



## MINUTES OF MEETING

<b>Meeting:</b>	Meeting of the Board of Directors in Public Session
<b>Details:</b>	Thursday, 27 <sup>th</sup> September 2018, 1100 hours at Wallsend Town Hall, Wallsend, Tyne and Wear
<b>Present:</b>	<p>Mr P Strachan, Chairman  Mrs C Young, Non-Executive Director  Mr J Marshall, Non-Executive Director  Mr D Taylor, Non-Executive Director  Mrs H Suddes, Non-Executive Director  Mrs C Peacock, Non-Executive Director  Dr G Morrow, Non-Executive Director  Mrs H Suddes, Non-Executive Director</p> <p>Mrs Y Ormston, Chief Executive  Mrs L Hodgson, Director of Finance &amp; Resources  Mrs C Thurlbeck, Director of Strategy, Transformation &amp; Workforce  Mrs J M Baxter, Director of Clinical Care &amp; Patient Safety  Mr P L Liversidge, Chief Operating Officer  Dr M Beattie, Medical Director</p>
<b>In attendance:</b>	<p>Miss J Boyle, Trust Secretary  Mr M Cotton, Assistant Director of Communications &amp; Engagement  Mr P Aitken-Fell, Consultant Paramedic  Mrs T Mullen, Assistant Trust Secretary  Miss L O'Donnell, Chief Executive Administrative Assistant  Mr R Stephenson, Public Governor  Mrs V Rook, Public Governor  Ms S Murphy, Inspector, Care Quality Commission (North Region)  Ms S Wallace, Inspector, Care Quality Commission (North Region)</p>

No.		ACTION BY
	The Chairman opened the meeting and welcomed all in attendance.	
<b>1.</b>	<b><u>Apologies for Absence</u></b>	
	There were no apologies for absence.	
<b>2.</b>	<b><u>Declarations of Interests</u></b>	
	Y Ormston declared her interest as a Director and J Boyle as Trust Secretary of the Trust's subsidiary company, NEASUS (North East Ambulance Service Unified Solutions).	
<b>3.</b>	<b><u>Open Forum</u></b>	
	R Stephenson alluded to the Lord Carter review into ambulance services report that had been released today and queried how the recommendations from the review would be addressed by NEAS. Y Ormston advised an action plan including performance indicators would be developed. A status update paper would be presented at the November meeting.	<b>L HODGSON</b>

<b>4.</b>	<b><u>Minutes of the Trust Board Meeting held on 26<sup>th</sup> July 2018</u></b>	
	<p>The Minutes of the previous meeting held on 26<sup>th</sup> July 2018 were agreed to be a true record, subject to the following amendment:</p> <ul style="list-style-type: none"> <li>• Page 3, item 8, first paragraph - the word 'undertake' to be added to the first paragraph.</li> <li>• Page 4, item 10 – course to be amended to cause'.</li> <li>• Page 6, item 13, 5<sup>th</sup> paragraph – 'ned' to be amended to 'need'.</li> </ul>	
<b>5.</b>	<b><u>Action Log</u></b>	
	<p>The contents of the Board Action Log were reviewed. It was requested that all those responsible for outstanding actions as detailed in the Log should review and close out these actions where possible.</p>	<b>ALL TO NOTE</b>
<b>6.</b>	<b><u>Matters Arising</u></b>	
	<p>There were no matters arising on this occasion, other than those items to be closed-out as detailed in the Action Log.</p>	
<b>7.</b>	<b><u>Chairman's Update</u></b>	
	<p>The Chairman outlined that during the last two months he had:</p> <ul style="list-style-type: none"> <li>• Represented NEAS and the ambulance service in general at the Emergency Services Flag Raising Ceremony to celebrate the national emergency services. The event presented an opportunity to meet and network with other emergency services colleagues across the country.</li> <li>• Continued to meet with a number of staff, governors and external stakeholders across the patch and, together with the Assistant Director of Communications and Engagement, had met Kevan Jones, MP for North Durham.</li> <li>• Undertaken observations with front line staff. This included spending time at Russell House with the Hazardous Area Response Team (HART) and call handlers and dispatchers in the Emergency Operations Centre. He had also observed on a 12-hour shift with an unscheduled care crew from Cramlington station, which involved spending time at the Northumbria Specialist Emergency Care Hospital. Again, the Chair commented that he had been very impressed by the dedication, passion and professionalism of all the staff he had spent time with.</li> <li>• Attended an informal Foundation Trust Chairs' meeting, which provided a good opportunity to meet counterparts across the region and identify some learnings from other trusts. The Chairman also attended a formal Chairs' meeting with representatives from Gateshead and Newcastle NHS Services and Local Authorities.</li> <li>• Together with the Chief Executive, the Chairman visited the Great North Air Ambulance Service and had been privileged to see the service in operation and observed the Pre-Hospital Emergency Medicine Crew Course (PHEMCC) training in operation - the model is designed to enable doctors and paramedics with the skills needed to operate safely and with competence in the prehospital environment.</li> </ul> <p>The Chair concluded by noting that in the forthcoming weeks he would be meeting with more of the Trust's Governors as well as local Members of Parliament and external stakeholders.</p>	
<b>8.</b>	<b><u>Chief Executive's Update</u></b>	

The Chief Executive provided members with an update on her recent activities and key news, covering the following key points:

- The mobilisation work has been completed to ensure the new 111 Integrated Urgent Care Service can be delivered from 1<sup>st</sup> October 2018. NEAS will be the first site to go live nationally with the new specification for emergency and urgent care.
- The outcome of Lord Carter's review into ambulance trusts has been released today and identifies an unwarranted variation in the delivery of ambulance services, as well as the potential savings of £500 million that could be made in efficiencies by 2020/21. The report into ambulance productivity in England has nine recommendations to improve patient care, efficiency and support for frontline staff who have responded to a significant rise in demand for ambulance services in recent years.
- The Trust has implemented a dedicated end of life service and with the funding it has received for the next three years, has appointed a Macmillan Nurse/End of Life Care facilitator to deliver a quality service for palliative and end of life patients. (More detail on the service will be provided under item 10).
- As part of a pilot project, NEAS has now provided additional training to nine Community First Responders to allow them to respond to patients who have fallen and are not deemed to have sustained an injury but require assistance.
- Colleagues attended a workshop organised by the National Improvement Programme in relation to sickness absence.
- The Department of Health has commissioned the Royal College of Psychiatrists to undertake research work into staff who are in a higher category of repeated exposure to traumatic events and the impact this has on staff.
- The first conference for the National Ambulance Black and Minority Ethnic Forum will take place on Friday 19<sup>th</sup> October 2018 at the NHS Leadership Academy in Leeds. The event will be attended by Yvonne Coghill, Director – Workforce, Race Equality Standards (WRES) Implementation in NHS England and will be a good opportunity for organisations to share learning.
- The Chief Executive together with Executive colleagues attended the Queen's Medal ceremony where her Majesty's representative, the Lord-Lieutenant of Tyne & Wear, Susan Margaret Winfield OBE DL presented the Queen's Medal to 15 frontline unscheduled care employees for their dedication to their roles.
- The Trust would host its annual 'Beyond the Call of Duty' awards in Newcastle on 5<sup>th</sup> October 2018 to celebrate the achievements of its employees. The awards recognise outstanding contributions of employees and volunteers who embody the heart of the Trust's vision – 'Unmatched quality of care for every life we touch', - and demonstrate core values of pride; excellence and innovation; responsibility and accountability; compassion; respect and making a difference every day. The event would see the highest attendance on record and highest number of nominations from the public.
- The winter preparedness work was well underway with colleagues attending a number of events around preparing for winter and addressing the known pressure points, such as hospital handover delays. NHS colleagues were working collaboratively across the region to mitigate pressures where possible. NHS Providers would be taking a more direct approach this winter and had agreed to circulate status reports which would identify the pressure points across the patch. NEAS had seconded a member of staff to NHS Improvement, with the secondee working in a regional co-ordination role from the Trust's Emergency Operations Centre.

	<ul style="list-style-type: none"> <li>The Chairman took the opportunity to congratulate Y Ormston for being one of seven finalists to be shortlisted for the Health Service Journal NHS Chief Executive of the Year. The outcome would be announced at the HSJ event in November. The Trust had also been shortlisted for the Creating a Supportive Staff Culture category. Members agreed this was an excellent achievement and just-deserving.</li> </ul>	
<b>QUALITY, SAFETY &amp; PATIENT EXPERIENCE</b>		
<b>9.</b>	<b>Quality Committee (20.09.18)</b>	
	The Chair of the Quality Committee, H Suddes, presented the Minutes from the recent meeting, highlighting the key items of assurance and risk articulated in the summary report.	
	In noting a key risk previously identified relating to the non-achievement of the Hyper-Acute Stroke Unit (HASU) targets, M Beattie informed this remained the highest issue nationally due to the Ambulance Response Programme change in standards. He reported the deterioration was due to a number of factors, one being the relocation and reduction of HASUs which had increased journey time, making the target more difficult to achieve. Another factor was thought to be the amount of time crews are spending on scene.	
	M Beattie added there was a further issue impacting on performance in relation to the 'call element' of the process and a number of units requesting they be contacted prior to patients being transported, which means crews are having to go through the Emergency Operation Centre to the receiving hospital in the first instance which causes a delay. There are a number of factors involved and all the elements need to be investigated to see which NEAS can influence that will make an impact. It is also important that an assessment of each case is undertaken to identify any stroke mimics as it is critical the patient receives the most appropriate care plan and the Trust delivers the right patients to the right care unit. Colleagues will need to work together to ensure this happens.	
	J Marshall asked for an explanation and the significance of what is being measured in such cases. In explaining, M Beattie informed that a stroke occurs when the blood flow to the brain is cut-off and the sooner a crew can review the condition and transport the patient to a HASU, the earlier a scan can be undertaken to identify the cause that will identify the appropriate treatment. Rapid and ongoing intervention is essential to maximise the potential outcome for the patient.	
	Y Ormston made the point that under the new Ambulance Response Performance standards stroke patients fall into Category 2, less urgent cases to the previous Red 1 category, which did not correlate with the explanation provided above and the FAST campaign which promotes enhanced responsiveness. P Liversidge added that he was of the opinion that Category 2 is the most appropriate response for such patients as this guarantees that a transportable resource is sent to the patient.	
	H Suddes felt it would be difficult for NEAS to develop a generic protocol that would benefit such patients when there is a different criteria for the transportation of stroke patients across the patch.	
	P Aitken-Fell noted the Trust had taken part in a national research trial to bypass Accident and Emergency units and take patients straight to a CT scan.	
	P Aitken-Fell added that NEAS had agreed to be part of a research trial involving two pieces of work; one would be to look at the blood test to identify if the patient is actually having a stroke and the other to look into the care pathway to confirm whether the right intervention for the patient is being identified.	
	The Chairman felt it was important to recognise the learning and work being undertaken for the benefit and safety of patients.	
	H Suddes felt it was important to acknowledge the reconfiguration of services had resulted in fewer HASUs across the patch which had increased the journey time.	

	C Peacock referred to the preceptorships work which it was felt sits better within the Workforce Committee's remit with some clinical input from the Quality Committee. It was agreed the mentorship being captured during the early stages was highly important.	
	C Thurlbeck informed that the Head of Education recruitment was underway but in the meantime the Consultant Paramedic will continue to progress this area of work.	
<b>10.</b>	<b><u>Staff or Patient Story</u></b>	
	The purpose of the report was to provide the Board with a reflection of the service delivery through a patient experience or staff perspective, with a view to using these experiences to continually improve the services delivered.	
	J Baxter explained that as a result of learning from past patient stories, the Trust had implemented a dedicated end of life service which recently won the national Nursing Times Award and whilst this was excellent recognition, the Trust realised there was more that could be done to improve the care provided to patients at the end of their life. The appointment of the End of Life Care Facilitator is the most recent development to continue to take this work forward. In Partnership with Macmillan Cancer Support, the Macmillan Nurse/End of Life Care Facilitator has provided her story for the report to introduce herself and the team to NEAS and the wider audience.	
	C Young informed that in her role as Acting Chairman earlier in the year she had attended the Association of Ambulance Chief Executives' meeting where colleagues from South Western Ambulance Service had presented their end of life care programme which had demonstrated invaluable benefits and experience for palliative and end of life patients and their families at such a difficult and sad time.	
	Y Ormston stressed the importance of noting that funding for the end of the life service had only been secured for 3-years, after which time the Trust will need to seek new funding for future years in order to continue the service.	
	In respect of the above point, L Hodgson added that a key performance indicator had been included in the bid specification to demonstrate to commissioners the improvements and positive impact such personalised care can have for patients at the end of their life.	
	In summing up, the Chairman thanked the Macmillan Nurse/End of Life Facilitator for sharing her story and agreed the introduction of the Macmillan Team will improve the quality of service and care for palliative and end of life patients.	
<b>11.</b>	<b><u>Quality Dashboard Report</u></b>	
	The monthly Quality Dashboard report provides an oversight on high level quality and safety performance information to ensure any issues or concerns are identified and addressed, that good practice and performance is recognised and any issues are referred to the Quality Committee or escalated to the Trust Board.	
	J Baxter provided a detailed overview on the report content, informing the Trust is committed to driving an open and honest culture, ensuring that staff are treated fairly and consistently.	
	In referring to the Friends and Family test score, members were pleased to note that the results released yesterday had identified NEAS as being ranked first in the country for the service it provides.	
	In noting that a serious incident was a consequence of the address being input incorrectly into the Computer Aided Dispatch system which created a delayed response, D Taylor stated that given this was not the first time such a human error had occurred, he queried whether this should force a change in protocol that would instigate the call-handler to re-enter the address to ensure it matches the first entry. J Baxter informed that the system currently did not enable a second entry but a verbal check could be undertaken. She further added that the error would be reviewed as part of the root cause analysis review and the call would be audited in the call audit follow-up review to identify areas of learning.	

	L Hodgson added there may be a technical solution, noting there may be scope to align the system with the NHS Spine document which clarifies patient's personal details, ensuring the Trust remained Personal Demographic Service (PDS) compliant. It was recognised that any change to the system would at present exclude the 999 service due to the emergency nature of the call.	
	The Chairman summarised the discussions, noting in particular the positive performance against key indicators, especially on the Friends and Family Test scores and the risk around the inputting of address issue.	
<b>12.</b>	<b><u>Clinical Audit Dashboard</u></b>	
	This report provided assurance on the Trust's performance in respect of the nationally published Ambulance Quality Indicators (AQI) audits for February 2018.	
	P Aitken-Fell provided a detailed overview of the contents of the report highlighting the performance against the AQIs. Particular reference was made to the fact that the Trust had performed above the national average in a number of key indicators, ranking first in the country against the Stroke Bundle of Care.	
	In noting there were 23 incidents which had failed the STEMI care bundle audits due to the non-recording of patient information, D Taylor queried whether this could be mitigated against via technology (i.e. whether there was any scope for the electronic patient record form (e-PRF) to prevent staff from moving through the record without completing each field). L Hodgson responded that given the recent change in supplier, the Trust had been restricted to requesting any system changes to the system but now it has been taken over by a new supplier there was hopefully more opportunity to influence change requests.	
	H Suddes referred to page 8 of the document – NEAS v national performance - and felt it would be beneficial to include trend lines on the graphs which would identify the trend over a period of time.	<b>M BEATTIE</b>
	In terms of the AQIs on page 7 of the report, C Young added she felt trend lines would be a better way to look at performance rather than RAG ratings, noting that a number of red ratings were actually performing above target. This would be reviewed and corrected.	<b>M BEATTIE</b>
	The Board discussed the content of the report which included a 'snapshot' of the key quality indicators and the Chairman queried whether the level of detail was sufficient. In response, members felt the dashboard contained sufficient information as it was the role of the Board-level Committees to review the detail in more depth. L Hodgson added there was a significant amount of information held on the Trust's data system (Athena) which can be used should additional information be required. One area Members were keen to see more detail on was 'aggression against staff'.	<b>M BEATTIE</b>
	In summary, the Chairman asked that Board Committee Chairs identify any areas they feel the Board should see more information on.	<b>COMMITTEE CHAIRS</b>
<b><u>ASSURANCES ERFORMANCE REPORTING</u></b>		
<b>13.</b>	<b><u>Charitable Funds Committee (17.09.18)</u></b>	
	The Chair of the Audit Committee, D Taylor, provided a verbal overview of the items considered by the Committee at its recent meeting. This included:	
	<ul style="list-style-type: none"> <li>• Approval of a number of requests from staff for funding.</li> <li>• Approval of the Community Public Access Defibrillator (CPAD) proposal.</li> <li>• Review of the Income and Expenditure Report.</li> </ul>	
<b>14.</b>	<b><u>Executive Risk Management Group (14.08.18 &amp; 11.09.18)</u></b>	
	Y Ormston, Committee Chair, provided an overview of the key issues discussed at the August and September Meetings.	

	In terms of assurance she noted there had been a significant improvement in compliance of the Organisational Risk Register (ORR) and no new high level risks had been added to the register.	
	C Young felt the Group had demonstrated a high level of commitment, with good representation across all directorates, and a significant number of risks being addressed and closed which provided good assurance to the Board.	
<b>PERFORMANCE REPORTING</b>		
<b>15.</b>	<b><u>Finance Committee (30.08.18 &amp; 21.09.18)</u></b>	
	The Chair of the Finance Committee, C Young, provided a verbal overview of the items considered by the Committee at its meetings in August and September. The Committee had reviewed the month 4 and 5 positions, which would be considered further by the Board as part of agenda item 17.	
	The Finance Committee had: <ul style="list-style-type: none"> <li>• Looked in detail at the highest risk Cost Improvement Plans (CIPs) on the register.</li> <li>• Noted the relationship between NEAS and the Trust's subsidiary company, North East Ambulance Service Unified Services (NEASUS), which will be regarded as a provider company in future.</li> <li>• Discussed the risk to fully fund the national pay award.</li> <li>• Ratified a number of policies within its remit.</li> <li>• Received assurance from its sub-groups. It was noted that the Transformation Board had undertaken a review of all of its projects with no significant issues being identified due to the majority of schemes still in the phasing and feasibility stage.</li> <li>• Quarterly IM&amp;T update which highlighted one of the main challenges is the increasing volume of work and associated re-prioritisation of tasks this requires and the insufficient capacity within the team has resulted in the Trust not taking part in bids.</li> </ul>	
	In respect of the IM&T project management work, L Hodgson added that a review of the IM&T groups was underway as it was felt that given they were all technically focussed they could be amalgamated and as such a revised structure had been recommended. The Senior Manager Huddle was refining a proposal report which would be presented to the Executive Team with the aim of sharing responsibility across the organisation.	
	L Hodgson added that whilst the IM&T team had been restricted in its capacity to submit lone bid applications, the Integrated Care Partnership (North & South) had included NEAS in elements of their bid submissions so hopefully funding would be forthcoming via this route.	
	C Young referred to the Global Digital Exemplar project and queried the associated funding. L Hodgson informed the Trust had received £1.5m which would be phased in over the next three years.	
<b>16.</b>	<b><u>Performance Board Report – August 2018</u></b>	
	The Board received this report which updated on key performance for August 2018. It provided a detailed overview of the current position, key risks and improvement plans.	
	C Thurlbeck highlighted the key performance targets, achievements and challenges which were detailed within the report. She noted that August 2018 had experienced call demand for 999 and 111 services increase by 2.2% compared to the same period last year, with over 111,000 calls answered. She was pleased to report that NEAS had maintained performance as the best placed ambulance trust for category 1 response times.	
	G Morrow referred to the Lord Carter review and the point made that 'See and Treat' cases are more challenging overnight due to a reduction in the health services available for onwards referral. Lord Carter had identified this was more of an issue for the North of	

	England region. P Aitken-Fell added the recent reconfiguration/movement of care centres had resulted in limited facilities to transport patients to.	
	Y Ormston referred to the Carter report which also highlighted that NEAS had comparatively high conveyance to urgent care centres i.e., reducing pressure on Accident and Emergency units.	
	P Aitken-Fell added the Directory of Services profile gap analysis could help address this issue and inform where to take patients to. Members agreed the issue should be pushed back to colleagues in terms of confirming where to take patients. The point would be raised at the Local A&E Delivery Board (LADB) meetings. P Aitken-Fell agreed to provide the information to J Baxter for her to present at the next LADB meeting she attended.	
	P Liversidge flagged that sensitivities around response times in respect of resource capacity remained an issue. He noted that NEAS remained the top category 1 performer, with category 2 being more sensitive to demand changes and category 3 and category 4 being impacted by resource.	
	J Marshall referred to the organisational sickness absence rate and requested assurance that this would remain an area of key focus for the Trust. C Thurlbeck responded that whilst improvements had been made, overall it was not improving as quickly as hoped, but provided assurance that the issue remained a key area of focus and improvement work was being undertaken.	P AITKEN-FELL
	The Chairman summarised the discussions, noting that there had been some excellent performance during August 2018.	
<b>17.</b>	<b><u>2018/19 Finance Report – Month 5 Summary</u></b>	
	The report summarised the Month 5 financial performance, outlining the position against the NHS Improvement financial plan for the month ended 31 August 2018.	
	L Hodgson provided an overview of the content, noting that the financial position had improved on the previous month however the Cost Improvement Plan was still causing a significant financial concern, given it is presently forecast to under-deliver against target. Capital expenditure is now an area for increased focus due to additional planned expenditure.	
	L Hodgson highlighted that the additional financial impact of the 2018 Agenda for Change pay award in relation to Unsocial Hours (USH) enhancement payments (effective from 1 September 2018) of £0.245m has now been incorporated into the Forecast Outturn. This is in addition to the estimated £0.210m net pay award shortfall identified last month. The additional pay award pressure has been absorbed in FOT terms, due to the variances since last month. The implications of the pay award is presently anticipated to cost an additional £1.873m (FOT) in excess of currently planned budgets available. This comprises the £1.628m referred to in last month's report plus the additional £0.245m in respect of USH enhancements. NHSI have confirmed it will update financial plans to incorporate the additional costs, although it is not known at this stage whether the £0.245m attributable specifically to the Ambulance Sector USH payments will be incorporated.	
	In respect of the anticipated shortfall to fund the national pay award, the Chairman felt strongly that if a satisfactory outcome is not forthcoming from NHS Improvement, the issue should be escalated; stating a national initiative should be funded appropriately.	L HODGSON
	The Chairman summarised the discussion, noting the current financial position and the implications .	
<b>WORKFORCE</b>		
<b>18.</b>	<b><u>WORKFORCE COMMITTEE (20.09.18)</u></b>	

	The Chair of the Workforce Committee, C Peacock, presented the Workforce Committee minutes from the recent meeting, highlighting the key areas of assurance and risk articulated within the report.	
	In terms of assurance, C Peacock commended the Trust Secretary for her work on the 'Freedom of Speak up' campaign.	
	In terms of items of escalation, C Peacock added that the Committee had sought assurance around sickness absence and the initiatives and work that was ongoing to continue to reduce levels and keep up the momentum of the efforts that had been made by the HR team over the last 12 months. P Liversidge felt assured that the management teams were providing good assurance around how aware they are after the devolvement into divisions to manage sickness absence.	
	H Suddes referred to the utilisation of the apprenticeship levy with NEAS being identified as the best performing Trust from comparison data.	
	The Chairman summed up discussions, noting the key sources of assurance being the flu vaccine campaign for 2018 and the positive feedback following the Investors in People annual review meeting. In terms of risks, the reduction in sickness absence remained an area of focus.	
<b>REGULATORY</b>		
<b>19.</b>	<b><u>NHS Improvement – Outcome of the Quarterly Review Meeting July 2018</u></b>	
	The purpose of the Quarterly Review Meeting (QRM) is to allow NHS Improvement and the Trust to have a meaningful discussion around the current situation of the Trust, the key challenges it is currently facing and how these might be addressed, and to review the progress the Trust has made over the past few months.	
	The Board reviewed the QRM outcome report.	
<b>20.</b>	<b><u>2018 Emergency Preparedness, Resilience &amp; Response Core Standards</u></b>	
	The purpose of this report is to provide the Trust Board with the compliance levels of the Trust against the NHS England Core Standards Self-Assessment 2018 and also gain approval prior to submission of the assessment to the Cumbria and North East (CNE) NHS England team by the agreed date of 28 <sup>th</sup> September 2018. It was noted that once CNE NHS England has all the responses back from providers a moderation session will take place on 2 <sup>nd</sup> October 2018.	
	P Liversidge provided an overview of the current compliance levels against the EPRR core standards, confirming that for those areas which are partially compliant, they will be monitored and maintained as part of the EPRR Group and overseen by the Executive Risk Management Group to ensure that the Trust can meet all core standards and move forward to its desired position.	
	C Young asked P Liversidge if there were any areas of concern and in response he confirmed there were none as the self-assessment demonstrated compliance and high performance levels in all areas.	
	The Trust Board reviewed and approved the submission of the NHS England EPRR core standards which would be submitted to the CNE NHS England team on 28 <sup>th</sup> September 2018.	
<b>21.</b>	<b><u>Any Other Business</u></b>	
	<ul style="list-style-type: none"> <li>L Hodgson was proud to announce that the Trust had been shortlisted for the Sustainable Health and Care Awards in the 'water and energy' category. NEAS was one of five organisations shortlisted and the outcome would be announced at an event in Birmingham on 21<sup>st</sup> November 2018.</li> </ul>	

	<p>In noting this was excellent recognition of the environmental team's efforts, the Chairman requested the team be informed of the Board's appreciation and congratulations.</p> <ul style="list-style-type: none"> <li>DT informed he had represented the Trust at an ambulance service memorial event for staff who had died in service on 13<sup>th</sup> September 2018 along with two colleagues and wanted the Board to give due recognition to the colleagues, David Graham and Brian Dodds, who had given up their own time to attend, which he felt was a demonstration of commitment to the Trust. The Board thanked the colleagues.</li> </ul>	
<b>22.</b>	<b><u>Key Messages to Communicate to Staff</u></b>	
	<p>The Chairman summarised the key messages to be communicated to staff:</p> <ul style="list-style-type: none"> <li>The national interest from the publication of Lord Carter's report published today.</li> <li>NHS 111 mobilisation of the new service on 1 October 2018.</li> <li>The Integrated Care System, an item on the Annual General Meeting agenda later in the day and where the Ambulance Service fits into the system.</li> <li>The local interest around the Hyper Acute Stroke Units and the mapping of Stroke Services to fewer units.</li> <li>The investment of the Trust in building up its Emergency Operation Centre dispatch function.</li> </ul>	
<b>23.</b>	<b><u>Date and Time of Next Meeting</u></b>	
	The next meeting of the Trust Board to be held in public at 1230 hours on Thursday, 25 <sup>th</sup> October 2018, Unit 7, Wynyard Business Park, Billingham, TS22 5FG.	

Signed \_\_\_\_\_  
CHAIRMAN

Dated \_\_\_\_\_