



## Trust Board Meeting in Public

**Venue:** Videoconference

**Date:** Thursday 26 July 2022

**Time:** 1000hrs

### Board Members Present:

Kathryn Lavery*	Chairman
Tim Gilpin*	Non-Executive Director / Deputy Chairman
Andrew Chang*	Non-Executive Director
Anne Cooper*	Non-Executive Director
Amanda Moat*	Non-Executive Director
Rod Barnes*	Chief Executive
Dr Steven Dykes*	Acting Executive Medical Director
Nick Smith*	Executive Director of Operations
Clare Ashby*	Interim Executive Director of Quality, Governance and Performance Assurance
Zafir Ali	Associate Non-Executive Director (NeXT Development)
Mandy Wilcock	Director of People and Organisational Development
Karen Owens	Interim Director of Urgent Care and Integration
Simon Marsh	Chief Information Officer

### In Attendance:

Lynn Hughes	Interim Company Secretary
Louise Engledow	Head of Financial Strategy, Planning & Costing (TB22.033 & TB22.034 only)

### Public Observers

Matt Discombe	Journalist (HSJ)
Elaine Gibson	Senior Communications Manager

### Apologies:

Jeremy Pease*	Non-Executive Director
Kathryn Vause*	Executive Director of Finance
Phil Storr	Associate Non-Executive Director

\*Indicates voting Board members

TB22.029	<b>Welcome and Apologies</b> Apologies noted for this meeting for Phil Storr, Associate Non-Executive Director, and Kathryn Vause. The meeting was quorate.
TB22.030	<b>Declaration of Interests</b> Any declarations of interest would be considered during the meeting.
TB22.031	<b>Minutes of Previous Meetings</b>
031.1	<i>Minutes of the meeting held 28 April 2022</i> were approved as a true record subject to the removal of the duplication of the Executive Director of Finance noted in apologies, as they were present at the meeting.

031.2 *Minutes of the meeting held 14 June 2022* were approved as a record subject to minute reference TB22.025.2 being updated to include Andrew Chang, Non-executive Director signing the Letter of Representation as the Chair of Audit Committee.

TB22.031 **Matters Arising**

There were no matters arising in addition to those included on the agenda.

TB22.032 **Action Log**

032.1 Action 21.005 – Lessons Learned from the Pandemic. Nick Smith reported that an independent emergency preparedness, resilience and response specialist had completed a review and the report was being finalised. This would be taken to Quality Committee in September 2022.

032.2 The Chair noted that unfortunately there was no patient or staff story available for the meeting. It was noted that the programme of stories would be looked at for future meetings.

**Action (C Ashby / L Hughes)**

TB22.033 **Business and Financial Plan 2022-23**

033.1 The Chief Executive presented the paper and highlighted key areas of focus across the Trust's eight strategic priorities, with a predominant focus on Priority 1: Delivering the best possible response for each patient, first time, and Priority 2: Attract, develop, and retain a highly skilled, engaged and diverse workforce given the sustained pressures faced by the Urgent and Emergency Care System. It was noted that a robust prioritisation process had taken place prior to the submission to the West Yorkshire Integrated Care Board as part of System level Operational planning process. The Board had previously been briefed on the balanced financial plan, referred to within the paper.

033.2 Work was progressing to develop measures for each of the key priorities, which would be presented to the Board on a quarterly basis as part of the transformation programme updates.

**Action (R Barnes)**

033.3 Andrew Chang, Non-executive Director queried how the plan would be cascaded across the Trust, how the level of detail would be shared and if as part of communication and engagement views from colleagues were reflected in the plan. In response, the Chief Executive provided assurance that the Plan had been developed with the support of leadership teams across the Trust and was an accurate reflection of the work ongoing. It was further noted that a communications plan had been developed and a briefing would be shared with the wider leadership team to support cascade internally across the Trust and to external stakeholders.

033.4 Amanda Moat, Non-executive Director echoed the comments made and welcomed the focus on people with further communication and engagement planned to take place on this.

033.5 The Chair extended thanks to the team leading the work.

033.6 **Resolved:** The Strategic Development was noted; and the process to operationalise the Trust Business Plan including communication and engagement internally and externally was approved with regular updates to Board on progress in future.

TB22.034 **Capital Plan 2022-23**

- 034.1 Louise Engledow presented the Capital Plan (2022-23) and provided an overview of the changes to assets, funding arrangements and allocations, capital expenditure and forecast against plan.
- 034.2 It was noted that under the new IFRS16 Lease Standard requirement assets under lease arrangements were capitalised on the balance sheet, the Trust had access to two additional sources of funding related to zero carbon vehicles and digital technologies. The funding allocation for YAS was lower than initially anticipated due to a change in the methodology and clarification was awaited around Capital Departmental Expenditure Limit (CDEL) for IFRS16 Leases.
- 034.3 Potential risks were identified in relation to the potential that the allocation did not cover leases affected by the new guidance, and further slippage against plan due to delays within the supply chain and increasing lead times for purchase.
- 034.4 The Chief Executive commended the Executive Director of Finance and her team for the progress made to date on the Capital Programme against the medium to longer term strategy. It was noted that the slippage with regards to the provision of vehicles was affecting the whole sector.
- 034.5 Andrew Chang, Non-executive Director queried if delivery of the Capital programme would be affected with the CDEL limit being unknown. In response, Louise Engledow explained that based on the current level of slippage anticipated there was negligible risk of non-delivery caused by the uncertainty around the CDEL limit.
- 034.6 Amanda Moat, Non-executive Director queried the indicative timescales for resolving the current levels of uncertainty. In response, Louise Engledow noted that this not known time.
- 034.7 **Resolved:**
- i. the 2022/23 Capital Programme update was noted.
  - ii. the changes to the Capital Funding and the uncertainty around the CDEL limits for IFRS16 Leases were noted.
  - iii. Retrospective approval for the capital expenditure plan was agreed.
  - iv. The forecast underspend against the current capital plan if no mitigating actions were taken were noted.
  - v. Delegated approval was granted to TEG for the schemes potentially required as included in section 11.5 of the report.
  - vi. The risks/opportunities to delivery of the capital plan were noted.

Louise Engledow left the meeting

TB22.035 **Significant Events and Lessons Learned**

- 035.1 Clare Ashby presented the Significant Events and Lessons Learned paper drawing attention to sections 3, 4, 5 and 6 of the report. It was noted that there had been an increase in the number of serious incidents and overall, the rate of harm was low during Q1 2022-23, with an improvement in the level of reporting across the Trust. Several themes arising across incidents and complaints with regards to delayed responses and staff behaviours were noted.
- 035.2 Action plans were progressing to address issues identified with support provided to staff as appropriate. It was confirmed that no prevention of future death notices, and no referrals to the HSE had been received during Q1. There were several cases in progress with HCPC and 17 Freedom to Speak Up cases ongoing.
- 035.3 Amanda Moat, Non-executive Director noted the significant work underway across the Trust and queried if information was feedback through the system specifically for issues arising in care pathways. In response, Clare Ashby explained that learning was shared across the

system with partners, and work was underway to learn from best practice to enable a consistent approach to be taken forward across the system. Karen Owens noted that further work was required, internally, to understand the impact of issues within primary care on the level of demand within IUC/111.

035.4 Andrew Chang, Non-executive Director queried the mitigations in place to support staff with incidents related to violence and aggression. In response, Clare Ashby referred to the new violence and protection standards issued by NHSE, which were stretching and robust. Clare explained that the Trust was reviewing the new standards to identify any gaps that required focus. It was further noted that YAS was the first Trust to have achieved a successful court process with regards to the Body Worn Cameras (BWC). It was noted that uptake of BWC had been slow during the pilot phase, but it was anticipated this would improve following the successful use in court. Staff were also undergoing conflict resolution training to enable a greater understanding of situations where violence and aggression may occur.

035.5 Anne Cooper, Non-executive Director and Chair of the Quality Committee explained that the Quality Committee had regularly discussed the impact of protracted period of operating at Resource Escalation Action Plan (REAP) level 4 and the possibility of 'skill fade' for clinically trained staff removed from their substantive role to support front line delivery, as well as mitigating actions the Trust is taking.

035.6 The Chief Executive shared the concerns of the Quality Committee and explained that the Trust Executive and Trust Management Groups would continue to discuss and closely monitor the position. At a local level the Trust had taken several actions including to re-institute training to moderate unintended consequences of any actions taken during REAP. It was noted that work to review REAP had commenced at a national level, with YAS involved in the group discussions.

035.7 **Resolved:** The Significant Events and Lessons Learned report was received and the actions included in the report were supported

#### TB22.036 **Responsible Medical Officer Annual Report**

036.1 Dr Steven Dykes presented the Responsible Medical Officer Annual Report. He confirmed that all the relevant appraisals and revalidations were up to date and, where appropriate, other doctors holding other sessional or honorary contracts with the Trust were supported separately by the respective designated body.

036.2 **Resolved:** The Responsible Medical Officer Annual Report was received; and the statement of compliance confirming that the Trust, as a designated body, was compliant with the regulations was approved

#### TB22.037 **Chief Executive's Report and Integrated Performance Report**

037.1 The Chief Executive presented the report and highlighted the impact of service pressures on CAT 2 patient response times, Hospital handover delays and the work ongoing in relation to that. It was noted that circa 10% total capacity was lost week commencing 18 July 2022, which resulted in the Trust moving to critical incident standby.

037.2 Pressures across A&E services had marginally dissipated over the last few days, but capacity remained a challenge impacting patients and the wellbeing of staff. Similar challenges had been noted in IUC and 111 during June and July 2022 with high levels of staff absence. Recruitment was progressing, working with regional partners and clinical quality teams, with mitigating actions in place to ensure robust monitoring takes place.

037.3 Integrated Care Boards (ICB) were formally operating in line with legislation requirements from 1 July 2022. The Trust was progressing with the recruitment of three System Partnership Director roles to support the Trust at ICB, Place and across the three Integrated Care Systems.

- 037.4 A draft CQC report had been received following the West Yorkshire Urgency and Emergency Care review, which was planned to be shared once it had been published. The Chief Executive also highlighted the good work around service improvement and innovation with the support of front-line staff and leadership teams.
- 037.5 The Chief Executive invited director to provide an update for their respective areas of responsibility with attention drawn to the following:
- 037.6 Operations Directorate
- Nick Smith expressed his thanks to the Staff for their continued commitment and resilience in the current adverse situation.
  - Despite a reduction in demand there had been an increase in the Category 1 calls, which created challenges from the Trusts and the need for reprioritisation for multiple resources.
  - Hospital turnaround and sickness levels were significantly impacting the Trust's ability to make available the required level of resource to meet demand. Action plans were in place and the team were monitoring closely to mitigate any harm to patients.
  - performance against the Ambulance Response Programme targets for the period was under trajectory.
  - Positive progress had been made across the 999-career pathway work, compliance with EPRR core standards, work with NHS Charities together and the Trusts Community Resilience team to support falls activity.
- 037.7 The Chair queried the impact of the operational pressures and sickness levels on frontline staff. In response, Nick Smith explained that there was a sense of frustration from staff with the continued operational pressures and this was affective front-line staff as well as the quality and patient experience for patients.
- 037.8 Anne Cooper, Non-executive Director welcomed the focus on clinical leadership and the evolution of the career pathway, to support staff and improve the Trust's status as an attractive place for clinicians to work. It was recognised that this indicated considerable growth of the organisation in this area.
- 037.9 Urgent Care and Integration Directorate  
Karen Owens extended her thanks to the teams across both 111 and PTS for their continued commitment and support.
- 037.10 IUC/111
- Performance against the Service Line Agreement remained challenged.
  - Activity had increased by 5% during June and July 2022 with the recruitment plan currently below target. Work was ongoing to improve recruitment, including exploring options with Health Education England around international recruitment for clinical advisors.
  - Thanks were extended to both Eithne Cummings, GP and Clinical Director, and Michaela Littlewood-Prince, Head of Nursing and Quality who leaving the Trust to take up new roles. Their significant support and leadership in IUC/111 over the last few years was commended.
  - Work continued to progress on rota reviews, with Team Leader roles being explored in IUC, and a remote working pilot had commenced, which included 15 health advisors with positive feedback on the pilot received to date.
  - Work was progressing towards the Single Virtual Contact Centre platform 1 October 2022 implementation date of with regular updates provided to the Quality Committee.
- 037.11 Patient Transport Service
- Activity increase of 7% year-to-date.
  - Most journeys were fully cohorted, with the exception on renal, oncology and transplant patients.

- Booking criteria around requesting information on Covid had ceased with the exception of information on respiratory conditions.
- Commissioning and Core Standards Guidance had been issued, which noted plans to appoint an ICS responsible officer. The implications and requirements on this had not been confirmed to date.

037.12 Clinical Directorate

- The team continued to champion strong clinical governance and safety.
- Progress had been made in the development of the Clinical Strategy
- There had been an increase in medicine safety issues as a direct consequence of service pressures and staff fatigue, and work was underway to progress the digital pathway.
- Safer Right Care is embedded within ePR and training was underway to ensure crews were confident using the tool for patients to receive the right care at the right location.
- Developments included a new 'heart attack pathway, video assisted triage for stroke patients in south Yorkshire, and specialist paramedics working within control rooms to coordinate care.
- Research funding had been received for the year and an Memorandum of Understanding had been signed with Sheffield university in relation to a research partnership.

037.13 Quality, Governance and Performance Assurance Directorate

- An Infection Prevention and Control professional had commenced at the Trust on a fixed term arrangement to provide additional support to the team.
- Work was underway in relation to compliance against the Data Security and Protection Toolkit with compliance marginally below the trajectory target at 95%.
- Local CQUINs had been developed for Patient Safety and Safeguarding, around SI reporting and the implementation of functional learning through Schwarz Rounds.
- Challenges remained around the capacity to support the increased workload for the Safeguarding team.
- CQC had provided a draft report, without rating, following the inspection of IUC in April 2022. They also reviewed EOC and A&E Operations in west Yorkshire, however it was anticipated that feedback on these areas would be provided as part of the wider system inspection report.

037.14 People & Organisational Development Directorate

- Sickness levels and activity to support staff health and wellbeing continued as a primary focus. There had been an increase in the number of staff accessing support through the Trust and the ICS hubs.
- The Trust had successfully recruited 29 new paramedics from Australia and positive feedback had been received from the new team members. Mandy Wilcock extended her thanks to the teams involved in planning and coordinating the programme of work.
- Good progress was noted on essential learning across the Trust.

037.15 ICT and Business Intelligence

- Transition to the O2 network and rollout of individual smart phones had completed, with 7,000 connections across the Trust. Work continued to maximise the use of the devices.
- New software was being rolled out to support the changes to the road traffic act to provide crews with voice assisted messages to enable safe methods of communications whilst on route to incidents. It was anticipated that this program would be completed by June 2023.
- Risks had been identified in relation to clinical systems development and the Yorkshire and Humber Care record, work was ongoing to mitigate and manage this.

037.16 Urgent Decisions and Use of Emergency Powers  
The Chief Executive drew attention to the record of the urgent decision taken on 9 May 2022 in relation to the provision of waste services.

037.17 **Resolved:** The Chief Executive's Report was noted; the Integrated Performance Report for June 2022 was noted; and the urgent decision and Use of Emergency Powers taken on 9 May 2022 was noted and endorsed.

TB22.038 **Workforce & Diversity Profile Annual Report**

038.1 Mandy Wilcock presented the Workforce & Diversity Profile Annual Report. An improvement across the Trust was noted, with further work required to address the significant gap between the proportionate representation of the diversity of local communities and population served by the Trust. The Trust would continue to develop its diversity and inclusion action plans, which are planned to be published in October 2022.

038.2 The Chair emphasised the importance of this area of work and the commitment of the Trust to be as inclusive as possible.

038.3 The Chief Executive and Andrew Chang, Non-executive Director requested additional information to be provided in relation to the diversity profile across Agenda for Change bandings as well as data around grievances and disciplinaries. In response, Mandy Wilcock explained that arrangement would be made to include that information. She highlighted the work of the Diversity Group which was regularly reviewing information and would support the request to provide additional detail.

**Action (M Wilcock)**

038.4 **Resolved:** The Workforce & Diversity Profile Annual Report was noted; The next steps were supported; Annual updates on the Trust's workforce data including progress against actions plans were agreed; The report was approved subject to the agreed additions prior to it being published on the Trust's website.

TB22.039 **Diversity and Inclusion Plan 2022-23**

039.1 Mandy Wilcock presented the Diversity and Inclusion Plan 2022-23 and highlighted the targeted approach to culture improvement work, progress around inclusive recruitment and progression, the work of the Women's and Ally Network, development of the 'Health Passport' reasonable adjustment guidance, and reverse mentoring programme.

039.2 It was noted that there were initially 74 actions for diversity and inclusion across the Trust, which had been condensed and aligned to create 21 focused actions.

039.3 The Chair noted the progress made and requested that the Network Leads are invited to a future Board meeting to support the discussion on the Workforce Race Equality Standards and Workforce Disability Equality Standards.

**Action (M Wilcock)**

039.4 **Resolved:** The Diversity and Inclusion 2022/23 Plan was received and progress against the 2020-2022 plan noted; The Plan for 2022-23 was approved.

- TB22.040 **Corporate Risk Register and Board Assurance Framework Report**
- 040.1 Clare Ashby spoke to the Corporate Risk Register and Board Assurance Framework report noting that since the report had been finalised there had been some changes made to risks.
- 040.2 The Board's attention was drawn to section 3 of the report, which provided an overview of risk environment and the key risks facing the Trust. It was noted that the volatility of demand, operational and system pressures, staffing capacity and ongoing sickness absence, morale wellbeing and culture, underpinning the requirement to transform, and financial risks create a difficult environment for managing risks. Handover delays remained the highest risk for the Trust at that time, with several other high and very high risks across the organisation.
- 040.3 New risks were identified in section 4.2 of the report These were: Electric Vehicle Charging Points, Marauding Terrorist Attack (MTA) Capability, Safeguarding Team Capacity, Safeguarding and Prevent Training, ESR User Responsibilities Profiles, Entitlement to Pay and Enhancements, Payment for Secondary Employment, Unsolicited and Malicious Email, Bribery and Corruption: Tenders and Contracting, Lack of effective and timely supervision, Clinical Team Leader Recruitment, Matching staff capacity to demand, EOC Disaster recovery - telephony capability, A&E Operations Staffing Resource, and Infection, Prevention & Control Subject Matter Expert Provision. It was noted that at 4.2.12 the risk relating to IUC Capacity to deliver demand risk was rated at 12 and was being queried around the relevance to increase the risk rating.
- 040.4 Closed risks were identified in section 4.6 of the report These were: ePR Phase 3 Dependencies (Yorkshire and Humber Care Record), Information Sharing (Vulnerable Children and Adults), Double Vaccination Requirement, Redeployment of PTS staff to emergency ambulance services, SharePoint 2010, Knowledge Management Team Staffing Levels, EOC Resilience call handling, and Ballistic Measurement for PPE. It was noted that Risk 437 - EOC Resilience call handling related to EOC call handling capacity, which had been closed due to returning to business as usual. However, work was underway to re-review the risk due to the increase pressure in Category 1 and Category 2 performance.
- 040.5 Emerging risks were identified in section 4.7 of the report. These related to: the auto dialler tool relating to mass communication, Handover screens at Emergency Departments, Personal Issue SMART phones, and Acuity Split. It was noted that in relation to the acuity split increasing Category 1 and Category 2 an increasing proportion of all calls was creating a significant pressure and further work was required going forward.
- 040.6 **Resolved:** The Corporate Risk Register and Board Assurance Framework were received and noted, including key risk exposures, material changes, areas of emerging risks, strategic risks.
- TB22.041 **Report from the Chair of the Audit Committee**
- 041.1 Andrew Chang, Chair of the Audit Committee presented the report from the meetings held on 9 June 2022 and 5 July 2022. It was noted that the Committee had agreed an updated 2022-23 Internal Audit Plan and had reviewed the reports from the Quality Committee and Finance & Investment Committee and commended those to the Board for receipt and noting.
- 041.2 The Committee escalated to the Board several matters that had previously been discussed, which included concerns around hospital handover delays, strategic and operating plan for 2022-23 and a request received from NHSE for the Trust to undertake a financial sustainability review. It was noted that the Executive Director of Finance and her team were working with NHSE/I to manage the timing of the review.
- 042.3 **Resolved:** The Audit Committee Chair's report from the meetings held on 9 June 2022 and 5 July 2022 was received and noted.



- TB22.042 **Report from the Chair of the Quality Committee**
- 042.1 Anne Cooper, Chair of the Quality Committee presented the report from the meetings held on 26 May 2022 and 23 June 2022. It was noted that the Committee had discussed concerns in relation to infection prevention and control capacity, clinical governance, and the consequences of prolonged system pressures on staff morale and resilience.
- 042.2 The Committee presented its Terms of Reference for Approval and its 2021-22 Annual Report for the formal receipt by the Board.
- 042.3 **Resolved:** The Quality Committee Chair's report from the meetings held on 26 May 2022 and 23 June 2022 was received and noted; and The Terms of Reference were approved.
- TB22.043 **Report from the Chair of the Finance and Investment Committee**
- 043.1 Amanda Moat, Non-executive Director and member of the Finance and Investment Committee presented the report on behalf of the Jeremy Pease, Committee Chair from the meeting held on 26 May 2022. The Committee had considered the approach to waste reduction and would continue to monitor the ongoing work through regular updates. There were no matters for escalation.
- 043.2 The Committee presented its Terms of Reference for Approval and its 2021-22 Annual Report for the formal receipt by the Board.
- 043.3 **Resolved:** The Finance and Investment Committee report from the meeting held on 26 May 2022 was received and noted; and The Terms of Reference was approved.
- TB22.044 **Report from the Chair of the Charitable Funds Committee**
- 044.1 **Resolved:** The Charitable Funds Committee Chair's report from the meeting held on 5 July 2022 was received and noted.
- TB22.045 **Any Other Business**
- 045.1 There was no other business raised.
- TB22.046 **Risks**
- 046.1 The Chair noted the changes to the risk report highlighted within the Risk Update and invited members to bring forward or discuss outside of the meeting any additional risks they wished to be considered.
- TB22.047 **Evaluation of Meeting and Key Points Arising**
- 047.1 The Chair provided a summary of the meeting acknowledging the pressure in the system across all service lines. She welcomed the updates and transparency from the Executive Team who were working tirelessly internally and externally with system partners. Thanks were extended to the workforce for their continued hard work and support.

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

- 27 September 2022 – AGM
- 1 November 2022

The meeting closed at approximately 12.25hrs.

To be resolved that the remaining business to be transacted is of a confidential nature and 'that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (subsections 2 & 3), Public Bodies (Admission to Meetings) Act 1960'.

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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

**DRAFT**