YAS-wide information such as its strategic objectives, etc.

The Chairman stated that YAS' former Chief Executive, Dave Whiting had done some work with the Association of Ambulance Chief Executives (AACE) since leaving the organisation in November 2014. He had developed a paper called '2020 and Beyond' which looked at the future position of ambulance services.

The Chairman had circulated that paper to all Board members with comments to be fed back to AA for discussion in Trust Executive Group (TEG) and follow up at a Board Development Meeting (BDM), as it would be useful to tie in the contents of the paper with developments in YAS' own Integrated Business Plan (IBP).

The Chairman stated that, as the result of the on-going changes in the NHS, including the challenges of localism and the prospect of more central control, she expected more challenging months ahead.

The Chairman stated that some of the other Chairmen around the country published lists of key events that they had attended. Although this was not something that the Chairman had done to date, she asked Board colleagues whether they would find it useful.

PD replied that as Board members, in particular the Chairman and other Non-Executive Directors, already fed back on events they had attended through the most appropriate means she did not see any value in changing the way that feedback was shared. This was also agreed by other Board members.

The Chairman thanked everyone for listening to her update report.

		Action
5	QUALITY, SAFETY AND PATIENT EXPERIENCE	
5.1	Patient Story 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.	
	The Chairman presented that day's patient story: 'Les' Story'.	
	The Chief Executive of St Gemma's Hospice, after discussions with her family and YAS' Head of Quality, Gareth Flanders (GF), had offered to share her experiences of YAS.	
	Her Dad, Les, was diagnosed with lung cancer in October 2013; at the point of diagnosis the cancer had already spread and as he had less than 7 weeks to live.	
	One night Les experienced severe breathing difficulties and the family were advised to call an ambulance. The 999 operator was calm, reassuring and caring and insisted on staying on the phone until the ambulance arrived.	
	Les, although struggling for every breath, insisted on standing up to meet the ambulance crew. He was a man with dignity and the ambulance crew preserved every bit of that dignity, giving him some control in the most stressful of situations and recognising the need to find every small thing to make him feel safer.	
<b>*</b>	Les was highly anxious because he could not breathe and family members were also highly anxious because they did not know what to do. The paramedics took control; they were reassuring, efficient and competent and very caring. They also introduced appropriate humour and to be able to bring laughter to such a situation was a gift.	
	The family has to live on without Dad and those good memories are hugely important.	
	The paramedics listened and responded to the family's concerns and the crew stayed in A&E until the consultant arrived and they could properly hand over.	
	Les' daughter said that: 'There will never be words to thank them enough. There is nothing they could have done better. Without them Dad would have died that day and we wouldn't have had the precious days left to us when we shared moments that will stay with us forever.'	

Action

Les died 8 days later in St Gemma's Hospice. He was transferred to by the palliative care ambulance team who also provided a high standard of care, arriving on time, explaining what was happening and responding to everyone in a human way to make a connection.

Les' daughter stated that: 'It really felt that we mattered to all the YAS staff who provided care for Dad as a patient and for us as a family. We were treated with respect and compassion in a highly competent way. I know it's hard to always get things right for patients and families and also that every contact matters, especially at the end of life, when there really is only one chance to get it right. For us you absolutely got it right. Thank you.'

The Chairman stated that the story had been a tremendous tribute to YAS' staff who had been involved in that 'end of life' story. She thanked everyone for listening and GF for liaising with Les' family to compile the story and Les' family for allowing their story to be shared.

# 5.2 For Approval:

- NHS Trust Development Authority (TDA) Compliance with Monitor Licence Requirements for NHS Trust Return;
- NHS Trust Development Authority Board Statements
  RB confirmed that the June 2015 returns to the Trust Development
  Authority (TDA) contained no material changes to the commentaries
  submitted in May.

The Board Statement in relation to the Care Quality Commission (CQC) comment had been updated to reflect receipt of the draft report and the submission of YAS' response in terms of factual inaccuracies.

The performance statement had also been updated to highlight the fact that the recovery seen in previous months had slowed.

The Chairman stated that BS had asked whether the comments in red on the Board Statements were adequate for the TDA's purposes. He also asked why 'risk' had twice been entered in the 'Yes/No' column against the statements and whether the detailed 'evidence' was formally and frequently reviewed by Executives.

RB agreed to respond to BS' questions outside the meeting.

#### Action:

RB to respond directly to BS outside the meeting following consideration of his questions.

RB

#### Approval:

The Trust Board approved the submission of the NHS Trust Development Authority Compliance with Monitor Licence Requirements for NHS Trusts Return and the NHS Trust Development Authority Board Statements for June 2015.

# 5.3 For Assurance: Chief Executive's Report and Integrated Performance Report (IPR)

RB presented an update to give the Board assurance on the activity of the Trust Executive Group (TEG) from 18 May to 20 July 2015 and the opportunity for TEG to highlight the key variances / movements contained within the June Integrated Performance Report (IPR).

RB stated that the Secretary of State for Health had announced the move to a single leader of Monitor and the Trust Development Authority (TDA) in June. The announcement was followed in July by news that the two bodies would merge to create a new regulatory body to be renamed 'NHS Improvement'. To date, there was no clear timeline to be followed, which was partly due to the legislative process that would need to be followed.

RB further stated that Lord Carter's interim report into NHS provider productivity was published in June 2015.

There had been discussion at the recent meeting of the Association of Ambulance Chief Executives (AACE) about developing some common models for back office functions such as procurement. Following a meeting with the ambulance services in the North West and North East, it seemed more likely that, in the short term at least, developments would be at a more local rather than national level.

RB stated that Lord Rose's review into leadership in the NHS was published in July. The final report contained 19 recommendations relating to actions to attract and develop talent from inside and outside the health sector to transform the way in which it was currently run and to equip Clinical Commissioning Groups (CCGs) to deliver the Five Year Forward View.

TEG had met with the Chief Operating Officers from the 20 CCGs to discuss future plans and begin the process of developing a 3 year commissioning strategy for ambulance services. The work was expected to be completed in Autumn 2015.

RB stated that the Chairman and he had the pleasure of attending the first YAS Apprentice Graduation Ceremony on 5 June. To date 200 apprentices had completed the Apprenticeship Scheme with 80% securing employment with the Trust.

The Chairman stated it was encouraging to see a number of 'older' apprentices, who were willing to make sacrifices to join the scheme to enable a change of career.

A discussion took place about the communication received from the TDA regarding the Trust's 2015/16 Operating Plan, which would deliver a surplus of £1.2m. Due to the size of the overall financial deficit across the NHS Trust sector Trusts had been asked to expect a stretch target to improve the financial position across the sector.

The Chairman stated her belief that, as the Trust already took a rigorous approach to financial matters and delivered financial surpluses, it was inappropriate to ask for a readjustment of YAS' proposed surplus for the current year.

RB stated that, following completion of an extensive process, the Board had approved the widening of formal union recognition arrangements to include Unite the Union, GMB and the Royal College of Nursing in addition to the already recognised union Unison.

He confirmed that work was underway to review the portfolios of Executive Directors to better support delivery of the Trust's strategic plans.

## **Operations Directorate**

DM stated that A&E performance remained off trajectory. Additional tactical options presented at a recent Board Development Meeting had been actioned and a proposal with regard to private provision was currently being considered.

RC asked whether the take-up of overtime was reaching the point whereby it was not dependable as a means of managing demand.

RB stated that this was true to a certain extent as, in addition to the number of current vacancies, one of the reasons for June's drop in performance had been a reduction in the take-up of overtime.

DM agreed that RC made a valid point. The Trust currently had an over-reliance on overtime, as the base establishment needed to increase by 800-1000 hours per day. The on-going Operational Research in Health (ORH) work was currently the key project for YAS. However, the Trust was still waiting for TDA approval of costs.

RB stated that he would chase up TDA sign off of the project during his next meeting with them.

#### Action:

RB to chase TDA re ORH contract approval request.

RB stated that the biggest challenge remaining to YAS' Patient Transport Service (PTS) was South Yorkshire, although good progress was being made overall. Call answering response times and prioritising renal patients were the current priorities.

DM stated that West Yorkshire had been identified to carry out a national Chemical, Biological, Radiological and Nuclear Defence (CBRN) exercise in March 2016. YAS was currently in the early preparation stage with multi agency partners.

RB

He further stated that the new Yorkshire Air Ambulance (YAA) staff had finished their training and were now operational. The Enhanced Clinical Team project, which was to enable a Doctor to be on one of the aircraft seven days a week, whilst still in its early stages, was on track to have the team in place and operational by April 2016.

The Chairman asked whether the new aircraft that YAA had recently purchased was an additional aircraft or a replacement.

DM replied that, although the charity owned three aircraft, only two were operational at any time. The third aircraft was being kept for times when the other aircraft needed maintenance, etc.

#### **Clinical Directorate**

JM reported that the successful outcome of the Urgent and Emergency Care New Models of Care Vanguard Bid submitted by the West Yorkshire Urgent and Emergency Care Network in partnership with YAS and the Yorkshire and the Humber Academic Health Science Network (AHSN). This was an exciting development and a fantastic opportunity, as it would open up sources of funding, resources and support, which would allow YAS to accelerate the delivery of its Urgent and Emergency Care strategy.

JM stated that 2014/15 had been a successful year for YAS in terms of research. The Trust would receive a 5% increase in funding from the Local Clinical Research Network (LCRN) in 2015/16 due to 200% achievement of the 2014/15 recruitment target. He placed on record his thanks to Head of Research and Development, Jane Shewan, for her efforts.

JM confirmed that the use of intravenous paracetamol, which had been trialled in part of North Yorkshire with good results, had now been introduced across the whole of organisation to provide another mode of analgesia. Its use would be audited over the coming months.

#### **Standards and Compliance Directorate**

SP stated that the Trust expected to receive the revised draft of the Care Quality Commission (CQC) inspection report that day. The Quality Summit would take place on 18 August, with formal publication of the report due on 21 August.

The CQC had published its handbook for inspection of NHS 111 services. The Trust was not currently aware of any planned inspection of YAS' NHS 111 services and two of its senior staff had attended training to allow them to participate in inspection teams.

The Chairman stated that BS had asked whether steps were being taken internally to test YAS' compliance in this respect.

SP confirmed that this would be the case.

		Action
	It was agreed that AA should pass BS' email on to RB to enable him to review and reply to the questions outside the meeting.	
	Action: AA to share BS' email with RB to enable him to review and reply to all questions outside the meeting.	AA
	SP stated that YAS had responded to the Department of Health consultation on the recommendations arising from the national 'Freedom to Speak Up' report. The Trust was currently establishing a working group to oversee further development of its approach to encouraging and responding to staff concerns about care.	
	In anticipation of the new Nursing and Midwifery Council revalidation requirements due to be launched in October 2015, SP confirmed that YAS continued to prepare the framework and processes to support its nursing staff in maintaining their professional development and registration,	
	SP stated that YAS currently employed in the region of 110 nurses across different functions, adding that as work progressed in terms of revalidation, it would provide a good opportunity to extract and share learning with the wider organisation.	
	People and Engagement Directorate IB stated that Associate Director of HR, Kate Sims, had been seconded to work on the Service Transformation Programme with specific responsibilities around A&E and PTS workforce matters. As a result, David Smithson had joined the Trust on secondment from East Lancashire Hospitals NHS Trust.	
•	IB further stated that consultation about the workforce plan had continued with the Trade Unions, adding that it was disappointing to note that they were recommending rejection of the plan to members, despite previously giving assurances that they would remain neutral in terms of any recommendation.	
	IB confirmed that that current sickness absence rate for the Trust was standing at a further reduced level of 5.51%. At the last Trust Board meeting an absence management 'deep-dive' had been requested on a specific service area. IB stated that he would share the report with Board colleagues outside the meeting.	
	Action: IB to share absence management 'deep dive' report with Board colleagues outside the meeting.	IB

# **Finance and Performance Directorate**

NC stated that the 2015/16 contracts for A&E and PTS had been finalised, except for PTS North, where Commissioners were agreeing amongst themselves over how to share the contract value.

Following negotiations with Commissioners in relation to the development and continuation of several Urgent Care Practitioner (UCP) Schemes, confirmation had been received that the schemes in Barnsley, Bradford, York and Rotherham would continue until March 2016, with the exception of York which would be contracted until March 2017 with an option to extend further. Contracts underpinning each scheme were currently being negotiated.

The Global Rostering System/Computer Aided Dispatch interface project to enable the Trust to report better on its unit hour utilisation of operational resource to help with future operational planning, resource level and estate requirements was expected to go live shortly.

NC stated that the Hub and Spoke programme was on track to develop an outline business case to substantiate the case for Hub and Spoke across the Trust. The piloting of the vehicle Make Ready system to stock and maintain ambulances was due to commence in October 2015 and a business case was being developed to support vehicle preparation at other Trust sites.

The Estates-related policies for Fire, Water Hygiene, Asbestos, Electrical Services and Lifts were agreed by the Health & Safety Committee in July.

NC stated that 47 new leased PTS Vehicles were being delivered into YAS with the first vehicles due into service shortly. PTS vehicle off road (VOR) occurrences continued to be problematic but Fleet were aware of the issue and treated instances with some priority.

NC stated that the Trust had been chosen by Monitor as a 'Roadmap Partner' on the development of the Urgent and Emergency Care tariffs to support and incentivise system reform, which was a coup for YAS. Monitor had informed ambulance trusts that they would need to have Patient Level Costing (PLC) in place by 2018/19. YAS was in the latter stages of procuring a system to support the development and roll out of Service Line Reporting and Management.

PLC would involve attaching costs down to a patient level where possible. There would be a standard unit cost for activity at patient level to allow comparison of costs across the NHS as a whole and YAS could currently break down information to an incident level.

The Chairman stated it would be interesting to compare rural and urban information, as this data could then be utilised to influence negotiations with CCGs in terms of charges, funding, etc.

#### **Integrated Performance Report (IPR)**

The Chairman stated that the June IPR report was the final time that it would be produced in the current format and she looked forward to receiving the information in the new-style IPR going forward.

#### **Finance**

EM stated that although she had some understanding about the financial surplus being higher than expected (5.3a), she would like assurance that it was not affecting the overall capacity of the service to respond.

NC replied that the Capital Planning Group met on a monthly basis and reported in to the Finance & Investment Committee (F&IC). Although the cash profile showed that there had been no significant spend in March, he did not envisage any major slippage.

MW stated that, in addition to the usual review of capital profile, the September F&IC was expecting to receive a more detailed update.

The Chairman stated that BS had been pleased to receive the positive news that debtors were reducing.

#### Workforce

MW stated that overtime take up seemed to be going down, adding that it might be useful to set a target against which to report.

IB was unsure whether overtime information was currently reported in the right place. YAS was considering the introduction of a 'bank' arrangement in the longer term and IB suggested that, in the interim, the Trust could break overtime up into different departments to analyse whether, for example, take up had increased in Operations but decreased in Support Services, etc. IB would consider this further with NC outside the meeting and provide a detailed breakdown of information at the September F&IC meeting.

#### Action:

IB/NC to provide September F&IC meeting with a detailed breakdown of overtime take up.

DM confirmed that there was a daily, weekly and monthly plan for overtime in A&E Operations. He had recently reviewed the plan and it was his belief that the Trust was reaching its limit in terms of the amount of hours it could deploy as overtime ie 800-1000 hours a day.

MW asked how the amount of overtime deployed was monitored and PD asked who could claim overtime.

DM replied that the tracker was reviewed at the weekly resource meeting.

After further discussion, it was agreed that more clarity was required in terms of the rules about overtime and that IB should present an update at the September F&IC meeting.

IΒ

	Action
Action: IB to present an update on the rules relating to overtime in the organisation at the September F&IC meeting.	IB
The Chairman raised the issue of the 75% target for completion of Personal Development Reviews (PDRs), stating her belief that the completion target should be set closer to 100%.	
IB stated that an electronic training system had been bought which could be used for electronic appraisals. However, there were currently concerns about the accessibility for front line staff which would need to be addressed.	
PD stated that she would like to see a project plan in terms of the run rate of PDRs at the September Quality Committee meeting outlining how the process would be managed through the year if some PDRs were brought forward, others delayed, etc.	
IB stated that some work had taken place with former NED, Elaine Bond, which showed on a month by month basis the number of PDRs that managers were expected to complete. The work had been instrumental in helping to increase the completion rate and could be updated to consider for example an 80% completion rate and then presented to the Quality Committee.	
Action: IB to provide the September Quality Committee meeting with a project plan re roll out of PDRs over the next 12 months	IB
Quality PD asked whether the Trust was facilitating patient feedback in terms of medical and nursing revalidation.	
SP stated that the guidance gave more flexibility in terms of the type of feedback required and how it was used as it was now dependent on the nature of each nurse's role in the organisation.	
PD stated that it was good to see the increase in the completion of Level 2 Safeguarding training, which she would like explored in more depth at a future Quality Committee meeting. However, it was disappointing to see that morphine incidents had increased again. PD asked for a report about the 16 dropped vials to be presented at the September Quality Committee meeting.	
Action: JM to present update report re increase in dropped morphine vial incidents at September Quality Committee meeting.	JM
PD noted that an A&E department in Manchester had been closed due to an outbreak of Middle East Respiratory Syndrome (MERS) and asked whether there was likely to be any repercussions for YAS.	

JM stated that, although increased public awareness of the virus was needed, training was well underway with assured appropriate protection for staff.

As warnings were issued the same processes would be put in place as had been used for suspected Ebola cases.

A long discussion took place about safeguarding issues, etc and the Chairman requested an update about child and adult referrals as outlined on pages 3.9 and 3.10.

SP stated that all referrals were reviewed by the Safeguarding team with all high risk referrals followed up. Overall, the feedback process was improved and YAS was in a better position than historically.

# **Support Services**

MW noted the fact that the Trust had made a significant improvement in terms of vehicle cleaning and asked what changes had led to this.

SP stated there had been a sharp focus on deep clean over the past 12 months, including the highlighting of exceptions on a weekly basis. This had resulted in single figure exceptions.

DM stated that any vehicles breaching the timeline were withdrawn from service, which had helped to focus the minds of operational managers.

#### **NHS 111**

The Chairman noted that NHS England had issued a moratorium on current NHS 111 tenders, adding her belief that there might be a significant change in how contracts were dealt with going forward.

SP stated that the potential changes could represent an opportunity for YAS as an organisation. However, the Trust would need to consider how best to form a range of partnerships across the county in terms of out-of-hour services, etc.

The Chairman congratulated YAS' NHS 111 team on recently taking their 3 millionth call.

SP stated that call activity was about 4% up on contracted value.

#### **PTS Performance**

PD noted that abandoned calls and aborted journeys were rising and asked whether the two items were linked. The Chairman stated that BS had also expressed concern about this issue.

RB stated that, although there was not enough data to confirm the link, anecdotally this was probably the case.

One of the actions that had been implemented as part of the Transformation Programme was to call patients the day before appointments, to ensure that they still needed the transport.

#### **A&E Performance**

For the benefit of the Public present, the Chairman stated that although it might seem at times that certain matters only received light touch scrutiny during meetings, items such as the on-going A&E service transformation initiatives received regular and detailed scrutiny during Board Committee meetings and other groups.

The Chairman requested assurance that YAS was delivering as safe a service as possible.

JM confirmed that this was the case. The safety of the service was monitored both in the Emergency Operations Centre and also by SP and himself on a weekly basis. Red 1, Red 2 and less immediate cases were all reviewed to ensure they had been dealt with in an appropriate timescale and that patients received the treatment and service they required.

# Approval:

The Trust Board noted and discussed the variances contained within the June 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.

# 5.4 For Assurance: Board Assurance Framework (BAF) including Corporate Risk Register (CRR)

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. He stated that the documents had been through the usual quarterly cycle of peer review.

Following discussion at the recent Audit Committee meeting, Risk 1a had been reviewed and the projected date by which residual risk level was due to be reached had been moved back to Quarter 4. This was because the Trust had not yet completed the options appraisal for management and there would be a lead in time for the recruitment of a new department manager following its completion.

SP stated that Risk 3b would be reviewed following receipt of the final report from the Care Quality Commission (CQC), adding that risks 3a and 6b were currently the most significant risks on the BAF.

Although good progress had been made over the past 12 months in relation to Risk 6a, following discussion at Quality Committee, the residual risk date had been pushed back in light of further work that had been agreed around Clinical Leadership.

SP stated that the CRR had been attached for reference.

The Chairman stated that some risks could be of a commercial nature that were inappropriate to include on a public risk register, adding that, although YAS did not currently do this, some trusts had a private version of their risk register.

SP suggested that a more detailed version of the CRR could be produced for review in a future Private Board meeting if Board colleagues thought it was appropriate.

The Chairman noted that the Trust's lower level risks were not included on the version of the CRR presented and asked whether the document gave a full view of YAS' high level risks.

SP confirmed that this was the case. He stated that all risks were recorded on Datix and were managed at the appropriate level of the organisation by working groups and individual managers.

The Trust had a record of all mitigated risks, which either dropped down to department level or were archived as they were no longer 'active' risks. Some risks took longer to resolve than others whilst some were not in YAS' gift to resolve in their entirety.

The Chairman thanked SP for his update.

#### Approval:

The Trust Board noted the developments outlined in the report and was assured with regard to the effective management of risks.

# 5.5 For Assurance: Bi-Annual Report: Significant Incidents/Lessons Learned

SP presented the bi-annual briefing on significant events highlighted through Trust reporting systems and by external regulatory bodies during Quarter 3 and Quarter 4 of 2014/15, focusing on actions taken and lessons learned.

He stated that section three on page three contained a summary of the Serious Incidents (SIs) reported during the period. As delayed response remained a key theme, the Trust proactively reported as an SI all cases where a delayed response or back up was associated with severe harm or death of the patient and there was potential for the delay to have been a contributing factor. At the time of reporting the underlying causes might not be clear and in only a very small proportion of cases did delays cause any harm.

PD reiterated her earlier comment that the Trust reported on 100% of its patients not just the 75% target.

SP stated that learning was used to inform its improvement work with the chart on page four contained information about the total number of incidents.

The high reporting rate was good news as it was indicative of staff engaging with the reporting process. Incidents where the indication could be of a moderate to high level of harm remained low.

RC asked whether the Trust believed it was getting the right volume of near misses reported.

The Chairman stated that, whilst it was obvious to staff when an incident occurred, near misses were not so obvious.

SP stated that, of the top themes reported on page 5, there were only a very small proportion of harm-related incidents.

The Chairman stated that BS had suggested that the colour coding of the pie chart on page five could be improved.

SP stated that the chart on page seven, highlighted a similar picture about incidents in relation to staff with only a very small proportion of the overall issues reported resulting in harm.

PD noted the positive comments around moving and handling incidents with claims relating to manual handling incidents reducing primarily due to the changeover of equipment bag and lightening of equipment in use.

The Chairman asked to what extent incidents of violence and aggression were reported to police, as the Trust did not tolerate violence towards its staff.

SP stated that the majority of such cases were reported, adding that work was on-going to improve, for example, how the Trust supported staff members involved in prosecutions resulting from incidents.

PD asked whether support was provided for harm relating to psychological as well as physical side effects of such incidents. SP confirmed that it was.

The Chairman asked whether any information was available from Occupational Health (OH) in terms of support provided to staff.

IB replied that a suite of management reports was received every month. It was agreed that IB and SP should analyse the information received to see if any correlation between attacks on staff and the use of OH services could be identified.

Action: IB/SP to analyse OH management reports to see if they could identify any correlation between attacks on staff and use of OH.	IB/SP
SP stated that the Trust had received six notifications from the Parliamentary and Health Service Ombudsman between October 2014 and March 2015 inclusive; two for A&E Operations and four for the Emergency Operations Centre (EOC). Only one outcome had been partially upheld which was a reasonably good indication in terms of the thoroughness of YAS' own investigation process.	
The Chairman asked what learning the Trust received.	
SP stated that, internally, YAS had instituted a management review of cases, the results of which came through to RB so the Trust could identify and share learning with the relevant department. For example, work was currently under way with the Patient Relations department with consideration being given to the introduction of a Head of Quality within the team to improve the timeliness and quality of responses to patients, etc.	
In terms of Safeguarding, SP stated that learning had been shared from a recent adult domestic homicide review case.	
JM stated that Clinical Case Reviews during the period related to utilising spinal immobilisation equipment following a traumatic fall until diagnosis of spinal injury was excluded. Education and training of staff in spinal assessment and immobilisation remained a key focus and was also part of the Trust's 'Sign Up To Safety' campaign.	
The Chairman asked for further clarity of the comments about the Do Not Resuscitate form.	
JM stated that there had been a change in the presentation of the form and there were some incidences of it being taken too literally.	
The Chairman thanked everyone for the detailed discussion. She acknowledged that there was scrutiny at other levels but it was her belief that it was still important to have periodic in depth discussions SIs, etc at Board meetings.	
Approval: The Trust Board noted the contents and supported the actions detailed in the paper.	
For Approval: Risk Management and Assurance Strategy SP presented the Trust Board with an opportunity to review and approve the refreshed Risk Management and Assurance Strategy. He stated that the routine review of the existing document had taken place at Trust Management Group (TMG) and Trust Executive Group (TEG) with additional review via the Audit and Quality Committees.	
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There were very few changes between the revised and the previous versions.

The Strategy now referred to TMG rather than SMG (Senior Management Group) and the definition of assurance levels in terms of Internal Audit reports had reduced from four to three levels. In addition the management groups diagram on the penultimate page had been slightly updated.

PD confirmed that there had been detailed scrutiny of the Strategy at the recent Quality Committee meeting.

# Approval:

The Trust Board reviewed and approved the refreshed Strategy.

# 5.7 For Approval: Annual Organisational Audit (Medical Doctors' Registration)

JM stated that the Annual Report served as the vehicle to provide assurance to the Trust Board. However, there was a similar need to provide assurance to patients, the public, the service and the profession that the systems and processes underpinning revalidation were in place and working effectively, to ensure that every licensed doctor's fitness to practise was monitored and assessed regularly.

The Chairman asked, on behalf of BS, what scrutiny the Report had received prior to presentation to the Board.

JM replied that the Report came directly to Board.

He stated that Medical Revalidation had been launched in 2012 to strengthen the way that doctors were regulated, with the aim of improving the quality of care provided to patients and patient safety and increasing public confidence in the medical system. Provider organisations had a statutory duty to support their Responsible Officers in discharging their duties and it was expected that the Trust Board would oversee compliance.

JM further stated that, as of 31 March 2015, DM was the only doctor wholly employed by YAS, for whom the Trust was a Designated Body ie prescribed connection. JM, the Executive Medical Director, also wholly employed by YAS, was appointed the Responsible Officer for YAS in January 2015 so his prescribed connection now lay with NHS England (North). Both doctors had completed annual appraisals, maintained licences to practice, and successfully revalidated in 2013/14.

He confirmed that Dr Stephen Dykes would become Deputy Medical Director in September 2015 thus bringing the Trust's relevant wholly employed number of doctors back up to two.

		Action
	JM stated that the remaining doctors employed by the Trust on a part time or secondment basis did not have a prescribed connection with the Trust although YAS did contribute to their overall appraisal for revalidation purposes.	
	JM confirmed that the paper contained very little change from the previous years and no questions were forthcoming.	
	Approval: The Board accepted the report, understanding that the document, the Statement of Compliance and the Annual Audit would be shared with the NHS England higher level Responsible Officer. The Board also approved the Statement of Compliance confirming that the Trust, as a Designated Body, was in compliance with the regulations.	
5.8	For Approval: YAS Forum Terms of Reference  AA presented a request for Trust Board approval of the YAS Forum  Terms of Reference and the proposed extension to Members' tenure.	
	AA stated that, at the last Forum meeting, on 14 July, the Chairman raised for discussion the issue of tenure of Members. Membership of the Forum had originally been set for a two-year tenure, or shorter if YAS became a Foundation Trust (FT) as, at the time, the indications were YAS would be an FT in that timescale.	
	As the external environment had changed it was now unlikely that YAS would be authorised as a FT in the near future. However, rather than go out to Election for new Forum members in July 2016, the Chairman proposed that current Members' tenure be extended by 12 months for those wishing to stay on thus only running elections for vacant posts, as this carried a cost to the Trust. The Forum members had been supportive of this approach.	
	AA stated that, on the Trust Chairman's behalf, she was requesting approval of the above proposals.	
	An article explaining the proposed changes would be included in the next YAS Forum newsletter providing an opportunity for Members to feedback. Any significant feedback would be taken into consideration.	
	Approval: The Trust Board approved the YAS Forum Terms of Reference and the proposed extension to Members' tenure.	
5.9	For Approval: YAS Forum Annual Report 2014/15 AA presented the draft YAS Forum Annual Report 2014/15 for approval.	

AA stated that the Terms of Reference (TOR) of YAS Forum required an Annual Report, through the Chairman, to the Trust Board and this was the first of such reports which fulfilled that requirement.

The July YAS Forum meeting had received the Annual Report 2014/15 for review and feedback, as did members of the Foundation Trust Development Group (FTDG) on 9 July 2015.

AA stated that YAS Forum was a positive model for public engagement in the field and had done many good things, particularly in terms of growing membership, which had enabled it to surpass Trust Board targets. Positive work carried out by the Membership Group in particular, was highlighted in the Report, which would be professionally produced.

The Board agreed that the Report would be a good engagement tool as newsletters tended to be read and shared amongst Members' families and friends.

PD stated her belief that the report was aimed at the right level for public consumption, adding that she had been impressed by the commitment and energy shown by the YAS Forum Members.

MW stated that she liked the Report's content and format, adding her belief that lessons could be learned in terms of YAS' own Annual Report. However, it seemed odd that Staff Forum representatives' expenses were so much higher than the other Members' expenses.

The Chairman replied that she had already discussed this matter with YAS' Foundation Trust Membership Manager, Ali Richardson (AR). AR had confirmed that because the Staff representatives were active in various YAS groups as Forum representatives, their travel was recorded as a Forum rather than a YAS expense.

In addition, although elected members were encouraged to increase their involvement in community engagement events, they tended to attend events in their local area. However, as Staff representatives attended events across the whole region, this led to larger claims.

MW suggested that a note of explanation should be added.

#### Action:

AR to add note of explanation re Staff Forum expenses.

AA

EM stated that the report was very good and asked how it would be disseminated, as it could be instrumental in attracting new Members.

AA replied that 70% of Members would receive the document by email. The remainder would receive a hard copy through the post. In addition, hard copies would be made available at all of the community events, including free first aid courses, attended by AR

		Action
	and other members of YAS' teams.	
	EM asked whether it would be possible to include a membership form in the report and the Chairman suggested that there might be room on the back page for a form.	
	AA agreed to liaise with AR in relation to the suggestion.	
	Action: AA to liaise with AR re inclusion of a membership form in the YAS Forum Annual Report.	AA
	The Chairman raised the issue of attendance at YAS Forum meetings. She did not expect Board colleagues to attend every meeting so it was important that attendance was co-ordinated better to ensure that everyone attended at least one meeting a year, with attendance hopefully spread throughout the year.	
	The Chairman stated that several Forum Members, both appointed and elected, had missed three out of four meetings, so she had written to them to ask whether they wished to continue in post. In terms of appointed Members, the Chairman had also asked whether their organisation was the most appropriate to be the representative, or whether she would need to identify an alternative.	
	Following receipt of their responses appropriate action would be taken.	
	SP asked whether consideration had been given to the legibility of the report in terms of colour schemes and fonts, as even with his glasses on, he had trouble reading some of the pages.	
	AA stated that she would raise this issue with AR and Head of Corporate Communications, Lorna Thornley (LT).	
	Action: AA to raise legibility of the report in terms of colour schemes and fonts used with AR and LT.	AA
	Approval: Subject to the above comments and proposed amendments, the Trust Board approved the YAS Forum Annual Report for 2014/15.	
6	STRATEGY, PLANNING AND POLICY	
6.1	For Approval: Annual Review of Standing Orders, Reservation and Delegation of Powers & Standing Financial Instructions  NC presented a paper proposing changes to the Trust's Scheme of Delegation and Standing Financial Instructions in support of greater efficiency and effectiveness in delivery of the Trust's objectives.	

The Chairman asked where the paper had previously been seen.

NC replied that the paper had been considered by the Audit Committee at its January meeting. A number of changes had been requested by the Committee which were included in blue.

The paper had then gone to Trust Executive Group (TEG) and then back to the Audit Committee in July.

NC stated that the proposed increase to approval thresholds was based on work carried out internally working with Mersey Internal Audit Association (MIAA) and others.

The Audit Committee had subsequently requested further evidence in relation to the proposed changes which would be taken back to the October meeting. Other changes were detailed in Appendix 1.

NC stated that changes in Appendix 1, which had not gone through the Audit Committee related to virements. A business case would be required for contracts over £100k, or below, at the discretion of the Executive Director of Finance.

The Chairman, who was not a member of the Audit Committee, asked why the Committee had not been supportive of the change of approval levels.

MW stated that the Committee had not seen sufficient evidence that the benefits gained from loosening approval levels would outweigh the risks.

RB stated that benefits would include speedier decision making as the current levels sometimes led to relatively low level decisions taking time to be approved.

MW stated that she had requested examples of items that fell into those categories.

The Chairman stated that she could not think of any examples of the current levels of approval having led to major problems. She further stated her belief that the NEDs had shown flexibility, dealing with decisions through other mechanisms.

IB stated that the wording in relation to staff appointments on the second page of the table needed tidying up, adding he would prefer to see reference to the process, particularly around remuneration (ie reference to the Remuneration and Terms of Service Committee (RTSC) or the job evaluation scheme for other members of staff).

The Chairman asked IB if he had seen the revised document before it had come to Board.

	IB replied that the document had been considered by TEG whilst he was recuperating from an operation.	Action
	The Chairman asked whether the Board was happy with virements sitting at the same levels as approvals.	
	MW suggested that a percentage of total budget might be better, following which a long discussion took place.	
	IB stated that other organisations had agreed flexibility of virements both within and between departments and between pay and non-pay and recurrent costs. He suggested that movement within a cost centre might reduce some of the current anxieties.	
	The Chairman stated that a decision in terms of contracts valued at £100k and above, and whether a business case was required, would need to include a caveat that this was subject to the rules enforced by other organisations such as the current Trust Development Authority (TDA) requirement to approve contractor expenditure of over £50k.	
	The Chairman suggested that revised recommendations should go back to the Finance & Investment Committee (F&IC) and Audit Committee, following which the Board could revisit the proposals.	
	MW stated that, in terms of business cases, it should be made clear that the £50k/£100k limit related to the total value of a project or people might break things down into individual phases.	
	PD asked whether, for information, anything that had gone to the TDA for sign off could be brought to the next meeting of the F&IC.	
	The Chairman agreed that the Board would need to be aware of this information.	
	Action: NC to ensure that information about contracts going to the TDA for approval was brought to the next meeting of the F&IC.	NC
	Approval: Subject to approval levels remaining at their current levels until they were reconsidered by F&IC and Audit Committee, the Trust Board approved the changes to the Standing Orders, Scheme of Delegation and Standing Financial Instructions.	
6.2	For Approval: Committees of the Trust Board – Review of Terms of Reference  AA presented for Trust Board approval the updated Terms of Reference (ToR) for the:  i Audit Committee;	
	ii Finance & Investment Committee (F&IC);	

- iii Quality Committee;
- iv Remuneration & Terms of Service Committee (RTSC); and
- v Charitable Funds Committee.

AA stated that, if the Trust Board was to be assured by the reports received from its key Committees, it was essential that the relevant ToR were reviewed to ensure their validity and effectiveness. Section 2.2 included information about when each Committee had reviewed their ToR, including a 'remote' review by the members of the F&IC and the proposed amendments to each set of ToR were shown as 'tracked changes'.

AA provided a short summary of the changes in each of the ToR and invited questions from those present.

MW stated that a couple of sentences had been inserted to reflect the need to have a virtual Committee meeting at times and the need for a formal record to be kept of that meeting, which would be circulated and which would come to Trust Board for approval along with the routine minutes.

A discussion took place in relation to the quoracy of the Audit Committee. It was agreed that AA would follow this up and clarify with BS as Chairman of the Committee.

#### Action:

AA to clarify quoracy of Audit Committee with BS and amend ToR wording as appropriate.

SP asked whether the NED membership of the Quality Committee was correct.

AA confirmed that there were three NED members, one of whom was Chair of the Committee and one of whom was Chair of the F&IC.

It was noted that all changes were subject to the Executive Directors' revised portfolios. Following approval of the changes, consideration would be needed in terms of the format and number of Committees.

PD asked whether there should be a set of ToR for the Joint F&I and Quality Committee meetings which took place twice a year. It was agreed that this would not be necessary.

## Approval:

Subject to above amendments, the Trust Board approved each of the updated Terms of Reference for:

- i Audit Committee;
- ii Finance & Investment Committee (F&IC);
- iii Quality Committee;
- iv Remuneration & Terms of Service Committee (RTSC);
- v Charitable Funds Committee.

AA

		Action
6.3	For Approval: Board & Committee Planner 2016/17  AA presented the 2016/17 Board and Committee Planner for the Trust Board to consider and approve. She stated that the Planner had been through the same process as the previous year's Planner with comments incorporated from the Chairman, Non-Executive and Executive Directors.  The Planner had been submitted for approval three months earlier	
	than previously which should facilitate better planning for people with commitments external to YAS.	
	The Chairman stressed the importance of having the dates approved as early as possible to maximise attendance at meetings. She further stated that change would be needed at some point in terms of the volume and content of meetings to enable better management of the more demanding days. However, this was unlikely to be before the Trust became a Foundation Trust.	
	Approval: The Trust Board approved the Board and Committee Planner 2016/17.	
7	PERFORMANCE MONITORING	
7.1	Charitable Funds Committee: Minutes of the last meeting held on 5 March 2015 and Committee Chairman's Update EM updated the Trust Board regarding the activities of the Charitable Funds Committee. In addition to the minutes of the meeting on 5 March, which were attached, a meeting had taken place on 2 July.	
	The Trust had participated in two quite successful fund raising events. £1800 had been raised at the Dragon Boat Race and £1500 at the Golf Day.	
	EM stated that Clinical Development Manager, Jason Carlyon (JC) had attended the meeting to speak to the Committee about support for a Community Cardiopulmonary Resuscitation (CPR) Training Centre. Although this was not something that the Committee believed it could support in its entirety, it was agreed that the Trust could provide some support for the proposal which should be discussed further with an appropriate Director outside the meeting.	
	The Chairman stated her belief that JC's project was an excellent piece of work.	
	RB agreed, stating that he had already spoken to JM about the proposal and how best to attract the support of YAS' Commissioners.	
	It had been agreed that, once details of the project's ownership and management were clarified, specific sections could be brought to the Charitable Funds Committee for support.	

		Action
	The Chairman stated that a review of the Committee was planned and stressed that EM's involvement would be vital.	7101101
	The Chairman thanked EM for her report.	
	Approval: The Trust Board noted the Minutes and was assured by the discussions within the Charitable Funds Committee and the key issues highlighted for further scrutiny within the Committee's work programme.	
7.2	Audit Committee: Minutes of the meetings held on 2 April and 2 June 2015 and the Committee Chairman's Update of the meeting held on 2 July 2015  The Chairman stated on behalf of BS that the approved minutes of the meetings held on 2 April and 2 June meetings were attached. BS had also confirmed that no matters arose in the 2 July meeting that he believed should be brought to the attention of the Board prior to the approved minutes being available.	
	In BS' absence, SP presented a verbal update of the meeting. He stated that, in addition to the usual Committee Risk reports, updates were received about the Board Assurance Framework (BAF), Serious Incidents and the Trust's Risk Strategy.	
	The Associate Director of Information and Communications Technology (ICT) was in attendance to give assurance on the controls surrounding new developments. The meeting had picked up the themes from a couple of recent Internal Audit (IA) reports and it had been agreed that a 'health check' of ICT should take place.	
	SP stated that compliance with audit recommendations was positive overall with an additional process agreed to track progress through Trust Management Group (TMG).	
	The meeting had worked through all of the recent IA reports rather than focussing on the limited assurance reports. A couple of issues had been picked out for follow up in Quality Committee, F&IC, etc.	
	MW stated that the marked improvement over the last 18 months in terms of delivery of actions out of IA reports was encouraging.	
	The Chairman thanked SP for his update.	
	Approval: The Trust Board noted 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.	

		Action
7.3	Quality Committee: Minutes of the last meeting held on 7 May 2015 and Committee Chairman's Update of the meeting held on 9 July 2015	
	PD updated the Trust Board regarding the activities of the Quality Committee and provided a short verbal update of the meeting held on 9 July 2015.	
	Work was under way to align papers to the workplan to streamline the work going through the Quality Committee. Further work was ongoing to ensure that risks outlined in the final section of papers were linked to the risks associated with the Committee's Terms of Reference.	
	It was agreed that any limited assurance or significant assurance IA reports with recommendations must come to the Committee to confirm that these had been actioned.	
	PD stated that the Integrated Performance Report (IPR) would no longer come to the Committee as a separate agenda item. Relevant exception reporting would be included in individual reports and brought to the Committee's attention.	
	PD further stated that the clear focus of the Committee continued to be on patient safety and quality in line with YAS' performance and a report was received at every meeting around incidents, complaints, etc.	
	The Chairman thanked PD for her update.	
•	Approval: 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.	
7.4	Finance & Investment Committee: Minutes of the meeting held on 7 May 2015 and Committee Chairman's Update on the meeting held on 9 July 2015  MW updated the Trust Board regarding the activities of the Finance & Investment Committee (F&IC).	
	The July meeting had received a couple of papers relating to the procurement of Patient Transport Service (PTS) vehicles and fuel cards that would be seen later in the Private Board Meeting.	
	A paper had been discussed relating to A&E resourcing and the impact of the Operational Research in Health (ORH) work, which it was clear, would continue to develop over time. A further update would be provided at the September meeting.	

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MW stated that the revised version of the Cost Improvement Plan (CIP) for A&E had a lot more structure and clarity than the previous version. Although there remained some doubt as to the extent to which it genuinely constituted a CIP, as opposed to operational improvement, as long as the Committee was able to track progress they were comfortable with it.

A deep dive into the CIP programme for PTS had been identified for September; partly the result of a discussion on financial performance and partly due to the impact of the purchase of PTS vehicles.

The Chairman thanked MW for her update report.

### Approval:

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.

# 7.5 Board Review and Feedback: Board Vital Guiding Principles

**T** – timely, accessible communications

R – respect differences; be supportive

**U** – understand shared purpose, risks

**S** – self-awareness; give/receive feedback; time for reflection

T – take responsibility; challenge

The Chairman requested feedback on the meeting and asked whether the Board believed it had achieved its guiding principles.

PD stated that the big screen had been very useful, adding that the Committee Services Apprentice, Luke Playford, had managed the process of projecting the documents very well.

JM stated that there had been good acoustics, a suitable room and the big screen was excellent. This was one of best venues to date, so it was a shame that it was so far to travel to.

The Chairman stated that the next venue, Doncaster Race Course, was also a good venue.

The Chairman invited Alan Clarke (AC), the Operations Director of Ferno UK to address the meeting. She stated that AC's company, which was one of the sponsors of the 'We Care Awards' provided a lot of the equipment that was found on the Trust's vehicles.

AC stated that the meeting had been fantastic. He had learned a lot more about YAS than he had known before and he would take the idea of using the screen to project the papers back with him.

		Action
	AC attended a lot of Public Board meetings in different trusts and this was one of the best in terms of providing interesting and useful information. He stated that Ferno were there to support YAS, adding that if they could provide any help or advice in terms of equipment support, guidance etc YAS should let them know.	
8.	REGULATORY REPORTS	
	There were no Regulatory Reports.	
9.	FOR INFORMATION	
9.1	YAS Forum Report of the last meeting held on 12 May 2015 The Chairman thanked Board colleagues for their input and constructive challenge and wished everyone a safe journey home.  The meeting closed at 1515 hours.  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.	
10	Date and Location of Next Meeting: 29 September 2015, Annual General Meeting and Trust Board Meeting in Public – Doncaster Race Course	

# **CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

_ CHAIRMAN
DATE