



Annual General Meeting

Venue: York Racecourse, Ebor Boxes 4-6, York, YO23 1EX

Date: Tuesday 26 September 2017

Time: 1130 hours

Chairman: Kathryn Lavery

Board Members:

Kathryn Lavery	(KL)	Trust Chairman
Rod Barnes	(RB)	Chief Executive
Mark Bradley	(MB)	Executive Director of Finance
Ronnie Coutts	(RC)	Non-Executive Director
Patricia Drake	(PD)	Deputy Chairman and Non-Executive Director
Dr David Macklin	(DM)	Executive Director of Operations
Erfana Mahmood	(EM)	Non-Executive Director
Dr Julian Mark	(JM)	Executive Medical Director
John Nutton	(JN)	Non-Executive Director
Steve Page	(SP)	Executive Director of Quality, Governance and Performance Assurance
Barrie Senior	(BS)	Non-Executive Director

Apologies:

Dr David Macklin	(DM)	Executive Director of Operations
Stephen Segasby	(SS)	A&E Divisional Commander (West)
Suzanne Hartshorne	(SH)	Deputy Director of Workforce & Organisational Development
Stan Hardy	(SH)	Public Member

In Attendance:

Anne Allen	(AA)	Trust Secretary, YAS
Dr Phil Foster	(PF)	Director of Planned and Urgent Care, YAS
Leaf Mobbs	(LM)	Director of Planning and Development, YAS
Claus Madsen	(CM)	Associate Director of Education and Learning, YAS
Luke Playford	(LP)	Committee Services Administrator, YAS
Ali Richardson	(AR)	Community Engagement Manager, YAS
Don Buxton	(DB)	Community Engagement Trainer, YAS
Mark Wright	(MW)	Paramedic, YAS
Tim Brown	(TB)	Diversity and Inclusion Advisor, YAS
Rosie England	(RE)	PTS Voluntary Car Administrator, YAS
Jo Rawnsley	(JR)	PTS Alternative Resource Manager, YAS

Danielle Norman	(DN) Charitable Fund Manager, YAS
Craig Reynolds	(CR) Quality and Risk Co-ordinator, YAS
Ryan Lee	(RL) NHS 111 and LGBT Representative, YAS
Gavin Day	(GD) Head of Organisation Development and Learning, YAS
Helen Holt	(HH) Clinical Skills Development Trainer, YAS
Ruth Crabtree	(RC) Clinical Effectiveness Manager, YAS
Elaine Gibson	(EG) Head of Media Relations, YAS
Paul Farthing	(PF) Locality Manager, YAS
Richard Moyes	(RM) Head of Fleet Services, YAS
Islam Faqir	(IF) EOC Clinical Advisor – Paramedic, YAS
Kathryn Grayling	(KG) Clinical Development Manager, YAS
Karen Owens	(KO) Deputy Director of Quality and Nursing, YAS
David King	(DK) PTS Volunteer, YAS
Philip Cockayne	(PC) The Good Governance Institute
Keeley Fady	(KF) Public Member
Abbie Myers	(AM) Healthwatch York
Steven Entwistle	(SE) City of York Council
Martin Combs	(MC) Public Member
Sam Brown	(SB) Public Member
Karamjeet Singh Virdee	(KV) Public Member
Joan Woodward	(JW) Public Member
James Hayward	(JH) Public Member
Tracy Farrar	(TF) Public Member
Minutes produced by:	(JL) Joanne Lancaster, Committee Services Manager

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<p>The meeting commenced at 1130 hours.</p> <p>The meeting was preceded by a presentation from Ruth Crabtree, YAS Clinical Lead Public Health on the 'Role of the Ambulance Service in Public Health'. The Trust's collaborative work within the Northern Ambulance Alliance (NAA) was noted as was the work with Public Health England.</p> <p>A short section of a film produced by the Association of Ambulance Chief Executive's was shown entitled, 'The Voice of UK Ambulance Services – Making Every Contact Count'. The film highlighted where the ambulance service could make a difference to patients by referencing different pathways available in the areas of:</p> <ul style="list-style-type: none"> • Social Isolation; • Falls; • Alcohol dependency. <p>Although not shown during the presentation at the AGM the film also described how the ambulance service could make a difference to patients in the following areas:</p> <ul style="list-style-type: none"> • Smoking; • Obesity and Physical Activity; • Mental Health. <p>RB thanked RC on the excellent work she was undertaking in the Public Health arena and the presentation that she had presented for the AGM.</p>	

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1	<p>Apologies / Declaration of Interests The Chairman welcomed everyone to the Annual General Meeting (AGM) of the Yorkshire Ambulance Service (YAS). Apologies were received as above and declarations of interest would be noted during the course of the meeting.</p>	
2	<p>Minutes of the AGM held on 27 September 2016 including Matters Arising not on the Agenda The minutes of the meeting held on 27 September 2016 were approved as a true and fair representation of the meeting.</p> <p>Matters Arising: There were no matters arising.</p>	
3	<p>Welcome from the Chairman of Yorkshire Ambulance Service The Chairman formally welcomed members of the public, representatives of partner organisations, volunteers and staff to the AGM. The Chairman stated that she was delighted to see such an excellent turn out for the meeting. She remarked on the excellent preparation of the AGM and the hard work by the team to ensure the meeting was successful.</p> <p>The Chairman and Board of Directors introduced themselves to those present.</p> <p>The Chairman stated that she was 15 months into her Chairmanship and this was her second YAS AGM. The AGM was an opportunity to celebrate YAS' successes and to reflect upon areas where the Trust could improve. As well as looking back on the past year the AGM also provided the opportunity to look at YAS' priorities and future aspirations.</p> <p>She stated her belief that 2016/17 had been a positive year for the organisation despite the financial pressures on the health economy at large. Demand for A&E services had grown and patient needs had in some instances become more complex although she was pleased to report that YAS' response times to incidents had remained stable.</p> <p>The Trust had been rated 'Good' by the Care Quality Commission (CQC) in January 2017 following an inspection of the Trust in September and October 2016.</p> <p>The Trust's new Vision and Values had been launched at YAS' Leadership Conference on 5 September. This had been the culmination of a significant amount of work; staff consultation on the new Vision and Values had been extensive. The next stage of the cultural organisational piece would be the embedding of the behavioural framework within Personal Development Reviews and across the organisation.</p> <p>The Chairman thanked the Board of Directors for their work and support of YAS. She reported that TG and PS had joined the Trust as Associate Non-</p>	

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<p>Executive Directors in January 2017 and that MB had joined the Trust as Executive Director of Finance in February 2017. Christine Brereton, the new Director of Workforce and Organisational Development, was due to join the Trust in November 2017. These appointments would complete the Board team.</p> <p>She explained that the YAS Forum had stood down in July 2017 and that elections would take place to reappoint both staff and public YAS Forum Members in due course under updated YAS Forum Terms of Reference. She thanked the YAS Forum Members for the excellent work they had undertaken during their tenure; she was pleased to see some of the former YAS Forum Members at the AGM today and she thanked them for their continued support.</p> <p>The Chairman stated that she was immensely proud of YAS and of all the staff and volunteers who provided such important services to the people of Yorkshire and the Humber.</p> <p>The Chairman reiterated her thanks to YAS' staff and volunteers for all they did to care for the Trust's patients every day and thanked those present for listening to her update.</p>	
<p>4 Patient Story</p> <p>The Chairman presented a patient story to the AGM which heard that on 2 July 2017 the patient was feeling unwell and his wife rang NHS 111; following assessment an emergency ambulance was called as it was believed the patient was having a heart attack.</p> <p>The ambulance arrived within minutes and the patient greeted the ambulance crew. They quickly assessed the patient and it was confirmed he was having a heart attack. As a rapid responder arrived too, the patient experienced more severe pain and suddenly collapsed. He had gone in to cardiac arrest and advanced life support was commenced. During the journey to hospital the patient was 'shocked' 10 times. A return of spontaneous circulation (ROSC) was achieved and the patient was stabilised.</p> <p>It was established that the cardiac arrest had been caused by a blood clot in the main artery and the patient had a stent fitted in hospital before being discharged to home. The patient continued with his treatment and rehabilitation at home to build up his fitness and strength.</p> <p>The following thank you was received from the patient's wife:</p> <p><i>'We want to express our sincere thanks for the prompt action of the NHS 111 call handler and the Paramedics who worked tirelessly, never giving up when there was just a glimmer of a heartbeat, to give my husband back his life.</i></p> <p><i>Thank you for the opportunity for us to live again as a happy family, a bit shook up and fragile at the moment but nonetheless all together'.</i></p>	

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<p>The Chairman wished the patient well with his on-going recovery and thanked the family for sharing their story.</p> <p>She remarked how the story demonstrated the dedication and professionalism of YAS' staff.</p>	
<p>5 Review of the Financial Year 2016/17 and an Overview of Future Plans</p> <p>RB presented a review of the 2016/17 financial year and an overview of future plans. The AGM provided a good opportunity to reflect on the past 12 months, which had been positive for the Trust and had seen the implementation of some significant projects across the organisation. This had been against a national backdrop of NHS funding constraints and unprecedented service demand.</p> <p>YAS had taken 1.5 million calls through the NHS 111 operations centre. The A&E activity growth had increased by 5%. Patient needs had also evolved with YAS seeing patients with more complex needs including frail/elderly patients, often with multiple conditions, being overseen by a number of different partner agencies. YAS had improved its performance despite the financial constraints and increased demand.</p> <p>Patient Transport Services (PTS) had undertaken 1 million patient journeys during the financial year and PTS voluntary drivers had driven 2 million miles of patient journeys. As always the Trust was extremely grateful to all the volunteers across the organisation.</p> <p>Following a Care Quality Commission (CQC) inspection of the organisation in September and October 2016 the Trust had received an overall rating of 'good'; this had improved from 'requires improvement' from the previous CQC inspection in 2015. The CQC had highlighted a number of outstanding practices during the 2016 inspection including:</p> <ul style="list-style-type: none"> • Resilience; • Cardiac Survival; • Urgent and Emergency Care partnership working; • Palliative Care Nurses within the NHS 111 service. <p>Staff across the organisation had undertaken a significant amount of work to demonstrate that the Trust had improved since the 2015 CQC inspection. RB noted formal thanks to SP, KO and team for the work they had done in coordinating the Trust to achieve the 'good' rating.</p> <p>RB guided the AGM through the Trust's achievements against YAS' objectives:</p> <p><u>World Class Outcomes for Patients</u></p> <ul style="list-style-type: none"> • The Trust's focus was to deliver the best outcomes for patients. The Ambulance Response Programme (ARP) had been rolled out nationally in July 2017 by the Secretary of State for Health and the Association of Ambulance Chief Executive's; YAS had been one of three pilot ambulance services for the ARP. The ARP provided more time to 	

determine the most appropriate response for the patient with a mean target of 7 minutes response time for patients with the most serious conditions. JM and DM had been instrumental through their work with colleagues through the National Ambulance Service Medical Directors (JM) and the National Director of Operations Group (DM) on the development of the ARP. Formal national reporting against the ARP standards would commence in April 2018;

- YAS was the best performing ambulance service in the country in terms of cardiac survival to discharge with data showing that 37% of YAS patients had survived for data provided up to the end of March 2017. A number of initiatives had been put in place to improve survival rates further. Cardio Pulmonary Resuscitation (CPR) training was provided by the Trust to 50,000 members of the public across the YAS' region including the Restart a Heart initiative which had trained 20,000 secondary age school children in CPR on one day in October 2016. Restart a Heart Day was due to take place on 16 October 2017 this year where it was hoped to train an increased number of school students. The initiative was a partnership with British Heart Foundation and had been rolled out to the other ambulance services in England through the hard work of Jason Carlyon, YAS' Clinical Development Manager. The Trust had over 1000 Community First Responder volunteers who were an invaluable part of YAS and had responded to 22,000 incidents in 2016/17;
- YAS had been part of the national Vanguard Accelerator Zone with health partners in West Yorkshire and funding from the scheme had been used on a number of initiatives. These had included increased clinical advice in NHS 111 and 999, specialist advice such as Mental Health Nurses and Pharmacy skills and a small pilot of NHS 111 for direct booking patient appointments with GP surgeries.

Continuous Improvement and Innovation

- PTS had been successful in the award of contracts to deliver services in the East Riding of Yorkshire and South Yorkshire against other competitive tenders. The service had regrettably lost the PTS contract for Hull. Developments had taken place in PTS with the introduction of an on-line patient portal to notify patients when to be ready for collection. Significant work had taken place to rectify issues for renal patients which had arisen due to a change in process; feedback from patients had been positive following resolution of the issues;
- The Trust had introduced flexible ways of working to attract clinical staff to the NHS 111 environment such as home/remote working. YAS had taken part in an on-line pilot for patients to access NHS 111 on-line; this had been ring-fenced to a small post code area in Leeds;
- YAS had been a forerunner with the national Freedom to Speak Up initiative. The Trust had a Freedom to Speak Up Guardian and a number of Freedom to Speak Up champions across the organisation. The Trust's Freedom to Speak Up Guardian chaired the national group;
- The Trust had successfully refreshed and relaunched the Bright Ideas Scheme. The scheme attracted circa 30 ideas per month. Feedback on ideas was provided to originating staff and ideas that were implemented were promoted through YAS internal communications and newsletters.

Develop and Retain a Highly Skilled and Motivated Workforce

- There had been a 17% growth in Paramedics and Paramedic students to ensure that YAS delivered its A&E response times. The new national Band 6 Paramedic role reflected the skillset modern Paramedics required and YAS' Paramedics' job roles were being aligned to the Paramedic Band 6 job description;
- The Trust had provided wellbeing training to managers so they could appropriately identify and support staff with their physical, mental and emotional wellbeing. A Physiotherapist had been appointed to look at staff posture for staff who primarily did desk based work within the organisation. Work had been progressed on vehicle layout and equipment to reduce musculoskeletal injuries;
- A Diversity and Inclusion Strategy had been developed within the Trust and over 300 managers had undertaken Diversity and Inclusion Training. The Community Engagement team worked with the Diversity and Inclusion team to engage with 'yet to reach groups' within YAS' communities; activities had included Roadshows, Recruitment Shows and First Aid Training. The proportion of staff from BME backgrounds had increased from 5.4% to 5.9% in year but the Trust still had some work to do for the workforce to reflect the communities which it served;
- The Trust had seen an increase in the number of respondents to the Friends and Family Test who would recommend their family and friends to the Trust for care or treatment; the organisation was now above average compared to other ambulance services;
- There was still some work to do in terms of staff engagement and recent activity to address this had included service management restructures to ensure correct and accountable line management. YAS TV had been provided at all stations providing information and key messages. The new Vision and Values had been launched and the Freedom to Speak Up initiative had been rolled out across the organisation;
- Formal recognition was given to the following members of staff: Alan Baranowski who was awarded the Queens Ambulance Medal with 40 plus years' experience; Jon Richards had been awarded Paramedic of the Year Award at the Association of Ambulance Chief Executives (AACE) annual award ceremony.

Collaboration with Partners to Provide System Leadership and Resilience

- YAS was part of the Northern Ambulance Alliance (NAA) consisting of YAS, North East Ambulance Service and North West Ambulance Service. The NAA was sharing best practice across a range of disciplines including Quality, Value for Money and the Digital Agenda. East Midlands Ambulance Services had recently requested to become an associate member of the NAA;
- The Trust continued the successful partnership with the Yorkshire Air Ambulance (YAA). The YAA would be extending flying hours and this was a positive step forward for the Yorkshire region;
- The Trust had 37 First Responder Schemes in place with Emergency Service partners (Fire and Rescue Services and Police Services); these were especially valuable in rural areas;

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<ul style="list-style-type: none"> Fleet, Air Ambulance, Corporate Communications, HART and Procurement had been successful in gaining ISO22301 (Business Continuity) Accreditation. <p><u>Provide a Safe and Caring Service</u></p> <ul style="list-style-type: none"> The vehicle preparation project had successfully gone live in Leeds and Wakefield and had been positively received by staff; staff had more clinical time with patients due to not having to prepare vehicles at the beginning of their shift and consequently vehicles had been off-road less frequently. The system would be rolled out more widely across the Trust. <p>YAS' new Vision and Values were presented to the AGM and it was explained that these would create an environment to aid frontline staff to provide a good service to patients. Staff had been involved throughout the development of the Vision and Values and feedback had been used to help shape them. It was imperative that the Values were embedded across the organisation; the next phase would be to build these in to the recruitment and appraisal processes.</p> <p>Integration between Urgent and Emergency Care would be important moving forward and advances in information technology would facilitate this. Patient information available in electronic form which could be shared across partner agencies would be a positive step forward.</p> <p>The Hub and Spoke project had finalised the Business Case for the new Doncaster Hub site which was due for approval at the Board meeting later that day. This was an exciting development for the Trust. It would also provide the opportunity to co-locate 'spokes' with partner agencies such as other emergency services, public or private organisations.</p> <p>There were Strategic Transformation Plans (STPs) across the YAS region which YAS was contributing to with other health and social care partners. A number of the service developments and reconfigurations would be monitored closely by YAS to ensure there was no detrimental impact to the service the Trust provided to patients.</p>	
<p>6 For Formal Adoption: Annual Report and Accounts 2016/17 including Quality Account</p> <p>MB provided the national context to the current financial position and it was noted that in 2015/16 the NHS as a whole had a deficit of £2.45 bn. To improve the national financial position Trusts had been asked to deliver stretch Control Total targets. For YAS in 2016/17 the stretch Control Total was to deliver a £5.1m surplus. Against a challenging position YAS delivered a £2.7m surplus but did not achieve the stretch target of £5.1m.</p> <p>Performance against the financial objectives was outlined as follows:</p> <ul style="list-style-type: none"> Achieve financial surplus position – Achieved; Deliver NHSI stretch Control Total of £5.1m surplus – not achieved - £2.7m surplus achieved; Capital Expenditure Limit - Achieved - Plan £12.2M Actual £11.9M; 	

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<ul style="list-style-type: none"> • External Financing Limit – Achieved - Plan £4.046M Actual £2.042M; • Unqualified Audit Opinion – Achieved; • Proper arrangement to secure value for money – Achieved; • Cost Improvement Plan – Delivered 85% against plan. <p>YAS had achieved a surplus of £2.45m in 2015/16 and it was noted that this was an adjusted surplus shown net of a £3.7m “Capital to Revenue” transfer. The surplus for 2015/16 before this adjustment was £5.6m (figure from 15/16 annual report).</p> <p>The Trust had delivered a consistent performance in terms of the Adjusted Retained Surplus. It was noted that the Trust had invested in and increased fleet during the 2016/17 financial year.</p> <p>The Trust continued to deliver a strong cash flow position; this had slightly decreased in 2016/17 due to investment in the organisation.</p> <p>The Trust was on course to deliver the Cost Improvement Plan (CIP) for 2017/18 and plans were being developed for the 2018/19 CIP.</p> <p>The financial position of YAS’ Charitable Funds was outlined and it was noted the Fund had a £252k surplus as at 31 March 2017. The Charitable Fund had supported Cardio Pulmonary Resuscitation training, Community Public Access Defibrillators and the Restart a Heart initiative.</p>	
<p>7 For Approval: Risk and Clinical Quality Compliance Report 2016/17. SP and JM provided a summary of Trust developments in relation to risk, safety and clinical quality in 2016-17.</p> <p>As previously noted the Trust had been awarded a ‘good’ rating by the CQC in January 2017 following inspection of YAS in September and October 2016. This had been a significant achievement although it was acknowledged there was still work to do as there were inconsistencies in practice which needed to be addressed. Within Patient Transport Services there remained challenges in consistency of process and leadership. A new management structure was now in place which would address this issue and move it forward. The Trust aspired to be CQC rated ‘outstanding’.</p> <p>SP outlined achievements in the following areas:</p> <ul style="list-style-type: none"> • Risk Management – Strengthened team to monitor risks and a continued focus on risks for YAS and external factors that may impact upon these; • Information Governance – IG Toolkit score had increased year on year; • Security – Revised Security Policy and strengthened procedures. Conflict resolution training had taken place for staff. Security for YAS premises had been strengthened. An increased awareness and support for staff experiencing violence and aggression; • Health and Safety – the Board and management had undergone H&S 	

training. Changes to Fleet had been implemented and increased training in equipment to reduce musculoskeletal injuries.

The Trust was refreshing the Clinical Quality Strategy to a Quality Improvement Strategy from April 2018. YAS had performed positively against the Clinical Quality Strategy 2015 – 2018:

- Patient Safety – this had been a positive year with reduced slips, trips and falls within PTS, the Sign up to Safety initiative being rolled out across the Trust and additional guidance provided to staff on ineffective breathing. The focus for the coming year would include the continuation of embedding the Safety Huddles, continued focus on slips, trips and falls to fully embed the complex needs procedure;
- Safeguarding – there had been a refreshed Safeguarding Policy and guidance produced. Improved approach to referrals and information sharing had been developed. There would be a focus on Level 2 training and web-based staff information for the next year;
- Infection Prevention and Control – there had been a review of procedures and audits of vehicle cleanliness and hand hygiene at emergency departments. There had been a deep cleaning programme assessment. The focus for the coming year would be bare below the elbow audits, clinical audit on indwelling device insertion, service user and public engagement and a training review;
- Medicines Management – There had been a review of adverse incidents relating to medication and the monitoring the usage of controlled drugs. The rollout of the 'green-bag' scheme had allowed frontline clinicians to collect patient's own medication to be taken into hospital. There had been improved drug safety audits and an increased number of clinical audits. The focus for 2017/18 would include medicines management to be incorporated in the Ambulance Vehicle Preparation project and specialist and advanced Paramedics in Urgent and Critical Care areas.

JM reported that the Trust was safely using medications usually used in the hospital environment in the pre-hospital environment.

Clinical governance, development and leadership remained a priority for the Trust and YAS was taking part in a number of clinical research programmes such as the Airways 3 project of which YAS had nationally been the highest recruiter of patients into that study. The Trust had a dedicated Public Health officer and Health Education England Fellows provided innovative clinical leadership.

The Trust continued to undertake Clinical Audits for the Ambulance Quality Indicators (ACQIs):

- Outcome from cardiac arrest - ROSC and Survival Discharge;
- Outcome from acute STeMI – Care bundle;
- Outcome from acute stroke – Care bundle;
- Stroke 60.

JM referred to the number of Acute Trust reconfigurations across the YAS'

region and the negative impact these may have on the Trust's response times particularly with relation to the Stroke 60 performance target. It was noted that YAS was working with partners to put patients at the forefront of care so that the patient's pathway was the right care and resource.

Local Patient Ambulance Clinical Quality Indicators included:

- Handover and Pre-Alerts;
- Major trauma;
- Mortality;
- Medicines Management.

The Trust had incorporated 'Situation, Background, Assessment, Recommendation' (SBAR) methodology into the handover and pre-alert process.

YAS had taken the step to monitor mortality of patients even though the ambulance sector was not required to do so; YAS used the information as a learning experience.

YAS attended 3131 cardiac arrests during 2016/17 and 27.4% of patients achieved a Return of Spontaneous Circulation (ROSC). 310 patients survived to discharge following an Out of Hospital Cardiac Arrest. The Trust continued training the public in Cardiac Pulmonary Resuscitation (CPR) through its Community Engagement Trainer.

Last year YAS dealt with over 3,000 patients with sepsis and provided life-saving treatment and rapid transfer to hospital to ensure they received the best care possible. YAS' compliance to the Sepsis care bundle increased to 65% in 2016/17. The Trust used the National Early Warning Score (NEWS) to assess patients for sepsis with 95% of YAS' Paramedics using NEWS appropriately.

SP provided details of work the Trust was doing in terms of 'patient experience' and engagement. In 2016-17 the average response time to complaints was 24 working days. There was a high level of satisfaction with complaint responses with only 0.9% of cases handled being progressed to the Ombudsman for investigation; in 83% of the cases referred to the Ombudsman it was found that the Trust response had been appropriate. Patient stories and lessons learned were used to improve service delivery throughout the Trust.

The Trust had re-established the Critical Friends Network (CFN) during 2016/17 and it was hoped to increase the size and activities of the CFN during 2017/18.

The Trust had maintained a focus on quality improvement during 2016/17 and a number of initiatives had been launched or re-launched to involve and engage with colleagues from across YAS in this important agenda. The Bright Ideas scheme had been successfully re-launched with a number of ideas being received each week and information being shared with staff on how the ideas would be taken forward or an explanation if an idea had not

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<p>been adopted. The Freedom to Speak Up initiative had now been in place for one year and staff were raising concerns with YAS' Freedom to Speak Up Guardian.</p> <p>SP highlighted a number of improvements the Trust had made during 2016/17 and these supported the good work being undertaken by staff across YAS. Going forward the Trust would adopt a systematic approach to continually improving YAS services with clear priorities for improvement and a consistent methodology to support an open culture. YAS would continue on the journey from a good service to an outstanding service.</p> <p>The Chairman thanked RB, MB, SP and JM for their presentations. It was important to accept where the Trust could improve and to celebrate the Trust's achievements.</p> <p>Approval The AGM of the Board of Directors formally adopted the Annual Report and Accounts for 2016/17, including the Quality Account.</p> <p>The Chairman commended to everyone YAS' Annual Report for 2016/17, which could be found online at: http://www.yas.nhs.uk.</p> <p>Hard copies were also available at the reception desk.</p>	
<p>8 For Adoption: YAS Forum Annual Report 2016-17 The AGM of the Board of Directors formally adopted the YAS Forum Annual Report 2016-17.</p> <p>Approval: The AGM of the Board of Directors formally adopted the YAS Forum Annual Report 2016-17.</p> <p>AA thanked the teams responsible for organising the AGM and producing the Annual Report and the presentations.</p> <p>The Chairman thanked everyone for attending.</p> <p>The Annual General Meeting closed at 1310 hours.</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**