



## Trust Board Meeting held in Public

**Venue:** Cave Castle Hotel and Country Club, Church Hill, South Cave, Brough, East Riding of Yorkshire, HU15 2EU

**Date:** Tuesday 24 November 2015

**Time:** 1130 hours

**Chairman:** Della Cannings

### Present:

#### Board Members:

Della Cannings	(DC)	Chairman
Rod Barnes	(RB)	Chief Executive
John Nutton	(JN)	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:

Barrie Senior	(BS)	Non-Executive Director
Erfana Mahmood	(EM)	Non-Executive Director

#### In Attendance:

Anne Allen	(AA)	Trust Secretary, YAS
David Smithson	(DS)	Interim Head of Human Resources, YAS
Karamjeet Singh Virdee	(KV)	YAS Forum Member, West
Amarjit Virdee	(AV)	Public Member
David Bolam	(DB)	Public Member
Steve Gorton	(SG)	Public Member
Mel Gatecliff	(MG)	Executive Officer, YAS
Luke Playford	(LP)	Committee Services Administrator, YAS

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

		<b>Action</b>
	The meeting commenced at 1130 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 and invited questions from those present, asking people to identify themselves by name, geographical area and organisation if appropriate.</p> <p>DB, a Public Member from North Yorkshire, requested further information about the West Yorkshire Urgent Care Network Vanguard bid and whether the Urgent Care Practitioners (UCPs) would be YAS' staff and if so, what grade they would be.</p> <p>JM replied that the band 7 UCPs would be YAS' staff and it was intended to work with other healthcare providers to put rotational posts in place, etc.</p> <p>DB referred to the report by Professor Sir George Alberti on Transforming Emergency Care in England (2004).</p> <p>JM replied that Dr Alberti's recommendations were considered during the on-going work with healthcare partners. It was essential that the responsibilities of Urgent Care Centres were clearly defined in terms of services provided, as YAS would not want to follow the path of cottage hospitals where each one was slightly different. Everyone involved would need to be clear about the capabilities of the Centres.</p> <p>DM stated it would be useful if a presentation about the Vanguard Programme could be brought to a future Trust Board Meeting in Public.</p> <p>JM advised that once the Vanguard was further developed then consideration could be given to present at a Public Board meeting.</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>	
<b>2</b>	<p><b>Apologies / Declaration of Interests</b></p> <p>The Chairman welcomed everyone, including Interim Head of Human Resources DS and JL, the new Committee Services Manager. Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p>	

		<b>Action</b>
<b>3</b>	<p><b>Minutes of the Meeting held on 29 September 2015 including Matters Arising (not on the agenda) and Action Log</b>  The Minutes of the Trust Board Meeting in Public held on 29 September 2015 were approved as a true and fair representation of the meeting.</p> <p><b>Matters Arising:</b>  Page 15, paragraph 3 – ‘which outlined the importance of the integrated Clinical Hub’ changed to ‘which highlighted the joint working within the Clinical Hub’.</p> <p>Page 12, paragraph 2 – the word ‘being’ removed.</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>Action PB-390 – DM confirmed 100% of Rapid Response Vehicles (RRVs) were manned by a Paramedic with 61% of Double Crewed Ambulances (DCAs) Paramedic-led. It was agreed this information would be provided as part of the future IPR reporting mechanism.  Action closed</p> <p><b>Action</b>  <b>Percentage of Paramedics on vehicles to be included in the IPR.</b></p> <p>Action PB-393 – RB advised that a baseline assessment would inform the on-going development of the Estates section of the IPR.  Action closed.</p>	<b>DM</b>
<b>4</b>	<p><b>Chairman’s Report</b>  The Chairman referred to recent tragic events in Paris, France and wider Europe with regard to terrorism. The Board conveyed their sympathies and condolences to all those who died and who were affected by the incident.</p> <p>Discussions around the ‘preparedness’ of the service if such an attack happened in the UK had taken place at the recent Association of Ambulance Chief Executive’s (AAACE) meeting. Against the context of working within a tougher financial climate it had been agreed it was pertinent to consider the resilience of the service.</p> <p>The Chairman stated her belief that YAS was resilient, fit for purpose and had strong partnerships with the wider health community. However, to enable the service to respond to increasing demand, in addition to any extraordinary incidents that might occur, appropriate funding would need to be delivered by the Government.</p> <p>The Chairman referred to the outcome of the Comprehensive Spending Review (CSR) which would shortly be announced by the Government. Detailed analysis would be required of the implications,</p>	

	<b>Action</b>
<p>or otherwise, for YAS. In the meantime, YAS continued to lobby to influence key figures within the Department of Health (DoH).</p> <p>The Chairman referred to a conference she had attended where Chris Hopson, Chief Executive of NHS Providers, had given a keynote speech.</p> <p>The speech was centred round the provision of outstanding quality of care, 24 hours per day, 365 days per year. The Chairman presented highlights whilst declaring she was a Trustee of NHS Providers.</p> <p>The Chairman stated that recent research showed that the quality of healthcare in England lagged behind other nations with 80% of NHS Trusts in England in financial deficit and an overall in-year deficit of £2bn. Mental health services were, in some instances, not meeting the needs of patients and the country spent less on health than the majority of other developed EU countries at 8.5% of Gross Domestic Product (GDP).</p> <p>It was the Chairman's belief that the Government pledge to provide a further £8bn to the NHS by 2020 should be accelerated to ease the current pressures on the health service.</p> <p>YAS was being managed within the current financial context with staff working hard to provide an efficient and high-quality service for patients including the Trust providing innovative solutions to challenges.</p> <p>The Chairman stated that YAS was currently in financial surplus and had good engagement with partner agencies, other emergency services and communities across the region. She stated that the papers on the agenda highlighted the raft of positive work that YAS was undertaking.</p> <p>The Chairman referenced an event she had attended with the Prime Minister, Simon Stevens, Chief Executive of NHS England and Jeremy Hunt, Secretary of State for Health and other leading professionals from the health community. The Prime Minister had referred to the pioneers those present represented and had outlined the following requirements for the NHS as a whole:</p> <ul style="list-style-type: none"> <li>• Integration ensuring the system was effective and efficient;</li> <li>• Provision of 24/7 services where appropriate, although YAS was already a 24/7 service;</li> <li>• Ensure the implementation of the results of on-going research and innovation.</li> </ul> <p>The Chairman stated that to enable YAS to progress there would need to be a period of significant change but this would ensure the organisation was robust going forward.</p> <p>The Chairman thanked everyone for listening to her update report.</p>	

		Action
5	<b>QUALITY, SAFETY AND PATIENT EXPERIENCE</b>	
5.1	<p><b>Patient Story</b></p> <p>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.</p> <p>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.</p> <p>The Chairman presented ‘Brian and Ann’s Story’.</p> <p>During a quiet evening at home, Ann collapsed, and Brian was faced with a heart-breaking situation. Brian reported that, “I could see she wasn’t breathing. She had no colour whatsoever. I knew there was something very seriously wrong.”</p> <p>Brian dialled 999 and was put through to an operator. Brian said “I was still in panic mode speaking to her, I was so frightened. The operator said ‘you need to listen to what I’m telling you’. Then she told me exactly what to do, where to place my hands on top of the other. She kept counting ‘1,2,3,4’ and told me to keep the rhythm up, and not to stop until the medical people arrived.”</p> <p>Brian said the moments that followed “seemed like forever”, but a Paramedic arrived within three or four minutes. Brian said “He got the oxygen mask out and said ‘I’ll take over now’. I still wasn’t sure. “I thought I had lost her. But he told me ‘you’ve got her breathing’.”</p> <p>Brian was very keen to thank the “absolutely brilliant” 999 operator - as well as staff at Leeds General Infirmary.</p> <p>“Fortunately with the help of that lady I did what I needed to do,” he said. “They have been praising me, but I don’t feel like a hero. To me, that lady (999 operator) was the real hero.”</p> <p>A video was played with Brian and Ann sharing their experience.</p> <p>YAS’ Medical Director, Dr Julian Mark had commented to the Yorkshire Post:</p> <p>“We are delighted to hear about Ann’s recovery from her cardiac arrest and would like to commend the actions of her husband Brian. He stayed calm in a distressing situation and carefully followed our call handler’s instructions on how to perform CPR.</p> <p>“Staff in our emergency operations centre do a fantastic job every day, providing vital instructions and reassuring callers and patients so immediate care can be provided until the ambulance crew arrives.</p> <p>“The happy ending to this particular story underlines the importance of members of the public learning life-saving skills and we are</p>	

		<b>Action</b>
	<p>committed to doing everything we can to support this and help improve people's chances of survival."</p> <p>The Chairman advised that Brian had offered to meet the 999 call handler to show his appreciation. The person had politely declined the invitation but all his favourable feedback was passed on by a member of the Patient Relations team at YAS.</p> <p>The Chairman stated that the story highlighted the immediate impact YAS' staff could have on another person. She thanked everyone for listening, Gareth Flanders for liaising with Brian and Ann to compile the story and Brian and Ann for allowing their story to be shared.</p>	
5.2	<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 advised that the monthly standard submission to the Trust Development Agency (TDA) for October 2015 were brought before the Board for approval and submission.</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 CQC action plan had been to the Trust Board on 29 September.</li> <li>• Performance in 2015-16 (year to date) remained off plan and below trajectory. However, October had showed signs of improvement that had continued into November. It was noted that the November figures would be taken out of the report.</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 October 2015.</b></p> <p>The Chairman stated that performance was moving in the right direction, adding that YAS was one of the better performing ambulance services when compared nationally.</p> <p>RDT referred to a coding error where 65 of 24,854 Red 2 calls were coded as Red 1 due to an inter-facility transfer Emergency Operations Centre (EOC) Coding issue. He stated that the corrected October figure for Red1 was 73.7% rather than the 74.7% previously indicated in TDA weekly reporting packs.</p> <p>RDT advised that a root cause analysis was being undertaken, the outcome of which would be reported to the relevant stakeholders including the Trust Board and relevant Management Committees.</p>	

		Action
5.3	<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 30 September to 16 November 2015 and the opportunity for TEG to highlight the key variances / movements contained within the October 2015 Integrated Performance Report (IPR).</p> <p>The Chairman advised that the new IPR was still under development and that, as the report was very detailed, any questions relating to the IPR should be raised under the relevant Directorate report.</p> <p>RB presented a summary of key external events during the period, which included the appointment of Jim Mackey to the role of Chief Executive of NHS Improvement. John Wilderspin had taken up the post of Integration Director and the two posts would oversee the integration of the NHS Trust Development Authority (TDA) and Monitor, the existing regulatory bodies for NHS Trusts and Foundations Trusts.</p> <p>RB reported that on 23 October, Andrew Jones MP, Under Secretary of State for Transport had given a key note address at a conference on Total Transport at the National Railway Museum, York. The aim of the conference had been to encourage joint working between Clinical Commissioning Groups (CCGs), Ambulance Trusts, Local Authorities and community transport providers to deliver smarter, more cost effective, health transport.</p> <p>RB reported that some Local Authorities were keen to enter the PTS market as they felt they could deliver the service within their existing infrastructure and resource which was a potential risk for YAS.</p> <p>RB advised that YAS would look to develop greater partnership working as part of the new Patient Transport Service (PTS) supplier framework contracts.</p> <p>RB reported that a new 'Consensus' had been signed by NHS England, Public Health England, Age UK, the Fire and Rescue Service and the Local Government Association to tackle health and social problems and reduce winter pressures and YAS had joined with local Age UK and the Fire and Rescue Service to support the initiative.</p> <p>RB stated that over 80 schools had taken part in the Restart a Heart event on 16 October with over 20,000 school pupils trained in Cardio-pulmonary resuscitation (CPR). The event had attracted a large amount of regional and national media coverage and was well-supported by other local NHS organisations and the third sector. RB placed on record his thanks to Jason Carlyon, YAS' Resuscitation Manager and the rest of the team.</p>	

**Action**

RB stated there had been a paper on the Private Agenda that day in respect of the West Yorkshire Urgent and Emergency Care Network Vanguard Programme. YAS was focusing on three core areas including development of the Care Coordination Hub for NHS 111 and 999, Urgent Care Practitioner development and new Care Pathway development for services such as mental health. The Trust was therefore at the forefront of the development.

RB confirmed the NHS England team had been extremely positive about the strength and scale of the submission and had confirmed that additional funding would be made available for the next stage of development.

RB advised that the Executive Team had met with Chief Officers from the 20 CCGs in Yorkshire who commissioned A&E services. YAS' Service Strategy had been presented and an update received on Commissioners' plans to develop a long term Commissioning Strategy for YAS which would be developed over the remainder of the financial year with longer term strategic discussions around the contracts for NHS 111, PTS and A&E.

RB reported that the new Make Ready service had successfully gone live at the Manor Mill facility in Leeds. This was the first step in rolling out the Hub and Spoke model across urban areas in the region and a team of dedicated staff undertook vehicle cleaning, infection control and re-stocking.

RB had been impressed with the quality of the staff undertaking the work. DM had also been impressed with JV Solutions' work.

RB confirmed that TDA approval had been received for the revised Executive Director structure, adding that the next step would be consultation with senior staff. He confirmed that advertisements for the substantive Executive Director of Finance and the Director of Workforce roles had been published.

RB expressed his belief that it was crucial to appoint to these posts to take forward the complex and challenging agenda faced by the organisation.

RB expressed his congratulations to Bryan Ward, Head of Education and Standards, who had been presented with the prestigious Queen's Ambulance Service Medal (QAM) at Buckingham Palace.

RB stated that YAS had recently been nominated for several awards and he wished all nominees good luck:

- The Emergency First Responder scheme with Humberside Fire and Rescue had been shortlisted in the Fire Magazine's Excellence in Fire and Emergency Awards 2015 under the Innovation of the Year category.



	<b>Action</b>
<ul style="list-style-type: none"> <li>• YAS had been shortlisted for the Yorkshire Evening Post - Best of Health Awards 2015 in three categories:               <ul style="list-style-type: none"> <li>○ Gareth Ross a York Paramedic in the Emergency Worker of the Year category;</li> <li>○ Sean Ridley a Community First Responder also in the Emergency Worker of the Year category;</li> <li>○ Restart a Heart team for Team of the Year.</li> </ul> </li> </ul> <p>RB reported that the Drop-in Centre in the Ridings Shopping Centre, Wakefield, had opened for a period of one week. RB had attended the opening and had been encouraged by the amount of people who had attended (103 on the opening day). RB thanked Ali Richardson, YAS' Membership Manager for her hard work on the initiative.</p> <p>RB confirmed that there had been improvement in both Red 1 and Red 2 performance against a backdrop of a pressurised hospital A&amp;E system with delays occurring outside some A&amp;E departments. Statutory training was still taking place as were Personal Development Reviews.</p> <p><b><u>Operations Directorate</u></b></p> <p>RB reported that the A&amp;E Transformation programme was established in September and regular team meetings were now taking place. Proposals on a new management structure had been put forward and workforce planning had been reviewed.</p> <p>RB stated that the Trust had joined the second phase of the national Ambulance Response Programme (ARP) which aimed to identify life threatening emergencies very early in the call cycle and allocate a vehicle quickly. Those calls not identified as serious and life threatening were given more time to allow a more informed decision to be made on the most appropriate vehicle to send. The pilot had been operational within YAS for a few weeks and early indications showed a positive impact with the average level of resource sent to each incident dropping from 1.8 to 1.4.</p> <p>PD raised the issue of A&amp;E Red 'outliers', citing one CCG area with disproportionately high referrals to 999.</p> <p>DM advised that YAS was aware of the outlier information and this had been considered at System Resilience Group (SRG) level.</p> <p>The Chairman asked for analysis to be taken through the Quality Committee.</p> <p><b>Action:</b>  <b>Analysis of ambulance use and outlier information to be presented at Quality Committee in May</b></p>	<p style="text-align: center;"><b>DM</b></p>

	<b>Action</b>
<p>PD referred to the issue of recorded 'pain scores' detailed within the IPR which did not seem to have moved much in the past 12 months.</p> <p>JM advised that this would be addressed through the launch of a new Patient Care record with improved fields for recording pain scores and immobilisation.</p> <p>BS asked about the electronic Patient Record Form (ePRF) and whether the gaps in records were due to design.</p> <p>DM advised that the current system contract was coming to an end and the procurement process would start for a new system shortly. Newer systems on the market were more intuitive and much quicker and when the new system was rolled out plans would be in place to embed this into everyday practice.</p> <p><b><u>Clinical Directorate</u></b></p> <p>RB stated the West Yorkshire Urgent and Emergency Care Network Vanguard Programme would be discussed later on the agenda.</p> <p>RB referred to the loss of practitioners to other parts of the health care sector and asked whether YAS should reflect on the attractiveness of its career pathways.</p> <p>DM stated that the A&amp;E transformation programme should address some issues around career pathways with the introduction of an Assistant Director of Paramedic Practice role welcomed by staff.</p> <p>The Chairman asked about the decision by Wakefield CCG to terminate the contract for Urgent Care Practitioner (UCP) provision.</p> <p>JM reported that embedding the UCP role into Wakefield had been difficult with higher non-conveyance rates. It appeared that the CCG had felt the role had not made the intended impact on the system.</p> <p>MW referred to the UCPs that had been moved to the Sheffield scheme. RB advised the five Wakefield UCPs affected had been redeployed to support the Sheffield scheme as an interim measure.</p> <p>Discussion took place around funding and value for money and the fact that savings did not always accrue where expected.</p> <p>The Chairman asked if a cost benefits analysis had been undertaken. JM responded that although periodic reports had been received they had not included that type of information. However, he would look to capture this going forward.</p>	

	<b>Action</b>
<p><b><u>Standards and Compliance Directorate</u></b></p> <p>SP reported that a positive joint Quality workshop had taken place in November between YAS and CCG senior teams. The event included discussions around potential Commissioning for Quality and Innovation (CQUINS) for inclusion in the 2016/17 A&amp;E contract.</p> <p>RB referred to the 'Freedom to Speak Up' campaign and advised there was a working group which included both staff and trade unions. The working group was making good progress and recommendations for the implementation of the nationally recommended 'Freedom to Speak Up' Guardian role would be made to the Trust Executive Group in December.</p> <p>BS asked if there would be a financial loss or gain due to the NHS 111 call rate volume.</p> <p>SP responded that the call rate was 5.2% over the level funded within the contract. A capacity review had been requested with Commissioners in order to ensure patient care would be maintained, with a reply from the Commissioners imminent.</p> <p>PD enquired about medical equipment maintenance and asked why the statistics had deteriorated.</p> <p>The Chairman stated that, although previous assurance had stated that YAS was meeting its targets in that area, it now seemed as if there had been slippage.</p> <p>It was agreed that this should be taken to the Quality Committee for further discussion.</p> <p><b>Action:</b>  <b>Information about Medical Devices inspections to be taken to May Quality Committee.</b></p> <p><b>People and Engagement Directorate</b></p> <p>RB referred to the Blue Light Mind Event on 9 November which had been attended by 45 members of staff. The event had been organised as part of the Trust's Health and Wellbeing strategy with the aim of developing awareness around mental health.</p> <p>There had been a presentation on the subject of Post-traumatic Stress Disorder (PTSD) and it was acknowledged that YAS staff could be affected by PTSD. This area would require longer term plans and would be addressed through YAS' Health and Wellbeing strategy.</p> <p>RB stated that the Workforce Race Equality Scheme initial action plan had been provided to the Board and the new Head of Equality had been in place a few months. Equality Objectives would be brought back to the Board in due course.</p>	<p><b>SP</b></p>

	<b>Action</b>
<p>The Chairman reflected that although NHS Boards should be representative of the population in which they served and, based on figures for the region, YAS was not representative. The Chairman stated her belief that more could be done to reach to a wider and broader populace in the region.</p> <p>RB advised this would be communicated to agencies when recruiting.</p> <p>RB reported that the Cultural Survey results had been presented to the Trust Executive Group (TEG) and would be presented to the Trust Board in due course.</p> <p>Discussion took place around Statutory and Mandatory Training with DS advising that there was a two year compliance rate over the transition period.</p> <p>SP stated that compliance would be closely monitored.</p> <p>The Chairman expressed concern about the sickness and absence rate which was currently 5.69% against a target of 5%. DS reported that improvement had been made compared to last year which had resulted in 8,210 full time equivalent (fte) more days available in terms of attendance.</p> <p>DS advised that the sickness policy was being reviewed and strengthened and an internal audit process would be undertaken to ensure that sickness absence was being dealt with appropriately and that people were in the correct stage of the policy.</p> <p>The Chairman emphasised the need to be effective in that area and reflected on the relationship between employee engagement and sickness absence.</p> <p>Discussion took place around sickness absence and effective return to work interviews following a period of absence. DS assured the Board that sickness absence was being reviewed and management were ensuring that the correct process was being followed.</p> <p>BS asked whether the position had deteriorated in terms of the Cost Improvement Plan (CIP).</p> <p>RDT replied that the Trust would be able to deliver broadly in line with the CIP.</p> <p>The Chairman stated her belief that the target for Personal Development Reviews (PDRs) should be 100% rather than the current 80%. She acknowledged that although there had been a big improvement, the shortfall was still unacceptable.</p>	

	<b>Action</b>
<p>Discussion took place around this and the need to ensure that those who were eligible have an annual appraisal received a 'quality' appraisal.</p> <p><b>Finance and Performance Directorate</b>  RDT updated the Board on the Trust's current financial position. He stated that YAS had submitted a revised surplus plan to the TDA as part of a national requirement.</p> <p>The Chairman emphasised the need for clarity going forward in the IPR in terms of Estates, etc.</p> <p>MW advised that an update would be presented to the Finance and Investment Committee (F&amp;IC) the following week.  RDT advised that the 2016/17 contract negotiations for A&amp;E Operations had commenced in October.</p> <p>RDT updated the Board on the proposed Fiat Ducato van conversion vehicles. He stated that, following the successful new Fiat Demonstrator two-week roadshow over 200 feedback forms had been received from A&amp;E staff.</p> <p>The proposal to move forward with the Fiat based vehicle in preference to the Mercedes Sprinter was endorsed by the Vehicle and Equipment Committee and staff had made recommendations for additional modifications during the process. Consideration was being given to a short mini-competition tender process which would enable all staff modifications to be adopted at the same time. Many front-line staff commented very positively that for the first time they were pleased to have had the opportunity to see and provide input into the new vehicle before final decisions were made.</p> <p>RDT advised that the Vehicle Mobile Data Terminal and Satellite Navigation upgrades were on target for completion by the end of November.</p> <p>A report on the Hub and Spoke project would be going to the December F&amp;IC with RDT confirming that there would be no access to 'capital' at a national level.</p> <p>BS referred to the Passenger Transport Services (PTS) CIP scheme and asked if this was achievable.</p> <p>RDT advised that work was being undertaken on the workforce structure, sub-contracting and re-tendering contracts and this should impact on the current CIP position.</p> <p>BS stated that it would be useful to have more commentary on CIPs in the Chief Executive's report going forward.</p>	

	Action
<p><b>Action:</b>  <b>Executive Directors to include more commentary on CIP performance in their sections of Chief Executive’s report.</b></p> <p>A discussion took place around PTS and the deliverability of the anticipated savings. MW advised the issue would be discussed in detail at F&amp;IC the following week.</p> <p><b>Integrated Performance Report (IPR)</b>  RDT advised that the IPR was still under development and work was on-going to strengthen the narrative. The Capital and Estates sections needed further work and the ICT section was still missing.</p> <p>The Chairman asked that greater clarity be given to the graphs within the document.</p> <p>The Chairman requested that feedback be given to RDT on the IPR.</p> <p><b>Action:</b>  <b>All further feedback on IPR to be emailed to RDT for action.</b></p> <p>SP stated that the new IPR was a significant piece of work by the Business Intelligence Team and should provide more confidence going forward.</p> <p>The Chairman expressed her thanks to RB and the team on the production of the document and the continued development work throughout the organisation.</p> <p>The Chairman advised that the NHS Christmas Carol Service would take place on the 9 December at 6.30 pm at York Minister.</p> <p><b>Approval:</b>  <b>The Trust Board noted and discussed the variances contained within the November 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>The meeting broke for lunch at 1335 hours, reconvening at 1400 hours.</p>	<p>RB</p> <p>ALL</p>
<p><b>5.4 For Assurance: Update on the Improvement Plan to Address Care Quality Commission (CQC) Recommendations</b>  SP provided the Trust Board with an update on the Care Quality Commission (CQC) inspection and presented an update on the YAS CQC action plan.</p> <p>The action plan was being monitored by the Trust Executive Group (TEG) on a weekly basis. Progress had been positive and the Trust was on track to have completed all actions by March 2016.</p>	

	<b>Action</b>
<p>SP advised that the Fleet and Estates actions were on track:</p> <ul style="list-style-type: none"> <li>• The management of consumables was addressed at the time of the inspection and the CQC were satisfied this had been maintained;</li> <li>• Revised procedures and monitoring was in place for cleaning, consumables and equipment;</li> <li>• Premises assessment and programme of estate works (including security assessment, storage areas and sluice rooms) had been undertaken. A business case for the stations at Bentley and Doncaster would be put forward in January 2016 to improve the working environment;</li> <li>• Make Ready Scheme pilot commenced in November 2015;</li> <li>• The ‘bare below elbows’ initiative to aid infection control had been successful with audit results showing improvement;</li> <li>• Fob watches had been ordered for clinical staff, this had been delayed to ensure that staff input and quality were taken into account. Engraving would not take place on the watches as the prototype had been of poor quality.</li> </ul> <p>PD asked if staff would be required to replace their fob if it was lost, broken or misused.</p> <p>SP responded that it would be expected that staff would cover the cost of any replacement themselves. This message would be conveyed when the watches were distributed.</p> <p>Within Learning and Development, several developments had taken place including a bulletin to staff which encouraged the reporting of adverse events and advising staff what action should be taken in that regard. Monitoring arrangements were in place to identify missed PDRs on an ongoing basis.</p> <p>In terms of risk management, SP reported that work had been undertaken to ensure there was a clear escalation process from departments to the Executive Group and Trust Board.</p> <p>SP advised there had been a review of the organisational structure and accountabilities had been clarified. Documentary evidence was being collated on the different work-streams to demonstrate the improvement in and completion of actions.</p> <p>SP advised it was the intention to undertake a ‘mock inspection’ towards the end of the financial year.</p> <p>SP reported that an update meeting was shortly due to take place with the CQC and it was expected that re-inspection plans would be discussed at that meeting. He emphasised the fact that the action plan was being tracked through the Executive Group and was being afforded the highest profile. Stakeholders had been briefed and were being kept up to date with developments.</p>	

	Action
<p>PD queried why medical devices performance had deteriorated and were now rated as Red on the IPR.</p> <p>SP replied that there had been some positive developments in this regard around standard operating procedures. In addition the post of Medical Devices Manager had been advertised.</p> <p>RDT advised that an options appraisal was being undertaken around the provision of in-house versus alternative, external support.</p> <p>DM provided an update on the national uniform procurement and advised that the issue had been resolved. The solution allowed YAS a number of options including procuring from the national contract or procuring a more bespoke uniform. Head of Procurement, Mike Fairbotham, was currently working up a proposal.</p> <p>RDT stated that whenever possible stock would be ordered from the national contract to contain costs.</p> <p>PD requested that all actions rated 'Blue' ie complete be taken to Quality Committee for further consideration or sign off.</p> <p><b>Action:</b>  <b>CQC actions rated 'Blue' be taken to Quality Committee for further consideration or sign off.</b></p> <p>SP advised that the audit process had built in more assurance. Significant progress had been made and in most cases YAS had moved beyond the requirements of the action plan.</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 was being made in a timely way.</b></p> <p>The Chairman thanked the team for the progress on the action plan.</p>	<p>SP</p>
<p><b>5.5 For Assurance: Board Assurance Framework including Corporate Risk Register</b></p> <p>SP presented an update on the risks recorded within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) to provide assurance on the effective management of corporate risks. He advised that the updated BAF and CRR had been reviewed by the Risk and Assurance Group (RAG), Trust Executive Group, etc and had gone through the September round of Board Committees.</p> <p>SP referred to the paper and advised the Trust Board that all updates to the BAF and Risk register were annotated in red.</p> <p>SP advised there were four new risks to highlight to the Board:</p>	



	<b>Action</b>
<ul style="list-style-type: none"> <li>• Risk ID 735: Possible loss of income and staff due to potential decommissioning of Health Care Professionals' (HCP) green bookings.</li> <li>• Risk ID 720: Possible risk to patient and staff safety if adequate winter plans are not put in place resulting in an inability to maintain effective service delivery.</li> <li>• Risk ID 721: There could be an interrupted flow of getting staff into post to address service demand if current pressures on the Training and Education team continue and increase further, as is expected as a result of the revised workforce plan.</li> <li>• Risk ID 731: Potential risks to staff safety and musculoskeletal injuries from Mercedes van conversion ambulances due to the operation of the tail lift and from working with/moving patients in a confined environment.</li> </ul> <p>SP stated that two pieces of work around risk had been requested by the Audit Committee:</p> <ul style="list-style-type: none"> <li>• A review of the Internal Audit programme and any risks to the organisation therein. Where appropriate, these would be mapped onto the CRR;</li> <li>• Compilation of a profile of risks across the organisation with a report to go back to a future Audit Committee meeting.</li> </ul> <p>SP advised that the review of all risks across the organisation had commenced and would be reported to the Audit Committee in January 2016.</p> <p>The Chairman referred to risk 731, the purchase of the Mercedes van conversions. SP explained that the risk would either need to be re-worded or taken out completely as work was currently on-going to resolve the issues with the vehicle.</p> <p>He further stated that issues had been flagged through the Health and Safety process and individual reports of incidents by staff.</p> <p>SP stated the paper would be going to the December Quality and Finance Investment Committee meetings for further consideration and scrutiny.</p> <p><b>Approval:</b>  <b>The Trust Board received the report as assurance that there is effective management of corporate risks.</b></p>	
<p><b>5.6</b></p> <p><b>For Approval: Annual Review of the Adequacy of the Information Governance Management Framework, Role of the SIRO and Supporting Information Risk Management Infrastructure</b></p> <p>SP stated that the purpose of the paper was to review the adequacy of YAS' Information Governance Management Framework to ensure it remained fit for purpose. In addition, it would also ensure that the</p>	

	<b>Action</b>
<p>role and responsibilities of the Senior Information Risk Owner (SIRO) and supporting information risk management infrastructure ie the Caldicott Guardian, Registration Authority Lead and Information Asset Owners, remained current, effective and correctly assigned.</p> <p>SP advised that a number of Information Government (IG) Toolkit requirements set out that the Trust should regularly review its IG arrangements to ensure that they remained fit for purpose.</p> <p>SP outlined the arrangements for review and explained what the Trust had in place to address the IG agenda. SP further outlined the key areas within the IG Toolkit guidance, senior roles, key policies, key governance bodies, resources and governance framework.</p> <p>SP stated he was satisfied that the arrangements in place ensured the organisation was in control of its IG although the Senior Management Portfolio review would mean that there would be some changes to the information provided in the paper.</p> <p>The Chairman stated that the framework process and procedures therein helped to ensure that YAS was operating effectively in terms of IG, asking what processes were in place going forward to identify and resolve issues around IG. It was the Chairman's belief that the framework would need to be dynamic to ensure it remained compliant in terms of Caldicott, etc.</p> <p>SP responded that the current processes and roles in place would ensure YAS' compliance. However, there would need to be further enhancements and developments as the agenda progressed.</p> <p>JM advised that issues raised had been used for learning, such as providing a car dashboard sticker which reminded colleagues to ensure that patient notes were 'made safe' before travel.</p> <p>The Chairman reflected it was imperative that staff knew how to raise issues and where they should go for advice.</p> <p>SP advised that there were a number of Information Asset Owners across the organisation who cascaded information to colleagues.</p> <p>BS advised that the Audit Committee received regular assurance on IG.</p> <p>PD referred to staff not attending their IG training as had been detailed in the workplan.</p> <p>SP advised that identifying those members of staff who had not undertaken training was an on-going piece of work, adding that he would provide an update at the December Quality Committee.</p>	

	Action
<p><b>Action:</b>  <b>SP to ensure information about non-compliance with IG training requirements was provided at December Quality Committee.</b></p> <p>SP stated that work was under way to identify records stored at locations across the region. Once identified these would be archived or destroyed as appropriate. This would be an on-going piece of work over the next 12 months.</p> <p>The Chairman stated that the review of Estates should highlight any discrepancies within the process.</p> <p>SP advised that the policy was reviewed regularly and JM added that it covered both paper and electronic records.</p> <p><b>Approval:</b>  <b>The Trust Board noted the update.</b></p>	<p><b>SP</b></p>
<p><b>5.7</b></p> <p><b>For Approval: Statement of Compliance for Emergency Preparedness Response and Recovery</b></p> <p>DM advised the paper sought Trust Board approval of the Emergency Preparedness, Response and Recovery (EPRR) Statement of Compliance which was the annual statement of compliance against the NHS England Core Standards Matrix, the NHS England planning framework, Everyone Counts: Planning for Patients 2014/15 , and the 2013/14 NHS standard contract (Service Condition 30, page 25).</p> <p>DM stated that the report also informed the Board of progress against the YAS Action Plan for 2014/15 and of the additional actions required following the assurance process.</p> <p>DM advised that a self-assessment had been undertaken against the matrix and an action plan had been developed. This would be submitted to the Trust Development Authority (TDA) with the Statements of Compliance once approved by the Board.</p> <p>DM stated that, within the Yorkshire Region, all three NHS England Area teams were undertaking the assurance process with their respective NHS Category One providers. YAS would therefore have to provide a single self-assessment and action plan but three separate 'Statements of Compliance'.</p> <p>He advised that the information would be monitored through the IPR.</p> <p>DM highlighted issues around training in line with national requirements due to performance and workforce pressures which had the potential to increase risk for YAS in regard to capability and capacity to respond to a major incident.</p>	



		Action
	<p><b>Approval:</b>  <b>The Trust Board approved the Emergency Preparedness Response and Recovery Statement of Compliance and noted the action plan and delivery timescales.</b></p>	
<p><b>5.8</b></p>	<p><b>For Assurance: Resilience Half-Yearly Report</b>  DM updated the Trust Board on Emergency Preparedness Response and Recovery activities for the first six months of the NHS year. DM outlined the details contained in the report, which included YAS' key responsibilities, key risks and next steps and reported that the Business Continuity Team had ensured compliance with ISO22301. DM stated that both he and the Head of Resilience had undertaken a number of unannounced visits to the Hazardous Area Response Team (HART) service and the visits had confirmed that the systems put in place post the CQC inspection continued to be managed effectively.</p> <p>RB referred to Page 17 of the report and queried the HART vehicle replacement and the national position. DM replied that he would investigate the position and confirm.</p> <p><b>Action:</b>  <b>DM to investigate the national position on HART vehicle replacement.</b></p> <p>The Chairman questioned who held the Local Resilience Forums' to account.</p> <p>DM explained that Local Resilience Forums had a 'confirm and challenge' process and each Forum had an individual risk register.</p> <p>The Chairman emphasised the Trust Board should have early sight of any issues and thanked staff for the work undertaken on this important piece of work.</p> <p><b>Approval:</b>  <b>The Trust Board received the report as assurance on the Emergency Preparedness Response and Recovery activities for the first six months of the NHS year.</b></p>	<p><b>DM</b></p>
<p><b>6.</b></p>	<p><b>STRATEGY, PLANNING AND POLICY</b></p>	
<p><b>6.1</b></p>	<p><b>For Assurance: Mid-Year Review</b>  RB presented the Operating Plan 2015/16 Mid-Year Review.</p> <p>RB referred to the Trust's Mission Statement, Vision and Values, under which sat the eight strategic priorities underpinning YAS' work.</p>	

**Action**

RB advised that the Operating Plan was a one year plan and the themes within it were pertinent to the Integrated Business Plan (IBP). RB stated the challenge was to tie this into team and personal objectives within the Personal Development Review (PDR) process.

RB outlined details of the Trust's first strategic priority, 'improving outcomes for key conditions' which included:

- Survival to discharge for cardiac arrest;
- Reducing mortality from major trauma;
- Management of stroke and heart attack patients;
- Improving effectiveness of pain management;
- Sign up to Safety.

RB advised that YAS was usually in the top two nationally for cardiac survival to discharge which was a positive outcome for YAS and its patients.

RB stated that there were currently 16 AutoPulse devices across the Trust which had been part of the Capital Programme. The successful pilot would now be rolled out further.

RB advised that improvements had been made in the area of pain management with the introduction of intravenous paracetamol.

He stated that the schemes implemented at the beginning of the year, relating to delivering care in the most appropriate setting, had been evaluated and had produced positive results which had met YAS' initial targets.

RB advised that SP was leading on the 'Freedom to Speak up' campaign. Work was on-going to gain a better understanding of the Guardian role and means by which staff could raise concerns, etc.

RB reported that the recommendations of the Savile report had affected a number of YAS' policies and procedures. For example, completion rate for the Level 2 Safeguarding training had now reached 70%.

In terms of Fleet and Estates, positive work was taking place, including the commencement of the Make Ready pilot scheme. A restructure would also take place within Fleet Services to further improve the effectiveness of this service.

RB stressed the importance of embedding the actions from the Clinical Quality Strategy across the organisation to aid with clinical effectiveness and safety.

SP advised that the Lesson Learned reporting had not yet been evaluated but early indications had shown it was positive.

	<b>Action</b>
<p>RB reported there had been positive work with Commissioners, the YAS Forum was effectively engaging the public and staff and there had been a notable improvement in complaint response times. He stated that YAS were continually developing and seeking opportunities for partnership working, adding that Communications and Engagement Consultant, Martin Carter, had recently joined YAS to develop the Trust's Communications and Engagement Strategy.</p> <p>RB advised that improvement had been made with both inward and outward journey times within the Patient Transport Service (PTS).</p> <p>RB outlined the raft of work being undertaken to create, attract and retain an enhanced and skilled workforce which included improving staff engagement, introducing an operational staff career framework, developing and supporting staff and implementing the Race Equality Standard. With regard to the latter, a new Head of Diversity had recently been appointed.</p> <p>RB advised that YAS' Monitor continuity rating remained at 4 (the lowest risk) and CIP delivery stood at 112% of plan.</p> <p>RB stated that although overall good progress had been made year to date, further focus was still required in areas such as:</p> <ul style="list-style-type: none"> <li>• Response time delivery;</li> <li>• A&amp;E workforce plan;</li> <li>• Staff and stakeholder engagement;</li> <li>• Leadership development;</li> <li>• PTS transformation;</li> <li>• Public health messaging;</li> <li>• Service Line Management.</li> </ul> <p>The Chairman thanked RB for the useful summary. She stated that it was sometimes easy to lose sight of the breadth of developments within the organisation and this served as a timely reminder of the positive work being undertaken across the Trust.</p> <p>The Chairman placed on record her appreciation of the efforts and accomplishments of the wider workforce. She stated that it would be useful if the information could be made available to staff in a slightly different format which highlighted all the positive developments across the organisation.</p> <p>AA stated that she would liaise with the Communications team in that respect.</p> <p><b>Action:</b>  <b>AA to liaise with the Communications team re sharing the good news stories contained in the update with the wider workforce.</b></p>	<p style="text-align: right;"><b>AA</b></p>

		Action
	<p><b>Approval:</b> The Trust Board noted the update.</p>	
6.2	<p><b>For Assurance: Update on the West Yorkshire Urgent Emergency Care Network: Vanguard Bid</b></p> <p>JM presented an update on progress to date with the West Yorkshire Urgent and Emergency Care Network (WYUECN) Vanguard Programme.</p> <p>JM stated that YAS was leading on 'Hear, See and Treat', the plan for which would include:</p> <ul style="list-style-type: none"> <li>• <b>'Hear and advise'</b> - the development of a Clinical Advisory Service providing specialist advice in NHS 111, 999 and to healthcare professionals which included care coordination to signpost and book patients into primary care and community pathways, mental health and alternative pathways.</li> <li>• <b>'See and Treat'</b> - continued development of a range of services to see and treat patients nearer home including Urgent Care (UC) Practitioners, Frequent Callers, Falls response, UC Transport and Mental Health crisis response. UC Centres would need to be aligned to the hospital reconfigurations and emergency departments and services.</li> </ul> <p>JM advised that the programme was still at development stage and focused on engagement and the scoping of the workstreams, adding that a Launch Event had taken place on 25 September.</p> <p>JM stated that the National Vanguard Team had carried out a site visit in October to review progress and the programme governance. Initial feedback had been very positive.</p> <p>JM advised that scoping of the resource requirements for the programme continued and would feed into the Value Proposition which would determine the level of funding and resource.</p> <p>JM referred to the Governance Structure and advised that YAS contributed to each of the working groups. He stated that the process was resource intensive and the aim would be to backfill roles to ensure business continuity.</p> <p>The Chairman stated it was essential for records to be kept of costs incurred, including resource contribution, so an up-to-date accurate record of YAS' financial input could be accessed when required.</p> <p>JM replied that he would ensure that an accurate record was maintained.</p> <p><b>Action</b> <b>JM to ensure accurate record of costs incurred by YAS under the Vanguard Programme was established.</b></p>	JM



		<b>Action</b>
	<p>PD stated that the Governance Structure was not as broad as it could have been, stressing the importance of ensuring that potential conflicts of interest were dealt with appropriately.</p> <p>Discussion took place around the appropriate level of governance and the role of the Non-Executive Directors within the process.</p> <p>The Chairman stated that, as the Vanguard Programme was still in the development stage, she would expect the Trust Board to receive further updates as the Programme progressed.</p> <p><b>Approval:</b>  <b>The Trust Board noted the progress update on the West Yorkshire Urgent and Emergency Care Network Vanguard Programme.</b></p>	
6.3	<p><b>For Assurance: Review of the Register of Members' Interests</b>  AA provided an update which sought to offer assurance to the Trust Board in respect of the Register of Members' Interests 2015/16.</p> <p>She advised that the Register had been circulated to Board Members prior to the meeting and updates received had been incorporated into the document.</p> <p>AA drew the Boards attention to the requirement to comply with the 'Trust's Business Conduct for Staff – Interest, Gifts, Hospitality, and Sponsorship Policy (2015)' which reminded staff and managers of their obligations in this regard. She stated that the Policy had been regularly publicised to all employees through Operational Update during 2015/16 and would continue quarterly.</p> <p><b>Approved:</b>  <b>The Trust Board noted the update of the Review of the Register of Members' Interests and derived sufficient assurance for the purpose of its review of the Register of Members' Interests 2015/16.</b></p> <p>JN left the meeting at 1600 hours.</p>	
7	<b>PERFORMANCE MONITORING</b>	
7.1	<p><b>Charitable Funds Committee – Minutes of the meeting held on 2 July 2015 and Committee Chairman's report of the last meeting held on 5 November 2015</b>  MW updated the Trust Board regarding the activities of the Charitable Funds Committee in the absence of EM. The Minutes of the meeting held on 2 July 2015 were noted.</p>	

	<b>Action</b>
<p>The Chairman referred to page 2 of the Minutes and asked for the name of the individual to be redacted from the papers. In addition, the individual would need to receive a personal apology from the Chairman of the Charitable Funds Committee.</p> <p><b>Action:</b>  <b>To redact the individual's name from all versions of the Minutes and ensure an apology is sent by the Chairman of the Charitable Funds Committee.</b></p> <p>MW advised that the reported position had changed regarding the payment of VAT on the purchase of defibrillators. Initial advice had suggested that VAT would not be payable, however, on further investigation it was confirmed that it would actually need to be paid as the devices were for community rather than hospital use.</p> <p>It was agreed that further work was required to investigate whether there were any means by which the defibrillators could be purchased without payment of VAT.  MW reported that a number of applications to the Benevolent Fund had been considered with further information to come to the next meeting.</p> <p>A key decision that had been taken to support the provision of free first aid training to YAS' Members which would be provided for one year with an assessment and evaluation at six months to confirm continuation or otherwise of the scheme.</p> <p>MW advised that discussions had also taken place about usage of Community Medical Units and plans to support the refurbishment of patient waiting areas to make them dementia-friendly.</p> <p>MW confirmed that the Charitable Funds Accounts would be on the agenda for approval at the January Trust Board Meeting in Public, prior to being submitted to the Charity Commission at the end of January.</p> <p>The Chairman emphasised the need for the correct procedure be followed in this regard.</p> <p>The Chairman thanked MW 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>	<p><b>EM</b></p>
<p><b>7.2</b></p> <p><b>Audit Committee: Minutes of the meeting held on 2 July 2015 and Committee Chairman's Report of the last meeting held on 1 October 2015</b></p> <p>BS advised there was nothing of particular note to report. The Audit</p>	

		<b>Action</b>
	<p>Committee continued to receive assurance from the Quality and Finance and Investment Committees in terms of the management of key risks.</p> <p>A number of Internal Audit reports had been received relating to the HR Directorate which were of concern to the Audit Committee. HR representatives had therefore been invited to attend the next meeting of the Committee.</p> <p>A new three-year plan containing an extended range of scrutiny had been developed and would be ready by the end of March 2016. Discussions would be needed on how best to progress the plan.</p> <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>	
7.3	<p><b>Quality Committee: Committee Chairman’s Report of the last meeting held on 10 September 2015</b></p> <p>PD advised that a verbal report had been given at the September Trust Board Meeting in Public. The minutes of the September meeting of the Quality Committee were still in draft and would be presented to the Committee at its December meeting and to the January Trust Board meeting in Public.</p> <p>The Chairman thanked PD for her update.</p> <p><b>Approval:</b>  <b>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.</b></p>	
7.4	<p><b>Finance &amp; Investment Committee: Committee Chairman’s Report on the meeting held on 10 September 2015</b></p> <p>MW advised that a verbal report had been given at the September Trust Board Meeting in Public. A further update would be provided at the January Trust Board Meeting in Public.</p> <p>The Chairman thanked MW for her update report.</p> <p><b>Approval:</b>  <b>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.</b></p>	
7.5	<p><b>Board Review and Feedback: Board Vital Guiding Principles T – timely, accessible communications</b></p>	

		<b>Action</b>
	<p><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 Chairman requested feedback on the meeting and asked whether the Board believed it had achieved its guiding principles.</p> <p>Board members stated that the venue had been good, with much better acoustics than the previous venue. Disappointment was expressed that more members of the public had not attended.</p>	
<b>8.</b>	<b>REGULATORY REPORTS</b>	
	There were no Regulatory Reports.	
<b>9.</b>	<b>FOR INFORMATION</b>	
<b>9.1</b>	<b>YAS Forum Report of the last meeting held on 13 October 2015</b> The Report was noted.	
<b>9.2</b>	<b>For Information: Workforce Race Equality Scheme Update</b> The Report was noted.	
	The Chairman thanked Board colleagues for their input and constructive challenge and wished everyone a safe journey home.	
	The meeting closed at 1635 hours.	
<b>10</b>	<b>Date and Location of Next Meeting:</b> <b>26 January 2016, Leeds Carnegie Stadium, Headingley, Leeds.</b>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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