



Trust Board held in Public

Venue: Kirkstall & Fountains, Springhill 1

Date: Monday, 27 March 2012

Time: 0945 hours

Chairman: Della Cannings

Present:

Board Members:

- Della Cannings (DC) Chairman
- David Whiting (DW) Chief Executive

- Stephen Moir (SM) Deputy Chief Executive/Executive Director of Workforce and Strategy
- Dr Alison Walker (AW) Executive Medical Director
- Rod Barnes (RB) Executive Director of Finance and Performance
- Steve Page (SP) Executive Director of Standards and Compliance
- David Williams (DWi) Acting Director of Operations

- Dr Elaine Bond (EB) Non-Executive Director
- Nina Wrightson (NW) Non-Executive Director
- Richard Roxburgh (RR) Non-Executive Director
- Roger Holmes (RH) Non-Executive Director
- Patricia Drake (PD) Non-Executive Director

In attendance:

- Anne Allen (AA) Director of Corporate Affairs and Trust Secretary
- David Bolam (DB) Member of public
- Karen Kanee (KK) Member of public

Minutes produced by: (JB) Janet Blackburn

	<p>The meeting commenced at 0945</p> <p>Introductions/Questions from Members of the Public</p> <p>The members of the public present introduced themselves to the Board.</p> <p>David Bolam – North Yorkshire - member of the public. Karen Kanee – Nottingham – member of the public.</p>	
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	<p>Questions from Members of the Public</p> <p>DB sought assurance that the private contractors used in the North Yorkshire area over the Christmas period (2011) had been properly checked out by the Trust.</p> <p>The Chairman responded that the contractors were licensed by the Care Quality Commission (CQC) and deployed appropriately by YAS according to the skill level of the crew. DWi stated that there had been no recorded concerns.</p> <p>DW confirmed that checks had been carried out prior to using the private providers during the Christmas/New Year peak demand period and that the providers were all CQC registered. He added that from 2012/13 onwards, to help contain expenditure, YAS would only use private providers when absolutely necessary.</p> <p>DC reported that she had met with some of the private contractors on duty for YAS in York on New Year's Eve and that YAS staff were accepting of them.</p> <p>DB asked whether, following the decision to close the Paediatric unit at Friarage Hospital, there were any issues (such as airway management) in relation to the distance to an alternative unit.</p> <p>The Chairman confirmed that YAS had been informed of the proposed service reconfiguration.</p> <p>AW stated that Associate Medical Director, Dr Julian Mark, who had been involved in a clinical risk assessment when the service was last configured, would do the same this time in June 2012, confirming that YAS would deliver whatever it was commissioned to deliver.</p> <p>Questions from Members of the Public closed at 1000</p>	
1	<p>Apologies No apologies were received.</p>	
2	<p>Declaration of Interests No interests were declared during the meeting.</p>	
3	<p>Minutes of last meeting held on the 24 January 2012 (A Member of the Public joined the meeting at 1000. He apologised for his late arrival querying the meeting's start time on the Trust's website.)</p> <p>The minutes were accepted as an accurate record subject to the amendments highlighted:</p>	

	<p>Page 4, item 6 The action on Ambulance Quality Indicators (AQI) for the Acting Director of Operations had been moved to the Trust Executive Group (TEG). The Action log had not been completed to date.</p> <p>Page 5, item 6 (continued) RR advised that the section which mentioned the 7 July bombing was incorrect. It should be specifically in relation to the London Riots. RR also indicated that the wording 'were clearly not fit for purpose' was incorrect in relation to the airwaves system. The item related to the inoperability of systems and should be changed to 'speaking across the airwaves system albeit within specification'. The Chairman and Board agreed the wording.</p>	<p>DWi</p>
<p>3a</p>	<p>Carry Chairs DW advised the Board that this item had been referred through the Trust Executive Group (TEG) and an evaluation had been undertaken through staff. A preferred future solution had been identified with an investment requirement of approximately £800,000+. The next stage was to review the capital plan in terms of the roll out of the carry chairs. DW advised that this was an important change which would address some of the muscular skeletal injuries to staff attributed to manual handling. It was expected that this would be programmed into the capital spend with implementation possibly over a 2 year replacement period.</p> <p>SP reported that, although the chair was similar to the one currently in use, there were 2 additional modifications to the new chair. These were a track to help patients get downstairs and adjustable handles to avoid staff stooping when handling patients. The business case was being finalised and the requirement for investment was significant. DC commented that the balance had to be in favour of staff to whom YAS had a duty of care. AW advised that an evaluation had taken place in relation to the rationale around the age and programmed replacement of the vehicles into which the carry chairs were placed. Following the conclusion of this evaluation, there would now be a roll out of the new chairs. SP advised that training would probably be in the form of a familiarisation session as the new carry chair was similar to the existing chair so minimal training was required. DC concluded that it was appropriate to have an evidence based judgement for the roll out.</p> <p>The Chairman noted the considerable expenditure involved but acknowledged that it was balanced against the health of YAS staff and longer term implications for staff and the Trust.</p>	

<p>3b</p>	<p>Yorkshire Ambulance Service and Yorkshire Air Ambulance – (YAS/YAA)</p> <p>DW confirmed that regular Board and partnership meetings, which had been described as effective and strong, were taking place. It had been agreed to review the Service Level Agreement (SLA) annually in May and this had been placed on the Board’s forward agenda. At the last meeting the SLA was discussed in relation to the work that YAS was doing with Embrace, the paediatric and neo natal transfer service. A future action would be to look at the SLA and review how YAS/YAA and Embrace were progressing. DC reported that she had postponed her attendance at a recent meeting but intended to rearrange. AW reported that she had recently presented at a meeting and a very constructive discussion had followed.</p> <p>Action: The presentation given to the Yorkshire Ambulance Service and Yorkshire Air Ambulance by the Medical Director should be circulated to Board Members.</p>	<p>AW</p>
<p>3c</p>	<p>Cost Improvement Plan (CIP) Quality</p> <p>RB advised that a meeting had taken place on 26 March to discuss the 2012/13 business cases. Business cases for 2011/12 schemes had been quality assessed by the Associate Director of Standards and Compliance.</p> <p>PD advised that the Quality Committee needed to examine the quality impact assessment of future schemes and any potential risks to staff and patient care and asked if Quality Committee Review could be built into the process. EB stated that she would like to see a procedure for CIPs, which identified how schemes were formulated and signed off. SP replied that this had already been prioritised into the work plan so the Quality Committee would be able to review process and content at the same time.</p> <p>DC asked RB to confirm future plans to ensure that the Quality Committee had sight of proposed CIP schemes before the beginning of the financial year. RB responded that this would have to be a pragmatic solution which recognised the challenges faced by YAS identifying schemes for 2012/13. DC said it was right to be more ambitious so that it became embedded into the business planning of the organisation. SP advised the Board that this was an on-going process that would be built into the Quality Committee work plan for the coming year.</p>	
<p>3d</p>	<p>Power Failure</p> <p>DWi advised that the former Director of Operations had initiated a review in December 2011 and lessons learnt from the review had been incorporated into the change control procedures going forward. A letter had gone to Sally Bell, Associate Director of Emergency Preparedness and the SHA were confident in the work that had been carried out.</p>	

	<p>NW asked DC if she could raise a point that had been omitted from the Action Log as item PTB 2011-30 Neutral Vendor Contract had been outstanding since the May 2011 Board meeting.</p> <p>DC revisited the item which related to when the Neutral Vendor Contract was let and agreed at the Board. DC advised that there had been timing issues when it was brought to the Board in May 2011. NW replied that the NEDs were concerned that this had not been raised with the Executive Team earlier to enable them to identify whether there was a significant organisational risk, adding that she needed an understanding of why the item was missed off the May and July minutes and action log. NW added that it was only at the September meeting when she raised the issue for a third time that it was entered in the minutes and dropped off the action log.</p> <p>DC asked DW to provide a response to these points before the end of the meeting.</p> <p>Action: A review of Board action logs is required to give assurance that, for the period of the last 18 months, items were appropriately closed or recorded in the correct place.</p>	AA
4	<p>Chairman's Report</p> <p>DC explained that a written 'Chairman's Report' by way of a letter to colleagues immediately prior to the Board meeting date enabled her to provide the maximum information at the latest possible time to ensure that the information was current.</p> <p>DC highlighted some of the key points in her report. She advised that she had been asked by the Chairmen of the other ten ambulance trusts to be their representative as a Director of the Association of Ambulance Chief Executives (AACE) and this had been formally established. The Board agreed that this was a positive development for the Trust.</p> <p>DC reported that RH's position had been extended until 31 March 2013. Due to the changes in the organisation, the Appointments Commission were limited to the extension that they could grant. The decision was time critical in relation to YAS achieving Foundation Trust status which, if not achieved within timescale, meant that a replacement NED would be determined earlier. RH supported this process.</p> <p>DC acknowledged that it was NW's last meeting and noted her tremendous contribution to the Board during her 6 years in post. NW had seen major changes and had been instrumental in implementing a lot of those changes for the Trust.</p>	

The Chairman reported that a recruitment process was on-going to replace NW and to appoint an additional Non Executive Director (NED) Designate which had been agreed by the Board, albeit by email. Seventeen applications had been received and shortlisting was in under way.

It was hoped that the additional Non Executive Director appointment would be approved by the Council of Governors in due course. The interviews were scheduled to take place on 16 April for the Designate post and 17 April for the Non Executive Director's post.

DC stated that consideration should be given as to how the Board currently operated, adding that she was trying to find examples of best practice in organisations that were proactive in their findings. DC invited comments from those present but it was her opinion that Private meetings were still a necessity. She added that AA was looking at this item and the current guidelines as the Board needed clear measures and guidance on areas such as Patient Confidentiality. RR agreed this was required in order to minimise the business in Private meetings.

Action:

AA to draft criterion for holding Trust Board in Private.

AA

The Board discussed requests for information, as every FOI request had to be looked at on an individual basis but patient confidentiality remained top priority.

DC reported that Board meetings in future would move around the region with good speakers to attract local interest and opportunities for the public and press to ask questions. The next Trust Board Held in Public was to be held at Tankersley Manor in South Yorkshire.

DC reported that she had met with the High Sheriff at the Lifewise Centre in South Yorkshire, adding that YAS could potentially use the Centre as a standby point for an ambulance which would be a positive move adding value to patients and the community.

The Chairman added that the Grant Thornton Governance Day on 22 March had been very interesting and had provided guidance on the format and content of future Annual Reports, which should be moving to Foundation Trust standard. Challenges should include items such as where the Board in general and NEDs in particular were adding value. DC asked for attendance to be added to the Annual Report, 2011/12.

Action:

AA to add attendance to the Trust's Annual Report, 2011/12.

AA

DC raised an issue regarding the timeliness of the production and delivery of Board papers to the Non-Executive Directors, as the NEDs could not give due consideration to the content of papers delivered beyond the agreed deadline.

This position consequently compromised their independence and the NEDs' ability to challenge or make considered comment at Board and clearly could not continue.

DW apologised to the Board as he had made a commitment to improving timeliness. SM stated that he would like to echo DW's comments, as that the Executive Directors had signed up to a process which included timescales for the delivery of agendas and papers to Board.

PD stated that the NEDs did not have information to hand in the same way as the Executive Directors and therefore required adequate time to prepare for meetings. NW agreed, adding that there was a risk to delivering Board business and the NEDs could compromise their position. EB stated that she felt quite strongly that the timings of Board agenda items were inappropriate and support was needed in order to make the business of the Board flow. He added that interim support was currently being pursued to support internal capacity. RR added that the quality of papers was imperative.

DC suggested a risk should be added to the Corporate Risk Register which, after a brief discussion, the Board agreed.

Action:

SP to add risk to Corporate Risk Register, for the potential for Board business to be compromised due to timeliness of Board papers.

SP

5

Chief Executive's Report

DW advised the Board that the 111 project tender led by Keeley Townend and David Bacon was on track. He added that YAS and Local Care Direct had a joint 111 Programme Board, which was proving to be a positive working relationship. A lot of key work was due to take place week commencing 9th April including the Executive Directors looking at questions in their specific areas of expertise. DW was pleased with the good interaction from Senior Management whilst acknowledging that resources were stretched.

DW added he was trying to negotiate the early release of the new Director of Operations but currently the date was 28 May 2012.

RH advised that the cost per call element of the 111 project was very important and contractually it must be costed correctly. RB responded that the Board was very focussed on how to keep the cost per call within the target price whilst still maintaining quality.

	<p>DC highlighted the 'We Care Awards' and complimented the Trust on its advertising of the Awards. The closing date for nominations was 30 March and SM advised recent figures showed around 40 nominations.</p> <p>PD asked when the Major Trauma Strategy was due. AW replied that recruitment was complete and sufficient staff were in place to start a 24/7 rota on 2 April 2012, which was the nominated date for the major trauma centres to go live. Training commenced 26 March 2012. PD also asked whether any targets had been identified in relation to the strategy. AW replied that there was a joined up system of performance management and a measurement process. Staff would be working in conjunction with clinical managers, etc.</p> <p>SP provided additional information to his section on Care Quality Commission (CQC) compliance as he had been asked to give an independent perspective to the North West Ambulance Service.</p> <p>DC thanked the DW for the format and content of the report and the input from the Executive Directors.</p>	
6.1	<p>Patient Story</p> <p>DC read a story relating to a PTS patient, Mrs C, aged 62 years old with cancer.</p> <p><i>Highlights</i></p> <ul style="list-style-type: none"> • Lack of communication with patients when transport is not available on time. • The attitude of the PTS staff member who made the patient feel like an inconvenience. This has been addressed with the staff. 	
6.2	<p>Significant Incidents and Lessons Learned</p> <p>This was a review of issues reported through the YAS serious incident management processes.</p> <p>The report complimented the paper that would be discussed in the Private Board meeting which focused on the most recent cases which were still being investigated and of a patient confidential nature.</p> <p>Key points summarised:</p> <p>3.1 New incidents reported</p> <p>3.2 There was a change in the reported pattern through the Emergency Operations Centre (EOC). Also, to note that in February the number reduced as the EOC introduced a separate system to monitor delayed responses.</p> <p>DC raised an issue relating to visibility as a Board.</p>	

SP stated his opinion that the Quality Committee should have sight of the internal audit reports in the EOC. DC responded that matters should be dealt with at an appropriate level. Therefore those managers with responsibility in EOC should resolve issues and learn from them. Appropriate escalation would be through the Prism system so the Board gained greater visibility.

PD asked if a staff member failed to report an incident in time would this then become an incident in its own right. SP replied that if there had been a delay the reason would be investigated and action taken to ensure it did not happen again. PD advised that this should also be a staff learning process. SP reported that YAS was in the process of commissioning a new risk management system for the handling of incident reporting.

Areas for improvement included:

3.3 Learning from specific incidents:

- damage to masks – related to the storage of equipment which had been addressed.
- reporting problems with equipment – a reminder had been sent to staff about the timeliness of problems being reported.

3.4 Medication incidents - had been due to the amount of morphine storage incidents, ie lost keys, etc but a new issue had been raised around breakages due to the packaging of morphine vials. This had been addressed and there had been a change in storage vehicles for individual ampoules so there would hopefully be a reduction in this damage.

'Reporting Medical Faults' - RR asked whether an inventory of the equipment in the region existed. SP replied that work was currently taking place on wider issues, including the inventory.

3.5 Serious incident

- Error in the CAD system.
- Mistake in the interpretation, by an Emergency Medical Dispatcher, as to whether Cardio Pulmonary Resuscitation (CPR) was to be used.
- Delayed response to a child due to the coding on the CAD system being changed (NB a change in coding was permissible in certain circumstances).

SP advised that in all of the incidents above the families had been contacted in line with procedure.

Lessons learned

Issues included improvements being made around the 'Do Not Attempt' (DNA) CPR procedure. Guidance notes for support staff, particularly PTS staff in distressing incidents, were being developed.

DC highlighted additional concerns including staff's access to the correct form, that the form was correctly completed and that the form was legitimately written.

AW advised the Board that if staff were in any doubt as to the validity of a document CPR must be used. She added that issues around the form being printed were related to some GPs not being able to print in colour, so the red border on the original could not be reproduced. DC advised that the forms should be on watermarked paper, registered and signed.

PD asked whether it was not the responsibility of the nursing home staff to validate the DNA form. AW replied that currently accountability rested with the health care professionals. YAS was challenging the process but this was a very sensitive area in which YAS was leading the way forward within the region. AW added that as a Trust YAS was in a very good position in relation to the process and procedures.

4.1 Issues out of complaints

PTS service was an issue, as reflected in the patient's story. PD was pleased to see that there was a small percentage of complaints but would like assurance that there was no double count. DC confirmed that the primary reason was counted and any secondary would be in the sub-set. RR noted that the Table 6 figures in 'Aspects of Clinical Care and Response' were the highest they had been in the year so far he would have expected comment on these figures.

Action:

SP to email a response as soon as possible to the Board in relation to Aspects of Clinical Care and Response.

SP

Action:

SP to provide further analysis of non-primary reasons (complaints/claims) for a future meeting.

SP

Action:

Establish objective setting (Action Plans) and benchmarking around key targets eg PTS service transformation for a future meeting.

SP

5.00 No clinical case review issues to report. The triage survey was completed and would be reported at the next Board

No Rule 43 letters from Coroners or any issues from the Ombudsman on this occasion.

SP advised that the presentations had been completed from the companies tendering for the Risk Management contract and were under review.

	<p>DC noted that there needed to be a clear plan of what the Board needed/wanted to address and a direct link through clinical leads.</p> <p>DC welcomed the report and expressed her belief that the Board needed to set clear guidelines as they needed a direct link between what was discussed and what was actually done to add value to the organisation. As the Board did not currently have any benchmarking material, it was agreed that they needed a one-off benchmarking exercise.</p> <p>SP stated his expectation that the Board would receive a 6 monthly report, the first being in June 2012 and asked it be noted that the PTS service to service issues were not picked up in the data as it was recorded.</p> <p>Action: The 6 monthly reports should be added to the Board Annual Cycle commencing in June 2012.</p> <p>Approval: The Board noted the paper, the issues addressed by the Board and the work going forward.</p>	AA
6.3	<p>Information Governance Kit</p> <p>The Board queried what it was being asked to approve as it was felt inappropriate to approve the paper as stated but noted the content. SP gave assurance that the toolkit was being monitored through the Information Governance Group and it would also be part of the Internal Audit Committee agenda. RR noted that some of the issues were major issues such as Business Continuity in the context of IT and UPS. SP gave assurance that these issues were being dealt with and that the work had been done to the standard required with a positive outcome for the Trust.</p> <p>Approval: The Board noted that the IG toolkit assessment had been undertaken.</p>	
6.4	<p>Board Governance Assurance Framework (BGAF) – Self-Assessment</p> <p>The paper had been considered at the Board Strategic Workshop on 28 February and it was agreed that Board members would feedback comments. No comments were received therefore the self-assessment content presented at that day's meeting remained unchanged.</p> <p>AA outlined three 'Red flags':</p> <p>1.1 With respect to there being more than 50% turnover of Board members during the last 2 years.</p>	

3.1 The Board acknowledged, in respect of Patient Transport Services, there had been significant unplanned variances in YAS's performance.

4.4 Council of Governors - process and strategy for Governors' communication and engagement was not yet in place.

An index of evidence, which it was proposed should be attached to the submission to the Strategic Health Authority (SHA), was also included in the Board papers. The supplier appointed to audit the self-assessment would wish to review the evidence either as a desk top exercise or remotely. There would also be a requirement for meetings with Board members, particularly Committee chairs.

AA requested the Board's approval of the BGAF and asked DC and DW, as per Standing Orders, to sign a document which had been agreed with the SHA to accompany the submission.

DC apologised for her failure to feed back earlier and requested clarification of what YAS was to receive for its £30k spend when the Board had no input in the matter.

SM replied that he had spoken to a representative from the SHA who was moving into a new role, adding that he had requested a meeting with her successor as a matter of urgency to find out what YAS would receive for its £30k spend and what benefits it would bring to the organisation. DC was concerned that there was a fundamental issue relating to spending £30k of public money when the organisation was not aware what it was going to receive for it.

The Board raised a number of points requiring amendment:

1.2 Non Executive Director Designate role needs to be added.

1.3.1 Board member commitment – DC questioned the measure of a good attendance record, was it 100% or less eg was 80% sufficient. The wording needed changing to include that, in the absence of a Director there was appropriate Deputy Director representation at meetings.

1.3.3 A copy of the Code of Conduct was required from the Board. DC requested it was found and revised appropriately

3.4 The timeliness of Board papers had been put on the Corporate Risk Register and this needed to be noted in the BGAF document.

4.3(2) Board Engagement:

DC commented that her role was to raise the profile of the Trust, not herself and the NEDs. She stated that she had asked the Director of Operations for a programme of meetings/events with MPs but this had not happened. DC added that the Trust's Stakeholder Engagement Plan was not about individuals and the wording needed updating.

4.3.4 NW commented she could not remember ever meeting patients, it was usually officials/partners.

	<p>RR/EB reiterated these comments. AA advised that the suggested heading of Section 5 had been discussed at the Trust Executive Group. It was agreed to include LINKs stakeholders groups.</p> <p>RH stated that the Better Payment Policy case study did not give justice to the amount of people and Board committees involved. DC requested that the wording should be amended to strengthen the committees' roles in assurance.</p> <p>Approval: The Board approved the paper subject to the amendments.</p> <p>Action: A request was made for a covering letter to be sent with the submission to the SHA advising the Board had not had full sight of what would be received for the £30k commitment.</p>	AA
6.5	<p>Board Assurance Framework</p> <p>SP reported on the year end summary of the current Board Assurance Framework. Section 3 outlined the process used to manage updates for the framework and corporate risk register. There had been no changes to the overall summary but there had been significant assurances around risks although nothing had been masked and at the year-end position no significant risks had been identified.</p> <p>SP added that in Section 4 it was apparent that the functionality of the BAF could be improved; particularly the development of the format to ensure more finely tuned assessment of the level of assurance. This item was due to be discussed at the next Audit Committee meeting, following which it would be reported into a subsequent Board meeting.</p> <p>PD reported that the Quality Committee (page 13 under Assurance and Control) was in place and had met.</p> <p>RB stated that a lot of work had been carried out on the commercial function which would give more assurance about keeping ahead of the competition.</p> <p>DC placed on record her acknowledgement of the tremendous amount of work carried out by Kevin Wynn. The papers were easy to read, contained all the required information and were a good model in terms of style.</p> <p>Approval: The Board were assured of the key risks and objectives and that they were appropriately managed.</p>	

<p>7.1</p>	<p>Board Committees – Terms of Reference for Approval DC stated that each of the three Terms of Reference (TOR) were recommended by the relevant Committee for approval to the Board.</p> <p>Remuneration and Terms of Service Committee (RTSC) - these were the TOR for an NHS Trust but the organisation would have to move to a different position when it became a Foundation Trust. DC was comfortable with the TOR and no challenges were noted.</p> <p>RH advised that the version of the Finance & Investment Committee (F&I) TOR issued to the Board captured any amendments previously received. There were no changes.</p> <p>PD stated that the TOR for the Quality Committee had been discussed and agreed at its first meeting in March.</p> <p>AA advised that the outstanding TORs for the Audit and Charitable Funds committees would be presented to Board for approval in May.</p> <p>EB stated her belief that the 29 May Board meeting for the Charitable Funds TOR was ambitious, as the Committee's workshop was not until the end of May and they would then be revised after that.</p> <p>Action: The TOR for the Audit Committee should be brought to the Trust Board in Public on 29 May and Charitable Funds would be brought later due to the timing of the workshop.</p> <p>Approvals: The Chairman confirmed the Board's approval of the TORs for RTSC, F&I and Quality Committee.</p>	<p>AA</p>
<p>7.2</p>	<p>Annual Business Plan (ABP) 2012-13 DC stated the mission statement on page 6, Executive Summary was incorrect and required updating together with a typographical error in the statement 'saving lives and caring for you'.</p> <p>RB advised that the ABP included a review of performance for 2011/12 but was still very much work in progress. Business planning workshops, which would feed into the Plan, were underway and included operational, quality and other aspects of performance.</p> <p>RB stated that the Performance Management arrangements contained within the plan reflected the Performance Management Strategy and Service Management paper that came to the last Board workshop, which were still work in progress. He added that the 'Network Response' function had changed its title to</p>	

'Community Resilience Function' which would be more meaningful to external stakeholders, partners and staff.

Other amendments included:

Page 22 & 23: objectives required further clarity.

Page 24: A&E operational plan needed more text around it and to be expanded to include PTS and other areas of service delivery.

Page 25-26: Key objectives for 2012/13 - here had been a number of workshops in relation to the objectives following a Trust Executive Group held in Rotherham in December 2011. A significant area of work was to update the Risk Schedule to reflect the risks for 2012/13.

Action:

Amendments should be made to Annual Business Plan as requested by the Board.

RB

DC expressed her concerns about the timeliness of the completed Plan being available as the organisation entered a new financial year. DC stated that she found it difficult to grasp the five main objectives for the Board, adding that there needed to be a summary document and 'strap line'. Prior to formally seeing the full draft document in April, the Board sought assurance that there was clarity in the organisation and the various heads of department were focussed on what they were doing. DW advised the Board that there was sufficient detail in the Plan to enable objective setting and provide clarity of what needed to be completed for the first half of the year.

RR asked if YAS produced a timely, 'state of the nation' document for its staff. DW replied that a summarised one page document would be provided. DC highlighted that page 39-41 told the 'YAS story' and should link to the organisation's objectives.

AA stated that she had drafted a letter from DW congratulating staff on their achievements during 2011/12. It was agreed that the letter should be from the Board and not just the CEO.

RH stated that he had found the table of directorates on page 39-41 very helpful. His slight concern was that the Cost Improvement programme did not feature and he sought assurance that everyone was aware of the importance of CIPs. It was agreed that the risk of industrial action should feature in the plan as a risk as it had recently been experienced. The Board also discussed and agreed that any potential for expenditure relating to Headquarters' premises should not feature as this had not yet been discussed.

PD commented on the objectives and how they would align with the forward plan. She stated that items that were key to the transformational change programme needed to be seen by the Board before any decisions were made.

	<p>RB replied that he would include that in the forward planning.</p> <p>The Chairman confirmed that the Board was not able to approve the plan but the development work was noted. The Board agreed the main outline of the plan so that DW could share it more widely.</p> <p>Action: DC requested a copy of the draft full plan in advance of the papers for the next meeting to allow Members the time to read it and make comments.</p> <p>RR asked when the document could be sent to the Board. RB replied that the document would be presented to the Board on 24 April for further discussion, with the final version for approval at Trust Board in Public, 29 May 2012.</p>	<p>RB</p>
<p>7.3</p>	<p>Financial Plan and Capital Programme</p> <p>RB stated that, in line with national expectations, NHS provider organisations were being asked to manage within an income settlement that allowed for a cash reduction of 1.5% - 1.8% and a reduction of 1.8% had been applied to the contract in line with other non Payment by Results tariffs.</p> <p>RB further stated that the Commissioners were keen that the contract reflected demand management initiatives being introduced in primary care. In Wakefield in particular this had a significant impact on managing down activity growth, so it had been agreed that the baseline contract for 2012/13 would be set at the outturn activity for 2011/12. Any growth above this level would be funded at a 75% marginal rate.</p> <p>RB added that the CQUIN settlement reflected an additional 1% of total A&E income, increasing from 1.5% to 2.5%. The settlement funded several developments including local Olympic torch relay events, Major Trauma and the North Yorkshire Stroke and Trauma Reconfiguration. DC advised separate funding was being centrally allocated for a pre-planned resource of 30 staff that would go down to London. There was local funding for the Torch relay and other local events planned and the Commissioners were keen that this took place. Previous non-recurrent funding for fuel inflation and performance delivery had also been made recurrent.</p> <p>RB reported that the Commissioners were keen to see Electronic Care Solutions (ECS) rolled out and YAS were currently in discussions with them in relation to developing the business case. He added that a separate conversation was taking place about Airedale, Bradford and Leeds (ABL) around delivering 75% at cluster level. RB stated that he was due to attend a meeting on 5 April with ABL's Director of Finance to finalise funding.</p>	

DC drew attention to the contract settlement for North Yorkshire and York where funding only provided 71% for achievement of Red 8. It was noted that some PCT clusters were funding to underperform which could leave YAS underperforming as a whole. RB stated that modelling work had been done to identify resources required at PCT and cluster level to deliver the 75% standard however there were a number of practical difficulties to delivering performance in areas such as East Riding and North Yorkshire. These difficulties included the numbers of additional staff and vehicles required. RB further stated that both the Trust and its Commissioners recognised better value for money might be achieved through partnership working and improved primary care services. Both parties had agreed to establish a Strategic Commissioning Group to agree how best to deliver the 75% standard in these areas. In the meantime risks attached to non-delivery were shared jointly between Commissioners and the Trust.

Action:

DWi/RB to provide regular updates to Board on progress from this group.

DWi/RB

DC asked to what extent Clinical Commissioning Groups (CCGs) recognised that they might not be commissioning to deliver the 75% standard. Member of the public, David Bolam, noted that the move to CCG could exacerbate the problem in North Yorkshire as York achieved 76% performance whilst Richmond was currently achieving 57% and faced a considerable challenge to meet the target. DC stated her belief that the Board should be challenging the commissioners for equality and treatment standards across the whole of Yorkshire and Humber.

DWi stated that there had been an increase in productivity which would need to be explored fully before additional funding was requested. AW stated that she was due to meet with North Yorkshire shortly and would raise these issues.

DC commended the team on their hard work

RB advised the Board on the contractual position with PTS services, which would be commissioned based upon the same demand as 2011/12. Although it was likely that patient numbers would continue to decrease for low complexity patients, more complex patient numbers were expected to rise. Work was being undertaken to understand how income and cost should reflect that.

SM highlighted that the pay awards in section 3.1 and 3.2 were national pay awards and that the term 'incremental progression' should be used rather than 'incremental drift'.

Capital programme

RB drew attention to key elements within the programme, adding that the costs for 2012/13 associated with 111 had been assessed as £1.4 million.

RB stated that the Trust had been made aware that the Springhill site freehold had been put on the market by the landlord and that an offer had been made on the property.

This would not initially affect YAS, as the first break clause was 2018. However, the Trust was reviewing its options given current market conditions.

Capital expenditure had been previously seen by the Finance and Investment Committee. DC requested a forward plan for replacement costs of vehicles and major items of medical equipment. RR stated that capital plans needed to be aligned to the Estates, IT and Fleet strategies moving forward.

DC recommended that the Board approve the revenue budget, as they knew the indicative figures in the Capital Programme whilst recognising that this was the first cut and further refining was needed. The Board confirmed that they were happy to take the Chairman's recommendation.

7.4

Workforce Strategy

SM stated that the paper was self-explanatory and had previously been seen and commented on by the Board. He reiterated that, as part of the FT process, the organisation was required to have a Workforce Strategy document in place.

PD stated her belief that a workforce group was key and should be stated under '2'. SM agreed with this statement. PD asked whether, as a result of learning and clinical governance improving, there would be an opportunity to add to the document to further enhance it. She also asked whether it would be possible to share best practice both within the organisation and externally.

RR stated that review dates were marked as 2017 but that the Workforce Strategy needed to be reviewed annually. He added that, in relation to the Statement of Intent, annual appraisals and PDRs should be included in the statement. In addition, the wording 'reflecting the communities that we serve' required amendment. EB queried the wording 'technology will play a key part' on page 11, under Staff Engagement. DC advised that the words 'not only' need to be added into the sentence.

Approval:

Subject to the suggestions made, the Board approved the Workforce Strategy.

Foundation Trust (FT) Development

AA reported that the Board members had discussed each of the five draft documents at the Strategic Workshop on 28 February 2012 and had provided feedback. Members were invited to provide any additional feedback to AA outside the meeting.

AA stated that all feedback received to date had been incorporated in to the documents with no substantial points of amendment to note. She asked the Board members to note that specialist legal advice had been obtained in relation to papers (2), (3) and (5), adding that the CEO's update was covered earlier in the agenda, at Item 5.

The Board discussed each of the documents (2) to (5) in turn:

(2) Standing Orders

Standing Orders for Council of Governors - (Annexe 7)

Comments received:

4.7.3 If the Vice Chairman was absent, the Board wanted the Senior Independent Director to substitute for them.

4.8.6 The Board required further clarity regarding time to move and reply, agreeing on 3 minutes to move and 2 minutes for right of reply (total maximum of 5 minutes).

4.15.1 Replaced 'secretary' with "in consultation with the Chairman, the secretary...".

4.2.2 As above, 'the Chairman with the secretary...' S/he – to be consistently used throughout.

Standing Orders for the Board of Directors - (Annexe 8)

Comments received:

1.2.16 & 1.2.17 The 2 statements should be merged ie 'Board sees no merit (in this context) of distinguishing between an Executive and Executive Director.'

7.4.2 DF&P queried whether the latest guidance was quoted.

11 Terminology mixed ie officers/staff – one term; required standardisation.

The Board felt it was important, at the start of Annexe 8, to reference Standing Orders/Scheme of Delegation/Standing Financial Instructions - instead of, or as well as, at - '11. Miscellaneous'. The Board queried whether there was sufficient 'read across' with existing Standing Orders. AA replied specialist legal advice had been obtained and both sets of proposed Standing Orders (SO's – Annexes 7&8) were appropriate. She acknowledged that, once Terms of Authorisation were issued by Monitor (the FT Regulator), they could not be amended without substantial and exceptional reasons. Post FT authorisation the Trust would maintain its Standing Orders/Scheme of Delegation /Standing Financial Instructions to be revised as required.

<p>Action: The Above amendments should be made to the Constitution.</p>	AA
<p>Further Legal Advice should be sought regarding the amendments.</p>	AA
<p>Approval: The Board approved Annexe 7 & 8 subject to the comments / amendments listed above, recognising that further legal advice was required. Should there be any legal implications then this should be brought back to Board.</p>	
<p>(3) Governance Rationale AA stated that the Document formed Appendix 2 of the Trust's Integrated Business Plan (IBP) (DH Appendix 4).</p>	
<p>Comments received: 1.4(a) If a member of staff was dismissed and they applied to become a FT Public Member, how would YAS know? Could such staff be disbarred from public membership? Legal advice required. 1.4(b) Was there/could there be a 'red flag' system in place on the Membership database for eg vexatious complainants disbarred from membership. The Membership database must be kept up-to-date. 1.4(c) YAS Membership Application Form (electronic & paper versions) – a declaration should be inserted to the effect the applicant sees no reason to disbar their membership. Benchmark good practice. 1.4(d) Confirm requirements for CRB checks to be carried out for elected Governors. 3.2 Incorrect term: replace Access & Response Centre with Emergency Operations Centre 3.2 Board queried if there was a work relationship with a Staff Governor's constituency.</p>	
<p>The Chairman asked whether the organisation had considered the time implications of both commitments if, for example, a Staff Association representative was elected as a Staff Governor. DC also queried if Staff Members received any benefits from the FT. SM undertook to look into these and feedback to the Board. PD asked DC if staff representation in balance across the organisation could be looked at.</p>	
<p>Action: SM to report back on time implications of staff commitments.</p>	SM
<p>Action: The above amendments should be made to the Governance Rationale and legal advice sought for the above queries.</p>	AA

Approval:

The Board approved the Governance Rationale subject to the comments/amendments which needed to be considered by the Trust's Legal Advisors.

2.15pm David Bolam left the meeting.

(4) Response(s) to Public Consultation

AA stated that the Document formed Appendix 4 of the Trust's Integrated Business Plan (IBP) (DH Appendix 6). The other document presented, 'Looking to the future' was a summary of Appendix 4 which would contribute to YAS' response to patients, public, partners, staff and other stakeholders who contributed comments, questions or suggestions during the consultation process.

Comments received:

'Looking to the future': (App. 5) – pie chart colours to be amended to reflect YES/green; Neutral /blue; NO/red.

Board members commented on both documents' excellent content and presentation.

Approval:

The Board approved both documents.

(5) Membership Strategy

AA stated that the Strategy formed Appendix 5, a key part of the Trust's Integrated Business Plan (IBP) (DH Appendix 7); it had not materially changed since last presented to the Board. RH, in feeding back to AA post-meeting, had asked where the concept for differing levels of membership engagement had come from, commenting it might be confusing to have 3 different levels. AA confirmed this approach was used by most FTs and found to be very effective at attracting and retaining members with different interests and time available to commit to a FT. DC commented that members might ask what they were committing to and that it might be beneficial for members to pick a level and area of interest suitable for them. AW stated her belief that, by keeping it simple, it might encourage some people.

PD acknowledged that members needed to be kept interested and engaged whilst remaining mindful of patient specific interest groups, for example for a particular disease or illness.

Other comments:

Page 8 Section on building public membership: needed to include the role of the Board.

Page 8 Needed to include the Trust's promotion through existing patient interest groups eg LINKS.

	<p>Page 13 On-line application for Membership: acknowledgement of application required to be automatically sent.</p> <p>Document text required to be 'left justified'. Membership Officer post – should include salary plus (employer) on-costs.</p> <p>Action: The above amendments should be made to the Membership Strategy.</p> <p>The Board acknowledged the enormous amount of work involved in producing this document.</p> <p>Approval: The Board approved the Membership Strategy.</p>	AA
8.1	<p>Integrated Performance Report (IPR) The Chair invited RB to update the Board on key messages.</p> <p>RB stated that several potential financial risks had been clarified including potential contract penalties and CQUIN payments so YAS was now confident of meeting key financial targets for 2011/12.</p> <p>Debtor management had continued to improve and there were now only £170k of debts over 90 days old. The Trust was also expecting to finish the year close to planned cash balances of £4.9 million.</p> <p>Action: RR requested clarification in the commentary of future reports where there was a significant “in month” variance between planned and actual cash balances within the body.</p>	RB
8.2	<p>Audit Committee No specific questions were asked. RR stated that the last meeting had good content and gave assurance that the committee was undertaking the functions it was there for. RR advised that an updated version of SFIs would be assured at the next meeting of the Audit Committee which would then follow to the Board.</p>	
8.3	<p>Quality Committee PD commented that it had been useful to get baselines which had enabled SP to put the work plan together. DC recommended the Quality Committee papers to Members as they were worth reading; the content and format were excellent. She added that the Board was pleased with the work that was progressing.</p>	

8.4	<p>Finance and Investment Committee RH advised the Board that there had been two meetings since the last Board meeting - 7 February and 8 March. Time was spent on the action plan around HDD1 leading to HDD2 and looked at the outline business case for the new Hart building.</p> <p>DC confirmed that the Board had sufficient assurance of the work that was being done by the Finance and Investment Committee</p>	
8.5	<p>Review and Feedback DC stated that the agenda had been very full with some items that had necessitated a large amount of discussion. There had been a lot of preparation and detail put into the writing of the documents.</p> <p>DC added that, going forward, she did not want the Trust Board Meeting Held in Public to run over 3 hours. It was confirmed that the Chairman's report was recommended in writing and that the Board needed to focus on the precise use of a Board paper.</p> <p>DC stated that there was currently too much volume of documents being produced for members to read and digest. It was advised that if an amendment was made to a paper previously seen by the Board the track changes or amendments should be shown.</p> <p>DC advised that although much progress had been made in the format and content of Board meetings, further significant improvements were still required.</p>	
9.	<p>No Regulatory Reports were received.</p>	
10.1	<p>Governance Handbook – for information DC advised that items for information purposes would not be generally expected. However, this was an agenda item so the Board could note any final comments. There had already been a lot of work on this document and no comments were noted.</p> <p>DW provided the Chairman with evidence of the audit trail in relation to the issue raised by NW at agenda item 3d. The item was transferred to the action log for provision of a concluding report to TEG during March.</p> <p>Action: SM was asked to clarify the process for CRB checks for contractors contained in the report to TEG and to circulate it to Board members by end of March.</p> <p>The meeting closed at 1440.</p>	SM

11	Date of the next meeting: 29 May 2012	
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CERTIFIED AS A TRUE RECORD OF PROCEEDINGS



CHAIRMAN

24/5/12

DATE

DRAFT