



## Trust Board Meeting held in Public

**Venue:** Headingley Experience, Headingley Carnegie Stadium, St Michael's Lane, Headingley, Leeds, LS6 3BR

**Date:** Tuesday 26 January 2016

**Time:** 1130 hours

**Chairman:** Della Cannings

### Present:

#### Board Members:

Della Cannings	(DC)	Chairman
Rod Barnes	(RB)	Chief Executive
Patricia Drake	(PD)	Deputy Chairman and Non-Executive Director
John Nutton	(JN)	Non-Executive Director
Barrie Senior	(BS)	Non-Executive Director
Erfana Mahmood	(EM)	Non-Executive Director
Dr Dave Macklin	(DM)	Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director
Steve Page	(SP)	Executive Director of Standards & Compliance
Robert Toole	(RDT)	Executive Director of Finance & Performance (Interim)

#### Apologies:

Mary Wareing	(MW)	Non-Executive Director
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#### In Attendance:

Anne Allen	(AA)	Trust Secretary, YAS
Kate Sims	(KS)	Associate Director of Human Resources, YAS
Ronnie Coutts	(RC)	Non-Executive Director (Observing)
Karamjeet Singh Virdee	(KV)	YAS Forum Member, West
John Eggleston	(JE)	YAS Forum Member, West
Dennis Shaw	(DS)	YAS Forum Member, South
David Bunch	(DBu)	FT Member
Gareth Davies	(GD)	FT Member
David Bolam	(DB)	Public Member
Steve Gorton	(SG)	Public Member
Steve Pitchfork	(SPi)	EOC Clinical Duty Manager, YAS
Lisa Sturrock	(LS)	EOC Clinical Duty Manager, YAS
Jayne Whitehouse	(JW)	EOC Service Delivery Manager, YAS
Graham Butterworth	(GB)	HART Training and Support Manager, YAS
Kelly Clayton	(KC)	EOC Clinical Duty Manager, YAS
Ola Zahran	(OZ)	Associate Director of I&MT, YAS
Wayne Clowes	(WC)	Voice Communications Support Analyst
Emma Cameron	(EC)	HART Clinical Supervisor, YAS

Chris Davies (CD) IMT Support Analyst, YAS  
 Luke Playford (LP) Committee Services Administrator, YAS

**Minutes produced by:** (JL) Joanne Lancaster, Committee Services Manager, YAS

		<b>Action</b>
	The meeting commenced at 1130 hours.	
1	<p><b>Questions from the Public</b></p> <p>The Chairman welcomed everyone to the Trust Board Meeting held in Public and expressed her appreciation that so many YAS staff and members of the public were in attendance. She invited questions from those present, asking people to identify themselves by name, geographical area and organisation if appropriate.</p> <p>Steve Gorton a member of the public raised two points:</p> <ul style="list-style-type: none"> <li>• As the Hillsborough Inquest was coming to a close were there any indications that either the Police or the Ambulance Service had been negligent.</li> <li>• He would welcome the Board’s view on the comments made by the Home Office on joint Control Rooms for Police, Fire and Rescue Service and the Ambulance Service.</li> </ul> <p>The Chairman responded to the first question and reported that the Judge was summing up at the Hillsborough Inquest and had presented 14 questions to the Jury for consideration during their deliberations. The Chairman stated her belief that it would be unwise to comment further until the Inquest had delivered the verdicts.</p> <p>SP added that the summing up should take approximately two to three weeks and the Jury would deliberate for a number of weeks. SP stated his belief that there had been improvements in the ambulance service since the 1980s and lessons learned from the Hillsborough disaster had been built into current clinical practice.</p> <p>The Chairman responded to the second question and advised that there was already a duty for Emergency Services to collaborate. The Chairman stated her belief that collaboration already took place in the region where this was appropriate and outlined some of the joint work with partner agencies.</p> <p>The Chairman stated her belief that the Ambulance Service was of a different nature to other emergency services in that the Ambulance Service was primarily a health based service. She did not believe that the Ambulance Service should sit under the umbrella of the Police and Crime Commissioner as had been proposed for the Fire and Rescue Service.</p> <p>RB agreed with the Chairman adding that YAS would continue to work collaboratively with the other emergency services where it was sensible to do so.</p>	

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	<p>David Bolam a member of the public made an observation in relation to the Integrated Performance Report (IPR), particularly in reference to Page 8, Red 1 and Red 2 Performance, where he felt that it was useful that average response times were quoted in addition to the percentage of calls within target, adding that it would also be useful to know the clinical outcomes for those patients.</p> <p>DM responded that this had been considered previously but it was helpful to see the spread of response times. He added that both a quality and timely response was what was expected by patients.</p> <p>The Chairman thanked those present for their questions.</p> <p>The Chairman stated that members of the public were welcome to stay and observe the business of the Board meeting but should feel free to leave before the end of the meeting if they wished. She reminded those present that, once the formal Board meeting started, they would be unable to play an active part unless invited.</p>	
2	<p><b>Apologies / Declaration of Interests</b></p> <p>The Chairman welcomed everyone including Kate Sims, Associate Director of Human Resources. Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p> <p>The Chairman stated that she would take some agenda items out of order to enable those staff members present to leave should they be required back on duty.</p>	
4	<p><b>Chairman's Report</b> <b>(This item was taken out of order of the approved agenda)</b></p> <p>The Chairman commented that the agenda highlighted the breadth and complexity of some of the work undertaken by YAS.</p> <p>The Chairman stated her belief that the NHS was at an interesting point in time with some significant opportunities available to improve patient services. She stated that the Government had a number of years left in term and they had set out their vision for the health service and YAS would contribute to that vision appropriately.</p> <p>The Chairman referred to the presentation by Dr Phil Foster that had taken place earlier that day on the Vanguard West Yorkshire Urgent and Emergency Care Network Programme. She stated her belief that the initiative would create a better experience for patients.</p> <p>In the context of the significant challenges facing the health service it was important to utilise new ways of working, including maximising the use of information technology.</p> <p>The Chairman spoke about ensuring that the right outcome for patients was achieved. The range of quality targets was important not solely the</p>	

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<p>response time targets adding that it was important that YAS provided the right service at the right time and in the right place. YAS was working with Commissioners to maximise new opportunities and add value to the wider health economy.</p> <p>The Chairman mentioned the Christmas and New Year period where it was evident that care and compassion had been provided by YAS' staff to patients in what was sometimes a challenging and complex environment. The devastating flooding over that period across the North of the country had seen YAS staff step up to the mark. YAS' own business continuity plans had been instigated. The Chairman stated she had been humbled by the staff response as events had unfolded.</p> <p>The Chairman expressed her pleasure that a number of colleagues who had worked exceptionally hard over that period were in attendance at the Trust Board meeting that day and asked them to introduce themselves:</p> <p>Kelly Clayton – EOC Clinical Duty Manager;  Lisa Sturrock – EOC Clinical Duty Manager;  Steve Pitchfork – EOC Clinical Duty Manager;  Jayne Whitehouse – EOC Service Delivery Manager;  Emma Cameron – HART Clinical Supervisor;  Graham Butterworth – HART Training and Support Manager;  Wayne Clowes – Voice Communications Support Analyst;  Ola Zahran – Associate Director of I&amp;MT;  Chris Davies – IMT Support Analyst.</p> <p>The Chairman expressed her personal thanks on behalf of YAS and congratulated and applauded those present and the teams they represented for their hard work and professionalism.</p> <p>The Chairman thanked everyone for listening to her update report.</p> <p>The Chairman advised that the next agenda item would be Item 5.5 – Operational Review of the Festive Period 2015/16.</p>	
<p><b>5.5 Operational Review of the Festive Period 2015/16</b>  <b>(This item was taken out of order of the approved agenda)</b></p> <p>RB outlined the details of the paper which considered the operational pressures faced by the Trust's A&amp;E and NHS 111 services over the festive period and actions taken to ensure continuity of service.</p> <p>RB advised that although there had been advanced warning of the adverse weather conditions it had not been possible to predict the scale of the challenge. In preparation for expected service pressures senior operations managers were moved onto shifts over the two weeks of the festive period with operational management cover on site at the Gold Cell command centre at Springhill from 7am to 7pm.</p> <p>RB reported that from Boxing Day there was a sustained challenging</p>	

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<p>operational environment and a formal Gold command structure was established until New Year's Day.</p> <p>RB reported that the areas most affected by initial rainfall on Boxing Day had been in West and North Yorkshire, particularly Skipton, Hebdon Bridge and Mythomroyd where members of the public had to be evacuated from their homes and several roads were closed. YAS' Hazardous Area Response Team (HART) were deployed to assist with water rescue with a second HART team brought in to provide additional cover.</p> <p>RB referred to the representatives at the Board from the Emergency Operations Centre (EOC) and the ICT Team stating that although their work during the flooding might be less visible the challenges they had faced during the period were just as significant.</p> <p>RB explained that the continued rain and flooding affected ICT and telephony infrastructure including the emergency services Airwave radio, mobile phone networks and fixed line telephone infrastructure. The flooding of the pumping station at the Foss Barrier had resulted in the barrier having to be raised which subsequently caused flooding to several hundred properties in York and the evacuation of the York NHS 111 call centre resulting in operations temporarily being moved to Wakefield for several days over the period.</p> <p>RB reported that the flooding also affected the Leeds telephone infrastructure and national contingency arrangements had to be utilised for NHS 111 to free up line capacity for 999 calls.</p> <p>RB outlined some of the work YAS' staff had undertaken during the period including setting up a temporary health facility in Tadcaster with primary care colleagues. RB commented that the ICT team had worked under considerable pressure for a sustained period of time to ensure that ICT systems were kept up and running. He further advised that although the EOC control room were under pressure they had operated in a cool and calm manner.</p> <p>RB expressed his thanks to all YAS' staff who had worked and supported delivery of services over the Christmas period and particularly those staff at the Board meeting that day who were representing their wider teams.</p> <p>PD expressed her thanks to YAS' staff and commented how proud she had felt as events had unfolded and she had seen YAS' staff at the forefront of helping those in need. She added that she hoped that lessons would be learned from the event.</p> <p>DM responded that lessons had been identified, particularly around:</p> <ul style="list-style-type: none"> <li>• Infrastructure; and</li> <li>• Ensuring operational response was tied into continuity plans.</li> </ul> <p>DM advised that debriefs were taking place with partner agencies and</p>	

		<b>Action</b>
	<p>that a paper focused on lessons learned would go to the Quality Committee.</p> <p>JM added that the event had highlighted the fragility of the national infrastructure and YAS had fed this back centrally. JM reiterated the fantastic job that YAS' clinical staff had done in challenging circumstances and that the timely and innovative response which had been provided to the public should not be underestimated. JM expressed his thanks to YAS' staff for their hard work and commitment.</p> <p>The Chairman referred to the important work that had been undertaken by the Yorkshire Air Ambulance (YAA) over the same period and extended her thanks to colleagues who worked for YAA.</p> <p>RB also recognised the contribution Community First Responders (CFRs) had made to the service and public, not just over the festive period in question, but also on a day to day basis.</p> <p><b>Action:</b>  <b>The de-brief and lessons learned should be presented at a future Quality Committee meeting.</b></p> <p><b>Approval:</b>  <b>The Trust Board noted the paper.</b></p>	RB
3	<p><b>Minutes of the Meeting held on 24 November 2015 including Matters Arising (not on the agenda) and Action Log</b></p> <p>The Minutes of the Trust Board Meeting in Public held on 24 November 2015 were approved as a true and fair representation of the meeting.</p> <p><b>Matters Arising:</b>  BS was present at the meeting.</p> <p>Page 17, 4<sup>th</sup> paragraph – change to – ‘The Chairman referred to risk 731, the purchase of the replacement vehicle....’.</p> <p>Page 27, 3<sup>rd</sup> paragraph – change to – ‘The current three year Internal Audit Plan was coming to an end and a new plan for 2016/17 and beyond was required by the end of March 2016. This would be reviewed at the April Audit Committee meeting’.</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>Action 397 – To include a percentage of Paramedics on vehicles in the Integrated Performance Report (IPR) – As this had not yet been incorporated in the IPR the team would look to include this in the next report. Action remains open.</p> <p>Action 400 – To include Cost Improvement Plans (CIP) commentary in</p>	

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<p>the Chief Executive's report – This month would be a verbal update and going forward this would be included within the report. Action closed.</p> <p>Action 403 – Resilience information to be included in the IPR – RDT explained this would be incorporated from March onwards. Action closed.</p> <p>Action 404 – Analysis undertaken on the IPR to ensure all information was captured – RDT advised that a review was taking place. Action closed.</p> <p>Action 405 – RDT advised this had been discussed and would be the first call on the Capital Plan in 2016/17. Action closed.</p>	
<p><b>5</b></p> <p><b>QUALITY, SAFETY AND PATIENT EXPERIENCE</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.</p> <p>It was important for the Board to hear about both good and bad experiences and the stories were used to help to drive changes through the organisation and provoke thought rather than discussion.</p> <p>The Chairman presented Andrew's story to the Trust Board.</p> <p>Andrew was involved in a serious car accident in which his car ended up on its roof. Passers-by called for an ambulance to attend and to provide care to Andrew.</p> <p>As Andrew outlined in the film, the Paramedic did not just provide a high level of care to him, but also demonstrated the Trust's values of care and compassion to Andrew's partner.</p> <p>Andrew expressed his thanks to the crew for all the care provided to both him and his partner.</p> <p>The Chairman stated that the story highlighted the immediate impact YAS' staff could have on another person. She thanked everyone for listening, Gareth Flanders for liaising with Andrew to compile the story and to Andrew for allowing his story to be shared.</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 advised that the monthly standard submissions to the Trust Development Agency (TDA) for December 2015 were brought before the Board for approval and submission.</p> <p>RB reported that there had been no significant change from that</p>	

	<b>Action</b>
<p>reported in November 2015.</p> <p>RB updated Board colleagues on the delivery of A&amp;E performance targets including Red 1 at 69% and Red 2 at 71% which had met the trajectory for December.</p> <p>RB advised that the commentary had been updated in the statements and subject to Board approval these would be sent to Monitor.</p> <p>The Chairman stated that this was a regular return that was an open and honest account of any issues or changes in the Trust's overall performance.</p> <p><b>Approval:</b>  <b>The Trust Board approved the submission of the NHS Trust Development Authority Compliance with Monitor Licence Requirements for NHS Trusts Return and the NHS Trust Development Authority Board Statements December 2015.</b></p>	
<p><b>5.3 For Assurance: Chief Executive's Report and Integrated Performance Report (IPR)</b></p> <p>RB presented the report to give the Board assurance on the activity of the Trust Executive Group (TEG) from 24 November 2015 to 19 January 2016 and the opportunity for TEG to highlight the key variances/movements contained within the December 2015 Integrated Performance Report (IPR).</p> <p>RB highlighted pertinent points from the report under each of the following headings.</p> <p><u>External Environment</u></p> <p>RB reported that following the Government Spending Review announced on 25 November 2015 that NHS Improvement had published its 2016/17 Financial Framework and planning guidance on 22 December 2015. This had set out the operational planning and tariff setting approach for the next financial year including an expected efficiency factor of 2% across the provider sector. The guidance also provided details of the £1.8bn Sustainability and Transformation Fund (S&amp;T Fund) and YAS would be discussing with Commissioners how the organisation could access the 'targeted' fund to drive efficiencies and transformation.</p> <p>RB advised that Calderdale and Huddersfield NHS Foundation Trust (CHFT) and the Greater Huddersfield and Calderdale Clinical Commissioning Groups had announced that there would be a public consultation on the future of the Accident and Emergency departments at Huddersfield Royal Infirmary and Calderdale Royal Infirmary. He reported that the plans recommended that Calderdale Royal Infirmary housed the A&amp;E Department for the Trust with the replacement of the A&amp;E Department at Huddersfield Royal Infirmary with an Urgent Care Centre which would treat less serious conditions.</p>	



RB advised that YAS was fully engaged with CHFT's planning processes and were assessing the impact upon emergency ambulance and the Patient Transport Services (PTS).

RB reported that NHS England had developed a revised set of Ambulance Quality Indicators (AQIs) which had come into effect at the beginning of January 2016. The most significant change affected the time start for calls transferred from NHS 111 through the A&E Emergency Operations Centre (EOC). From January the clock would start immediately at the point that the call presented to the Trust's EOC rather than allowing time for additional call assessment. RB advised that all Ambulance Services were affected by the change and although it might negatively impact on performance, Ambulance Services were supportive of the change as appropriate to quality of care.

#### Business Planning and Delivery

RB reported that Jane Ellison, MP, Parliamentary Under Secretary of State for Public Health at the Department of Health (and Conservative MP for Battersea) had visited YAS HQ on Thursday 31 December 2015 to see first-hand the challenges the service had faced over the festive period when the region had experienced significant flooding.

#### Other Business Planning Priorities

RB reported that the Trust had begun formal consultation at the beginning of December 2015 with members of the Trust Management Group (TMG) on director portfolios and the future management structure of the Trust. RB advised that the consultation process had closed and the recruitment process had begun for the roles of Executive Director of Finance, Director of Workforce and Organisational Development, Director of Business Development and that a number of other senior roles would be advertised during late January and early February 2016. This would provide capacity in the leadership team to help meet some of the opportunities and challenges facing the organisation.

RB advised that plans were underway to address the previously reported issues at Bentley Ambulance Station in Doncaster as part of the Hub and Spoke project. The team would be consulting with stakeholders in the coming weeks including staff and their representatives.

RB reported that the Make Ready pilot had been extended from Manor Mill to Dewsbury Ambulance Station following positive feedback from the scheme, adding that a similar facility the Vehicle Preparation Service, was being opened at Wakefield Ambulance Station. The Make Ready Scheme prepared vehicles at the start of every shift; the Vehicle Preparation Service prepared vehicles on a once a day basis. Having both pilot schemes running concurrently would enable the Trust to compare the two schemes and decide which to take forward for organisation-wide implementation.

IPR Section 2 (A&E Performance)

RB reported that Red 1 performance had been 69% and Red 2 performance had been 71% for December 2015, against performance in December 2014 of Red 1 at 63% and Red 2 at 60%. The performance for December 2015 had been encouraging particularly in light of the flooding throughout the region over the festive period. RB advised there had been a significant increase in Red demand but planning within YAS had meant this had not had a significantly detrimental effect on performance, adding that YAS was currently performing well relative to other services nationally.

RB referred to pressures in the hospital A&E departments which were beginning to impact on some Clinical Business Units (CBUs). RB advised that a conference call had taken place before Christmas with Monitor, Trust Development Authority (TDA), Commissioners and a number of Acute Trusts to address some of the issues.

RB reported that the NHS 111 referral rate to 999 was performing well and had decreased from last month to 7.5% compared to 8.1% in November.

There had been sustained improvement in Patient Transport Services (PTS), adding that 93% of service users had responded positively to the Family and Friends test.

#### IPR Section 4 Workforce

RB reported that Performance Development Review (PDR) performance stood at 74.03% against the target of 80% which was a slight decline on the previous month, however, this was against a backdrop of a significant number of PDRs expiring during the period; the Trust Executive Group (TEG) would monitor this to ensure it was brought back in line.

RB advised that sickness absence for December 2015 stood at 6.28% which was an increase of 0.43% from the previous month. This compared well to the same period the previous year when it was 7.21%. The 12 month figure was 5.65% compared to 6.51% for the previous 12 months. RB acknowledged there was more work to do on reducing sickness absence but was encouraged by the improvement from previous years.

RB referred to the Cultural Audit and advised there would be a renewed focus on organisational culture which he hoped would address the findings of the Zeal Cultural Report.

RB advised that talks were still on-going around proposals for Paramedic progression.

#### Cost Improvement Plans (CIPs)

RB verbally updated on the main issues with the CIPs:

- A&E – the initial plan had been £4.6m and the current projection was £2.1m with the performance penalties having a significant

	<b>Action</b>
<p>impact. The Trust remained hopeful it would be able to re-invest penalties back into A&amp;E Operations, subject to Commissioners' agreement</p> <ul style="list-style-type: none"> <li>• PTS – the target was £1.5m and the current projection was £1.7m. There had been a number of initiatives that had contributed including: updated equipment; organisational improvement; apprentices; and use of sub-contractors.</li> </ul> <p>RB advised that all other CIPs were broadly in line with target.</p> <p>JN referred to the information that which been presented at Finance and Investment Committee (F&amp;IC) in December and commented that it was encouraging what had been achieved, however, there were still issues around sickness absence which should be addressed. He added that he felt there was still a lot of work to do within PTS in terms of delivering against the transformation plan.</p> <p>PD stated that she was pleased to see the ICT improvements contained within the IPR and she would be keen to see a 'softer' report around what difference the ICT improvements made to patient care and outcomes.</p> <p><b>Action:</b>  <b>Request from Quality Committee to see if ICT section within the IPR could contain a 'softer' (commentary) element in respect of ICT improvements supporting patient care and outcomes.</b></p> <p>PD expressed concerns over the proposed changes to Calderdale and Huddersfield NHS Foundation Trust (CHFT) and the wider impact this would have on YAS, adding that she wondered if patient flows to neighbouring A&amp;E departments had been factored in.</p> <p>The Chairman responded that there were several reconfigurations currently underway or proposed across the region stating that YAS would continue to be engaged and highlight the wider impact on the Trust, adding that the immediate issue for YAS was sufficient leadership capacity to oversee all such proposals in the region.</p> <p>DM stated that it was important to model the impact of service reconfigurations and the unintended consequences to other parts of the health economy.</p> <p>PD referred to the incidents detailed at page 31 of the IPR and asked if a deep dive could be done to differentiate between YAS and 'other providers' in terms of incidents to be reported at Quality Committee.</p> <p><b>Action:</b>  <b>To consider if a deep dive of incident information could be undertaken to differentiate between YAS and other providers and reported to Quality Committee.</b></p>	<p></p> <p><b>RDT</b></p> <p></p> <p><b>SP/RDT</b></p>

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<p>PD particularly expressed her concern at the loss of keys for controlled drug cupboards.</p> <p>JM responded that it was a continuing issue adding that work was being undertaken with front line staff to address this. He stated that there may be alternative solutions for locking cabinets to negate having to have keys, for example, electronic locks. He further added that the Make Ready Scheme should also mitigate against some of the incidents.</p>	
<p><b>Action:</b>  <b>For a discussion to take place around the incidents involving controlled drugs at a Quality Committee meeting.</b></p>	JM
<p>PD asked for a paper to be brought to the Quality Committee around YAS' Ambulance Quality Indicators (AQIs) that were ranked in the bottom half of the national table and what plans were in place to improve on these.</p>	
<p><b>Action:</b>  <b>A paper to be presented at Quality Committee on Ambulance Quality Indicators (AQIs) that were ranked in the bottom half of the table and what plans were in place to improve on these.</b></p>	SP
<p>Discussion took place around recruitment to staffing levels and the forecasted position for A&amp;E Operations. DM advised that the team hoped to achieve the planned position, but acknowledged there might be variance on this depending on training and attrition rates.</p>	
<p>KS added that the clinical support staff positions were on course with 100 people in the system, however, qualified positions were not on plan as the attrition rate remained a significant challenge. She further advised that there would be an overseas recruitment plan in place which would incorporate learning from other Trusts.</p>	
<p>BS referred to the NHS 111 capacity review and the increase in activity over contract asking if the decrease in demand during December would impact on YAS' discussions with Commissioners.</p>	
<p>SP responded that the Commissioners had acknowledged the increased level of demand and that it was not entirely funded within the contract adding that a meeting had been arranged with them to discuss the issue. He further advised that the contract discussion dates for the following year were now in the diary. SP stated that although demand had dipped during December 2015 it had increased significantly again during January 2016.</p>	
<p>BS referred to December incident reporting where there had been an increase in 'moderate and above' incidents and asked if this was a cause for concern.</p>	
<p>SP responded that there was not a significant issue. Moderate incidents</p>	

	<b>Action</b>
<p>were reported as they were received into the Trust. SP confirmed there was no spike in incidents and they were within statistical variation limits.</p> <p>BS asked what the impact had been for YAS on the withdrawal of stroke services from Scarborough Hospital Trust and Airedale Hospital Trust.</p> <p>JM responded that work was on-going to assess the full impact on the withdrawal. He advised that a specialist nurse was available at Scarborough Hospital but this had proved an unviable option and therefore this service would be withdrawn. The nearest stroke centre was at York Teaching Hospital NHS Foundation Trust and early indications were that this would have a significant impact on YAS.</p> <p>The closure of the Airedale stroke service had had less impact as patients had naturally drifted to Bradford Royal Infirmary.</p> <p>BS asked if there continued to be four dedicated ambulance vehicles to transfer patients from Scarborough to York.</p> <p>RDT responded that YAS was picking up the costs for those vehicles. He advised that negotiations with Commissioners would make clear that future reconfigurations would be outside of YAS' contract.</p> <p>Discussion took place around the impact of such reconfigurations and the unintended consequences of these on other parts of the health economy.</p> <p>The Chairman stated her belief that one off arrangements such as the four dedicated vehicles at Scarborough had the potential to be underutilised and a review and evaluation should be undertaken.</p> <p><b>Action:</b>  <b>To undertake a review on utilisation rates for the four vehicles dedicated to the Scarborough/York transfers.</b></p> <p>BS referred to the 'RAG' tracker against the Business Plan Objectives and what appeared to be perennial 'ambers' asking when these would turn 'green'.</p> <p>RB responded that this had been discussed by the Trust Management Group (TMG) and that the milestones and objectives would be more clearly defined.</p> <p>SP added that work was on-going around the Trust's Performance Framework. When the Business Objectives for 2016/17 had been defined, milestones and Key Performance indicators (KPIs) would be agreed and an escalation process established to ensure the Trust were on track.</p> <p>EM raised concerns that there appeared to have been a relapse in completed Performance Development Reviews (PDRs).</p>	<p><b>DM</b></p>

	<b>Action</b>
<p>KS responded that a report would be going to the next TEG meeting around the PDR framework. It was advised that it would be a top – down process so that objectives could be cascaded through the organisation. An action plan would be developed with ownership at an Executive Director level.</p> <p>The Chairman emphasised the importance of ensuring that staff had a minimum of an annual quality PDR. The Board had previously reminded senior colleagues that it was imperative to deliver PDRs to staff so they were aware what was expected of them and how they were doing in their job role, adding that she would expect to see an improvement in performance in this area.</p> <p>Discussion took place around recognition of professional and other qualifications and those which YAS supported and were explicit to careers and those which were not supported and were not linked to a career pathway.</p> <p>The Chairman asked Board colleagues if there was anything specific they wanted to highlight in terms of the report and IPR.</p> <p>JM advised that the Enhanced Care Team had been appointed with a launch date scheduled for April. The team would provide medically-delivered critical care for 12 hours a day with strengthened Medical Incident Commander cover 24 hours a day, operating from the Yorkshire Air Ambulance airbase at Nostell Priory.</p> <p>EM thanked Board colleagues for their support for the staff Black and Minority Ethnic (BME) Network.</p> <p>RB advised that, at the national Chief Executive’s meeting he had attended the previous month, an expression of thanks had been given to YAS for their support on national programmes of which JM and DM were representatives for the Trust.</p> <p>The Chairman noted that there had been an improvement in the response to Freedom of Information requests and asked for her thanks to be passed on to the member of staff who dealt with these.</p> <p>RDT referred to some of the good work that had been undertaken by Ancillary staff on the Make Ready Scheme and the team working on the Hub and Spoke project. He added his thanks to the Business Intelligence team who produced the IPR document.</p> <p>The Chairman thanked the Board for their comments adding that it was nice to hear positive news alongside the areas that required focus and development.</p> <p><b>Approval:</b>  <b>The Trust Board noted and discussed the variances contained within the December 2015 IPR report, highlighted in the Executive</b></p>	

	Action
<p><b>Directors' reports and agreed that it had sufficient assurance on the activities of the Executive Team and Trust Executive Group during the reporting period.</b></p> <p>The meeting broke for lunch at 1310 hours, reconvening at 1350 hours.</p>	
<p><b>5.4 For Assurance: Bi-Annual Report: Significant Incidents/Lessons Learned</b></p> <p>SP outlined the details of the report which was to provide the Trust Board with a bi-annual briefing on significant events highlighted through Trust reporting systems and by external regulatory bodies during Q1 and Q2 2015/16. The report also focused on actions taken and lessons learned.</p> <p>SP referred to the number of sources of information received and advised those incidents rated as moderate or above via the Trust risk grading system were reviewed by the Trust Incident Review Group (IRG) on a fortnightly basis. The IRG was the key forum for ensuring that themes and trends across multiple sources were identified and that lessons learned were shared across teams and appropriate action plans were put in place.</p> <p>SP advised that a total of 24 incidents were reported in Q1 and Q2 2015/16 adding that delayed response, including delayed dispatch and delayed back-up had remained a theme in A&amp;E Operations and Emergency Operations Centre (EOC) during that period. SP reported that the A&amp;E Improvement Plan had delivered improvement in response performance in the year to date and that should continue over the coming year.</p> <p>SP advised that previous serious incident investigations in A&amp;E Operations had established a failure to recognise and appropriately manage potential spinal cord injury. SP reported that following the launch of the new evidence-based spinal assessment and management tool along with training materials, an educational video and inserts for the Paramedic Pocket Book, there had been a reduction in incidents relating to the identification of potential spinal cord injuries in Q3 2015/16.</p> <p>SP advised that the rate of moderate and above incidents had seen a slight increase over the last few months.</p> <p>The Chairman asked if the data reflected a true position adding whether the figures were recalibrated following investigation.</p> <p>SP responded that the Trust objectively re-assessed the grade of incidents to determine the level of investigation undertaken and the data reflected this. An audit trail of any renew of grading was recorded in Datix.</p> <p>SP referred to Medical Equipment related incidents due to the change to</p>	

	<b>Action</b>
<p>a smaller model of defibrillator in Rapid Response Vehicles (RRVs) advising there had been a number of issues raised and that work was being undertaken to resolve these.</p> <p>DM added that it was important that when equipment was changed, for example, to something more light weight, that it did not lose its functionality. A selection of staff had been asked to review new equipment in this regard.</p> <p>JM clarified that when the current lighter defibrillators were procured there had been a limited market; this had now changed with numerous different products available.</p> <p>SP advised that in terms of complaints that the Ombudsman had agreed with our response and actions, with nine out of ten cases reported, not being upheld.</p> <p>SP reported that the number of claims relating to the blue response bags had decreased however claims in respect of vehicle tail-lifts had slightly increased.</p> <p>PD advised that the Quality Committee had received a paper on this at the December meeting. Following the meeting Karen Warner, Associate Director of Quality and Nursing had circulated a paper on 'Human Factors' to the Non-Executive Directors (NEDs).</p> <p>PD commented that it was positive to see that the work YAS had undertaken around moving and handling had been beneficial.</p> <p>PD referred to paragraph 10.1 of the report which had given details of a conveyance of a patient with a back injury to a general hospital rather than a trauma centre which had necessitated a secondary transfer and asked if improvements were needed.</p> <p>JM responded that the patient report form had been reformatted making it more amenable to patient caseload/history. In addition there was a clinical refresher programme. JM advised that he would expect to see an improvement.</p> <p>The Chairman stated that the current patient report form was a significant document to complete and she believed that once it was electronically available it would make a huge difference to staff.</p> <p>SP referred to NHS 111 and Urgent Care Pathway and advised there were pressures within the West Yorkshire Urgent Care system adding that this was being followed up with Commissioners.</p> <p>The Chairman responded that the value of the correct pathway in NHS 111 was crucial, however, when things went wrong as they had done to in a recent case in the South West where a young child with sepsis had</p>	



	<b>Action</b>
<p>tragically died, lessons should be learned and shared. She stated her belief that NHS 111 helped millions of people and it was only a small percentage where things went wrong.</p> <p>The Chairman thanked SP for the report and emphasised the importance of the paper and of ensuring incidents were properly reported and investigated.</p> <p><b>Approval:</b>  <b>The Trust Board received the report as assurance that Significant Incidents/Lessons Learned were being effectively monitored and addressed.</b></p>	
<p><b>6. STRATEGY, PLANNING AND POLICY</b></p>	
<p><b>6.1 For Approval: YAS' Charity Accounts and Annual Reports</b></p> <p>EM advised that the purpose of the paper was to present to the Trust Board the independently examined 2014/15 Annual Accounts and the Trustee Annual Report of the Yorkshire Ambulance Service NHS Trust Charity for approval and signature and to present the Annual Account and Trust Annual Report for 2013/14 for to the Trustees.</p> <p>EM advised that the figures were self-explanatory and that the Charity's funds continued to grow. She advised that there would be a Charitable Funds workshop in February which would be attended by Trustees, YAS Forum members and staff to look at ideas for generating and spending funds.</p> <p>RDT reported that the charity had helped fund the Restart a Heart campaign and also some equipment for the Yorkshire Air Ambulance.</p> <p>EM added that the nature of some of the funding, for example, legacy payments, meant that it was not possible to predict when funding would be received into the Charitable Fund. The Charity's governance processes meant that expenditure had to tie in to the Charity's objects and had to be expended appropriately and in a timely manner.</p> <p>The Chairman stated that she believed there were things that the YAS charity should consider:</p> <ul style="list-style-type: none"> <li>• That overheads were not disproportionate to the size of the charity;</li> <li>• That funding was not disproportionate to the expenditure;</li> <li>• How the funding was utilised.</li> </ul> <p>RDT asked the Trustees of the Charity to approve the independently examined 2014/15 Annual Accounts and the Trustee Annual Report of the Yorkshire Ambulance Service NHS Trust Charity for approval and signature and to present the Annual Account and Trust Annual Report for 2013/14 for ratification.</p> <p>RDT and EM signed the appropriate documents which had been brought by Perry Duke, Head of Financial Services - Financial Controller.</p>	

		Action
	<p><b>Approval:</b>  <b>The Trust Board noted the update and approved the independently examined 2014/15 Annual Accounts and the Trustee Annual Report of the Yorkshire Ambulance Service NHS Trust Charity and noted the Annual Account and Trust Annual Report 2013/14 which had been submitted for ratification.</b></p>	
6.2	<p><b>For Approval: Updated Evidence of Compliance with the NHS Constitution, July 2015</b>  AA introduced the paper which provided evidence of YAS' compliance with the principles, values and pledges of the NHS Constitution 2015.</p> <p>AA advised that she had reviewed the Trust's evidence of compliance with the NHS Constitution and made the necessary amendments and these were reflected in track changes at Appendix B.</p> <p>RC asked if there had been staff engagement with the Constitution as this had not been mentioned when he had attended his YAS Corporate Induction.</p> <p>AA advised that the Constitution was publicised through the Operations Update staff magazine and that TMG were asked to share this with their staff.</p> <p>The Chairman asked that other avenues be explored to share the NHS Constitution with a wider cohort of YAS colleagues.</p> <p><b>Action:</b>  <b>To explore other forums to share with YAS colleagues the NHS Constitution and what it meant for them.</b></p> <p><b>Approval:</b>  <b>The Trust Board noted the report and approved:</b></p> <ul style="list-style-type: none"> <li>• <b>YAS' evidence of compliance with the principles, values and pledges of the NHS Constitution, 2015;</b></li> <li>• <b>To publish that evidence on YAS' website.</b></li> </ul>	AA
6.3	<p><b>For Assurance: Quarter 4 Assessment of A&amp;E Delivery Against Trajectory</b>  DM outlined the details of the report which was to provide the Trust Board with an update on the A&amp;E performance April to December 2015 and the forecast to the end of the year against the Trajectory, revised in September 2015.</p> <p>DM advised that meeting the Red 1 and Red 2 demand remained a significant challenge; quarter 4 had improved but still required attention to reach a sustainable position.</p> <p>DM referred to the new Ambulance Quality Indicators (AQIs) which had been introduced nationally on 5 January and advised that it was difficult to predict what impact these would make to performance due to the limited data currently available.</p>	

	<b>Action</b>
<p>EM asked if an impact assessment had been undertaken on the Private Provider provision and what effect this was having on performance.</p> <p>DM advised that the use of Private Providers had been extremely useful but not without complexity adding that strict governance processes were in place when procuring private provision and only those providers the Trust felt comfortable with were awarded a contract.</p> <p>PD advised that a report on Private Provision had been requested by the Quality Committee.</p> <p>RC asked if there was an indication of when the trajectory might improve.</p> <p>RB responded that DM and RDT were working on the workstreams for the A&amp;E Transformation which aimed to bring performance in line with targets in a sustainable way. RB advised that initiatives such as 'Lightfoot' and work being undertaken on recruitment and retention should all improve performance. RB would look to provide information around the impact of initiatives on performance in the coming weeks.</p>	
<p><b>Action:</b>  <b>To provide information on the impact of various initiatives on Red 1 and Red 2 performance.</b></p>	<b>RB/RDT</b>
<p>DM referred to the recent flooding experienced in the region over the festive period and advised that as staff had been redirected to their 'day to day' roles the Trust had not seen the A&amp;E performance recovery that had been expected.</p> <p>PD noted that absences were higher than had been planned adding that she had concerns around training absences for those individuals who required training to move to Advanced and Specialist Paramedic roles.</p> <p>DM responded that this was an improving position with training, annual leave and other absences being managed and the policies underpinning these were being reviewed by the staff forum. In terms of the latter question there would be a consistent approach, building on past experience, and there would be a plan to manage those training absences effectively.</p> <p>PD asked for an update on absences to be presented at the Quality Committee.</p>	
<p><b>Action:</b>  <b>To provide a report on A&amp;E Operations absences to the Quality Committee.</b></p>	<b>DM</b>
<p>The Chairman thanked DM for the update adding that it would be useful to see the trajectory with the new performance measures reflected.</p>	

		Action
	<p><b>Approved:</b>  <b>The Trust Board noted the update and took assurance that actions were in place to support improvements in A&amp;E performance.</b></p>	
<p><b>6.4</b></p>	<p><b>For Assurance: YAS' Operating Plan Priorities 2016/17</b>  RDT presented to the Board details of the Delivering the 5 Year Forward View Planning Guidance 2016/17 to 2020/21: YAS' Operating Plan Priorities 2016/17.</p> <p>RDT advised the presentation was an overview of YAS' Operating Plan and how it linked in with the national position and draft planning guidance which had been issued just before the Christmas break on 22 December, with the finalised guidance being issued on 19 January.</p> <p>RDT advised that all NHS bodies were required to have their draft Operational Plan 2016/17 submitted by 8 February.</p> <p>RDT referred to the timetable which was a very tight schedule, adding that the planning should promote whole health system planning rather than in isolation. RDT advised that the Clinical Commissioning Groups (CCGs) were not well advanced in their planning which was a critical point of note for YAS.</p> <p>The Five Year Forward Plan described a triple aim:</p> <ul style="list-style-type: none"> <li>• Improved health and wellbeing;</li> <li>• Transformed quality of care;</li> <li>• Financial sustainability.</li> </ul> <p>RDT reported that the West Yorkshire Urgent and Emergency Care Network Vanguard Programme was a key delivery vehicle for the future.</p> <p>RDT advised that the guidance set out the challenges ahead:</p> <ul style="list-style-type: none"> <li>• Net 1.1% increase to the 2016/17 tariff compared to last year's net reductions of (1.9%);</li> <li>• Focus on cost reduction not income growth 2% efficiency target;</li> <li>• 'Forensic examination' of every pound spent, embedding a culture of relentless cost containment (Carter Review);</li> <li>• Access to a £1.8 billion sustainability fund to return NHS provider sector to balance;</li> <li>• Capital investments must be internally generated.</li> </ul> <p>The Chairman referred to the Hub and Spoke programme and asked if YAS was undertaking the initiative from within its own resources.</p> <p>RDT responded that the organisation would work within its financial limits adding that the case for the Hub and Spoke programme had been made very clear.</p> <p>The Chairman stated her belief that it appeared that the terminology in the guidance was based around Acute Trusts and that YAS was in a different position with being a regional service. She stated her belief</p>	

	Action
<p>that there was much better integration between the Local Authorities and Health through the Health and Wellbeing Boards. She expressed concerns around General Practice and how integrated they were with the wider system.</p> <p>RDT advised that within the Five Year Forward Plan there were nine 'Must Do's' for 2016/17, the most crucial one for YAS being to hit 75% for A&amp;E Red 1 and Red 2 performance.</p> <p>The Chairman stated that it was crucial that YAS invested to reach the Red 1 and Red 2 target.</p> <p>RDT referred to the Government's desire for a 'truly 24/7' NHS provision and the potential impact this might have on the Patient Transport Service (PTS).</p> <p>Workforce Planning would be a significant consideration for YAS particularly in regard to compliance on the agency rules. RDT referred to the number of initiatives that YAS was taking forward to ensure the sustainability of the service within the financial envelope available and to provide good patient outcomes for the region and good relations with its staff.</p> <p>RDT outlined the next steps which would be to determine what YAS was required to provide and align that to priorities. The contract negotiations would be crucial in terms of getting the contracts right to ensure that appropriate funding was secured.</p> <p>The Chairman expressed concerns at the timescales for putting the information together and whether the quality was within the content when it had had to be collated within a short period of time.</p> <p>RDT responded that work had been undertaken to ensure that the YAS Operating Plan was a robust document.</p> <p>JM added that the timescale was quite a challenge in terms of the Vanguard Programme when, at present, there was no definition of how the Programme would look as it was at such an early stage of development.</p> <p>PD expressed her support for 24/7 NHS provision but expressed her concerns on the significant impact this would place on YAS services. The Chairman stated the impact on YAS would depend on a number of factors adding that it might also present opportunities for YAS.</p> <p>The Chairman thanked RDT and the team for the presentation on the Forward Five Year Plan and YAS' Operating Plan. She stated her belief that the Plan was the right direction of travel and noted the strict timescales for submission.</p>	

		Action
	<p><b>Approval:</b>  <b>The Board noted the update and were assured that plans were in place to deliver the Operating Plan within timescale.</b></p>	
6.5	<p><b>For Assurance: Quality Account Draft Priorities for 2016/17</b>  SP outlined the details of the report which was to set out and the proposed 2016/17 developmental priorities to be included in the 2015/16 YAS 2015/16 Quality Account.</p> <p>SP advised that Quality Accounts were a mandated requirement of all healthcare providers and were published annually. They described the quality of care and services, and highlighted priorities for quality improvement for the forthcoming year.</p> <p>SP reported that the proposed priorities were determined through the national agenda, the five year Integrated Business Plan (IBP), the 2015-18 Clinical Quality Strategy, learning from incidents and complaints, and also through consultation with internal and external stakeholders.</p> <p>SP outlined the proposed priorities for the Quality Account:</p> <ul style="list-style-type: none"> <li>• Moving patients safely;</li> <li>• Care of deteriorating adult and child;</li> <li>• High quality resuscitation skills;</li> <li>• Improving care for patients with suspected sepsis;</li> <li>• Improving the experience of children;</li> <li>• Improving the experience of palliative care patients;</li> <li>• PTS – Creation of a Patient Portal;</li> <li>• PTS – Expansion of courtesy calls to patients prior to collection;</li> <li>• PTS – Continuation of the West Yorkshire PTS Renal Transport CQUIN from 2015-16.</li> </ul> <p>SP advised that the draft Quality Account 2015/16 would be presented to the TMG in February 2016 prior to the 30 day consultation period with stakeholders in March 2016. It was due to be presented to the Quality Committee in March 2016 for onward recommendation to the Trust Board in June 2016.</p> <p>PD stated that she supported the report and the proposed priorities and would look forward to receiving the report at the Quality Committee in March.</p> <p>The Chairman thanked SP for the report.</p> <p><b>Approval:</b>  <b>The Trust Board noted the update and supported the proposed improvement priorities for 2016/17 for inclusion in the 2015/16 Quality Account.</b></p>	
6.6	<p><b>For Assurance: Freedom to Speak Up Update</b>  SP advised that elements of the presentation had been presented at the YAS Forum in January.</p>	

The Freedom to Speak Up review had been initiated following the Mid Staffordshire Public Inquiry. The aim of the Inquiry was to provide advice and recommendations to ensure that NHS staff felt it was safe to raise concerns, confident that they would be listened to and that the concerns would be acted upon.

The findings had been published last year and the Department of Health response 'Learning not Blaming' had been published in July 2015 adding that YAS was still waiting for national guidance.

SP reported there were 20 key principles grouped into:

- Culture;
- Handling Cases;
- Extending the legal protection;
- Measures to support good practice;
- Measures for vulnerable groups.

SP emphasised that it was important that the Trust Board 'owned' the Freedom to Speak Up initiative. There would need to be a Freedom to Speak Up Guardian role established. A national Trust Guardian had been appointed to support Trust level Guardians (Dame Eileen Sills).

SP outlined the current position in YAS where there were already some things in place including the Raising Concerns at Work Policy, incident and near miss processes, designated NED roles and Staff Forum but he acknowledged that these processes were not always accessed and that some staff would feel anxious about raising concerns.

SP reported that the Freedom to Speak Up Working Group had taken an inclusive approach to designing the process for YAS working with the Staff Forum, safety representatives, etc.

The process being designed for YAS would be an integrated system and not a token gesture or attempt to 'bolt on'. The process would be simple for staff to negotiate and there would be a crib sheet provided to staff to explain how to raise concerns. The process would also make clear that staff should raise issues with their supervisor but if this was not an option then other routes were available.

SP advised that the Working Group would ensure that other related policies within YAS aligned to the Freedom to speak Up process.

SP reported that there would be a recruitment process for the Lead Freedom to Speak Up Guardian and work was underway to design the recruitment process and how it was promoted throughout the organisation.

The Chairman stated this was a positive development but raised concerns who would support staff to challenge as sometimes supervisors, managers, etc, could be seen as 'part of the system'.

	<b>Action</b>
<p>SP acknowledged this could possibly be an issue but it was hoped to negate this by having a team of people who were accessible.</p> <p>The Chairman suggested that the Guardian role might report to the Trust Secretary due to the independent nature of that role. SP noted that the Guardian would need to report directly to the Chief Executive as this was part of the national requirement. In practical terms the Guardian team would also be supported by the Quality and Safety team.</p> <p>SP outlined the next steps which would for a further update to go to Quality Committee and/or Trust Board and that the Guardian role be appointed.</p> <p>The Chairman thanked SP for a useful presentation.</p> <p>PD asked what success looked like, for example an increase in the amount of issues raised.</p> <p>SP responded that it was expected that there would be an increase initially and then as issues were dealt with the numbers would level out.</p> <p>RB commented that the people who had been involved in the initiative had really appreciated being included, however, he expressed concerns that the people involved had not been a true reflection of YAS as a whole. He felt there should be further representation from PTS, NHS 111 and Fleet Services.</p> <p>SP responded that the key functions where there was most risk were covered but acknowledged there could be a greater spread to staff.</p> <p><b>Action:</b>  <b>SP to consider staff representation in the Freedom to Speak Up process.</b></p> <p><b>Approval:</b>  <b>The Board noted the update.</b></p>	<p><b>SP</b></p>
<p><b>6.7 For Assurance: NHS Preparedness for a Major Incident</b></p> <p>DM advised that the paper was to provide assurance in the form of a statement of readiness in relation to a major incident. He advised that he had taken the opportunity to report on some additional information in this regard.</p> <p>DM advised that in light of the tragic events in Paris in late 2015 that NHS England required all Trusts to formally propose a 'Statement of Readiness' for assurance. DM reported that in the past 12 months a number of assurance documents and plans had been presented to the Trust Board and, where appropriate, had been approved in relation to emergency preparedness.</p>	



		<b>Action</b>
	<p>DM outlined some of the exercises that had been undertaken by YAS staff to ensure that the organisation was prepared for a major incident. He advised that training for firearms/terrorist incidents had taken place for Commanders using different scenarios/decisions adding that further training was in place for Gold and Silver Commanders.</p> <p>Discussion took place around YAS' preparedness and various training that staff had received. RB advised that aligned to this work there had also been a workshop around 'security' with SP adding that the workshop had considered security around data, staff, buildings, vehicles, etc.</p> <p>The Chairman, on behalf of the Board, stated that the Board received the 'statement of readiness' as assurance that YAS were ready to respond to a major incident.</p> <p><b>Approval:</b>  <b>The Board noted the report and received the 'statement of readiness' as assurance that YAS were ready to respond to a major incident.</b></p>	
<b>7</b>	<b>PERFORMANCE MONITORING</b>	
<b>7.1</b>	<p><b>Charitable Funds Committee –Chairman's report of the last meeting held on 5 November 2015</b></p> <p>EM reported that she had attended a meeting with the National Ambulance Service Charity to explore joint areas of working.</p> <p>EM advised that the Committee were looking at the process for Benevolent Fund Applications so it wasn't as cumbersome.</p> <p>The Chairman emphasised the need to be clearer about the programme of work for the Charitable Funds Committee. She would like to see the profile of the charity raised and a plan for generating more income and clarity on what projects the charity would support.</p> <p><b>Action:</b>  <b>To provide a clear work programme for the Charitable Funds Committee which should include plans to raise the profile of the charity, how to generate more income and clarity on what projects the charity would support.</b></p> <p>The Chairman thanked EM for her report.</p> <p><b>Approval:</b>  <b>Subject to completion of the above Action 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>	<b>EM</b>

		Action
7.2	<p><b>Audit Committee: Minutes of the meeting held on 1 October 2015 and Committee Chairman's Report of the last meeting held on 7 January 2016 and Audit Committee Annual Report 2014/15</b></p> <p>BS advised that the 1 October Minutes had been approved at the January meeting and he was happy to take any questions relating to these.</p> <p>BS provided a verbal update on the 7 January Audit Committee meeting where the Committee had received updates, on the annual workplan, assurance from the Quality Committee and Finance and Investment Committee, an update on the Board Assurance Framework and a counter fraud update. There had also been other reports on the agenda. No specific issues had been raised in relation to any of the items.</p> <p>AA referenced the change of dates for the production and submission of the 2015/16 account which had been brought forward. Due to this YAS had changed dates for the Extraordinary Meeting in Public for the formal sign-off of the Annual Report and Accounts 2015/16 to 31 May 2016, with the Non- Executive Directors review meeting now taking place on 25 May 2016.</p> <p>BS referred to the Annual Report 2014/15 which had been to the Audit Committee in October 2015 and was on the agenda at this meeting to gain formal approval of the Trust Board.</p> <p>The Chairman thanked BS for his update.</p> <p><b>Approval:</b>  <b>The Trust Board was assured by the discussions within the Audit Committee and the key issues highlighted for further scrutiny within the Committee's work programme. The Board noted the new dates for the Extraordinary Meeting in Public for the formal sign-off of the Annual Report and Accounts 2015/16 and the Non- Executive Directors review meeting.</b></p>	
7.3	<p><b>Quality Committee: Minutes of the meeting held on 10 September 2015 and Chairman's Report of the last meeting held on 3 December 2015</b></p> <p>PD advised that the minutes attached were from September as the December minutes would not be signed off until the March Quality Committee meeting.</p> <p>PD advised that the workload of the Committee was quite extensive and reporting had improved with clearer and succinct reports. PD advised that in terms of the CQC Action Plan that actions rated 'blue' would not come off the report until the Committee was assured the action was fully embedded into practice.</p> <p>PD advised that the Committee had received a presentation on Estates/Fleet/Procurement and this had been useful.</p>	

		<b>Action</b>
	<p>BS commented that the work had been streamlined through the Trust Executive Group which gave a higher level of assurance than had been received previously.</p> <p>The Chairman thanked PD for her update.</p> <p><b>Approval:</b>  <b>The Trust Board was assured by the discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</b></p>	
7.4	<p><b>Finance &amp; Investment Committee: Minutes of the meeting held on 10 September 2015 and Chairman's Report of the last meeting held on 3 December 2015</b></p> <p>JN updated the Board on behalf of MW who was not present at the meeting.</p> <p>JN advised that the minutes attached were from September as the December minutes would not be signed off until the March Quality Committee meeting.</p> <p>He stated that a lot of the issues that had been raised at the September and December meeting had been covered on the day's agenda for Trust Board.</p> <p>Issues had been raised around Service Line Management and Patient Line Costing. The Vanguard Programme and possible implications for YAS had been discussed but this was generally seen as a positive way forward.</p> <p>The F&amp;IC had noted the risk from the vehicle procurement exercise.</p> <p>RC commented that there was a good level engagement at the F&amp;IC and from his perspective it was a positive meeting.</p> <p><b>Approval:</b>  <b>The Trust Board 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>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.</p> <p>PD commented that the IPR had been easier to read.</p>	

		<b>Action</b>
	<p>RB commented that the meeting had been well paced considering the lengthy agenda.</p> <p>JN referred to the logistics of reaching the venue but acknowledged that Leeds was very busy in rush hour traffic whichever route it was accessed from.</p> <p>All Board members welcomed having staff members at the Public Board and were pleased at the representation from members of the public.</p> <p>The Chairman stated that she had spent time talking with staff members over the lunch time period and had received good feedback from them. Inviting staff to the Public Board was something the Board should repeat.</p>	
<b>8.</b>	<b>REGULATORY REPORTS</b>	
	There were no Regulatory Reports.	
<b>9.</b>	<b>FOR INFORMATION</b>	
<b>9.1</b>	There were no items for consideration.	
<b>10</b>	<b>Date and Location of Next Meeting:</b> <b>29 March 2016, York Marriott Hotel, Tadcaster Road, York, YO24 1QQ</b>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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