



Board of Directors Meeting held in Public

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

Date: Thursday, 30 August 2018

Time: 0930 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
Tim Gilpin	(TG)	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:

Ronnie Coutts	(RC)	Non-Executive Director
Leaf Mobbs	(LM)	Director of Urgent Care and Integration

In Attendance:

Anne Allen	(AA)	Trust Secretary
Ian Ferguson	(IF)	Interim Director of Operations
Catherine Bange	(CB)	Regional General Manager (For LM)

Minutes produced by:

Joanne Lancaster	(JL)	Committee Services Manager
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1	Opening Business	
	The meeting commenced at 0935 hours.	

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<p>1.1 Apologies / Declaration of Interests 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 on Quality Improvement by Gareth Sharkey, Craig Reynolds and Amy Ingham – Quality Improvement Fellows. The presentation provided an overview of the work the Quality Improvement Fellows in addition to providing some examples of projects being undertaken.</p> <p>The Chairman thanked the team and commented on their commitment and enthusiasm.</p> <p>The Chairman welcomed IF as the Interim Director of Operations to the meeting and CBa, Regional General Manager who was attending on behalf of LM, Director of Integrated and Urgent Care.</p> <p>She noted formal thanks to Ronnie Coutts, Non-Executive Director who was leaving the Trust on 31 August due to other work commitments. She stated that Ronnie had made an excellent contribution to the Trust through his technical knowledge and experience. She wished him well for the future.</p>	
<p>1.2 Minutes of the Meeting held on 24 May 2018 including Matters Arising (not on the agenda) and Action Log The Minutes of the Board Meeting in Public held on 24 May 2018 were approved as a true and fair representation of the meeting.</p> <p>Matters Arising There were no matters arising from the minutes.</p> <p>Action Log: Action PB-474 – National Paramedic Re-banding – This was on the agenda at Item 5.5. Action closed.</p> <p>It was noted that all other actions on the action log had been appropriately closed.</p>	
<p>2.0 Strategy Development</p>	
<p>2.1 For Assurance: Workforce and Organisational Development Draft Strategy The paper provided the latest progress on the development of the Workforce and Organisational Development (People) Strategy.</p> <p>The Strategy had been in development over a number of months and was due for completion by October 2018. This would be launched with the Corporate Strategy and other Enabling Strategies at the Leadership Summit on 8 October 2018.</p> <p>During the development phase consultation on the document had taken place with a wide-range of staff including the Joint Steering Group (JSG) and</p>	

	Action
<p>Critical Friends Network.</p> <p>PS welcomed the 'Employee Voice' aspect of the People Strategy as he believed this chimed with anecdotal feedback he had received from staff on visits across the region.</p> <p>TG asked how the Board would be appraised of progress against the People Strategy.</p> <p>CB responded that Key Performance Indicators (KPIs) would be developed and progress reported against these.</p> <p>The Chairman asked that the KPIs developed for the People Strategy provided meaningful information on the workforce to ensure the Board had oversight of the appropriate issues.</p> <p>It was acknowledged that there were some inconsistencies across the organisation relating to processes and policies and these were being addressed by the Trust. CB confirmed there were processes in place, particularly relating to sensitive issues such as suspension, to ensure that Trust procedure had been appropriately followed.</p> <p>Approval: The Board noted the report and gained assurance on the development and progress of the People Strategy (formally called the Workforce and OD Strategy).</p>	
<p>2.2 For Assurance: Operating Plan 2018/19</p> <p>The paper provided assurance that the final submitted Operating Plan 2018/19 was supported by NHS Improvement (NHSI) with no changes to the narrative plan following review of the submission. Additional feedback around supporting templates was submitted in June 2018 with Board approval in line with NHSI requirements.</p> <p>Approval: The Board noted the contents of the Final Operating Plan and that no further changes were required to the narrative plan following NHSI review. The Board gained assurance that the additional templates had been submitted with approval and in line with NHSI requirements.</p>	
<p>2.3 For Assurance: Freedom to Speak Up Trust Self-Assessment</p> <p>The paper sought approval and comment from the Board on the Freedom to Speak Up (FTSU) Self-Assessment Tool.</p> <p>NHS Improvement (NHSI) had issued a self-assessment toolkit to Boards which was aligned to the Well-Led Framework. In the summer of 2018 NHSI had also mandated that every NHS organisation would have a FTSU Strategy.</p> <p>SP advised that the Trust had fully embraced the FTSU initiative and the organisation was well placed in terms of the toolkit and FTSU Strategy.</p>	

It was noted the self-assessment tool was not mandatory and Trusts were not expected to submit returns but there was an expectation from NHSI that Trust Boards would have undertaken a self-assessment which might be accessed by the Care Quality Commission (CQC) as part of inspections. More importantly it showed that YAS' Board was committed to staff speaking up within their organisation.

A draft of the self-assessment tool had been completed by the Head of Investigations and Learning and the FTSU Guardian using evidence from Committees, governance meetings and work already undertaken and in progress within the Trust. This had been shared with the Trust Management Group (TMG) and the Trust Executive Group (TEG). A draft FTSU Strategy had been developed and was attached to the report for comment; this would be closely aligned with the People Strategy.

The following themes had been identified from the self-assessment:

- The Trust should continue to focus on the general culture of the organisation;
- The Trust should strengthen feedback to staff in relation to FTSU by providing 'You said, we did' type information;
- The role of the Non-Executive Director (NED) within the FTSU process for YAS.

The Chairman stated that recruitment for a new NED and Associate NED would be taking place shortly and the Board would then be back to full complement. She would consider the role of the NED within the FTSU process for YAS.

JN suggested that the self-assessment under-played YAS' strengths and he believed the organisation was in a much better position than indicated within the FTSU toolkit document.

SP responded there was potentially an element of being overly cautious on the achievements to date. The self-assessment had been undertaken by the FTSU Guardian and the Head of Investigations and Learning and although the organisation was in a positive place in terms of FTSU they believed that it could be further embedded across the Trust.

The Chairman referred to the visit to YAS by the National FTSU Guardian, Dr Henrietta Hughes in July 2018 when the Trust had hosted a national FTSU event. The event had been positively received. She commented that the independent role of YAS' FTSU Guardian and Advocates was imperative to the transparency of the process.

SP added that the independent role was crucial and the link to senior management involvement was equally as important to ensure that concerns could be resolved in a timely and effective way.

TG asked whether, in some instances, staff used the FTSU process to circumnavigate their manager.

	Action
<p>SP responded that he did not believe this was the case for the majority of FTSU concerns. He added that the FTSU Strategy was aligned to the People Strategy to ensure that due process was followed.</p> <p>The Chairman stated her belief that the FTSU process was working well within YAS and thanked the FTSU Guardian and Advocates for their hard work in this regard.</p> <p>Approval: The Board reviewed and approved the FTSU Self-Assessment Toolkit and noted the draft FTSU Strategy.</p>	
<p>3.0 Performance and Finance</p>	
<p>3.1 For Assurance: Chief Executive’s Report and Integrated Performance Report</p> <p>The report provided assurance on the activity of the Trust Executive Group (TEG) from 18 May 2018 to 22 August 2018 and the opportunity for TEG to highlight the key variances/movements contained within the July 2018 Integrated Performance Report (IPR).</p> <p>It was reported that NHS England (NHSE) had announced several revisions to national Ambulance Quality Indicators (AQIs) as part of the ‘Spring Review’. The changes related to learning taken from the Ambulance Response Programme (ARP) since its introduction in September 2017.</p> <p>It was noted that the Lord Carter Report relating to the Ambulance sector had been delayed and it was not currently known when the publication date would be.</p> <p>Despite increased activity levels YAS continued to perform well against the national ARP standards. The Trust had mean and 90th centile response times for Category 1 calls of 7 minutes 19 seconds and 12 minutes 31 seconds respectively. It was noted that Category 2 calls remained a challenge for the Trust.</p> <p>It was noted that the Trust was actively engaged in the Invitation to Participate in Dialogue (ITPD) process with Commissioners for the re-procurement of NHS 111 integrated urgent care.</p> <p>The Trust had undertaken a joint bid with a Northern Ambulance Alliance (NAA) partner for North East Lincolnshire Patient Transport Services (PTS) within a challenging financial envelope. The Trust would be notified on 14 September whether it had been successful with the bid.</p> <p>The Trust had received additional funding of £7.6m to expand its fleet and implement an Ambulance Vehicle Preparation (AVP) service at Leeds and Huddersfield ambulance stations through the Strategic Transformation Plans (STP) funding which had been announced by the Department of Health (DH) specifically for the ambulance sector.</p> <p>The Doncaster Hub and Spoke scheme Business Case had been approved</p>	

by NHS Improvement (NHSI) and the Trust was currently awaiting confirmation from DH on the release of funds to progress the scheme.

There had been a number of staff and stakeholder 'listening events' held over the summer period at Barnsley, East Riding, York and Wakefield. These successful events had received positive feedback. It was expected these would continue in the future with staff input on themes and topics to include.

YAS' Corporate Strategy was in development with a number of Enabling Strategies being aligned. It was anticipated the Corporate Strategy would be launched at the Leadership Summit on 8 October 2018.

Operations Directorate

Performance continued to be strong across all trajectories. The Trust's performance for Category 2 and 3 was the best of all the Advanced Medical Priority Dispatch System (AMPDS) Trusts and Hear and Treat was the second highest rate in the country.

The Trust performed well in call answering when compared to other Trusts with YAS having the lowest mean call answering time in the country in July 2018. It was noted that there were a number of duplicate calls mainly relating to Category 3 and 4 calls; the Trust was analysing data in this regard.

JM referred to the duplicate calls and advised this was a trend across the country. One of the mitigations in place was that the script had been changed to better manage patient expectations.

SP commented that the Complaints Team had seen a trend with complaints relating to low acuity calls and a perceived delay in a crew attending the call. The Trust should consider how to communicate to the public in this regard.

Discussion took place relating to public messages on the Ambulance Response Programme (ARP) Categories and associated times for arrival on scene. It would be helpful to align such information to the wider health system messages relating to winter. It was agreed that CBa raise this at the relevant Sustainable Transformation Partnership (STP) meetings.

Action:

To raise Winter Communications at STP meetings in regard to raising awareness with the public about ARP Categories and associated times for arrival on scene.

CBa

One of the main risks for the Directorate related to delivery against its Cost Improvement Plans (CIPs) although plans had been put in place to mitigate against the risk. Another risk was the training of staff on the electronic Patient Record (ePR) and an increase in the job cycle; it was believed this would reduce back once the training was completed.

JM stated that the quality of the records submitted had significantly increased since the introduction of the ePR.

MB added that the Trust was looking at the process flow of the ePR prior to

the full roll-out.

Urgent Care and Integration Directorate

It was noted that the Vale of York and Scarborough Ryedale Clinical Commissioning Group (CCG) Patient Transport Services (PTS) contract had gone live including a revised process to ensure eligibility criteria was applied consistently.

Performance remained consistently strong within NHS 111 and year to date 91% of calls were answered in 60 seconds against a national target of 95% which was in line with the previous year and the contract.

Work continued with STPs on winter planning and supporting a number of initiatives to improve care pathways and patient flow.

Positive feedback had been received in relation to the Rotational Paramedic initiative. Further information would be provided at a future Quality Committee meeting.

Clinical Directorate

The Directorate continued to deliver and implement equipment and tools to enable YAS crews to provide the best care to patients, including:

- Laryngeal Mask Airways;
- Air-driven nebulisers;
- Cor Pulse monitor defibrillators;
- Roll-out of the ePR.

It was noted that the paper based patient record process was cumbersome and time consuming. The introduction of the ePR had mitigated this and had provided much better patient records.

Work was ongoing in Bradford and Sheffield to strengthen relationships with Mental Health providers and explore new ways of working.

The Research team had continued to have success in attracting funding to undertake research projects. This demonstrated that YAS was viewed positively in the research arena.

PS congratulated the team on their successful research projects.

Quality, Governance and Performance Assurance

It was noted that Quality Improvement (QI) continued to be embedded across the Trust. Discussions were ongoing on how to continue to utilise the knowledge and experience of the QI Fellows into the future.

It was noted that YAS was engaged with the national initiative '#ProjectA' which was being led by NHS Horizons. The project was pulling together ideas from frontline staff across all ambulance services to drive improvement in quality on a national scale. The initiative had generated a significant amount of interest from staff across the country with several hundred ideas being submitted. The next stage would be a sense checking and

convergence process with other NHS ambulance trusts. A video conference 'Innovation Burst' was planned on 27/28 September which would consider 4/5 ideas which would then be taken forward.

There was no indication from the Care Quality Commission (CQC) to date of when the Trust would undergo an inspection although it was expected within the next few months. In readiness for a CQC inspection the Trust had undertaken a mock inspection the results of which had been reviewed and actions arising from this were being implemented. It was believed the Trust was in a positive position and that it would be able to demonstrate further improvement in key areas. The Trust had received a 'Good' rating from the CQC at its last inspection in September/October 2016.

The uptake on the safeguarding training for Level 2 Adults and Children was increasing. It was noted that there was now a solution in place to ensure that PTS staff could undertake this training.

Workforce and Organisational Development

It was noted that the department's compliance for the completion of Personal Development Reviews (PDRs) at June 2018 was at 80% which was below the 90% Trust target. This had increased significantly from 55.4% in January 2018. Significant work had been undertaken to ensure compliance in this area and progress was still being made.

It was likely that a national initiative would be announced to reduce sickness absence across NHS Trusts to 4%; this would equate to a further 1% for YAS. Work was already ongoing within the Trust to understand sickness absence with deep dives into different areas. The ambulance sector did tend to have a higher sickness absence rate than other NHS establishments.

The national Pay Award had been agreed and the Trust was in the process of implementing this. There were fundamental changes for the ambulance sector within the Award with a move away from Annex 5 to Section 2. From 1 September staff could voluntarily chose whether to move across to Section 2. Section 2 terms were more favourable to some staff groups than others. It was expected that a lot of staff within A&E Operations would choose to remain on Annex 5. New starters would automatically be appointed so that Section 2 was part of their contract. There were issues with the Electronic Staff Record (ESR) system used in terms of moving to the new pay arrangements and these were being worked through on a national basis.

Finance Directorate

The Trust was still forecasting achievement of the agreed Control Total although there were a number of risks to that position. The risks mainly related to Cost Improvement Plans (CIPs) which were currently unlikely to achieve the planned levels of savings predicted. Plans were in place to mitigate this.

A number of Business Cases had been implemented across the Trust and work was on-going to ensure the delivery of these with colleagues in A&E Operations. Work was ongoing to support colleagues with the Integrated and

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<p>Urgent Care (IUC) Tender.</p> <p>The roll out of the Purchase to Pay (P2P) system was complete with the Oracle i-Procurement software now in use. A 'No Purchase Order, No Pay' policy was adopted on 1 August 2018.</p> <p>The Procurement Team currently had 117 projects. The Associate Director of Procurement had recently presented to the National Directors of Finance Group regarding the potential impact of the Lord Carter report on the Procurement function.</p> <p>It was noted that three new Embrace vehicles had been converted and were being shipped to the UK. The vehicles would be in service towards the end of September 2018.</p> <p>It was reported that additional training vehicles had been secured with delivery expected by the end of August which would ensure sufficient C1 category blue light vehicles for the driver training programme.</p> <p>Weekly discussions were taking place with the DCA chassis supplier to ensure they were able to deliver against the Capital Plan. Mitigation plans had been put in place should delivery slip.</p> <p>The Trust had launched a new website which had been a joint project between the ICT and Communications teams with positive feedback received.</p> <p>A Business case was being developed for a Unified Communications system to replace the existing telephony system. The new system, once procured, would be web-based technology and would offer the Trust more functionality than a simple telephony system.</p> <p>The Chairman thanked the team for their updates. She asked that individuals take a look at the new website and for Board Members to check that their biography details were correct.</p> <p>Approval: 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 July 2018 IPR report, highlighted in the Executive Directors' reports.</p>	
<p>3.2 For Assurance: Service Transformation Programme Update</p> <p>The report updated on the current position and next steps in relation to the refreshed Service Transformation Programme.</p> <p>It was noted that the Transformation Programme governance arrangements had recently been re-designed following Trust Executive Group (TEG) and Board discussions in April 2018. The Transformation Programme, which had been substantially reviewed to reflect changing national and local priorities and to address key issues, now had a better alignment with the new Corporate Strategy and promoted better Directorate cross working.</p>	

	Action
<p>The Transformation Programme Boards were now up and running and were providing scrutiny and clarity on delivery of plans. Work was on-going to produce clear Project Initiation Documents (PIDs), plans and Key Performance Indicators (KPIs). Different projects were at various levels of maturity.</p> <p>The report from PWC on Capacity and Capability under Well-Led was due to be received by mid-September; this would be brought to Board for review.</p> <p>It was planned that future reports would be presented using dashboards and highlights rather than in the current format.</p> <p>The Chairman asked for clarity relating to assurance to the Board.</p> <p>SP responded that each of the Programme Boards had a series of individual projects sitting beneath them that reported into the relevant Transformation Programme Board. On a six weekly basis an aggregate report was received by TEG for overview and scrutiny. There was a standing item on the Quality Committee meeting agenda and the Finance and Investment Committee maintained an interest. It was planned to bring a report for Board assurance on a six monthly basis.</p> <p>JN stated he would welcome seeing the outcomes from the PWC report on Capacity and Capability once it was available. He asked how projects were prioritised.</p> <p>SP responded that the first round of the Transformation Programme Boards had focused on this aspect to understand the phasing of the various projects and the interdependencies relating to this. He was confident that projects would be delivered.</p> <p>Approval: The Board noted and gained assurance on the progress made to date across the four programmes and further planned development. The Board supported the current suggested priority areas outlined within each of the four programmes.</p>	
<p>3.3 For Assurance: Finance and Investment Committee (F&IC) – Minutes of the Meeting Held on 15 March 2018 and Chair’s Report of the Last Meeting Held on 7 June 2018</p> <p>The minutes of the meeting of 15 March 2018 were noted.</p> <p>JN provided a summary of the meeting on 7 June. The meeting had followed on from a Board Meeting where a lot of the items had been discussed. The meeting had considered the successful bid for Strategic Transformation Plans funding for the Ambulance Vehicle Preparation (AVP) and Double Crewed Ambulances. An in-depth discussion had taken place relating to the challenges faced by the Trust for this financial year.</p> <p>Approval: The Board was assured by the discussions within the Finance and</p>	

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	<p>Investment Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</p>	
3.4	<p>For Assurance: Audit Committee Minutes of 10 April 2018 and 24 May 2018 and Chairman's Verbal Update of the Meeting held on 10 July 2018 The minutes of the meetings on 10 April and 24 May 2018 were noted.</p> <p>RK provided a summary of the meeting of 10 July 2018. He advised that everything had gone well with the year-end Accounts. He noted his thanks to the Finance Team for their work in this regard. The Audit Committee Self-Assessment process had commenced. Discussions had taken place in regard to highlight/exception reports rather than the lengthy reports currently received.</p> <p>Approval: The Board was assured by the discussions within the Audit Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</p>	
3.5	<p>For Assurance: Northern Ambulance Alliance (NAA) Update RB advised that the last Board meeting of the NAA had been cancelled due to the number of apologies and had been rescheduled for 28 September.</p> <p>It was noted that as yet North West Ambulance Service (NWAS) had not appointed a substantive Chief Executive.</p> <p>A full report relating to the Common Telephony system would be taken at the next Finance and Investment Committee (F&IC) and a Board Meeting in Private in September.</p> <p>The joint payroll work with North East Ambulance Service (NEAS) was going well and discussions were taking place with East Midlands Ambulance Service (EMAS) in this regard.</p> <p>It was expected that the latest back-office submission for English Ambulance Services would be October 2018. This should inform Value for Money (VfM) work being done within the NAA.</p> <p>The common fleet agreement should commence from October and common conversion agreement should be signed shortly.</p> <p>RB noted the sad death of Ashley Winter, Chairman of NEAS, earlier in the year. The Board noted condolences to family, friends and colleagues.</p> <p>Approval: The Board noted the update and gained assurance on the work of the Northern Ambulance Alliance.</p>	

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<p>4 Quality Safety & Patient Experience</p>	
<p>4.1 Patient Story The Chairman introduced the story of Ralph, a happy and healthy two year old, living in Leeds with his parents.</p> <p>On 15 January 2018 Ralph choked on a grape and after neighbours called 999 for help an ambulance arrived. Ralph was in cardiac arrest. The crew successfully resuscitated Ralph and took him on to his local hospital. Subsequently, the family wrote to YAS to thank the crew for saving Ralph's life and for the compassion shown to them during the incident. They later met the crew to thank them for their care.</p> <p>The Board heard about ongoing public campaigns relating to choking hazards and young people. The 'Don't Risk It, Quarter It' campaign was of particular note.</p> <p>Approval: The Board noted the Patient Story.</p>	
<p>4.2 For Assurance: Bi-Annual Report – Significant Incidents/Lessons Learned Six-Monthly Review The paper provided an overview of the key events and learning that had taken place during Quarter 3 and 4 of the 2017/18 financial year (October 2017 – March 2018). During this period the Trust reported 18 Serious Incidents (SIs) in comparison to 19 reported in the previous 6 months. A key theme identified during Q3 related to the completion of paperwork when in attendance for 999 calls. This related to 2 SIs and the appropriate follow up had taken place in both cases with learning and reminders put in place for the organisation on the importance of correct record keeping.</p> <p>During Q4 there was an increase in the number of SIs (6) due to excessive responses which reflected the busier winter period. Learning had been taken from these in terms of process.</p> <p>A further two SIs had related to inappropriate access and storage of information on the generic Drive of the Trust's computer system. This had been resolved in the case of these two SIs and ongoing work was underway to identify any other issues in this regard.</p> <p>Violence and Aggression incidents towards YAS' staff remained a focus for the Trust. The Trust encouraged staff to report such incidents.</p> <p>The largest category of complaint across the Trust relating to Call Handling and Dispatch was delayed responses to Category 3 calls followed by delayed responses to Category 2 calls. As discussed earlier in the agenda, part of the issue was patient perception on timeliness of low acuity calls.</p> <p>It was noted that work was on-going to address staff attitude and behaviour relating to complaints in the South of the region. An action plan had been put in place and this would be rolled out across the Trust.</p>	

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<p>There had been a small number of concerns highlighted in relation to taxis being used to deliver PTS journeys. The issues were being addressed through the PTS sub-contractor management process to ensure that all sub-contractors were operating to the standard defined by the Trust.</p> <p>There had been one Prevention of Future Death (PFD) report received during the period relating to actions taken in support of patients in crisis by the mental health nurses within YAS. Actions had been identified and initiated to improve communications with the relevant agencies and internal protocols had been re-iterated.</p> <p>JM added that work had been on-going to strengthen working with mental health crisis teams in the South and Bradford with positive working relationships forged. The focus should always be on timely referral.</p> <p>The Trust had received a letter from the Health and Safety Executive (HSE) on 28 March regarding an examination report for a vehicle lifting ramp located at the Trust's fleet workshops in Sheffield. The Trust's competent person for lift inspection had inspected the lifting ramp on 15 March and identified a Category A defect and Fleet immediately took the vehicle out of action. As was required the competent person passed the examination report to the HSE who then wrote to the Trust on the 28 March.</p> <p>Discussion took place in relation to the vehicle lift defect and it was noted that it was the Trust's competent person whom had initially identified this. It was doubtful whether a non-competent person would have known there was an issue with the lift. SP would clarify this and report back to the Board.</p> <p>Action: To clarify whether a non-competent person would be able to identify an issue with a vehicle tail lift.</p> <p>Approval: The Board noted the current position and gained assurance from the work highlighted within the report, supporting ongoing proposals for improvement.</p>	<p>SP</p>
<p>4.3 For Assurance: Quality Committee –Minutes of the Meeting Held on 14 December 2017 and Chairman's Report of the Meeting held on 15 March 2018 The minutes of the 14 December 2017 were noted.</p> <p>PS advised this had been the first meeting he had Chaired as Substantive Chair of the Quality Committee.</p> <p>The Quality Committee continued to focus on the Ambulance Response Programme to ensure both quality and safety were maintained.</p> <p>The Well-Led Review had been discussed and the Quality Committee had reviewed the agenda to ensure that it was providing the necessary assurance to the Committee.</p>	

	Action
<p>Approval: 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.</p>	
<p>5 Workforce</p>	
<p>5.1 For Approval: Health and Wellbeing Plan The paper set out the health and wellbeing agenda for 2018/19 which included the delivery of a 12-month action plan.</p> <p>The progress being made in terms of the Health and Wellbeing agenda was noted. It was expected that the tender for a new Occupational Health provider would go out in October 2018.</p> <p>The 2018/19 agenda had three main areas of focus:</p> <ul style="list-style-type: none"> • Healthy Minds – Mental Wellbeing; • Healthy Bodies – Muscular-Skeletal (MSK); • Healthy Lifestyles – Overall Wellbeing. <p>There had been a focus on 'Healthy Minds' recently due to related sickness absence themes. As part of the recruitment process for new Emergency Care Assistants (ECAs) a Physical Competency Assessment was undertaken.</p> <p>SP added that a significant amount of work had been undertaken by the Trust's Health and Safety Team on preventative work relating to Musculoskeletal (MSK) injuries.</p> <p>It was noted the Trust had been the most improved Trust in the country in terms of uptake of the flu vaccination for 2017/18.</p> <p>The Chairman urged the Board to have their flu vaccinations. She advised that should staff have their flu vaccinations outside of the organisation they should inform YAS as it would still count towards the Trust's overall target.</p> <p>Approval: The Board noted the contents of the report and gained assurance on the delivery of the Health and Wellbeing Plan 2018/19.</p>	
<p>5.2 For Approval: NHS Staff Survey 2017/18 Results and Action Plan The report summarised the results for the 2017 National NHS Staff Survey (NNS) and the supporting YAS action plan. It updated the Board on preparations for the NNS 2018 which would be live from October to December 2018.</p> <p>YAS' response rate to the NNS 2017 had been 34.5% which was lower than the average response rate for all Ambulance Trusts in 2017 at 42%. The Trust's score for Staff Engagement was 3.38 out of a possible score of 5 and was also below the national average for the ambulance sector in 2017 of 3.45.</p> <p>The 'Pulse Check' had been developed and was now a combination of the</p>	

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<p>Family and Friends Test (FFT) with additional questions as required. The Quarter 1 response total had been 60% this was a significant achievement given that the response rate for FFT last year for the whole Trust was 7%.</p> <p>Work was on-going to better engage with the Trust's workforce. A 'you said, we did' communications piece had been developed. Direct engagement events with staff had taken place with more planned for the future. At the recent 'listening events' staff had emphasised their wish for more engagement with the leaders of the organisation. The use of digital technology as a medium to engage with staff would be further explored and this would be linked with the development of the Digital Strategy. It was hoped that the Leadership in Action development scheme would also provide the opportunity to engage further with middle managers.</p> <p>Approval: The Board noted the outcomes of the 2017 NHS National Staff Survey and gained assurance on the progress to address the findings and preparations for the staff survey 2018.</p>	
<p>5.3 For Approval: Modern Slavery Act – Update Trust Statement The paper sought approval of the revised Modern Slavery Act 2015 (the Act) – Statutory Statement of Compliance as required by the Act.</p> <p>It was noted that the required Statement had been in place since it was mandated however the Home Office had issued revised guidance on 10 October 2017. The revised Statement incorporated the additional guidance and ensured good practice was followed.</p> <p>CB advised that there were slight variances in the figures between Appendix 1 and Appendix 2; these would be amended prior to publishing the Policy on the Trust's website.</p> <p>Approval: The Board noted the contents of the report and approved the revised Modern Slavery Act 2015 (the Act) – Statutory Statement of Compliance as required by the Act.</p>	
<p>5.4 For Assurance: Update on 'Living our Values' The paper updated on the 'Living Our Values' programme established in March 2018 following the launch of YAS' new values and behaviours framework in January 2018.</p> <p>It was noted that the 'Living Our Values' Board met on a monthly basis to agree actions and monitor progress. The 'Living Our Values' programme consisted of nine key workstreams each led by a relevant subject matter lead. The key achievements and progress to date were noted.</p> <p>CB advised that a paper on Succession Planning and Talent Management would be presented to the Board in November 2018.</p> <p>The staff recognition awards had been rebranded to 'STARS' and was aligned</p>	

	Action
<p>to the new values.</p> <p>The Leadership in Action programme had commenced and this was aligned to the values and behaviour framework.</p> <p>The Chairman thanked CB and welcomed the assurance provided by the report on the progress being made on the 'Living Our Values' programme. She stated that the imminent Non-Executive Director recruitment incorporated the values and behaviour competencies. She encouraged the Non-Executive Directors to attend the STARS awards.</p> <p>Approval: The Board noted the contents of the report and gained assurance on the progress to date and the next steps for the Living Our Values Programme.</p>	
<p>5.5 For Assurance: National Paramedic Re-banding Implementation Update 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>CB assured the Board that the Trust was on track to meet the national milestones for the national Paramedic re-banding. She referred to a previous query relating to abstraction rates for Paramedics requiring upskilling to meet the Band 6 requirements and confirmed the abstraction rates had been taken into account for 2018/19 and 2019/2020.</p> <p>Approval: The Board 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.</p>	
<p>5.6 For Assurance: Workforce and Diversity Profile Six-Monthly Update The paper provided the Trust's Workforce Equality and Diversity Report as at 31 March 2018 and sought approval to publish this on the Trust's website in line with legal requirements.</p> <p>The Board noted the report and approved it for onward publication on the Trust's website.</p> <p>Approval: The Board noted the contents of the report, supported the next steps and approved the report to be published on the Trust's website.</p>	
<p>5.7 For Assurance: Workforce Race Equality Plan 2018 The paper updated on the progress against the Workforce Race Equality Standard (WRES) indicators and presented both the Trust's 2018 WRES submission and the Trust's WRES proposed action plan for 2018/19.</p> <p>It was noted the Trust had developed some targeted actions as a result of the</p>	

	Action
<p>outcomes of the WRES data.</p> <p>The Chairman asked whether the figure quoted at Table 2 of the report quoting '4.7% (percentage of BME staff in overall workforce) as at March 2018' was correct.</p> <p>It was agreed that CB would clarify this figure.</p> <p>Action: To clarify that the figure quoted at Table 2 of the report of 4.7% (percentage of BME staff in overall workforce) as at March 2018 was correct.</p> <p>Approval: The Board noted the contents of the report and gained assurance that the Trust was progressing against the WRES action plan 2018/19.</p>	<p>CB</p>
<p>6.0 Risk Management and Internal Control</p>	
<p>6.1 For Approval: Responsible Medical Officer Annual Report 2017/18</p> <p>The paper provided assurance that the systems and processes underpinning revalidation were in place and working effectively to ensure that YAS' licensed doctors' fitness to practise was monitored and assessed on a regular basis.</p> <p>As the Trust employed doctors it was registered as a Designated Body with NHS England. All Designated Bodies were required to have a Responsible Officer; for YAS the Responsible Officer was the Executive Medical Director, Dr Julian Mark.</p> <p>It was noted the Trust employed 15 doctors and had honorary contracts with 14 more doctors as members of YAS' British Association for Immediate Care (BASICS) scheme. However, YAS was the main employer for only three of these; the remaining doctors were either on secondment to YAS or had a part-time contract with the overarching responsibility for their medical appraisal and revalidation resting with their own Designated Bodies.</p> <p>The doctors directly substantively employed by the Trust successfully completed medical revalidation in 2013 and 2014 and were therefore due to revalidate in 2018 and 2019.</p> <p>YAS doctors used the Model Appraisal Guide (MAG) published by the General Medical Council (GMC).</p> <p>A robust system was used within the Trust to provide both quality assurance and clinical governance for doctors working within YAS.</p> <p>Approval: The Board accepted the report and that the Statement of Compliance and the Annual Audit would be shared with the NHS England higher level Responsible Officer. The Board approved the Statement of Compliance confirming that the Trust, as a Designated Body was in compliance with the regulations.</p>	

6.2 For Assurance: Corporate Risk Register (CRR) and Board Assurance Framework (BAF)

The paper presented the BAF for 2018/19 including changes to the Corporate Risk Register and highlighting specific risks, actions and mitigations.

The Board noted the risks within the report, of particular note:

- Risk 1084: National Emergency Services Mobile Communication Project (ESMCP) delays – This related to a national project. The Trust had mitigations in place including current spare Mobile Data Terminals (MDTs) and a capital bid had been approved to purchase 15 MDT devices;
- Risk 1108: PTS Eligibility Criteria and reputational impact – The Trust was working closely with Commissioners to develop and implement a Stakeholder Communications Plan. A lot of work was being undertaken by YAS with stakeholders and members of the public.

Discussion took place in relation to the Clinical Commissioning Groups' (CCGs') eligibility criteria for PTS. Assurance was provided that the Trust was signposting patients to other services when the patient did not meet the CCG eligibility criteria for PTS.

The following emerging risks were being considered:

- A small number of outstanding Disclosure and Barring Service (DBS) re-checks across the Trust – DBS checks were being expedited and a process put in place for non-respondents;
- Inspection of underground fuel tanks had highlighted that significant investment was required for remedial works and maintenance – YAS' Estates Team were evaluating the investment required in the context of the need for the number of fuel tanks the Trust had as well as the move to use of other fuel sources;
- Brexit – Work was underway by the Trust to understand and risk assess the impact of Brexit on the organisation including drug supply, procurement of vehicles and on staffing.

Discussion took place in relation to the underground fuel tanks and it was confirmed that the Trust was in a process on decommissioning and replacing tanks.

It was noted the Brexit work was primarily based on the potential risks for medicines and consumables. At present it was believed the risk on the workforce would be negligible.

The Board discussed how risks were identified within the Trust and the escalation process from Directorate Risk Registers to the CRR and onwards to the BAF. A robust process was in place to ensure that risks were identified, rated and monitored. It was confirmed the BAF and CRR would continue to be presented to the Board on a quarterly basis.

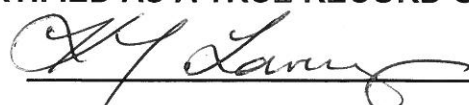
Approval:

The Board noted the update and the developments outlined in the report and gained assurance with regard to the effective management of risks

	Action
<p>across the Trust.</p>	
<p>7.0 Meeting as the Charitable Trustees</p>	
<p>7.1 For Assurance: Charitable Funds Quarterly Financial Update The paper provided the Board of Directors as YAS Charity Trustee with an update on the YAS Charity's financial position as at the end of June 2018.</p> <p>It was noted the YAS Charity had unrestricted cash reserves of £201k as at the end of June 2018. The Charity needed to focus on and develop more effective fundraising for unrestricted income that could be used to fund ongoing costs.</p> <p>The Chairman advised that TG was due to take on the Chairmanship of the Charitable Fund Committee as RC was leaving the Trust.</p> <p>TG shared some of his early observations of the Charity with the Board. His focus initially would be to build a stable financial platform and he would work with the Charitable Fund Manager in this regard.</p> <p>MB added that the Charitable Fund Manager had secured some short term assistance from light duty staff to undertake some of the administrative work of the Charity, however it was noted this was ad-hoc in its nature.</p> <p>Consideration was also being given to how the Charity could bid for various grant money to aid with the Charity's aims and objectives by using different funding sources.</p> <p>Approval: The Board of Directors as YAS Charity Trustee noted the contents of the report and supported the actions proposed. The Board gained assurance that plans were in place to secure the future sustainability of the Charity.</p>	
<p>7.2 For Assurance: Charitable Funds Committee (CFC) – Minutes of the Meeting Held on 17 April 2018 and Chairman's Report of the Meeting held on 17 August 2018 including:</p> <ul style="list-style-type: none"> • Key Points of the Meeting of 17 August 2018; • YAS Charity Concept. <p>The Minutes of the 17 April 2018 were noted.</p> <p>The 'Charity Concept' developed by RC was noted.</p> <p>Approval: The 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.</p>	

		Action
8.0	Closing Business	
8.1	<p>Key Points Arising from the Meeting</p> <p>The Chairman noted the breadth of reports received by the Board. Assurance had been provided on a number of Workforce and Organisational Development workstreams. The Board had heard about the progress made in relation of Freedom to Speak Up (FTSU) and the FTSU toolkit had been approved.</p> <p>The Chairman had welcomed the progress on the Transformation Programme update and had gained assurance from the Chief Executive's report on the overall work of the Trust.</p>	
9.2	<p>Board Review and Feedback</p> <p>The Chairman thanked everyone for attending and contributing to the meeting.</p> <p>It was noted that the next meeting was the Annual General Meeting on 27 September 2018.</p> <p>AA provided an update in this regard. Some concerns were expressed in relation to the location of the meeting due to the size of the meeting room and the logistics with parking at HQ. AA assured the Board that arrangements were in place to mitigate concerns.</p> <p>The meeting finished at 1300 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 & 3), Public Bodies (Admission to Meetings) Act 1960.</p>	
10.	<p>Date and Location of the Next Meeting of the Trust Board Held in Public: AGM – 27 September 2018 – 1000 - 1215</p> <p>Board of Directors Meeting in Public 29 November 2018 Pre-Board Presentation: 0900 – 0930 hours Board of Directors: 0930 onwards Trust HQ, Kirkstall & Fountains, Springhill 2, Brindley Way, Wakefield, WF2 0XQ</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

 **CHAIRMAN**

13/12/2018 **DATE**