



Board of Directors Meeting held in Public

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

Date: Thursday, 28 March 2019

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
Anne Cooper	(AC)	Non-Executive Director
Tim Gilpin	(TG)	Non-Executive Director
Stan Hardy	(SH)	Non-Executive Director
Dr Julian Mark	(JM)	Executive Medical Director
Vacant	-	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
Jeremy Pease	(JP)	Non-Executive Director
Nick Smith	(NS)	Executive Director of Operations

Apologies:

Phil Storr	(PS)	Associate Non-Executive Director, YAS
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In Attendance:

Matt Sandford	(MS)	Associate Director of Business Development, YAS (Item 3.1)
Ruth Irving	(RI)	Insight Programme (Observer)

Minutes produced by:

Joanne Lancaster	(JL)	Executive Coordinator
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1	Opening Business	
	The meeting commenced at 0935 hours.	

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1.1	<p>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 Board Meeting in Public was preceded by a presentation by Andy Poutney, Medical Governance Lead, YAS on 1000 Days of Critical Care. JM informed the Board that the 1000 Days of Critical Care had ended in December 2018 and the Trust had been able to gather data to demonstrate the effectiveness of the service.</p> <p>AP gave an overview of the BASICS team which comprised of 19 appropriately experienced doctors on a voluntary basis whom were hosted at Yorkshire Air Ambulance as part of the seconded YAS team. The team attended the most critical incidents and responded in their own time and at their own expense. The team worked on a fixed rolling rota and all team members did this voluntary work alongside their full-time jobs.</p> <p>The team worked with the Paramedics on scene and shared a joint approach to incidents. The BASICS doctors were able to administer certain drugs that Paramedics could not and were also able to provide pre-hospital emergency anaesthesia.</p> <p>The BASICS team had strong governance arrangements and data demonstrated that patient outcomes and experience had improved in addition to YAS' reputation as a provider of pre-hospital emergency care.</p> <p>The Chairman thanked AP for the presentation and praised the work of the team.</p> <p>The Chairman welcomed AC and JP to the meeting which was their first Board Meeting in Public since they joined the Trust as Non-Executive Directors.</p> <p>The meeting started at 0935 hours.</p>	
1.2	<p>Minutes of the Meeting held on 29 November 2018 including Matters Arising (not on the agenda) and Action Log The Minutes of the Board Meeting in Public held on 29 November 2018 were approved as a true and fair representation of the meeting.</p> <p>Matters Arising There were no matters arising.</p> <p>Action Log: Action PB-478 – Information relating to data from HE institutes on uptake to Paramedic courses from underrepresented groups – It was noted this action was not due until June 2019.</p> <p>It was noted that all other actions on the action log had been appropriately closed.</p>	

		Action
2.0	Strategy Development	
	There were no items under this item.	
3.0	Performance and Finance	
3.1	<p>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 22 November 2018 to 21 March 2019 and the opportunity for TEG to highlight the key variances/movements contained within the February 2019 Integrated Performance Report (IPR).</p> <p>RB commenced with thanking his Executive Team for the significant amount of work that continued to be achieved across all areas of the Trust; examples since the last Board Meeting in Public in November 2018, included:</p> <ul style="list-style-type: none"> • The successful bid for the Integrated Urgent Care contract; • Successful A&E contract settlement; • Implementation of the Ambulance Response Programme (ARP); • Improved delivery of the ARP response time standards. <p>RB referred to the NHS Long Term Plan (NHS LTP) which had been published at the beginning of January 2019 and which sought to improve care for patients and address staffing challenges across the system. The Plan contained a number of aspirations in relation to the transformation of Urgent Emergency Care (UEC) services at a greater pace and scale and provided a clear foundation for the development of ambulance services over the next few years.</p> <p>RB referred to the Integrated Care Systems (ICS) and Sustainable Transformation Partnerships (STPs) across the region adding that there were variations in the form and geography in which they operated. It was important that YAS was aligned with the ICS' and STPs particularly regarding the Integrated Urgent Care (IUC) agenda to determine planning and priorities for the year ahead.</p> <p>YAS' internally developed electronic Patient Record (ePR) had now been rolled out to a significant number of Acute Trusts across the region with deployment in the East starting in February 2019. It was expected that the rollout would be complete across the whole of YAS' region by September 2019. To date the rollout had achieved training for over 1900 A&E Operational staff, with 370 vehicles being fitted with a Toughbook device and 70% of patient records being completed electronically. This was a significant achievement for the Trust.</p> <p>In December 2018 new Ambulance Vehicle Preparation (AVP) services commenced in Leeds and Huddersfield ambulance stations. These new dedicated teams prepared vehicles freeing operational staff to concentrate on clinical duties.</p>	

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<p>RB advised that there had been a significant amount of work undertaken on the Trust's Operational Plan and this would be discussed later on the day's agenda.</p> <p>The 'One Team Best Care' Corporate Strategy had been developed including 1-5 year roadmaps for the enabling strategies and a number of sessions had taken place within the Trust to develop the Clinical Strategy.</p> <p>RB referred to a statement issued by Hambleton, Richmondshire and Whitby CCG and South Tees CCG regarding Friarage Hospital in Northallerton. This advised that they were no longer able to sustainably provide critical care services and that in future these cases would be transferred to James Cook University Hospital. The Trust was working with Commissioners to mitigate the risk for YAS in terms of the additional resource required taking patients further afield and to limit the impact for patients as much as possible. This was a major change with significant political and regulatory interest in the issue.</p> <p>It was noted that the Care Quality Commission would commence the inspection of East Midlands Ambulance Service the following week.</p> <p>RB referred to the ongoing preparations for the EU Exit. This continued to create an intensive workload for colleagues within the Resilience team and senior managers across the organisation.</p> <p>RB invited the Executive team to provide a summary for their respective directorates.</p> <p><u>Operations Directorate</u></p> <p>NS advised that performance continued to be ahead of the 2018/19 Operational Plan trajectory for all Ambulance Response Programme (ARP) standards with the exception of Category 4, 90th percentile. The forecast for March had shown the ARP performance would be behind trajectory however to date this had proved not to be the case with the Trust achieving all ARP standards except Standard 4.</p> <p>During 2018/19 the 999 call answer time had improved from a mean call answer of 3 seconds down to 2 seconds. The 95th percentile of 999 call answer rate had also reduced from 9 seconds to 1 second. YAS' answer rate was the best in the country at this current time.</p> <p>NS advised that there would still be challenges going forward; he expressed how proud he was of the achievements to date.</p> <p>The Trust had increased the number of Double Crewed Ambulances (DCAs) by 62 with a reduction of Rapid Response Vehicles (RRV) of 59. The baseline figure for DCAs was now 380. Since the additional DCAs had been introduced YAS had improved its response rate.</p> <p>NS advised that the EOC transformation project delivered direct benefits to patients and the wider health system whilst also enabling the benefits of the A&E Operations business case. The re-design would increase efficiency</p>	

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<p>within the EOC, specifically targeting improved call handing performance, delivering increased clinical advice, improved dispatch to front-line crews and better well-being facilities for staff.</p> <p>The delivery of a Low Acuity Transport (LAT) service had continued in 2018/19 following a successful pilot period. The Trust had recruited additional Emergency Care Assistants (ECAs) to specifically work on LAT and Inter Facility Transfers (IFTs).</p> <p>YAS had commissioned, in partnership with Commissioners, a Demand and Capacity review to meet the recently introduced national ARP standards. The findings of this review were being discussed with Commissioners as part of the contract negotiations for the 2019/20 settlement. It was anticipated that the Trust would look to reconfigure the rotas from next year.</p> <p>The Trust was in a good position with Emergency Preparedness Resilience Response (EPRR) with another 40 volunteers in this regard. Consideration was being given to how to further increase numbers in this area.</p> <p>NS reported that the Trust had had a successful winter planning period and had provided an effective and collective approach to winter resilience. There had been some learning taken from the preparations and these would be taken into the planning for the Easter period.</p> <p>It was noted that the Trust was involved in the planning of two major cycling events which were taking place within the Yorkshire region during the next 6 months. The Tour de Yorkshire was taking place in May and the World Cycling Championships would take place in September 2019.</p> <p>The Trust Management Group (TMG) had approved a Business Case to deliver Commander training and two Commander Educators would commence their new roles on 1 April 2019 and support the delivery of the framework. This would be an effective model for delivery of Commander training and YAS would share this with the sector; the Northern Ambulance Alliance (NAA) was looking to standardise Commander training in the future.</p> <p>The service was working with Human Resources (HR) and the YAS Academy regarding workforce recruitment and planning to enable the requisite numbers of staff to be successfully recruited to the Trust.</p> <p>NS summarised that although 2018/19 had been a difficult and challenging year for A&E Operations, the service had successfully delivered a number of projects including the successful implementation of ARP. He noted his formal thanks to all involved with helping with these achievements.</p> <p>The Chairman commented on the positive performance against the ARP standards and noted her formal thanks to those involved.</p> <p>JP referred to the Integrated Performance Report (IPR) specifically the data relating to 'See, Treat, Convey' which appeared to have significant variation month on month.</p>	

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<p>JM responded that there was very little variation in the figures when taking the scaling into consideration.</p> <p>JP asked about hospital turnaround times and whether further data was available in this regard.</p> <p>NS responded that there were variations in the turnaround times with a small number of Acute Trusts creating challenges. The Trust was having the necessary discussions at the appropriate level with those Acute Trusts that were consistently having longer turnaround times. In terms of YAS, work was ongoing to ensure processes and behaviours by the Trust's staff were consistent and appropriate.</p> <p>JM added that in general turnaround for the Trust were consistently good; turnaround times for YAS averaged 12 minutes.</p> <p>JP asked whether there were different places to take patients other than the Emergency Department (ED).</p> <p>JM responded that the Pathways team did monitor the use of other places to take patients rather than the ED. He emphasised that it was important to consider how the patient was settled and the outcome for that patient as much as the place taken.</p> <p><u>Urgent Care and Integration Directorate</u> RB provided the update in respect of this directorate.</p> <p>RB advised that within Patient Transport Services (PTS) the activity had reduced primarily due to the protocols for eligibility criteria. Appeals to decisions were actioned by the Clinical Commissioning Groups (CCGs) and the original decision upheld or overturned. YAS was reviewing these decisions to better understand the approach in applying the criteria from the CCGs viewpoint.</p> <p>There had been an increase in on-day and weekend discharges which had not been factored into the contract and so activity reviews had been formally escalated and negotiations were underway with the relevant CCGs.</p> <p>The Leadership in Action (LIA) programme had achieved a positive uptake across PTS and the benefits of this were being seen across the service.</p> <p>The NHS 111 call answer rate had deteriorated mainly due to an increase in call duration due to national changes to NHS Pathways and direct booking increasing the call length within the service.</p> <p>Sickness absence had increased within the NHS 111 service and a deep dive into this issue had been completed with the findings due to be presented to the Trust Management Group.</p> <p>The Integrated Urgent Care contract for the Yorkshire and Humber was being</p>	

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<p>mobilised for the 'go-live' date of 1 April 2019.</p> <p><u>Clinical Directorate</u> JM advised that two additional Clinical Leadership Fellows had been appointed to commence in August 2019. These Health Education England (HEE) funded posts would explore Paramedic decision making in urgent care.</p> <p>Mark Millins, Associate Director Paramedic Practice, had come to the end of his five year tenure on the Yorkshire and Humber Clinical Senate. The pre-hospital seat now went to Andrew Hodge, Consultant Paramedic in urgent care.</p> <p><u>Quality, Governance and Performance Assurance Directorate</u> SP reported that following the successful first cohort of 8 Quality Improvement (QI) Fellows, the Trust had recruited 10 members of staff from across Trust departments to form the 2019/20 cohort. A celebration of the QI Fellows had been planned with the date to be advised. The Trust had been involved in the national initiative #ProjectA and YAS was leading on a number of projects arising from this initiative. The organisation had also been involved in a Rapid Process Improvement Workshop using the Virginia Mason methodology using the new starter process as the topic for consideration.</p> <p>It was noted that YAS' Guardian for Freedom to Speak Up (FTSU), Jock Crawford (JC) had come to the end of his tenure for this role. SP noted s formal thanks for the work JC had undertaken during this time. JC had recently presented on FTSU at the recent Ambulance Leadership Forum in March and this had received positive feedback.</p> <p>It was noted that preparations for the EU Exit would be discussed at the Board Meeting in Private taking place later that day. SP provided assurance that the relevant risk assessments and business continuity plans had been completed as per national guidance.</p> <p>The Quality Impact Assessment (QIA) process continued to be undertaken against the Cost Improvement Programme (CIP) schemes for 2019/20. A QIA was undertaken for the current contract negotiations with Commissioners.</p> <p>SP highlighted the IPR exceptions:</p> <ul style="list-style-type: none"> • Safeguarding Training – Level 2 compliance continued to rise over the last quarter following the introduction of the new combined Adult and Child Level 2 e-learning product; • Information Governance (IG) – IG training compliance continued to rise following the increased focus and communications with staff at the start of the year; • Deep clean – overall compliance remained positive through the strong management focus and effective teamwork between Fleet and Operations teams, although the number of breaches had risen in February. It was anticipated that this would reduce to the previous level in the coming months as recruitment was completed and the new 	

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<p>Ambulance Vehicle Preparation sites were fully embedded;</p> <ul style="list-style-type: none"> Legal Requests – Timeliness of Freedom of Information (FOI) responses remained below the target level owing to short term staffing challenges in the Legal Services team. Significant improvement had been made over the last month as a result of the short term mitigation arrangements in place to expedite the responses pending recruitment into current vacancies. <p>AC commented that she had attended the Rapid Improvement event and had been impressed with the level of knowledge and commitment of staff.</p> <p><u>Workforce and Organisational Development</u></p> <p>CB advised that the Trust's People Strategy was launched in January 2019. The People Strategy had five key strategic aims which were used as a framework for reporting key priorities, objectives and performance measures for the Directorate.</p> <p>It was noted that the Leadership in Action (LIA) programme continued to be cascaded throughout the Trust with all four modules within the programme obtaining good attendance. A fifth module was in development.</p> <p>Work was ongoing to consider how a range of staff engagement pieces across the organisation could be further aligned, these included Freedom to Speak Up (FTSU), Staff Survey, LIA and Diversity and Inclusion. It was noted that the Dignity and Respect at Work Policy was expected to be launched within the Trust shortly.</p> <p>It was noted that the Trust had a new Occupational Health Contract in place and this would go live on 1 April 2019. The contract had a robust framework surrounding it for contract monitoring.</p> <p>The Health and Wellbeing Plan for 2019/20 was in the final stages of approval and the NHS England, NHS Improvement and NHS Employers 'Health and Wellbeing Framework' diagnostic exercise provided valuable information to support its development. It was expected the Health and Wellbeing Plan would come for approval to the Board in the summer.</p> <p>Action: Health and Wellbeing Plan to be put on the Board Forward Planner May /July 2019.</p> <p>It was noted that the Trust had undertaken a deep dive exercise on the Trust's sickness absence data which had resulted in a number of workstreams to reduce the levels of absence in the Trust.</p> <p>A number of recruitment events had taken place with the next one taking place the following week in Leeds.</p> <p>CB provided assurance that the Trust was on target to reach the milestones for the Band 6 Paramedic upskilling training.</p>	<p>CB/JL</p>

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<p>RB advised that there had been a significant amount of work which had taken place on the new Occupational Health contract including information in TeamBrief.</p> <p>CB added that the Trust was beginning to see the benefits of the training relating to mental health; this had also been reflected in the results of the NHS Staff Survey.</p> <p>TG observed that he believed that the Trust's sickness absence rate was high.</p> <p>CB responded that YAS was within the top three within the ambulance sector for its sickness absence rates. The Trust was actively trying to reduce its sickness absence levels and an action plan had been developed specifically for NHS 111.</p> <p>JN asked whether there were any repeat offenders in terms of sickness or whether records were kept when a member of staff had been refused leave and then subsequently went on sickness absence leave.</p> <p>NS explained this type of scenario would be picked up and addressed at a local level by managers.</p> <p>CB added that the Trust provided a holistic approach to health and wellbeing supporting individuals back to the workplace after a period of absence.</p> <p>CB referred to the recent Northern Ambulance Alliance (NAA) Women in Leadership event that had taken place in Leeds the previous week. There had been 130 attendees from across the NAA and feedback to date had been extremely positive. It was expected that a Women's Network for NAA would be developed. CB noted her formal thanks to Khizar Hayat, Head of Diversity and Inclusion, Sarah Akhtar, Head of Leadership and Organisational Development and team for their work in organising the event.</p> <p>TG referred to the NHS Long Term Plan and the resource requirements for the future workforce across the health care system. He believed the Trust would need to be able to influence at the Integrated Care System (ICS) level in this regard.</p> <p>RB responded that the Trust was represented at this level across a number of workstreams and was able to provide feedback on resource requirements and unintended consequences of certain models of delivery. The Trust had been an early adopter of the Paramedic Rotation initiative whereby Paramedics undertook a number of placements across the urgent care system. It was acknowledged that Paramedics would be utilised by other Primary and/or Urgent Care providers. The ambulance sector and the Trust would continue to try and influence on a national basis to NHS England (NHSE) and NHS Improvement (NHSI) for funding to be ring-fenced for the sector for the recruitment of Paramedics.</p> <p>CB added that as part of the People Strategy and the Integrated Workforce</p>	

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<p>for YAS there would be clear defined career pathways and development opportunities.</p> <p>JM referred to the General Practice (GP) contract which specified funding for posts for Hospital Admission Prevention (HAP) ; he believed the Trust would need to engage at a GP level in terms of recruitment of limited resources within the healthcare system.</p> <p><u>Finance and Contracting Update</u></p> <p>MB advised that the Trust had a positive Level 1 Single Oversight Framework which was the lowest rating available highlighting the Trust's financial robustness.</p> <p>The Trust was forecasted to achieve its Control Total; there was a possibility this could be exceeded due to a technical accounting issue with an asset. The Trust had worked hard to achieve the Control Total against a challenging year with recruitment, the introduction of the Ambulance Response Programme (ARP) and a number of Acute Trust reconfigurations across the region. Due to the Trust's strong financial position a number of non-recurrent expenditure schemes had taken place to resolve some backlog maintenance issues across YAS' estate.</p> <p>The Trust had taken delivery of a number of new Double Crewed Ambulances (DCAs) during 2018/19 and the organisation now had 380 DCAs. This had had a positive impact on Vehicle Off Road (VOR) rates.</p> <p>The Digital Strategy continued at pace with all Trust sites having access to Wi-Fi by the end of March 2019.</p> <p>JN referred to the positive financial position of the Trust and noted formal thanks to MB and team for this achievement. He acknowledged that the Trust faced further challenges in relation to finances in the future.</p> <p><u>Planning and Development</u></p> <p>The Corporate Strategy continued to be developed ensuring alignment with the NHS Long Term Plan and the Trust's Clinical Strategy. A number of engagement sessions had been held with senior members of the organisation on the development of the Business Plan.</p> <p>The Trust had developed its Operating Plan in line with national guidelines with the final Operating Plan being submitted to NHSI on 4 April 2019 following approval by the Board at its Board Meeting in Private later that day.</p> <p>The Communications Team continued to highlight developments at the Trust and support the Corporate Strategy via internal and external communications and engagement channels.</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 February 2019 IPR</p>	

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	report, highlighted in the Executive Directors' reports.	
3.2	<p>For Assurance: Service Transformation Programme Update The paper updated on the current position and next steps in relation to the Service Transformation Programme.</p> <p>SP advised that the four Programme Boards were overseen by an Executive Director and all Boards were making significant progress.</p> <p>He provided a summary of each of the four Boards of particular note:</p> <ul style="list-style-type: none"> • Service Delivery and Integrated Workforce – work was ongoing on Ambulance Response Programme (ARP) delivery, contract negotiations and settlement and the mobilisation of the Integrated Urgent Care contract; • Capacity and Capability – Work continued on the recommendations of the Lord Carter Report and the Trust was developing its Accountability Framework; • Infrastructure – the contract had been awarded for the Unified Communications system, the Doncaster Hub and Spoke facility was being progressed and the Ambulance Vehicle Preparation facilities at Leeds and Huddersfield stations had been completed; • Place Based Care – A tool had been developed to track high volume urgent care flows and the Trust continued to engage with the four ICS' across the organisation's region. <p>Approval: The Board gained assurance that progress was being made across the four programmes and noted planned development. The Board supported the suggested priority areas outlined within each of the four programmes.</p>	
3.3	<p>For Assurance: Operational Plan 2019/20 Update MS guided the Board through a presentation relating to the Operational Plan 2019/20.</p> <p>It was noted this would be discussed in more detail at the Board Meeting in Private later that day.</p> <p>The Operational Plan had been produced with input from across the organisation. In addition to the narrative plan the following templates were required for submission to NHSI:</p> <ul style="list-style-type: none"> • Activity; • Finance; • Workforce. <p>The Operational Plan reflected the system context and YAS' role in local Sustainable Transformation Partnerships (STPs) and Integrated Care Systems (ICS). YAS had developed an aligned plan working with West Yorkshire & Harrogate ICS which was the Trust's lead system (system within the YAS' host Commissioner).</p>	

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<p>The Operational Plan contained the Financial Plan which confirmed plans for delivering the Trust's Control Total. It was noted that at the time of the meeting the Trust's contract settlement was unknown. It was noted the Operational and Financial Plan may change following the outcome of the contract negotiations.</p> <p>The Operational and Financial Plan would be submitted to NHS Improvement (NHSI) by the deadline of 4 April 2019.</p> <p>MS advised that positive feedback had been received on the Operational Plan by NHSI and the areas suggested for strengthening had been updated.</p> <p>It was noted that within the Workforce section the trajectory for recruitment was aligned to the Ambulance Response Programme (ARP).</p> <p>There were clear trajectories for activity performance with planning assumptions based on the current contract position/mobilisation.</p> <p>The Chairman thanked MS for the update.</p> <p>Approval: The Board noted the update and the presentation and gained assurance on the process of developing the Operational Plan 2019/20.</p>	
<p>3.4 For Assurance: Finance and Investment Committee (F&IC) – Minutes of the Meeting Held on 13 December 2018 and Chair's Report of the Last Meeting Held on 14 March 2019</p> <p>The minutes of the meeting of 13 December 2018 were noted.</p> <p>JN provided a summary of discussions from the meeting held on 14 March 2019 which had included the Trust's year-end financial performance, contract negotiations, an update relating to the Hub and Spoke programme, Reference Costs and an update relating to the Northern Ambulance Alliance.</p> <p>Approval: The 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.</p>	
<p>3.5 For Assurance: Audit Committee Minutes of the Meeting Held on 30 November 2018 and Chair's Verbal Update of the Meeting held on 17 January 2019</p> <p>The minutes of the meeting of 30 November 2018 were noted.</p> <p>JN provided a summary of discussions from the meeting held on 17 January 2019 which had included an update from External Audit on their approach to the end of year Accounts and an update from Internal Audit. Positive assurance had been 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</p>	

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	Committee's work programme.	
3.6	<p>For Assurance: Charitable Funds Committee – Minutes of the Meeting Held on 17 August 2018 and Chair's Report of the Last Meeting Held on 19 February 2019</p> <p>The minutes of the meeting 17 August 2018 were noted.</p> <p>TG provided a summary of discussions from the meeting held on 19 February 2019 which included refreshing the Vision for the Charity and the governance surrounding the Community First Responders fundraising and whether there was a more effective way of achieving this.</p> <p>MB advised that DN was liaising with CFRs in this regard and an update would be brought to the Board in the future.</p> <p>It was noted that TG would no longer be the Chair of CFC and this would now pass to PS; JP would also sit on CFC.</p> <p>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>	
3.7	<p>For Assurance: Northern Ambulance Alliance (NAA) Update</p> <p>The paper provided an update of the progress with the NAA workstreams to 21 March 2019.</p> <p>It was noted that Kerry Wheeler (KW) had been appointed to the role of Managing Director for the NAA and had taken up her role on 18 February 2019. KW would oversee coordination and development of the workplan and she would also provide additional capacity to engage with national and regional stakeholders. She would review the workstream priorities.</p> <p>A summary of key projects was provided:</p> <ul style="list-style-type: none"> • Unified Communications System – this was progressing well; • Common Computer Aided Dispatch – collaborative work had taken place on a joint specification; • Leadership Development – this continued across the NAA with the most recent being the Women in Leadership event which had taken place the week before in Leeds. <p>The NAA continued to follow the recommendations of the Lord Carter report within its work. A workshop had taken place with NHS Improvement (NHSI) in November considering the Lord Carter recommendations specifically in relation to corporate services benchmarking and to reflect on potential further opportunities for collaboration.</p> <p>It was noted that the NAA was an exemplar in the sector and was held in high regard on a national basis.</p> <p>The Chairman advised that she was now the NAA Chair as part of the rotation of this role; the rotation for the Lead CEO had been delayed following Yvonne Ormston moving to a new role so RB remained as Lead CEO.</p>	

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	<p>JN asked whether there would be national funding to help KW with the work of the NAA.</p> <p>RB advised that at present the NAA would continue to self-fund the work of the NAA and to date this had worked effectively.</p> <p>Discussion took place in relation to funding from Integrated Care Systems or Sustainable Transformation Partnerships although the governance arrangements for this would be extremely challenging so it was not something to pursue at this current time.</p> <p>The Chairman stated that she believed the NAA afforded the Trust many opportunities and welcomed the continued joint working.</p> <p>Approval: The Board noted the update and gained assurance on the work of the Northern Ambulance Alliance.</p>	
4	Quality Safety & Patient Experience	
4.1	<p>Patient Story</p> <p>The Board heard the story of Jess, a 16 year old young lady who enjoyed taking part in sports, particularly football and was a lifelong fan of Bradford City Association Football Club.</p> <p>On 30 September 2017 Jess suffered a cardiac arrest whilst watching Bradford City play a match. Return of Spontaneous Circulation (ROSC) was achieved by YAS at the scene of the incident and Jess subsequently went on to have surgery at Bradford Royal Infirmary, specialist treatment at Glenfield Hospital and further recovery and rehabilitation at Leeds General Infirmary. Jess spent 12 weeks in hospital recovering.</p> <p>Following a successful recovery Jess went on to complete her Maths and English GCSEs at school and was crowned Prom Queen at her prom.</p> <p>Jess subsequently submitted a compliment to YAS to praise the care she had received by the service and she went on to meet with two of the crew members.</p> <p>As always there was learning for YAS from this incident including improving communication for YAS staff working at events and the co-location of healthcare services in one command centre to avoid confusion in who would respond to an incident. Consideration was being given to supporting all Event Stewards to undertake basic life support and first aid courses.</p> <p>The Chairman expressed her thanks to Jess for allowing the Trust to share her story and commended her bravery and determination.</p> <p>Approval: The Board noted the Patient Story.</p>	

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4.2	<p>For Assurance: Quality Account Draft Priorities</p> <p>The paper provided an overview to the Board of the process for Quality Accounts development and outlined the key quality priorities for 2019/20.</p> <p>It was noted the priorities had been consulted on with key stakeholders and reflected areas of development from within the Trust Strategy or national drivers such as the Ambulance Response Programme:</p> <ul style="list-style-type: none"> • Patient Safety – Delivery of sustainable improvement in emergency ambulance response performance in line with national standards; delivering the best possible response for each patient, first time and in the right place; • Clinical Effectiveness – To embed the Mortality Review process to include Patient Relations service and determine how we work with Acute Trusts to further progress review process; • Clinical Effectiveness – Development of the Trust's role in place based care co-ordination across the urgent and emergency care system, with particular focus on frail older patients, patients with palliative care needs and patients with mental health conditions; • Patient Experience – Improvement in experience for patients with learning difficulties and patients who suffer from dementia including the Trust becoming registered and recognised as a 'Dementia Friendly' organisation. <p>This would be formally presented to the Board at the 23 May 2019 meeting.</p> <p>AC asked why the Mortality Review was on the priorities.</p> <p>JM explained that this process was well established in YAS and this priority was set nationally via NHS Improvement (NHSI). There were some issues at a national level so this may be delayed.</p> <p>AC asked whether the Trust had an alternative priority line up.</p> <p>SP provided assurance that there were alternative priorities should the need arise.</p> <p>Approval: The Board gained assurance for the process for the Quality Accounts and agreed they key quality priorities for 2019/20.</p>	
4.3	<p>For Assurance: Bi-Annual Report: Significant Incidents/Lessons Learned Six Monthly Review</p> <p>The paper provided an overview of the key events and learning that had taken place during the first half of the 2018/19 financial year.</p> <p>SP advised that the date under paragraph 1.1 should read April 2018 to September 2018.</p> <p>It was noted that a theme identified in Quarter 2 was a number of inquests and Serious Incidents relating to the response to patients who had taken an overdose, in particular propranolol. The Trust had highlighted the issue to the</p>	

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<p>Healthcare Safety Investigation Branch (HSIB) primarily due to concerns over high prescribing amounts in primary care. HSIB had visited the Trust as part of their investigation to consider the need for a national review.</p> <p>The HSIB were undertaking two maternity case investigations that involved YAS the outcomes of which were not known at the date of the report.</p> <p>Rates of incidents in relation to the level of activity were reported in the Integrated Performance Report (IPR) and during this reporting period the overall rate of incidents associated with harm in each service remained low. In terms of staff related incidents Violence and Aggression remained in the top 3 reported categories of incident at YAS and the highest category of 'Affected Staff' incident. There had been an increase in the number of incidents and it was believed this was due to the publicity asking staff to report such incidents rather than an increase in the number of incidents themselves. The Trust continued to apply sanctions to individuals who were violent or aggressive to a YAS employee. The Quality Committee and the Health and Safety Group received reports relating to Violence & Aggression.</p> <p>Within the Emergency Operations Centre (EOC) the largest category of complaints related to excessive responses to Category 3 calls followed by excessive responses to health care professional admission calls. The Trust had implemented a Low Acuity response to mitigate some of these issues.</p> <p>The A&E Operations Service highest category of complaints related to attitudes and communications skills. The Trust was actively working on this issue through a number of workstreams.</p> <p>It was noted Patient Transport Service (PTS) continued to receive complaints relating to eligibility criteria. SP confirmed that senior management within PTS were in active dialogue with Commissioners to refine the questions on the eligibility criteria.</p> <p>There had been one Prevention of Future Death (PFD) report received during this period relating to an inquest that had been heard in November 2017 involving the NHS 111 service due to the call handling process. YAS had provided a full response to the Coroner to provide assurance that the concerns had been addressed.</p> <p>Approval: The Board noted the current position and gained assurance from the work highlighted within the report and supported ongoing proposals for improvement.</p>	
<p>4.4 For Assurance: Care Quality Commission Update SP provided a verbal update on preparations for the Care Quality Commission (CQC). The Trust had last been inspected in 2016 where it had received a 'good' rating.</p> <p>The Trust had received the Pre-Inspection Request (PIR) for information from the CQC so it was believed the unannounced inspection would be imminent.</p>	

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	<p>The Trust had responded to the requests for information in addition to additional questions received from the CQC team.</p> <p>It was noted that a lot of positive work had taken place within the Patient Transport Service (PTS) following areas for improvement in this service at the last inspection in 2016.</p> <p>Approval: The Board noted the update.</p>	
4.5	<p>For Assurance: Quality Committee –Minutes of the Meeting Held on 13 December 2018 and Chairman’s Report of the Meeting held on 14 March 2019</p> <p>The minutes of the 14 December 2018 were noted.</p> <p>TG provided a brief summary on the Quality Committee held on 14 March 2019 which had included discussion relating to recruitment and retention, Key Performance Indicators for clinical performance within NHS 111 and an update relating to Patient Transport Service (PTS) eligibility criteria.</p> <p>There had been some discussion in relation to how best to present reports to Committees and the Board in terms of the level of detail of information. This was something that officers were aware of and work was ongoing to further refine the report process to produce more succinct and effective reports.</p> <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>	
5	Workforce	
5.1	<p>For Assurance: NHS Staff Survey Results Update</p> <p>The paper provided a summary of the results for the 2018 National Staff Survey (NSS) and the supporting action plan. The paper also outlined the next steps for local action planning and the role of the Strategic Workforce Group in planning the 2019 NHS Staff Survey which would launch in October 2019.</p> <p>CB advised that the response rate had been slightly less this year at 34% than 2017 at 35%. YAS’ response rate was 15% lower than the sector average.</p> <p>There had been 10 key themes within the NSS:</p> <ul style="list-style-type: none"> • Equality, diversity and inclusion; • Health and wellbeing; • Immediate managers; • Morale; 	

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<ul style="list-style-type: none"> • Quality of appraisals; • Quality of care; • Safe environment – Bullying & Harassment; • Safe environment – Violence; • Safety culture; • Staff engagement. <p>A summary of the results across all themes was highlighted and this compared YAS 2018 to YAS 2017 results and YAS compared to the ambulance sector average.</p> <p>YAS had scored positively in a number of areas compared to the sector average however it was noted it had received the lowest score across the sector in the following areas:</p> <ul style="list-style-type: none"> • Immediate managers; • Quality of appraisals; • Safety culture. <p>The Trust had improved in its staff engagement score which had increased from 5.9% in 2017 to 6.3% in 2018. This demonstrated that the work undertaken to improve engagement was being positively received.</p> <p>CB advised that out of a possible 82 evaluative questions, 42 question scores remained static since 2017, 38 questions had shown improvement and only 2 had shown a decline.</p> <p>CB advised that the Strategic Leadership Forum had considered the result of the NSS. Results had also been circulated to Directors for them to consider their individual areas.</p> <p>An action plan to address key themes and issues would be developed on a corporate level. Feedback would be provided via the Strategic Leadership Forum and Listening events to ensure a consistent message. This was a continuous journey of improvement and by embedding a lot of the objectives from the actions across every day work this should result in increased scores in subsequent surveys.</p> <p>The Chairman asked how the Board would be sighted on progress against the key issues and themes.</p> <p>CB responded that the link would be through the People Strategy 'Employee Voice' which was scheduled to be reported on 3 times per year. Key Performance Indicators were being developed for measurement.</p> <p>It was acknowledged that the response rate could be improved and work would commence to address this.</p> <p>AC commented that she would like to see a line of sight within the report and how management would engage with staff the Trust's response to the survey.</p> <p>CB responded that there were a number of staff engagement sessions planned with front-line staff and it was intended to produce 'you said, we did' type information. There would also be some 'deep-dives' into results of some</p>	

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<p>of the questions.</p> <p>CB advised that some targeted work was already in place within the Trust for example, the Cultural Review within NHS 111 and work within the South of the region relating to staff attitudes and behaviours.</p> <p>JN asked whether the Personal Development Review process identified future 'talent' for progression.</p> <p>CB responded that the Trust had developed a Talent Development/ Succession Planning framework and this included identifying such at PDRs.</p> <p>TG asked whether there would be any interim measures for staff before the next NSS.</p> <p>CB advised that the Trust undertook a 'Pulse' check on a quarterly basis.</p> <p>TG asked whether Divisional Commanders were held accountable for results/performance within their areas.</p> <p>SP responded that TMG received regular reviews on performance including workforce performance, these were considered and exceptions discussed. The proposed Accountability Framework would also further embed accountability across the organisation.</p> <p>NS added that there was already a mechanism in place within A&E Operations for performance feedback and this could be further strengthened going forward.</p> <p>The Chairman thanked CB for the update and welcomed the improvement in the NSS.</p> <p>Approval: The Board noted the contents of the report and gained assurance in the work being undertaken to improve the organisation's culture.</p>	
<p>5.2 For Assurance: Gender Pay Gap</p> <p>The paper provided information on the Trust's Statutory Gender Pay Gap that would be published by 30 March 2019 and covered 2017 and 2018 data sets.</p> <p>The report set out the regulatory requirement for the public sector to publish information relating to their gender pay gap. The 2018 data highlighted a 5.25% gap against 6.60% in 2017 this improvement mainly related to increases in hourly pay although also demonstrated the positive steps taken by the Trust to reduce the gap.</p> <p>CB highlighted an error within the reporting of the 2017 data with a misrepresentation of the numbers of men and women in each quartile. This was firstly due to errors in the national standard gender pay gap report from the Electronic Staff Record (ESR) hence this affected all NHS Trusts and was rectified nationally for the 2018 report. Secondly there as an error by YAS transposing the numbers of men and women into the quartiles. Data from</p>	

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	<p>2017 has been rectified and updated with the Government Office. It was noted that the incorrect data made no material difference to YAS' gender pay gap.</p> <p>The Chairman thanked CB for the update.</p> <p>Approval: The Board noted the contents of the report , approved the results as set out in Section 3 of the report and supported the next steps and actions to reduce the Trust's gender pay gap.</p>	
5.3	<p>For Approval:</p> <ul style="list-style-type: none"> • Deputy Chairman • Independent Non-Executive Director <p>The Board formally approved in Public the appointment of:</p> <ul style="list-style-type: none"> • TG as Deputy Chairman; • AC as the Senior Independent Director. <p>Approval: The Board approved the appointments of TG to Deputy Chairman and AC as the Senior Independent Director.</p>	
6.0	Risk Management and Internal Control	
6.1	<p>For Approval: Trust Secretary's Annual Report 2018/19:</p> <ol style="list-style-type: none"> 1. Updated Committee Terms of Reference: <ul style="list-style-type: none"> ○ Audit Committee ○ Auditor Panel ○ Finance and Investment Committee ○ Quality Committee ○ Remuneration Committee 2. Registers of Interest: <ol style="list-style-type: none"> a. Board of Directors b. Staff Band 8d & Above 3. Hospitality Register 4. Members' Expenses 5. Fit & Proper Persons Declaration 6. Review of the Use of the Trust Seal <p>The paper sought approval of the Trust Secretary's Report 2018/19 which provided assurance against the aforementioned.</p> <p>RB advised that the Terms of Reference had been discussed and approved at the Board meeting in Private on 28 February 2019 with the exception of the Charitable Funds Committee Terms of Reference (ToR) which was undergoing further work in light of the recent Corporate Affairs restructure.</p> <p>It was noted the Standing Orders and Standing Financial Instructions would be updated and brought back to the Board early in the new financial year.</p>	

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<p>Action: The Standing Orders and Standing Financial Instructions to be updated and brought back to Board early in the new financial year.</p> <p>RB advised that there were some concerns that the Hospitality Register did not capture everything across the Trust. He assured the Board that the process would be reviewed once the Head of Corporate Affairs role was in place.</p> <p>MB suggested this should also include hospitality declined in addition to hospitality received.</p> <p>SH advised that in terms of the Register of Interests he had resigned as a Non-Executive Director from Local Care Direct (LCD) on 7 March 2019 however, the resignation would not be formally recorded until the LCD Annual General Meeting on 10 June 2019.</p> <p>Approval: The Board noted the Trust Secretary's Annual Report 2018/19 and gained assurance that processes were in place in relation to the Trust's governance arrangements.</p>	SP
<p>6.2 For Assurance: Corporate Risk Register (CRR) and Board Assurance Framework (BAF)</p> <p>The paper presented the BAF for 2018/19 including changes to the Corporate Risk Register and highlighted specific risks, actions and mitigations.</p> <p>This was the regular report and the last review of the 2018/19 BAF before commencing the new BAF for 2019/20. Good progress had been made against a number of the Trust's risks.</p> <p>The Board had reviewed the principal risks on the BAF 2018/19 at the Board Development Meeting of 28 February 2019. The amendments were outlined in 2.8 of the report.</p> <p>The changes to the CRR were noted, with particular attention to:</p> <ul style="list-style-type: none"> • Risk 1191 – NHS Number Matching – this related to pre-population of the electronic Patient Record if an incorrect NHS number was submitted. The Trust had added an additional data field to mitigate this risk; • Risk 1096 – Friarage – this risk would be reframed to capture the proposed reconfiguration arrangements. <p>An update was provided in the paper on security arrangements, General Data Protection Regulations (GDPR) and the data security and protection toolkit.</p> <p>It was noted that the Trust had been required to register with the Home Office under the Investigatory Powers Act (2016) (IPA) although YAS had never used powers under this legislation previously the Trust was still required to acknowledge the changes and ensure appropriate levels of awareness amongst key personnel.</p>	

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	Approval: 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.	
7.0	Closing Business	
7.1	Key Points Arising from the Meeting, Review and Feedback The Chairman thanked everyone for their contributions to the meeting. The agenda had highlighted the scope and pace of the work being undertaken across the Trust. The meeting finished at 1235 hours.	
	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.	
8.	Date and Location of the Next Meeting of the Trust Board Held in Public: Board of Directors Meeting in Public 23 May 2019 Pre-Board Presentation: 1000 – 1030 hours Board of Directors: 1030 onwards Trust HQ, Kirkstall & Fountains, Springhill 2, Brindley Way, Wakefield, WF2 0XQ	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**