



**Minutes of the Trust Board Meeting held in Public.**

**Venue:** Videoconference

**Date:** Tuesday 1 November 2022

**Time:** 1000hrs

**Board Members Present:**

Kath Lavery*	Chairman
Tim Gilpin*	Non-Executive Director / Deputy Chairman
Andrew Chang*	Non-Executive Director
Anne Cooper*	Non-Executive Director
Amanda Moat*	Non-Executive Director
Jeremy Pease*	Non-Executive Director
Rod Barnes*	Chief Executive
Kathryn Vause*	Executive Director of Finance
Clare Ashby*	Interim Executive Director of Quality, Governance and Performance Assurance
Phil Storr	Associate Non-Executive Director
Zafir Ali	Associate Non-Executive Director (NeXT Development)
Mandy Wilcock	Director of Workforce and Organisational Development
Karen Owens	Director of Urgent Care and Integration

*\*Indicates voting Board members*

**In Attendance:**

Lynn Hughes	Interim Company Secretary
Helen Edwards	Head of Communications and Community Engagement
Jeevan Gill	Interim Deputy Director of Operations
Lesley Butterworth	Urgent Care Lead Nurse (item TB22.054 only)
Steve Page	Director of Transition (item TB22.055 only)
Adam Layland	System Partnership Director – South Yorkshire
Rachel Gillott	System Partnership Director – West Yorkshire

**In Attendance (item TB22.062 only):**

Dawn Adams	Head of YAS Academy and Interim Chair of the Women and Allies Network
Tasnim Ali	Business Manager: A&E Operations and Chair of the BME Network
Helen Greer-Waring	Executive Coordinator and Deputy Chair of the Disability Support Network
Nabila Ayub	Head of Diversity and Inclusion
Usha Kaushal	IUC Lead Pharmacist Integrated Urgent Care / NHS 111 (YAS)
Emily Brenson	Diversity and Inclusion Advisor
Suzanne Hartshorne	Deputy Director of People & OD

**TB22/048 Welcome and Apologies**

048.1 Apologies were received for Nick Smith\* Executive Director of Operations, Steven Dykes\* Acting Executive Medical Director, Phil Storr, Associate Non-Executive Director, and Simon Marsh, Chief Information Officer. Jeevan Gill, Interim Deputy Director of Operations was in attendance on behalf of Nick Smith.

048.2 The meeting was quorate.

- TB22/049 **Declaration of Interests**  
There were no declaration of interested reported on open agenda items. It was noted that any declarations of interest would be considered if and when they occurred during the meeting.
- TB22/050 **Minutes of Previous Meetings**
- 050.1 **Resolved:** the draft minutes of the meeting held 26 July 2022, and the draft minutes of the Annual General Meeting held 27 September 2022 were approved as a true record.
- TB22/051 **Matters Arising**  
There were no matters arising in addition to those included on the agenda.
- TB22/052 **Action Log**  
The action log was received and noted. Completed actions were agreed to be closed.
- TB22/053 **Matters Arising**  
There were no matters arising in addition to those included on the agenda.
- TB22/054 **Patient Story**
- 054.1 Clare Ashby introduced the Patient Story and noted that a forward plan had been developed.
- 054.2 Lesley Butterworth delivered a presentation, which highlighted David's positive experience of the YAS Mental Health Response vehicle, and how he had used his experience to support others in the community.
- 054.3 The Chief Executive asked Lesley if she could describe the added benefit of the response vehicles, which are provided at Place. In response, Lesley explained that the staff who work to support the service have a good understanding of the physical and mental health needs of service users, which had been beneficial. The response vehicles do not resemble ambulances which, patient's feedback had indicated as a significant benefit, removing the stigma and enabling staff to provide a more holistic and person centered approach to care.
- 054.4 Tim Gilpin, Non-Executive Director/Deputy Chair found the story to be most powerful, which provided a good example of how the Trust could make a difference in supporting the wider system. Tim enquired the cost of providing such a service but stresses that there is a balance to be achieved. In response, Lesley stated that discussions were ongoing with NHSE and ICBs in relation to the potential of procuring six additional vehicles. It was noted that this would result in an ongoing revenue commitment for the Trust and discussions were continuing.
- 054.5 Karen Owens drew reference to the longer-term benefits for patients specifically around quality and reducing the demand for crisis interventions; building relationships across the system between the response vehicles, mental health providers and community providers to support people to manage their own health.
- 054.6 **Resolved:** the patient story was noted.

*Lesley Butterworth left the meeting  
Steve Page joined the meeting*

- TB22/055 **Freedom to Speak Up Guardian: Bi-annual Report**
- 055.1 Steve Page confirmed that a new Freedom to Speak Up Guardian had been appointed and would commence in post shortly.
- 055.2 Steve Page highlighted the themes arising from concerns raised through the Freedom to Speak Up process. It was noted that work was ongoing with the HR and OD team to ensure a triangulated approach takes place when reviewing culture and leadership issues to gain assurance on the delivery of actions.
- 055.3 Amanda Moat, Non-Executive Director queried if outcomes information was available in relation to the delivery of actions. In response, Steve Page advised that assurance on delivery of actions is routinely included within the Freedom to Speak Up Annual Report, which is provided to the Board. In addition to that, the Quality Committee received detailed information and held discussions.
- 055.4 Anne Cooper, Non-Executive Director queried the level of staff satisfaction in terms of their concerns being managed and information shared. In response, Steve Page advised that following the agreement of actions the Guardian communicated regularly with individuals throughout the process.
- 055.6 **Resolved:** the Freedom to Speak Up Guardian: Bi-annual Report was noted and assurance received on the actions taken, noting proposal for further developments.
- Steve Page left the meeting.*
- TB22/056 **Significant Events and Lessons Learned Quarterly Update**
- 056.1 Clare Ashby highlighted themes around delayed response times and the impact on patient safety and risks in relation to Skill fade. It was noted that quality improvement (QI) methodology continued to identify opportunities for learning and to support developments. Additional areas highlighted to the Board included Violence reduction standards, Legal Claims and Coroner processes and safeguarding.
- 056.2 The Chair queried the impact of the actions taken by the Trust to address violence and aggression towards staff. In response, Clare Ashby explained that the Trust continued to work to ensure that decision making models remained up to date and any incidents are accurately recorded onto the required systems. Further work is required to be progressed on the delivery of conflict resolution training, due to this being paused during REAP 4, however, it was noted that the Body Worn Camera pilot had been positive.
- 056.3 **Resolved:** the Significant Events and Lessons Learned Quarterly Update report was noted including assurance received with regards to the effective management of, and learning from, adverse events.
- TB22/057 **2022-23 Winter Plan**
- 057.1 Jeevan Gill spoke to the 2022-23 Winter Plan report noting that the Plan would be regularly reviewed and updated. The Plan at that time reflected learning from 2021-22 and the national decision-making model in a structure approach of how risks were assessed, and actions taken.

- 057.2 The Chief Executive reported that the Trust Executive Group (TEG) had held discussions on the development of the Winter Plan.
- 057.3 Amanda Moat, Non-Executive Director queried if the document had been or was planned to be shared with System partners. In response, Jeevan Gill confirmed that regular discussions were being held with system partners to ensure that the plans aligned/complimented plans across the system. It was noted that the System Partnership Directors would be involve in such discussions going forward.
- 057.4 The Chair noted highlighted that the Winter Plan was a 'live' document, and it was agreed that a review of the process and activities in relation to the Plan would be discussed at the Board Development Session in December 2022.
- ACTION (R Barnes / N Smith)**
- 057.5 **Resolved:** the 2022-23 Winter Plan was received, noted and approved, with the caveat that the plan is a live document and would be continuously updated during the 2022-23 winter period.

TB22/058 **Emergency Preparedness, Resilience and Response Statement**

- 058.1 Jeevan Gill presented the Trust's annual self-assessment against the 2022 NHS Emergency Preparedness, Resilience and Response (EPRR) Core Standards and action plan to achieve substantial compliance by the end of the reporting year. She drew reference to an error on page 4 of the report which stated that there were 'no areas of non-compliance', which waswas inaccurate.
- 058.1 Anne Cooper, Non-Executive Director lead for EPRR, highlighted that significant progress had been made and that there was a high level of confidence in delivering the aciton plan to substantial compliance.
- 058.3 Zafir Ali, Associate Non-Executive Director queried if the actions with completion dates beyond the financial year would impact on the overall achievement of compliance. In response, Jeevan Gill advised that this was an ongoing process with dates rolled forward each year, and this was noted to be part of the submission.
- 058.4 **Resolved:** the Emergency Preparedness, Resilience and Response Statement and final assessment grade was approved for submission to NHSE.

TB22/059 **Corporate Risk Register and Board Assurance Framework Report**

- 059.1 Clare Ashby spoke to the paper and drew reference to the current risk environment, new and emerging risks, post pandemic risks in relation to Covid and the impact on the workforce. She explained that the delays to hospital handover times continued to the be highest area of risk for the Trust.
- 059.2 Kathryn Vause provided an update on new risk 511 Availability of Estates, Fleet and Facilities Funding for Estates noting that since the risks had been added to the register a conditional survey of the Trust's estate had been completed. This highlighted that 13% of the Trust's estate was in poor condition. The report provided strong evidence around a requirement for significant investment and would support the Trust's 2023-24 Capital bid.

059/3

The Chair enquired if any part of the Trust's estate required immediate closure. In response, Kathryn Vause confirmed that there was no requirement for immediate closure of any site.

059.4

Amanda Moat, Non-Executive Director, noted that there was a key control around management of the estate and queried if this needed to be reviewed to ensure that controls remained fit for purpose. In response, Clare Ashby stated that this would be considered as a key focus when reviewing risks.

059.5

Andrew Chang, Non-Executive Director, reflected on the improvements around the provision of clarity and triangulation of the risk report and the Board Assurance Framework with issues highlighted in the various Board papers presented to the Board meeting that day.

059.6

**Resolved:** the key risk exposures faced, material changes to the Corporate Risk Register, areas of emerging risk, and the position regarding the Board Assurance Framework were noted.

TB22/060

### **Chief Executive's Report and Integrated Performance Report**

060.1

The Chief Executive drew reference to pressures in relation to the operating environment, the current wave of Covid cases, and the proposed industrial action. It was noted that the Trust was operating at REAP level 4 at that time.

060.2

Attention was also drawn to the key messages arising from the Healthcare Safety Investigation Branch Independent Report: NHS 111's response to callers with Covid-19-related symptoms during the pandemic, changes to the NHS Pathways software and publication for the NHS Operating Framework, and the success of the Emergency Operations Centre (EOC) being recognised by the International Academies of Emergency Dispatch® (IAED™) as an Accredited Centre of Excellence (ACE) for emergency medical dispatching.

060.3

The Chief Executive invited directors to provide an update for their respective areas of responsibility with attention drawn to the following:

060.4

#### Operations Directorate

- Jeevan Gill expressed thanks to all staff working under continued pressures and noted their continued professionalism shown in the current climate.
- Progress was being made in relation to the 999-career pathway .
- Recruitment of paramedics remained strong and in line with trajectory.

060.4.1

The Chair commended the work completed with the West Yorkshire system to improve handover times and queried if any learning could be shared with other areas. In response, Clare Ashby explained that QI work had commenced in other areas of the Trust.

060.4.2

Jeremy Pease, Non-Executive Director queried if the data in relation to See, Treat and Refer was in relation to referral to emergency departments. In response, Jeevan confirmed that data was in relation to referral away from emergency departments to alternative pathways.

060.5

#### Urgent Care and Integration Directorate

Karen Owens extended her thanks to the teams across both 111 and PTS for their continued commitment and support.

060.5.1

#### IUC/111

- Interventions to support staff health and wellbeing, particularly around stress and anxiety had been well received and the removal of the requirement to wear face masks had improved communications across the teams.
- The Improvement programme work was progressing well with change champions identified with clear objectives. A top-level leadership review had been completed and aligned to the next phase of the operating model work.
- Following an intense period of recruitment, with open evenings held resulting in an increase in people interested in roles offered in IUC/111

060.5.2

#### PTS

- Work continued with renal and cancer patients to increase cohorted journeys where possible, with single patient journeys reducing..
- There had been an increase in the number of new volunteer drivers. However, the number of hours available had reduced, which attributed to the cost of living crisis and decisions were ongoing around increasing mileage payments for volunteers to assist with this.

060.6

#### Quality, Governance and Performance Assurance Directorate

- Infection Prevention and Control: Support was being provided around desk cleanliness, and tp call centres where Covid outbreaks had occurred. Additional support was also provided to team leaders in preparation for Winter.
- The Information Governance Toolkit had been submitted in June 2022, with an action plan to deliver 95% compliance with information governance training prior to the next submission.

060.7

#### People & Organisational Development Directorate

- Sickness absence remained high, with focussed support provided across IUC.
- Consideration to increase the level of face-to-face psychological support offered to staff during the winter period was being considered, with work ongoing at a national level around preventative measures to support mental health across the ambulance sector.
- The NHS National Staff Survey was live, staff were being encouraged to complete the survey and offered protected time to complete and share their views anonymously.
- Work around future approach to Organisational Development had commenced, with conversations taking place with staff from across the Trust.

060.7.1

#### Finance Directorate

- Revenue: There was a potentially further non-recurrent benefit in expenditure arising which may reduce the requirement to draw down on additional non-recurrent funding previously made available to the Trust.
- Capital: There continued to be a risk in relation to the IFRS16 requirements regarding accounting requirements for leases.

60.8

**Resolved:** the Chief Executive's Report and Integrated Performance Report were received and noted, which provided assurance on activities of the executive team was received and the Integrated Performance Report for September 2022 was noted.

- TB22/061 **Bi-annual Sustainability Report (Green Plan)**
- 061.1 The Bi-annual Sustainability Report (Green Plan) was received and noted. The Chief Executive highlighted the work progressing with tree planting, and low emission lighting upgrades across the Trust sites.
- 061.2 Challenges around reducing carbon emissions in line with Net Zero targets were noted due to the number of vehicles operated by the Trust. However, work was progressing to review options and obtain an electric ambulance for testing. The challenges had been escalated via the Ambulance Chief Executive Group and to NHSE around the restriction on capital and compressed timescales to replace fleet.
- 061.3 Kathryn Vause advised on the finance risk in relation to Capital funding and clarity around the provision of funds to support delivery of the sustainability and green agenda across the system.
- 061.4 Anne Cooper, Non-Executive Director acknowledged the risk for the ambulance sector as a whole, which is not Trust specific and queried if additional training was required to support staff in developing their understanding in this area.
- 061.5 Jeremy Pease, Non-Executive Director highlighted a potential risk around the level of resource available to deliver the Net Zero projects.
- 061.6 Following discussion, the Chair queried if the two areas of risk that had been identified were included on the Trust's risk registers. In response, Clare Ashby confirmed that the risks were currently being processes as part of the Trust's risk management process with eh support of the Trust's Environmental & Sustainability Manager.
- 061.7 **Resolved:** the Bi-annual Sustainability Report (Green Plan) was received and noted, including the preliminary cost of the Net Zero agenda, the challenges in delivery of the targets, work underway with ICS partners, and the commitment of the Trust Management Group for Carbon Literacy training.

- TB22/062 **Diversity and Inclusion Plan 2022-23: Progress Update**
- 062.1 Mandy Wilcock introduced the report and provided an overview on the progress made to date with regards to the Equality, Diversity, and Inclusion 2022-23 Plan. Supplementary action plans and Annual Reports in relation to the Workforce Race Equality Standard 2022 and Workforce Disability Equality Standard 2022 were received and noted.
- 062.2 Usha Kaushal provided an updated on the targeted culture work within IUC/ 111 and EOC and explained that this was being developed with the support of WY&H ICS race equality network, which had been looking at white privilege and allyship. A number of workshops had been developed and were being piloted across the Trust over the last ten weeks.
- 062.3 A package of training had been delivered via five hourly sessions, which had offered participants the opportunity to reflect and learn, understand language techniques and how to support colleagues in specific situations. Jeevan Gill highlighted the importance

of the work and was pleased that the Trust had provided protected time for EOC colleagues to engage with the workshops, despite the current operational pressure.

062.4 Updates were received from each of the Staff Networks; Women and Allies Network, Pride@YAS, Disability Support Network, and BME Staff Network, which highlighted recent activities and initiatives that were taking place across the Trust.

062.5 Anne Cooper, Non-Executive Director drew reference to the format of the report and how adding narrative to support data would be most helpful in future reports. It was agreed future reports would be updated to include supplementary narrative.

**ACITON (M Wilcock)**

**Resolved:**

- 062.6
- i. the Equality, Diversity, and Inclusion Plan 2022 – 23 report and progress made was noted.
  - ii. the Workforce Race Equality Standard 2022 report was noted, and action plans supported.
  - iii. the Workforce Disability Equality Standard 2022 report was noted, and aciton plans supported.

**TB22/063 Report from the Chair of the Audit Committee**

063.1 **Resolved:** the Audit Committee Chair's report from the meeting held on 18 October 2022 was received and noted.

**TB22/064 Report from the Chair of the Quality Committee**

064.1 **Resolved:** the Quality Committee Chair's reports from the meetings held on 1 September 2022 and 22 September 2022 were received and noted.

**TB22/065 Report from the Chair of the Finance and Investment Committee**

065.1 **Resolved:** the Finance and Investment Committee Chair's report from the meeting held on 1 September 2022 was received and noted.

**TB22/066 Annual Flu Campaign**

066.1 The Annual Flu Campaign paper, which outlined the model for delivery of the YAS Flu and Vaccination programme for 2022-23 was received and noted.

066.2 **Resolved:** the Annual Flu Campaign report was received and noted; and assurance received that the Trust was on track to deliver the flu vaccination programme for 2022-23.

**TB22/067 Any Other Business**

There was no other business.

**TB22/068 Risks**

068.1



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.

TB22/069  
069.1

**Evaluation of Meeting and Key Points Arising**

The Chair provided a summary of the meeting and highlighted the positive work that was progressing well in relation to equality, diversity and inclusion, and Mental Health Response Vehicles, which was evidenced in the patient story; and the progress made in relation to the EPRR self-assessment.

Meeting Closed at 1320hrs

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

- 31 January 2022

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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

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