



Extraordinary Trust Board Meeting in Public

Venue: Kirkstall and Fountains, Springhill 1, WF2 0XQ

Date: Thursday, 7 June 2012

Time: 1330 hours

Chairman: Patricia Drake

Present:

Board Members:

Patricia Drake (PD) Non-Executive Director / Vice-Chair
David Whiting (DW) Chief Executive

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
Steve Page (SP) Executive Director of Standards & Compliance
Paul Birkett-Wendes (PBW) Executive Director of Operations
Dr Alison Walker (AW) Executive Medical Director

In Attendance:

Anne Allen (AA) Director of Corporate Affairs & Trust Secretary
Karen Kanee (KK) Head of FT Development

Apologies:

Della Cannings (DC) Chairman
Dr Elaine Bond (EB) Non-Executive Director

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

		Action
	The meeting commenced at 1330 hours	
1	<p>Apologies / Declaration of Interests The Vice-Chair welcomed everyone to the Extraordinary Trust Board Meeting in Public.</p> <p>It was noted that there were no members of the public present and was agreed that any declarations of interest would be recorded during the course of the meeting.</p>	

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2.1

Quality, Safety and Patient Experience Annual Report 2011/12

DW stated that as all of the NED colleagues at the meeting had also been present at the Audit Committee meeting earlier that day he did not intend to present the report in great detail.

He further stated that the Audit Committee had provided useful feedback on typographical errors, date queries, etc which had been noted for action but their comments had not materially affected the report. DW added that the report would be amended and the final version shared with the Board in July prior to going to print in August.

The Vice-Chair confirmed that she was in receipt of a copy of the NEDs' comments from that morning's meeting and was happy that they had all been captured accurately.

DW highlighted key aspects from the Annual Report and invited comments from those present.

RB stated that the Remuneration report had been circulated as a standalone document as it had become separated from the Annual Report. It would, however, be fed into this Report and would also form part of the Annual Governance Statement.

RR stated that the information contained in the Remuneration report was factually correct, as it had been audited by the Trust's External Auditors, Deloitte.

AA asked whether, from an assurance perspective, the benchmark against the Executive's salary norm would be acceptable from the public's perspective.

RR confirmed that although the salary of the most highly paid individual in the 2011/12 financial year was 5.9 times the median salary of the workforce, the rate varied at other Trusts between 5.5 and 7.3, so this was at the lower end of the scale. It was agreed that no changes were required.

SM stated that he would provide his amendments outside the meeting.

Approval:

The Board reviewed the content and approved the final draft of the 2011/12 Annual Report and Financial Summary, subject to final amendment and circulation.

2.2

Annual Report Accounts & Disclosure Statements – 2011/12

RR stated that on Thursday 31 May, a pre meeting had taken place between the Audit Committee NEDs and Deloitte, at which the draft 2011/12 Financial Statements Audit was presented.

RR reported that, in conjunction with Deloitte, RB and the Finance team, the NEDs had constructively challenged the information within the accounts, based on the briefing document and draft accounts which had been prepared in advance.

The areas discussed, challenged and resolved included:

- Year on year analytical review, covering all aspects of Income, Expenditure and Balance Sheet
- Background and accounting treatment of Asset impairment
- Revaluation and reconciliation of asset values
- Reconciliation of year on year pay costs, including NI contributions
- Review of on-going concerns concerning fuel prices and Passenger Transport Service (PTS) taxi charges
- Slight error on year on year Operating costs comparison, highlighted and corrected in advance of NED review
- Capital accruals
- Treatment of assets reclassified as Held for Sale
- Basis of rolling stock check and fuel dips
- Cash balance and payment profile
- Details behind accruals and provisions - specifically PTS dispute
- Noting increase in NHS Litigation Authority (NHSLA) liabilities - outside accounts.

RR added that, as the Remuneration report had not been available at this meeting it had subsequently been reviewed by the Audit Committee.

He stated that Deloitte had been complimentary of the organisation, the preparation of the accounts and supporting papers and had reported no major issues or misstatements. They had been given the opportunity to comment on the year and no significant issues were raised. An unqualified audit opinion had therefore been given.

RB stated that the Trust would be reporting a £428,000 surplus for the year against the planned figure of £415,000. Reductions for impairments would lead to a £20,000 reported surplus.

RR reported that the Audit Committee had also received the Internal Audit Annual Report and while there had been a number of limited assurance audits nothing had been raised as a major concern.

He reported that the Trust had delivered against all of its financial objectives with the exception of the Better Practice Audit Code, which still had 9% to go before it met the 95% national target.

DW stated that feedback from Deloitte had been very positive and congratulated the Finance team on their hard work.

It was agreed that separate discussions should take place in relation to any known issues that might prevent the Trust from producing the increased surpluses required as a Foundation Trust.

DW stated that the Annual Governance Statement had also been presented at that morning's Audit Committee meeting and other than a few minor typographical errors and amendments to the text, there had been no significant issues identified within the report.

He further stated that the changes to Board committees, which were the result of the review of Trust committees carried out in 2010/11 and detailed in the Governance Framework section, were starting to bed down. He stated that the Finance & Investment Committee was a crucial committee for the organisation in its move towards Foundation Trust (FT) status, adding that, although it was still early days, the Quality Committee was also performing well so far.

A number of new operational risks had emerged during the year, the most significant of which were: delayed activation/response to red emergency calls, through the loss of the CAD system; and non-compliance with elements of the Essential Standards of Quality and Safety, both of which had generated plans and actions which had led to improvements in YAS's processes.

DW reported that the Trust was fully compliant with the Care Quality Commission (CQC) essential standards of quality and safety. The inspection in October 2011 had raised only relatively minor issues and had been a good learning experience. The Trust was now working hard to ensure that the new practices became embedded across its activities.

In addition, significant progress had been made in relation to the achievement of annual performance targets of 75% of Red calls responded to in 8 minutes (the Trust achieved 75.7% for 2011/12) which he believed was sustainable going forward into the new year.

In relation to the significant PTS issue that had been identified, DW reported that positive improvements could be seen in the Key Performance Indicators (KPI) in South Yorkshire as well as some improvements in other areas. He added that, at its meeting the previous day, the Board had approved the implementation of plans coming out of the diagnostic work undertaken by the Trust and its partner Unipart over the next few months.

RR stated that following a timely and informed presentation of the accounts, it was the recommendation of the Audit Committee that the Board approve and sign off of the Annual Governance Statement and the Annual Report Accounts and Disclosure Statements for 2011/12.

The Vice-Chair asked the Board if they were happy to agree the accounts.

Approval:

The Board approved and signed off of the Annual Governance Statement and the Annual Report Accounts and Disclosure Statements for 2011/12.

2.3

Quality Accounts – 2011/12

SP presented the final draft of the 2011/12 Quality Accounts, work on which had been progressing for some time. He stated that informal consultation with internal and external stakeholders had been followed by the first draft going out for the mandatory 30 day consultation period.

Feedback from stakeholders had been mainly positive and the final draft contained the comments received as part of the consultation.

SP stated that it was a positive report which reflected well on the previous year's priorities and services. Priorities for the forthcoming year would be aligned to Clinical Quality and Innovation targets (CQUIN) and priorities in the Business Plan.

He added that the document would have to be finalised and published on the Trust website by 30 June as part of the Annual Report.

SP reported that feedback from the Audit Committee at its meeting earlier that day had been positive with the majority of comments on typographical errors and accuracy being easily rectified and the inclusion of patients' stories had been commended.

He stated that feedback relating to whether staff survey information and elements of the Annual Report that related to patient safety should be included in the Quality Accounts would be considered.

SP further stated that an abridged version of the document had been encouraged by the external auditors for wider sharing. The Vice-Chair agreed that a smaller glossy version should be created.

It was further agreed that additional work on the glossary was required to make it more relevant to the content of the document to which it was attached.

The Vice-Chair stated she was happy that all the feedback from that morning's Audit Committee meeting had been captured.

SP placed on record his thanks to Karen Warner, Associate Director of Risk and Quality, for her hard work leading on the preparation of the Quality Accounts for the second year running.

Approval

The Board approved and signed off the final draft of the 2011/12 Quality Account for publication.

The meeting concluded at 1355

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Date of next meeting

31 July 2012,
Bishop Burton College, York Road, Bishop Burton, HU17 8QG

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

PA Drake Deputy - CHAIRMAN

August 14th DATE
2012