



Trust Board Meeting held in Public

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

Date: Tuesday 24 May 2016

Time: 1145 hours

Interim Chairman: Patricia Drake

Present:

Board Members:

Patricia Drake	(PD) Deputy Chairman and Non-Executive Director - Interim Chairman
Rod Barnes	(RB) Chief Executive
Roberta Barker	(RBa) Director of Workforce and Organisational Development (Interim)
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) Executive Director of Finance & Performance (Interim)
Mary Wareing	(MW) Non-Executive Director

Apologies:

Ronnie Coutts (RC) Non-Executive Director (Designate)

In Attendance:

Dr Phillip Foster	(PF) Director of Planned & Urgent Care
Anne Allen	(AA) Trust Secretary
Rachel Monaghan	(RM) Associate Director of Performance and Risk
David Bolam	(DB) Public Member
John Ecclestone	(JE) YAS Forum Member, West

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

Action

The meeting commenced at 1145hours.

The Interim Chairman invited those present to observe a one minute silence in remembrance of the victims of the Hillsborough Disaster.

- 1 Questions from the Public**
The Interim 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, asked how the Ambulance Response Programme 2 pilot (ARP2) differed from the previous system used nationally and how the boundaries differed between Red 2 and Amber.
- DM responded that neither the script nor the algorithm had been changed for the ARP2 pilot. DM explained that in terms of Red and Green categorisation the pilot afforded the opportunity to provide the best resource and outcome for the patient. The slight extra time provided in the control centre meant that patient information could be categorised more effectively and the most appropriate resource dispatched.
- DB asked whether there was a performance indicator available for Amber.
- DM advised that this information was not available at present as insufficient data had yet to be collected and that it was not possible to directly compare Amber performance with Red 2 categorisation.
- DB asked if ORH modelling would take place at the end of the three month period.
- DM responded that as the pilot progressed further work would be done around modelling.
- JM added that Quality and Safety monitoring had been introduced on a fortnightly basis so that the Trust could be confident that there was no negative impact to the patient from the ARP2 pilot.
- As there were no further questions from members of the public, the Interim Chairman thanked DB and the others present.
- The Interim 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 Interim Chairman welcomed Dr Phillip Foster to the meeting in his new role of Director of Planned and Urgent Care, adding that he would be a non-voting member of the Trust Board.

3 Minutes of the Meeting held on 29 March 2016 including Matters Arising (not on the agenda) and Action Log

The Interim Chairman advised that the outgoing Chairman, Ms Della Cannings had reviewed the attached minutes.

The Minutes of the Trust Board Meeting in Public held on 29 March 2016 were approved as a true and fair representation of the meeting subject to the following amendments.

Page 2, paragraph 7, this paragraph should read 'JM advised that it was not an acronym but the location of where the International Liaison Committee On Resuscitation had approved the UTSTEIN system.'

Page 4, paragraph 8, should read 'Exist – The Chairman recognised.....'

Page 9, paragraph 6, should read 'development of a clinical triage with partners was being developed to analyse the effectiveness of patient experience'.

Action Log:

RB guided the Board through the Action Log.

Action PB-412 – Ambulance Quality Indicators report to Quality Committee detailing those ranked in the bottom half of the table – This had been reported to Quality Committee. Action closed.

Action PB-422 – Targets and dates to be updated against the Business Plan Objectives on pages 15/16 of the Integrated Performance Report (IPR) – RB advised that responsibility for the process was transferring from the Interim Executive Director of Finance to the Executive Director of Quality, Governance and Performance Assurance. SP confirmed the information would be updated for the next report. Action closed.

Action PB-423 – A report to be presented at the Board Development Meeting (BDM) on demand activity and the effect on performance – RB advised this item was scheduled for 28 June 2016. Action closed.

Action PB-424 – The tender for Patients Panel work to be presented to the Finance and Investment Committee (F&IC) – RB advised that the Trust Executive Group was currently reviewing this, adding that the new Communications lead for the Trust was due to start the following week and that they would also review the proposals. Action closed.

Action PB-425 – For the Associate Director for Estates to cross reference use of the Trust's Seal against the buildings registered to the Trust – RDT confirmed he was confident that Trust's Seal was being used appropriately and that the Head of Estates had liaised with the Trust Secretary regarding the cross checking of information. Action closed.

Action PB-427 – For a demonstration of the Patient Level Information Costing System (PLICS) system to be scheduled for a future BDM meeting

– This had been scheduled for the June meeting. Action closed.

4 **Interim Chairman's Report**

The Interim Chairman thanked those present for observing the one minute silence at the commencement of the meeting.

The Interim Chairman stated that the Trust continued to express its sympathies and apologies to the families of those involved in the Hillsborough disaster.

She reported that as the Trust was a legacy organisation of the former South Yorkshire Metropolitan Ambulance Service the Trust would continue to be fully committed to providing information in an open and transparent way to any subsequent Inquiries, for example, the Bishop of Liverpool's Inquiry into the treatment of the families during the Hillsborough Inquest.

The Interim Chairman provided an update on the recruitment of a substantive Chairman for the Trust. She advised that it was likely the outcome would be announced in two weeks' time.

The Interim Chairman thanked everyone for listening to her update report.

5 **QUALITY, SAFETY AND PATIENT EXPERIENCE**

5.1 **Patient Story**

The Interim 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 positive and negative experiences and the stories were used to help to drive changes through the organisation and provoke thought rather than discussion.

The Interim Chairman presented the story to the Trust Board and advised that this had been brought to the Trust's attention by one of the Non-Executive Directors of the Board. The story focused on Mr and Mrs Horsley and their contact with YAS' NHS 111 service and the subsequent advice and treatment Mrs Horsley received.

The Interim Chairman referred to a recent tragic sepsis incident concerning a 12 month old baby in Penryn which had been widely reported in the media and she advised that it was important that all services took note of such an event. The story presented of Mr & Mrs Horsley illustrated the effective management of a patient with suspected sepsis. For this patient, the NHS 111 Service made the correct decisions, in a timely manner and undoubtedly contributed very significantly to saving Mrs Horsley's life.

The Trust Board watched a video of Mr and Mrs Horsley explaining the events of the early hours of Monday 6 October 2015 when Mr Horsley was woken by his wife's unusual breathing. Not knowing the seriousness of his wife's condition, Mr Horsley contacted YAS' NHS 111 Service. He

described his wife's symptoms to the call operator who then asked him a number of questions about his wife's condition, the call operator had then asked to listen to Mrs Horsley's breathing over the telephone line. It was at this point the call operator had advised that an ambulance would need to be sent out for Mrs Horsley.

Mr Horsley described how once the Paramedics were on scene they had realised that Mrs Horsley had an infection, they administered an intravenous drip and had given Mrs Horsley oxygen therapy before transferring her to the hospital.

Mr Horsley stated that his experience of the NHS 111 service was very good but he also felt that it was important for the caller to give full and accurate information. During the interview Mr Horsley described how a few months after the original incident when his wife was back home recovering she had again felt unwell. Mr Horsley contacted NHS 111 and the call operator had contacted the hospital direct and arranged for an appointment with a doctor for Mrs Horsley.

Mr Horsley stated that he and Mrs Horsley had wanted to share their experience to highlight what should happen in such cases and had led to a positive outcome for Mrs Horsley.

Mrs Horsley expressed her gratitude to YAS as she felt that without their initial response she wouldn't be living the normal healthy life she did now.

The Interim Chairman stated that it was heartening to hear how YAS' staff interventions had made such a positive impact for one family.

PF remarked that it would be good to get this message to YAS' frontline staff as sometimes the media concentrated on negative stories.

JN remarked that he knew the family personally and Mrs Horsley had been very poorly. He stated his belief that although it was important that callers to the service provided the correct information about the patient he felt that even if full information was not received the patient would hopefully still receive the same outcome.

JN expressed his personal thanks to those involved in the care of Mrs Horsley.

The Interim Chairman thanked Mr and Mrs Horsley for sharing their story 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 22 March 2016 to 16 May 2016 and the opportunity for TEG to highlight the key variances/movements contained within the April 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 remarked this had been the first meeting since the end of the 2015/16 financial year and he stated he would like to reflect on some of the positive outcomes the Trust had achieved during this period. He informed the Board that the ambulance service nationally had been operating during a challenging period but despite this YAS had performed well when compared to other ambulance services. The Trust had achieved 2nd in the country for its Red 2 performance and YAS had also been consistently strong in the A19 response time. The Ambulance Care Quality Indicators (ACQIs) had seen positive results for the Trust.

He reported there had been positive movement in a number of areas within the Trust such as sickness absence levels and Performance Development Reviews (PDRs) compliance although he acknowledged that the Trust could improve even further in both areas. In terms of finance the Trust had delivered a surplus of £2m (to be ratified through the Audit process). The Trust intended to use this to re-invest in services and the estate and to provide a little flexibility for the challenges ahead.

RB stated his belief that the next few years would be challenging in terms of the funding available to the Trust. At present the Trust's finances remained positive and this would enable YAS to plan effectively for the immediate future.

He informed the Board that the West Yorkshire Urgent Care Vanguard Programme had secured £2m of funding, adding this was not what had initially been expected but it was still a positive development. It was anticipated this would be used to develop the Clinical Advisory Service and Shared Patient Care Record in West Yorkshire.

RB reported that the government was introducing an apprenticeship levy which would be payable from April 2017. This would be charged at 0.5 per cent of an organisation's pay bill to fund new apprenticeships. He informed the Board that apprenticeship targets would apply to each public sector organisation, which was currently proposed at 2.3 per cent of the headcount. RB advised that the Trust was currently assessing the impact of this initiative on the Trust's workforce and financial plans, adding that the Trust did have a strong record with apprenticeship intake.

He emphasised that the Trust had the right controls in place to ensure that the Trust spent money effectively.

RB referred to YAS' Leadership Conference which had taken place the previous month where 160 senior managers of the organisation had attended. The day had covered a range of topics including YAS' vision of becoming a 'world class service' and the values and behaviours underpinning the organisation. He informed the Board that inclusion and diversity issues had a focus at a senior level and the new Head of Inclusion and Diversity was doing some positive work in this regard.

RB informed the Board that the Integrated Performance Report (IPR) covered up to April 2016 and reflected the new contracting round for 2016/17. He advised that performance had been detailed for ARP2 and Red 1 and Red 2. There had been some positive movement in response rates in the NHS 111 service in April. Red 1 and Red 2 performance remained above the national average; it was difficult to compare the ARP2 performance as the only other ambulance service taking part in the pilot was South Western Ambulance Service.

Operations Directorate

DM advised that the ARP2 pilot had been implemented on 21 April and had gone smoothly. He expressed his thanks to team members across the organisation who had worked on this complex programme in a short space of time. He added that feedback from staff in the Emergency Control Centre and on the front line had been very positive.

He reported that although there were some 'ambers' on the A&E Transformation Programme in the main there had been some positive movement on the programme.

He advised that Ian Walton, YAS' Deputy Director of Operations had been working with the Joint Emergency Services Interoperability Programme (JESIP) strategic leads across Yorkshire to establish a JESIP Strategic Leads Group, adding that Ian would be the Regional Chair for the group.

DM reported that the Tour de Yorkshire had been a successful event and that the planning team worked hard to ensure this complex event was managed safely in the context of the ambulance service and its partners.

He advised that YAS Business Continuity Manager had facilitated and written the final report for Exercise Leyland, the National Exercise to test Chemical, Biological, Radioactive and Nuclear (CBRN) capabilities and that 13 recommendations had been made and these would be used for the tri-service debrief and the national de-brief prior to circulation.

DM reported that four ISO22310 had been awarded to YAS for the Business Continuity Management Service (BCMS) training courses for Procurement and Fleet.

He informed the Board that the Hazardous Area Response Team (HART) had undergone two pre-Care Quality Commission (CQC) assessments and these had provided assurance across the key domains. He advised that the capital replacement programme for the second HART generation fleet and equipment was underway.

Clinical Directorate

JM reported that following the recruitment of over 500 staff and patients into the AIRWAYS-2 trial, between 1 October 2014 and 30 September 2015, by YAS' research Paramedics, the Trust would receive an additional £20k from the Department of Health to build on research capability in 2016-17.

He advised that the Critical Care Team was now operational delivering 12 hours a day cover provided by a team of experienced senior doctors and Helicopter Emergency Medical Service (HEMS) Paramedics, adding that the team was based at the Yorkshire Air Ambulance base at Nostell Priory.

JM informed the Board that the second of three workshops had been held to develop the Clinical Advisory Service and Commissioners from all parts of Yorkshire and the Humber had attended. The third workshop was due to take place on 27 May and output from the previous two workshops would help inform the development of an implementation plan at this workshop. He added this would be crucial for delivery of the NHS Five Year Forward View.

He reported that the ST Segment Elevation Myocardial Infarction (STEMI) care bundle for the ACQI performance continued to be compromised due to the poor incidence of recording two pain scores. He added that work had been undertaken to rectify this and he hoped that when the electronic patient record form was introduced this would improve the recording of pain scores. He advised that the Febrile Convulsion Clinical Performance Indicator (CPI) had significantly improved from 68.4% care bundle compliance in August 2015 to 91.3% in February 2016, adding that this compared favourably with the national average of 75.9%. He stated his belief that the focus on clinical care had had a positive impact in this regard.

Quality, Governance and Performance Assurance

SP advised that it was anticipated that the CQC full inspection would take place over the Summer but the Trust had not received confirmation of a date. He reported that a mock CQC inspection had taken place on 16/17 May and had involved 30 personnel including Trust staff and representatives from other ambulance Trusts, CCGs, NHS Improvement and experts by experience. The initial feedback had been positive with a number of improvements made since the last CQC inspection. He advised that the mock inspection had highlighted some work where the Trust could improve.

He reported that the Freedom to Speak Up initiative had been launched and there had been a series of communications and road shows in this regard. He advised that staff advocates had been identified and interviews for the Trust's Freedom to Speak Up Guardian were due to take place later that week.

SP informed the Board that discussions in relation to the 2016/17 contract for NHS 111 and West Yorkshire Urgent Care were continuing with the potential for the process to move into a dispute resolution phase as outlined in the service contract.

He advised that a new YAS Performance Management Framework had been developed and the new cycle of the reformatted Trust Management Group (TMG) meetings had commenced.

SP reported that in terms of Complaints' management the average response time had improved but he acknowledged that there remained work to do on both the qualitative and response times in this area.

People and Engagement

RBa reported that recruitment across all areas continued at pace to support the Trust workforce plan. She advised that the targeted recruitment events had proved successful.

She informed the Board that the TRAC recruitment system was in its infancy and that training was taking place to enable managers to use the system effectively.

RBa advised that the Trust continued its focus on employee wellbeing with a number of initiatives taking place within the organisation, adding that a business case was being developed to support additional funding in this area.

She reported that sickness absence, although still above target, had decreased and was on a downward trend. PDR compliance continued to increase but she acknowledged there was more work to do in this regard.

RBa referred to a number of vacant posts in HR. She added that the whole of HR would be reviewed including HR operations and processes. She advised that the team continued to support the Transformation programmes within the Trust.

She referred to the Leadership Conference where the Trust's Vision and Values had been discussed. She advised the next step would be to further develop and strengthen these and then move on to a behavioural framework.

Finance and Performance Directorate

RDT advised that the team had been working with RBa on the Agency Management Override Submissions that were reported to NHS Improvement on a weekly basis.

He reported that the Business Intelligence and ICT teams had been heavily involved in the implementation of the ARP2 pilot in A&E Operations and he formally acknowledged and thanked them for the work they had undertaken in this regard.

RDT explained that the Trust was investing in further technology, for example, smartphones for PTS to enable effective management of the Voluntary Car Service (VCS).

He advised there was a new section within the IPR on vehicle availability and capacity within fleet, unfortunately there was not the same level of data available within PTS.

He informed the Board that a key focus at the moment was accident

reduction with daily reports of accidents being reported to Ian Walton, YAS' Deputy Director of Operations.

RDT reported that the Trust's finances were currently in a positive position and the Trust continued to deliver on Capital Investment.

PD thanked RB and the Executive Team for the update.

JN remarked that it would be useful to share some of the positive items the Board had heard at the meeting with staff.

PD agreed that communications to staff on positive stories would be a useful thing to do but felt that a newsletter may not be the most effective way forward.

RB responded that discussions had taken place previously about communications to staff and how to get a consistent message across the organisation. Teambrief had been improved however it was not reaching all members of staff as was intended. He added there was potentially scope to widen-out the invite to teambrief sessions. He referred to YAS TV and the opportunity this presented to provide messages to staff in a consistent way. The size and geography of the organisation did present challenges in this regard.

MW referred to the apprenticeship levy and questioned whether a Joint Quality Committee and Finance and Investment Committee might consider the financial impact and opportunities this presented to the Trust.

RBa advised that the team were looking at this from every angle, adding that the Trust had real success in this area and there were opportunities going forward in this regard.

Action:

A report to be provided to the Joint Quality Committee and Finance and Investment Committee on the financial impact and opportunities the apprenticeship levy presented to the Trust.

RBa

MW stated her belief that the revised IPR had some positives but she felt that some of the presentation was not easily understandable.

Action:

For consideration to be given to issues around presentation of some of the data within the IPR.

SP

EM referred to page 29 of the IPR, specifically to the Equality and Diversity section and questioned the target asking if the Trust should make this more realistic as it appeared to be an aspirational target at the moment. She commented on the attrition rate and acknowledged that whilst this has shown improvement it was still above target.

RBa responded that the HR team were working hard with managers to

improve on the workforce scorecard measures. Work was being undertaken with line managers to improve their leadership skills. She advised that in terms of attrition and recruitment then YAS' proposition to staff would make the difference, adding that it was important to build a good base before focusing on the wider issues.

BS remarked he was pleased to see the reduction in sickness absence and asked if the new Occupational Health Provider was providing a good service to the Trust.

RBa responded that the Occupational Health Provider was proactively working with the Trust to smooth out any early issues, adding that they were receptive to changes suggested by the Trust.

The Interim Chairman acknowledged the positive downwards trend in sickness absence. She referred to hospital turnaround and questioned how this issue could be resolved with external stakeholders as although it affected YAS' performance, the Trust was not responsible for, or in a position to, resolve the issues.

RB responded that the Trust had been working with the Acute Trusts and external stakeholders to bring resolution to this particular issue and there had been some improvement in April which had continued into May. He added that the issue was more complex and fundamental than just ambulance turnaround times. This issue had been flagged to NHS Improvement to facilitate action at a regional level.

SP complimented DM's team on the management of turnaround pressures and their professionalism in sometimes challenging circumstances. He remarked that the Trust had raised this with Commissioners in terms of instigating an end to end review and conversations had also taken place with NHS Improvement. He advised that the Trust was liaising with NHS Improvement (NHSI) on a workshop with relevant parties, those with good turnaround times and those which were experiencing challenges in the system, to consider different ways of working to provide a solution to the issues faced in this regard.

The Interim Chairman welcomed that the Trust was pro-actively seeking a resolution to the issues and stated her belief that in terms of patient experience and clinical outcomes she would support an end to end review of the system.

DM advised that there was a daily escalation process which the service operated with escalation at a senior level to the Acute Trusts when appropriate. DM added that the situation was not a single issue but was multiple and complex.

The Interim Chairman questioned whether inter-hospital transfers were counted in the context of the 8 minute response to Red calls.

JM responded this was being addressed locally and that the protocols were

being reviewed nationally.

The Interim Chairman stated her belief that the report had provided a lot of positive news. She asked that for future reports acronyms were spelt out in full.

The Interim Chairman thanked the Trust Executive Group for their update.

Approval:

The Trust Board noted and discussed the variances contained within the April 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 Approval: Risk Management Report and the Board Assurance Framework 2016/17

SP outlined the details of the paper which was to present the 2016/17 Board Assurance Framework (BAF), and to provide an update on the changes to the Corporate Risk Register (CRR), and other risk management developments.

SP advised that the BAF had been developed through a round of Board Development Meetings (BDM) and Trust Board meetings and Committees.

SP informed the Board of a number of changes to the BAF and advised that the updated version was attached as an appendix. He explained that Medical devices had been removed from the BAF and that two risks had been merged relating to learning from adverse events. A risk had been added in relation to external system pressures in the local and national environment. He advised that all other risks remained the same although some had been reframed.

He informed the Board that the CRR was attached to the report as an appendix and had been through the usual cycle of Committee meetings. He referred to paragraph 3.1 which detailed the changes since the last update. He advised that the following risks had been added:

- Risk 743 – Gaps in Fleet Management
- Risk 754 – Vanguard Communication Plan
- Risk 745 – Calderdale and Huddersfield Foundation Trust Reconfiguration

He referred to work which had been undertaken by Internal Audit during the year and advised this work would continue to ensure the risk register was comprehensive and representative.

He advised that the Communications and Engagement risk had been removed from the CRR but this was under review and was likely to be put back on the register.

SP informed the Board that it was proposed to amend the 'Risk Appetite'

statement to that detailed at paragraph 4.2 of the report. Should this be adopted the Risk Management and Assurance Strategy would be amended to include this statement and then reissued.

BS remarked that the Trust continued to see a clear process for management of risks within the organisation and he believed this was embedded throughout the organisation. The BAF and CRR were reviewed regularly at Committee meetings and Board meetings and he was confident with the assurance provided.

The Interim Chairman thanked SP for the update.

Approval:

The Trust Board noted the update and was assured of the effective management of the Board Assurance Framework and the Corporate Risk Register. The Board accepted the proposed content change for the Risk Management and Assurance Strategy.

6. STRATEGY, PLANNING AND POLICY

6.1 For Assurance: Community Resilience End-of-Year Report

DM outlined the details of the report which provided information to the Board on the activities and achievements of the Community Resilience Team over the period 2015/16.

He advised that the team continued to engage with YAS' communities across the region and had contact with a significant amount of YAS' volunteers.

He informed the Board that there was a dedicated team working with the four fire services in Yorkshire developing the co-responder schemes.

DM stated that he would like to formally thank the Community Resilience Team for their hard work and dedication.

He advised there were over 1000 Community First Responders (CFRs) and volunteer car drivers; there was 350 community Public Access Defibrillators (PADs) across the region and there had been over 31,000 children trained in hand-only CPR via the Restart a Heart campaign.

He reported that CFRs had attended 819 cardiac arrests and there had been numerous occasions when defibrillators had been used by CFRs.

DM informed the Board that the service continued to work with partners in the Fire and Rescue Service, Mountain Rescue Service and the Coastguards.

He explained that a number of initiatives had been developed and delivered which aimed to increase by-stander intervention when a person suffered with a cardiac arrest, adding that intervention from witnessed cardiac arrest incidents had increased across the patch.

He explained the three year plan for additional PADs to the Board and advised that the vast majority of these would be at no cost to YAS. The Interim Chairman thanked DM for an excellent report and asked how the Trust would thank the team and CFRs for their hard work and continued support.

RB remarked that the Community Resilience Team worked hard to maintain engagement with CFRs.

Action:

To email a letter from the Board to volunteers who formed part of YAS' community first responder schemes thanking them for their hard work and continued support and for a letter of thanks to go to the Community Resilience Team.

DM/
RB

Approval:

The Trust Board noted the update and formally thanked the volunteers who formed part of YAS' community first responder schemes.

6.2

For Approval: Northern Ambulance Alliance Terms of Reference

RB introduced the paper which asked the Board to approve the Terms of Reference of the Northern Ambulance Alliance Board (NAAB).

RB provided some background to the NAAB explaining that various collaborations had taken place across the ambulance sector and approximately 18 months ago the Chief Executives of YAS, North West Ambulance Service (NWAS) and North East Ambulance Service (NEAS) had discussed working more closely.

Various discussions had taken place since that time between the Chairmen and Chief Executives of the three organisations. These discussions had resulted in the attached draft Terms of Reference (ToR) being developed around governance and decision making of the NAAB. There had also been some initial discussions on potential areas of working together:

- Procurement standardisation;
- Fleet standardisation.

SP suggested that the Quality Impact Assessment process should be part of the decision making process and included in the ToR.

RB explained that the ToR had been shared across the three organisations and he would look to include Quality Impact Assessments in these with agreement from NWAS and NEAS.

Action:

To build the Quality Impact Assessment process into the decision making process in the NAAB ToR.

RB

The Interim Chairman thanked RB for the paper and remarked that it was expected by central government that services would work together to

provide value for money to the public and the NAAB fitted in well with the Five Year Forward View.

Approval:

The Board reviewed the Northern Ambulance Alliance Terms of Reference and subject to the amendment above approved the Terms of Reference.

6.4 For Approval: YAS Charity Strategy 2016/19

This item was taken out of order of the agreed agenda.

EM advised that following the Charitable Funds Workshop which had taken place in February a YAS Charity Strategy had been developed and was attached to the report.

The following areas had been identified for the YAS Charity to support:

- Community Education and Engagement;
- Defibrillators and related equipment;
- Community Support;
- Benevolent Fund (including Employee well-being).

JM remarked that he welcomed the inclusion of British Association for Immediate Care (BASICs) doctor support within the scheme.

The Interim Chairman reminded the Board that charitable initiatives should not be funding what the NHS should provide in its course of business.

EM confirmed that all the areas identified to support were above and beyond what the NHS would provide.

EM informed the Board that the current Fundraising Committee did not have the authority to drive forward the initiatives so it had been proposed to delegate decisions to named officers to ensure the process was more efficient.

JN raised the issue of the paying of VAT on defibrillators.

RDT would explain the situation around this outside of the meeting.

SP questioned if the employee Well-Being funding could be increased.

EM agreed to take this away as an action.

Action:

For EM to ask the Charitable Funds Committee to increase the amount allocated to Employee Well Being.

EM

The Interim Chairman thanked EM for the update.

Approval:

The Trust Board noted the updated and was supportive on the overall approach set out to the use of management of risk of the Charitable Funds for 2016-17.

6.5 For Assurance: Charitable Funds Committee: Review of Benevolent Fund

This item was taken out of order of the agreed agenda.
EM provided a verbal update to the Trust Board on the Benevolent Fund.

She advised that there had been eight applications since January 2015 and five of these had been approved. Three had not been approved as the applicant had been asked for additional information which was then not provided. The breakdown of use of the funds was detailed:

- £7000 for adaptations to property;
- £780 for hardship;
- £270 for training;
- £500 for respite.

EM stated her belief that this had been a successful use of the charity's funds. EM remarked that the Charitable Funds Committee should be equipped with the correct skillset to enable them to make fair and transparent decisions around the Benevolent Fund.

The Interim Chairman emphasised that it was crucial that the right criteria was in place for the Benevolent Fund so that it was fully transparent.

Approval:

The Trust Board noted the update and was assured that the Charitable Funds Committee was managing the Charity funds appropriately.

7.1 Charitable Funds Committee – Minutes of the last meeting held on 5 November 2015 and Chairman's Verbal Update of the meeting held on 22 March 2016

The minutes of the 5 November 2015 were noted.

EM advised that she had nothing more to add to the information which she had updated the Board on under items 6.4 and 6.5.

The Interim 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.

6.3 For Information: Restart a Heart: Spreading Best Practice

JM guided the Board through a presentation on 'Improving Survival to Discharge following Out of Hospital Cardiac Arrest'.

JM advised that the YAS Cardiac Arrest Annual Report 2015 would go to the relevant Committees for information.

He informed the Board that YAS' 'Return Of Spontaneous Circulation' was slightly lower than the national average but this was due to YAS' strategy of

empowering staff at scene to try to achieve a good outcome for the patient, adding this meant that YAS' 'Survival to Discharge for all cardiac arrests was higher than the national average at 10.6% compared to the national average of 7-8%. He advised that in 2015, 281 of YAS' patients who had suffered a cardiac arrest had survived and were discharged from hospital.

JM referred to the national strategy for Cardiovascular Disease Outcomes for England which was to increase survival to discharge from out of hospital cardiac arrest by 50% which would save an extra 1000 lives per year.

He referred to YAS' findings that 62% of patients were over 65 years of age and the peak occurrences for a cardiac arrest were:

- January;
- Saturday;
- Between 0800 hours and 0900 hours.

JM advised that 49.6% of bystanders on the scene had been prepared to carry out Cardiac Pulmonary Resuscitation (CPR) on a member of the public who was having a cardiac arrest. This compared favourably to the UK average which was 30% but still behind world leaders in this area, for example Norway with 73%.

He informed the Board that work had been undertaken with the Ambulance Response Programme 1 (ARP1) pilot for the early recognition of cardiac arrest and the appropriate resources sent in a timely way. He added that with ARP2 the Advanced Medical Priority Dispatch (AMPD) coding had been developed to identify a cardiac arrest earlier in the call and get bystander 'hands to chest' on the patient very quickly in the call cycle. This had the potential to increase survival to discharge rates significantly.

JM advised that defibrillators were a crucial lifesaving piece of equipment and for those patients with a 'shockable' rhythm the defibrillator significantly increased the chance of survival.

He explained that, with the aim to teach lifesaving skills and improve bystander CPR rates, the European Resuscitation Council had commenced a Heartstart day in 2013. This was achieved by sending DVDs to secondary schools and had proved successful but there was no follow up to understand how many children had been taught the necessary skills.

JM reported that in 2014 the Restart a Heart campaign had been launched to teach basic lifesaving skills to secondary school age children. Jason Carylton, YAS' Resuscitation Manager, was the lead on this initiative which had visited approximately 50 secondary schools and taught 11,500 students CPR in just one day. The British Heart Foundation had provided the manikins through their launch of the Nation of Lifesavers campaign. Following this initiative, two lives had been saved through the knowledge gained on the Restart a Heart day.

He informed the Board that 2015 had built on the success of 2014 and

reached out to even more schools and children, adding that 88 schools had been visited and 20,000 students taught CPR. There had been 400 volunteers from within YAS, Community First Responders, St John Ambulance Service and the Fire and Rescue Service involved in the teaching of the students.

JM explained that the 2016 Restart a Heart day would take place on 18 October and there were 129 schools registered to take part across the Yorkshire region. The date coincided with a Trust Board meeting date and JM encouraged Trust Board colleagues to take part in Restart a Heart day to publicise the event.

Action:

To consider an appropriate way for the Trust Board to take part in the Restart a Heart Day on the 18 October 2016.

JM

JM advised that Jason Carlyon, YAS' Resuscitation Manager had presented the Restart a Heart initiative to the Association of Ambulance Chief Executives (AACE) and there had been universal sign-up by the English ambulance services to participate. This would have the potential to reach up to 100,000 students.

He reiterated how important early recognition of the symptoms of a cardiac arrest and early CPR was for a positive patient outcome, adding that defibrillators increased survival rates further. He reported that it was important to increase the number of public access defibrillators (PADs).

The Interim Chairman asked if local companies could help in this regard.

DM responded that some of the big supermarket chains had already got, or had agreed to put, public access defibrillators in their stores (which they had funded themselves), adding that he hoped this would encourage the other big chains to follow suit.

JM explained post-resuscitation care and YAS' strategy to empower Paramedics to treat and stabilise patients at the scene of an incident. This included the administering of certain medicines and the carrying out of advanced interventions.

DM added that having YAS' Paramedics carry out advanced interventions was a positive and significant step.

The Interim Chairman asked if there was a communications plan and media campaign in place for the Restart a Heart initiative.

JM confirmed there was a plan in place.

JM referred to funding around the current role that was involved in the Restart a Heart campaign, adding that YAS' Clinical Development Managers would each retain a specific 'interest' going forward.

Discussion took place around the Restart a Heart day on 18 October and how the Trust Board could support this.

The Interim Chairman stated her belief that the Restart a Heart Campaign was a significant achievement for the public of Yorkshire.

RB added that it was a good example of what could be achieved by YAS' staff when given the encouragement and empowerment to do so.

The Interim Chairman thanked JM for the informative presentation.

Approval:

The Trust Board noted the update and the date of the Restart a Heart Programme of 18 October 2016.

7 PERFORMANCE MONITORING

7.2 Audit Committee – Minutes of the last meeting held on 7 January 2016 and Chairman's Verbal Update of the meeting held on 7 April 2016

BS informed the Board that the 7 January minutes had been approved at the April Audit Committee meeting and that the 7 April minutes had not yet been approved. The minutes of the 7 January were noted.

BS advised that the last meeting had considered a number of items including the Audit Committee workplan, assurance around the Board Assurance Framework and the Corporate Risk Register, Internal Audit and Counter Fraud Plans and the Annual Accounts and External Audit process.

He advised there was an Extraordinary Audit Committee meeting scheduled for 31 May 2016 to consider and approve the year-end Accounts, 2015/16.

BS reported that the 2016/17 Audit workplan had been approved.

Approval:

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

7.3 Quality Committee: Minutes of the meeting held on 3 March 2016 and Chairman's Verbal Update of the last meeting held on 12 May 2016

The Interim Chairman asked SP to update the Board on her behalf. The minutes of the 3 March 2016 were noted.

SP reported that the Quality Committee had considered a number of reports including the following:

- Clinical Governance and Assurance paper;
- Draft Quality Account;
- Quality Impact Assessments of the 2016/17 Cost Improvement Plans (CIPs);
- Assurance on A&E Transformation Programme;
- Assurance of PTS Transformation Programme;

- Education and Training;
- Health and Wellbeing;
- Annual Review of a number of assurance processes.

He informed the Board that the Quality Committee had also considered its own effectiveness based on the Internal Audit Well Led Review and incorporated any learning in its plans.

SP advised that the Quality Committee had noted the challenges within A&E recruitment and retention, A&E Transformation Programme and PTS Transformation Programme. The Quality Committee had asked to be kept informed of any deviance from plan.

He explained that the Quality Committee also had a focus on the Care Quality Commission (CQC) inspection and action plan and also the implementation of the Communications and Engagement Strategy recently approved by the Board.

The Interim Chairman thanked SP for the 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.

7.4

Finance & Investment Committee: Minutes of the meeting held on 3 March 2016 and 15 March 2016 and Chairman's Verbal Update of the last meeting held on 12 May 2016

MW informed that there had been a number of items of that day's Private Trust Board meeting that had been considered by the Finance and Investment Committee (F&IC). The minutes of the meeting of 3 March and 15 March 2016 were noted.

She advised that the F&IC had received assurance on the Trust's compliance with the Government's Agency Cap, in addition to assurance on the Procurement Strategy and Service Line Management.

MW reported that the F&IC had commenced the annual review of the F&IC and its Terms of Reference.

The Interim Chairman thanked MW for the update.

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.

7.5

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

The Interim Chairman thanked everyone for attending and stated her belief it had been a good agenda with a lot of interaction and participation. She particularly referenced the positive stories the Board had heard and how these would be communicated to staff.

She remarked that she would welcome feedback on how she had Chaired the meeting.

SP stated his belief that the process for reporting on the Chief Executive's Report and Integrated Performance Report had seemed more fluid and constructive.

The Interim Chairman thanked all those present for attending the meeting.

The meeting ended at 1435 hours.

8. REGULATORY REPORTS

There were no Regulatory Reports.

9. FOR INFORMATION

There were no items for information.

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:

1300, 26 July 2016

Mercure Hull Grange Park Hotel, Grange Park Lane, Hull, HU10 6EA

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

 **INTERIM CHAIRMAN**

15.09.2016 **DATE**