



Board of Directors Meeting held in Public

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

Date: Thursday, 23 May 2019

Time: 1030 hours

Chairman: Kathryn Lavery

Board Members:

Kathryn Lavery (KL) Chairman
 Rod Barnes (RB) Chief Executive
 Mark Bradley (MB) Executive Director of Finance
 Christine Brereton (CB) Director of Workforce and Organisational Development
 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
 Karen Owens (KO) 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:

John Nutton (JN) Non-Executive Director
 Phil Storr (PS) Associate Non-Executive Director, YAS

In Attendance:

Jock Crawford (JC) Freedom to Speak Up Guardian (Item 5.2)
 Luzani Moyo (LM) Freedom to Speak Up Guardian (Item 5.2)

Minutes produced by:

Joanne Lancaster (JL) Executive Coordinator

		Action
1	Opening Business	
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 Suzie</p>	

	Action
<p>Southey, Lead Nurse Urgent Care, YAS and Mark Marshall, Urgent Care Manager, YAS on the topic of the Mental Health Programme within the Trust.</p> <p>The presentation highlighted the current challenges within the system in relation to responding to people with mental health concerns and YAS' direction for developing a multi-professional responsive mental health programme of care.</p> <p>Discussion took place in relation to the presentation and some of the issues raised therein. In the interests of time and due to the complexity of some of the issues it was suggested that time be set aside at a Board Development Meeting (BDM) to enable a fuller debate.</p> <p>Action: Schedule a session on a future BDM on the subject of Mental Health Programme within YAS.</p> <p>The Chairman thanked Suzie and Mark for the presentation which had been informative and interesting.</p> <p>The meeting commenced at 1035 hours.</p>	<p>JL</p>
<p>1.2 Minutes of the Meeting held on 28 March 2019 including Matters Arising (not on the agenda) and Action Log</p> <p>The Minutes of the Board Meeting in Public held on 28 March 2019 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 – This action was not due until June 2019. Action remains open.</p> <p>Action PB-482 – RB advised that the process to review the Standing Orders had commenced and this would now be led by MW with an update to be brought to the July meeting. Action remains open.</p> <p>It was noted that all other actions on the action log had been appropriately closed.</p>	
<p>2.0 Receive the Annual Report including the Annual Accounts 2018-19 and the Quality Account and Annual Governance Statement 2018-19</p>	
<p>2.1 Annual Report & Accounts 2018-19 (and associated statutory returns)</p> <p>RB presented the Annual Report and Financial Accounts for 2018-19 and Letter of Representation to the Board and he advised these had been approved by the Audit Committee earlier that morning.</p> <p>He apologised for the late circulation of the amended version of the Annual Report and Accounts 2018-19 which had been changed to reflect advice received from the Auditors relating to where the remuneration part should be</p>	

located within the report.

The report summarised the Trust's priorities for 2019/20 for Patients, Staff, Partners and Communities.

RB reported that the Trust had had a successful year with a significant amount of work undertaken across the Trust to enhance service provision. This had included more integration between services, the roll out of the Hub and Spoke Programme, more focused work within community engagement and the development of Trust strategies including the launch of the Trust's five-year strategy 'One Team, Best Care', the People Strategy, Diversity Strategy and Quality Improvement Strategy.

The Trust had introduced Quality Improvement Fellows and had undertaken a series of Rapid Improvement Workshops on a number of topics to identify more effective and efficient ways of working/processes.

RB highlighted the successful roll-out of the Trust's electronic Patient Record (ePR) system which had been designed and developed by YAS' staff; the system had been well received by colleagues across the region.

The Trust had retained several contracts for the non-emergency Patient Transport Service (PTS) across the region.

The Trust continued to invest in services to deliver the Ambulance Response Programme (ARP) national standards and it was noted that YAS was amongst the country's top three performing ambulance services by the end of March 2019. The Trust had increased the number of Double Crewed Ambulances (DCAs) and reduced the number of single-crewed Rapid Response Vehicles (RRVs) to provide a more flexible and effective response in line with the new national standards.

Work had taken place on reconfiguring the Emergency Operations Centre (EOC) in York and work was currently taking place in the EOC at Wakefield. The re-design of both sites had focused on work to improve call handling performance, to improve the dispatch of ambulances and RRVs and work to upgrade the physical estate.

A key part of the EOC redesign had been to increase the number of clinical advisors although the challenges surrounding recruitment of clinical staff was acknowledged. The Trust was looking at a more integrated approach in relation to clinical staff going forward between Integrated and Urgent Care and the 999 service.

The delivery of a Low Acuity Transport (LAT) service had continued in 2018-19 following a successful pilot period and it was noted that additional Emergency Care Assistant (ECA) staff had been recruited to specifically work in this area.

PTS had seen a decline of journeys in general but an increase in services for on-day discharge and weekend calls. Part of the reduction in the number of

journeys could be contributed to the more robust application of the national eligibility criteria for the service. PTS was undergoing transformational change with a focus on culture, staff and quality leadership to provide a more holistic approach within the service.

The NHS 111 service had handled 1,632,514 calls during 2018-19 which was a slight decrease of 0.9% on the previous year. NHS 111 continued to perform well against key performance indicators. The service continued to take steps to improve the working environment with a cultural development working group now established. There was a focus on reducing sickness absence levels with targeted work taking place in this regard.

The Trust continued to embrace partnership working including with the Northern Ambulance Alliance, Tri-Service Collaboration and the Q-Volunteering project.

The Trust continued to source sustainable ways of working including electric and hydrogen vehicles and LED lighting.

RB concluded that the Annual Report highlighted the range and breadth of the work of the Trust.

The Chairman praised the Annual Report commenting that the Trust had had another successful year on its journey of continuous improvement.

AC referred to the Community First Responder workforce and commented how impressed she was that the Trust maintained that level of community volunteers.

MB advised that the Financial Accounts for 2018-19 had been reviewed earlier that day by the Audit Committee, with assurance provided to the Board. The Accounts were in-line with forecast and there had been no adjustments or material amendments.

MB outlined the Trust's surplus year-end position for 2019-19 of £9.25m which included £3.7m of Trust generated surplus and £5.6m generated from the Provider Sustainability Transformation Funds.

The capital investment of £17.9m was noted due to a number of significant schemes which had taken place within 2018-19.

The 2018-19 Accounts had received an unqualified audit opinion from the Trust's external auditors.

SH referred to the Audit Committee meeting which had taken place prior to the Board Meeting in Public where members had approved the Annual Report and Accounts 2018-19 for onward approval of the Board.

Approval:

The Board reviewed the content and approved the final draft of the Annual Report and Financial Accounts 2018-19.

	Action
<p>2.2 Quality Account 2018-19 SP presented the Quality Account for 2018-19.</p> <p>It was noted that the draft document, including the 2018-19 Priorities for Improvement, had been widely consulted on with both internal and external stakeholders through two rounds of consultation. The document described the Trust's quality of care and services and also highlighted the priorities for quality improvement for the forthcoming year.</p> <p>SP stated that the final draft included comments and feedback from various internal and external stakeholders which had largely been positive about the Trust.</p> <p>The Chairman welcomed the document and commented on the informative and interesting information it contained.</p> <p>Approval: The Board reviewed and approved the draft annual Quality Account for 2018-19.</p>	
<p>2.3 Annual Governance Statement 2018-19 It was noted that the Annual Governance Statement 2018-19 and Provider Declaration Standards had been discussed earlier at the Audit Committee meeting.</p> <p>The report outlined the responsibilities of the Accountable Officer (RB), the Board of Directors and the Trust's Executive and Management teams.</p> <p>RB explained that the Annual Governance Statement provided details of the risks faced in 2018-19 and mitigations in place. The Trust had received assurance from Internal Audit and External Audit that the organisation had sound systems of control in place.</p> <p>RB advised that there were two documents to note in addition to the Annual Governance Statement 2018-19 to sign:</p> <ul style="list-style-type: none"> • Provider Declaration – Condition G6; • Provider Declaration – Condition FT4. <p>There was a requirement to certify against two conditions in relation to the Provider Licence irrespective of the fact that as an NHS Trust YAS was exempt from requiring the provider licence.</p> <p>Approval: The Board approved the final version of the 2018-19 Annual Governance Statement including the two Provider Declarations.</p>	
<p>2.4 Letter of Representation to External Audit MB stated that the Letter of Representation to External Audit had been discussed earlier in the Audit Committee meeting. The letter, which would be signed by the Chief Executive and Executive Director of Finance, was part of the audit process and confirmed that sound financial control was in place, that</p>	

	Action
<p>the annual accounts had been prepared properly and that there was no knowledge of fraudulent activity that could affect the accounts.</p> <p>Approval: The Board accepted and approved the Letter of Representation to External Audit for signature.</p>	
<p>2.5 External Audit Report for Those Charged with Governance The report was produced by Ernst & Young (E&Y), YAS' External Auditors; it was in draft format and would be updated accordingly by E&Y.</p> <p>E&Y had issued an unqualified audit opinion and a positive value for money opinion for YAS.</p> <p>Approval: The Board noted and accepted the Report.</p>	
<p>3. Strategy Development</p>	
<p>There were no items under this item.</p>	
<p>4. Performance and Finance</p>	
<p>4.1 For Assurance: Chief Executive's Report and Integrated Performance Report The report provided assurance on the activity of the Trust Executive Group (TEG) from 22 March 2019 to 13 May 2019 and the opportunity for TEG to highlight the key variances/movements contained within the April 2019 Integrated Performance Report (IPR).</p> <p>RB advised that due to the Local Authority and European elections the Trust was adhering to Purdah guidance which meant there would be nothing on the Board agenda requiring significant funding and/or relating to Strategy. The Clinical Strategy would be discussed in the Board Meeting in Private later that day.</p> <p>It was noted that NHS England / NHS Improvement had issued a consultation 'Implementing the NHS Long Term Plan: Proposals for possible changes to legislation'. The proposal focused on providing more freedom for collaboration by revoking Section 75 of the Health and Social Care Act 2012 and thus reducing the burden of tendering created by the procurement rules. Community, mental health and ambulance trusts would be particularly affected by the proposal as Commissioners frequently had to go out to tender competitively for many of their services. It was hoped this would provide more certainty with regard to service delivery in the sector.</p> <p>The Trust continued to engage with Integrated Care Systems (ICS) and Service Transformation Partnerships (STPs) across the region particularly in relation to service reconfigurations, development of new care and workforce models and the adoption of digital technologies to support patient care.</p> <p>It was noted that the Clinical Commissioning Groups (CCGs) in Bradford</p>	

District and Craven had launched a consultation about a proposal to create a new CCG to replace the three existing CCGs which covered a combined population of approximately 600,000 people. YAS was supportive of the proposal.

The Trust had achieved all of the Ambulance Response Programme (ARP) national standards for the month of March with the exception of the Category 4 standard which was narrowly exceeded; the Trust had delivered some of the best response times in the country during the final quarter of 2018-19.

RB referred to the International Nurses' Day where YAS had hosted a Continuing Professional Development (CPD) event at Yorkshire Sculpture Park on 9 May 2019 led by Suzy Southey, YAS' Lead Nurse for Urgent Care. The event had focused on 'Mental Health Matters' and had attracted participation from a wide variety of local partners from health, policing and local government. Initial feedback from the event had been extremely positive.

RB and SH (Non-Executive Director, YAS / Deputy Lord Lieutenant for West Yorkshire) joined colleagues at Leeds and Huddersfield Ambulance Stations on the 18 April and 16 May respectively to formally open the new Ambulance Vehicle Preparation (AVP) facilities which prepared vehicles ready for the beginning of each shift.

RB offered congratulations to the Leeds-based National Rotational Paramedic Pilot scheme which had won the Royal College of General Practitioners 'Good Neighbour' Award which was designed to recognise excellence in collaborative practice.

JM referred to the Association Ambulance Chief Executives (AACE) response to the GP Framework which highlighted the potential role of Paramedics in primary care. There was the potential for it to be problematic to the ambulance sector should there be no partnership working in this regard. There had been no consultation with the ambulance sector prior to its launch.

TG acknowledged that Paramedics would be in demand across the health sector due to the nature of their skills and he believed the way forward was for the Trust to adopt the approach of how the organisation could support system-wide clinical recruitment including clinical placements and mentorships. He suggested that there should be a discussion at the ICS level in relation to how the volume of Paramedics could be increased.

The Chairman commented that she believed there was a significant amount of interest in the University courses for Paramedics however the number of placements the Trust was able to offer was prohibitive on increasing the numbers.

RB responded that conversations had been happening at an ICS level in this regard including how the ambulance sector could act as a Training Institution similar to that of a Teaching Hospital. The National Rotational Paramedic Pilot scheme had been a positive initiative and provided an alternative career

	Action
<p>pathway for Paramedics.</p> <p>CB added that conversations were at an early stage in regards to a Training Institution for both YAS and the wider system and that it was planned to have a scoping session with Health Education England (HEE) and the YAS Academy. She suggested a presentation be given to the Board on the integrated workforce at a future Board meeting.</p> <p>Action: A presentation relating to YAS' Integrated Workforce to be provided at a future Board Meeting.</p> <p>JP asked whether the reconfiguration of the Hyper Acute Stroke unit at Barnsley Hospital would impact YAS.</p> <p>MB advised that Catherine Bange, YAS' Regional Manager, Integrated Urgent Care was liaising with the ICS including emphasising the increased drive times for YAS. Discussions were taking place in regard to additional funding for YAS.</p> <p>RB expressed his thanks to the Executive Team and their respective teams for their hard work and dedication over the past twelve months. RB invited the Executive team to provide a summary for their directorates.</p> <p><u>Operations Directorate</u></p> <p>NS explained that although YAS had not been commissioned to achieve the national ARP standards the Trust still achieved the Category 1 - 90th percentile and category 3 - 90th percentile standards with other standards narrowly missed. For March 2019 the Trust significantly over-achieved for each standard and only missed out on the Category 4 - 90th standard by 9 seconds.</p> <p>He advised that the performance in March was not sustainable with an increase in demand of 7%.</p> <p>The Carter Review had recommended that ambulance services should 'review staff hours worked to ensure a balance between contracted and actual hours with plans to manage this'. This had been a focus within YAS during 2018-19 and had been a key consideration during resource planning for ARP. Recruitment would be increased and therefore there would be less reliance on overtime.</p> <p>In terms of handovers targeted work had taken place at a local and regional level with the emergency care intensive support team and NHS England (NHSE) to reduce handover delays although more work was needed with the support of Commissioners. It was noted that two Yorkshire hospitals were in the top seven of handover delays in England.</p> <p>NS advised that Emergency Operations Centre (EOC) performance during 2018-19 had been excellent with YAS' 999 call answer rate being the quickest in the country consistently during the previous 8 months. In March 2019 over</p>	<p>CB</p>

95% of 999 calls had been answered within 5 seconds.

YAS' Hear and Treat rates had also been one of the highest in the country throughout 2018-19 although this had recently plateaued at around 6.5%. The Trust was committed to investment in this area to further improve its Hear and Treat rates.

It was noted that over the coming months YAS would be working with AACE and NHSE to implement new guidance relating to managing Health Care Professional (HCP) and Inter Facility Transfer (IFT) requests.

The Tour de Yorkshire had been held in early May and the Trust had successfully provided appropriate operational and command cover to support the event. The World Cycling Championships were due to take place in the region in September.

NS referred to the Integrated Performance Report (IPR) and the Hear and Treat activity which remained in line with the previous month's performance.

TG asked whether there was an explanation for the increase in demand.

NS responded that there was nothing specific and that it was a national trend.

JM added that there had been a genuine increase in both 999 and 111 calls nationally. This was also mirrored in hospital Emergency Department activity.

It was noted that demand was currently 8% above forecast and the Trust had modelled future requirements on 3% above the previous year. This would impact on future performance although it was acknowledged that there were often demand fluctuations in the system.

Integrated Urgent Care (IUC)

KO reported that the new IUC service had gone live on 1 April 2019. A number of key changes had been introduced as part of the new contract including:

- Increase in clinical advice and direct booking;
- Clinical validation for emergency department (ED) dispositions;
- Working with the new dental clinical assessment and booking (CABs) provider;
- Managing dental calls for under-fives only;
- Electronic care/referral advice;
- Additional patient pathways maximising local clinical advice services (CAS).

It was noted that all contracted performance targets were achieved in April. The number of calls answered for the month were 131,822, 0.6% below the contract ceiling predominantly due to talking dental calls of 3,598 above contracted levels. The contract for dental had been tendered separately as a new dedicated regional clinical assessment and booking service (CABS) for dental patients aged five years and over. This was now provided by Local Care Direct (LCD) along with two new treatment providers, Night Dental and

Taptonville House. The issue with the dental calls to YAS' IUC service had been appropriately escalated to NHS England (NHSE).

KO advised that as part of the changes from NHS 111 to the new IUC service the profile of patient demand had changed with the removal of the dental calls. As a result of this and based on staff feedback a rota review was underway within the IUC service.

It was noted that the number of Patient Transport Services (PTS) journeys had decreased compared to previous years; although unplanned journeys, mobility type, out of hours and weekend journeys were increasing.

KO reported that Key Performance Indicators (KPIs) for the PTS West Yorkshire contract had improved with February and March performance exceeding targets.

PTS were progressing with automation across the service line with the North, East and Scarborough being auto-planned from January 2019, automation in the West commencing in July and in the South from August 2019. Approximately 20%-25% of journeys were still manually planned to allow for patients with additional requirements and for distance journeys.

Two PTS 'Listening Events' had been held recently to increase staff engagement and senior managers continued to undertake 'back to the floor' days with crews and control/reservations staff. PTS leaders were also scheduled to attend the next tranche of the Leadership in Action Programme.

KO advised that staff within PTS were trialling a tablet loan scheme to increase engagement and assist with Statutory and Mandatory training compliance. Following a pilot, the rollout of personal issue smartphones commenced in April to facilitate staff to access the Electronic Staff Record (ESR) self-service, YAS e-mail, Pulse and other appropriate Trust applications.

KO outlined other key pieces of work across the directorate including establishing the mental health pathways, staff wellbeing, work relating to reconfigurations and work on the national initiative #ProjectA.

Clinical Directorate

JM reported that the clinical pathways team had conducted a Pathways Roadshow resulting in engagement with over 250 members of staff, reinforcing the presentation by Sarah Stead on alternative pathways of care at the College of Paramedics best practice day.

It was noted that Richard Pilberry presented the results of the Soiled Airway Tracheal Intubation and Effectiveness Decontamination (SATIATED) study at the Emergency Medical Services (EMS) 2019 conference in Madrid. 164 Paramedics had taken part in this study.

JM advised that Dr David Hickson, Chair of YAS' British Association of Immediate Care Scheme (BASICS), had stood down as he was relocating to

Scotland. David had provided over 30 years of voluntary assistance to the ambulance service in Yorkshire and had been instrumental in developing the BASICS scheme to its current position. JM formally put on record his thanks to Dr David Hickson for his dedication and confirmed that a formal letter of thanks had been sent.

Quality, Governance and Performance Assurance Directorate

SP reported that the second cohort of Quality Improvement (QI) Fellows had now completed their induction (10 members of staff). The first cohort of Fellows were continuing their involvement supporting QI, engaging other staff in their areas of work and in the delivery of training and mentorship. It was noted that a celebration event for the first cohort of QI Fellows would take place on 28 June 2019.

The Trust continued to actively engage with the national #ProjectA initiative and other related collaborative improvement developments. SP advised that he had attended the QI Ambulance Network Event in Edinburgh where the work of the Trust on #ProjectA had been well regarded.

SP advised that the Trust was deploying process improvement methodologies across a number of initiatives within the organisation. The Trust had undertaken its first Rapid Process Improvement Workshop using Virginia Mason methodology, with a focus on streamlining elements of Trust process for new starters to the organisation.

The Critical Friends Network (CFN) continued to be developed and members were being actively involved in a number of improvement projects.

SP reported that during the national Experience of Care week the Patient Relations team and Quality Improvement Fellows had worked together to focus on compliments to staff from patients and carers to identify areas where the process could be streamlined; this had resulted in an updated process whereby compliments were processed and monitored on the same timeframe as complaints.

SP advised that there was a national focus on provision of training to mitigate the risks of violence and aggression towards staff; consideration was also being given to body cameras for frontline ambulance staff.

It was noted that the Trust continued to strengthen internal governance arrangements and support for staff who were victims of violence and aggression and deployment of sanctions for perpetrators of these types of incidents had significantly increased.

SP advised that the Trust was in the early stage of developing its approach to people with a Learning Disability aligned to the national strategy, Clare Ashby, Deputy Director of Quality and Nursing was YAS' lead on this.

The Chairman referred to 'making every contact count' commenting that YAS' frontline staff must come across a number of scenarios that would need to be reported.

	Action
<p>SP confirmed that staff reported issues when witnessed and these were subsequently raised appropriately with the relevant bodies.</p> <p>SP advised that due to the Board Meeting in Public being earlier in the month this period that it had not been possible to reconcile absence data within the Integrated Performance Report (IPR). There was also an issue relating to the Clinical Quality Data which was in the process of aligning to the national data. An updated IPR would be issued following the meeting.</p> <p>Action: An updated IPR to be circulated to Board members following the day's meeting.</p> <p>SP referred to the 'moderate and above' incidents at page 9 of the IPR which appeared to be higher than it should be. This was due to Emergency Operations Centre (EOC) process issues. This has been investigated by the Trust and it had been discovered that the process used had inflated the figures. This had now been appropriately resolved.</p> <p>It was noted that an assessment of level 3 safeguarding training requirements had been completed in relation to the updated Inter-collegiate child and adult safeguarding guidance. YAS had commenced delivery as part of the 3 year plan with a focus on key clinical roles across service lines.</p> <p>SP reported that the timeliness of Freedom of Information responses had shown significant improvement over the last quarter.</p> <p><u>Workforce and Organisational Development</u></p> <p>CB advised that work was ongoing to develop Key Performance Indicators (KPIs) for the People Strategy.</p> <p>The Leadership on Action (LIA) programme continued to be cascaded throughout the Trust and tranche three of the programme had commenced on 29 March 2019. An additional module to the programme was being developed with a focus on 'healthy people'.</p> <p>There had been a significant amount of recruitment recently with a more joined-up approach across the organisation. As previously mentioned the Trust's first Rapid Process Improvement workshop had focused on the 'day-one' process for new starters and had resulted in a more streamlined process. Feedback from staff had been extremely positive to date.</p> <p>Initial work had commenced to look at attrition rates for the Trust across the different service lines with a particular focus on the Emergency Care Assistant (ECA) role and NHS 111 contact centre roles. Further work was required to identify the issues and propose mitigations.</p> <p>Following the results from the National NHS Staff Survey 2018 a detailed corporate action plan had been developed and was now being implemented. Activities would emphasise the 'employee voice' and how this had informed initiatives as part of a 'You Said, We are Doing'/'You Said, We Did' communications campaign.</p>	<p>SP</p>

CB referred to the creation of the YAS Culture Ambassador role and Employee Voice Network advising that an implementation plan was being developed and work was ongoing within the Communications Team on key messages and branding. It was anticipated this initiative would be launched during the Summer (2019). The Chairman had agreed to Chair the Employee Voice Network.

The new Occupational Health and Wellbeing contract had commenced on 1 April 2019 with a robust performance management process in place. Early feedback from staff had been positive.

CB referred to the sickness absence figures that were not available at the time of publishing the Integrated Performance Report and advised that sickness absence currently stood at 6.2%. She added this was high for the NHS and the ambulance sector; focused work was ongoing within the Trust to reduce this figure.

The current number of staff enrolled on an apprenticeship programme within the Trust was 150 and this was approximately 2.6% of YAS' workforce against the government target of 2.3%.

CB advised that the Dignity and Respect at Work campaign was being developed; this would be a significant area of work where the Trust aimed to achieve culture change in its approach to dealing with conflict at work.

Finance and Contracting Update

MB reported that the Ambulance Vehicle Preparation teams at Leeds, Huddersfield and Wakefield were fully operational and continued to develop the service offered to Operations and PTS service lines.

It was noted that due to several retirements within the operational maintenance estate team the Trust had engaged the services of an external provider to support the upkeep and statutory compliance of its properties. Early indications were that this was working well.

MB reported that deployment of the electronic Patient Record (ePR) had commenced in North Yorkshire and was due for completion by the end of June 2019.

It was noted that some of the hardware had been delivered for the Unified Communications implementation which would commence over the financial year 2019/20.

The Trust had successfully secured ongoing contracts for 2019-2020 supporting Health Education England (HEE) with website support and the development of a Technology Enhance Learning Support. This would provide learning technology and e-learning on behalf of HEE (North) supporting NHS Trusts within Yorkshire and Humber, North West and North East as well as to YAS staff.

MB advised that the 2019/20 Capital Plan was challenging at circa £18m.

	Action
<p>The national capital programme was over committed and NHSE/NHSI had requested that all organisations revisit their capital programmes with a view to reducing them. The Trust had reviewed the Capital Plan and agreed to reduce this by £300k; this had been approved by RB. This amount would contribute to the revised submission by the West Yorkshire Integrated Care System (ICS).</p> <p>The Chairman referred to agile working transformation and whether this would be used to aid Board efficiency and reduce carbon footprint and travelling time. She added that she would welcome utilising technology such as web-cams for future Board Meetings in Public.</p> <p>MB would discuss this with the Chairman outside of the meeting.</p> <p><u>Planning and Development</u></p> <p>RB reported that the Gateway Review process was currently being developed which would ensure a consistent approach to assessment and approval of a range of opportunities (including service developments and pilots, tender opportunities, business cases and collaborative arrangements); this would also provide greater clarity and transparency through the Committee and Board governance process for these types of matters. This would be shared with the Board once it had been finalised.</p> <p>It was noted there had been an excellent response to the Restart a Heart initiative with 172 secondary schools signed up for the event on 16 October 2019. This would provide the opportunity to teach 40,000 pupils Cardiopulmonary Resuscitation (CPR) skills on the day.</p> <p>The Chairman encouraged members of the Board to participate at one of the various locations across the region on the 16 October 2019.</p> <p>The Chairman thanked the Trust Executive Team for their informative updates.</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 April 2019 IPR report, highlighted in the Executive Directors' reports.</p>	
<p>4.2 For Assurance: Service Transformation Programme Update</p> <p>The paper updated on the current position and next steps in relation to the Service Transformation Programme.</p> <p>SP reported that overall there had been positive progress against all four Programme Boards which supported delivery of priorities aligned to the Trust Strategy. The Trust Executive Group (TEG) continued to oversee the progress of the four Programme Boards with a monthly Executive Programme Board.</p>	

Service Delivery and Integrated Workforce

SP confirmed that the 2018-19 ARP plan had been closed down and a lessons learned report had been received by the programme board. High level plans for 2019/20 had been presented with further detailed plans to follow.

Further focused work would be undertaken on Hear and Treat; a functional re-design of the Wakefield Emergency Operations Centre (EOC) was due to commence imminently and this would better support Hear and Treat with clinical staff being more effectively located within the EOC.

Integrated Urgent Care (IUC) programme work streams had been agreed.

Recruitment and retention was a focus with work being developed on clinical advice being integrated across 999 and IUC as part of the Trust's integrated workforce ambitions.

A report had been received in relation to Low Acuity Transport (LAT) and a further report was due on the next phase of this initiative in June/July.

Place Based Care

Work was ongoing in relation to areas with high volume patient flows with a number of projects/pilots being undertaken including frailty, with a specific focus on falls and care homes, and mental health pathways.

Infrastructure

The Trust continued to work on the Airwaves replacement (Emergency Services Radio Network (ESRN)) although it was noted that this had been delayed nationally. YAS had undertaken a risk assessment to ensure there was business continuity with the current system and the ongoing supply of Mobile Data Terminals (MDT) devices.

The electronic Patient Record (ePR) continued to be rolled-out across the region with completion scheduled for the end of summer 2019.

Future options for the Hub and Spoke programme were being considered including central warehousing and agile working.

Capacity and Capability

It was noted that work was underway to support implementation of leadership and talent development.

The second tranche of Quality Improvement Fellows had been appointed and they had begun their placements in April 2019.

The Accountability Framework work streams had been agreed by the Trust Executive Group (TEG).

Scoping work had commenced on options for the future training model for the Trust.

	Action
<p>The Chairman thanked SP for the update.</p> <p>Approval: The Board gained assurance that progress was being made across the four programmes and noted further planned development. The Board supported the suggested priority areas outlined within each of the four programmes.</p> <p>MW left the meeting at 1230 hours.</p> <p>There was a break for lunch at 1230 hours and the meeting recommenced at 1300 hours.</p> <p>RB left the meeting at 1300 hours.</p>	
<p>4.3 For Assurance: Audit Committee Minutes of the Meeting Held 17 January 2019 and Chair's Verbal Update of the Meeting held on 11 April 2019</p> <p>The minutes of the meeting of 17 January 2019 were noted.</p> <p>SH provided a summary of the meeting of the 11 April 2019 which included standing items such as Internal Audit update and workplan, External Audit update and assurance on the Board Assurance Framework. The Committee had also received the Draft Quality Account.</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>	
<p>4.4 For Assurance: Charitable Funds Committee – Minutes of the Meeting Held on 19 February 2019 and Chair's Report of the Last Meeting Held on 11 April 2019</p> <p>The minutes of the meeting 19 February 2019 were noted.</p> <p>TG provided a summary of the meeting of the 11 April 2019 which had included a discussion on Community First Responders' fundraising and governance arrangements in relation to these funds; a report would be brought back to the Board.</p> <p>JP added that it was intended that the next meeting in July would focus on the Charity's Strategy.</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>	
<p>4.5 For Assurance: Northern Ambulance Alliance (NAA) Update</p> <p>In the interests of time the Chairman deferred the item and it was agreed that RB would provide the update to the Board Meeting in Private later that day.</p>	

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<p>5 Quality Safety & Patient Experience</p>	
<p>5.1 Patient Story The Chairman introduced the story of Sean a 38 year old renal patient from North Yorkshire. He had been using the Patient Transport Service (PTS) since he was a child to attend dialysis three times per week.</p> <p>Sean contacted the Trust to praise the drivers who work for or on behalf of PTS, explaining that they were always willing to help and were really friendly. He also appreciated the courtesy call which YAS drivers provided when they were close to his home advising him of their expected time of arrival to his home. This information was helpful as it allowed Sean to be ready within that timeframe rather than worry what time the transport would arrive. It was noted that Private Ambulance providers that work for PTS on a regular basis get YAS communication devices and do call ahead to patients. The Taxi provision is less consistent although some of the larger providers do pre-alert patients of their expected time of arrival. This had not been in the existing sub-contractor framework but would be mandated in the new framework which was about to go out to procurement and would go live on 1 October 2019.</p> <p>Sean also shared some of his frustrations about the service which was mainly about the length of wait he sometimes experienced after he had finished dialysis before PTS arrive to take him home. In addition he believed that communication between the hospital unit and YAS could be improved particularly on the times when his dialysis finished earlier than expected.</p> <p>The Trust employed a PTS Specialist Patient Engagement Officer who held regular meetings with all PTS stakeholders to discuss such things as communication and to receive feedback.</p> <p>The Chairman thanked Sean for sharing his story with the Trust.</p> <p>Approval: The Board noted the Patient Story.</p> <p>RB re-joined the meeting at 1310 hours.</p>	
<p>5.2 For Assurance: Freedom to Speak Up Report – Six Monthly Review The Chairman welcomed JC and LM to the Board Meeting in Public.</p> <p>The paper provided an update to Freedom to Speak Up (FTSU) activity over the previous 6 months.</p> <p>The progress of all concerns raised through the FTSU process was discussed at a fortnightly concern review meeting attended by the Chief Executive, the Director for Quality, Governance and Performance Assurance, the Director of Workforce and Organisational Development, the Head of Investigation and Learning and the FTSU Guardian.</p> <p>It was noted that 20 concerns had been raised during the second half of the FTSU reporting period with the majority of concerns originating from staff</p>	

	Action
<p>working in A&E Operations and the remainder spread across the Trust. The only noticeable theme during this period were from concerns where staff had challenged recruitment and selection practices which they did not believe were in line with Trust policy.</p> <p>JC advised that as part of the work undertaken as co-chair of the National Ambulance Network (NAN) for FTSU with Anna Price, East of England Ambulance Service he had presented to the Ambulance Leadership Forum findings from concerns raised through the FTSU process to ambulance Guardians over the past two years. As a result of this work and in conjunction with the work being conducted by the National Guardian, the Association of Ambulance Chief Executive's (AACE) had now signed up to the 'Alliance Against Bullying, Undermining and Harassment in the NHS'.</p> <p>It was noted that the National Guardian's Office conducted case reviews which specifically review the handling of concerns and the treatment of people who had spoken up, where there was evidence that good practice had not been followed. The five case reviews published to date provided an excellent opportunity for Trusts to benchmark their own policies and practice against the recommendations detailed in these reports.</p> <p>CB suggested that future reports might reference changes that had happened to process/policy through the FTSU process.</p> <p>Action: For future reports to reference changes that had happened to process/policy through the FTSU process.</p> <p>JC advised that he had now completed his tenure as YAS' Freedom to Speak Up Guardian and that Luzani Moyo, Emergency Medical Technician (EMT), would be his replacement. JC thanked the Board members for their support during his time as FTSU Guardian and he wished LM every success in the role going forward.</p> <p>The Chairman noted her formal thanks and appreciation to JC for his hard work and determination in embedding FTSU across the Trust and commented on how he was held in high regard nationally across the sector for the work he had done. She welcomed LM to his new role as YAS' FTSU Guardian.</p> <p>CB echoed the Chairman's comments and praised JC for the work he had undertaken relating to the FTSU agenda on a national basis adding that JC had agreed to still be involved in the development of the Dignity and Respect at Work Policy.</p> <p>Approval: The Board noted the contents of the report and gained assurance from the FTSU process within the Trust.</p>	<p>LM</p>
<p>5.3 For Assurance: Care Quality Commission (CQC) Update SP advised that all the Pre-Inspection Requests had been provided to the CQC and they had undertaken some focus groups with staff.</p>	

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<p>The Well-Led part of the inspection was due to take place on 26 – 28 June and an interview schedule for members of the Board had been produced.</p> <p>The unannounced inspection would take place at some point between now and the aforementioned Well-Led inspection in June.</p> <p>SP confirmed that the Board would be kept up to date of the arrival of CQC.</p> <p>Approval: The Board noted the verbal update.</p>	
<p>6. Workforce</p>	
<p>6.1 For Assurance: Diversity and Inclusion Strategy Update</p> <p>The paper updated on progress made against the Diversity and Inclusion (D&I) Strategy ‘Embracing Diversity – Promoting Inclusivity’ and this was in line with the Trust’s legal and contractual obligations.</p> <p>CB advised that the D&I Strategy had been launched in December 2017 and since that time significant progress had been made. The new Dignity and Respect at Work Policy, once finalised, would replace the Bullying and Harassment Policy. This was a very positive piece of work which provided a holistic approach; it was anticipated this would be launched from June 2019.</p> <p>TG welcomed that so much progress was being made on the D&I agenda and he asked how the Trust proposed to measure whether a difference had been made through this work.</p> <p>CB advised that the Strategic Workforce Group would oversee performance against the D&I Strategy including developing Key Performance Indicators (KPIs) to enable the organisation to demonstrate where progress had been made.</p> <p>RB referred to the recently refreshed and refocused staff networking groups including the Black Minority Ethnic (BME) and Lesbian Gay Bi-Sexual Transgender groups and the excellent work undertaken by both, he added that the Disability Staff Network was currently being refocused and he looked forward to the work the group would take forward once it was more established.</p> <p>CB added that Tom Heywood, YAS’ Process Improvement Manager had done some excellent work on the National Diversity Forum and Tom was the lead for the Disability Staff Network within YAS.</p> <p>CB noted her formal thanks to Kez Hayat, YAS’ Diversity and Inclusion Manager for his hard work on the D&I agenda.</p> <p>Approval: The Board noted the contents of the report and gained assurance on the progress against the Diversity and Inclusion Strategy. The Board supported the next steps and actions contained within the report.</p>	

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<p>6.2 For Assurance: Health and Wellbeing Plan 2019/20</p> <p>The paper sought approval from the Board for the Health and Wellbeing agenda for 2019/20 which included the delivery of a 12 month action plan and the projects/initiatives associated with the health and wellbeing plan.</p> <p>It was noted that it was a requirement of NHSI to present the Health and Wellbeing Plan to the Board for approval.</p> <p>CB explained that the Health and Wellbeing Plan 2019/20 had been developed incorporating the results from the national Health and Wellbeing Framework diagnostic tool exercise carried out in November 2018 where the Health and Wellbeing team was joined by Trust wide representatives and stakeholders.</p> <p>CB explained that the Health and Wellbeing Team consisted of two dedicated officers. There had been some significant developments in this area of work over the past 12 months including the new Occupational Health Contract. A Health and Wellbeing vehicle had been developed with the aim of using this to travel to stations to promote the health and wellbeing agenda and to administer flu vaccinations.</p> <p>CB advised that she would welcome a Non-Executive Director as a champion for Health and Wellbeing to work alongside CB in promoting this important agenda.</p> <p>It was noted the Health and Wellbeing Plan had been endorsed by NHS England and governance arrangements had been strengthened following this.</p> <p>JP observed that both the Diversity and Inclusion and Health and Wellbeing papers on the day's agenda considered the protected characteristics; he asked what was in place within the Trust in relation to the 'age' characteristic particularly regarding shift work and the older person.</p> <p>The Chairman referred to the work by Unison and the retirement age although she believed that there were many personal factors relating to when an individual decided to retire. She suggested the discussion be continued in one of the Chairman/Non-Executive Director meetings.</p> <p>CB advised that the Health and Wellbeing Plan was part of the wider organisational cultural piece. It was noted that the additional module 5 of the Leadership in Action programme would focus on 'leading healthy people'.</p> <p>RB added that it would be imperative to ensure the communications plan relating to the Health and Wellbeing agenda was clear.</p> <p>CB explained that the communications element would be strengthened with different ways to engage staff.</p> <p>The Chairman thanked CB for the update.</p>	

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<p>Approval: The Board noted the contents of the paper and supported the health and wellbeing agenda for 2019-20 which included the delivery of the 12 month action plan. The Board supported the projects/initiatives associated with the health and wellbeing plan.</p>	
<p>7. Risk Management and Internal Control</p>	
<p>7.1 For Assurance: Corporate Risk Register (CRR) and Board Assurance Framework (BAF) The paper provided updates to the BAF and changes to the CRR since the last report to the Board. It also contained an update on the submission of the Data Security and Protection Toolkit.</p> <p>SP advised that there had been two new risks added to the CRR since the previous Trust Board meeting:</p> <ul style="list-style-type: none"> • Risk 1197 – Falsified Medicines Directive Legislation – It was noted that the Procurement and Medicines team were working jointly to consider options for a system to support implementation of the required legislation and that might offer additional functionality in terms of a patient administration tracking system; • Risk 1208 – Level 3 Safeguarding Training – A 3 year lead time had been agreed in the national ambulance safeguarding group. The Trust had conducted an internal risk assessment via the Clinical Governance Group and the 2019/20 plan was in place prioritising training for key clinical staff. Years 2 and 3 of the plan would expand to include all Paramedic staff. Delivery would be supported by upgrade of the current level 2 e-learning and the content of Trust induction. <p>There had been an amendment to one risk since the previous Board meeting:</p> <ul style="list-style-type: none"> • Risk 1096 – Friarage Update – This risk was reducing. Mitigation had been put in place at an agreed additional cost. Pathways and Standard Operating Procedure (SOP) had been issued to staff. Escalation rates had been agreed and weekly phone calls with Friarage Hospital colleagues were in place. <p>It was noted that Risk 1079 – Health Records Processing Delays had been removed from the CRR as health records were up to date after vacant posts had been recruited to in December.</p> <p>There were two new emerging risks, the first relating to the new finance system (Oracle Cloud) which was presenting a risk of data breaches and access by other organisations to the supplier database. This risk was being scoped and a national review was underway with an incident investigation and lessons learned report awaited from NEP. The second related to the management of patients with reduced mental capacity to include learning disabilities and provision of staff training and awareness, documentation of their assessment and availability of accessible information.</p>	

	Action
<p>SP raised an issue relating to a planned closure of a ward for Scarborough and York hospital over the summer period due to the urgent need to refurbish a Nightingale Ward. YAS was in communication with the hospital in this regard.</p> <p>SP referred to the Data Protection and Information Governance (IG) Toolkit and it was noted that the toolkit was submitted to deadline last month. The Trust had submitted evidence against all 100 mandatory Data Security and Protection Toolkit (DSPT) items required in addition to 40 of the 51 non-mandatory items with an action plan submitted for non-complete standards.</p> <p>One of the four requirements not met was to deliver data security awareness training to 95% of staff; the Trust had delivered approximately 93%.</p> <p>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.</p>	
8. Closing Business	
<p>8.1 Key Points Arising from the Meeting, Review and Feedback The Chairman thanked everyone for their contributions to the meeting. This had been a significant agenda which had included the Annual Report and Accounts for 2018-19 in addition to the usual standing items.</p> <p>The meeting finished at 1410 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>	
<p>8. Date and Location of the Next Meeting of the Trust Board Held in Public: Annual General Meeting Board of Directors Meeting in Public 26 September 2019 Pre-Board Presentation Board of Directors Timings to be confirmed. Leeds Town Hall, Leeds</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**