



Trust Board held in Public

Venue: Tankersley Manor Hotel, Tankersley, S75 3DQ

Date: Tuesday, 29 May 2012

Time: 0945 hours

Chairman: Della Cannings

Present:

Board Members:

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

Pat Drake (PD) Non-Executive Director
Dr Elaine Bond (EB) Non-Executive Director
Richard Roxburgh (RR) Non-Executive Director
Roger Holmes (RH) Non-Executive Director
Erfana Mahmood (EM) Non-Executive Director
Mary Wareing (MW) Non-Executive Director (Designate)

Stephen Moir (SM) Deputy Chief Executive/Executive Director of
Workforce & Strategy
Rod Barnes (RB) Executive Director of Finance & Performance
David Williams (DWi) Temporary Executive Director of Operations

In Attendance:

Anne Allen (AA) Director of Corporate Affairs & Trust Secretary
Karen Warner (KW) Associate Director of Quality
Paul Birkett-Wendes (PBW) Director of Operations (to commence 4 June 2012)
Karen Kanee (KK) Head of FT Development
S O'Leary (SOL) Member of Public
Myra Wilson (MW) Member of Public
Len Cragg (LC) Member of Public
David Bolam (DB) Member of Public
Ian Lundy (IL) Member of Public
PC Emms (PCE) Member of Public
Tim Hagud (TH) Member of Public
A Knighton (AK) Member of Public
Sarah Fountaine (SF) Member of Public

Apologies:

Dr Alison Walker (AW) Executive Medical Director
Steve Page (SP) Executive Director, Standards & Compliance
Dr Julian Mark (JM) Associate Medical Director

Minutes produced by: (MG) Mel Gatecliff, Executive Support Officer

The meeting was preceded by a presentation, between 0900 and 0945, which was open to all members of the public. 'Major Trauma' was presented by Dr Alison Walker.

Action

	<p>The meeting commenced at 0945 hours</p>
1	<p>Questions from the Public</p> <p>The Chairman welcomed everyone to the first Board Meeting in Public to be held away from YAS HQ. She reiterated the Board's intention that future meetings should be held in different venues around the region to encourage increased public attendance, adding that each meeting would be preceded by a specialist talk.</p> <p>The Chairman stated that feedback would be welcome and asked those present to recommend the meeting to others to encourage increased numbers at future meetings.</p> <p>Prior to the commencement of the formal meeting, the Chairman invited questions from the members of the public.</p> <p>LC expressed his belief that the Integrated Performance Report should have appeared earlier on the agenda. He then requested clarification of why, if PTS actual demand was less than projected, the performance indicators for PTS were not improving.</p> <p>The Chairman stated that Quality, Safety and Patient Experience appeared early on the agenda as the organisation's vision was patient centred. However, the Board would take away the suggestion for consideration as they were always open to change.</p> <p>In relation to LC's query as to why, if PTS activity was going down, quality was not improving, DW stated that a number of actions had been put in place during recent months to ensure improvements and these were generally starting to bring about a positive impact. He added that Hull and the East was showing the greatest improvement for March and April 2012 and South Yorkshire, who had done specific work with a partner, had seen a significant impact on their KPIs in March and April compared with January and February 2012.</p> <p>LC thanked the Board for their reassurance that the matter was being actively pursued.</p> <p>DB flagged up the good news that North Yorkshire's performance for Red calls had increased in the last year to 71.3%, although it was still below the required 75%.</p> <p>DB expressed his concerns about the standard of patient and carer transport in North Yorkshire and the need to ensure the availability of paramedics. For example, the air ambulance could not be used for maternity problems, so it should be essential that a paramedic was on board. The Chairman agreed that it was essential that the right care was in the right place. AW stated that her deputy, Dr Julian Mark, was involved in the clinical reconfiguration currently underway at the Friarage hospital in Northallerton.</p>

She further stated that, in addition to the provision of courses to convert technicians to paramedics, work relating to the further recruitment of paramedics was also on going so the near future would see a rise in the percentage of paramedics in the Trust.

AW added that repatriation work would also be very important going forward whereby patients would go to specialist centres for the right period of time to be repatriated to their local area for follow up care.

The Chairman thanked those present for sparing the time to attend.

2 **Apologies / Declaration of Interests**

The Chairman reported that the Board was currently going through a period of change.

Apologies had been received from Dr Alison Walker (AW) and her Deputy Dr Julian Mark (JM) was also unable to attend. Apologies had also been received from Steve Page (SP) and his Deputy, Karen Warner (KW) was welcomed to the meeting. The Chairman confirmed that although KW would contribute her expertise to the meeting, she was not a voting member of the Board.

The Chairman stated that whilst David Williams (DWi) had been temporary Executive Director of Operations the organisation had seen some marked improvements in performance. The Chairman added that this would be DWi's last Board meeting as the new Executive Director of Operations, Paul Birkett-Wendes (PBW), would be joining the organisation on 4 June and DWi would be staying with the Trust as Deputy Director of Operations. The Chairman thanked DWi for his hard work and welcomed PBW to his first meeting.

The Chairman welcomed the two new Non-Executive Directors. Erfana Mahmood (EM) who had replaced Nina Wrightson and Mary Wareing (MW) was the new Non-Executive (Designate) whose appointment was important as part of YAS's preparation to become a Foundation Trust. It would be a matter for the Council of Governors to approve MW's selection to meet the increased number of NEDs in the YAS FT constitution.

MW stated that her specialties included the whole spectrum of service improvements, both processes and the behavioural side and she had undertaken both consultancy and corporate roles.

EM stated that she was a lawyer specialising in property, finance and banking. She had dealt with Key Performance Indicators (KPIs), etc and had been qualified for over 20 years.

Declarations of interest would be noted during the course of the meeting.

3 **Minutes of Last Meeting, Matters Arising and Action Log**

The minutes of the meeting held on 27 March 2012 were approved as a true and fair representation of the meeting subject to the amendments highlighted.

Matters Arising

Page 3 – **Carry Chairs** – the Chairman reported on an impressive demo she had attended at the previous week's Ambulance Leadership Forum (ALF). The platform on to which patients were placed could rise and be made into a chair. The Chairman stated that although it was currently too heavy (27 kgs) the company was going to put the design out to tender for a lighter version. It was agreed that this would bring about tremendous benefits.

Page 6 – swap over draft criterion action and paragraph 4.

Page 7 – paragraph 3, line 8 – delete from "DW stated" to "Foundation Trust application"

Page 9 – 3.4 – delete "dropping" in line three and replace with "breakages due to the packaging"

Page 10 – paragraph 1 – replace "Do Not Resuscitate (DNR)" with "Do Not Attempt (DNA)" paragraph 4 – amend to state "nursing home staff to validate the DNA form health care professionals."

Page 15 – paragraph 2, line 5 – change "Resilience Function" to "Community Resilience"

Page 19 – final paragraph – spacing error to be amended

Page 23 – 8.4 paragraph 1 – "RR" to be replaced by "RH"
10.1 paragraph 2 – "the DC" to be replaced with "the Chairman"

Action Log

All actions were closed other than:

PTB 2011-62 – work ongoing with target closure date 31 July 2012

PTB 2012-03 – target closure date 31 July 2012

PTB 2012-12 – transfer to Trust Executive Group (TEG)

PTB 2012-13 – work ongoing

PTB 2012-23 – report to be brought to Board 31 July 2012

The Chairman apologised to the members of public present for the large number of acronyms used during this section and asked that the Board be mindful of language used going forward.

4

Chairman's Report

The Chairman stated that the intent of the Chairman's letter to Board colleagues was to provide information not available elsewhere but on this occasion she felt there was no necessity for a written update. It was a very busy time with the continuing FT development, the planning of the Historic Due Diligence Stage 2 (HDD2), Board Governance Assurance Framework (BGAF) assessment etc but the Board was being kept abreast of developments by a variety of means.

The Chairman stated that the key areas were as follows:

Roger Holmes (RH), a Board member for nearly 6 years, was due to retire as a Non-Executive Director (NED) at end of September 2012.

The Chairman stated that she would seek approval from the Appointments Commission to formally replace RH with MW and then place an advertisement for a further NED.

Richard Roxburgh (RR), the Chair of Audit, who was also coming up for 6 years with the Trust, was due to leave at the end of July 2012. The Chairman stated that, as this was such a specialised post, a separate advertisement would need to be placed for his replacement.

The Chairman stated that, although these changes would create additional pressures on the organisation during the FT process, the Board had to prove it could continue to operate efficiently.

The Chairman reported that the next meeting of the Appointments Commission was due to take place in June, at which meeting the appointment of MW should be approved.

The Chairman expressed her pleasure at the number of awards that YAS was currently winning. The most recent award received was for patient care in partnership with the Mid Yorkshire NHS Trust, Dewsbury Acute and Locala. The Chairman and PD declared their interests at this point.

DW confirmed that a cabinet was being organised to display the awards in the front foyer at Springhill as part of a refurbishment of their entrance.

The Chairman reported that, alongside the Executive Directors, she had attended the Ambulance Leadership Forum (ALF) the previous week. The event had been hard work but enjoyable. The first afternoon had provided an opportunity for specialist groupings such as directors of finance, chief executives, etc to meet together. YAS had received another award at the Awards Dinner, with Clinical Pathways Advisor, Cathryn James, receiving an award for outstanding contribution to the ambulance service. It was agreed that Cathryn was a great ambassador for YAS.

The Chairman stated that there had been a number of key note speakers and a good mix of presentations on the second day. DW had chaired the second session and the Chairman had chaired the session during which Simon Burns, the Minister for Health, had addressed the conference.

The Chairman further stated that other than the 999 Red call clock start changes no key announcements had been made at the Conference.

DW explained that the Department of Health had announced adjustments to the 999 clock start which would come into effect from 1 June 2012 and would provide some extra time to establish the chief complaint on Red 2 calls to enable the most appropriate clinical resource to be sent to Red calls.

The intention was to allow EOC staff to establish more information about the incident they were responding to, which should help ambulance services to send the most appropriate response vehicle first time to patients. DW added that, for the most serious calls (Red 1), the Trust would be expected to increase the speed of response (80% in 8 minutes for Red 1 calls) so the existing Call Connect clock start would remain.

DW stated that most Red calls would see an additional 30-40 seconds on their response. However, the benefits would be less stand downs and more vehicles available for other calls so YAS could get the right response to the right person. DW expressed his belief that the change would have a positive impact on patient care and outcomes as well as staff morale, as the multiple stand down issue had led to low morale.

DW stated that although Red 2 response targets would remain at 75% the Red 1 target would increase to 80%. He added that the change had received universal support from all groups.

The Chairman stated that it would be very difficult to compare new data with previous data and it would need careful monitoring.

RH asked whether the staff in the emergency operations centres were ready for the change. DWi replied that the change had been expected for some time, so discussions had taken place around the issues it would raise and changes to procedures and systems introduced. DWi added that real benefits for patients would come about quickly and confirmed that technical changes would be implemented on Friday 1 June. All trusts were expected to achieve the 80% Red 1 target by the end of the current financial year.

The Chairman asked anyone interested in a wider explanation to raise the matter with DWi outside the meeting.

5

Chief Executive's Report

DW stated that, as he had produced a lengthy written paper, he did not intend to go into all of it in depth during the meeting but he would touch upon performance and quality.

DW reported that the Ambulance Quality Indicators (AQIs) published in May 2012 covered the first 12 months of the more process related indicators and the first 9 months of the more clinical outcome based indicators.

He further stated that YAS had performed well with regard to 999 Time to Answer, Time to Treatment and Red 19 when some other trusts were struggling so the organisation was in a good place. YAS did less well, however, with regards to calls being Resolved by Telephone (4.4% average compared to national average of 5.3%), Non A&E conveyance to hospital (23.5% compared to the ambulance average of 33.9%) and Re-contact 24hours-Telephone (22.7% compared to the ambulance average of 13.1%).

DW also confirmed that the organisation would put action plans in place for all areas where it was an outlier.

The Chairman stated her belief that the Board needed a better feel of what the figures meant, particularly those relating to telephone calls. Were, for example, people ringing back for more advice; because people had not turned up; or because the initial advice had not been satisfactory?

DW reported that YAS had performed well against the clinical outcome based indicators so overall was in a good position.

The Chairman stated that a lot of figures were mentioned in 2.5 and asked DW to check out what they were measured against.

Action:

DW to confirm what figures in 2.5 were measured against

DW

DW confirmed that the Trust had delivered the national 75% Red target for 4 of the 5 PCT clusters and delivered an agreed improvement target for the York and North Yorkshire cluster of 71.2% (3 percentage point's improvement on 2011/12). This was the first time that the Trust had hit the 75% annual target since it was formed and was a significant step forward

DW stated that a major focus of his team had been around 3.3. A lot of time had been spent developing the long term Cost Improvement Plan (CIP) and revising each chapter of the Integrated Business Plan (IBP) in readiness for the Board Development sessions in June.

DW reported in 3.5 that the Trust and its 111 partner, Local Care Direct, had submitted the bid for the Yorkshire and Humber 111 Service and the urgent care service (for West Yorkshire) on Friday 4 May, ahead of the final submission date of 8 May. He added that the bid was due to be presented on 14 June at the planned bidders' day and the Trust was expecting to hear the outcome by the end of June.

The Chairman asked how many other bids had been invited to present. DW replied that 2 additional bidders were due to present.

DW stated that there had been quite a lot of activity in the area of resilience and he had recently attended an event in London when emergency teams had worked through a number of scenarios in readiness for the Olympics. He added that the successful event (Operation Amber) had given a lot of assurance to those present, including representatives from the Department of Health.

DW reported that the Olympic Torch Relay was gathering pace and attracting good crowds as it progressed around the country. He added that, apart from a couple of days, the torch was due to be in the YAS patch between 17 and 26 June. DW stated that plans for the relay were well established although weather would be a deciding factor in the numbers of people attending the events

Under the heading of mutual aid DW stated that representatives from YAS would be supporting that weekend's Diamond Jubilee events in London. He added that a gold command room for the Olympics was due to open in Springhill 2 at the end of June and would remain open during the whole period of Olympic events, staffed by YAS staff and members of the North of England SHA Resilience Team.

The Chairman stated that the report had been very comprehensive and invited questions from the Board.

PD raised the issue of night discharges (3.7) expressing her hope that going forward no patients would be transported at night. DW replied that, on average, 6-7 patients were discharged by ambulance each night across the region (6 from A&E following treatment and one from a ward).

DW added that the majority of discharges occurred in the Calderdale, Kirklees and Wakefield area.

PD asked whether appropriate social assessment information was accessed before any discharges took place as she would expect this to be available.

The Chairman stated that there were issues around what the organisation was commissioned to do versus the organisation's principles. DWi stated that the Trust would continue to monitor discharge activity and analyse acute trusts where requests for discharges at night continued.

The Chairman stated her understanding that a group was to be set up internally to track progress against the provisions of the Single Equality Act 2010. She hoped that this group would not duplicate any of the patient experience work currently under way and would link into other diversity groups.

SM replied that when completing the self-assessment, the Trust had actively engaged with colleagues in the Quality department to ensure it received appropriate patient engagement information. He added that the work would also link back to the Quality Committee.

Chairman thanked the Chief Executive and his team for a thorough report.

6 **QUALITY, SAFETY & PATIENT EXPERIENCE**

6.1 **Patient Story**

The Chairman introduced the Patient Story video, which was a short interview with Barbara, a bariatric patient who lived alone on the first floor of her two storied house and who was a PTS and A&E ambulance servicer user.

6.2 **Senior Independent Director (SID) – Draft Terms of Reference**

The Chairman stated that the Board did not currently have a Senior Independent Director but would need one as it became a Foundation Trust. She invited AA to present her paper.

AA stated that a separate document containing Monitor guidance and an extract from the November 2011 Board meeting had been distributed to Board members and the public that morning. She added that the purpose of the paper was to enable the Board to have sufficient information on which to base a decision as to the Terms of Reference for the role of the Senior Independent Director.

The Chairman stated that AA had done a lot of work looking at the Terms of Reference at other Trusts and it was her belief that they should be kept neat, simple and focussed so that they could be built on in the future.

RH asked why the FT governance deputising duties for the SID were not yet included. The Chairman replied that the area of deputising and delegation was one that still needed to be worked through.

RR asked whether the SID's responsibilities would commence from when they were appointed rather than when the Trust became an FT. The Chairman confirmed that this was the case.

Approval:

The Board approved the recommendations with the caveat that the Terms of Reference were to be further developed

6.3

Board Action Logs – Review Sept 2010 – Mar 2012

AA provided a verbal update on the Review of all Board Action Logs.

AA stated that a comprehensive review been undertaken by Karen Kanee (KK), Head of FT Development and shared with the Chief Executive. Errors discovered had included examples of duplicate numbering due to the large amount of actions and closed actions where the wording did not completely reflect the minutes.

AA stated that the action logs would now be managed through TEG and suggested that a new action should be for her to bring assurance back to the Board at the September meeting

The Chairman agreed that this was a sensible action, adding that the Board needed to learn through this experience. They should use the right language on the action log and ensure appropriate and proper closure of actions.

Action:

TEG to manage action logs going forward and AA to bring assurance back to the Board's September meeting

TEG/AA

The Chairman thanked AA for her work and looked forward to receiving updated and accurate action logs.

6.4

Receipt of Annual Audit Letter 2011 - 2012

RB stated that the Annual Audit Letter, which summarised the results and conclusions arising from the external audit of the 2010/11 Annual Accounts with key messages and recommendations for action had come to the Board later than it should have.

The Letter was presented to the Board for information and to provide assurance on the year end accounting processes and arrangements to secure value for money in the organisation's use of resources.

RB reported that the Trust had been commended on the quality of its working papers for the accounts process. He added that not all creditors had been paid within 30 days of receipt of a valid invoice (about 86% rather than the 95% national target); confirming that items in dispute could be taken out.

EM requested clarification of the variance in the audit fee. RB replied that two areas of non audit work had been undertaken, which had produced two separate reports, one in relation to integrated reporting arrangements and one in relation to the capacity of the finance function.

EM asked whether it had been necessary for these reports to be done externally. RB replied that it had been easier as it gave a degree of impartiality which was harder to prove if the work had been carried out in house.

EB asked whether YAS had received value for money, as although she could see the value in the finance report, she was not sure about the second report. RB agreed that this was an accurate observation.

RR stated that the report related to the year ending March 2011, adding that since then additional work carried out by Deloitte had been more specific and had been brought to the Board for approval prior to it being done so there was more challenge now than there had been historically.

RH stated his belief that Deloitte were the right external choice as YAS did not have its own internal audit function to do it. RB confirmed the Board should receive another report within 6 months.

Approval:

The Board received the letter and agreed the recommendations

6.5

Significant Incidents and Lessons Learned

KW presented the paper, the purpose of which was to highlight learning identified through the investigation of incidents, complaints and other adverse events. It also addressed the issues and themes arising and provided a summary of the actions being taken or completed as a result.

KW stated that the regular report brought together information from a variety of sources (2.1) all of which were reviewed through the Incident Review Group.

KW further stated that the number of new incidents reported had remained consistent in recent months with the most commonly reported incident types being road traffic collisions and other vehicle damage, moving and handling issues, employee safety incidents and medicines management – primarily broken vials.

The Chairman stated her belief that an increase in incident reporting could be healthy as the organisation would be able to see where they could improve processes, etc before more major incidents occurred.

PD concurred with the Chairman, as she believed that the more staff who were willing to report incidents the better it would be for the organisation.

KW stated that two projects were ongoing to reduce the number of moving and handling incidents. The first was the carry chair project and the second was the Rapid Assessment Clinical Equipment trial.

KW reported a shift in the type of incidents relating to morphine. Following the recent development which significantly strengthened the controlled drug management system there had been an increase in the number of drug vial breakages due to the difficulty of handling the new storage containers. KW stated that work was on going to review how vials were stored and new kit was being purchased.

KW stated that four serious incidents had been reported during the period and were currently under investigation. She further stated that the trend of complaints and concerns received reflected the previous period and related in the main to communication issues, notes not being added to bookings correctly and attitude related complaints.

She stated that continued efforts were being made to increase and strengthen the library of filmed and narrative patient stories, adding that it was clear from the patient story that further training and kit was required to help staff to understand the bariatric patient experience. A proposal was being reported back to the Senior Management Group (SMG) and the lady in the film was keen to help out.

It was noted that there had been a significant reduction in complaints relating to the PTS service. The Chairman stated that she was pleased to see a reduction in terms of response and service to service issues on the complaints table, adding that the organisation looked to be going the right way

PD stated that the organisation needed to have a follow up process against actions taken to measure sustainability

The Chairman was not happy with the recommendation's wording, which was amended to state: "It is recommended that the Board receive and note the lessons learned from adverse events and the actions which have been taken or are being taken as a result."

Approval:

The Board received and noted the lessons learned from adverse events and the actions which had been taken or were being taken as a result.

7
7.1

STRATEGY, PLANNING & POLICY

Foundation Trust Integrated Business Plan (IBP) Draft

DW stated that, as the Foundation Trust preparations were moving quickly, he thought a general update might be helpful to the Board.

DW confirmed that the Trust was working to a 12 week extension to the Historic Due Diligence Stage 2 (HDD2). He further stated that the extension had been agreed with the North of England Strategic Health Authority (SHA) who had recognised the Trust's competing priorities around the year end, the 111 application and capacity issues within the team. The Chairman added that the process had also changed part of the way through.

DW stated that, in addition to HDD2 (due to commence on 23 July) other key milestones coming up were the Board to Board session at the end of the SHA phase and the Board Governance Assurance Framework (BGAF) work, being carried out by Ernst and Young at the same time as HDD2. This would include NED and Executive Director interviews, work with stakeholders, desk top reviews and Board observations at the 31 July meeting.

RR asked whether the NEDs would be involved in HDD2. DW replied that the Chairman and PD, as Chair of the Quality Committee, would be the only NED members involved, adding that the NEDs would be involved in BGAF. RR, as Audit Committee Chairman, had previously been interviewed at HDD1 stage.

DW confirmed that the formal Board to Board with the SHA was likely to take place in early September, with the Department of Health stage likely to commence in early October.

DW stated that a lot of executive time had been spent further developing the Integrated Business Plan (IBP) and the current version (Version B) was very different and much improved compared to the original version, issued in November 2011. He further stated that the executives now had a much better understanding of the IBP, particularly chapters 3, 4 and 5.

The Chairman stated her belief that the document was constrained by the Monitor format and she would have liked to have seen it written differently as it was not an easy read. EB agreed, adding that the IBP in its current format was hard to dip in and out of but the Board accepted the need to comply with the Monitor guidance.

DW replied that the Board Development meeting on 6 June would be the first opportunity for the Board to sit down and look at the IBP in depth which would hopefully clarify a lot of their queries.

DW stated that a lot of work had also been carried out on the Cost Improvement Programme (CIP) for 2012/13 and subsequent years. The work had been challenging but progress was now being made. He added that the Quality Impact Assessments were the key piece of work yet to be completed.

The Chairman thanked DW for his update and looked forward to the sessions coming up shortly in June and July which would enable the NEDs to look at the IBP in greater detail.

7.2

Annual Business Plan

RB provided a summary of the Business Plan. He stated that the Plan had been amended to reflect the 2011/12 outturn position and latest strategic objectives contained within the IBP.

RB stated that the Trust's key messages and priorities could be found on page 9. Key objectives included:

- Completing the foundation trust application process;
- Implementing training and resources to support the reconfiguration of Major Trauma services;
- Beginning an 18 month roll out of the Emergency Care Solution (ECS) patient care record system across the Trust;
- Expanding the role of the Clinical Hub and developing urgent care offering to reduce inappropriate admissions to A&E;
- Implementing a service transformation project across PTS;
- Developing a new workforce model for A&E frontline services;
- Improving delivery of performance standards across rural localities.

Each of the objectives had an identified set of key performance indicators which would be used to inform the Board, Commissioners and key stakeholders of progress through the monthly IPR.

RB stated that a summary of performance delivered during 2011/12 could be found on page 23. He added that YAS could report significant progress and improvements in terms of its business objectives and highlights for the year included:

- Delivery of the 75% Red 1 national response standard
- Improved staff engagement
- Cost Improvement Programme delivery
- Commencement and reporting against all the Ambulance Quality Indicators
- Strong performance against the majority of CQUIN schemes
- Progression of public health involvements

There were also a number of areas needing development, forming the focus for some of the objectives for 2012-13. These included:

- Delivery of Patient Transport Services (PTS) key performance indicators
- Delivery of 75% performance at PCT level
- Improvements in PTS CQUIN delivery
- Achieved improvements in AQIs

RB stated that details of the objectives for 2012/13 could be found on page 30 onwards. A number of operational objectives for 2012-13 which would stretch YAS and provide a challenge to deliver had been included. The Board were confident that these were achievable and would directly contribute to the achievement of strategic goals.

He added that throughout the business planning process a number of key themes had emerged which were reflected in the operational and service level objectives. These included:

- On-going performance improvement
- Delivery of emergency and urgent care strategy and solutions
- On-going improvements to deliver Value for Money
- Foundation Trust
- Quality

RB stated that achievement of the 111 Service was very important but the Trust would not know if it had been successful until the end of June. If the Trust was successful, the 111 Service would be the key linchpin in the delivery of urgent care going forward.

RB added that the support of the ambulance service to the public health agenda was a very important area on which AW and her team were currently working.

RB stated that details of the financial plan could be found on page 43. Negotiations on the A&E contract had been concluded and details of the agreement reached for 2012/13 could be found on this page. In addition, A&E commissioners had agreed to fund new developments as follows:

- ECS roll out (not included in opening budget figures)
- Olympics (local events)
- Major Trauma
- HART relocation (capital only in 2012/13)

RB reported that the Communications team would be pulling together a 2-page summary to be shared more widely.

The Chairman asked the Board, prior to their approval of the 2012/13 Business Plan, if they had any questions.

EM asked whether the implementation of the new document management system mentioned in the Better Payment Practice Code section on page 48 would enable YAS to meet the national invoice payment target of 95% relatively quickly. RB stated that this should be the case as YAS had already made a number of improvements over the past year.

RH requested an update on the financial risks listed on page 49, in particular the scrutiny of CIPs. RB replied that, although the 2013/14 programme had been identified in full, some business cases needed more development work although he was sure that they would be delivered on time as the processes, structures, etc were much improved.

EB asked whether there was any likelihood that YAS would need to use its contingency reserve of £1.6 million. RB replied that there was no anticipated likelihood of use.

RH stated that table 5.1 on page 31 did not contain a KPI for the achievement of CIPs and he believed that there needed to be one. He also requested clarification of the operational KPIs in the second block.

RB replied that there was the expectation of a 75% commitment across the region, except North Yorkshire and York and he would amend the KPIs as appropriate.

The Chairman asked the Board whether, subject to the agreed amendments, they were happy to approve the 2012/13 Annual Business Plan.

Approval:

The Board approved the 2012/13 Business Plan subject to agreed amendments

Action:

RB to amend and circulate final version of Annual Business Plan by 6 June

RB

7.3

Criteria for items to be held in Trust Board Meeting in Private

The Chairman left the meeting for a short period and PD took over the chair.

AA presented the paper, the purpose of which was to provide the Board with sufficient information on which to base a decision as to the criteria to be used in future for, 'Discussion of Confidential Business in Private Session'.

AA provided the Board with detailed background and context and stated that they needed to define what they understood to mean "special reasons" (page 2). She further stated that based on the guidance provided and having benchmarked good practice for Foundation Trusts, the following criteria was proposed:

- i. any matter arising from a contract of employment;
- ii. any matter which involved the consideration of confidential information held by the Trust;
- iii. commercial matters;
- iv. legal matters;
- v. actual or anticipated litigation, including any arbitration or dispute resolution process; or
- vi. recommendations or advice from sources other than the Board of Directors and any committee or sub-committee referred to in this Constitution.

The Chairman stated that the underlying principle behind the criteria was that the Board would do as much of its business as possible in public but wanted the criteria to be a steer to measure against. It was agreed that in future any paper going to Private Board should carry the reason why it was not going to the Public Board.

RH requested an explanation of the final criterion as he was unsure whether recommendations from YAS's external auditors would be part of this? AA replied that they would not be included but YAS's proposed partner for FT support might be.

Chairman asked the Board whether they would approve the proposed criteria as the basis of consideration for matters to be discussed in private session, acknowledging that most items would be dealt with in public.

Approval:

The Trust Board approved the proposed criterion for Discussion of Confidential Business in Private Session:

It was acknowledged that things would need to be mirrored as much as possible for the Council of Governors.

7.4

Register of Interests

RB stated that the purpose of the paper was to inform the Trust Board of the details currently held on the corporate Register of Interests. He further stated that the register was reviewed annually to give the Board an opportunity to ensure the register was accurate.

The Chairman expressed her irritation that the circulated version of the document was inaccurate. She further stated that her details and those of EB were incorrect, former NEDs were still included in the document and the new NEDs had not been included.

RB apologised to the NEDs and promised to look into the matter further.

RR suggested that the updated version of the document should be kept on the Intranet and formally reviewed at year end. It could however, be updated as changes occurred.

Action:

RB to update Register of Interests to incorporate changes to current NEDs information and to include new NEDs details

RB

7.5

Standing Orders: Bailers – Patients' Property

DWi stated that the purpose of the paper was to provide an overview of the current systems in place for managing patient lost property. A review of current procedures had been carried out and had proved that there was variance across the patch. DWi added that there was evidence that some work, such as the placement of posters, had been done to raise awareness but no over-riding policy was in place.

The Chairman stated her belief that staff and the Trust's reputations were placed at risk if lost property wasn't being handled correctly. She added that when things had been kept for a certain length of time they could be disposed of to raise money to benefit charity.

PD asked whether something needed to be included relating to the transfer of responsibility for lost property. The Chairman agreed, adding that a central system was required with a receipt process in place as proof that someone had passed something on.

DWi stated that the policy should include as a minimum: what to do when finding an item; how to reclaim lost property; and retention and disposal of items. It was agreed that a small task and finish group should be established to develop the policy and the new policy should go to the Audit Committee for approval.

The Board noted that more immediate action was required to develop a policy on the management of patients' lost property and that work was to be undertaken by the Director of Operations and his team. PBW would report back at the next meeting.

Action:

Director of Operations to develop a policy on the management of patients' lost property and to report back at 31 July meeting

PBW

7.6

Standing Orders: Reservation & Delegation of Powers & Standing Financial Instructions

RB stated that the purpose of the paper was to provide an update on changes to Standing Orders, the Scheme of Delegation and Standing Financial Instructions and it was recommended that the Board adopted these changes.

RR reported that the paper had been to Audit Committee and the version shared with the Board had been amended to take into account the changes recommended.

The Chairman asked if there were any issues before the Board adopted the changes.

RR expressed his concerns around the practicalities of communicating a 93-page document to staff.

The Chairman stated that the document would need amending to fit FT. RB replied that it would form part of the Constitution.

Approval:

The Board adopted the Standing Orders, Scheme of Delegation and Standing Financial Instructions.

7.7

Capital Plan 2012/13 including Capital Programme 2012/13: Replacement of Defibrillators

RB stated that the purpose of the paper was to inform the Trust Board of progress finalising the 2012/13 Capital Programme and to seek approval for the purchase of replacement defibrillators. He presented the background to the request and recommended that the Board approved the replacement of 85 Lifepak 15 ECG/defibrillators at a cost of £1,203,600.

DW stated that the current equipment although serviceable was not fit for the future and therefore the sooner it could be replaced the better. He further stated that although the Lifepak 15 unit was very expensive, it did include several monitoring functions previously carried out by a range of other equipment.

The Chairman asked whether the cost included VAT and on-going maintenance. RB replied that it included purchase, VAT and the first year's maintenance.

RH stated that there did not seem to be room in the capital programme to replace the other equipment YAS was looking to exchange. RB replied that the other equipment was currently fit for purpose but was a potential replacement requirement in the future.

The Chairman asked KW for an update on incidents relating to defibrillators and whether any concerns were being monitored. KW replied that defibrillators came up as a fairly regular concern but high numbers did not necessarily mean greater concern.

RR stated that he had not found the document very easy to read and it was his belief that the financial information should be much in a format that was easy to work across.

RH asked if information was available about the likely requirement going forward. DW replied it was work in progress and EB stated the Board should be able to monitor this through the asset register, etc.

Approval:

The Board approved the replacement of 85 Lifepak 15 machines at a cost of £1,203,600.

7.8

Foundation Trust Development – Governance Rationale (Updated)

AA stated that the purpose of the paper was to request approval an updated version of IBP Appendix 2 (DH Appendix A4) Governance Rationale V18, the amendments to which were shown in red.

AA stated that all of the recommendations made by the Board on 27 March had been incorporated into the relevant documents. Many of the amendments had been typographical corrections but 30.1 and 31.1 had involved major rewriting.

The Chairman asked whether the Board had any additional issues.

RR stated that there was a typo on page 21 "64 initial governors" should read "4 initial governors".

RR asked why "Board of Directors" on page 29 had been changed to "Non-Executive Directors". AA replied that she had not written the original document but the Trust solicitors had made the suggestion on the basis of the Council of Governors role in assurance with which she concurred. It was agreed that AA should refer the matter back to the solicitors for further clarification.

Action:**AA to refer matter back to the solicitors for further clarification.****AA****Approval:****Subject to slight alterations, the Trust Board approved the updated version of IBP Appendix 2 (DH Appendix A4) Governance Rationale.**8
8.1**PERFORMANCE MONITORING****Integrated Performance Report**

RB stated that historically the Trust had a lower surplus of 0.6%. However, Monitor's Guidance stated that each Foundation Trust must deliver a 1% surplus or it would not receive contract settlement. This was why a larger surplus was planned than historically.

EM stated that volume in terms of A&E was higher therefore income was higher but overtime spend against the higher income seemed too high. RB stated that this had been a conscious decision made at executive level.

EB stated her belief that more transparency was needed in this area and at some point YAS would need to report along the lines of the organisation was performing well but this was what it cost staff-wise.

RR stated that he would like to see reconciliation in terms of geography and whether the organisation was managing overtime rather than it being the other way round.

DW stated that the current year's CIP was not fully developed and the Board would see more depth next time.

The Chairman asked whether there were any questions on Section 2, A&E performance.

RR requested further information on the testing of the BCP plans, which was due to take place during the current year. It was agreed that DWi should provide further information.

Action:**DWi to provide further information re BCP on Performance page****DWi**

EB stated that she had noticed a deficit in actual versus budgeted staff in place on the Recruitment plan, adding that at a recent Quality Committee meeting a Locality Director said a recruitment drive was not under way as it would interfere with plans already in place.

The Chairman expressed concern that funded vacancies might not have been filled and questioned whether messages were being passed on to managers.

SM replied that the Trust was actively recruiting and focusing on the filling of all operational vacancies with some other recruitment being suspended to ensure these vacancies were filled. He further stated that workforce planning was in place with, for example, a number of technicians currently going through an education process to upgrade.

DW stated that he was aware of the plans and the process that SM had explained was in flow. He further stated that the risk YAS needed to manage was around ensuring a substantial percentage of new staff were in place prior to the Olympics.

PD stated that a more strategic approach was needed. As the Trust had to go outside to recruit for the clinical leadership appointments, it could do with a 5 year plan to pick up issues surrounding workforce planning, etc. She added that the Trust needed carry out some analysis around education, training and what needed to be delivered.

DW stated that the Workforce plan should be available for the Board after 6 June. Following which, further discussions would be required with the Trade Unions, etc. With regards to the indicators around hours, activity, performance and over time, DW stated that further work was under way and the next version of the IPR should reflect this.

EB stated that the PTS Performance executive summary could have transposed across as the PTS KPIs were spread across 2 sections.

DW stated that GP Out of Hours (GPOOH) and Support Services Performance continued to perform well.

PD stated that the Trust appeared to be doing much better in 3.2 and needed to ensure that this trend continued. She further stated that in 3.16 the risk rating for finance covered the quality governance rating and it would be really useful if "on track" or "not on track" could be used to ensure it was embedded.

The Chairman expressed her concerns about the absence issues in the workforce section and asked what managers were doing about the situation as the Trust did not seem to be making as much progress in the past and could not toleration this situation any longer.

DWi stated his belief that, although a lot of work was currently taking place, the process should be more robust. Managers needed to turn actions into reality as absentees put staff under increased pressure.

PD stated that some areas had almost 4% long term sick, adding that she would like to see the strengthening of support for managers from Occupational Health when dealing with long term absence.

KW stated that clinical supervisors needed both a policy to follow and the confidence to manage staff, as difficult conversations sometimes meant that following the policy was difficult. The Chairman replied that they needed to know that senior managers would support them.

EM asked how the organisation measured the proportion of anxiety, stress and depression in long term sickness. DWi replied that each case was sensitively managed and went through a very specific process with HR working alongside Operations. DW added that 24/7 support had been rolled out across the whole of the Trust.

The Chairman added that she would like to see the Occupational Health tender to ensure it was more robust. SM replied that, the Trust had not been happy with its Occupational Health (OH) arrangements and he would ensure that he shared the tender with Board members before it was shared more widely.

Action:

SM to share OH tender with Board members

SM

DW stated that the clinical supervisors would be taking over the line management of staff, adding he was confident that the Trust had the right people but they would need support to help fill the gaps.

The Chairman agreed that YAS needed to ensure that the clinical supervisors were fully trained to carry out their role. EB stated that she had spoken to some clinical supervisors who had expressed concern over what training they had received to date compared with what had been promised. This comment was noted.

The Chairman thanked DW for presenting the IPR. The Board acknowledged that, as this was a developing document, they would see further changes at the next meeting.

8.2 Audit Committee – Report/Minutes of last meeting, 19 April 2012

RR stated that the purpose of the paper was to inform the Trust Board regarding the activities of the Audit Committee. The last meeting of the Committee on 19 April had been the last meeting of the year and had been a good meeting,

The closure position of the 2011/12 Board Assurance Framework (BAF) had been presented and accepted. The new year BAF had been completely rewritten, reframing strategic goal statements and strategic objectives aligned to the business plan. SP had talked the Committee through the process and direction of travel against each risk indicator. Committee members were to feed comments back to SP who would then schedule discussion time for the Board to further consider the BAF prior to further historic due diligence reviews.

RB reported that the annual accounts seemed to have gone well. The NEDs were due to review the accounts at end of the week with the sign off meeting due to take place on 7 June.

The Board agreed that it had sufficient assurance on the Trust's Audit Committee performance.

8.3 Quality Committee – Report / Annual Work plan / Minutes of last meeting, 10 May 2012

PD stated that the purpose of the paper was to provide an update to the Trust Board regarding the activities of the Quality Committee. She further stated that although it had been a bit "processy", the second meeting of the Quality Committee had been productive. The draft Committee work plan had also been discussed and agreed, subject to Board approval.

PD further stated that significant time had been dedicated in the meeting to a presentation from clinical practitioners from the North and East Locality. The Committee found the contribution from clinicians very valuable and agreed that this approach should be continued for future meetings, to complement the assurance reports received from Executive Directors and senior managers.

The Board noted discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee work programme and approved the proposed work plan for 2012/13.

8.4 Finance & Investment Committee - Report / Minutes of last meeting, 10 May 2012

RB stated that the purpose of the paper was to inform the Board of the activities of the Finance & Investment Committee and provide assurance as to the internal processes and mechanisms for financial delivery and performance management within the organisation.

RH reported that there had only been one big issue and this had been the Cost Improvement Programme. The committee had looked at number of business cases but as there were still some to see they had not yet seen the total picture. One business case for the possible purchase of HQ or renegotiation of the rent had just been updated.

The Board agreed that it had sufficient assurance on the matters reviewed by the Committee.

8.5 Charitable Funds Committee – Report / Minutes of last meeting, 19 April 2012

RB stated that the purpose of the paper was to ensure that the Board was informed of the activities of the Charitable Funds Committee and had assurance on the discharge of its role as Corporate Trustee

EB reported that there had been a catch up meeting in April and a workshop had been planned for Thursday 31 May which had a good attendance forecast. EB further stated that the Committee had looked at fund raising ideas, would consolidate outcomes and then bring them back to the Board for approval.

The Board agreed that it had sufficient assurance of the activities of the Charitable Funds Committee.

8.6 A&E Performance Monitoring & Review Group - Feedback

RH stated that the purpose of the paper was to propose that the group had fulfilled its terms of reference and could be disbanded. He further stated that the Group, which had originally been established as a task and finish group had gone through several iterations in terms of name and personnel so its lifespan had been much longer than originally anticipated.

RR stated that the key aim of the Committee was to bring itself out of existence once the Category Red percentage had increased to its target level of 75%. As this time had now arrived, the work could be absorbed into work of the executive.

DW thanked the Group for their hard work. The Chairman reiterated this statement, thanking RR and RH for their productive work which had raised a lot of issues where the Trust's reputation could have been at risk.

The Board accepted that the Group's task and finish terms of reference had been fulfilled and that it should be disbanded with immediate effect.

8.7 Board Review and Feedback

EB stated her belief that it had been a good meeting and much more timely.

DW stated that, although it was always going to be long meeting, the agenda had been managed well and the venue was good. RR stated that the room would have been more welcoming if there had been windows. The Chairman stated that she had found the members of the public facing the Board a little distracting so it was her belief that future meetings would need to return to the 4-sided square with the public sitting behind the Board.

AA confirmed that the next meeting would be held in East Yorkshire at Bishop Burton College.

9 REGULATORY REPORTS


None

10 Date of next meeting

7 June 2012: Annual Report 2011-12 (Springhill 1)
31 July 2012 (Bishop Burton College, York Road, Bishop Burton, HU17 8QG)

The meeting closed at 13:40 hours

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS



31.7.2012 DATE++
CHAIRMAN