



Board of Directors Meeting held in Public

Venue: Kirkstall & Fountains, Springhill 1, Wakefield, WF2 0XQ

Date: Thursday, 28 November 2019

Time: 0930 hours

Chairman: Kathryn Lavery

Board Members:

Kathryn Lavery	(KL)	Chairman
Rod Barnes	(RB)	Chief Executive
Mark Bradley	(MB)	Executive Director of Finance
Christine Brereton	(CB)	Director of Workforce and Organisational Development
Anne Cooper	(AC)	Non-Executive Director
Tim Gilpin	(TG)	Non-Executive Director
Stan Hardy	(SH)	Non-Executive Director
Dr Julian Mark	(JM)	Executive Medical Director
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:

Kathryn Lavery	(KL)	Chairman
John Nutton	(JN)	Non-Executive Director

In Attendance:

Phil Storr	(PS)	Associate Non-Executive Director
Mandy Wilcock	(MW)	Associate Director of Corporate Affairs
Juliana Field	(JF)	Head of Corporate Affairs
Luzani Moyo	(LM)	Freedom to Speak Up Guardian (Item 3.3)

Minutes produced by:

Joanne Lancaster	(JL)	Executive Coordinator
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	Action
<p>1 Opening Business</p> <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>It was noted that the Chairman had given her apologies for the meeting and that TG as Deputy Chairman would chair the meeting at the Chairman's request.</p> <p>The Board Meeting in Public had been preceded by a presentation on the work of YAS' Lesbian, BiSexual, Gay and Transgender (LGBT) Staff Network by Alistair Gunn, Senior Engagement Lead (Education) and Sally Smith, Emergency Operation Centre Dispatcher.</p> <p>AG outlined the work of the LGBT staff network both within YAS and also on a national and international basis. YAS had been a leader in the LGBT agenda and many of Trust's initiatives had been adopted by other ambulance services. One of the many achievements of the group had been the production of a Transgender card for use by ambulance staff. AG concluded by suggesting that the Trust become a LGBT friendly organisation.</p> <p>TG thanked AG and SS for attending for providing an excellent summary of the work of the LGBT staff network. In terms of supporting becoming a LGBT friendly organisation the Board was supportive of this in principle, subject to consideration through the appropriate governance channels and alignment to the entire Diversity and Inclusion agenda.</p> <p>The meeting commenced at 1240 hours.</p>	
<p>1.2 Minutes of the Meeting held on 26 September 2019 including Matters Arising (not on the agenda) and Action Log The Minutes of the Board Meeting in Public held on 26 September 2019 were approved as a true and fair representation of the meeting subject to the following amendments:</p> <p>Page 8, paragraph 2, change to 'proposed that there would be collaborative working on the Quality Improvement agenda with the Northern Ambulance Alliance...'</p> <p>Page 13, paragraph 3.6, should read 'Programme Management Office'.</p> <p>Matters Arising There were no matters arising.</p> <p>Action Log: It was noted that there was one outstanding action on the action log with a completion date of March 2020, all other actions on the action log had been appropriately closed.</p>	

	Action
<p>3. Performance and Finance</p>	
<p>2.1 For Assurance: Chief Executive's Mid-Year Review RB guided the Board through the Mid-Year Review presentation.</p> <p>RB referred to the One Team, Best Care Strategy that had been launched in October 2018 and which included the Trust's eight key priorities. RB summarised some of the work which the Trust had undertaken relating to each of these priorities:</p> <p><u>Best possible response</u> It was noted performance had improved despite increased demand and the Trust was as on track with trajectory achieving all standards except Category 2 (mean). The trust had significantly increased its A&E frontline staff by 95 full time equivalent (fte) year to date.</p> <p>The Emergency Operations Centre (EOC) in Wakefield had been redeveloped. The Trust had seen improvements in its call handling performance and dispatch. There had been 15 EOC clinical advisors recruited to the service. The Trust had successfully implemented the national guidance on Health Care Professionals (HCP) and Inter Facility Transfer (IFT) calls. The Trust had developed actions to improve the trajectory for Hear and Treat including the recruitment of clinicians.</p> <p>A Business Case had been developed for a 999 operational team-based working model. This had been shared with the Trust Executive Group (TEG) and would go through the usual governance cycle to be approved. The EOC zonal working pilot was due to go live in Quarter 3.</p> <p>RB gave an overview of YAS' performance against the national position and versus the Trust's trajectory. The Trust was performing well with the exception of Category 2 (mean) and Category 4 (90th centile). It was noted that the Trust had additional A&E staff commencing and new 999 fleet procured so it was envisaged that these extra resources would help improve performance.</p> <p>The mobilisation of the Integrated Urgent Care (IUC) service had commenced from 1 April 2019. The service was progressing well with a number of initiatives underway including Direct Booking, GP Connect and YAS' core clinical advice consistently exceeding the 30% target.</p> <p>With Patient Transport Services (PTS) RB advised that the Trust had welcomed the news that it had been awarded the NHS Hull Clinical Commissioning Group (CCG) five-year contract for delivery of non-emergency medical transport service (NEMTS). YAS had also secured a three year extension of the existing contract to provide PTS for CCGs across West Yorkshire. PTS was performing well against all Key Performance Indicators (KPIs) with the exception of on-day discharge.</p> <p>The Trust had plans in place to improve the performance of on-day discharge in regards to PTS with the implementation of auto-scheduling, implementation of recommendations from the logistics/communications review and blending</p>	

of on-day and planned resources.

Our Workforce

RB reported that there were a number of developments and initiatives relating to the workforce including:

- Leadership in Action (LIA) with a new fifth module being introduced focusing on health and wellbeing;
- The appointment of a Clinical Recruitment Specialist;
- The Launch of the Cultural Ambassadors and Employee Voice network;
- The Disability Staff Network had been established;
- New Occupational Health contracts to improve the range of support available to staff was now in place.

It was noted that the new Career Development Framework had been launched for front-line staff to progress to become a fully qualified Paramedic. This had been welcomed by staff and positive feedback had been received in this regard.

The Talent Development programme pilot had recently been launched with 96 applicants received. This programme was aimed at supporting individuals with their personal development by accelerating developing their leadership and other skills and was for staff at Band 7 and below.

As of the date of the day's meeting the Trust had achieved a 48% return on the NHS Staff Survey this was against the final outturn of last year of 34%. TEG had provided a real focus on completion of the survey as the data it provided gave the Trust invaluable data to enable it to improve (where required) and provide information where a particular focus might be required.

The flu campaign had been successful to date with 45% of staff being vaccinated which was four weeks earlier into the campaign than 2018.

Tools, technology and environment

The electronic Patient Record (ePR) had been rolled out to all hospitals across Yorkshire with 1,800 ePR's being completed daily. A pilot was scheduled for January 2020 in Doncaster and Rotherham Acute Trusts to receive the YAS patient record directly into their systems therefore reducing handover time in the Emergency Department.

The Trust had procured a new Unified Communications system and this project was due to go live in February/March 2020. This was an exciting development for the Trust with the system providing the opportunity to work in different ways for staff, with partners and with patients in the future.

The Trust had continued investment in its fleet with 52 new Double Crewed Ambulances (DCAs) of which 35 were already operational. In addition to this 72 new PTS vehicles had been procured and were due for delivery in Quarter 3 and 4.

The Corpuls defibrillators would be rolled out across all front line vehicles by

Quarter 4.

RB advised that the 'green' agenda continued to be an important aspect of the Trust's plans and that the December 2019 Board Development Meeting (BDM) would focus on Clean Air Zones.

The Ambulance Vehicles Preparation (AVP) facilities had been implemented in Leeds and Huddersfield and would be extended to surrounding stations. The Doncaster Hub was due to be completed in January 2020.

It was noted that video conferencing had been rolled out to meeting rooms across YAS.

Work was underway with the Northern Ambulance Alliance to develop a specification for a common Computer Aided Dispatch (CAD) system.

Continuous Improvement

RB advised that the Trust was now into the Year two cohort of the Quality Improvement (QI) Fellows with a QI masterclass and silver level training being rolled out across the organisation.

Three Rapid Process Improvement workshops had been undertaken:

- Welcome to YAS – improving the time for unconditional offer to contract issue - improved by 44%;
- Model Ambulance Station – pilot at York relating to restock – reduced time from 14 minutes to three minutes;
- Uniform – streamlining the process – this had reduced to 9 days from order to receipt.

Bright Ideas schemes continued and supported the Trust's continuous improvement agenda with 13 schemes implemented April – August 2019. One idea currently in progression related to installing defibrillators on all ambulance stations.

RB reported that a Trust-wide QI project had commenced which focused on managing patients safely.

Respected system partner

The Trust continued to have strong representation at the Integrated Care System (ICS) regional level and on a national level with the Carter Programme, Association Ambulance of Chief Executives (AACE) and the Northern Ambulance Alliance (NAA).

RB advised that YAS was working locally with system partners to identify efficiencies including avoidable conveyance.

There had been positive engagement across all ICS and Sustainability and Transformation Partnerships (STPs) to support the development of clear five year narrative plans.

Safe and high performing

The recent inspection of PTS and EOC by the Care Quality Commission

(CQC) had resulted in a 'Good'. The Trust retained its overall 'Good' rating and the Well-Led review had been rated 'Good'; with notable areas of good practice around Board leadership, financial management, engagement and clinical research, QI and the learning culture. The CQC highlighted that Board and senior leadership diversity was an area to improve; the Trust was already aware of this and plans were in place to address this.

The Trust had launched several strategies:

- Clinical;
- People;
- Digital;
- Quality Improvement.

With several further strategies in development and nearing completion:

- Fleet and Estates;
- Community Engagement;
- Finance.

Resources to support patient care

The Trust had created efficiencies which it then invested back into the frontline services with significant investment in new equipment, vehicles and estate.

RB advised that the Trust had secured national funding to invest in equipment and vehicles.

The Trust had successfully secured ICS transformation funds to move key projects forward:

- Mental Health;
- Clinical Pathways;
- Rotational Paramedics;
- NAA Telecare triage.

RB reported that as at Month 7 the Trust was reporting a surplus of £4.3m which was a favourable variance of £1.0m against the plan.

It was noted that under NHS Improvement (NHSI) 'Single Oversight Framework' the overall Trust score for October 2019 was '1'.

Community engagement

The annual Restart a Heart event was the most successful yet with over 40,000 students being taught Cardio-Pulmonary Resuscitation (CPR) on 16 October.

RB advised that work was underway to scope the Trust's volunteers and how the Trust could work with them to utilise their roles in different ways such as being patient advocates and Community First Responders going to low acuity calls.

The Trust had secured funding from the West Yorkshire Police and Crime Commissioner's Violent Crime Reduction Unit to progress the 999 Academy

	Action
<p>in West Yorkshire. The scheme aimed to engage with young people, reduce the likelihood of knife related incidents and improve health outcomes in communities.</p> <p>TG thanked RB for the comprehensive review which highlighted the depth and breadth of the Trust’s work. In relation to the CQC rating he questioned how the Trust would go from ‘Good’ to ‘Outstanding’.</p> <p>RB responded that the foundation work had been undertaken and much of the transformation and engagement work was now beginning to be embedded more consistently across the organisation.</p> <p>TG referred to the winter period and the challenges in the system.</p> <p>RB responded that health systems were working together better than before in trying to overcome system pressures.</p> <p>TG stated he believed the Trust was in a positive place and by focusing on the transformation programmes and various initiatives then the ‘outstanding’ rating would hopefully follow.</p> <p>Approval: The Board noted the update and contents of the presentation.</p>	
<p>2.2 For Assurance: Chief Executive’s Report and Integrated Performance Report</p> <p>The report provided assurance on the activity of the Trust Executive Group (TEG) from 13 September 2019 to 14 November 2019 and the opportunity for TEG to highlight the key variances/movements contained within the October 2019 Integrated Performance Report (IPR).</p> <p>RB drew the Board’s attention to the pre-election period which had commenced on 6 November 2019 ahead of the general election which would take place on 12 December 2019. He added that this had restricted a number of items that would have been on the Board agenda.</p> <p>It was noted that NHS England (NHSE) had commenced a review relating to the commissioning of Patient Transport Services (PTS) and Integrated Urgent Care (IUC). This was due to a number of patient concerns and failure of providers. The Association of Ambulance Chief Executives (AACE) was contributing to the review; this was viewed as a positive review.</p> <p>RB referred to the Integrated Care Systems (ICS) five year plans and advised these had been uploaded onto the Trust’s system for the Board to view.</p> <p>RB congratulated Aneela Ahmed from the Wakefield Emergency Operations Centre (EOC) had won the Emergency Dispatcher of the Year 2019 at the UK Navigator Conference. YAS’ Fiona Dinkel from the York EOC was also a finalist this year. RB stated that awards such as these demonstrated the talent within the EOC and the organisation.</p> <p><u>Operations</u></p>	

NS provided an update on the performance within A&E Operations. It was noted that in October 2019 YAS only achieved three of the seven trajectory standards, this had deteriorated from August and September 2019 where YAS had achieved all trajectory standards.

The current pressures were being experienced system wide and were replicated nationally with all ambulance services in a similar situation. NS advised that the pressures being experienced at this point in the year were the same as in December of last year despite more staff hours being made available each day. Demand had been 8.2% higher than for the same month the previous year. YAS was funded by Commissioners for only a 2.7% increase in demand but the service was currently facing a 6.1% increase year to date.

The pressures had carried on into November and there had been a shift in the acuity of patients from lower level to higher level with more severely poorly patients. Again this trend was replicated across the country.

The forecasting team at YAS was good at forecasting the number of staff hours required however, the forecast did not account for the unexpected increase in demand which had been 3% on top of the forecast for October. The Trust had put out more hours at 5000 (equating to 300 Double Crewed Ambulances DCA)) which was a significant amount of resource.

The turnaround times at Acute Trusts had averaged 38 minutes in October which was two minutes above the previous average; two minutes on every incident had a significant impact. There had been deterioration with turnaround times across Yorkshire and Humber with the exception of Scarborough Hospital although this had been masked by the deterioration at Hull.

NS expressed concerns relating to the pressures already being faced as the country was not even into the official winter period. The team was keeping a focus on performance and demand.

The third regional NHS England/Improvement (NHSE/I) Steering Group had taken place which involved every Acute provider in the region and YAS. The group discussed turnaround times, explored options to improve and shared good practice.

Within the Emergency Operations Centre (EOC) there had been a reduction on performance of call handling times to 91% in October from 95% in September for calls answered within five seconds. The EOC was under significant pressure and there had been an increase in sickness absence. NS advised that on a positive note Hear and Treat had increased to 7.3% in November. The target was 8% so the Trust was making good progress towards this.

NS reported that on 9 October the new national Health Care Professional (HCP) / Inter Facility Transfer (IFT) process was implemented. The impact seen so far had seen a shift in demand of 2.5% of HCP/IFT responses from the one hour response category to category 2.

It was noted that the new rotas for the Yorkshire Air Ambulance (YAA) had been established in July and these had improved cover and staff welfare. The YAA team continued to include night flights which were working well with 90 overnight incidents from April to October 2019.

NS reported that winter planning had been done across all YAS' service lines with an integrated approach. The Trust was linked into the West Yorkshire and Harrogate (WY&H) Integrated Care System (ICS) in terms of winter planning.

The directorate continued to take forward its transformational work including a proposal for Team Based working and the recent implementation of the Career Pathway.

RB took the opportunity to thank YAS' staff for their response during the recent flooding that had happened recently in South Yorkshire. Staff had shown remarkable resilience and strong team working during this period.

AC commented on the current pressures of the service and asked what was being done in terms of staff welfare.

NS responded that the service always tried to ensure that staff received their meal breaks and that end of shift overtime was kept to a minimum however, he acknowledged that during the recent pressures this had not always been possible.

CB added that interventions had been put in place in terms of staff welfare with a dedicated support which linked into YAS' occupational health provider and access to a psychologist. The Trust acknowledged the challenges being faced and continued to focus on staff wellbeing.

RB commented that going forward the team based working proposals and additional clinical support should address some of the current issues faced.

PS commented that the current pressures being faced by the frontline was being felt across the whole country. He added that in addition to the frontline it was also important to remember strategic management and the Executive Team were also under pressure.

TG questioned what was being done at a system wide level to work with partners to try and reach a sustainable solution.

NS responded that the system was working together better than ever before although believed that investment should be now focused in managing demand with targeted interventions for high risks areas and/or groups. KO commented that service lines were working much better together.

JM added that work had been done ahead of the winter period in regard to patients with Chronic Obstructive Pulmonary Disease (COPD) to quickly manage these patients at home and prevent the need for them to be admitted to the Emergency Department.

Integrated Urgent Care (IUC)

KO reported that October had been a challenging month for IUC with demand at 0.6% above ceiling. Demand had been exacerbated with the NHS England (NHSE) national marketing campaign which had created more awareness of the NHS 111, in addition the national requirement to implement NHS Pathways version 18 before the end of November which required all staff to have a full day's training.

It was noted that winter recruitment had gone well and it was expected that the new starters would start to make a difference shortly as the service prepared for the busy festive period. There would be over 150 new people in the service to support both winter pressures and the management of the excess dental demand.

KO advised that there had been an increase in the call length and acuity of the calls with a lot of respiratory calls being received.

It was noted that clinical recruitment was going well with a digital advertising campaign.

There had been a decline in sickness absence since July and this was attributed to the focused work in this regard and greater presence of managers alongside the Wellbeing Team Leader.

KO advised that there was a lot to celebrate within Patient Transport Services (PTS) particularly the CQC inspection rating 'Good' which had been a significant achievement for the whole team and management had been out thanking staff in this regard. The award of the non-emergency transport service contract for Hull had also been welcomed by the Trust.

It was noted PTS continued to work with the CCGs across the region on various aspects of the respective contracts including reducing the number of aborted journeys in Sheffield and a review of the Telematics system.

Within the Urgent Care and Integration Team KO advised that three new System Support and Delivery Manager roles had been recruited to and would be in post by the end of December although one candidate had since withdrawn their acceptance.

KO reported that following an allocation of urgent and emergency care transformation monies from the West Yorkshire and Harrogate (WY&H) Integrated Care System (ICS) a Specialist Development Nurse – Mental Health had been appointed on a fixed term basis.

Clinical Directorate

JM reported that the Trust had engaged in the World Health Organisation's Antibiotic Resistance (AMR) week which ran from 18 to 24 November. There was a national plan to reduce AMR and over the last six years there had been measurable improvements in antibiotic prescribing with reductions in overall primary care prescribing and shifts from broad to narrow spectrum antibiotics in primary and secondary care. Following an audit of YAS' antibiotic usage

had resulted in the withdrawal of three antibiotic Patient Group Directions (PGDs) and a number of amendments to inclusion and exclusion criteria.

The Trust had been successful in securing funding for a further two studies:

- REPLACES – Referral to Pharmacists – Ambulance Clinician Experience Survey;
- PHEWS – Pre-Hospital Early Warning Scores – accuracy, impact and cost-effectiveness for adults with suspected sepsis.

JM advised that a Business Case had been developed for the Academic Research Unit with the strategic aim to develop YAS as an academic centre of excellence.

It was noted that several right care pathways had been launched or were due to launch imminently.

Quality, Governance and Performance Assurance Directorate

SP advised that collaborative work was ongoing across the Northern Ambulance Alliance (NAA) in regards to Quality Improvement (QI).

SP advised that November was Learning Disability Month and he referred to the Improving the Experience for Patients with Learning Disabilities which was an item later on the agenda.

SP referred to the Integrated Performance Report exceptions advising that a small number of incidents had been reported over recent months relating to the safe moving and handling of patients. The Trust had commissioned an independent review of training commissioned by the Trust in this regard with the report being due in December. A Business Case was also in development for a Subject Matter Expert in Moving and Handling Patients. In addition a Quality Improvement project was looking at this subject.

It was noted that there were no significant exceptions to report in regard to infection, prevention and control.

SP reported that the pilot exercise, evaluating the impact of the new Ambulance Vehicle Preparation (AVP) processes on cleanliness of vehicles between deep cleans had now completed. The results demonstrated the effectiveness of the AVP cleaning process and, subject to review and sign-off by the Clinical Governance Group, will support a planned change of deep clean practice with a positive impact on operational efficiency.

Workforce and Organisational Development

CB advised that the launch of the 'Say Yes to Respect' campaign would be launched early in the new year. The campaign would include the launch of Dignity and Respect at Work Policy which focused on professional behaviours. The campaign had been developed using a drama based approach with real life scenarios being played out. The first pilot of this training had been delivered the previous week with positive feedback received. The Trust had also produced videos for wider roll-out. The launch would be followed by two mini launches in the region to try and capture as wide an audience as possible.

Currently YAS had a response rate of 48% for the NHS Staff Survey. A lot of effort had gone in to improving the response rate for our staff and had resulted in a 19% (to date) increase within A&E Operations alone. The results of the survey would be presented to Board in the new year.

CB advised that the Career Development Pathway had been implemented and had been positively received by staff. She advised that early discussions were taking place within the system about the potential for YAS to become a Centre of Excellence for Paramedics to train, develop and deploy across the health system in the region.

It was noted that a focused piece of work was being undertaken on sickness absence with changes being proposed to the Sickness Absence Policy. A first draft had been developed and would provide a focus on supporting staff through sickness absence and more consideration of mental health issues.

Finance and Contracting

MB advised that the Trust was on track to deliver its financial position. He would update the Board in more detail in the Board Meeting in Private later that day.

In terms of the wider system the Integrated Care Systems (ICS') had started to manage the financial position across the system. YAS sat just outside of this although the Trust worked with the ICS' on delivery of a system wide balanced budget and financial incentives.

The Trust had increased its fleet from 383 vehicles to 407 through the winter period. This will help the organisation with performance at a time of increased operational demand. It would also bring the age profile of the fleet down in the A&E fleet by eliminating all vehicles over 10 years old and reducing vehicles of 5 years old to 7%. A replacement programme was also in place within Patient Transport Services (PTS) and this would reduce the age profile in this service line.

The Unified Communications system was now in the implementation phase.

JP commented that there was a lot of work going on within procurement and he questioned whether the team had the space.

MB responded that currently the procurement team shared space with West Yorkshire Police however the team were looking at a logistics facility to enable more flexible storage solutions. The Business Case had gone through the Infrastructure Programme Board, the Gate Process and would be presented to Finance and Investment Committee the following week.

Corporate Affairs

RB advised that lots of work was taking place in terms of Business Planning. The Communications and Engagement team was working on a number of projects. Interviews for the Head of Communications and Engagement had taken place the previous day. RB welcomed Juliana Field, the new Head of Corporate Affairs to her first Board Meeting since being in post.

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<p>TG noted the report and highlights and stated that he was assured by the work of the Trust Executive and their teams. He summarised pertinent points including the winning of the Dispatcher of Year by Aneela Ahmed, the excellent response to the NHS Staff Survey and the project relating to Infection, Prevention and Control and deep cleans. He thanked RB and the Trust Executive Group for their updates.</p> <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 October 2019 IPR report, highlighted in the Executive Directors' reports.</p>	
<p>3 Quality Safety & Patient Experience</p>	
<p>3.1 Improving the Experience for Patients with Learning Disabilities SP guided the Board through a presentation on improving the experience for our patients with learning disabilities.</p> <p>The Learning Disabilities Mortality Review (LeDeR) process was a national review of mortality of people with learning disabilities. The review highlighted the:</p> <ul style="list-style-type: none"> • Failure of Health Care Professionals to recognise serious illness at an early stage; • Failure to communicate effectively; • Diagnostic overshadowing; • Failure to review soft signs and listen to carers and families. <p>The Trust has already done a number of things for its patients with a learning disability including pictorial communication booklets, easy read communications, NHS 111 Learning Disabilities video, learning disability awareness month and learning disability at the Best Practice Event.</p> <p>It was noted that people with a learning disability were:</p> <ul style="list-style-type: none"> • Three times more likely to die of a treatable illness; • Likely to die 20 years earlier than the average person. <p>SP commented on the starkness of these statistics.</p> <p>SP highlighted some of the things YAS' staff could do when communicating with patients with learning disabilities including adapting communication styles and being patient and using understanding when assessing the person as routine assessments could be quite distressing. He also stressed the importance of involving family and carers if needed to relay messages and/or ask what was 'normal' for the patient.</p> <p>The Trust had developed next steps which included working with local learning disability groups and networks for feedback, producing a video for 999 for patients with learning disabilities, e-learning for all staff and continue to learn from national reviews.</p>	

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<p>TG thanked SP for the presentation and commented on the figures relating to treatable illnesses and premature death which, he believed, were alarming. He asked that a regular update on the on-going work in this regard be provided at the Quality Committee.</p> <p>Action: A regular update on the on-going work on improving the experience for our patients with learning disabilities to go to Quality Committee.</p> <p>Approval: The Board noted the contents of the presentation.</p>	<p>SP</p>
<p>3.2 For Approval: Learning from Deaths Policy</p> <p>The paper provided assurance to the Board that the Trust had developed a policy and procedure to ensure that Learning from Deaths took place in accordance with NHS England/Improvement (NHSE/I).</p> <p>JM explained that in March 2017 the National Quality Board published the first national guidance on learning from deaths for NHS acute, mental health and community trusts in response to the Care Quality Commission's (CQC) 2016 publication 'Learning, candour and accountability: a review of the way NHS trusts reviews and investigate the deaths of patients in England' to address the inconsistent approach to reviewing and learning from deaths.</p> <p>He added that in the summer of 2018 the Department of Health and Social Care announced its intention to extend the principles of learning from deaths to NHS Ambulance Services Medical Directors group (NASMeD) and the national ambulance Quality, Governance and Risk Directors group (QGARD) and recognising that the ambulance sector had already made considerable progress in establishing learning from death review processes, NHSI developed guidance for learning from deaths for ambulance services.</p> <p>It was noted that two workshops had been held with representatives from the legal team, safeguarding, patient relations, investigations and learning, and clinical audit teams to review current process, design the new workflows and develop the Learning From Deaths Policy. The draft policy was agreed at Clinical Governance Group on 15 October and approved by the Trust Management Group (TMG) on 13 November 2019.</p> <p>It was noted that YAS had been undertaking a review of deaths for the past two years which placed the Trust in a good position in terms of this new requirement.</p> <p>JM highlighted that there was a risk in relation to the capacity to review the number of deaths in the detail required by the guidance; a review of job roles was underway which would incorporate case review for this purpose, including training to be able to undertake the required structured judgement review, which would provide a degree of mitigation.</p> <p>The Learning from Deaths Policy would be published on the Trust's website on 1 December.</p>	

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<p>JP questioned the use of the word 'judgement'.</p> <p>JM responded that the framework was prescriptive.</p> <p>KO added that she had worked on this guidance in a previous role, and the word judgement had been felt to provide the narrative that clinicians could provide a view.</p> <p>TG thanked JM for the update.</p> <p>Approval: The Board was assured that the Trust had adequate mechanisms in place to satisfy the NHSE/I requirements for Learning from Deaths.</p>	
<p>3.3 For Assurance: Freedom to Speak Up Report Six-monthly Review The paper provided an update on local and national Freedom to Speak Up (FTSU) activity across Quarter 3 and 4 2018/19 to the Board.</p> <p>LM provided a summary of the FTSU activities over Quarter 3 and 4 of 2018/19 (October 2018 – March 2019). He highlighted the trends within the report at page 3 which showed that YAS had received 22 FTSU concerns during this period. He explained that the majority of concerns did not relate to patient safety/quality but tended to be focused on protocol/procedures not being followed by management or allegations relating to bullying and harassment.</p> <p>LM advised that a lot of work had taken place within the Trust relating to professional behaviours and the Trust had internally recruited a number of Cultural Ambassadors to champion this important agenda.</p> <p>LM reported that the role of FTSU was to try and encourage resolution with line managers/staff. He added that he was engaging with the managers and staff to communicate more about the FTSU role and its support in terms of resolution.</p> <p>TG asked whether LM had any concerns with the FTSU process.</p> <p>LM responded that he believed that not everyone across the organisation fully understood the FTSU role and purpose. He was working hard on engaging with staff to embed the purpose and dispel myths in this regard.</p> <p>CB added that there was alignment with the Employee Voice Network and Cultural Ambassadors. The Trust was working hard to embed a culture where staff felt able to raise issues appropriately with managers and/or colleagues.</p> <p>SP referred back to the origins of the FTSU in the Frances Report where issues surrounding patient safety had been intrinsic. He added that FTSU was a safety net for issues relating to culture and leadership often resolving issues before a more formal route was taken.</p> <p>RB added that the Leadership in Action programme also had a focus on</p>	

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<p>professional behaviours.</p> <p>SP provided an update in terms of the national picture for FTSU advising that YAS was well aligned to the national guidance. In July 2019, national guidance; 'Freedom to Speak Up: Guidance for Boards' was issued by NHS Improvement (NHSI). This was to ensure that the Board was sighted on concerns raised by staff; the national guidance suggests inviting those staff who had raised concerns to speak at Board meetings similar to the patient story; elements of this had taken place and these would be developed further.</p> <p>SP reiterated that the Trust was undertaking further staff engagement in relation to FTSU to promote the process.</p> <p>SP highlighted that in October 2019, the National Guardian's Office (NGO) published a FTSU Index Report. The index created a benchmarking tool to enable Trusts to see at a glance how their FTSU culture compared with others. Unfortunately, YAS did not compare favourably with other Trusts and work was underway to understand this better.</p> <p>TG thanked LM and SP for the update.</p> <p>Approval: The Board noted the contents of the report and gained assurance that the Freedom to Speak Up process was being managed effectively.</p>	
<p>3.4 For Assurance: Care Quality Commission Update</p> <p>The paper informed the Board of the key findings and areas for development in the Care Quality Commission (CQC) report for the Patient Transport Service (PTS), Emergency Operations Centre (EOC) and Well-Led review and sought approval for the supporting continuous quality improvement plan.</p> <p>It was noted that the CQC undertook an inspection of the Trust from 28 May to 1 July with a focus on PTS, EOC and a Well-Led review.</p> <p>SP advised that both PTS and EOC service lines were rated as Good, and the Well-Led review was also rated as Good. The report confirmed the ongoing significant developments across the Trust over recent years, the strength of the Trust's core strategy and quality systems and ambitious plans currently in progress as part of the organisation's future strategy.</p> <p>SP reported that the report had highlighted 10 areas of outstanding practice in the Trust, in particular within PTS. The Board commended Yorkshire Ambulance Service for the significant improvements since the last inspection.</p> <p>The Well-Led review had been positive, particularly the narrative and there had been no regulatory breaches. One key aspect highlighted by the CQC was the lack of diversity at Board level; this was something the Trust was aware of and plans were already in place to address this.</p> <p>SP advised that the Trust had expressed disappointment at the report referring to staffing numbers for the Mental Health nurse rota; this was an</p>	

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<p>innovative initiative within the Trust and it was believed that YAS was the only Trust to have such a function. The Trust was reviewing the Mental Health nurse rota.</p> <p>The Trust had ambitions to move from Good to Outstanding with transformational developments and plans in this regard.</p> <p>AC welcomed the rating and found the report really encouraging. She asked whether there was a plan to refresh the Board Development Meeting programme to align better to organisational priorities.</p> <p>RB confirmed that plans were in place to revitalise the Board Development Meeting work programme and a proposal was due to come to the Board shortly.</p> <p>TG thanked SP for the report. He would welcome Board involvement in the achievement of the milestones.</p> <p>Approval: The Board noted the findings of the CQC summary report and gained assurance with regard to the continued improvement on quality and safety.</p>	
<p>4. Workforce</p>	
<p>4.1 Annual Workforce Diversity Profile Report including:</p> <ul style="list-style-type: none"> • WRES; • WDES; • Gender Pay. <p>The paper introduced the Trust’s Workforce Equality and Diversity Report as at 31 March 2019 and sought approval to publish this information on the Trust’s website in line with the Trust’s legal requirements.</p> <p>CB advised that the Trust was required to Workforce data on the website. Data had already been published in relation to Gender Pay, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) in line with reporting timescale requirements.</p> <p>CB advised that action plans had been developed for the Gender Pay, WRES and WDES; she added that there was some crossover between the actions.</p> <p>Discussion took place in relation to the younger and older age members of staff and any specific actions in this regard.</p> <p>CB responded that targeted work would take place using data and staff survey information.</p> <p>CB brought to the attention ‘#LightUpPurple’ which was shining a positive light on people with disabilities in the workplace.</p> <p>Approval: The Board noted the contents of the report, next steps and actions and</p>	

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<p>approved the publication of the report to the Trust's website.</p>	
<p>5. Risk Management and Internal Control</p>	
<p>5.1 For Approval: Resilience and Special Operations Six-Monthly Report The paper provided an update and assurance on the Emergency Preparedness Resilience and Response (EPRR) / Special Operations Hazardous Area Response Team (HART)/Yorkshire Air Ambulance (YAA) agenda and work-streams.</p> <p>NS highlighted that during the summer months the scheduling and forecasting team along with the clinical directorate achieved the ISO 22301. All departments and teams that enable frontline operations had been tested and hold this standard. The next audit would take place in February 2020.</p> <p>It was noted that the review and development of the Commander Framework (2018) had been completed in line with the National Occupational Standards for Ambulance Commanders and National Command and Control Guidance. As a result of this review two Command and Control Educators had been appointed to assist in the delivery of courses to all front line A&E / EOC staff.</p> <p>NS advised that within Special Operations compliance had seen a dip in July to 82% for HART this had been due to annual leave/sickness absence/secondments. This dip had been replicated in the Specialist Operations Response Team (SORT) with 62% in June with similar reasons to HART; it was noted since June SORT had achieved a 100% compliance.</p> <p>Three more people were undergoing training for these specialist roles and this should improve compliance going forward.</p> <p>PS suggested that a clarification point be noted in the paper relating to the dip in compliance.</p> <p>NS confirmed that he would incorporate this for the next paper to Board. PS referred to the challenges of recruiting individuals into the voluntary roles for AIT and SORT and asked whether the Trust had staff interested in these roles.</p> <p>NS responded that with the additional three members of staff undergoing training, with existing AIT/SORT staff, the Trust would have sufficient numbers.</p> <p>Approval: The Board noted the paper and gained assurance of the Trust's compliance and progress of the EPRR agenda and the contractual standards applicable to Special Operations.</p>	
<p>5.2 For Approval: 2019/20 Annual Emergency Preparedness Response and Recover (EPRR) Self-Assessment The paper informed the Board of the improvement of Interoperability self-assurance from 'Non-Compliance' to 'Substantial Compliance' prior to submission to NHS England (NHSE).</p>	

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<p>NS advised that the EPRR had been shared previously with the Board. At that time the Core Standards was Substantial Compliance and Interoperability Non-Compliant. However, following discussions with partners from other ambulance trusts it was felt there was an error in the original worksheet. This was escalated to NHS England (NHSE). This had now been ratified and following the transfer of information this had now resulted in an increased level of compliance for YAS for the interoperability standards.</p> <p>Therefore YAS had assessed itself as:</p> <ul style="list-style-type: none"> • Substantially – Compliant in the EPRR Core Standards; and • Substantially – Compliant for Interoperable Capabilities. <p>It was noted that the Accountable Emergency Officer and the Associate Director of Operations attended the Local Health Resilience Partnership ‘Confirm and Challenge’ meetings in the week commencing 18 November; YAS’ EPRR self-assessment had not been challenged.</p> <p>TG thanked NS for the update.</p> <p>Approval: The Board noted and approved the change of the YAS EPRR self-assessment and statement of compliance.</p>	
<p>5.3 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 including new and emergent areas of risk.</p> <p>SP highlighted some of the key risks that had been added since the last Board meeting:</p> <ul style="list-style-type: none"> • 1205 - Dental Pathway Additional Demand This related to the whether the Dental Clinical Assessment and Booking Service (CABS) could meet their demand and if not the impact on YAS’ NHS 111 service as patients sought alternative pathways for advice and treatment. This issue had been escalated to NHS England (NHSE) and NHS Inspection (NHSI). • 1233 - Trust Board representation The Trust needed to ensure diversity of board representation to demonstrate compliance with the WRES standards. An action plan was in place to try and mitigate this risk. <p>SP drew the Board’s attention to some of the key risks which had reduced on the CRR since the last Board Meeting:</p> <ul style="list-style-type: none"> • Resuscitation training and competency Due to the mitigations put in place this risk had reduced to be monitored at Portfolio Governance Board (PGB) level. • 1097 – South Performance Performance in the south had improved so this risk had reduced on the CRR. 	

The following risk had been removed from CRR since the previous Trust Board Meeting

- 696 – **Fit testing** - provision of respiratory protection – Respiratory Protective Equipment (RPE) was now in place within operations.

The following emerging risks were noted:

- **1242 - Climate Change**
This related to operational risks associated with issues arising from extreme weather events (heatwaves, cold, flooding etc). The risk had been scoped and mitigating actions identified to inform future Trust plans;
- **Mental Health provision by police support**
A review of Mental Health provision by the police within the East Ridings region could have an impact on capacity and demand on the Trust;
- **Paramedic Workforce**
There was an emerging risk to the future sustainability of the YAS Paramedic workforce arising from increasing future employment of Paramedics in Primary Care and other roles across the wider system. Proposals were being developed to support a managed approach to workforce supply;
- **Moving and Handling training**
There was a potential risk regarding the suitability of the moving and handling training for frontline operational staff. An external review had been commissioned to determine the level of risk this might pose to the Trust;
- **Statutory and Mandatory Risk**
There was a risk being framed relating to the consistency and comprehensiveness of Statutory and Mandatory training provision across roles and staff groups. This included reference to Trust induction, bank staff compliance and management of staff who appeared to have missed key elements of training. The functionality of ESR and validity of staff ESR records were important underpinning processes;
- **Clinical Waste**
There was a re-emerging risk regarding the effectiveness of existing supplier/contractual arrangements for managing clinical waste. In addition, there was an increased focus on the segregation and disposal of waste which will require the organisation to review its arrangements to ensure future compliance.

TG thanked SP for the update.

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.

		Action
6.	Meeting as the Charitable Trustee	
6.1	<p>For Approval: Charitable Funds Annual Report and Account 2018-19 The paper presented the Charitable Funds 2018-19 Annual Report and Accounts for approval by the Board as representative of the Charitable Trustee.</p> <p>It was noted that there was no requirement for a formal audit; however there was a requirement that the account had to be independently inspected by a suitably qualified body. It was confirmed that this review had been completed by Ernst and Young, the Trust's external auditors. There were no issues to bring to the Trust's attention.</p> <p>The Annual Report and Accounts for 2018-19 were reviewed and approved by the Audit Committee on 10 October 2019 and by the Charitable Funds Committee through circulation during October and November 2019.</p> <p>MB advised that following signature of the Annual Report and Accounts would be submitted to the Charity Commission through their online portal.</p> <p>A Letter of Representation to Ernst and Young would be sent to confirm there were no issues of financial probity.</p> <p>Approval: The Board, acting as Trustees, approved the Annual Report and Accounts for the Charity for the 2018/19 financial year.</p>	
7.	Closing Business	
7.1	<p>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.</p> <p>The meeting finished at 1215 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>	
8.	<p>Date and Location of the Next Meeting of the Trust Board Held in Public: 26 March 2020: Pre-Board Presentation 0900-0930 Board of Directors 0930 Trust HQ, Kirkstall and Fountains, Springhill 1, Brindley Way, Wakefield, WF2 0XQ</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

CHAIRMAN

_____ DATE

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