



Trust Board Meeting in Public

Venue: Videoconference

Date: Tuesday 26 October 2021

Time: 0930 hrs

Board Members Present:

Tim Gilpin	(TG)	Non-Executive Director / Deputy Chairman
Andrew Chang	(ACC)	Non-Executive Director
Anne Cooper	(AC)	Non-Executive Director
Amanda Moat	(AM)	Non-Executive Director
Jeremy Pease	(JP)	Non-Executive Director
Rod Barnes	(RB)	Chief Executive
Zafir Ali	(ZA)	Associate Non-Executive Director (NeXT Development)
Kathryn Vause	(KV)	Executive Director of Finance
Karen Owens	(KO)	Interim Director Urgent Care & Integration
Clare Ashby	(CA)	Interim Executive Director Quality, Governance and Performance Assurance
Dr Stephen Dykes	(SD)	Acting Executive Medical Director
Nick Smith	(NS)	Executive Director of Operations
Mandy Wilcock	(MW)	Director of People and Organisational Development
Simon Marsh	(SM)	Chief Information Officer

In Attendance:

Helen Edwards	(HE)	Head of Communications and Community Engagement
Lewis Etoria	(LE)	Senior Community Engagement Manager
Juliana Field	(JF)	Head of Corporate Affairs
Arifa Chakera	(AC)	Associate Director of Planning and Development
Carl Betts	(CB)	Paramedic and Quality Improvement Advisor
Fiona Chisholm-Pine	(FCP)	Vaccination Programme Lead

Apologies:

Kathryn Lavery	(KL)	Chairman
Amanda Moat	(AM)	Non-Executive Director

Minutes produced by:

Odette Colgrave	(OC)	Executive Coordinator
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The meeting commenced at 0930 hrs.

Minute Ref:	
OPENING BUSINESS	
TB21/055	Apologies and Declaration of Interests: Apologies were noted for this meeting. Any declarations of interest would be considered during the meeting.

TB21/056	<p>Minutes of the Previous Meeting held on 27 July 2021 including Matters Arising (not on the agenda) and</p> <p>The Minutes of the Meetings held on 27 July 2021 were approved as a true and fair representation of the meeting.</p> <p>There were no matters arising from these minutes.</p> <p>Action Log</p> <p>Members reviewed the Action Log noting that all items were complete or not yet due.</p> <p>21.001 Violence Reduction Standard - Action closed. 21.003 Risk Management Report - Action closed.</p>
STRATEGY DEVELOPMENT & BUSINESS PLANNING	
TB21/057	<p>H2 Business Planning Update</p> <p>The Board received a presentation which provided an overview of the National Planning process for H2. The narrative plan requirements issued April 2021 and the H2 narrative remains the same. The NHS would focus on six priorities during H2, staff health and wellbeing; NHS COVID vaccination programme; service transformation; expanding primary care capacity, transforming community and urgent and emergency care and collaborative working across systems.</p> <p>Key milestones included publication of NHS Planning Guidance and templates launched 30 September 2021, including narrative submission deadline and the final organisational finance submission is due 25 November 2022.</p> <p>The Board noted the H2 planning process would move to a longer-term plan. Guidance and submission will demonstrate our spending on resources through a very difficult winter due to the pandemic along with our own winter pressures. It was noted during H2, the Trust also need to focus on 2022/23.</p> <p>The Board resolved to:</p> <ul style="list-style-type: none"> • Receive and note the contents of the presentation.
TB21/058	<p>H2 Financial Planning Update</p> <p>The Board received a presentation on H2 Financial Planning, expenditure plans; income sources; outlook and next steps for H2 and outlook for 2022/23 onwards.</p> <p>For expenditure, there had been high levels of assumptions. YAS had rolled forward and applied the 3% pay award; profiling of pay costs into winter; included cost pressures (A&E private providers and job evaluations); investments, 2% waste reduction and significant COVID costs. In terms of income, this had included roll forward of H1 block, system top up and previous growth plus 1.16% inflation. Pay award based on national modelling (shortfall c.£1.5m against expected costs). Reduction in COVID funding (6%), 999 ambulance support funding (£5.1m) and two other funding from IUC (SDF) funding and UEC capacity funding (to replace 111 First Funding c £2.3m).</p> <p>The outlook based on current assumptions is that a breakeven position cannot be achieved. The Trust needed to review expenditure and to continue system</p>

negotiations to access further funding. It was anticipated that this would result in a breakeven position. This was likely to be achieved over the whole of 2021/22, via non-recurrent mitigations, current income and expenditure, forecasts indicated a mismatch of income and expenditure from 2022/23 onwards.

Significant recurrent cost pressures carried into 2022/23 were 999 ambulance support; paramedic career pathway; IUC and warehouse facilities. Recurrent impact of underlying cost pressures includes an underfunded pay award; Flowers; specialist paramedic re-banding and national re-banding of paramedics to agenda for change band 6 (incremental impact). 2022/23 recurrent Income and Expenditure mismatch c.£25m, plus further non recurrent costs.

A discussion was held around the IPC in relation to PTS and transporting patients. A small pilot had started around cohorting patients, where larger vehicles were required. It was noted that further work would identify the underlying financial position if IPC guidance was to relax, although it was not anticipated that relaxation of the guidance was unlikely at present. All work during H2 had gone through a prioritisation process and would continue during 2022/23.

The Board resolved to:

- **Receive** and **note** the contents of the presentation.

LE joined the meeting

TB21/059

Community Engagement Strategy

A paper was presented which outlined the role and work of the Community Engagement team, established in 2019, and sought approval of a three-year Community Engagement strategy.

The purpose of the Strategy was to promote the Trust as a community partner, supporting education, employment and community safety. It was identified that there were opportunities for the Trust to make a positive impact, underpinned by six key principles. Further engagement was required, working in partnership with other organisations, local community leads and Public Health England. This plan would include a set of programmes to provide employment opportunities for young people (999 Aspire, Princes Trust); engagement with specific communities to understand what we can do to improve and the development of resources to support volunteers.

The Board members were introduced to the new Senior Community Engagement Manager (LE) who would drive the Strategy and its delivery. It was noted that a programme of work under each objective would be launched during the next financial year. The Strategy was ambitious and would need support from the whole organisation and volunteers. Support was also offered by the Non-Executive Directors.

The Board resolved to:

- **Approve** the strategy and provide comments and feedback to inform a delivery plan.

LE left the meeting.

QUALITY, SAFETY & PATIENT EXPERIENCE

TB21/060	<p>Normal or Numb: Staff Story</p> <p>The Board received a presentation and video from a member of staff (CB) on mental wellbeing. Members welcomed CB to the meeting who shared his personal experiences, along with his own mental health and wellbeing. This was the first time a member of staff had shared their story. CB described a particular incident where the patient had died and the events that took place afterwards.</p> <p>A discussion was held around the incidents attended by paramedics, noting that all crews could see similar incidents to that described by CB, multiple times per week. It was acknowledged that the response felt by CB was as part of a coping strategy. CB started to write about these situations and whether people feel normal or numb with these types of incidents. It was important to engage in conversations with staff, create safe spaces in which staff felt comfortable taking and ensuring access to the mental health programmes and counselling services the Trust provides.</p> <p>It was noted that the Trust was introducing Schwartz Rounds post incidents. This would provide all healthcare professionals a regular scheduled time during their fast-paced work lives to discuss the social and emotional issues openly and honestly that they face in caring for patients and families. This would be funded by the YAS Charity. It was further suggested that support also be offered to colleagues who had left or retired from the Trust.</p> <p>The Board resolved to:</p> <ul style="list-style-type: none">• Note and receive the contents of the presentation/video. <p><i>CB left the meeting.</i></p>
TB21/061	<p>Violence Reduction Update: Body Worn Video</p> <p>The Board received a paper providing an update on the national Violence Prevention and Reduction Standard and the Body Worn Video pilot. The paper sought approval of the proposed timescale for the completion.</p> <p>It was noted violence against staff was increasing. NHSE has recognised this fact and was working on this prevention by implementing this standard during 2021/22. The Trust would complete a self-assessment by the end of 2021/22. Hopefully this standard would facilitate a significant reduction in violence due to the use of the Body Worn Video.</p> <p>The Board resolved to:</p> <ul style="list-style-type: none">• Note the proposed timescale for the completion of the Violence Prevention and Reduction Standard self-assessment.• Note the current position regarding the BWV pilot. <p><i>SP joined the meeting.</i></p>
TB21/061	<p>Freedom to Speak Up (FTSU)</p> <p>The Board received a paper which provided an update on the concerns reported during Q1 2021/22, share learning identified, and to provide an update on the response of the Trust on national developments and guidance.</p> <p>Members noted the concerns reported for Q1, highlighted in section 3 of the report. 38 concerns were raised and logged on the Datix system. Of these 38, 10</p>

concerns related to the working environment in the Integrated Care service (IUC) with 6 concerns relating to alleged bullying behaviours by staff. Two of the concerns were anonymous. Proactive work had been undertaken to triangulate information about culture and leadership. Other targeted action was being undertaken to support individual departments around common themes.

The FTSU index report was derived from the mean average of four questions in the NHS annual staff survey. Next steps included regular fortnightly meetings and improving the feedback given to staff who raise concerns. The Policy had been updated in line with national guidance and would be approved over the next few weeks.

The Board resolved to:

- **Accept** the FTSU Report for information and assurance.

SP left the meeting.

FCP joined the meeting.

WORKFORCE

TB21/062

Flu and COVID-19 Vaccination campaign 2021/22

Members welcomed the new Vaccination Programme Lead (FCP) to the meeting. A paper was received which provided assurance around the delivery of the flu vaccination programme for 2021/22. This was evidenced through the best practise management checklist, as required by NHS England and NHS Improvement to provide assurance the Trust was on track to deliver the COVID-19 third Dose Vaccination.

Assurance was provided that the Trust had secured sufficient supply of the flu vaccination, alongside promoting awareness for the COVID booster. Roving vaccination clinics were being held for all staff to access.

The Board resolved to:

- **Receive assurance** that the Trust is on track to deliver the flu vaccination programme for 2021/22, evidenced through the best practise management checklist as requested by NHS England and NHS Improvement.
- **Receive assurance** that the Trust is on track to deliver the third COVID-19 Vaccination, evidenced through the COVID-19 project plan and successful launch 30 Sept 21.

FCP left the meeting.

PERFORMANCE AND FINANCE

TB21/063

Chief Executive's Report and Integrated Performance Report

The Board received the report which provided an update on the activities of the Trust Executive Group (TEG) and present the September 2021 Integrated Performance Report.

It was noted that there were four key factors affecting the current service pressures; COVID rates have increased, elective recovery is impacting on PTS, significant pressures on emergency care, and staff shortages. All ten UK ambulance services were operating at REAP4 along with local challenges. The

Trust would be undertaking the largest recruitment intake, and this was progressing very well.

System level conversations on how to mitigate these pressures were being held with a focus on clinical and operational leads at ICS level. A meeting had also been held with the Yorkshire Air Ambulance, about taking the strategic partnership forward. A discussion was held around the increase in Category 1 calls. It was noted there was no clear explanation why Category 1 and 2 calls had increased, although occurring across all ambulance services.

Operations Directorate

Demand calls had increased by 20% due to repeat or duplicate calls and the Trust had also seen delays in answering 999 calls due to these increased call volumes. Mitigations around recruitment in call centres were underway. With an increase of Category 1 calls, staff sickness and isolating, reduced over time uptake, standards had been adversely impacted. Hospital handover delays had significantly increased, and response times had been adversely affected for Category 1 and 2 calls.

EOC had experienced a significant level of sickness leading to reduced capacity. It was noted that YAS was slightly higher than other trusts. It was suggested that the team liaise with other ambulance services to learn from those who had successfully reduce sickness levels.

A discussion was held around the mitigations and plans in place for colleagues to work with the clinical hub, dispatch and IUC to focus on patient safety. It was confirmed 36 additional roles would work with dispatch to support crews. Team Based Working was going well, and team leaders had been recruited prior to the winter period.

The Trust had committed to strengthen the existing partnership with the Yorkshire Air Ambulance (YAA). A clear vision, and adoption of a Doctor Paramedic led model had been agreed. YAA would recruit a clinical project manager to move this project forward.

Integrated Urgent Care

The YAS Mental Health programme continued to progress with the development of plans for the next phase of the Mental Health Response Vehicle (MHRV) pilot. This included a sustainable staffing model in Hull. Demand had risen and capacity had reduced meaning that the delivery of performance was compromised significantly. Across Q2 2021/22 the proportion of calls answered fell below the contract baseline level across the period.

Although overall sickness remained high, 112 Health Advisers had been recruited. The average sickness was at 16-18% and could reach up to 25% at weekends. It was noted that clinician shortfall had impacted call queues and the service's ability to manage these.

Patient Transport Services (PTS)

July-September 2021 showed a consistent increase in journeys for outpatients from 84% to 90% of business-as-usual activity. On-day discharges fell from 121% to 112% above pre-COVID levels. PTS had undertaken over 25,936 patient journeys for people either COVID positive or with

suspected COVID since March 2020. At the end of September 2021, the core staff in PTS delivered 39% of journeys, VCS 8% and our alternative framework of providers 53% of journeys. Mobility needs are changing, and patients are refusing to wear masks. Sickness remains high, however 61 staff in control rooms are now working from home.

Clinical Directorate

The Trust remained at REAP Level 4, and following case reviews was looking at alternatives with local authorities in respect of falls, which Community First Responders were also attending.

The West Yorkshire Local Maternity System had funded a fixed term practice developer midwife to work across YAS Academy, A&E, and EOC to improve the competence and confidence of frontline clinicians in maternity care.

Funding from the NIHR Clinical Research Network for Yorkshire and Humber had been secured to secure several part-time strategic and delivery posts to support the current portfolio and grow research that benefits our patients and service. The Major Trauma Triage Tool Study (MATTS) was ready to launch the new evidence-informed trauma triage tool. The Trust together with WMAS, are setting up to open the PACKMaN study.

Quality, Governance and Performance Assurance

The Infection Prevention and Control (IPC) team continue to provide support for the Trust response, including several initiatives to keep staff and patients safe.

The service transformation programme and associated projects had been reviewed in line with the business priorities for H2 2021/22. The Trust had received communications from the Health and Safety Executive (HSE) around exhaust fumes in garages and deep cleaning of vehicles which led to a review of the Trusts management of vehicles in garages.

The Paediatric Liaison / Child Frequent Caller work was embedded as a substantive role within the Safeguarding Team and started in August 2021. Themes from serious incidents included conveyance/non-conveyance decisions, with work to improve this being captured by the Safer Right Care Right Place programme. Recognition of ventricular fibrillation (VF) remains a theme, particularly for novice clinicians; this risk increased during the training suspension that was used as part of REAP 4 measures.

Workforce & Organisational Development Directorate

Activities were progressing aligned to the strategic aims of the Trust's People Strategy including leadership development and health and wellbeing. The Team were also following on awareness for staff to complete the staff survey.

Digital

Work around the Digital Target Operating Model (TOM) had been completed. External and Internal recruitment was ongoing to fill open roles and should be completed by the end of November 2021. Issues around call handling were reported for two days during October 2021 and a review was ongoing with outcomes to be reported through TEG.

	<p>It was noted the Trust was working with Commissioners to review Category 1 calls to understand the impact on patient harm.</p> <p>The Board resolved to:</p> <ul style="list-style-type: none"> • Receive assurance on the activities of the Executive Team. • Receive the Integrated Performance Report for September 2021
TB21/064	<p>Green Plan Update</p> <p>The Board received a paper providing an update on progress against the Trust's Green Plan. This was part of the regular review of sustainability and carbon reduction progress.</p> <p>It was noted that the Trust now has 14 vehicles on the fleet that were Ultra Low Emission Vehicles (ULEV). EV charging points had also been installed EV at Skipton, Bradford and Northallerton stations. In total, there were 39 EV charging points across the Trust. NHS England was looking to roll out washable and reusable gowns across the NHS with over 3 million to be rolled out to hospitals across the country. The Trust had led the trial to assess the use of reusable Type IIR masks, working with another 64 NHS organisations across the UK to trial and test the products.</p> <p>The proposals were noted in respect of the tree planting in York and a further update would be reported back to TEG and Board.</p> <p>Members congratulated AP on their nomination for a Health Service Journal award.</p> <p>The Board resolved to:</p> <ul style="list-style-type: none"> • Note the progress reported on the Green plan, including some slippage against targets. • Note the Greener NHS requirements and continue to support the changes that are required to the Trust to deliver its plan.
RISK MANAGEMENT AND INTERNAL CONTROL	
TB21/065	<p>Risk Management Report including Corporate Risk Register and Board Assurance Framework</p> <p>The Board received a paper which presented an overview of the material changes to the Corporate Risk Register, highlighted emerging risk and provided an update on the Board Assurance Framework. 13 corporate risks had been added during July to September 2021 and had been discussed at various committees. Some risks had also been elevated since the last report.</p> <p>It was noted two areas of emerging risks include the global shortage of computer chips, which had the potential to impact on the timely supply and availability of ICT equipment for the Trust and the significant increase in quantity of complaints in the Patient Relations team.</p> <p>The Trust's new Internal Audit provider, 360 Assurance, provided feedback from the first submission. The Trust's risk management arrangements and Board Assurance Framework were effective and largely fit for purpose. There were some opportunities to strengthen further the Board Assurance Framework document.</p> <p>The Board resolved to:</p>

	<ul style="list-style-type: none"> • Note the recent material changes to the Corporate Risk Register. • Note the areas of emerging risk. • Note the initial feedback from Stage One of the Head of Internal Audit Opinion for 2021/22. • Provide feedback on the draft Board Assurance Framework (separate enclosure) and the draft Statement of Risk Appetite.
TB21/066	<p>EPRR Core Standards - Self-Assurance return</p> <p>The Board received a paper seeking approval for the overall assessment and the proposed Action Plan. The purpose of the paper was to outline how the Trust had performed against the 2021 EPRR Core Standards, and to provide assurance that the associated action plan would result in the Trust achieving full compliance within the allocated 12-month reporting period. 2020 saw a much-reduced submission as the focus was on learning from COVID-19, and this year saw a return to the more traditional standards and process.</p> <p>It was noted that work was continuing with stakeholders, Quality, HR and YAS Academy to achieve compliance. The Trust had an action plan to be fully compliant by March 2022. Ongoing risks for non-compliance were due to winter pressures and REAP4 measures.</p> <p>The Board resolved to:</p> <ul style="list-style-type: none"> • Approve the overall assessment grade. • Approve the proposed Action Plan to reach and overall assessment grade of Partially Compliant by the end of the calendar year and Substantially Compliant by the end of the Financial Year
ITEMS FOR INFORMATION AND ASSURANCE (By Exception)	
TB21/067	<p>Report from the Chair of the Audit Committee</p> <p>The Board received the report providing and overview of matters discussed during the meeting held on 7 October 2021.</p> <p>The Committee highlighted for Board concerns regarding the continued impact of REAP4 on the Trust and the requirement to support the Executive Team to enable balance between service delivery and governance.</p> <p>The Committee confirmed that the YAS Charity Annual Report and Accounts 2020-21 were presented at the last meeting of the Committee and assurance received regarding the completion of the independent inspection of the accounts.</p> <p>The Board resolved to:</p> <ul style="list-style-type: none"> • Note the contents of the report.
TB21/068	<p>Report from the Chair of the Quality Committee and Revised Terms of Reference.</p> <p>The Board received the report providing and overview of matters discussed during the meetings held 9 and 28 September 2021.</p> <p>The Committee recognised the significant pressure on the Trust and potential impacts for both patients and staff operating consistently at REAP4 and the Trust</p>

	<p>was to formerly record and raise with Richard Barker and Rob Webster at NHSE and ICS respectively.</p> <p>To note the members approved the revised Terms of Reference for the Committee.</p> <p>The Board resolved to:</p> <ul style="list-style-type: none"> • Note the contents of the report. • Approve the revised Terms of Reference.
TB21/069	<p>Report from the Chair of the Finance and Investment Committee.</p> <p>The Board received the report providing and overview of matters discussed during the meeting held on 28 September 2021. There were no risks identified or matters of concern to raise.</p> <p>The Board resolved to:</p> <ul style="list-style-type: none"> • Note the contents of the report.
MEETING AS THE YAS CHARITY TRUSTEE	
TB21/070	<p>Report from the Chair of the Charitable Funds Committee</p> <p>The Board received the report providing and overview of matters discussed during the meeting held 6 October 2021. Despite COVID, the Charity received fundraising from various activities from supporting groups and staff. Funding had also been provided from NHS Charities Together.</p> <p>The Board resolved to:</p> <ul style="list-style-type: none"> • Note progress on the internal audit actions
TB21/071	<p>YAS Charity Annual Report and Accounts 2020-21</p> <p>The Board received the report seeking approval and signature for the Charity's Annual Report and Accounts for 2020-21.</p> <p>The Board resolved to:</p> <ul style="list-style-type: none"> • Approve the Charity's Annual Report and Accounts 2020-21. • Authorise for signature and submission on the Charity's behalf.
TB21/072	<p>YAS Charity: Financial Update 2021-22</p> <p>The Board received the report providing an update on YAS Charity's financial position at the end of August 2021 and seeking approval of a historical legacy detailed in 5.2. It was noted the Charity was in a health position with funds carried forward of £333,611.</p> <p>In 2007, the Charity received a legacy gift of 50% of a property in North Yorkshire. The house was recently sold subject to contract, and we are liaising with solicitors regarding the sale. The Committee has recommended that RB or KV act on behalf of the Charity in respect of this matter.</p> <p>The Board resolved to:</p> <ul style="list-style-type: none"> • Note the contents of this report. • Approve the request that RB and KV act on behalf of the Charity in the matter pertaining to the sale of the property.

CLOSING BUSINESS

TB21/073

Key Points Arising & Review of the Meeting

The Chairman provided a summary of the meeting giving an overall opinion of the breadth and depth of the papers, all discussions were of great content addressing all issues raised. We cannot underestimate the pressure everyone is under.

**Date of the Next Meeting of the Trust Board Held in Public:
25 January 2022**

The meeting closed at approximately 1222 hrs.

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

CHAIRMAN

DATE

DRAFT