



## Annual General Meeting

**Venue:** YAS HQ, Springhill 1, Wakefield, WF2 0XQ

**Date:** Thursday, 27 September 2018

**Time:** 1000 hours

**Chairman:** Kathryn Lavery

### Board Members:

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

### Apologies:

John Nutton	(JN)	Non-Executive Director
Anne Allen	(AA)	Trust Secretary, YAS

### In Attendance:

Ian Ferguson	(IF)	Interim Director of Operations, YAS
Tasnim Ali	(TA)	Business Manager A&E Operations, YAS
Fiona Bell	(FB)	Research & Development Manager, YAS
Tim Brown	(TB)	Diversity and Inclusion Advisor, YAS
Graham Butterworth	(GB)	Locality Manager, YAS
Don Buxton	(DB)	Community Engagement Trainer, YAS
Ruth Crabtree	(RC)	Clinical Excellence Manager, YAS
Jacqui Crossley	(JC)	Head of Clinical Effectiveness and Governance, YAS
Rosie England	(RE)	PTS Volunteer Coordinator, YAS
Alistair Gunn	(AG)	Planning and Development Manager, YAS
Neil Kirk	(NK)	Command and Resilience Education Lead, YAS
Ryan Lee	(RL)	NHS 111 Call Handler, YAS
Claus Madsen	(CM)	Associate Director of Education & Learning, YAS

Neil Marsay	(NM)	Community Defibrillator Officer, YAS
Mark Millins	(MM)	Associate Director of Paramedic Practice, YAS
Linda Milsom	(LM)	Community Defibrillator Trainer, YAS
Luke Playford	(LP)	Committee Services Administrator, YAS
Ali Richardson	(AR)	Community Engagement Manager, YAS
Jayne Robinson	(JR)	Learning and Development Business Partner, YAS
Mark Wright	(MW)	Paramedic, YAS
C Carter	(CC)	Public Member
Stan Hardy	(SH)	Public Member
Sheila Miller	(SM)	Public Member
Michael Reakes	(MR)	Public Member
Sue Rees	(SR)	Public Member
Mr Karamjeet Singh Virdee	(KSV)	Public Member

**Minutes produced by:** (JL) Joanne Lancaster, Committee Services Manager

		Action
1	<p><b>Apologies / Declaration of Interests</b></p> <p>The Chairman welcomed everyone to the Annual General Meeting (AGM) of the Yorkshire Ambulance Service (YAS). Apologies were received as above and declarations of interest would be noted during the course of the meeting.</p> <p>The meeting commenced at 1010 hours.</p>	
2	<p><b>Minutes of the AGM held on 26 September 2017 including Matters Arising not on the Agenda</b></p> <p>The minutes of the meeting held on 26 September 2017 were approved as a true and fair representation of the meeting.</p> <p><b>Matters Arising:</b> There were no matters arising.</p>	
3	<p><b>Welcome from the Chairman of Yorkshire Ambulance Service</b></p> <p>The Chairman formally welcomed members of the public, representatives of partner organisations, volunteers and staff to the AGM. She remarked on the excellent preparation of the AGM and the hard work by the team to ensure the meeting was successful.</p>	
4	<p><b>Presentation on Cardiac Arrest and Survival to Discharge</b></p> <p>JM introduced MM and advised that MM was the Lead Paramedic for Clinical Development for the Trust.</p> <p>MM guided the attendees of the AGM through a presentation on cardiac arrest and survival to discharge.</p> <p>YAS had a good track record of engaging members of the public in learning basic life skills. One of YAS' most popular events was Restart a Heart where colleagues from YAS visited secondary schools across the region and taught young people basic lifesaving skills. This popular and successful event was held on 16 October each year and had now rolled out to other parts of the country and across the world. The Trust also held smaller scale</p>	

	<b>Action</b>
<p>events basic lifesaving skills such as the recent event at Barnsley Football Club.</p> <p>YAS was the largest contributor to the AIRWAYS2 trial with 330 Paramedics involved and nearly 3000 patients recruited.</p> <p>Last year there had been 296 individuals who had survived an out of hospital cardiac arrest in Yorkshire and the Humber region. MM advised that six people leave hospital alive every week having suffered an out of hospital cardiac arrest in the Yorkshire region.</p> <p>Sheila Millar a member of the public asked whether it was expected that more patients would be treated on scene if the Trust had enough Paramedics.</p> <p>MM responded that the Trust had approximately 2200 frontline staff within the 999 service of which 1015 were Paramedics. Recruitment and retention of clinical staff was broadly the same throughout the country and could be challenging especially in terms of retention.</p> <p>MM added that YAS empowered its Paramedics to make the right decisions on scene and that sometimes resulted in the withdrawal of Cardiopulmonary Resuscitation (CPR) on scene when there was no hope of the patient surviving.</p> <p>TG asked what comparisons YAS had with the world leaders in survival to discharge rates.</p> <p>MM responded that it was difficult to compare as a city such as Seattle had a Community Public Access Defibrillator (CPAD) located on each lamppost and the Fire and Rescue Service (trained in CPR) were based on each block. In terms of the UK the Trust benchmarked positively against other ambulance trusts.</p>	
<p><b>5 Patient Story</b></p> <p>The Chairman introduced the patient story to the AGM and a short video was played telling the story of the Howden family.</p> <p>The Chairman expressed her sympathies to the family. She commented on Mrs Howden's brave decision to share the story and remarked on the compassion and professionalism of YAS' crews who attended the incident.</p> <p>The Chairman drew the attention of those present to the organ donation website and the importance of mental health awareness including some of the organisations who could be contacted.</p>	
<p><b>6 Review of the Financial Year 2017/18 and an Overview of Future Plans</b></p> <p>RB presented a review of the 2017/18 financial year and an overview of future plans. The AGM provided a good opportunity to reflect on the previous year and the significant and positive things which the Trust had achieved. On a national basis the past year had been challenging for YAS</p>	

and for the NHS with increased demand and a prolonged winter period.

One of the most significant changes for the ambulance sector had been the introduction of the Ambulance Response Programme (ARP) in September 2017. Other challenges specific to the ambulance sector included the number of competitive tenders in which ambulance Trusts were involved which had the potential to cause large scale impact if they were not secured. Acute Trust reconfigurations also had an impact on the sector through longer journey times to specialist units.

There was an acceptance that more integrated care should be delivered in communities and the Trust was looking at how it could contribute to this across the YAS region.

Call volumes continued to increase with YAS' Emergency Operations Centre (EOC) receiving over 2,500 calls per day with an 8% growth in activity and YAS' NHS 111 receiving 1,647,270 calls over the course of 2017/18 equating to a 5% growth in activity.

The increase in demand coupled with a change in the patient demographic including patients with multiple complex needs, mental health issues and frailty would mean the traditional way of treating patients would need to change in the future. The health sector as a whole is adapting to ensure that patients received the right treatment in the right location with the right professionals.

As an organisation YAS had coped remarkably well over the winter period of 2017/18 with joint working across NHS 111 and the A&E 999 service, the introduction of an initiative using Patient Transport Services for low acuity patients, and partnership work with the voluntary sector, Police, Fire and Rescue Services and Mountain Rescue.

There had been a national focus over the winter relating to hospital turnaround times. In the YAS region turnaround times were challenging at some Acute Trusts with 10 crews from a total 250 crews off-road at times of peak demand due to being tied up waiting for handover in emergency departments. There had been some positive examples of escalation between YAS and Acute settings.

There was sustained pressure on the organisation and YAS' staff over the winter period. The Gold Command Cell was called upon daily over a continuous period and the Trust was considering how this could be changed to reduce the pressure on a small number of staff.

In 2013-14 the Trust conveyed 76% of patients to an Acute setting with 4% of patients receiving advice through 'hear and treat' over the telephone and the remaining 20% seen and treated on scene. The past few years had seen some positive initiatives within YAS' NHS 111 and A&E 999 services to increase clinical skills and presence resulting in the following for 2017/18; 70% of patients conveyed to an Acute setting (a reduction of 6% from 2013/14), 7% of patients receiving advice through 'hear and treat' (one of

the best in the country), over the telephone and 23% of patients seen and treated on scene.

The model of delivery for A&E 999 had changed with the introduction of the Ambulance Response Programme (ARP). YAS had been one of three ambulance service that had participated in the ARP pilot along with South West Ambulance Service and West Midlands Ambulance Service. The ARP focused on the best care for patients:

- Prioritising the sickest patients, to ensure they receive the fastest response;
- Driving clinical and operational behaviours, so the patient gets the response they need first time in a clinically appropriate timeframe;
- Having a range of responses, which ensure the patient is treated in the most appropriate place of care;
- Putting an end to unacceptably long waits.

The Trust' performance against the national ARP standards was highlighted with Category 1 mean performance within 7 minutes. Category 2 was the largest single category for the Trust and it proved challenging to consistently meet the national standard in this regard. The Trust was investing in additional staff with a 3% increase to frontline staff achieved by the year end 2017/18.

YAS' NHS 111 service continued to perform well on a national basis and the Trust believed it was advantageous to host this alongside the A&E 999 service in terms of shared working. YAS had one of the lowest rates of transferring calls from NHS 111 to the A&E 999 service in the country.

Within the Patient Transport Service (PTS) there had been several competitive tenders across the region for which the Trust had bid and awarded contracts for:

- East Riding of Yorkshire;
- South Yorkshire;
- Vale of York and Scarborough.

The resilience of PTS staff throughout the periods of uncertainty was to be commended.

RB took the opportunity to thank the volunteers who undertook PTS journeys for the Trust.

The Trust was looking at the most effective way to operate the PTS service in the future including a different operating model.

The Trust had launched an in-house developed electronic-Patient Record (ePR) in 2017/18 to replace the previously used paper form. Feedback to date had been positive and it was expected this would be rolled out across the whole of the YAS region by the end of the 2018/19 financial year. Going forward it was intended to develop this into a Shared Care Record with YAS' health system partners.

The Trust had been chosen as one of four ambulance services' to take part on the Rotational Paramedic scheme pilot. This scheme aimed to provide Specialist Paramedics with more skills by working in different healthcare settings such as General Practices and Primary Care Settings.

YAS' Nurse Internship Programme was underway with participants based in NHS 111 providing clinical advice and the EOC. The next phase would be to include frontline placements.

The Trust had launched its new Values and Behavioural Framework early in 2018. A Diversity and Inclusion Strategy had been developed and launched. The Trust's LGBT work had been recognised nationally with Alistair Gunn the Chair of YAS' LGBT Staff Network receiving an award from AACE for his work on this agenda.

The Trust continued to embed Quality Improvement (QI) across the organisation and eight QI Fellows had been appointed to take forward distinct QI projects.

YAS continued to collaborate with partners including the Trust's Community First Responders (CFRs) and Co-Responders (Police, Fire and Rescue Service, Mountain Rescue and Coastguard). The Trust was exploring how to expand and adapt these schemes to include support to the vulnerable in the region.

The Trust continued to provide the Paramedics for the Yorkshire Air Ambulance (YAA). The YAA now had night-time flying capability which was a hugely positive step forward especially during the winters months when there were shorter periods of daylight.

YAS continued to be an integral part of the Northern Ambulance Alliance (NAA) alongside North East Ambulance Service and North West Ambulance Service. East Midlands Ambulance Service had taken up associate membership with the NAA. The NAA was looking to adopt best practice from the Lord Carter report to secure efficiencies including in the areas of fleet, technology, back-office and shared services. The Trust already had an agreement with North East Ambulance Service to provide payroll services for them which had generated savings within the NAA.

The Trust proactively engaged with the four Sustainable and Transformation Partnerships (STPs) that spanned the YAS footprint.

The Trust had developed the Hub and Spoke facility for Doncaster and once the Capital Spend had been approved by NHS Improvement building work would commence. The building work for the Ambulance Vehicle Preparation (AVP) facilities in Leeds and Huddersfield would commence before the end of 2018.

The NHS 111 contract was currently out for tender. YAS was committed to continue the delivery of this service and the Trust Board strongly believed that it was best placed to deliver the service for the people of Yorkshire.

The Trust had introduced new fleet into YAS with 130 new ambulance vehicles delivered into the service during 2017/18. Staff had been involved in the procurement process and feedback on the vehicles had been positive.

The Lord Carter Report regarding the Ambulance Sector had been published that day. Early indications were that the report had a number of sensible recommendations although there were some significant challenges within the report for the sector to respond to.

Community and Third Sector engagement continued to be a priority for the Trust and joint partnership working was taking place with the British Heart Foundation and Age UK with the latter looking at how best to provide care closer to home. YAS continued to explore opportunities to engage with different groups.

The Trust's annual Leadership Summit would take place on 8 October where the Trust's new Corporate Strategy would be launched.

RB concluded his presentation by thanking former Non-Executive Directors Barrie Senior, Pat Drake and Ronnie Coutts for their hard work and commitment to the Trust during their tenures. He welcomed Richard Keighley as a Non-Executive Director who had joined the Trust in January 2018. He thanked Phil Foster the former Director of Planned and Urgent Care who had retired in October 2018 and noted that Phil was now working for the Trust on a part-time basis taking forward an exciting initiative for YAS. RB informed the AGM that LM had changed portfolios in October 2017 and was now the Director of Urgent Care and Integration.

MB presented the Trust's financial position to the AGM. He reported a successful financial year 2017-18 for the Trust noting that the Control Total had been achieved alongside the Cost Improvement Programme target.

Nationally NHS providers entered 2017-18 facing a substantial financial challenge primarily caused by higher than planned levels of A&E activity and high levels of bed occupancy. This affected the ability to admit patients who required planned care and subsequently had a further negative impact on finances.

The worsening NHS provider position enabled NHS Improvement to allocate additional Sustainability Funding (STF) to those providers who delivered their plans. As YAS delivered its financial plan and achieved the Control Total the Trust benefited from the additional STF at the year-end 2017-18.

MB explained that the Trust had a planned surplus of £1.898m and had agreed with NHSI to increase this by a further £2.1m in recognition of the wider financial context. This resulted in the Trust achieving a surplus of **£3.984m** for 2017/18. The Trust received £1.5m STF for achieving the original Control Total and a further £2.1m STF to match the increased surplus, plus bonus STF of £1.7m. Furthermore the CQUIN national risk reserve was released to providers at the end of the financial year (as per national instruction), this equated to £0.8m for YAS. In summary the Trust

achieved an overall surplus of £10.184m for the year ended 2017-18; it was emphasised that of this surplus the Trust had achieved had been **£3.984m** with the remaining amount being made up from STF.

The Trust's capital expenditure for 2017-18 had been £7.6m with the majority of this amount being spent on fleet, equipment and estate improvement/maintenance.

The Trust had a positive cash balance at the end of 2017-18 of £30.1m in part due to the surplus achieved at the year-end.

The Trust's largest area of expenditure was on staffing costs (68%) and the largest area of income was gained from the A&E Contract (72%).

The Trust had developed an ambitious Cost improvement Programme for 2017-18 which it had achieved.

The Trust had accepted a Control Total of £2.1m for 2018/19 and had developed another ambitious Cost Improvement Programme with the aim of freeing up resource to invest in front-line care. The Trust had been successful in securing £15m funding for the Doncaster Hub and Spoke Scheme, new fleet and Ambulance Vehicle Preparation facilities at Leeds and Huddersfield.

Sheila Miller asked whether Ryedale Community Transport had been advised of the more robust application of eligibility criteria prior to the contract going live. She commented that it would be helpful that patients had more notice if they were expected to pay.

RB responded that the criteria had not changed although the application of the criteria was being applied more robustly. The Trust had engaged with community providers to ensure they were aware of what was happening within their areas. The Trust was keen to ensure patients received the help they required and signposted people to alternative services. He suggested that he speak with SM following the meeting to gain a greater understanding of her concerns.

Sue Rees a member of the Public questioned whether the electronic Patient Record (ePR) system would be rolled out in North Yorkshire.

RB confirmed that the system would be rolled out across the whole of the region including North Yorkshire. The roll out was being undertaken in a phased approach.

SM asked whether YAS was seeking a solution to hospital turnaround times.

RB confirmed that the Trust was actively in discussions with Acute Trusts to manage current issues and identify how best to improve patient flow. JM added that YAS had an initiative in Scarborough Hospital with a YAS Officer embedded within the Emergency Department to assist with efficient discharge.



		<b>Action</b>
	<p>The Chairman thanked RB and MB for their presentations and emphasised the positive financial position of the Trust. She thanked the Board and the wider workforce for their hard work and dedication over the past year.</p>	
<b>7</b>	<p><b>For Formal Adoption: Annual Report and Accounts 2017/18 including Quality Account</b></p> <p>The Chairman asked the AGM to formally adopt the Annual Report and Accounts for 2017/18 including the Quality Account.</p> <p><b>Approval:</b>  <b>The AGM of the Board of Directors formally adopted the Annual Report and Accounts for 2017/18 including the Quality Account.</b></p>	
<b>8</b>	<p><b>For Approval: Risk and Clinical Quality Compliance Report 2017/18</b></p> <p>SP and JM guided the AGM through a presentation which provided a summary of Trust developments in relation to risk, safety and clinical quality in 2017-18 and provided an additional level of detail to that in the Trust Annual Report and Quality Accounts.</p> <p>It was noted that YAS had received an overall rating of ‘good’ following the Care Quality Commission (CQC) inspection in September/October 2016. There had been some issues of inconsistency within PTS highlighted by the CQC inspectors and it was confirmed that YAS had now addressed these actions. The Trust had undertaken a mock inspection in readiness for the next CQC inspection to ensure it was on an ongoing journey of continuous improvement. A date for the next CQC inspection was not known at this time.</p> <p>Compliance had been sustained across the following key areas:</p> <ul style="list-style-type: none"> <li>• Information Governance – Information Governance Toolkit (IGT) compliance 85%;</li> <li>• Health and Safety – accredited management training;</li> <li>• Risk Management – continued to be embedded across the organisation;</li> <li>• Security – national set of standards;</li> <li>• Legal Services – 522 inquests and 2735 requests for information.</li> </ul> <p>It was noted that there had been two data incidents which had been reported to the Information Commissioner’s Office (ICO). Neither of these included loss of patient data and there had been no action arising from these from the ICO.</p> <p>There had been two ‘Prevention of Future Death’ reports and all actions had been implemented by the Trust in relation to these.</p> <p>Within Health and Safety accredited management training had taken place and targeted work had taken place on reducing muscular-skeletal injuries. Inspections for Improvement were undertaken regularly and reported back through the Trust Management Group (TMG).</p>	

A number of key facts and figures were shown which highlighted the breadth and range of achievements within the Trust over the financial year. These included:

- 56 Freedom to Speak Up cases had been received;
- 387 Bright Ideas had been received from YAS' staff;
- There had been a 75% increase in the number of Critical Friends Network members;
- 8,440 calls had been dealt with by the mental health nurses within the Emergency Operations Centre.

JM outlined the progress the Trust had made against the Clinical Quality Strategy 2015-18. The Trust saved more lives year on year and was an effective emergency provider. The five domains from the Care Quality Commission (CQC) were noted and examples of YAS' progress against these highlighted:

- Effective – clear reporting framework, Situation, Background, Assessment Recommendation (SBAR) handover toolkit;
- Caring – Duty of Candour, management development;
- Responsive – safeguarding process, collaboration with partners for urgent care delivery;
- Well-led – standardised clinical supervision, freedom to speak up process;
- Safe – this underpinned everything within the Trust; patient and staff safety was paramount.

It was noted that the administration of pain relief to patients was well embedded with the Trust exploring alternative medications in this regard. The Trust had a culture of no decision in isolation and advice was always available to Paramedics via the Clinical Hub.

It was emphasised that the Trust's 'harm to patients' rate was extremely low. There was more risk to staff due to the nature of the work, the environment and the equipment used. The Trust had invested heavily in training in this regard and benefits of this was now being realised. Safety huddles had been rolled out across the EOC to promote a culture of learning in a safe environment.

Awareness of sepsis was communicated to staff regularly for both the deteriorating adult and child. It was emphasised that the pre-alert of such patients was vital and that concerns were raised at handover of any suspicion of sepsis.

YAS had been an early adopter of undertaking Mortality Reviews within the ambulance sector and had a well-developed process to highlight trends and themes.

SP outlined the next steps for the Trust to build on the strong foundations already in place. A new Quality Improvement Strategy had been launched

	<b>Action</b>
<p>which would focus on continuous improvement across the Trust. This would be achieved by:</p> <ul style="list-style-type: none"> <li>• Vision and Leadership – Ensuring Trust plans were aligned with full ownership and leadership from the Board and senior management teams;</li> <li>• Culture – A learning culture with staff fully engaged;</li> <li>• Method - Consistent Quality Improvement methods applied and building the capacity of the Trust’s QI Fellows. Then test, implement and spread good practice.</li> </ul> <p>JM advised that a new Clinical Strategy had been developed with a focus on the patient and the clinician embracing an ‘evidence based person centred approach’. The Strategy was about better outcomes for patients by providing the right care, at the right time in the right place.</p> <p>The Chairman thanked SP and JM for their presentations.</p> <p>The Chairman commended to everyone YAS’ Annual Report for 2017/18, which could be found online at: <a href="http://www.yas.nhs.uk">http://www.yas.nhs.uk</a>.</p> <p>Hard copies were also available at the reception desk.</p>	
<p><b>9 Chairman’s Closing Remarks</b></p> <p>The Chairman thanked everyone for attending and the staff for their hard work with the arrangements for the AGM.</p> <p>The Annual General Meeting closed at 1230 hours.</p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

\_\_\_\_\_ **CHAIRMAN**

\_\_\_\_\_ **DATE**