



Trust Board Meeting held in Public

Venue: York Marriott Hotel, Tadcaster Road, York, YO24 1QQ

Date: Tuesday 29 March 2016

Time: 1300 hours

Chairman: Della Cannings

Present:

Board Members:

Della Cannings	(DC)	Chairman
Rod Barnes	(RB)	Chief Executive
Roberta Barker	(RBa)	Interim Director of Workforce and Organisational Development
Patricia Drake	(PD)	Deputy Chairman and Non-Executive Director
Dr Dave Macklin	(DM)	Executive Director of Operations
Erfana Mahmood	(EM)	Non-Executive Director
Dr Julian Mark	(JM)	Executive Medical Director
John Nutton	(JN)	Non-Executive Director
Steve Page	(SP)	Executive Director of Standards and Compliance
Barrie Senior	(BS)	Non-Executive Director
Robert Toole	(RDT)	Interim Executive Director of Finance & Performance
Mary Wareing	(MW)	Non-Executive Director

Apologies:

John Nutton (JN) Non-Executive Director

In Attendance:

Anne Allen	(AA)	Trust Secretary, YAS
Ronnie Coutts	(RC)	Non-Executive Director (Observing)
Martin Carter	(MC)	Communications and Engagement Consultant, YAS
Karamjeet Singh Virdee	(KV)	YAS Forum Member, West
David Bolam	(DB)	Public Member
Steve Gorton	(SG)	Public Member
John Cunnington	(JC)	YAS Forum Member, East
Stan Hardy	(SH)	YAS Forum Member, West
Len Cragg	(LC)	Public Member
Les Griffiths	(LG)	Public Member
Luke Playford	(LP)	Committee Services Administrator, YAS
Melanie Gatecliff	(MG)	Executive Officer, YAS
Elaine Gibson	(EG)	Head of Corporate Communications, YAS

Action

The meeting commenced at 1300 hours.

1 Questions from the Public

The Chairman welcomed everyone to the Trust Board Meeting held in Public and expressed her appreciation that members of the public were in attendance. She invited questions from those present, asking people to identify themselves by name, geographical area and organisation if appropriate.

DB a member of the public from North Yorkshire, referred to the Chairman's retirement and the different YAS Chairmen over the past 20 years. He stated his belief that the current Chairman had improved the service with her professionalism and dedication to the Trust, adding that he wished her every success for the future.

DB enquired about the 4th paragraph of the first page of the Integrated Performance Report (IPR) which referenced the change in guidance for reporting 999 targets and Ambulance Quality Indicators (AQIs) and asked about the impact on performance.

DM responded that guidance had been received from NHS England at the end of 2015 with clarification received in January 2016. There had been a number of changes and YAS was confident that it complied with the new guidance. These had impacted on performance by approximately 5% on Red 1 and approximately 1% on Red 2.

SG asked what UTSTEIN referred to in paragraph 2, page 1 of the IPR.

JM advised that it was not an acronym but the location of where the International Liaison Committee On Resuscitation had approved the UTSTEIN system.

Discussion took place around the AQIs in relation to the recent issues with SECAMBs and any lessons learned for other ambulance services.

DM responded that there was much more clarity around the new AQI guidance adding that YAS would undertake an Internal Audit on the process to give assurance in this regard.

The Chairman thanked those present for their questions.

The Chairman stated that members of the public were welcome to stay and observe the business of the Board meeting but should feel free to leave before the end of the meeting if they wished. She reminded those present that, once the formal Board meeting started, they would be unable to play an active part unless invited.

- 2 Apologies / Declaration of Interests**
Apologies were noted as above and declarations of interest would be considered during the course of the meeting.
- The Chairman welcomed Roberta Barker, Interim Executive Director of Workforce and Organisational Development, YAS, to her first Trust Board Meeting in Public.
- The Chairman informed the Board that Luke Playford, Committee Services Administrator, YAS, had recently been honoured at an award ceremony for NHS apprentices in the North of the country. Luke had been recognised in the category of 'Non-Clinical Apprentice of the Year' and had been Runner-up out of 54 nominations. This was a huge achievement and reflected the commitment and work-ethic that Luke displayed on a day to day basis. Those present gave Luke a round of applause for his achievement.
- 3 Minutes of the Meeting held on 26 January 2016 including Matters Arising (not on the agenda) and Action Log**
The Minutes of the Trust Board Meeting in Public held on 26 January 2016 were approved as a true and fair representation of the meeting subject to the following amendment.
- Page 26, paragraph 4, the following to be inserted – 'Formal Approval of the Annual Report 2014/15 was granted by the Audit Committee'.
- Action Log:**
RB guided the Board through the Action Log.
- Action PB-397 – The percentage of Paramedics on vehicles to be included within the Integrated Performance Report (IPR) – DM advised that this information was now included within the report. Action closed.
- Action PB-403 – To ensure Resilience information was included in future IPR reporting – DM advised that a draft page had been developed ready to be incorporated into the IPR. Action closed.
- Action PB- 409 - Request from Quality Committee to see if the ICT section within the IPR could contain a 'softer' (commentary) element in respect of ICT improvements supporting patient care and outcomes – RDT advised that there was a page within the IPR on ICT and consideration was being given to see if this could reflect the 'softer side'. Action closed.
- Action – 413 - To undertake a review on utilisation rates for the four vehicles dedicated to the Scarborough/York transfers – DM advised that Scarborough and York had a 4.3 cases per shift utilisation rate against the 4.6 Trust average. DM advised that Friarage Hospital had an utilisation rate of 2.2 and the dedicated service was not as well used as it could be. The Chairman added that the CCG placed a restriction of only allowing calls to be attended within an eight mile radius. Further discussion with the CCG would explore the potential for greater flexibility

and deployment. Action closed.

Action PB-414 – Festive Operating Period de-brief and lessons learned should be presented at a future Quality Committee meeting – Item on 12 May Quality Committee agenda. Action closed.

Action PB-417 - To provide a report on A&E Operations abstractions to the Quality Committee - Item on 12 May Quality Committee agenda. Action closed.

Action PB-419 – Charitable Funds Committee Chairman to provide a clear work programme for the Charitable Funds Committee which should include plans to raise the profile of the charity, how to generate more income and clarity on what projects the charity would support – EM advised that a workshop had been held in February the outcomes of which would inform the workplan, strategy and operating plan of the Committee. Action closed.

4

Chairman's Report

The Chairman stated that she had joined YAS in June 2010 and stated her belief that at that time the Trust was not performing well; she was confident in saying that there had been a marked improvement in the organisation under her Chairmanship.

The Chairman informed the Trust Board that she had spent the past few weeks meeting and working alongside YAS colleagues from across the region, including EOC, NHS111, PTS and three night duties with Paramedics. She stated that she had gained a great deal of enjoyment working with staff as it was a reminder of why the organisation and Board existed.

She reported that it had been a positive experience to meet with patients and address their needs, although she acknowledged that some call-outs which had been received did not require the ambulance service to attend, but nevertheless those patients had still been given the same level of service.

The Chairman stated that some situations in which staff had to work could be complex and challenging and in some instances those patients had not received the correct support from other agencies. She added that from what she had witnessed YAS' staff interacted with patients in a professional and caring manner and their problem solving skills were impressive.

The Chairman informed the Board that through her dealings with staff and her personal observations she felt there were some further improvements that the Trust Executive Group (TEG) could make; she referred to them as the six 'E's'

- Exist – The Chairman recognised the challenge in terms of the scale of the organisation but asked TEG to consider how it might make itself more visible and accessible across the organisation;

- Empowerment – and involvement, there were a lot of good examples across the organisation, however, more could be done in this regard, particularly region-wide and not just in the 'centre';
- Efficiency – TEG should consider 'efficiency' across the whole of the organisation. The Chairman stated her belief that further work was required to better understand the organisation to realise further efficiencies across operational and support departments;
- Estates – and fleet. The Chairman referred examples where she felt there could potentially have been a better outcome for the Trust if more forward looking and innovative solutions had been sought. She highlighted the importance of managing the estates and fleet to ensure they were robust and fit for purpose, making best use, where possible, of sustainable resources;
- Education – The Chairman stated her belief that education and training was invaluable to the Trust but she questioned whether the delivery in some instances made the best use of time or resource. The Chairman also commented that YAS should better engage with wider health partners to promote and educate the public on self-help and self-care to reduce unnecessary contact with the service;
- Equipment – The Chairman stated her belief that there remained some variation in the quality and standardisation of vehicles and equipment across the organisation which should be addressed.

The Chairman reflected that YAS was a portal to the wider health system within the region and she hoped that it would be recognised as such and awarded for its performance with renewed and sustainable contracts.

The Chairman stated her belief that the Trust had improved over recent years but further improvements could be made to achieve its aspirations. She added that the Board should set the scene of the organisation and that each Board member needed to take responsibility and accountability for decisions made.

The Chairman concluded her verbal report by thanking PD and AA for their support during the past few months whilst she had balanced her role at YAS with other responsibilities.

The Chairman thanked everyone for listening to her update report.

5 QUALITY, SAFETY AND PATIENT EXPERIENCE

5.1 Patient Story

The Chairman stated that, as patient care was at the heart of the Trust's work, a patient story was provided at every Board meeting in Public to highlight the work of the Trust and to learn about steps being taken to improve its services and the knowledge of its staff.

It was important for the Board to hear about both good and bad experiences and the stories were used to help to drive changes through

the organisation and provoke thought rather than discussion.

The Chairman presented an anonymised patient story to the Trust Board which focused on a complaint received about a care home's experience of YAS' care of a dementia patient in December 2015.

The complaint received from the care home was focused on the crew that arrived on scene where there were a number of different aspects to the complaint which included staff attitude towards the care team and the patient and the handling of the patient.

The care home staff member was particularly concerned that, although the crew knew they were dealing with a resident who had Dementia, in her view they had not shown compassion or respect to the individual who had been very confused, scared and upset by the whole episode.

YAS undertook a thorough investigation during which statements were requested from the staff involved. The residential home's concerns were shared with the Locality Manager responsible for the crew and the Clinical Manager for the area reviewed all the documentation. The crew were also invited to provide their own version of the events.

The investigation concluded that:

- Staff members should ideally use the moving and handling equipment provided to them as this minimises any potential injury to both patient and staff member. However, it was acknowledged that not every situation permits this practice;
- It was difficult to confirm from the information contained on the Patient Report Form whether or not it was appropriate for the patient to be taken to hospital;
- The documentation was very poorly completed and did not provide the required evidence to support the crew's decision-making;
- The crew could have demonstrated better communication, empathy, compassion and understanding.

A number of recommendations were made including:

- The need to improve poor record keeping;
- The need for crews to arrive at decisions jointly with the patient and/or their carers and that the rationale for decision-making is recorded accurately;
- Training records to be reviewed to identify whether attendance at a YAS Dementia Awareness course would be beneficial to the crew;
- The experience should be shared with the YAS Board to facilitate wider learning and service improvement.

The Chairman stated that the story highlighted the immediate impact YAS' staff could have on another person and that this was not always positive. She stated her belief that care homes often had a 'no-liff' policy which meant that YAS was called out to deal with things that could have been better managed by the care home setting. She acknowledged that

sometimes YAS' staff could be frustrated by this and it appeared that, on this occasion, those frustrations had inappropriately surfaced.

The Chairman referred to the conclusions and recommendations and emphasised the need to ensure that YAS' staff knew what was expected of them. She added that the crew members involved and the organisation had learned lessons from the incident.

She thanked everyone for listening and thanked the team for sharing the issues at the Trust Board in Public.

5.2 **For Assurance: Chief Executive's Report and Integrated Performance Report (IPR)**

RB presented the report to give the Trust Board assurance on the activity of the Trust Executive Group (TEG) from 27 January 2016 to 21 March 2016 and the opportunity for TEG to highlight the key variances/movements contained within the February Integrated Performance Report (IPR).

RB advised he would expand on details within the Chief Executive's report and then invite Executive Directors to comment on any exceptional items within their remit.

RB reported that as part of the 2016/17 contracting round NHS England had launched a new £600m financial incentive to improve NHS staff health; the funding had been ring-fenced in the Commissioning for Quality and Innovation fund and had been top-sliced from national funding adding that it was not 'new' funding entering the system.

RB added that YAS was progressing work around staff welfare including, for example, improved Occupational Health provision and a Mental Health Forum.

The Chairman referred to the age profile of YAS' staff with particular reference to front-line staff. It was important to ensure that staff were fit and healthy and able to undertake the duties required of their role. She recommended that the Trust consider how to ensure that staff were fit for the roles they were asked to undertake.

RB referred to the winter flu vaccine and advised that it was a challenge for the ambulance sector to reach the national 75% target in this regard.

RB reported that the 2015 NHS Staff Survey had yielded a 41% response rate from across 297 NHS organisations.

In terms of YAS' internal Staff Survey there had been marked improvement in a number of areas but the results had identified areas for improvement too which included, communications and engagement and quality of appraisals.

RB informed the Board that Dr Phil Foster, NHS 111 Clinical Director Urgent Care, YAS, had given a well-received presentation on the West

Yorkshire Urgent and Emergency Care Network Vanguard Project at the Ambulance Leadership Forum Conference in February.

RB congratulated Tom Heywood, YAS Paramedic Practitioner/Clinical Pathways Advisor, YAS, for receiving an award for Outstanding Innovation and Change at the Association of Ambulance Chief Executive's Awards Dinner for his work developing an integrated, multi-professional falls service.

RB reported that the response time performance across the ambulance sector and YAS had been adversely impacted by national changes to AQI reporting, increased demand and increased hospital turnaround times. He advised that YAS' relative national position continued to demonstrate improvement in Red 2 performance relative to other services.

RB referred to the positive development of a number of Emergency First Responder schemes which was a joint piece of work with West Yorkshire Fire and Rescue Service.

RB highlighted the positive work being undertaken by Jason Carlyon, Resuscitation Manager, YAS, on the Restart a Heart Day with the British Heart Foundation. Last year had seen 20,000 young people participate and the target for this year was 100,000. Jason was seeking collaboration from other Ambulance Services across the country on this worthwhile initiative.

RB advised that the Trust Management Team (TMG) had held extensive discussions with Staff-side representatives regarding a career framework for Paramedics within YAS. On a national basis NHS Employers were currently negotiating with unions about a national Paramedic Agenda for Change banding. RB advised that this may have industrial relations implications if the outcome was not favourable to the unions.

RB reported that YAS' Emergency Operations Centre (EOC) had been reaccredited as a Centre of Excellence from the International Academies of Emergency Dispatch for emergency call handling and dispatch. YAS was one of 118 emergency services currently accredited internationally and only one of three Trusts in England to achieve this status.

RB advised that a large number of NHS Provider organisations across the country had not yet signed contracts with Commissioners. There was consensus within the Trust Board that the issues facing the service in terms of finance, quality and demand were significant challenges.

RB referred to a number of stakeholder events that he and the Chairman had attended over the previous few months which highlighted how collaborative YAS was within the wider health economy.

RB stated his belief that the many examples of YAS' joint working and involvement in national initiatives reflected the positive impact that the Chairman had on the Trust. He felt that she was an ambassador for the service and it was inspiring to see her leading at a national level.

RB advised that at a recent Association of Ambulance Chief Executive's (AAACE) meeting the team had commended the Chairman on her national work during her time at YAS and how her positive influence and leadership had ensured that YAS was now an integral organisation within the sector at a national level.

RB expressed his sincere thanks on behalf of the Board to the Chairman for her hard work and dedication to the Trust.

RB referred to the Transformation Dashboard at Page 17 of the report and advised that each Executive Director would update on salient points.

A&E Transformation

DM advised that 'Right People, Right Skills' workstream was expected to be back on track by June 2016. The 'Safe and Effective' workstream would be back on track by the following month and would be ready to start consultation with colleagues. The 'Supporting Initiatives' final scope and tracking of deliverables was nearing conclusion.

Emergency and Urgent Care Development

JM reported that the 'Vanguard Value Proposition Bids would remain amber until the 'Urgent Care Practitioner Schemes' moved forward. In terms of 'Telecare', development of a clinical triage with partners was being developed to analyse the effectiveness of patient experience. Within the 'Falls' workstream funding had been secured from the Health Foundation to look at video conferencing.

Organisational and Corporate Development

RBa provided an update in terms of recruitment of senior staff. Work was on-going with Career Frameworks with some positive outcomes to date. The 'New Starter Process' showed some slippage however the Trust now had the recruitment tracker tool which should help to identify any issues early in the process.

PTS Transformation

RB advised that the 'Auto-Scheduling' was behind due to restrictions on the server capacity, this would be completed the following month. The 'Create Resource and Logistics Functions' was impacted by the Auto-Scheduling workstream. In terms of 'Effective Sub-contractor Management' the response to the tender had been insufficient to make any awards, the tender document had been rewritten and the tender was going back out to invite bids.

Intelligent Ambulance

RDT advised that the Trust was jointly working with North West Ambulance Service (NWAS) and a national provider on the ePRF. The Paramedic Pathfinder app required the full engagement of staff.

RB advised that the Trust Board would now consider the Integrated Performance Report (IPR) and asked his Executive Director colleagues to highlight information of relevance.

DM advised that demand for 999 calls was above plan in February with a number of these calls being routed by Healthcare Professionals. 999 performance against 8 minute 75% target Red 1 achieved 8 minutes and 42 seconds and Red 2 achieved 8 minutes and 35 seconds. This had been affected by the recent Ambulance Quality Indicators (AQI) changes.

DM informed the Board that sickness absence remained a challenge in A&E operations.

DM explained that hospital turnaround times continued to be an issue and this had been raised with relevant Trusts and CCGs as it did impact on YAS' performance.

The Chairman expressed her concern about the hospital turnaround times adding that delays at hospitals impacted on YAS being able to attend other incidents and patients that required YAS' help.

DM responded that YAS' stretcher equipment was not meant to be used for prolonged periods of time by patients as they had no pressure relief systems, etc, adding that it was distressing for patients to wait in corridors.

Discussion took place around deteriorating patients and it was emphasised that once on hospital premises the patient was the responsibility of the hospital although YAS staff would always stay with the patient until handover to hospital staff and flag to hospital staff if the patient's condition worsened.

RB referred to Patient Transport Services and advised that the service was hoping to improve patient journey times and experience against the backdrop of securing financial sustainability within the service.

SP advised that within NHS 111 activity continued to be 2.5% above contracted levels and as a consequence calls answered within 60 seconds had reduced. On a positive note calls responded to and call backs had continued at a good level. There was a high level of pressure on the Urgent Care 111 Service and the Trust was in discussions with the Commissioners in this regard.

RDT outlined the financial performance of the Trust and informed the Board that the Trust was on target for the Monitor risk rating of 4. He

advised that the earnings of the Trust were slightly down but the Trust was still on target to hit the stretch target. RDT explained that the Trust was investing in the right fleet for staff. The Hub and Spoke programme was due to start with the Doncaster station.

RDT referred to the positive progress on fleet cleanliness through the Make Ready Scheme and the Vehicle Preparation Scheme pilots. Medical devices and equipment would be a focus going forward to ensure these were within appropriate life-cycles and robust.

RBa reported that the Equality and Diversity Strategy was being progressed by the new Head of Diversity and Inclusion. She advised that monthly sickness was down and work was underway to look at how this was monitored going forward. Staff turnover currently remained static. The team would be looking at a staff retention strategy. Performance Development Reviews (PDRs) had increased against target and the aspiration was to ensure these were quality conversations going forward. The Statutory and Mandatory compliance was above target.

PD asked for a report on staff retention to be presented at Quality Committee and a report around the Trust Staff Bank.

Action:

A report on retention of staff and Bank staff to be presented at Quality Committee.

RBa

JM advised that YAS had improved and was now in the top third in 13 out of the 24 measures in the Ambulance Quality Indicators (AQIs).

The Chairman asked if 'deep dives' of the information contained within the IPR was undertaken.

MW advised that the Finance and Investment Committee focused on the finance section and received detailed reports which provided assurance or otherwise.

PD added that the Quality Committee focused on quality and performance issues. The Quality and Safety report received by the Committee had not highlighted any significant concerns. The Committee often requested a 'deep dive' on particular issues.

BS asked if the Commissioners had agreed to a Capacity Review within the NHS 111 service.

SP responded that this had been raised with Commissioners on several occasions but the Trust's request had not been acted upon by the Commissioners, adding that this had been raised within the on-going contract negotiations for 2016/17.

BS raised the issue about the consistently amber/red, timescales and

targets against the Business Plan Objectives (pages 15/16 of the report).

The Chairman asked that these be updated within the IPR for the next meeting.

Action:

For the targets and dates to be updated against the Business Plan Objectives on pages 15/16 of the IPR report.

RDT

The Chairman asked about the Hear and Treat numbers which had decreased despite an increase in demand.

RDT explained that this was due to how the targets had been established and it would be clearer for the next financial year.

Discussion took place around the demand and activity, how this was being managed and the effect on performance.

Action:

A report to be presented at a future Board Development Meeting on the Trusts demand and activity and the effect on performance.

DM

The Chairman referred to page 39 of the IPR and noted that YAS was first on the country in 7 out of the 24 AQIs and stated her belief that this was a significant achievement in the current challenging operating environment.

The Chairman thanked the Trust Executive Group for their update.

Approval:

The Trust Board noted and discussed the variances contained within the February 2016 IPR report, highlighted in the Executive Directors' reports and agreed that it had sufficient assurance on the activities of the Executive Team and Trust Executive Group during the reporting period.

5.3

For Assurance: Board Assurance Framework including Corporate Risk Register

SP outlined the details of the report which was to inform the Board of the risks recorded within the BAF and Corporate Risk Register and to provide assurance on the effective management of corporate risks.

SP advised that the paper had been through the usual meeting cycle and the BAF had been discussed and reviewed at the February Board Development Meeting (BDM).

SP informed that the BAF had been closed down for the current financial year adding that a number of risks had been closed following the BDM, some had been mitigated but remained on the BAF and a number of other risks would continue into 2016/17.

SP reported that a number of new areas of risk had been identified for 2016/17 during the discussion at BDM relating to the external factors and issues which impacted on the Trust. These would be reviewed further by the Trust Executive Group (TEG) and would be addressed in the 2016/17 BAF.

SP advised that the following risks had been identified for inclusion in the Corporate Risk Register:

- Risk 741 – Medical Device Age Profile;
- Risk 745 – Calderdale and Huddersfield Trust proposed reconfiguration of services;
- Risk 754 – Vanguard Programme communication plan;
- Risk 765 – Lack of PTS Bid Resource;
- Commissioner and YAS management of hospital turnaround;
- Risk 767 – Movement of defibrillators between vehicles.

SP advised that there was further work would be undertaken on the BAF by the TEG and once updated this would be presented at Trust Board in May for approval.

BS thanked SP for a good summary and advised that the BAF and Corporate Risk Register were considered by both the Finance and Investment Committee (F&IC) and Quality Committee and that these items were also standing items on the Audit Committee Agenda.

The Chairman thanked SP for the update.

Approval:

The Trust Board noted the update and were assured of the effective management of the Board Assurance Framework (BAF) and the Corporate Risk Register.

6. STRATEGY, PLANNING AND POLICY

6.1 For Approval: Communications and Engagement Strategy

The Chairman welcomed MC to the meeting.

RB introduced the item and informed the Board that the Communications and Engagement Strategy had gone through Committee and Board meetings for consideration and discussion. The final version on the agenda for approval had a far closer alignment to the Strategic Priorities and Organisational Values.

MC informed the Board that there would be discussions with the Trust Executives about possible implications which might arise from the restructure of the Communications and Engagement function, adding that there would be consultation with the staff team.

MC guided the Board through the presentation. MC explained how the Strategy aligned and reflected the Trust's Strategic aims and priorities

both internal and external to the organisation.

MC informed the Board that there was a number of actions to be undertaken under the following themes:

- Supporting transformation;
- Connecting with staff;
- Connecting with Stakeholders;
- Connecting with the Public;
- External Communications.

MC advised that External Stakeholders required a dedicated resource to be effective. He referred to the Panels System which was effective but not inexpensive.

MC outlined the proposed restructure within the Communications team adding that it required further discussion and consultation. There would be an approximate £50k - £75k increase in costs if the restructure was agreed.

RC stated his belief that staff engagement was everyone's business and was part of good management and leadership. He referred to the actions and asked where the measurement for achievement was against these.

MC agreed that staff engagement was a much bigger issue and it had been agreed that the Staff Engagement Policy was incorporated into the Communications and Engagement Strategy. MC advised that measures were required against the actions and these were being developed. MC clarified that the restructure only proposed 1.5 new posts.

RB responded that staff engagement was part of being a good leader adding that consistent messaging was key for staff but that did present challenges in a complex organisation such as YAS.

The Chairman stated her belief that the Trust should implement the new Strategy and restructure ensuring that staff were tasked with key elements and actions to deliver. Consideration should be given to those current tasks which were undertaken but not required and to service delivery options that could be explored in the future. It was important to focus on internal communications initially and improve this across the organisation.

She referred to the Panels system and advised that she felt the Trust should explore this option through a tender process.

MC advised that the tender document had been developed and was ready to take forward.

The Chairman asked that the proposed tender document and process be taken to Finance and Investment Committee.

Action:

That the Panels system tender document and process be taken to Finance and Investment Committee.

MC

MC informed the Board that an Equality Impact Assessment had been undertaken on the Communications and Engagement Strategy and this was available to Board members should they wish to see it.

MC summarised the next steps and advised that he would ensure the tender document was taken to Finance and Investment Committee and that future progress against implementation of the Communications and Engagement Strategy would be taken to Quality Committee.

The Chairman thanked MC for the presentation and the work undertaken to date.

Approval:

The Board noted the update and agreed the following recommendations:

- **Approval of the new Corporate Communications and Engagement Strategy and Action Plan.**

6.2

For Approval: Trust Board and Committees Planner 2016/17 (V.2)

AA advised that the original Trust Board and Committee Planner for 2016/17 had been approved by the Board in July 2015, since then there had been a number of changes.

AA informed the Board that over the years the Trust Board and Committee Planner had been through various iterations to ensure that the phasing of the meetings met with reporting cycles but accepting that this was not always possible.

AA reported that it was her intention to bring the proposed Trust Board and Committee Planner 2017/18 to the May Board.

BS observed that the number of meetings of each Board and Committee was not the same and therefore it was impossible to align the reporting flow through each exactly.

SP suggested that some standing items might not need to be considered at every Committee meeting and might be more suited to a quarterly update, for example the BAF and Corporate Risk Register.

The Chairman agreed that standing items were not necessarily required at every meeting but it was important to ensure that the right business was on meeting agendas at the right time.

The Chairman thanked AA for the update and asked that the new Chairman, once appointed, be given sight of the document as they may have a view on this.

Approval:

The Trust Board noted the update and approved the Trust Board and Committee Planner 2017/17 subject to any further amendments that might occur.

6.3

For Assurance: Freedom to Speak Up Policy / Guardian Role

SP outlined the details of the report which sought to provide assurance to the Trust Board on the work that has been undertaken on the delivery of the Freedom to Speak Up recommendations across YAS and the next steps for implementation.

SP informed colleagues that the Board had previously delegated the sign-off of the Freedom to Speak Up initiative to the Quality Committee but it had been put on the agenda that day to give the Board the opportunity to see the details again.

SP advised that this was the final version of the Freedom to Speak Up plan and supported the development of an open culture, underpinned by effective and accessible systems and processes for raising and responding to staff concerns.

SP referred to the 'Route Map' this was a visual guide on how to raise concerns. He advised that the Datix system had been adapted to support logging and management of concerns.

SP informed the Board that there would be a Freedom to Speak Up Guardian in every NHS organisation, this individual would be independent and report in to the Chief Executive adding that YAS had opted for one lead person who would work three days per week and would be seconded from within the organisation. This person would be underpinned with representatives from the across the Trust but they would do this alongside their 'day-job'.

SP advised that Job Descriptions were currently being developed for these roles and it was proposed that the interview panel for the YAS Guardian would consist of the Chief Executive and a Guardian from a different organisation.

The Chairman asked for Non-Executive Director involvement in this process.

The Chairman asked how independent the role would be if it reported to the Chief Executive.

SP responded that this would be supported through the national referral and National Guardian role, as well as through links to designated NEDs.

SP informed the Board that once the Guardian had been recruited, they would receive the necessary training and it would be intended for them to start making links across YAS and also into the National Guardian

role. It was intended to advertise the role as a salary range rather than a 'band' as it was hoped to make the role attractive to a wide-range of staff and be as inclusive as possible, however, there would be certain competencies that would be required to fulfil the role.

DM asked what the escalation process was from manager to Guardian.

SP responded that the process would be explained to managers and staff so that the process was understood and that various trigger points were known, for example, when to escalate as issue upwards.

PD stated that she felt very positive about this initiative and hoped that it would change the culture whereby staff felt able and confident to raise genuine concerns.

SP informed the Board that positive feedback had been received from the Safety Representatives and they were supportive of the process. There was a Freedom to Speak Up Group and this group would monitor effectiveness and review the process going forward.

SP advised that the National Guardian, Dame Eileen Sills had now resigned from the role and it was expected recruitment would commence in April to fill this position.

SP outlined the next steps which included a promotional campaign and the recruitment of the Freedom to Speak Up Guardian role.

EM commended SP and the team for the work undertaken so far on the Freedom to Speak Up initiative.

The Chairman thanked SP for the update.

Approval:

The Board noted the update and prior approval of the proposed developments in Quality Committee and gained assurance that the Freedom to Speak Up initiative would be implemented effectively.

7 PERFORMANCE MONITORING

7.1 For Assurance: Quarterly Update A&E Transformation Programme

DM introduced the paper and advised that the document updated the Board on the workforce numbers, skills and grade that underpinned the A&E delivery for the next 12 months as outlined in the A&E Transformation business case.

DM advised that in terms of the front line that there was 59% clinical staff and 49% non-clinical staff. Of the 59% clinical staff, 75% of those were Paramedics.

DM referred to the table at 3.1 of the report and showed current staff against the difference in the business plan by the various job roles. The table at 5.3 of the report showed the expected position by the end of

March 2017. The table at 5.10 of the report identified the conversion courses within the business plan and the additional courses that could be delivered, if required, post July to support the career development framework.

DM referred to the new recruitment tracker system that had been developed and explained this would provide real-time information on recruitment process down to station level.

The Chairman expressed concerns that the service would not deliver against the forecast adding that the service would not have the in-year budget and asked that this be tightened up.

RC asked if the conversion courses could be accelerated.

DM responded that there was the capacity to train individuals but the abstraction rate to enable this would prove a challenge.

The Chairman asked if the abstractions could be managed through private provision.

Discussion took place around the recruitment required, the numbers the Trust should aim for and the skills mix within this. DM advised that a report explaining abstractions would be presented at the Board Development Meeting in April.

The Chairman thanked DM for the update.

Approval:

The Trust Board noted the current position and progress made and noted the expected position by March 2017.

7.2

For Assurance: Review Register of Interests (Board & Staff) and Hospitality Register

AA outlined the details of the paper which asked the Trust Board to review and approve the Register of Members' Interests and The Trust's Hospitality Register, 2015/16.

AA advised that she had emailed all Board Members and the results for the Register of Members' Interests were attached at Appendix A and the Trust's Hospitality Register was attached at Appendix B.

AA reported that staff awareness of the policy had been raised through the Trust Management Group and this was highlighted in the significant number of enquiries about what was and what was not appropriate to accept.

RDT referred to a dinner that he had been invited to attend that did not appear on the Hospitality Register, he had had this appropriately approved at the time but he would pass the details to AA for recording purposes.

The Chairman advised this process was part of being an open and honest organisation.

Approval:

The Trust Board reviewed and approved the Register of Members' Interests and the Trust's Hospitality Register subject to the amendment noted.

7.3

For Assurance: Use of Trust Seal

AA outlined the details of the paper which was for the Trust Board to review and approve the Register of Use of the Trust Seal, 2015/16.

AA advised that the Register of Use of the Trust Seal was detailed at Appendix A of the report.

AA advised that in order to strengthen governance processes in regard to the Trust Seal that the register would be held in a bound book in the future.

The Chairman expressed concerns that the Appendix looked like it had been completed at the same time.

AA responded that the register had been duplicated due to issues with the numbering system but that the original copies had been kept for audit purposes and transparency.

EM raised a question about the accuracy of the Trust Seal's use as she felt that there should be more entries.

RB responded that the Trust only leased a handful of sites and this may be the reason for relative low use.

RDT added that it might be worth a cross reference and he would ask the Director of Estates to consider this.

Action:

For the Director of Estates to cross reference the use of the Trust's Seal against the buildings registered to the Trust.

RDT

Approval:

The Trust Board noted the updated and approved the Register of Use of the Trust Seal 2015/16.

7.4

Charitable Funds Committee –Chairman's report of the Charitable Funds Workshop Held on 26 February 2016

EM advised that there had been a Charitable Funds workshop held on the 26 February 2016 that had been attended by 45 people from across the organisation, including staff, YAS Forum members and supporters of the charity.

Following this the Charitable Funds Committee had reviewed the

information from the workshop and used this to inform the Strategy for the charity going forward.

EM thanked AA, LP and Jo Wilson, PA to Executive Director of Finance and Performance and Associate Director of Finance and Performance, YAS for help with the workshop.

The Chairman asked what was being done to raise the profile of the charity and what plans were in place to spend the funds raised so far.

MW advised that at the last Committee meeting the members had gone through the input from the workshop which had generated ideas for both the short and long term in regard to what could benefit from the funds available.

The Chairman encouraged those involved to consider how the pace of this development could be accelerated.

The Chairman thanked EM for her report.

Approval:

The Trust 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.

7.5 Audit Committee:

Nothing to report since the last meeting held on 7 January 2016.

7.6 Quality Committee: Minutes of the meeting held on 3 December 2015 and Chairman's Report of the last meeting held on 3 March 2016

PD provided a verbal update from the meeting that had taken place on 3 March. She advised that the Committee had considered a number of reports including, CQC update, Freedom to speak Up, Performance Quality update and Communications and Engagement.

The Committee had received assurance in a number of areas including in training and development, wellbeing charter, equality scheme and Sign up to Safety. She advised that the Draft Quality Account was now in line with the Annual report.

The minutes of the 3 December 2015 were noted.

The Chairman thanked PD for her update.

Approval:

The Trust Board was assured by the discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee's work programme.

7.7 Finance & Investment Committee: Minutes of the meeting held on 3 December 2015 and Chairman's Report of the last meeting held on 3 March 2016

MW gave a verbal update to the Trust Board from the Finance and Investment Committee (F&IC) held on the 3 March 2016.

MW advised that a number of papers that F&IC had considered had been on the day's agenda including the Budget papers and the Operating Plan.

The F&IC had received a Service Line Management update and a demonstration of the PLICS system. The F&IC had been impressed with the system which would be a powerful tool for the organisation if it was correctly and accurately populated and used appropriately. This might be an item for a future Board Development Meeting (BDM).

MW informed the Board that Chris Dexter, Managing Director, Patient Transport Services, YAS, had given a presentation on the service, there was still a financial gap with the Cost Improvement Plan (CIP) and F&IC still sought assurance in this regard but he had not been in post long and was still formulating plans.

The Chairman appreciated the information in respect of Patient Transport Services (PTS) and asked that due to the commercial sensitivity of the service that this be brought to a Private Board meeting.

Action:

For an update on PTS to be brought to a Trust Meeting in Private.

RB

The minutes from the 3 December were noted.

The Chairman thanked MW for the update and asked AA to factor in the PLICS system for a future BDM.

Action:

AA to factor in the PLICS system for a future BDM.

AA

Approval:

The Trust 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.

7.8 Board Review and Feedback: Board Vital Guiding Principles

T – timely, accessible communications

R – respect differences; be supportive

U – understand shared purpose, risks

S – self-awareness; give/receive feedback; time for reflection

T – take responsibility; challenge

The Chairman requested feedback on the meeting and asked whether the Board believed it had achieved its guiding principles.

The Chairman stated her belief that the Board should be more reflective going forward.

JM commented that he had thought there had been appropriate interaction between Board Members even though it had been a long day.

The Chairman thanked all those present for attending the meeting.

The meeting ended at 1630 hours.

8. REGULATORY REPORTS

There were no Regulatory Reports.

9. FOR INFORMATION

9.1 YAS Forum Report of the last meeting held on 12 January 2016
Noted.

To be resolved that the business to be transacted is of a confidential nature and that under the terms of the Public Bodies (Admission to Meetings) Act, 1960, Section 1, subsections 2&3, the Press and the public to be excluded from this part of the meeting.

10 Date and Location of Next Meeting:
1100, 24 May 2016

YAS HQ, Springhill, Wakefield, WF2 0XQ

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

FA Elshe ^{Interim}
CHAIRMAN

15.09.2016 **DATE**