



Board of Directors Meeting held in Public

Venue: Albert Room Leeds Town Hall, Leeds, LS1 3AD

Date: Thursday, 26 September 2019

Time: 1230 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:

Christine Brereton (CB) Director of Workforce and Organisational Development
 Phil Storr (PS) Associate Non-Executive Director, YAS

In Attendance:

Mandy Wilcock (MW) Associate Director of Corporate Affairs
 Thomas Elliott (TE) Executive Office Administrative Apprentice
 Julian Field (JF) Public Member
 David Bolam (DB) Public Member

Minutes produced by:

Joanne Lancaster (JL) Executive Coordinator

		Action
1	Opening Business	

	Action
<p>1.1 Apologies / Declaration of Interests Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p> <p>The Board Meeting in Public had been preceded by the Trust's Annual General Meeting (AGM).</p> <p>The meeting commenced at 1240 hours.</p>	
<p>1.2 Minutes of the Meeting held on 23 May 2019 including Matters Arising (not on the agenda) and Action Log The Minutes of the Board Meeting in Public held on 23 May 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 478 – It was noted this action was not due until November 2019.</p> <p>It was noted that all other actions on the action log had been appropriately closed.</p>	
<p>2. Strategy Development</p>	
<p>2.1 For Approval: Clinical Strategy JM advised that the purpose of the item was to share the Clinical Strategy 2019-2024 with the Board at a Board Meeting in Public. It was noted that that Clinical Strategy had been shared with the Board previously at the Private session on 23 May 2019.</p> <p>JM advised that the Clinical Strategy had been developed over the last year with input from senior clinicians and managers across all service lines within the Trust, and externally, with input and feedback from Medical Directors and Senior Clinicians from external stakeholders, including secondary care.</p> <p>A number of engagement events had taken place to launch the Clinical Strategy by way of roadshows across the region.</p> <p>The Chairman thanked JM stating that she welcomed the Clinical Strategy which she believed was an excellent piece of work.</p> <p>Approval: The Board approved at the Board Meeting in Public the adoption of the Clinical Strategy.</p>	
<p>3. Performance and Finance</p>	
<p>3.1 For Assurance: Chief Executive's Report and Integrated Performance Report The report provided assurance on the activity of the Trust Executive Group (TEG) from 14 May 2019 to 12 September 2019 and the opportunity for TEG</p>	

to highlight the key variances/movements contained within the August 2019 Integrated Performance Report (IPR).

RB explained that due to the timing of the Board the report commentary had been based on the July IPR although the August IPR had since become available and had been circulated with the papers.

YAS had been actively engaged in discussions regarding the response to the NHS Long Term Plan (LTP) which had been coordinated at a system/ Integrated Care System level and the Trust had provided various submissions as part of this joint process.

The Trust had outlined plans with partners to reduce avoidable conveyance through:

- Falls;
- Care Homes;
- Patients in Mental Health crisis;
- Rotational Paramedic Pilot;
- Access to primary care and alternative pathways of care for areas such as respiratory, frailty, End of Life and access to Urgent Treatment centres.

It was noted that YAS' plans had been well received by ICS partners and the Trust would continue to engage and submit in this process going forward.

The Trust had undergone a Care Quality Commission (CQC) inspection in May and June of this year which had focused on the Emergency Operations Centre (EOC), Patient Transport Services (PTS) and Leadership; the process had gone well. The Trust had received the CQC draft report and had responded back to the CQC on points of factual accuracy. The date of the official announcement of the CQC inspection result for the Trust was not known at this time although it was expected imminently.

The Chairman and RB had attended a Northern Ambulance Alliance (NAA) Board development session in August with colleagues from North East, North West and East Midlands ambulance services. This had been a positive meeting with a commitment to future collaboration, support and innovation between the four services. One of the main areas of work would be on the Digital Agenda including the new Unified Communications system being implemented, the Tranman Fleet system live and joint working between all four Trusts on an integrated Computer Aided Dispatch (CAD) system specification for 999, NHS 111 and PTS.

RB advised that work was progressing well on the Doncaster hub station adding that work was within timescales for a January opening and on budget. Community Response points were being acquired and implemented as part of this piece of work.

It was noted that a significant amount of work had taken place by the Trust Executive Group (TEG) and other senior leaders across the Trust on enabling strategies to support the Corporate Strategy.

RB reported that he was delighted to announce that Aneela Ahmed from YAS' Wakefield EOC had won the Emergency Dispatcher of the Year Award 2019 at the UK Navigator conference which had been held in Edinburgh earlier that week. He noted his formal congratulations to Aneela.

RB welcomed Mandy Wilcock, Associate Director of Corporate Affairs to her first Board Meeting in Public following her successful appointment into the role.

It was noted that A&E response times had been consistently positive although it was noted that the Trust was continuing to see far higher than expected demand for both the month and year (5.7% increase year to date). The previous week had seen demand at 7.8% above last year's levels. He added that local hospitals were also experiencing capacity issues with increased handover times at several of the regions Acute Trusts. As the winter period approached, and with the uncertainty surrounding the EU Exit, this was a cause for concern.

RB invited members of TEG to update on their respective directorates.

Operations Directorate

NS advised that despite increased activity the Trust had consistently achieved the national ARP standards and had been the best performing ambulance service using the Advanced Medical Priority Dispatch System (AMPDS). It was noted that the Capacity Planning and Scheduling team forecast the number of hours required to meet demand. From this calculation the service line's recruitment needs were identified with overtime used to fine tune the profile or fill funded roles whilst staff were recruited. NS advised that having previously been an outlier, the South Yorkshire area was now in line with other areas across the region.

It was noted that hospital handovers remained challenging across the UK and YAS was not exempt from this having seen increased handover times with some Acute Trusts in recent months. As previously noted this was a cause for concern particularly as the Trust headed into the winter period.

NS reported that the Trust had made good progress against the Emergency Preparedness Resilience Response (EPRR) although there were some areas for further improvement and plans were in place in this regard.

It was noted that the Union Cycliste Internationale (UCI) World Cycling Championships was taking place that week and would see the world's best cyclists come to Yorkshire for the UCI Road World Championships. YAS was taking a key role in ensuring that it was a safe and successful event.

The service was taking forward some key pieces of transformation work which included Team Based Working; this would be brought to Board when it was nearing the final stages of its development.

In terms of IPR exceptions Hear and Treat had reduced from 6.7% to 6% the Trust continued to focus on areas of improvement, exploring CAT3 volumes

	Action
<p>and how these could be reviewed more effectively as part of the Hear and Treat process. Sickness absence remained a challenge in the EOC and the management teams were dealing with this in line with Trust process; sickness absence in the operational areas continued to improve. See, Hear and Refer had seen an increase with the number of patients being conveyed to hospital reduced.</p> <p>JP questioned whether the IPR could provide some contextual information, for example, the charts explaining the % of patients responded to under one of the ARP categories could also provide the actual number of patients this equated to.</p> <p>SP responded that the IPR had recently been streamlined and some of the narrative that had historically been included had not been; he would take this away for consideration.</p> <p>Action: Additional narrative to be included in the IPR to contextualise the data presented.</p> <p><u>Integrated Urgent Care (IUC)</u> KO advised that the summer months had been particularly challenging with high demand and also following a national system failure with Adastra on a peak Saturday morning at the end of July; this had been investigated as a serious incident.</p> <p>It was noted that demand for the IUC service from April through to August 2019 had been near to ceiling levels of the contract and was at 0.93% above ceiling year to date. August demand was 4.5% above ceiling. This was predominantly as a result of excess dental demand which was not part of the IUC contract; the IUC had taken 18,485 calls year to date above the contract levels set out for dental patients. The new NHS England (NHSE) dental service had had significant issues across the patient pathway resulting in patients accessing routes through IUC and NHS 111 Online. The issue with the increased dental calls had been escalated to NHSE.</p> <p>Following the unexpected dental demand the IUC team reviewed the capacity plan for the year and increased recruitment and training plans to ensure sufficient staffing would be in place to support the additional callers. The first additional staff would be operational in early September; additional staff for the winter period were currently in training and providing all staff report to YAS as expected it was anticipated that the IUC would be staffed sufficiently for the winter period.</p> <p>Staff sickness absence continued to be a challenge and work was taking place with HR partners in this regard including initiatives such as staff welfare officers.</p> <p>A new booking technology GP connect had been piloted in Leeds and this would enable the rapid rollout of 'In Hours' GP appointment booking and sharing of patient records.</p>	<p>SP</p>

As part of the new community contract there would be a new Community Pharmacist consultation service introduced for winter 2019/20 which replaced the previous NHS Urgent Medicine Supply Advanced Service (NUMSAS) services along with the addition of a minor ailment consultation service. YAS would work with Commissioners and community Pharmacists to ensure this was in place for the winter.

KO referred to a possible risk for the winter relating to the NHSE winter marketing campaign for NHS 111. With demand increased and a marketing campaign aimed at encouraging more people to use the service there was concern in relation to the Trust meeting demand should this increase significantly.

Patient Transport Services (PTS) saw total demand for the three months June to August 2019 decrease compared to the same period last year. It was noted that the service had seen a significant increase in on-day activity in East Riding and the whole of North Yorkshire although this had been masked overall by a decrease in South Yorkshire.

It was noted that Auto Planning had gone live for the Leeds, Mid-Yorkshire and Pennine planning desks; this was already embedded in the North, East and Scarborough with KPI performance remaining strong.

KO advised that an appeal and eligibility review meeting had taken place with all the North Yorkshire Clinical Commissioning Groups (CCGs). YAS had completed a Quality Impact Assessment (QIA) on the revised question set which was discussed and well received.

Following approval of year one of the PTS fleet replacement programme at the Trust Board meeting in July 2019 73 new vehicles had been procured. These had been really well received by staff.

The Urgent Care and Integration team continued to collaborate with Integrated Care Systems (ICS) with recent intense activity in relation to the Long Term Plan (LTP). It was noted the significant number of meetings with which YAS had representation.

The number of system service reconfigurations across the region was noted and providing a strategic and coordinated response from YAS remained a high priority. The first phase of the planned service changes in regard to hyper acute stroke in South Yorkshire and Bassetlaw had come into effect following modelling and joint working with colleagues in Sheffield, Barnsley and Rotherham.

It was noted that Lesley Butterworth had taken up the position of Lead Nurse for Urgent Care in August.

Clinical Directorate

JM reported that the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) app had been expanded to include YAS specific Standard Operating Procedures, emergency action cards, and YAS specific drugs. To

date, clinical updates had been acknowledged over 22,000 times providing assurance that these messages were reaching their target audience.

It was noted that the clinical education and governance support provided to the region's armed police (TACMED) had been extended to the north of England's Counter Terrorism Unit, demonstrating continued valued partnership working with other emergency services. JM believed this was a beneficial approach.

JM reported that YAS' electronic Patient Record (ePR) was now fully implemented across the whole of the region and more than half a million records had been completed. It was noted that some emergency departments were receiving 100% electronic care records, with overall completion in excess of 87%. Work was underway to facilitate more than 95% of all YAS patient records being completed electronically by year end. He added that health record processing remained up to date with 350 boxes of historical patient records having been retrieved from storage and scanned electronically.

Internal Audit had examined the data management processes used by the Clinical Informatics and Audit team for the collation of the national Clinical Quality Indicators and issued a 'good' rating. This provided assurance regarding YAS' interpretation of national technical guidance and data collection.

It was noted that Jane Shewan, YAS' Head of Research and Development would be retiring the following week.

JM noted his formal thanks to Jane for her research work during her time at YAS and wished her well for her retirement.

SP referred to the ePR and the process for safeguarding referrals noting that assurance would be required by TEG on the robustness of the development of this.

JM responded that he would update TEG appropriately at a future meeting.

Action:

For assurance to be provided to TEG on the robustness of the development of the safeguarding referral process on the ePR.

JM

JM reported that YAS had showcased the ePR system at a recent NHS Providers event; this had been a significant achievement for the Trust being one of only a select few being chosen to showcase at the event.

Quality, Governance and Performance Assurance Directorate

SP reported that the second cohort of 10 new Quality Improvement (QI) Fellows were now in post and were progressing well with their planned training and individual project activity.

It was noted that the Trust remained actively involved with the national

#ProjectA initiative and the related collaborative improvement developments.

SP advised that the Trust had now completed two Rapid Process Improvement Workshops using the Virginia Mason methodology with a focus on streamlining elements of Trust process for new starters and on storage management of ambulance station consumables. Further workshops were planned.

It was noted that it was anticipated that Quality Improvement would be rolled out across the Northern Ambulance Alliance (NAA) and an exploratory discussion had taken place the previous day with NAA colleagues in this regard.

SP advised that additional resource had been allocated to the Patient Relations Team and that had resulted in the backlog of responses to compliments now being up to date.

SP reported that YAS had completed the national standard contingency plan for the EU Exit and that the Resilience Team was working with local, regional and national partners in this regard. It was noted that the EU Exit would be discussed in detail in the Board Meeting in Private later that day.

It was noted that a pilot exercise evaluating the impact of the new Ambulance Vehicle Preparation processes on cleanliness of vehicles between deep cleans was continuing with positive results to-date.

Workforce and Organisational Development

In the absence of CB, MW provided an update for the directorate.

It was noted that as of August 2019, 158 people leaders had successfully completed the Leadership In Action (LIA) programme (all four modules) with module five being piloted with TMG members during September 2019.

The Trust's compliance for the completion of PDRs as of July 2019 was 72% which was below the Trust target of 90% and a decrease since May 2019 (79%); this had improved slightly for August 2019 at 74.6%. Work was on-going to improve compliance.

MW reported that from 16 September new agency rules had been issued by NHS Improvement (NHSI) to ensure that Trusts were using agency staff only where there was an urgent need and other traditional recruitment options had been exhausted. A process had been put in place within the Trust where all requests for agency (other than frontline requirements) would be overseen and approved by TEG.

It was noted that the national NHS Staff Survey went live on 23 September and would run until 29 November 2019. To increase participation in the survey a number of actions had been agreed by the Trust Management Group (TMG) including 15 minutes 'protected' time to complete the survey and increasing the number of staff receiving the survey electronically. MW asked Board Members to encourage staff to undertake the survey.

	Action
<p>MW reported that 36 member of staff had been recruited into the role of Cultural Ambassador with their induction and training taking place during September 2019.</p> <p>It was noted that planning for the 2019 flu campaign was well underway although slightly delayed due to the national availability of vaccines. The target set nationally for vaccination to frontline staff had now increased to 80% for this campaign. The Trust had recruited 200 peer vaccinators in this regard.</p> <p>MW advised that the Trust had 337 apprentices enrolled which was approximately 6% of staff against a government target of 2.3%. MW reported that work was ongoing to finalise the 'Say Yes to Respect' campaign which would launch in November. The policy behind the campaign was 'Dignity at Work'.</p> <p>AC asked whether there was any correlation between the community recruitment events and the number of successful candidates into YAS employment from BAME communities.</p> <p>MW responded that she would investigate whether this information was available and report back.</p> <p>Action: To ascertain whether information was available on the correlation between community recruitment events and the number of successful candidates into YAS employment from BAME communities.</p> <p><u>Finance and Contracting Update</u> MB reported that the Trust was currently underspent against plan by £749k which was mainly due to the ability to recruit front line staff.</p> <p>In terms of the Capital Plan following on from national guidance the Capital Plan would revert back to the original submitted and agreed plan from May 2019. This would be discussed in detail at the later Board Meeting in Private.</p> <p>The Finance department was undergoing consultation to revise the current structure to enhance and better utilise senior capacity and the experience of the team. The revisions were about developing the department for future ways of working including a Business Partner model. Consultation was due to complete the following week.</p> <p>MB advised that the Finance Team had been actively involved in the development of the Trust's contribution for the NHS Long Term Plan (LTP).</p> <p>Within the Procurement Team the work plan consisted of 235 projects worth a total of £53.5m (total contract value).</p> <p>The Digital Agenda remained a focus for the directorate with the Digital Strategy being presented to the Board Meeting in Private later that day. This had been widely consulted and shared with key internal and external</p>	<p>CB</p>

stakeholders. The Digital Strategy would be brought to the Board Meeting in Public in November.

It was noted that the implementation of the Unified Communications software continued.

Planning and Development

RB referred to the video that had been shown at the AGM earlier that day which provided a summary of the Trust's Corporate Strategy. Work was on-going in relation to the supporting enabling strategies with some already completed and approved and others nearing completion.

The Gate Review process had been developed and implemented and had been designed to ensure a consistent approach to assessment and approval of a range of opportunities.

JN asked whether a process was in place to halt a project that had been commenced and was not delivering as per the original business case.

RB responded that review processes were in place within the business case and project plan processes. Reviews and lessons learned were undertaken. It was likely that YAS' approach to the Gate Review may be adopted by the services within the Northern Ambulance Alliance (NAA).

It was noted that a number of transformation fund bids had been submitted to the West Yorkshire and Harrogate Integrated Care System (WY&H ICS) in the following areas with all bids being successful for non-recurrent funding:

- Mental Health Pathways;
- Telecare call triage;
- Rotational workforce;
- Clinical Pathways.

Within the Community Engagement team a number of posts had been recruited to including Jason Carlyon, Community Engagement Lead (Communities), Alistair Gunn, Community Engagement Lead (Schools) and Dave Jones, 999 Academy Lead.

RB reported that YAS had submitted a proposal to the West Yorkshire Police and Crime Commissioner's fund for reducing violent crime. The Trust was waiting to hear whether it had been successful.

The last couple of months had seen the Trust celebrate employee Long Service Awards and the Trust's employee recognition STARS awards. The Annual General Meeting (AGM) had taken place earlier that day.

The Chairman thanked RB and the Trust Executive Group for their updates.

	Action
<p>Approval: The Board agreed it had sufficient assurance on the activities of the Executive Team during the period and noted and discussed the variances contained within the August 2019 IPR report, highlighted in the Executive Directors' reports.</p>	
<p>3.2 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 provided a summary of each programme.</p> <p><u>Service Delivery and Integrated Workforce</u> Delivery of the Ambulance Response Programme (ARP) national standards in line with trajectory continued. The workstreams relating to the Integrated Workforce had been identified and a cross directorate workplan established. A revised Hear and Treat plan had been developed including the associated clinician recruitment plan. Future workstreams being developed related to scoping for integrated clinical workforce and for integrated transport options.</p> <p><u>Place Based Care</u> This programme board continued to focus on areas relating to mental health, frail/elderly, falls and the Care Home pilot. There was also a focus on the Integrated Care Systems (ICS) workstreams and YAS' alignment in this regard.</p> <p><u>Infrastructure</u> The Hub and Spoke programme continued with workshops taking place to assess requirements of the spoke sites. The Doncaster hub build was underway. Work continued on prioritising sites for the Ambulance Vehicle Preparation sites. A draft Business Case had been submitted proposing a single warehouse facility and further work was taking place on this relating to finance and benefits realisation. The Unified Communications project continued and was on track as per the project plan. The Northern Ambulance Alliance (NAA) was collaborating on specification for a Computer Aided Dispatch (CAD) system. The ePR system had been fully rolled-out across the region.</p> <p><u>Capacity and Capability</u> SP reported that work was taking place in relation to scoping the Training Model options for the Trust and would form part of the wider estates plan. An early draft of the Accountability Framework had been developed; a project lead was now in place.</p> <p>SP reported that there was some areas of risk with the Transformation Programmes relating to leadership and capacity. This would be discussed by the Trust Executive Group (TEG) and an opinion formulated to mitigate and resolve this to ensure the Trust remained on track to deliver the programmes of work.</p>	

		Action
	<p>SP reported that the Transformation Programme Boards had a robust management process for the identification of risks and slippage.</p> <p>MB commented that it was important that the Trust realised the efficiencies against the various workstreams within the Transformation Programmes.</p> <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>	
3.3	<p>For Assurance: Finance and Investment Committee (F&IC) – Minutes of the Meeting Held on 14 March 2019 and 13 June 2019 and Chair’s Report of the Last Meeting Held on 12 September 2019</p> <p>The minutes of the 14 March and 13 June 2019 were noted.</p> <p>JN provided a summary of the meeting which had taken place on 12 September which had included a presentation on the Hub and Spoke and Ambulance Vehicle Preparation (AVP) which had been informative highlighting the positive plans for this going forward. Papers had been received on the Gate Review process and the Digital Strategy. In relation to the Digital Strategy the F&IC had asked for further assurance in terms of the governance of the projects underpinning the strategy.</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>	
3.4	<p>For Assurance: Audit Committee Minutes of the Meeting Held 11 April 2019 and 23 May 2019 and Chair’s Verbal Update of the Meeting held on 11 July 2019</p> <p>The minutes of the meeting of 11 April and 23 May 2019 were noted.</p> <p>SH referred to the meeting of 23 May where the Audit Committee had recommended the Accounts 2018/19 for approval by the Board. He reported that the process had been a smooth, robust and positive experience.</p> <p>The meeting in July had looked at the role of the Audit Committee where it had been established that the Committee would take on an advisory and supportive role.</p> <p>Annual Audit Report The report presented the activities of the Trust Board’s Audit Committee during and subsequently in respect of the financial year 2018/19.</p> <p>The Chairman complimented the quality of the report.</p>	

	Action
<p>MB would pass on thanks to Perry Duke, Head of Financial Services for his work on this.</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>3.5 For Assurance: Charitable Funds Committee – Minutes of the Meeting Held on 11 April 2019 and Chair's Report of the Last Meeting Held on 11 July 2019</p> <p>The minutes of the meeting 11 April 2019 were noted.</p> <p>JP advised that the July meeting had been presented with a very good presentation from Alistair Gunn, YAS' Chair of the LGBT Staff Network and Chair of the National LGBT Staff Network which had talked about the important work of the LGBT network and had requested funding for LGBT polo shorts to be worn at events such as Pride. The Committee had been very happy to support the funding of 40 polo shirts. There had been a financial update and an update on achievements so far during 2019. There had been a discussion relating to Community First Responders' fundraising and the governance in this regard. Further discussions were taking place.</p> <p>A workshop would be taking place in the next few weeks to discuss reviewing the Strategy for the Charity.</p> <p>Approval: The Board was assured by the discussions within the Charitable Funds Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</p>	
<p>3.6 For Assurance: Northern Ambulance Alliance (NAA) Update</p> <p>This paper provided the Board with an update on progress with NAA workstreams to 31 August 2019.</p> <p>A job description had been developed for the Managing Director role of the NAA to reflect the more strategic nature of this going forward. The job description was with the NAA partners for review and comment before being released for advert.</p> <p>The NAA had had discussions relating to the Performance Management Office resource and how this might be taken forward across the NAA.</p> <p>The NAA was securing licences for Zoom technology for meeting use to save on travel. This technology was already in existence within Association of Ambulance Chief Executives so it was expected to utilise the existing framework for the NAA contract.</p> <p>The Chairman made reference to the recent NAA Board Development session which had been extremely engaging and positive with a renewed commitment to joint and collaborative working.</p>	

	Action
<p>TG asked whether the NAA, which appeared resource intensive for the Trust, provided a return on investment.</p> <p>RB responded that there was very little resource attached to the NAA other than staff time and had cost the Trust approximately £200k; the joint fleet procurement alone had saved £1m over the life of the contract for all four services.</p> <p>JN added that it would be beneficial for this to be highlighted in reports as he believed that the NAA was a positive alliance and that even more savings could be generated with the right capacity in place.</p> <p>Discussion took place in relation to the new Managing Director role for the NAA and it was noted that YAS' Board consensus was that this role would need to have a very senior level skillset, programme management and good engagement skills.</p> <p>JN asked whether a joint meeting of the NAA Boards would take place as had previously happened in January 2018.</p> <p>The Chairman responded that it was likely that would happen although there were no set plans at this moment in time.</p> <p>TG referred back to his previous comment and suggested that future reports provided more detail so the Board could gain the necessary assurance that the NAA was producing efficiencies and innovations.</p> <p>Action: Future NAA reports to provide the necessary detail to give assurance that the NAA was producing efficiencies and innovations.</p> <p>The Chairman thanked RB for the update.</p> <p>Approval: The Board noted the update and gained assurance on the work programme of the Northern Ambulance Alliance.</p>	<p>RB</p>
<p>4 Quality Safety & Patient Experience</p>	
<p>4.1 For Approval: Emergency Preparedness, Response and Recovery Compliance</p> <p>The paper described the key milestones of the Emergency Preparedness, Response and Recovery (EPRR) self-assessment and assurance process for 2019/20 and to prepare the Trust Board for formal review and declaration of compliance by the 31 December 2019.</p> <p>NS explained that the EPRR annual assurance process for 2019/20 consisted of four stages:</p> <ul style="list-style-type: none"> • Organisational self-assessment against the core standards; • Local Health Resilience Partnership (LHRP) 'confirm and challenge'; • NHSE/I regional EPRR 'confirm and challenge'; 	

	Action
<ul style="list-style-type: none"> NHSE/I national EPRR 'confirm and challenge'. <p>NS advised that the self-assessment was underway and the draft would be provided to the Board on 17 October for approval prior to submission to the Regional NHS England/Improvement (NHSE/I) EPRR team on 31 October 2019. The Board would then approve the final version at its meeting on 28 November 2019 for sign-off and submission to the National EPRR NHS England/Improvement (NHSE/I) team on 5 December 2019 ahead of the deadline of 31 December 2019.</p> <p>It was noted there were some 'amber' areas and these had mitigations in place. The Commander Framework had been a two year plan and was well on its way to being completed.</p> <p>The Chairman asked whether the Winter Plans were in place as it was anticipated it might be a bad winter.</p> <p>NS responded that there was a robust Winter Plan in place to manage the winter period.</p> <p>Approval: The Board noted the content of this report in preparation for EPRR self-assessment and statement of compliance approval required by 31 December 2019.</p>	
<p>4.2 For Assurance: Bi-Annual Report: Significant Incidents/Lessons Learned six Monthly Review</p> <p>The paper provided an overview to the Board of the key events and learning that had taken place during the second half of the 2018/19 financial year covering Quarter 3 (Q3) & Quarter 4 (Q4) (October 2019 to March 2019).</p> <p>SP advised this was the regular bi-annual report relating to key events and learning from Significant Events and Lessons Learned.</p> <p>During Q3 and Q4 the Trust reported 21 Serious Incidents (SIs). This was in comparison to 17 reported in the previous 6 months.</p> <p>A theme identified in Q3 and Q4 related to maternity care and management. This involved 2 SIs which were under investigation by the Healthcare Safety Branch (HSIB) which identified a sense of nervousness from staff in managing obstetric emergencies. Additional education and training was to be provided in the Clinical Refresher from October 2019.</p> <p>There had also been an incident reported which highlighted learning in relation to the moving and handling of patients. As a result, work was initiated to renew the training related to patient handling and consideration was being given to the potential benefit of increased subject matter expertise within the Trust.</p> <p>It was noted that during this period the Ombudsman had completed five investigations into complaints involving the Ambulance and Emergency (A&E)</p>	

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<p>and Emergency Operations Centre (EOC) services; none of these cases were upheld.</p> <p>SP reported that at the end of Q4 there were 151 open claims against YAS that had been reported under the NHS Resolution Insurance Schemes. The Clinical Negligence (CN) claims continued to be reported in low numbers with no significant theme or trend arising.</p> <p>It was noted that the Trust's frequency of involvement in inquests continued to remain high. There were 395 open inquest cases at the end of Q4 and during this period the Trust had received 184 new requests. The Trust had provided evidence (written and/or oral) at 107 inquests.</p> <p>JM commented that Coroners work was increasing and therefore the support required for YAS' staff and managers for this process was also increasing.</p> <p>SP responded that there appeared to be an increased scrutiny of the ambulance sector in this regard. The legal team worked hard to ensure that the processes surrounding Coroners was robust.</p> <p>SP reported that a key theme identified in Q3 related to the management of patients that lack mental capacity to make the decision to be conveyed to hospital and related issues regarding therapeutic restraint/Best Interest decisions. Training has been provided to Clinical Supervisors and was included in all Safeguarding mandatory training products. A piece of work led by the Clinical Directorate had started in Q4 regarding the development of a pathway to support frontline practice decision making in relation to mental health, Mental Capacity and Best Interest decisions.</p> <p>It was noted that the Trust had received a letter from the Health and Safety Executive (HSE) in November relating to the Kone Passenger/Good Lift at Springhill 2. The issues relating to the lift had all been dealt with prior to the letter from HSE.</p> <p>SP reported that Luzani Moyo was established into the role of Freedom to Speak up Guardian for YAS. During the period of the report 21 concerns had been raised via this process with the common theme being consistency of leadership and management issues. The Trust was taking forward a range of initiatives under the people strategy to strengthen leadership and management skills.</p> <p>Approval: The Board noted the current position and gained assurance from the work highlighted within the report and supported the ongoing proposals for improvement.</p>	
<p>4.3 For Assurance: Care Quality Commission (CQC) Update</p> <p>SP provided an update on the CQC. The Trust had been inspected in the areas of Patient Transport Services (PTS), Emergency Operations Centre (EOC) and Well Led during the summer. The inspection had been a positive experience for the Trust. The Trust had received the draft report and had</p>	

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<p>responded back with some factual accuracy comments.</p> <p>To date it was not known when the official announcement of the inspection would be although it was expected to be imminent.</p> <p>Approval: The Board noted the verbal update.</p>	
<p>4.4 For Assurance: Quality Committee Minutes of the Meeting Held on 14 March and 13 June 2019 and Chair's Report of the Last Meeting Held on 12 September 2019</p> <p>The minutes of the 14 March and 13 June 2019 were noted.</p> <p>TG provided a summary of the details from the 10 September meeting which had included; a presentation on the Digital Strategy including questions from the Committee relating to the governance of project management; Health and Wellbeing including sickness absence and the new occupational health service; an assurance report from the NHS 111 service line.</p> <p>The Committee had requested for report formats to be considered to ensure that key points and clear/concise recommendations were provided. The Committee had also discussed theming meetings in the future. A list of acronyms had been requested to be circulated.</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>	
<p>5. Workforce</p>	
<p>There were no items under this agenda heading.</p>	
<p>6. Risk Management and Internal Control</p>	
<p>6.1 For Approval: Responsible Medical Officer Annual Report 2018/19</p> <p>The Responsible Officer Annual Report provided assurance to the Board, patients, the public, the service and the profession that the systems and processes underpinning revalidation were in place and were working effectively to ensure that every licensed doctor's fitness to practise was monitored and assessed on a regular basis.</p> <p>It was noted that at 31 March 2019 only one doctor had a prescribed connection with the Trust, being wholly employed by YAS; the Trust was the Designated Body for this doctor. The Executive Medical Director, also wholly employed by the Trust, was appointed the Responsible Officer for YAS in January 2015 so his prescribed connection lies with NHS England (North). These doctors had completed annual medical appraisals and maintained licences to practice following the first round of revalidation, and the Executive medical Director revalidated for the second time in 2018.</p> <p>JM reported that there were a further 11 doctors employed by the Trust on</p>	

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<p>part time contracts or open-ended secondments as members of the Critical Care Team, of which two had additional roles within the Trust. These doctors' other employers were their Designated Body and, whilst appraisal and PDR by YAS contributed to their overall appraisal for revalidation purposes, they did not have a prescribed connection with the Trust.</p> <p>JP asked who was responsible for the clinical liability of those doctors contracted to YAS.</p> <p>JM explained that as YAS was tasking the clinical resource that the Trust satisfied itself that those doctors were suitable and fit to practise. The Trust had robust governance procedures in this regard. In terms of YAS being a tasking organisation the Trust would maintain a responsibility and liability for clinical decisions although there was also a parallel professional responsibility for the individual too.</p> <p>AC asked whether the Trust's other professional clinical staff undertook the same scrutiny as doctors.</p> <p>It was confirmed that the Paramedics and Nurses who worked for the Trust undertook a similar process to ensure they were registered with their professional bodies.</p> <p>Approval: The Board accepted the report and understood that the document, the Statement of Compliance and the Annual Audit would be shared with the NHS England higher Responsible Officer. The Board approved the Statement of Compliance confirming that the Trust, as a Designated Body, was in compliance with the regulations.</p>	
<p>6.2 For Assurance: Corporate Risk Register (CRR) and Board Assurance Framework (BAF)</p> <p>The paper provided updates to the BAF and changes to the CRR since the last report to the Board. The paper also provided an update on the Trust's intentions regarding Board-level review and reporting of cyber risk.</p> <p>SP advised that the BAF was in full at appendix 1 of the report which included updates and progress against actions. The risks were in line with projection with supporting evidence of mitigations in place.</p> <p>SP highlighted the following risks on the CRR which had been added since the last Board meeting:</p> <ul style="list-style-type: none"> • Risk 1230 – Insufficient capacity and capability in driver training function – This function had been expanded rapidly and it would be important for the quality of the process to be maintained going forward; • Risk 1209 – 5 Yearly Emergency Driving Section 19 Requirement – It was noted that should the legislation relating to this be enacted this would have significant impact on the Trust. YAS' training plan for 2020/21 would reflect the implications; • Risk 1232 – National marketing Campaign for NHS 111 – This had the potential to drive up demand in this service line which exceeded the 	

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<p>capacity which the Trust had planned for. It was noted that demand was already increased due to the dental pathways (over 5 year's old) which were outside of the Trust's contract; dental pathways had been raised with NHS England.</p> <p>The following CRR risks had reduced since the last Board meeting:</p> <ul style="list-style-type: none"> • Risk 1128 – Avaya Telephony Platform - Procurement had taken place and implementation planned therefore the risk had reduced; • Risk 857 – ICT Capacity – The number of vacancies in this area had reduced. <p>MB advised that there were a number of senior posts within ICT that were vacant.</p> <p>The following were emerging risks:</p> <ul style="list-style-type: none"> • Fleet – Stretcher Straps – the risk related to ambulance stretcher straps being intentionally removed and had been escalated as a risk. Staff alerts had been issued and the risk was being monitored; • Medical Devices Inventory – There was a potential risk relating to the movement of equipment between vehicles across stations resulting in difficulties in tracking devices particularly when a medical device had been involved in an incident. <p>SP reported that one of the non-mandatory Data Security and Protection Toolkit (DSP) standards recommends that NHS Trust Boards regularly review the three most important cyber security risks being managed by their organisation. It was noted there would be a Board report relating to this and plans were being made with the national NHS Cyber team for a Board training session on cyber security.</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>	
<p>7. Closing Business</p>	
<p>7.1 Key Points Arising from the Meeting, Review and Feedback The Chairman thanked everyone for their contributions to the meeting which had provided assurance reports across a range of Trust business. The meeting finished at 1510 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>	

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8.	Date and Location of the Next Meeting of the Trust Board Held in Public: 28 November 2019: Pre-Board Presentation 0900-0930 Board of Directors 0930 Trust HQ, Kirkstall and Fountains, Springhill 1, Brindley Way, Wakefield, WF2 0XQ	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**

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