



**Board of Directors Meeting held in Public Including: To receive the Annual Report including the Annual Accounts 2017/18 and the Quality Account and Annual Governance Statement 2017/18**

**Venue:** Trust HQ, Springhill 2, Brindley Way, Wakefield, WF2 0XQ

**Date:** Thursday 24 May 2018

**Time:** 1030 hours

**Chairman:** Kathryn Lavery

**Board Members:**

Kathryn Lavery	(KL)	Chairman
Rod Barnes	(RB)	Chief Executive
Mark Bradley	(MB)	Executive Director of Finance
Christine Brereton	(CB)	Director of Workforce and Organisational Development
Ronnie Coutts	(RC)	Non-Executive Director
Richard Keighley	(RK)	Non-Executive Director
Dr Julian Mark	(JM)	Executive Medical Director)
Leaf Mobbs	(LM)	Director of Urgent Care and Integration
John Nutton	(JN)	Non-Executive Director
Steve Page	(SP)	Executive Director of Quality, Governance and Performance Assurance/Deputy Chief Executive
Phil Storr	(PS)	Non-Executive Director/Deputy Chairman

**Apologies:**

**In Attendance:**

Anne Allen	(AA)	Trust Secretary
Tim Gilpin	(TG)	Associate Non-Executive Director
Stephen Segasby	(SS)	Deputy Director of Operations
Jock Crawford	(JC)	Freedom to Speak Up Guardian (Item 4.2)
Matt Sandford	(MS)	Associate Director Business Development (Item 6.1)

**Minutes produced by:**

Joanne Lancaster	(JL)	Committee Services Manager
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1	Opening Business	
	The meeting commenced at 1030 hours.	

	Action
<p><b>1.1 Apologies / Declaration of Interests</b> Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p> <p>The meeting was preceded by a presentation from Karen Owens, Deputy Director of Quality &amp; Nursing and Dave Green, Head of Quality Improvement on Yorkshire Ambulance Services' (YAS) Bright Ideas Scheme. The Bright Ideas Scheme was outlined, some examples of implemented ideas were provided and the next steps were explained to further engage staff with the initiative. All staff received a response to their Bright Idea regardless whether the idea was implemented or not, feedback to those ideas not implemented provided an explanation of why it was not possible or a signpost to similar work already being undertaken.</p> <p>The majority of ideas were received from A&amp;E Operations and the Emergency Operations Centre; work was on-going to encourage staff from all service lines across YAS to engage with the Bright Ideas Scheme.</p> <p>Discussion took place relating to how the Bright Ideas Scheme could receive further recognition and it was agreed to consider this as part of an 'Innovation Award' category within YAS' staff recognition aware scheme.</p> <p>The Chairman was encouraged by the progress of the Bright Ideas Scheme since it was relaunched in the organisation and welcomed the number of positive ideas being received from staff that influenced improvements, particularly in patient care.</p> <p>SP advised the Board that DG had secured a new post within YAS as the Head of Quality within the Patient Transport Service (PTS). He thanked DG for his work as Head of Quality Improvement and wished him well for the future.</p>	
<p><b>1.2 Minutes of the Meeting held on 27 March 2018 including Matters Arising (not on the agenda) and Action Log</b> The Minutes of the Board Meeting in Public held on 27 March 2018 were approved as a true and fair representation of the meeting subject to the following amendments:</p> <p>Page 12, 1st paragraph, 1st sentence should read 'It was noted that a national review by NASMeD of categorisations was being undertaken particularly in relation to the AMPDS determinants for Category 2 and Category 3 to ensure that the algorithms were robust.'</p> <p>Page 12, last paragraph, should read 'The Leadership Programme.....'</p> <p><b>Matters Arising</b> There were no matters arising from the minutes.</p> <p><b>Action Log:</b> It was noted that all actions on the action log had been appropriately closed.</p>	

	Action
<p><b>2 Receive the Annual Report Including the Annual Accounts 2017-18 and the Quality Account and Annual Governance Statement 2017-18</b></p>	
<p><b>2.1 Annual Report &amp; Accounts 2017-18 (and associated statutory returns)</b>  RB presented the Annual Report and Financial Accounts for 2017-18 and Letter of Representation to the Board.</p> <p>It was noted that the Annual Report highlighted the significant amount of work going on across the Trust and with partners.</p> <p>MB advised that the Financial Accounts for 2017-18 had been reviewed earlier today by the Audit Committee, with its assurance provided to the Board. The Accounts were in-line with forecast and there had been no adjustments or material amendments.</p> <p>RK noted his thanks to the finance team and Ernst and Young (External Auditors) for their work.</p> <p>JN commented that the year-end financial position for 2017-18 was a credible position.</p> <p><b>Approval:</b>  <b>The Board reviewed the content and approved the final draft of the Annual Report and Financial Accounts 2017-18.</b></p>	
<p><b>2.2 Quality Account 2017/18</b>  SP presented the Quality Account for 2017-18.</p> <p>It was noted that the draft document, including the 2018-19 Priorities for Improvement, had been widely consulted on with both internal and external stakeholders through two rounds of consultation. The document described the Trust's quality of care and services and also highlighted the priorities for quality improvement for the forthcoming year.</p> <p>SP stated that the final draft included comments and feedback from various internal and external stakeholders which had largely been positive about the Trust. Some stakeholders had mentioned the lack of year on year performance information from YAS in their comments; this was due to the implementation of the Ambulance Response Programme national standards in 2017 which were not comparable with those previously. A preface had been added to the document to explain the Trust was aware of this issue, due to the implementation of ARP, and it was working on data to meet stakeholder requirements in this regard.</p> <p>The Chairman welcomed the document and commented on the informative and interesting information contained within it.</p> <p><b>Approval:</b>  <b>The Board reviewed and approved the draft annual Quality Account for 2017-18.</b></p>	

	Action
<p><b>2.3 Annual Governance Statement 2017-18</b></p> <p>The Annual Governance Statement 2017-18 and Provider Declaration Standards had been discussed earlier at the Audit Committee meeting.</p> <p>The report outlined the responsibilities of the Accountable Officer (RB), the Board of Directors and the Trust's Executive and Management teams.</p> <p>The Statement highlighted the most significant risks to the strategic objectives identified in 2017-18 these had been discussed by the Board on a number of occasions during the course of the year:</p> <ul style="list-style-type: none"> <li>• Inability to deliver performance targets and clinical quality standards;</li> <li>• Lack of capacity and capability to deliver and manage change including delivery of cost improvement programmes;</li> <li>• Inability to deliver the plan for integrated patient care services owing to multiple service tenders;</li> <li>• Availability of clinical workforce impacting ability to deliver the operational business plan;</li> <li>• Impact on delivery of strategic objectives and performance delivery due to external system pressure and changes in the wider health economy;</li> <li>• Potential failure to deliver on financial plans and efficiency programmes and the impact on the wider economy.</li> </ul> <p>Other risks recorded in the Board Assurance Framework 2017/18 were:</p> <ul style="list-style-type: none"> <li>• Ineffective strategies for staff engagement;</li> <li>• Ineffective joint working between corporate teams and operational service lines.</li> </ul> <p>Mitigation plans were in place for each of these principal risks and these would be monitored through the Board's Committees with assurance provided to the Audit Committee and onwards to the Board.</p> <p>The Ambulance Response Programme (ARP) national standards implementation would be challenging for the Trust as it essentially changed the A&amp;E operating model to a Double Crewed Ambulance (DCA) model. It was noted that some of the risk had been mitigated with a positive contract settlement with Commissioners for 2018-19.</p> <p>There continued to be challenges with clinical recruitment to the NHS 111 service. It was noted that the Integrated Urgent Care clinical advice national target had changed at the end of March 2018 from 40% to 50%.</p> <p>The Patient Transport Service had successfully won a number of tenders over the year for large areas of the geography including Vale of York and Scarborough, East Riding and the South of the region. There remained a significant risk for PTS going into next year with further bid activity expected in West Yorkshire. The Trust was engaging with Commissioners in this regard.</p> <p>It was noted that CB had been appointed to the substantive post of Director of Workforce and Organisational Development in November 2017. A significant</p>	

amount of work had been undertaken by the Workforce and OD team to strengthen HR processes and procedures as had been overseen by the Audit Committee with regular reports on progress. The Trust had seen the introduction of a new Behavioural Framework and updated Vision and Values, these had been widely consulted upon with staff across the organisation. There was an updated Diversity and Inclusion Strategy & Plan and the introduction of a Strategic Workforce Group.

The Internal Audit Programme for 2017-18 had focused on areas of risk for the organisation. There had been a number of issues highlighted during the year:

- Data quality/KPIs due to lack of documented procedures for the development of and reporting of KPIs in relation to specific workforce measures;
- Inspections for improvement relating to the need to strengthen formal follow up on recommended action and the governance arrangements relating to those actions;
- End of Shift Overtime, the robustness of systems in relation to verification of accurate end of shift overtime claims had improved since previous audits although it was acknowledged this required further work to ensure a systematic approach across A&E.

All of the recommendations relating to the above were either completed or progressing well and near completion.

There were a number of reconfigurations taking place across the region which would impact on YAS and the Trust was engaged with the relevant partners in this regard.

The Trust's financial performance had been resilient for 2017-18. The Trust had a challenging Cost Improvement Programme to deliver for 2018-19. This, coupled with on-going challenges with A&E demand and the introduction of the ARP national standards, meant that delivery of financial performance in 2018-19 was a significant risk for the Trust.

There were still some leadership capacity issues and the Trust had already commenced a leadership development programme working with relevant staff across the organisation.

It was noted that there had been two incidents reported to the Information Commissioner's Office (ICO) relating to personal data breaches. Mitigating actions had taken place in the case of each incident and the action plans had been shared with the ICO; no further action was taken by the ICO.

RB advised that there were two additional documents other than the Annual Governance Statement 2017-18 to sign:

- Provider Declaration – Condition G6;
- Provider Declaration – Condition FT4.

These were set out in the NHSI guidance of March 2018. There was a requirement to certify against two conditions in relation to the Provider

	Action
<p>Licence irrespective of the fact that as an NHS Trust YAS was exempt from requiring the provider licence.</p> <p><b>Approval:</b>  <b>The Board approved the final version of the 2017-18 Annual Governance Statement including the two Provider Declarations.</b></p>	
<p><b>2.4 Letter of Representation to External Audit</b>  MB stated that the Letter of Representation to External Audit had been discussed earlier in the Audit Committee meeting. The letter, which would be signed by the Chief Executive and Executive Director of Finance, was part of the audit process and confirmed that sound financial control was in place, that the annual accounts had been prepared properly and that there was no knowledge of fraudulent activity that could affect the accounts.</p> <p><b>Approval:</b>  <b>The Board accepted and approved the Letter of Representation to External Audit for signature.</b></p>	
<p><b>2.5 External Audit Report for Those Charged with Governance</b>  The report was produced by Ernst &amp; Young, YAS' External Auditors; it was in draft format and would be updated accordingly by E&amp;Y.</p> <p>Ernst and Young reported an unqualified audit opinion and positive value for money opinion for YAS.</p> <p>There were two changes to the report on Page 18 under 'Summary of unadjusted differences' Ernst and Young had agreed to remove the two comments on the disclosure notes. On page 21 of the report there was an inaccuracy relating to paragraph 2, under the 'What are our findings' heading – the figure of £1.9m and the suggestion that the Trust did not expect to achieve the control total was incorrect and it was noted this should state that the Trust was planning on meeting the £2.4m Control Total for 2018-19. Ernst and Young had apologised for the error and confirmed this had been subsequently amended in the most recent version of the report</p> <p>It was acknowledged that the Trust was operating in a financially challenging environment over the next few years; it would be imperative for the Trust to deliver its Cost improvement Programme</p> <p><b>Approval:</b>  <b>The Board noted and accepted the Report subject to the amendments outlined above.</b></p> <p>RC joined the meeting at 1100 hours.</p>	
<p><b>3 Strategy Development</b></p>	
<p><b>3.1 For Assurance: Quality Improvement Update</b>  The paper updated on the development of the Quality Improvement (QI) Strategy and progress in implementation.</p>	

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<p>It was noted the current approach to Quality Improvement had been agreed by the Board in August 2017. Staff engagement had taken place and the QI Strategy had been aligned to leadership and organisation developments across YAS. The QI Strategy supported the Trust to:</p> <ul style="list-style-type: none"> <li>• Continually improve patient care;</li> <li>• Make YAS a great place to work;</li> <li>• Increase efficiency and effectiveness.</li> </ul> <p>The QI Strategy would be embedded across the whole of the organisation. The draft Strategy was included in the Appendix for information; approval of the document was not being sought at the day's meeting.</p> <p>YAS had entered an initial twelve month partnership with the Improvement Academy (IA) which was part of the Yorkshire and Humber Academic Health Science Network.</p> <p>The core QI team was developing their skills alongside the Performance Management Office (PMO). The QI fellows would work on development projects to test and embed the QI methodology.</p> <p>The Chairman noted that none of the QI fellows were from a BME background and asked that this be considered in future rounds of QI fellow recruitment.</p> <p>It was noted that a roadshow would take place across the region to communicate the QI message.</p> <p><b>Approval:</b>  <b>The Board noted the update and gained assurance that the Quality Improvement Strategy and workstream was progressing to plan.</b></p>	
<b>4 Quality Safety &amp; Patient Experience</b>	
<p><b>4.1 Patient Story</b></p> <p>The Board heard the story of Duncan who was 90 years old and his experience of Yorkshire Ambulance Service (YAS) over the last couple of years.</p> <p>Duncan had called YAS in August 2016 after his wife Margaret had fallen down the stairs at home. Initially a Community First Responder (CFR) was on scene followed by a Double Crewed Ambulance (DCA) within 10 minutes of the 999 call. The CFR cleaned the carpet where Margaret had bled and the Paramedics had transferred her to hospital. Margaret had suffered 3 broken vertebrae in her back and spent 8 months in hospital. Sadly Margaret died in April 2017 after suffering a stroke.</p> <p>In December 2017 Duncan himself was unwell with a chest infection and had been prescribed antibiotics by his Doctor. Unfortunately he had a reaction to the antibiotics and had called NHS 111 where he was offered a prompt appointment with a GP. Duncan believed that 'all the stops had been pulled out to help him'. He had welcomed the advice he had received from NHS 111</p>	

	Action
<p>and the GP.</p> <p>He wrote to YAS thanking the Trust for the care and treatment both he and his late wife Margaret had received. It had alleviated his fears that he would not receive the same treatment as he was an older person. He believed that he had received a compassionate and professional service from YAS.</p> <p>Discussion took place in relation to the older population within YAS' communities and how the Trust could address their anxieties about patient care from the ambulance service.</p> <p>TG commented that YAS' staff should be proud of their professional, respectful and caring attitude towards patients and families. He added that the Trust should consider how better to increase YAS' reach into local communities particularly with older patients or those with dementia and asked whether the CFR's could be utilised in this regard.</p> <p>RB responded that discussions were taking place with CFRs about expanding their role into a wider remit. YAS was also engaging with the voluntary sector regarding community opportunities. At present support was quite fragmented and place based.</p> <p>JM added that Steven Dykes, YAS' Deputy Medical Director was in conversation with St John Ambulance on this topic. There could potentially be the opportunity to have Community Secondary Responders who could offer support to older and/or vulnerable patients.</p> <p>The Chairman stated that the social care element of the ambulance sector was increasingly more prominent in the holistic care of patients; she would welcome a report on developments in this area to be included in the CEO report.</p> <p><b>Action:</b>  <b>An update on the volunteering/social care element of YAS' work (Q Volunteer, work with St John Ambulance and Community Engagement) to be included in the CEO report.</b></p> <p><b>Approval:</b>  <b>The Board noted the Patient Story.</b></p>	<p>RB</p>
<p><b>4.2 Freedom to Speak Up Six Monthly Review</b>  The paper updated on the Trust's Freedom to Speak Up (FTSU) activity to the Board.</p> <p>SP advised that JC had been in the role of FTSU Guardian for two years and he was supported by 10 advocates across the organisation. YAS had been an early adopter of the FTSU initiative.</p> <p>It was noted that all NHS Trusts had been required to submit final Quarter 4 data in April 2018. The data provided the Trust with an opportunity to compare YAS' FTSU activity with other ambulance Trusts in England. It was</p>	



	Action
<p>noted that some of these Trusts had not fully implemented their FTSU strategy and as a result had submitted limited or no-data.</p> <p>It was noted that bullying and harassment was a theme amongst Trusts across the NHS. YAS was already addressing this issue through multiple workstreams including Diversity and Inclusion, Values and Behavioural Framework and the Leadership Academy.</p> <p>YAS had seen a recent decline in the number of concerns raised through FTSU with no indication as to why this might be; to address this JC was planning a FTSU awareness week to raise the profile of the initiative across the Trust.</p> <p>It was noted that a 'concern tracker' had been developed to inform JC's discussions with the CEO, other Executive Directors and YAS' Head of Investigation and Learning that took place on a fortnightly basis to review concerns (anonymised) at the most senior level in the organisation. YAS had received 14 concerns since December 2017.</p> <p>It was noted that JC had engaged well with staff representative groups within the organisation, for example BME and LGBT, in addition to universities and Community First Responders.</p> <p>Work was currently underway to ensure compliance with the requirements set out on the National Variation to the terms and conditions of the NHS standard contract which included the need for NHS providers to comply with the requirements of the National Guardians Office and the expectations set out in the 'Guidance for Boards on Freedom to Speak Up in NHS Trusts and Foundation Trusts' document; YAS was well placed to comply with both.</p> <p>It was noted that on 31 July the National Guardian Dr Henrietta Hughes would visit YAS. The Trust was also hosting the National Ambulance Network for FTSU Guardians on the same day and it provided an excellent opportunity for Dr Hughes to gain a better understanding of the challenges the ambulance sector had in delivering FTSU.</p> <p>The Chairman referred to the 'Guidance for Boards on Freedom to Speak Up in NHS Trusts and Foundation Trusts' document and advised the Board would benchmark itself against this. She welcomed the level of concerns raised by YAS' staff as she believed this indicated that staff felt confident in the process.</p> <p>Discussion took place relating to whether staff felt they had suffered any detriment resulting from raising a concern under FTSU.</p> <p>The Chairman emphasised that the Trust should be mindful of any impact on an individual as a result of raising a concern.</p> <p>TG expressed reservations over the use of the word 'detriment' as this was a legal term with a wider meaning.</p>	

	Action
<p>JC responded that the wording had been raised with the National FTSU Guardian's office and they would consider the terminology used.</p> <p>SP added that the data was quite a blunt tool at this stage and still required further refinements to ensure consistency of reporting and interpretation. The regular meetings relating to FTSU at the senior level within YAS, referred to earlier, was a safeguard to ensure the confidence of staff in the process.</p> <p>SP informed the Board that JCs period as YAS' FTSU Guardian had been extended for 12 months following his initial two year period in the role, given that processes for FTSU were still developing.</p> <p>The Chairman thanked JC for his work on this important initiative.</p> <p><b>Approval:</b>  <b>The Board noted the content of the report and gained assurance on the actions taken and supported proposals for further development and embedding of FTSU across the organisation.</b></p>	
<p><b>4.3 For Assurance: Care Quality Commission (CQC) Action Plan Update</b>  SP provided an update on the delivery of the CQC Improvement plan and the preparation and readiness for the next CQC inspection.</p> <p>The last formal inspection by the CQC had taken place in September 2016 and an action plan had been drawn up to address those issues highlighted by the CQC team. The action plan was complete and was now in the monitoring and 'business as usual' phase.</p> <p>YAS would undertake a mock inspection shortly which would deliver a structured sense check of the Trust's performance particularly in key areas. The Trust had worked hard to further improve performance and further embed good practice and leadership across the whole of the organisation.</p> <p>The Trust continued to have regular dialogue with the CQC and awaited formal notification of an inspection date following the pre-inspection request for information.</p> <p><b>Approval:</b>  <b>The Board of Directors gained assurance that the CQC Improvement Plan had been delivered and that the Trust had begun preparation for the next CQC inspection.</b></p>	
<p><b>4.4 For Assurance: Resilience and Special Operations Six Monthly Report</b>  The report provided assurance on the Emergency Preparedness Resilience and Response (EPRR) agenda and workstreams for the period from October 2017 to March 2018.</p> <p>JM presented the report as the Accountable Emergency Officer. He advised the Resilience Governance Group met monthly and had revised the Terms of Reference in April 2018, to encompass NHS 111 and PTS, to provide an overview across the Trust.</p>	

It was noted that there had been a successful Tour De Yorkshire event and learning from this would be channelled in to the World Cycling Championships due to take place in 2019. Future events of a similar scale would need to be scoped out in terms of resource requirements, associated costs and impact on the organisation.

A comprehensive review of the YAS' Commander Framework was taking place in line with the National Occupational Standards for Ambulance Commanders incorporated into the National Command and Control Guidance which was currently going through Government Gateway. The most impact related to the number of Medical Advisors in place on rotas. This would be a challenge across the whole of the ambulance sector in England including YAS; work was underway to try and resolve the issue.

A gap analysis had been undertaken relating to the skillset for YAS' Commander Framework and an action plan was being developed which would address closing the gap. The November EPRR report would include information on the progress of the action plan.

With the introduction of night-flying the Yorkshire Air Ambulance (YAA) had carried out nearly 25% of its missions at night time over the winter period. This had made a significant difference for patient outcomes.

It was noted that a number of advanced surgical procedures had also been carried out by the YAA team and these incidents were all reported and debriefed as part of YAS' ongoing clinical governance.

JM advised that the National Safety Standards for Invasive Procedures had amended the scope to include 'the formation of thoracostomies and surgical airways'. This would mean that YAS would be seen as a 'Centre offering surgical procedures' by the CQC. This would provide challenges for YAS as the Trust would not be able to apply the same rigour of a clinical operating theatre within an Acute Trust to the locations where incidents occur for YAS and where intervention was crucial to sustain life. The Trust would liaise with the CQC in this regard.

Discussion took place relating to Ambulance Intervention Team (AIT) and Special Operations Response Teams (SORT) compliance and the rostering relating to this. This was a complex issue for the Trust.

JM advised that the Trust remained at 'Substantial' compliance for EPRR.

RB formally noted his thanks to JM for undertaking the role of Emergency Accountable Officer. It was noted the paper had been produced for JM by Alan Baranowski, YAS' Head of EPRR.

**Approval:**

**The Board was updated and assured of the Trust's compliance and progress of the EPRR agenda.**

	Action
<p><b>4.5 Quality Committee –Minutes of the Meeting Held on 14 December 2017 and Chairman’s Report of the Meeting held on 15 March 2018</b> The minutes of the 14 December 2017 were noted.</p> <p>PS advised he had deputised for Pat Drake, former Non-Executive Director and Chair of the Quality Committee (QC) of YAS as she had been absent for the 15 March 2018 meeting. The QC continued to provide assurance through Audit Committee and Board on issues and risks within its remit. It was expected that at the next meeting in June the QC would re-consider the work programme and meeting format.</p> <p><b>Approval:</b> <b>The 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>	
<b>5 Workforce</b>	
<p><b>5.1 For Approval:</b></p> <ul style="list-style-type: none"> <li><b>i. Review/Approve Terms of Reference for the Senior Independent Director;</b></li> <li><b>ii. Appoint Senior Independent Director</b></li> </ul> <p>The Board noted and approved the updated Terms of Reference for the Senior Independent Director role.</p> <p>It was noted that the appointment of the Senior Independent Director would be deferred until there was a full complement of Non-Executive Directors on the Board.</p> <p><b>Approval:</b> <b>The Board noted and approved the updated Terms of Reference for the Senior Independent Director role.</b></p>	
<p><b>5.2 For Assurance: National Paramedic Re-banding Implementation Update</b> The paper updated on the progress to date and the implementation plan to meet the national milestones for Paramedic re-banding and associated training plans.</p> <p>The Trust had completed its obligations under section 1 of the National Paramedic Re-banding Agreement. Assurance was provided that the Trust was on target to meet its obligations under section 2 of the agreement.</p> <p>It was noted that the full implications of the agreement were likely to emerge over the coming months in terms of a knock-on effect for the banding of other roles. It was acknowledged this had the potential to be a significant issue for the Trust.</p> <p>It was noted that Clinical Supervisors had requested a banding review from a Band 6 to a Band 7. The job description was being reviewed and would go through due process with a job analysis being the first stage.</p>	

	Action
<p>SP asked whether the abstractions for training for upskilling those Paramedics who needed to be upskilled to meet the Band 6 requirements (circa 200) would be a risk over the winter period.</p> <p>SS confirmed that abstraction rates had been factored in to the workplan although he acknowledged that there would always be some risk associated with this.</p> <p>CB added this would be reviewed again to provide further assurance and brought back within the next update to Board.</p> <p><b>Action:</b>  <b>To further review the abstraction rate for upskilling those Paramedics who were required to meet the Band 6 requirements (circa 200) and update within the next report to the Board.</b></p> <p><b>Approval:</b>  <b>The Board of Directors noted the update and gained assurance that progress was being made in relation to the national agreement for Paramedic re-banding to Band 6. The Board noted the wider implications of the Paramedic re-banding to Band 6.</b></p>	<p>CB/SS</p>
<p><b>6 Performance and Finance</b></p>	
<p><b>6.1 For Approval: Operating Plan 2018/19</b>  RB advised that the Operating Plan had been discussed by the Board on 26 April 2018; there had been some minor amendments prior to submission to NHS Improvement (NHSI) on 30 April 2018. The paper provided the final submitted Operating Plan 2018/19 and sought retrospective approval.</p> <p>MS added that the following templates had been completed and submitted to NHSI:</p> <ul style="list-style-type: none"> <li>• Activity;</li> <li>• Finance;</li> <li>• Workforce;</li> <li>• Triangulation of Activity, Workforce and Finance.</li> </ul> <p>The final submitted Operating Plan had been updated following feedback from NHSI. The Ambulance Response Programme (ARP) trajectory had also been updated.</p> <p>The changes to the text of the Operating Plan, to that which was considered on the 26 April 2018, had been highlighted in red.</p> <p><b>For Approval:</b>  <b>The Board noted and retrospectively approved the final Operating Plan 2018/19 which had been submitted to NHS Improvement on 30 April 2018.</b></p>	

	Action
<p><b>6.2 For Assurance: Chief Executive's Report and Integrated Performance Report</b></p> <p>The report provided assurance on the activity of the Trust Executive Group (TEG) from 20 March 2018 to 17 May 2018 and the opportunity for TEG to highlight the key variances/movements contained within the April 2018 Integrated Performance Report (IPR).</p> <p>RB advised that there had been sustained improvement against the Ambulance Response Programme (ARP) national standards for response times. YAS' Hear and Treat data was currently the best in the corresponding with low re-contact rates indicating appropriate clinical advice was being given. The Emergency Operations Centre (EOC) currently had some of the best call answer times in the country. NHS 111 had performed well over the busy Easter period. A&amp;E Operations had achieved full workforce establishment with the hard work of colleagues from Human Resources (HR) and A&amp;E Operations.</p> <p>During April and May there appeared to have been an ease of the system capacity pressures although there were still some challenges at certain sites with ambulance turnaround times. The Trust was liaising as appropriate with the relevant Acute Trusts.</p> <p>Contract negotiations had been successfully concluded for YAS' 999 service and for NHS 111. The 2018/19 contract for 999 put YAS in a positive position to deliver the ARP national standards.</p> <p>Recruitment had been taking place within A&amp;E Operations to secure the staff resource required to deliver the ARP national standards. It was noted there were some risks in delivery of the fleet requirements for ARP although the Trust had plans to mitigate these.</p> <p>There was on-going engagement with staff across the organisation and this was a core priority for the Trust Executive Group (TEG). The Trust held a Strategic Leadership Forum on 2 May with 70 members of the senior leadership team; to seek input on the emerging themes arising from the development of the new Corporate Strategy. There had been good engagement and discussion with many ideas generated to take YAS forward. More events would be arranged to capture wider views.</p> <p>NHS Improvement (NHSI) Ambulance Improvement Team had announced at the beginning of May a fast track capital bidding process for ambulance services to support the fleet, vehicle preparation and control room changes necessary to deliver the ARP national standards. The Trust was developing several bids for submission by the 25 May deadline.</p> <p>The Trust continued to be active in the NHSI Operational Productivity (Model Ambulance) Programme and had attended an event in London where an update on progress had been provided. Discussions had focused on actions to reduce unwarranted variation across the 10 English ambulance services including creating a single national A&amp;E ambulance specification, sickness absence processes, call cycle times and the national review of Emergency</p>	

## Control Centres.

Dave Green, Head of Quality Improvement was YAS' lead for Dr Helen Bevan's NHS Horizon Programme which was engaging with staff on the front-line to seek ideas to reduce winter pressures.

A meeting had taken place with NHSE and Commissioners to discuss plans for winter 2018/19; both had been supportive of YAS' transformation plans. YAS had raised the issue of the West Yorkshire PTS tender exercise and also the tender of NHS 111 services. Discussion took place in relation to the procurement process in relation to these.

### Operations Directorate

SS advised that winter pressure had continued into March and over the Easter period, since when there had been improvements in YAS' performance and improved turnaround times at the majority of Acute Trusts.

The Trust was now placing greater emphasis on the use of Double Crewed Ambulances (DCAs) and less on Rapid Response Vehicles (RRVs) as per the ARP operating model.

Performance against ARP national standard Category 1 remained stable and there had been improvements in Category 2, 3 and 4. The EOC was performing well against call handling standards. The service had seen a reduction in sickness absence levels although it was acknowledged this could be improved further.

### Urgent Care and Integration Directorate

LM advised that NHS 111 had performed well over the Easter period. The service continued to work with CCGs to improve clinical advice performance. NHS 111 on-line was now live across each of the three STPs in Yorkshire and Humber and responding to approximately 2000 incidents per week. There was currently no observed impact on demand for NHS 111. The proportion of dispositions ending in 999 was 16% which was significantly above the NHS 111 telephone service.

Work continued within NHS 111 to further improve the working environment and culture for staff, this had included a 'deep dive' into staff experience and views. A Continuing Professional Development (CPD) programme was being developed for clinical staff.

PTS continued to perform well contractually in all areas. The PTS management team were considering how best to restate the eligibility criteria of the Clinical Commissioning Group in the North of the region to access patient transport.

LM referred to the Rotational Paramedic Scheme and advised there would be a full update at June's Quality Committee.

### Clinical Directorate

JM advised that there was currently a 10 week delay in processing health

records. The service was working hard to reduce this and the introduction of the electronic Patient Record (ePR) in South Yorkshire had seen a positive impact on the number of papers presented for processing. The Trust would apply to NHS England (NHSE) for an extension for the reporting of the Ambulance Clinical Quality Indicators (ACQI) in this regard.

Following a joint meeting of National Ambulance Service Medical Directors (NASMeD), the Quality, Governance & Risk Directors' Group (QGARD) and National Ambulance Urgent & Emergency Care Group (NAUECG), the Medical Director produced a presentation describing the ambulance sector's experience of winter and some possible solutions to mitigate a similar situation occurring in the future. This had been presented to the NHS Improvement (NHSI) Northern Region Medical Directors' group and had contributed to discussion at other regional and national meetings. It would be presented at the NHSI Clinical Forum in June.

The results of the Association of Ambulance Chief Executive's (AACE) sponsored ambulance staff suicide study was presented at the EMS999 conference in Stirling in March. Sir Keith Pearson, Chair of the Staff and Learner Mental Health and Wellbeing Commission, visited YAS on 18 May to discuss the Trust' ongoing work into staff mental health and wellbeing research.

The first of the new Clinical Quality Indicators (CQIs), as components of the Ambulance Response Programme (ARP), were published in April (November 2017 data). Clinical time indicators were now reported as mean and 90<sup>th</sup> centile response measures in line with the other Ambulance Quality Indicators.

#### Quality, Governance and Performance Assurance

SP advised that the Trust had celebrated International Nurses Day with a Nurses Clinical Professional Development (CPD) Best Practice Day. This had showcased the contribution that nurses made to YAS' service; around 50 colleagues had attended the event.

It was noted that the compliance for Level 1 child and adult safeguarding training remained above the 85% target. Safeguarding Level 2 compliance had reduced over the last quarter following the introduction of the new combined Adult and Child Level 2 e-learning. Completion of the new training product was progressing well. A solution for PTS staff abstraction to undertake this e-learning was currently being developed.

#### Workforce and Organisational Development

It was noted the Board Development Programme had been diarised in Board members diaries and would formally commence in June 2018.

Sickness absence had decreased to 6.4% for March 2018 from 6.8% in February 2018. This remained a key priority for the Directorate to further reduce the level of sickness absence across the Trust.

The Trust's Personal Development Review (PDR) compliance stood at 74.7%



	Action
<p>for March 2018 against the Trust target of 90%. There was a focus across the Trust to increase the compliance further and this was being reported through the Trust Management Group.</p> <p><u>Finance Directorate</u> MB formally thanked Emma Bolton, YAS' Director of Fleet, Estates and Facilitates who had left the Trust on the 23 May. He advised she had achieved a significant amount whilst she had been at YAS and he wished her well for the future.</p> <p>The Trust had started receiving the Double Crewed Ambulances (DCAs) procured from West Midlands and these were being rolled out to the front-line. The DCA conversions had commenced.</p> <p>Procurement continued to be busy with the team overseeing 201 contracts during 2017/18.</p> <p>The ePR pilot, which had been developed by colleagues from across the Trust including ICT and Business Information (BI), had been successful and had been extended to include Sheffield as well as Rotherham. The BI team was piloting a 'real-time' reporting tool which would provide the Trust with smarter and timely information.</p> <p>The Purchase to Pay (P2P) programme had been implemented across the Trust and was now 'business as usual'.</p> <p>It was suggested this item be placed earlier on the agenda for the next meeting.</p> <p><b>Action:</b> <b>To place the Chief Executive's Report and IPR report earlier on the agenda for future meetings.</b></p> <p>The Chairman thanked the Executive Team for an informative report.</p> <p><b>Approval:</b> <b>The Board agreed it had sufficient assurance on the activities of the Executive Team and Trust Executive Group during the period and noted and discussed the variances contained within the April 2018 IPR report, highlighted in the Executive Directors' reports.</b></p>	<p>AA</p>
<p><b>6.3 For Assurance: Service Transformation Programme Update</b> The report updated on the Trust's four Transformational Schemes and the workstreams supported by the Performance Management Office (PMO) function.</p> <p>SP advised that the Transformation Programmes and been reframed to ensure each programme was fit for purpose and would help deliver against the Trust's overall Strategy. Work was progressing well against each of the workstreams.</p>	

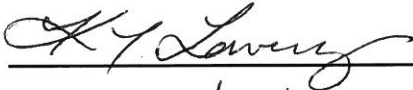
	Action
<p>Work was being undertaken to ensure that the transformation programmes had the right milestones and measures alongside ensuring that robust governance arrangements were in place.</p> <p>In future it was expected that an exception/milestone report would be presented on the transformation programmes with performance information against each key measure.</p> <p>It was confirmed that the Board received assurance on the Transformation Programmes through the Board's Committee structure.</p> <p><b>Approval:</b>  <b>The Board noted the update provided on the Trust's Transformational schemes and additional Service/Quality Improvement projects supported through the PMO.</b></p>	
<p><b>6.4 For Assurance: Finance and Investment Committee (F&amp;IC) – Minutes of the Meeting Held on 14 December 2017 and Chairman's Report of the Meeting held on 15 March 2018</b></p> <p>The minutes of the meeting of 14 December 2017 were noted.</p> <p>JN advised that the Committee continued to provide assurance through delivery of its workplan.</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>	
<p><b>6.5 For Assurance: Audit Committee Minutes of 11 January 2018 and Chairman's Verbal Update of the Meeting held on 10 April 2018</b></p> <p>The minutes of the 11 January 2018 were noted.</p> <p>RK advised that the Audit Committee had discussed the year-end Accounts 2017/18 at the meeting on 10 April 2018. Information had been presented relating to an historical Capital Assets issue which had now been rectified.</p> <p><b>Approval:</b>  <b>The Trust Board was assured by the discussions within the Audit Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</b></p>	
<b>7 Risk Management and Internal Control</b>	
<p><b>7.1 For Approval: Updated Standing Orders Including Scheme of Powers Delegated and Reserved to the Board and Standing Financial Instructions - V2.5</b></p> <p>The paper sought review and approval on the Updated Standing Orders Including Scheme of Powers Delegated and Reserved to the Board and Standing Financial Instructions – V2.5.</p> <p>The Board noted the change to move the detailed procedural Procurement</p>	

	Action
<p>guidance into a stand-alone Procurement Policy.</p> <p><b>Approval:</b>  <b>The Board of Directors approved the Updated Standing Orders Including Scheme of Powers Delegated and Reserved to the Board and Standing Financial Instructions - V2.5.</b></p>	
<p><b>7.2 For Assurance: Corporate Risk Register (CRR) and Board Assurance Framework (BAF)</b></p> <p>The paper presented the final draft BAF for 2018/19 and provided changes to the Corporate Risk Register as well as providing an update on key developments in Security and Information Governance and risk mitigation in this regard.</p> <p>The Board noted the new BAF for 2018/19 at appendix 1 which reflected previous Board discussions on this subject. The changes to the CRR were noted.</p> <p>SP advised that from April 2018 the new Data Security and Protection Toolkit (DSP Toolkit) replaced the Information Governance Toolkit. This formed part of a new framework for assuring that organisations were implementing the ten data security standards and meeting their statutory obligations on data protection and data security.</p> <p>It was noted that resources for Information Governance and Records Management had been considered by the Trust Executive Group where it had been determined that there should be a level of administrative support within the team.</p> <p>SP advised that draft Security Management Standards had been circulated via the National Ambulance Security Group and YAS would benchmark itself against these once they had been formally approved and published by NHS England.</p> <p>There had been positive developments relating to violence and aggression against staff with an increasing number of successful prosecutions taken against perpetrators.</p> <p>There had been an evaluation of the core infrastructure security risk for YAS' critical sites and proposals for security measures to mitigate the risks had been developed.</p> <p><b>Approval:</b>  <b>The Board noted the update and the developments outlined in the report and gained assurance with regard to the effective management of risks across the Trust.</b></p>	
<p><b>8 Meeting as the Charitable Trustees</b></p>	
<p><b>8.1 For Assurance: Charitable Funds Quarterly Financial Update</b></p> <p>The paper provided the Board as Trustee of the YAS Charity an update on the Charity's financial position to date and proposed actions.</p>	

	Action
<p>It was noted that as at 30 April 2018 the Charity had unrestricted cash reserves of just under £200k.</p> <p>The Charitable Funds Committee had reviewed spending commitments and had agreed an expenditure budget of £114k for 2018/19.</p> <p>A Fundraising Strategy had been agreed in November 2017 and this would be a focus for 2018/19 and beyond.</p> <p>On the 1 April 2018 the Charity Commission issued new rules on the disqualification of certain people from being involved in charity management. The current rules only applied to Trustees; the new rules also included Senior Managers within a charity.</p> <p>SP commented this had a link with the Fit and Proper Person test.</p> <p>The Chairman responded that the Charity Commission would expect the Charity to declare that all Trustees were compliant.</p> <p>AA advised that herself and Danielle Norman, YAS' Charity Manager would be cross referencing documents already held by the Trust to ensure compliance.</p> <p>RC advised that he had taken over as Chair of the Committee from Erfana Mahmood, a former Non-Executive Director. RC reported he was reviewing the charity initially in order to generate the income to expand activities for the future. He hoped to raise the profile of the charity and there may be minor amendments to the Fundraising Strategy.</p> <p>RB added that there was potentially an opportunity for the charity to bid for grant money given its objectives.</p> <p>RC advised this was something the charity could consider going forward providing there was capacity and the right skillset in this regard.</p> <p><b>Approval:</b>  <b>The Board, as YAS Charity Trustee, noted the contents of the report and supported the actions proposed. Noted the update in item 8. Trustees would be asked separately to confirm that they were not affected by the changes to the Charity Commissions Rules on disqualification.</b></p>	
<p><b>8.2 For Assurance: Charitable Funds Committee (CFC) – Minutes of the Meeting Held on 23 November 2017 and Chairman’s Report of the Meeting held on 17 April 2018</b>  The Minutes of the 23 November 2017 were noted.</p> <p><b>Approval:</b>  <b>The Trust Board was assured by the discussions within the Charitable Funds Committee and the key issues highlighted for further scrutiny within the Committee’s work programme.</b></p>	

		Action
<b>9</b>	<b>Closing Business</b>	
<b>9.1</b>	<p><b>Key Points Arising from the Meeting</b>            The Chairman noted the work undertaken within Freedom to Speak Up. She commented on the number of formal items received by the Board including the Accounts and Annual report 2017/18.</p>	
<b>9.2</b>	<p><b>Board Review and Feedback</b>            The Chairman thanked everyone for attending and contributing to the meeting.</p> <p>The meeting finished at 1330 hours.</p>	
	<p>To be resolved that the remaining business to be transacted is of a confidential nature and 'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (subsections 2 &amp; 3), Public Bodies (Admission to Meetings) Act 1960.</p>	
<b>10.</b>	<p><b>Date and Location of the Next Meeting of the Trust Board Held in Public:</b>            30 August 2018            Pre-Board Presentation: 0900 – 0930 hours            Board of Directors: 0930 onwards            Trust HQ, Kirkstall &amp; Fountains, Springhill 2, Brindley Way, Wakefield, WF2 0XQ</p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

  
 \_\_\_\_\_ CHAIRMAN  
 25/09/2018.  
 \_\_\_\_\_ DATE