



## Trust Board Meeting held in Public

**Venue:** Lazarus Suite, Doncaster Racecourse, Leger Way, Doncaster, South Yorkshire, DN2 6BB

**Date:** Tuesday 29 September 2015

**Time:** 1330 hours

**Chairman:** Della Cannings

### Present:

#### Board Members:

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

#### Apologies:

Ian Brandwood	(IB)	Executive Director of People & Engagement
Ronnie Coutts	(RC)	Non-Executive Director (Designate)

#### In Attendance:

Anne Allen	(AA)	Trust Secretary, YAS
David Smithson	(DS)	Interim Head of Human Resources, YAS
Victor Benson	(VB)	CV4 Consulting (Observing)
Beverley Peacock	(BP)	CV4 Consulting (Observing)

John Cunnington	(JC)	YAS Forum Member, East
John Egglestone	(JE)	YAS Forum Member, West
Stan Hardy	(SH)	YAS Forum Member, West
Dennis Shaw	(DSh)	YAS Forum Member, South
Rod Spratley	(RS)	YAS Forum Member, South
Karamjeet Singh Virdee	(KV)	YAS Forum Member, West
Olivia Eames	(OE)	YAS Forum, Staff Member
Mark Wright	(MWr)	YAS Forum, Staff Member

Cllr Lynn Healing	(LH)	YAS Forum, Appointed Member
Omar Bennaser	(OB)	Public Member
David Bolam	(DB)	Public Member
Stephen Forster	(SF)	Public Member
Steve Gorton	(SG)	Public Member
Ian Lodge	(IL)	Public Member
Mike Simpkin	(MS)	Public Member
Matthew Todd	(MT)	Public Member
Amarjit Virdee	(AV)	Public Member
Jim Brown	(JB)	York Healthwatch
Kevin Larkin	(KL)	Doncaster Reporter & BBC Radio Sheffield
Bev Marshall	(BM)	Doncaster & Bassetlaw NHS Trust
Jayne Andrews	(JA)	Head of Safeguarding & Quality Assurance, YAS
Cheryl Astbury	(CA)	Clinical Duty Manager, NHS 111, YAS
Don Buxton	(DB)	Community & Commercial Education Trainer, YAS
John Cartwright	(JCa)	Vanguard Programme Lead, YAS
Karen Cooper	(KC)	Head of NHS 111 Service Delivery, YAS
Kate Edgar	(KE)	Quality & Risk Co-ordinator, YAS
Rosie England	(RE)	Volunteering, YAS
Elaine Gibson	(EG)	Head of Media Relations, YAS
Fiona Goulding	(FG)	Organisational Learning Facilitator, YAS
Dave Jones	(DJ)	Community Resilience, YAS
Mark Leese	(ML)	Interim Lead Manager, NHS 111, YAS
Luke Playford	(LP)	Committee Services Administrator, YAS
Jo Rawnsley	(JR)	Volunteering, YAS
Craig Reynolds	(CR)	Quality & Risk Co-ordinator, YAS
Ali Richardson	(AR)	Foundation Trust Membership Manager, YAS
Karen Sellers	(KS)	Service Development Manager, NHS 111, YAS
Lorna Thornley	(LT)	Head of Corporate Communications, YAS
Keeley Townend	(KT)	Head of NHS 111, YAS
Karen Warner	(KW)	Associate Director, Quality & Nursing, YAS
<b>Minutes produced by:</b>	(MG)	Mel Gatecliff, Executive Officer, YAS

		<b>Action</b>
	The meeting commenced at 1100 hours.	
<b>1</b>	<p><b>Questions from the Public</b></p> <p>The Chairman welcomed everyone to the Trust Board Meeting held in Public.</p> <p>In terms of any questions arising from that morning's Annual General Meeting (AGM), the Chairman stated her belief that all questions had been dealt during the informal chats that had taken place over lunch.</p> <p>The Chairman then invited questions relating to the business of the Trust Board Meeting in Public from those present, asking people to identify themselves by name, geographical area and organisation if appropriate.</p>	

	Action
<p>DB, a Public Member from North Yorkshire, requested further information about the re-banding of Emergency Care Assistants (ECAs) to Emergency Medical Technician (EMT) 1 (Band 4) and EMT 2 (Band 5). He was particularly interested in the different services that the new grades would be able to provide.</p> <p>RB stated that a lot of work had taken place during the previous six months to establish a better career structure for staff in the A&amp;E service from non-qualified roles through to the Paramedic role.</p> <p>DM described the distinction between the roles, adding that staff were being upskilled to respond to and deal with any emergencies that they came into contact with. The EMT 2s' in-house training would allow them to be the senior medical person on an ambulance and with potential to train as a Paramedic in the future.</p> <p>DB asked how near YAS was to its ambition of one Paramedic per vehicle.</p> <p>DM replied that current national problems in relation to recruitment and the challenge of retaining YAS' own staff meant that internal development was increasingly important and it was difficult to say when the Trust would reach its target.</p> <p>The Chairman asked DM to provide information about the percentage of vehicles that the Trust was currently able to staff with Paramedics for inclusion in the action log.</p> <p><b>Action:</b>  <b>DM to provide information about current percentage of vehicles that were manned by Paramedics for inclusion in the action log.</b></p> <p>RS, a YAS Forum Public Member, stated that, again, there seemed to be a marked disparity in the increase in red calls against the general number of 999 calls. It had been reported that this was a national issue to be investigated and researched, so RS wondered whether any progress had been made.</p> <p>The Chairman replied that the Association of Ambulance Chief Executive's (AACE) had researched the issue and the resultant report had highlighted the complexity of the issues.</p> <p>JM stated that the report had highlighted the difficulty of teasing out separate issues in such a way as to enable the ambulance service to address them. He added that the completely changing landscape in the NHS meant that people were waiting longer to access health care which in turn was leading to the increased number of 999 calls.</p> <p>JE, a YAS Forum Public Member, stated that, following the negative publicity about the CQC inspection, he had not seen any positive news to combat those stories.</p>	<p>DM</p>

	<b>Action</b>
<p>He asked whether YAS was being proactive enough in the media arena.</p> <p>The Chairman stated that the Trust needed to be careful about any comments that it made as, if taken out of context, they could make YAS look very defensive. However, the Trust had issued some comments about the action plan that was in place and the fact that some of the issues had actually been resolved in the months between the inspection and the publication of the report.</p> <p>RB stated he had participated in a number of media interviews on the day, which were subsequently followed up with a number of stakeholder events attended by members of the Executive team.</p> <p>SP stated that YAS would continue to issue progress updates on its website and through the media, as it was essential that the media were presented with positive messages.</p> <p>The Chairman stated that the media were quick to pick up on negatives but not so quick to publish positive stories. It was important therefore for YAS to highlight those stories, with social media becoming increasingly important in that respect.</p> <p>The Chairman thanked those present for their questions.</p> <p>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.</p>	
<p><b>2</b></p> <p><b>Apologies / Declaration of Interests</b></p> <p>The Chairman welcomed everyone, including Interim Head of Human Resources DS, who was deputising for IB. Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p> <p>The Chairman stated that, as she would need to leave the meeting at 1600 hours, Deputy Chairman, PD, would take over the chair if necessary.</p> <p>Prior to the start of the main business of the meeting, the Chairman congratulated MG on her appointment to a new Executive Officer role and thanked her for her efforts as Committee Services Manager over the past few years.</p>	
<p><b>3</b></p> <p><b>Minutes of the Meeting held on 28 July 2015 including Matters Arising (not on the agenda) and Action Log</b></p> <p>The Minutes of the Trust Board Meeting in Public held on 28 July 2015 were approved as a true and fair representation of those meetings.</p>	

	<b>Action</b>
<p><b>Matters Arising:</b> There were no matters arising.</p> <p><b>Action Log:</b> RB guided the meeting through the updated Action Log. There were no outstanding queries about the completed actions.</p> <p><b>PB-363</b> – DS confirmed a number of items remained outstanding. PD stated she would like to see the recruitment plan aligned to the workforce plan to give a better understanding of progress to date. It was agreed that, due to the sensitivity of the information, the item should go to a future Private Board meeting. Action remains open.</p> <p><b>PB-365</b> – SP confirmed that a detailed discussion had taken place at September’s Quality Committee meeting where it was noted that the appointment of the Associate Director of Paramedic Practice should help in terms of current behavioural issues by engaging with staff, encouraging them to report concerns, etc. Action closed.</p> <p><b>PB-380</b> – MW confirmed that the item would be included on the agenda for the December meeting of the Finance and Investment Committee (F&amp;IC) as a discussion was required about the general monitoring of overtime in the organisation. Action closed.</p> <p><b>PB-382</b> – PD stated that the item had been discussed and agreement reached in principle although further discussion was required about the phasing and realignment of PDRs. The Quality Committee would continue to monitor progress. Action closed.</p> <p><b>PB-384</b> – DS stated that the Employee Wellbeing Advisor was cross-referencing information on the Datix system against occupational health records. A further update would be provided at the next meeting. Action remains open.</p>	
<p><b>4</b> <b>Chairman’s Report</b> The Chairman stated that, in order to avoid duplication, her intention was to provide information not covered elsewhere on the agenda. As the Chief Executive had presented such a comprehensive update at the earlier Annual General Meeting, that day’s report would be brief.</p> <p>The Chairman stated that YAS’ relatively lean level of senior managers meant it was challenging for the Trust Executive Group (TEG) to keep fully engaged in developments across the region such as the impact of the current reconfigurations. She placed on record her appreciation of the hard work and commitment shown by TEG.</p> <p>The Chairman stated that, as the Trust encountered the increasing pressures of the winter months, the Executive team and senior managers would be placed under even more pressure, which was a major concern to her.</p>	

		<b>Action</b>
	<p>However, the outcome of the current review of roles and responsibilities within the Executive team should help to ease some of these pressures and the Chairman was hopeful that she would shortly be able to provide an update on the new structure.</p> <p>The Chairman stated that the 2016/17 contract negotiations were due to commence with Commissioners. The organisation would therefore need to ensure that it strongly marketed its services to highlight the value of the ambulance service and how effective use of its services could save costs elsewhere in the healthcare system.</p> <p>The Chairman thanked everyone for listening to her update report.</p>	
<b>5</b>	<b>QUALITY, SAFETY AND PATIENT EXPERIENCE</b>	
<b>5.1</b>	<p><b>For Approval:</b></p> <ul style="list-style-type: none"> <li>• <b>NHS Trust Development Authority (TDA) Compliance with Monitor Licence Requirements for NHS Trust Return;</b></li> <li>• <b>NHS Trust Development Authority Board Statements</b></li> </ul> <p>RB confirmed that the monthly standard submission to the Trust Development Authority (TDA) for August 2015 contained no material changes to the commentaries submitted in July.</p> <p>Changes to the previous month's submission included:</p> <ul style="list-style-type: none"> <li>• The commentary in statement 2 had been updated to reflect the fact that the Quality Summit had taken place on 18 August, the CQC report had been published on 21 August and the CQC action plan had been submitted on 15 September.</li> <li>• Statement 8 confirmed that a revised trajectory had been submitted to the TDA in relation to the delivery of the Red 1 and Red 2 performance standards.</li> <li>• Statement 9 confirmed that a recovery plan was in place and progress would be monitored during the rest of the year.</li> </ul> <p><b>Approval:</b>  <b>The Trust Board approved the submission of the NHS Trust Development Authority Compliance with Monitor Licence Requirements for NHS Trusts Return and the NHS Trust Development Authority Board Statements for August 2015.</b></p>	
<b>5.2</b>	<p><b>For Assurance: Chief Executive's Report and Integrated Performance Report (IPR)</b></p> <p>RB presented an update to give the Board assurance on the activity of the Trust Executive Group (TEG) from 21 July to 22 September 2015 and the opportunity for TEG to highlight the key variances / movements contained within the August Integrated Performance Report (IPR).</p> <p>The Chairman stated it was the first time that the redesigned IPR had been considered in a Public Board meeting.</p>	

It was noted that, although it had already changed significantly from the previous version, the new IPR would require further development following receipt of feedback from the Board, Committees, etc.

RB presented a summary of key external events during the period, which included the request from the TDA for all NHS organisations to deliver stretched financial targets. YAS had been advised of a stretch surplus target of £2.404m against an original plan of £1.154m.

In response, the Trust had assessed the risks to performance and quality of trying to achieve the revised financial outturn and had asked the TDA to apply pressure nationally for a clearer instruction on re-investment of A&E performance penalties.

RB stated that the Care Quality Commission (CQC) Report, which had been published in August, had rated the Trust 'Good' in caring and aspects of effective and responsive services and had given one 'Inadequate' rating, in the safety domain for Resilience Services. Various key areas were also identified as requiring improvement.

Overall, the Trust's rating was 'Requires Improvement'. However, during the Quality Summit which was held to discuss the report's findings ahead of publication, the CQC had stated that the Trust was 'just a short distance from being Good'. It was acknowledged that many areas highlighted in the report were already being actioned as part of the Trust's improvement plans.

RB stated that improving survival rates following cardiac arrest was a core strand of YAS' vision to provide world class care for the local communities it served. The Trust had the best cardiac survival to discharge rates for the Utstein comparator group in England and sought to deliver further improvements through a number of key initiatives including building on the success of the existing 12 Humber Fire and Rescue Service First Responder Schemes.

The Trust was also undertaking extensive community training and public awareness in cardio pulmonary resuscitation (CPR). On 16 October the Trust's Restart a Heart Campaign would see the largest ever CPR training event in the world as in excess of 23,500 pupils across 93 schools in Yorkshire had pledged to take part.

Other highlights included:

- Progress in recruitment of A&E staff with 30-40 new members of staff due to join the Trust per month over the next 3 months.
- The roll-out of digital clinical technologies including the Electronic Patient Report Form (ePRF) and Paramedic Pathfinder decision support tool were progressing across West and North Yorkshire with hardware now installed in 54% of the Trust's ambulances.

- Work was progressing well to implement Make Ready vehicle preparation at Manor Mill Resource Centre in Leeds to support operational delivery over the winter period.

RB stated that the Trust executive and senior management teams continued to work closely with other NHS providers and stakeholders to take forward 'Vanguard' proposals for new models of urgent and emergency care in West Yorkshire.

In addition, YAS' annual Long Service and Retirement Awards had taken place in September with positive feedback received from those who had attended.

#### **Operations Directorate**

DM stated that, following the conclusion of the initial diagnostic and improvement work, Phase 2 of the A&E Transformation programme had commenced. A discussion took place about the implications of the proposals in relation to new staff rotas and fleet mix.

DM presented an update on the Trust's Resilience and Business Continuity work; confirming that the Trust's Annual Emergency Preparedness Resilience and Response (EPRR) Assurance Framework returns and winter planning were both on track and would be submitted within agreed deadlines.

#### **Clinical Directorate**

JM reported that, in partnership with the West Yorkshire Urgent and Emergency Care Network, and other provider organisations in West Yorkshire, YAS had been successful in being awarded Vanguard status in the new models of acute care programme.

Other highlights during the month included:

- The isochrone for bypass to a major trauma centre had been increased to one hour following NHS England direction.
- The evaluation of automated cardio pulmonary resuscitation (CPR) devices had demonstrated that the Zoll Autopulse was the preferred and effective device transporting patients requiring on-going chest compressions in cardiac arrest whilst being transported to hospital.
- The clinical app had continued to be developed so that all GP surgeries were now geo-located.

#### **Standards and Compliance Directorate**

SP stated that a working group, with representatives from the Staff Forum and Staff representative bodies had been established to oversee further development of YAS' approach to encouraging and responding to staff concerns about care in terms of 'Freedom to Speak Up'.



	<b>Action</b>
<p>He confirmed that good progress was being made to establish the framework and processes to support YAS' nurses in maintaining their professional development and registration, in anticipation of the new Nursing and Midwifery Council revalidation requirements.</p> <p>PD stated this was good news, adding her belief that a similar process should be brought in for Paramedics.</p> <p>SP stated that, as call volumes in NHS 111 remained above the contracted rate for the quarter and a national advertising campaign was expected to run over the winter period which would increase demand even more, a capacity review had been formally requested of Commissioners.</p> <p>SP confirmed that there had been some improvement in response times for complaints and concerns over the past couple of months. Hand hygiene and cleanliness audits, including spot checks by the Head of Safety/IPC Nurse had also shown positive improvements over the last two months.</p> <p>Following a question from PD about why safeguarding referrals had increased by about 30% since February, a long discussion took place.</p> <p>It was agreed that SP would follow this up with the Safeguarding team, bringing their response back to the Quality Committee in December for more detailed consideration.</p> <p><b>Action:</b>  <b>SP to identify reasons for increase in safeguarding referrals and report back to the December Quality Committee meeting.</b></p> <p><b>People and Engagement Directorate</b>  DS stated that the Trust had been advised in August of the joint trade unions decision to reject the latest A&amp;E workforce plan proposals. However, whilst the rejection was disappointing, in reality, it had not stopped YAS developing the re-shaping of its A&amp;E workforce.</p> <p>Following a lengthy period of consultation, a new pay protection policy was introduced on 3 September. The new policy brought YAS into line with the rest of the NHS, protecting pay for a maximum of two years in situations where staff were downgraded as a result of organisational change.</p> <p>DS confirmed that additional staff had been added to the recruitment team to ensure the current pace of recruitment could be maintained. The procurement of an electronic applicant tracking system would also improve the timeliness and effectiveness of the current process.</p> <p>It was agreed that arrangements would be made for Board members to receive a 'flu' vaccination at the next meeting on 20 October.</p>	<p><b>SP</b></p>



	<b>Action</b>
<p>The Chairman stated that she was pleased to see that a greater percentage of incidents that had been handled in time (Section 7, Quality).</p> <p>The Chairman noted that there was very little information on the Monitor Risk Ratings (Quarterly) page.</p> <p>The meeting considered the Finance overview in great detail.</p> <p>RB stated that work was underway to design a new A&amp;E ambulance which better met the needs of the patient and DM confirmed that four operational staff had recently travelled to Germany to view one of the models being considered.</p> <p>MW noted the amber rating for Capital expenditure, expressing concern that the Trust might not meet its Capital Plan target.</p> <p>RDT confirmed that there was an issue in terms of whether the new A&amp;E vehicles would be delivered before the end of March 2016.</p> <p>The Board moved on to discuss the PTS section of the new IPR.</p> <p>MW noted that the Trust seemed to be overspent on workforce in PTS.</p> <p>RB confirmed that more resource was currently being utilised than had been budgeted for.</p> <p>The Chairman stated her belief that clearer information was required in relation to the general use of overtime in the organisation.</p> <p>In terms of A&amp;E performance, RB stated that August had been a challenging month across the whole of the ambulance sector, adding that an improvement had been seen in the latter part of the month. YAS was now mid-table in terms of Red 2 performance although the Trust was still struggling to achieve its Red 1 trajectory.</p> <p>RB further stated that YAS had maintained a positive position in terms of A19 performance, currently standing third nationally. The Trust was also second nationally in terms of 'time to treat' 95% and 99% of patients.</p> <p>There had been a steady improvement in PTS with the introduction of 'day ahead' calls to check whether transport was still required. This enabled the Trust to make more efficient use of its resources.</p> <p>RB stated that a new stretch target in relation to the completion of Personal Development Reviews (PDRs) had been introduced, with the target for completion increasing from 75% to 80%.</p>	

	Action
<p>He confirmed that demand was down in terms of the projections that had been submitted at the beginning of the year.</p> <p>PD stated that, although demand might have decreased, time on scene had increased as visits became more complicated, adding that it was important to share this data being with Commissioners.</p> <p>PD further stated that data in relation to the recent increase in unplanned acute re-admissions in 30 days need to be analysed. She wondered how many of the 'frail elderly' were being picked up due to social care failures rather than it being an actual health care issue.</p> <p>JM provided an update on the current situation following which PD suggested that the Trust should use the available data as part of its contracting process.</p> <p>JN requested an update about the phasing and approval of training and annual leave.</p> <p>DM replied that great care was taken when scheduling training and annual leave to ensure that the right number of staff were in the right place at the right time.</p> <p>JN asked whether the correlation between sickness absence and refused requests for annual leave could be considered at a Finance and Investment Committee (F&amp;IC) meeting.</p> <p>DS stated that it would be feasible to do this as that level of information was now available by directorate.</p> <p><b>Action:</b>  <b>Correlation between sickness absence and refused requests for annual leave to be considered at December F&amp;IC meeting.</b></p> <p>BS asked whether each of the objectives in the business planning section had dates planned in to identify when they were due to go green.</p> <p>SP stated that plans containing a much greater level of detail, including timeline deadlines, sat behind each of the items.</p> <p>MW stated there was a full block of amber that was not pulled out in the commentary in the Business Plan Objectives and asked when the stretch targets were due to come back to Board.</p> <p>RB stated that they would first need to come back to F&amp;IC in December but the Board would be made aware of anything significant which arose in the meantime.</p>	<p>DS/RDT</p>

	<b>Action</b>
<p>RDT stated that one of the weakest areas in the IPR was Personal Development Review (PDR) completion which would be a key area to consider going forward. It was his belief that the Workforce section was that which needed greatest further development going forward.</p> <p>The Chairman stated that it would be helpful if the new IPR had page numbers, adding her belief that the layout of the revised document also need further work.</p> <p>The Chairman thanked everyone for their comments which would be taken on board during the further development of the IPR.</p> <p><b>Approval:</b>  <b>The Trust Board noted and discussed the variances contained within the August 2015 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.</b></p>	
<p><b>5.3 For Approval: YAS' Action Plan in Response to the Care Quality Commission Report (August 2015)</b></p> <p>SP presented an update on the Care Quality Commission (CQC) inspection and the YAS CQC action plan to the Trust Board. He confirmed that the action plan, which was reasonably straight forward, had now gone to the Trust Development Authority (TDA).</p> <p>PD stated that the plan had been considered in depth at the recent Quality Committee meeting and the Committee had taken significant assurance from the fact that the Trust Executive Group (TEG) were currently meeting to review progress on a weekly basis.</p> <p>SP stated that completed actions were shown in blue, adding that an action did not turn blue until such time as concrete evidence had been gathered to confirm that this was the case.</p> <p>The Chairman stated it was essential for the Trust to ensure that, following the implementation of actions, new standards were maintained.</p> <p>SP stated that Executive leads and responsible managers had been identified for both operational and support services areas.</p> <p>DM stated that the Operational Management team had agreed that a number of spot check visits would be undertaken by senior managers, adding that he, personally, had already undertaken a number of visits and would continue to do so.</p> <p>The Chairman stated it was also important for the Non-Executive Directors to play an active part in those visits, as they could provide an important independent view of activities on station, etc.</p>	

		<b>Action</b>
	<p>SP stated that the TDA had also offered their support.</p> <p>It was agreed that a further update would be provided at the next Trust Board Meeting in Public.</p> <p><b>Action:</b>  <b>SP to provide a further update at the November Trust Board Meeting in Public.</b></p> <p><b>Approval:</b>  <b>The Trust Board received the report as assurance that the findings of the CQC inspection published in August 2015 were being addressed and that progress against the CQC action plan were being made in a timely way.</b></p>	<b>SP</b>
<b>6</b>	<b>STRATEGY, PLANNING AND POLICY</b>	
<b>6.1</b>	<p><b>For Assurance: Update on the West Yorkshire Urgent Emergency Care Network: Vanguard Bid</b></p> <p>RB and JM presented an update on the West Yorkshire Urgent Emergency Care Network's (WYUECN) Vanguard bid.</p> <p>He stated that the Vanguard tied in with the national Five Year Forward View, which set out the strategy for the NHS.</p> <p>RB presented a slide which highlighted the complexities faced by the Trust across the Yorkshire region. He stated it was essential that the organisation decided where it wanted to direct its efforts to overcome the historic view of ambulance services as a transport service.</p> <p>He stressed the importance of collaboration from a patient's perspective and ensuring that the right interventions were made as far up the chain as possible.</p> <p>The Chairman left the meeting at 1600 hours. Deputy Chairman, PD, took over the chair.</p> <p>JM stated that the aim of the West Yorkshire Urgent and Emergency Care Vanguard was to ensure that all patients with urgent and emergency care needs in West Yorkshire got the right care in the right place, first time, every time.</p> <p>He explained the Vanguard enablers, stating that the Vanguard aimed to take a joined-up approach in terms of workforce to prevent fighting over scarce resources.</p> <p>The meeting considered the organisational fit of NHS England's nine High Impact Interventions with YAS' Urgent and Emergency Care Vision and the Vanguard Enablers.</p>	

	<b>Action</b>
<p>In terms of workstream planning, JM stated that a WYUEC Network event to scope out the detailed plan for the Vanguard Programme had taken place on 25 September. It had been agreed that YAS would lead on and develop 'Hear, See and Treat' and would also collaborate on other key workstreams</p> <p>'Hear, See and Treat' would be comprised of three sections:</p> <ul style="list-style-type: none"> <li>• Clinical Advisory Hub;</li> <li>• Workforce development;</li> <li>• Build on existing initiatives.</li> </ul> <p>The Clinical Advisory Hub would include the integration of 999 and 111 to provide care co-ordination, supported by a clinical advisory service.</p> <p>JM stated that YAS' NHS 111 Clinical Director of Urgent Care, Dr Phil Foster, had been involved in developing the Clinical Response Co-ordination approach, which outlined the importance of the integrated Clinical Hub.</p> <p>The workforce development section would include the development of Paramedics and the utilisation of a wider group of staff to resource a broader range of services. Working in a different way should end up with an agile, more resilient workforce.</p> <p>In terms of building on existing initiatives, JM stated that initiatives that already existed out in the community included:</p> <ul style="list-style-type: none"> <li>• Frequent callers;</li> <li>• Urgent Care Practitioners;</li> <li>• Mental Health Nurses;</li> <li>• Falls;</li> <li>• Mental Health Crisis teams.</li> </ul> <p>JM stated that the YAS Vanguard proposed timescales were as follows:</p> <p><b>April 2016</b></p> <ul style="list-style-type: none"> <li>• Plan for integrated 999/111 care co-ordination centre – Clinical advisory hub;</li> <li>• Rotational posts across YAS/primary care/acute providers;</li> <li>• Review of specialist emergency care pathways.</li> </ul> <p><b>April 2017</b></p> <ul style="list-style-type: none"> <li>• 'Intelligent ambulance' – access to WY care record;</li> <li>• Reconfiguration of specialist emergency care pathways;</li> <li>• Increased access to mental health crisis support;</li> <li>• Alternative transport for seriously mentally ill patients.</li> </ul>	

	<b>Action</b>
<p>Underlying challenges included the fact that Vanguard was a West Yorkshire-only model; the financial model; the focus on performance and capacity.</p> <p>JM stated that next steps would include a site visit by NHS England in late October.</p> <p>RB stated that a lot of engagement work was under way which would allow YAS to tie in other health communities.</p> <p>SP stated his belief that the Vanguard was a positive development and asked how JM envisaged it playing out in the contract discussions for 2016/17.</p> <p>JM replied that, although it was a leap of faith to a certain extent, the System Resilience Groups (SRGs) and Commissioners had signed up to things being done differently going forward.</p> <p>He further stated that, in terms of the integrated care record, the Leeds care record was reasonably well-established, adding that some testing should take place before Christmas.</p> <p>The Deputy Chairman stated her belief that the Vanguard route was the right way forward. However, although there were a lot of opportunities for the Trust, there were also a lot of challenges so the organisation would need to be clear about all implications.</p> <p>The Deputy Chairman thanked JM for his update.</p> <p><b>Approval:</b>  <b>The Trust Board received and noted the presentation about the West Yorkshire Urgent Emergency Care Network: Vanguard Bid.</b></p>	
<p><b>6.2 For Assurance: Employee Wellbeing Strategy Implementation Update</b></p> <p>DS stated that, since the implementation of the Strategy in March 2015, its progress had been overseen by the Employee Wellbeing Group with a number of actions and initiatives already completed.</p> <p>These included:</p> <ul style="list-style-type: none"> <li>• Development and communication of a calendar of wellbeing events;</li> <li>• Development and implementation of a policy on post exposure management;</li> <li>• Physical competency assessments established for Yorkshire Air Ambulance, Ambulance Intervention Team and Special Operations and Resilience Team;</li> <li>• Workstation assessment and redesign project in 111;</li> <li>• Development of a delivery and communication plan for the 2015/16 'Flu' campaign.</li> </ul>	



		<b>Action</b>
	<p>DS highlighted a number of other initiatives that were nearing completion, included an updated policy and guidance document on mental health issues in the workplace with accompanying training.</p> <p>EM suggested that the YAS Benevolent Fund could be utilised as a support mechanism.</p> <p><b>Action:</b>  <b>DS to inform Employee Wellbeing Group about the possibility of using the YAS Benevolent Fund to support some initiatives.</b></p> <p>The Deputy Chairman stated that the Quality Committee would expect to receive updates on the Workforce Race Equality scheme.</p> <p>DM stated that, within front-line Operations, there had been discussions around developing better support mechanisms for staff so Staff Forum members would be supporting work in that area.</p> <p>The Deputy Chairman stated that she was very supportive of the initiatives and believed that the more the Trust could do to support its staff, the better it would be.</p> <p><b>Approval:</b>  <b>The Trust Board noted the progress to date in terms of the implementation of the Employee Wellbeing Strategy.</b></p>	<b>DS</b>
<b>7</b>	<b>PERFORMANCE MONITORING</b>	
<b>7.1</b>	<p><b>Charitable Funds Committee: on Committee Chairman's report of the last meeting held on 2 July 2015</b></p> <p>EM updated the Trust Board regarding the activities of the Charitable Funds Committee. She stated that the next meeting of the Committee was not scheduled to take place until October 2015.</p> <p>EM confirmed that the Fund had received an £86k legacy from a lady In North Yorkshire, adding that the money would be used to sponsor dementia-friendly waiting rooms in hospitals.</p> <p>The Chairman thanked EM for her report.</p> <p><b>Approval:</b>  <b>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.</b></p>	
<b>7.2</b>	<p><b>Audit Committee: Committee Chairman's report of the last meeting held on 2 July 2015</b></p> <p>BS thanked SP for the summary of the July Audit Committee meeting which he had presented at the July Trust Board Meeting in Public. He stated that he had nothing additional to report, adding that the next meeting was due to take place on 1 October.</p>	

		<b>Action</b>
	<p>The Chairman thanked BS for his update.</p> <p><b>Approval:</b>  <b>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.</b></p>	
<p><b>7.3</b></p>	<p><b>Quality Committee: Minutes of the last meeting held on 9 July 2015 and Committee Chairman’s Update of the meeting held on 10 September 2015</b></p> <p>The Deputy Chairman updated the Trust Board regarding the activities of the Quality Committee and provided a short verbal update of the meeting held on 10 September 2015.</p> <p>She stated that the meeting had considered the Care Quality Commission action plan in detail and had asked for the format of papers going forward to be changed to include new risks from the revised Board Assurance Framework (BAF). Exceptions would be reported within each paper to allow the Committee to decide its current level of assurance.</p> <p>The Committee had only gained limited assurance in relation to performance delivery in Operations and the financial trajectory in the Patient Transport Service (PTS).</p> <p>PD stated that a detailed discussion had also taken place about the Well Led framework, the output of which would come back to a future Board Development Meeting (BDM).</p> <p>The Chairman thanked PD for her update.</p> <p><b>Approval:</b>  <b>The Trust Board noted the Minutes and was assured by the discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee’s work programme.</b></p>	
<p><b>7.4</b></p>	<p><b>Finance &amp; Investment Committee: Minutes of the meeting held on 9 July 2015 and Committee Chairman’s Update on the meeting held on 10 September 2015</b></p> <p>MW updated the Trust Board regarding the activities of the Finance &amp; Investment Committee (F&amp;IC) and provided a short verbal update of the meeting held on 10 September 2015.</p> <p>She stated that the Committee had gained significant assurance on the procurement process that the Trust had gone through prior to the appointment of its private providers for A&amp;E.</p> <p>The Committee had received a paper about the PTS transformation programme and Cost Improvement Plans (CIPs).</p>	

		<b>Action</b>
	<p>Progress had been noted and welcomed although some additional information had been requested, including an update on progress and clarification of the overall three year targets to come back to the December meeting.</p> <p>A Hub and Spoke update had also been received, although there remained a need to finalise the timescale within which the plans would come back to F&amp;IC and Trust Board for approval.</p> <p>The Chairman thanked MW for her update report.</p> <p><b>Approval:</b>  <b>The Trust Board noted the Minutes and 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.</b></p>	
7.5	<p><b>Board Review and Feedback: Board Vital Guiding Principles</b>  <b>T</b> – timely, accessible communications  <b>R</b> – respect differences; be supportive  <b>U</b> – understand shared purpose, risks  <b>S</b> – self-awareness; give/receive feedback; time for reflection  <b>T</b> – take responsibility; challenge</p> <p>The Deputy Chairman requested feedback on the meeting and asked whether the Board believed it had achieved its guiding principles. She noted that, although the meeting had overrun, there had been some important issues on the agenda.</p> <p>SP questioned whether the agenda had been too weighty, considering that in addition to the Private meeting the Annual General Meeting (AGM) had also taken place that morning.</p> <p>The Deputy Chairman stated that she had been very encouraged by the good attendance at the AGM.</p> <p>JN stated that he had been encouraged by the current large number of initiatives.</p> <p>RB stated that it had been a good venue.</p> <p>The Deputy Chairman stated that the session which the Board needed to improve was the review of the IPR. This important session had become very disjointed and the approach would need to be re-considered prior to the next Trust Board Meeting in Public.</p>	
8.	<b>REGULATORY REPORTS</b>	
	There were no Regulatory Reports.	
9.	<b>FOR INFORMATION</b>	

		<b>Action</b>
<b>9.1</b>	<p><b>YAS Forum Report of the last meeting held on 14 July 2015</b> The Report was noted.</p> <p>The Deputy Chairman thanked Board colleagues for their input and constructive challenge and wished everyone a safe journey home.</p> <p>The meeting closed at 1635 hours.</p>	
<b>10</b>	<p><b>Date and Location of Next Meeting: 24 November 2015, Cave Castle</b></p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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

**DRAFT**