



Trust Board held in Public

Venue: Bishop Burton College, Bishop Burton

Date: Tuesday, 31 July 2012

Time: 0945 hours

Chairman: Della Cannings

Present:

Board Members:

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

Pat Drake (PD) Deputy Chairman & 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

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
Dr Alison Walker (AW) Executive Medical Director
Paul Birkett-Wendes (PBW) Executive Director of Operations

In Attendance:

Mary Wareing (MW) Non-Executive Director (Designate)
Anne Allen (AA) Director of Corporate Affairs & Trust Secretary
Karen Kanee (KK) Head of Foundation Trust Development
Shelagh O'Leary (SOL) Associate Director of Organisational Effectiveness & Education (Designate)

Angela Harris (AH) Community Matron
Jane Shewan (JS) Head of Research & Development (for Item 6.3)
Philip Mitchell (PM) Managing Director, Alvarez Marsal (Observer)
John Farenden (JF) Director, Ernst & Young (Observer)
Matthew Hodge (MH) Director, PricewaterhouseCoopers (Observer)
Claire Mellons (CM) PricewaterhouseCoopers (Observer)
Debbie Wilkinson (DWi) Unite Branch Secretary
Brian Saxton (BS) Member of Public
Jason Scott (JS) Member of Public
Daniel Cavanagh (DC) Member of Public
Rosemarie Lawson (RL) Member of Public
David Bolam (DB) Member of Public
Arthur D Hodgson (AH) Member of Public

John Plant (JP) Member of Public
 Dennis Shaw (DS) Member of Public
 Helen Mackman (HM) Member of Public

Apologies:

None

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

The meeting was preceded by a presentation, between 0900 and 0930, which was open to all members of the public. 'Ambulance Service, Community & Hospital Partnership Working to Improve Patient Care' was presented by Angela Harris (AH), Community Matron working with Yorkshire Ambulance Service.

		Action
	The meeting commenced at 0945 hours	
1	<p>Questions from the Public</p> <p>The Chairman welcomed the members of the public and observers to the Trust Board Meeting held in Public.</p> <p>The Chairman stated that historically all Trust Board meetings held in Public had taken place at YAS's Wakefield headquarters as this had been cost effective in terms of Board members' and staffs' travel time, expenses, etc. However, this had meant that the organisation had not been engaging with all of its wider stakeholders and members of the public, so the decision had been made to take these meetings "on the road" around the region.</p> <p>The Chairman further stated that meetings were advertised locally to encourage attendance, adding that as an aspirant Foundation Trust (FT), it was important to encourage people to learn about the organisation and become members, particularly as they might then choose to become a governor to represent their local geographical area on the Council of Governors. She hoped that some of those present might consider putting themselves forward to be governors.</p> <p>The Chairman added that there was always a chance for members of the public to ask questions before the commencement of the formal Board Meeting in Public. She stressed that people should not be embarrassed if they needed to leave before the end of the meeting, as they were not committed to stay for the whole of the meeting.</p> <p>The Chairman raised an outstanding matter from the meeting of 29 May when Len Cragg had queried the position of the Integrated Performance Report on the agenda. She stated that following consideration of his request, the Board had agreed that as Quality, Safety and Patient Experience remained their top priority the format of the agenda would not be changed at the current time.</p> <p>The Chairman invited questions from the floor.</p> <p>DB from North Yorkshire stated that he had found Angela Harris's (AH) presentation very interesting and requested an update on the future of Primary Care centres now that YAS had been successful in</p>	

	Action
<p>gaining the 111 contract with Local Care Direct. AW replied that other than in West Yorkshire where Local Care Direct would be providing the clinical elements, primary care providers would still be the predominant care providers in most of the patch.</p> <p>She further stated that a lot of work was currently being carried out around the urgent care agenda, particularly in rural North Yorkshire.</p> <p>DB stated his belief that this was a major step forward.</p> <p>DW stated that this was a great opportunity to work with the new Clinical Commissioning Groups (CCGs) as YAS would be at the centre of urgent care going forward and would be able to build on AH's excellent work.</p> <p>The Chairman agreed, adding that as YAS would provide access to urgent care for the whole of Yorkshire and the Humber and not a postcode related service it would need to tailor its services to allow different solutions for different areas.</p> <p>There were no other questions.</p> <p>The Chairman thanked Unite Branch Secretary, DWi, for attending the meeting, adding that although some staff belonged to other unions, the two unions that YAS recognised were Unison and Unite.</p>	
<p>2</p> <p>Apologies / Declaration of Interests There were no apologies.</p> <p>Declarations of interest would be noted and considered during the course of the meeting.</p>	
<p>3</p> <p>Minutes of the meetings held on 29 May 2012 and 7 June 2012 including Matters Arising (not on the agenda) and Action Log</p> <p>29 May 2012 The minutes of the meeting held on 29 May 2012 were approved as a true and fair representation of the meeting subject to the amendments highlighted.</p> <p>Matters Arising: Page 4, paragraph 5 – AW confirmed that the final, agreed wording was DNACPR. Page 12, paragraph 2 – 'HDD1' to be changed to 'HDD2'. Page 14, paragraph 2 – 'emergency care' changed to 'urgent' care. Page 14, last paragraph – wording amended to 'there was no anticipated likelihood of use'. Page 21, 8.2, paragraph 1 – 'RB' changed to 'RR'. Page 22, 8.4, paragraph 2 – 'just been received' amended to 'had just been updated'.</p> <p>7 June 2012 The minutes of the meeting held on 7 June 2012 were approved as a</p>	

	Action
<p>true and fair representation of the meeting.</p> <p>Matters Arising: There were no matters arising.</p> <p>Action Log: DW stated that the Action Log had been updated and there were no specific actions to be referred to that day.</p> <p>The Chairman requested confirmation of the reasons for the alterations to some of the due dates. SP and PBW replied that, there had been problems trying to schedule the items, as Board agendas were currently so full.</p> <p>The Chairman stated that the Board needed to ensure the right frequency of meetings, adding that this was something that would need to be considered outside of that day's meeting.</p>	
<p>4</p> <p>Chairman's Report The Chairman stated that as a Foundation Trust it would be essential to ensure quality and timely communication between the Board and the Council of Governors so she was looking to do that via a Chairman's Report prepared near to meetings so that it was as up-to-date as possible.</p> <p>The Chairman announced that she had been appointed Deputy Chairman of the Association of Ambulance Chief Executives (AACE).</p> <p>She further stated that a self-certification report was being introduced by the Strategic Health Authority (SHA) under the Single Operating Model to ensure consistency of approach to the application process for aspirant Foundation Trusts. There were two main components of the process: a self-certification return; and monthly oversight meetings. The self-certification would be used by the SHA as part of the information to guide these meetings.</p> <p>The Chairman stated that the SHA had requested monthly sign off by the Board but as the Board did not meet formally every month, this would not be practical so they had been advised that on the months when the Board did not meet, the CEO and Chairman would sign off the returns and ensure they were reported to the Board. The SHA's agreement was awaited on the proposal.</p> <p>DW stated that he was due to meet with representatives of the SHA the following day and he would discuss the process.</p> <p>The Chairman confirmed that the Board Development Meeting on 8 August was due to consider this item in greater detail.</p> <p>The Chairman stated that 31 July was RR's last day as a Non-Executive Director (NED). She thanked him for all his efforts as a NED, particularly in his role as the Audit Chairman.</p> <p>AW, who was RR's only colleague remaining from when he joined YAS stated that during the six years he had been with the Trust RR</p>	

had supported a vast number of senior managers and directors. She thanked him on a personal and professional basis for the enormous amount of work he had taken on in excess of the time allocated to the role of a NED which had helped the organisation to make so much progress in the six years.

RR replied that he was proud to have been a part of YAS. He had enjoyed his time with the organisation tremendously and thanked everyone for their kind words.

The Chairman stated that she had held interviews for a replacement NED and a recommendation for RR's replacement would be going forward to the Appointments Commission meeting on 15 August. It was envisaged that the new NED, who would be Audit Committee Chairman, would start on 16 August 2012.

In the interim, it was recommended to the Board that Deputy Chairman, Pat Drake, chaired the Audit Committee. In the absence of an accountancy-qualified NED to undertake the role for the two weeks, the Chairman had asked DW to ensure that there was independent accountancy advice available to PD, including at the next Audit Committee meeting.

RR stated that the organisation's external auditors had advised that although the situation was not ideal there was no legal reason to prevent it although it must ensure that the Audit Committee remained independent of the Board and Chairman.

PD stated that she would present a paper at the next meeting of the Audit Committee explaining possible conflicts of interest and how she proposed to overcome them.

The Chairman asked the Board to approve PD as the interim Audit Committee Chairman and to approve PD's change of title from Vice Chair to Deputy Chairman.

Approval:

The Board approved the appointment of PD as the interim Audit Committee Chairman and her change of title from Vice Chair to Deputy Chairman.

The Chairman stated that as RH was due to retire as a NED on 30 September 2012 the Board already had the approval of the Appointments Commission for MW to replace him. As a result, the current NED recruitment drive had included an advertisement for a new NED Designate and six candidates had been called for interview on 2 August 2012.

The Chairman further stated that with the current 'refresh' of the Board it had been necessary to reconsider the membership of Board Committees and specific roles. Appendix A was a summary of the NED's recommendation to the Board, including the appointment of EM as Senior Independent Director.

The Chairman asked the Board to agree the recommended appointments as shown in Appendix A.

Approval:

The Board approved the recommended appointments as shown in Appendix A with new committee memberships to commence at midnight 31 July 2012.

The Chairman stated that a recent press report about another ambulance trust had indicated that there had been a delay in response to an incident as the nearest available staff were on a meal break and asked DW to confirm this would not happen in Yorkshire.

DW confirmed that the organisation had not experienced any incidents relating to meal breaks and discussions were taking place with Unite and Unison to optimise cover and reduce risks from meal breaks, etc. Although it was essential that staff had appropriate breaks, conditions of services did require updating and modernising.

The Chairman stated she was pleased with the initial work of the Quality Committee. Regular information was received by the Board on significant adverse events, which was looked at in greater detail at the Quality Committee. She added that in the period 1 May to 25 June 2012 three Serious Incidents had been reported.

RH expressed concern that almost all of the Serious Incidents (SIs) seemed to emanate from the Emergency Operations Centre (EOC) and requested details of the timescale for concluding the review and actions.

SP stated that work was progressing well with the draft report due to be reviewed at the next meeting of the Incident Review Group. Any immediate actions identified would be implemented with further review at the next Quality Committee meeting.

SP further stated that the six SIs from the EOC in recent months had all either been or were subject to investigation. He added that as the organisation was interested in broader underlying themes the review was also looking at less serious incidents, nearer misses, etc. This would help to provide a rounder view of emerging themes and additional actions required to address root causes, beyond the actions already agreed in response to individual incidents.

RR asked whether any actions were taken in the short term. SP replied that each incident had 2 phases: an initial review and immediate actions; followed by a full analysis which could lead to additional actions.

The Chairman stated that she was keen for the Board to be seen to be as transparent as possible but there were occasions when it needed to discuss matters in private. She stated that: the 111 tender; the draft Annual report; the purchase of Headquarters Buildings; and the contracting of a private supplier to assist with the development of

		Action
	<p>Patient Transport Service were examples of recent items discussed. There were no further questions.</p> <p>Approval: The Board accepted the Chairman's report.</p>	
5	<p>Chief Executive's Report</p> <p>DW stated that his report came at the end of the busiest period for his team since his arrival at YAS.</p> <p>He stated that a lot of good work had taken place to further develop the Integrated Business Plan (IBP); Cost Improvement Plans (CIPs) for the next five years; the 111 bid; preparing for the next important stage of the Trust's Foundation Trust (FT) journey Historical Due Diligence Stage 2 (HDD2); and the Board Governance Assessment Framework (BGAF).</p> <p>DW further stated that although performance remained strong in many of the Ambulance Clinical Quality Indicators (ACQIs), the Trust was still below the national average in calls being Resolved by Telephone, Non A&E (conveyance to hospital) and Re-contact within 24 hours-Telephone. He added that although further analysis was being undertaken to understand the differentials it was already known that the majority of re-contacts were from patients transferred to NHS Direct for advice.</p> <p>AW stated that the organisation was developing a more in depth understanding of issues and would therefore shortly be able to take more action.</p> <p>The Chairman stated that, although the new 111 system would run differently to the current NHS Direct system from March 2013, action should be taken to improve the situation prior to this date.</p> <p>DW stated that, with regards to the cardiac arrest ACQIs, the organisation was looking to implement a number of spearhead pilots focussing on cardiac arrest survival. YAS was currently working with Clinical Managers and Clinical Supervisors to change the way in which it responded to treat these patients to improve outcomes for cardiac arrest patients.</p> <p>He further stated that members of the management team had met with 15 of the 25 current CCGs to discuss future commissioning arrangements, the YAS IBP and FT progress, with extra meetings due to take place during September.</p> <p>DW added that PBW and he had begun a series of manager and staff briefings across the region to outline the Trust's strategy, future workforce plans and the FT application. The meetings had been well attended and more were planned for the next few weeks.</p> <p>MW stated that the Chief Executive's report had been helpful for her, as a new member of the Board, as it gave a clear understanding of events, issues, etc.</p>	

		Action
	<p>What would help even more, however, would be the ability to compare this report to the organisation's set of priorities going forward to analyse more easily what had been successful, what needed more work, etc.</p> <p>Action: DW to align his report to the Annual Business Plan and to plan in a half-year review of the plan.</p> <p>The Chairman thanked the Chief Executive and his team for a thorough report.</p> <p>Approval: The Board agreed it had sufficient assurance on the activities of the Trust Executive Group during period 19 May-20 July 2012.</p>	DW
<p>6</p> <p>6.1</p> <p>6.2</p>	<p>QUALITY, SAFETY & PATIENT EXPERIENCE</p> <p>Patient Story – “End of Life Care”</p> <p>The Chairman introduced the Patient Story, which was an interview with the registered manager of a care home about the end of life care plan of one of its former residents and YAS's involvement in helping to enable the lady to achieve a “good death”, dying with dignity.</p> <p>At the conclusion of the film, the Chairman thanked DW and his team for the effort they put into preparing these presentations.</p> <p>For Approval: Risk Management & Assurance Strategy</p> <p>SP introduced the paper, the purpose of which was to present to the Trust Board the revised Risk Management and Assurance Strategy for consideration and approval.</p> <p>SP stated that the current iteration of the Risk Management and Assurance Strategy, which had been approved and ratified in July 2011, was due for its annual review and approval by the Board. He summarised the key changes, as listed in section 3 of the report.</p> <p>SP stated that the draft Strategy had been passed for consultation with selected senior managers and members of the Risk and Safety Team. He added that the Risk Escalation and Reporting Procedure which detailed the operational implementation of the Strategy was also subject to review and it was proposed to present this Procedure to the Trust Executive Group (TEG) for approval in September.</p> <p>SP invited comments on the updated Strategy from the Board.</p> <p>RH expressed concern that the emphasis of the report seemed to be quality, safety and clinical risks with little emphasis on financial risks and no mention of the Finance & Investment Committee (F&IC).</p> <p>PD stated she would have expected to see information about effective patient outcomes but there was no real mention of improved patient care, etc.</p>	

		Action
6.3	<p>EB stated she was unclear what was meant by a “holistic approach to risk”. She asked how the Board would monitor the implementation and progress of the strategy, adding she would be happier if she could have sight of the risk escalation process. The Chairman agreed that the Board should have sight of this process.</p> <p>SP replied that the strategy set out the risk management process in generic terms but he took on board comments about the lack of financial information and the management of financial risks.</p> <p>In reference to the term, a “holistic approach to risk”, SP explained that this referred to managing risk “across the board” and not in isolation but he would amend the wording.</p> <p>Action: SP to amend Strategy to contain additional information as above and to share with the Risk Escalation and Reporting Procedure at the 25 September Board meeting.</p> <p>Approval: The Board agreed the revised Risk Management and Assurance Strategy subject to the additionally revised version coming to the Board meeting on 25 September along with the Risk Escalation and Reporting Procedure.</p> <p>For Approval: Research & Development Annual Report The Chairman welcomed Jane Shewan (JS) to the meeting to present the Research and Development (R&D) Annual Report, which provided a summary of research and development activity and assurance that key governance criteria were fully met.</p> <p>AW stated that five years previously the organisation did not have a robust R&D mechanism in place.</p> <p>She further stated that research governance was delivered for the Trust by staff mainly funded via West Yorkshire Comprehensive Local Research Network (WYCLRN). Research risks were managed by having in place processes to ensure YAS participated only in high quality research, monitored study conduct and performance and assured YAS of regulatory compliance.</p> <p>AW added that research supported by the National Institute of Health Research (NIHR) was funded via WYCLRN. NIHR required trusts to publish a research ‘operational capability statement’, as a condition of receipt of monies, and as part of a national work stream to facilitate research in the NHS. Statements from every NHS organisation in receipt of NIHR funding would be published on a national website and also on NHS organisations’ websites.</p> <p>JS stated that R&D within YAS was overseen by Associate Medical Director Dr Julian Mark, on behalf of Executive Medical Director Dr Alison Walker.</p>	SP

During 2011-2012, the research team had continued to develop research alliances and had worked closely with the three Comprehensive Local Research Networks (CLRNs) to enhance the research profile of YAS across Yorkshire & the Humber and secure funding that continued to support the YAS research vision and strategy.

JS further stated that AW was strongly supportive of the R&D function and the move towards the situation where direct research could be used to robustly change the way in which things were done.

She added that, although there was still some way to go, the report was a summary of what had been done so far confirming that more studies had been done than in previous years, the research was high quality, the outcomes of which could be relied on.

During 2011-12 YAS had taken part in eight research studies approved by an ethics committee. These were:

- the Best Interests Decision Study;
- the High Quality Care for All/Quality and Safety in the NHS study;
- the Ambulance Service Cardiovascular Quality Initiative (ASCQI); ATLANTIC;
- the Developing Outcome Measures for Pre-hospital Care study;
- the Decision Making and Safety in Emergency Care Transitions study;
- the exploring the feasibility and practicalities of research in the pre-hospital setting staff survey; and
- the Developing the Community Urgent Response Environment for Rapid Response Vehicles study (CURE-RAPID).

MW asked whether financial information was available relating to the breakdown of funded and self-supported projects. The Chairman asked AW/JS to circulate this information to the Board by email.

Action:

AW/JS to share detailed breakdown of R&D financial income / expenditure with Board.

AW / JS

DW expressed his hope that there would be opportunities going forward to link into research around clinical priorities, which in turn would link into the workforce strategy, etc.

JS reported that although the organisation was working with more partners than previously, for example the University of Sheffield, no formal partnerships currently existed.

EB asked what prevented the organisation from putting their work with partners on a more formal basis, adding that a detailed list of YAS's external links and their various areas of expertise would be very useful.

		Action
	<p>AW replied that not having formal agreements had given the Trust the opportunity to explore links with a variety of bodies and as a result relationships had developed with a number of educational bodies with different areas of expertise.</p> <p>Action: AW/JS to share detailed list of YAS's external links and expertise.</p> <p>Although the Chairman acknowledged that R&D was a developing area, she stated it was clear that the Annual Report did not fully meet the Board's needs and further information was required before it could be fully approved.</p> <p>The Board recognised the hard work carried out in the area of R&D and the importance of that work to the future of the organisation so they wanted to be supportive. However, in order to do this they agreed that they would need a Board Development session to clarify details around funding, assurance regarding governance, etc.</p> <p>Action: AW/JS to liaise with AA re scheduling of a Board Development session re R&D function.</p> <p>Approval: The Board authorised the research Operational Capability Statement summarising YAS research capability (Appendix 1) to be published on the trust website.</p> <p>The Chairman thanked JS for her hard work.</p>	<p>AW / JS</p> <p>AW / JS / AA</p>
6.4	<p>For Approval: Performance Management Strategy</p> <p>RB stated that the purpose of this paper was to present the updated Yorkshire Ambulance Services (YAS) Performance Management Strategy setting out the commitment by YAS NHS Trust to establish and maintain an effective system of performance management across the Trust.</p> <p>He further stated that the Strategy would be developed over time to include changes to the Trust's areas of operation, key performance indicators and emerging plans for the implementation of Service Line Management and Service Line Reporting.</p> <p>RB added that the first performance reviews for 2012/13 had taken place and he was encouraged that the organisation would have a tighter rein on performance and emerging issues going forward.</p> <p>RB invited comments from the Board.</p> <p>The Chairman stated her belief that it was a strong strategy.</p> <p>SM agreed, adding that the Strategy was very supportive of the alignment to individual performance target setting.</p>	

RR stated that a lot of the objectives in Figure 2 on page 4 were time expired and asked whether the terminology in the current strategic objectives could be used for consistency. He raised several other examples of inconsistency of terminology in the document, adding that he would also like to see overtime reporting in the report.

EB asked whether the Individual Level on page 5 would be difficult implement.

Although she welcomed the focussed approach she stated that she would welcome more information on the viability of the changes and how they would be imposed.

SM replied that TEG had been revisiting the organisation's Performance Development and Review (PDR) policy which had been aligned to the Annual Business Plan from the executives down into the rest of the organisation. He stated that it would be a big challenge to prepare the organisation for the new linear cascade mechanism system, which was to be introduced the following year.

PD stated that it was a really good framework and asked where the locality dashboards would fit in. RB replied that it would be within the local team level of the diagram on page 6 of the Strategy.

AW stated that although there were still a few terminology issues, the Strategy was a good document which could be read by anyone in the organisation.

MW stated her belief that Appendix 4 was a powerful tool to encourage people to manage their own performance and suggested that the main text could be strengthened to say this.

The Chairman stated that CQUINS would need to be included as part of Appendix 1 on page 9.

EM stated that she had been heartened when she had read the report. She believed that the wording on page 10 was strong but it would be useful to have some sort of diagram relating to lines of responsibility in the membership section on page 11.

Action:

RB to amend the Strategy as above and recirculate to Board within two weeks of the meeting.

RB

The Chairman stated that, in principle this was a robust strategy to which Board members were signing up. It would, however, need further work to include additional information and sharpen up the wording.

Approval:

The Board approved the principles of the Strategy, which would be followed by an updated version in two weeks. Once amendments had been agreed the Board would be happy to sign off the final Strategy.

		Action
6.5	<p>For Assurance: Quality Impact Assessment Procedure SP stated that the purpose of the paper was to assure the Board of the progress which had been made in completing Quality Impact Assessment (QIA) of the Cost Improvement Plans (CIP) and to describe the process through which the implementation of the CIPs would be tracked and monitored through key performance indicators.</p> <p>He explained that the Trust was required to produce an annual CIP to achieve a cost saving of £10 million for 2012/13. In addition, a five year CIP plan was required which was aligned to the Trust's Integrated Business Plan. All schemes needed to be subject to a quality impact assessment, to ensure that they were safe and in line with the quality objectives of the organisation.</p> <p>The Trust had developed a process for QIA and on-going monitoring of quality and safety impact as CIP schemes were implemented.</p> <p>AW stated that the engagement undertaken as part of the process had been important and a positive way of carrying out the QIA of the CIPs.</p> <p>SP updated the meeting on the background and progress to date before explaining the details of the finance and quality impact assessment process, key risks and next steps.</p> <p>The Chairman stated that the Private Board meeting later that day would be looking at the procedure in greater detail as much of the information was not yet in the public domain.</p> <p>EM asked how patient experience was fed into the QIA Process. AW replied that an expert patient sat on the Quality Committee.</p> <p>SP stated that the process had been developed with reference to available best practice, adding that as most ambulance trusts were developing similar processes around the same time, they were all learning from each other. It was agreed that the Board should see the impact and learning effect of the changes in six months' time.</p> <p>Approval: The Board supported the process for QIA and the method for tracking and monitoring the implementation of CIPs and noted the key issues highlighted through the QIA process and associated plans for mitigation.</p> <p>The meeting broke at 1135 and reconvened at 1145.</p>	
7 7.1	<p>STRATEGY, PLANNING & POLICY For Approval: Estates' Strategy RB stated that the purpose of the paper was to present the new YAS Estate Strategy for 2012-2017.</p> <p>He further stated that the Strategy set out to transform the existing estate to one more aligned to the new workforce and operational model and the emerging landscape of healthcare in the community.</p>	

The objective of the Estate Strategy was to ensure that appropriate facilities were available to support front line and support services to be able to respond to patients' needs quickly and effectively. This included reducing operational downtime and minimising unnecessary resources tied up in land and property, thus freeing funds to focus on delivering patient care across communities.

RB added that the majority of the existing operational ambulance station stock was over 20 years old and having visited a number of sites it was obvious that a significant proportion had been built for another era. A lot of estate reflected pre-YAS services and some even pre-1975 standards.

He stated that despite significant investment over the previous 5 years, a substantial proportion of the estate remained in need of upgrading and modernisation in order to maintain an acceptable standard for operation.

RB further stated that a series of options and interventions had been identified for delivery as part of the estates strategy over the next 5 years. These included a new Hub and Spoke programme. Designed to allow for effective delivery of vehicles and staff while maximising the distribution of available vehicles at all times to ensure the most effective response for patients.

A key part of the estates strategy was the realisation of capital for re-investment in the estate and the removal of potential backlog and liability attached to older stations.

RB stated that a number of relatively small changes had already been made.

It was agreed that the way ahead was not necessarily a dedicated ambulance estate and that the organisation would need to consider co-location to ensure that it made the best use of resources. This would, however, work less well in remote geographical areas where it would aim to move to a "best of both worlds" situation with a mixture of hub and stand-alone ambulance stations.

RB stated that that the Strategy did not specify where hubs should be as each one would need to undergo detailed modelling to ensure it fitted best with operational service delivery.

SP stated that the West Yorkshire Locality Director, Paul Mudd, was undertaking a review of standby points for the whole of West Yorkshire so this was a good opportunity to assess their positioning. DW added that looking at vehicle flows could also support this work.

EM stated that the Appendix which listed details of all YAS properties was very helpful and asked whether freehold properties were secured by any funding from the Department of Health (DH) where charges would need to be considered as part of the overall estates strategy.

RB confirmed that no charges would need to be taken into account.

EM suggested that best value for money would need factoring in to any long term rationalisation. RB agreed that this would be helpful.

The Chairman reminded the Board that the delivery of new estate would take some time.

RR stated that the co-location of hubs was a good opportunity to develop relationships in the commercial world, adding that he was sure for example that some of the larger supermarkets would be keen to develop such a relationship with YAS.

EB asked, having considered the small gains made as a result of the 2007-2012 Strategy, how the organisation would provide the Board with greater confidence of an in-house ability to maximise benefits.

RB replied that E C Harris had provided external advice on the document and would be available to provide additional advice if necessary.

EB stated that in terms of delivery and capacity the Strategy needed a programme board to oversee its implementation as it was her belief that a lack of overview could be reason that the whole of the 2007 plan was not implemented.

RB stated that a separate discussion was required on this subject. YAS was a large organisation with a large estate and as its aim was to implement major strategic change over the next five years, serious consideration of technical skills within the organisation was required.

DW stated that the organisation would also need to ensure that its Estate supported the operational clinical model. He suspected that YAS would end up responding from more sites than currently but they would be a very different mix to support both the business and the clinical models.

EB stated that she would like to see the Strategic Objectives updated on page 9 of the Strategy. Other suggested amendments included: the addition of information relating to size and occupancy to the chart on page 23; and a cross reference to the Workforce Strategy in the changes to shift patterns on page 33.

EB requested confirmation that there was no immediate risk to individuals in the 30% Statutory and Non Statutory Requirements reported as below acceptable standard, as this was a cause for concern. SP confirmed that there were no major issues.

PBW stated that nationally West and East Midlands seemed to be making more progress and questioned the pace of the Trust's plans.

The Chairman endorsed this statement, adding her belief that due to the current rationalisations, etc there were gaps to fill so it was a good time for YAS to be making strong linkages.

She further stated that it was also important for the Trust to understand the consequences of fuel increases, associated costs of moving staff around, etc.

RB confirmed that all of the above factors would be considered.

EM asked whether much conveyancing was going to external lawyers, as their fees could add up to a large sum. RB confirmed that external lawyers were being used, as the organisation did not have an in house lawyer. EM stated that a lot of the documentation would include repeat papers, so this was an area in which savings could be made in the future.

The Chairman stated that the organisation would need to make sure that it had suitable expertise in house in addition to linkage to other experts externally.

AW stated that historically there had been problems relating to facilities having inadequate space for training. It was important therefore to link with others to improve local training facilities, which was key to improving quality and meeting local healthcare priorities.

RH stated that the Board would need to keep a financial view across the whole of the strategy. It was his belief that it was the right direction in which to go but the Board would need to keep an eye on the Indicative Investment Programme and overall implications.

RH further stated that although he had found the chart on page 28 helpful, the new stations in Hull West and Hull East were quite low down and asked if there were any lessons to be learned.

PBW replied that Hull was one of best performing areas in the country so there were no concerns. The Chairman suggested that the data should be double checked for accuracy.

Approval:

The Board agreed to the Strategy in principle but needed to see finer detail, including an implementation plan which contained priorities, dates, timelines and hard data to drive the Strategy forward across the Yorkshire and Humber area, for the next stage of the approval process.

RB thanked the Board for its general support for the Strategy. He stated that he would take on board the valid points made and ensure that a final, sharpened version of the Strategy came back to the Board within a month via email. The Strategy could then be signed off electronically and formal notification of the process be made at the next Board meeting.

Action:

RB to amend and recirculate the Strategy to the Board via email by end of August.

RB

The Chairman thanked the Board for a useful discussion.

7.2

For Approval: Business Conduct for Staff – Interests, Gifts, Hospitality and Sponsorship Policy

RB stated that the policy presented to the Board described the business conduct behaviour required by all staff that potentially might benefit as a recipient of gifts or hospitality arrangements.

He further stated that the Trust had a legal obligation to act in the best interests of the organisation, in accordance with its governing document. It was therefore essential that there were clear and robust systems in place for declaring the acceptance of gifts and hospitality. RB added that the NHS Code of Conduct was ratified at Joint Steering Group (JSG) in January 2010 and was due to be reviewed again in October 2012.

RB stated that it was the responsibility of staff to ensure that they were not placed in a position which risked conflict between their private interest and NHS duties. In general, whilst articles of low intrinsic value, such as calendars, diaries, biscuits and chocolates might be accepted, the offer of gifts from contractors or others should be politely and firmly declined. Staff were advised that, if in doubt, they should contact their line manager for clarification.

He confirmed that the gifts and hospitality register was presented to the Audit Committee on an annual basis.

The Chairman stated that she had driven for the revised Policy as it was an area in which organisational reputation could be tarnished which would leave members of staff vulnerable.

The Chairman further stated that her Police background meant she was rigorous about declaring things so that every time she received hospitality she automatically completed a form. She was concerned that not only did YAS have a policy but that staff knew about it, what they should declare, etc.

RB stated that the document described what was deemed appropriate behaviour in terms of gifts, etc in a fair amount of detail, adding that advice to staff was to share gifts, for example sweets and chocolates, between groups of individuals.

The Chairman stated her belief that there was a lack of clarity in the Policy, which also seemed inconsistent in parts.

MW agreed stating that there seemed to be inconsistency between the main text and Appendix 2 where she had difficulty imagining when it would be appropriate for people to accept those items.

The Chairman stated that the principles in the body of the paper were strong and that the organisation should stick with that rather than use Appendix 2, which was not helpful.

PD stated that it could be very embarrassing when a small gesture was made by a family, so staff needed to be pointed in the right direction such as encouraging a charitable donation rather than gift.

	Action
<p>PBW stated that although the wording in point 3 was very clear, patients would sometimes turn up at an ambulance station with a small gift and want to leave it there. Consideration should be given to this as it could cause offence if no one would accept a gift.</p> <p>RR stated that the wording in 3.19 needed tidying up and it was agreed that the wording of Appendix 4 needed to be tightened up</p> <p>The Chairman stated that she did not always know who supplied the Trust so would be unable to declare everything as mentioned in Appendix 4. She also asked whether "County Councillor" could be changed to "Councillor".</p> <p>It was agreed that additional comments should be emailed to DW to incorporate into the Policy prior to it being approved by TEG.</p> <p>Action: Additional comments to be emailed to DW for inclusion in the Policy prior to TEG approval.</p> <p>Action: DW to report back to Board on implementation of Policy in six months.</p>	<p>All / DW</p> <p>DW</p>
<p>8 8.1</p> <p>PERFORMANCE MONITORING Integrated Performance Report</p> <p>DW stated that he would provide a summary of the Report, the format of which was continuing to evolve and RB would provide financial information. He further stated that the organisation was still slightly ahead in terms of planned surplus.</p> <p>A long discussion took place around performance and costs.</p> <p>EB stated that she had spoken separately to RB about overtime prior to the commencement of the meeting as, without a narrative 2.6 was very difficult to understand. She further stated that, if performance was improving the Trust needed to say why.</p> <p>PBW stated that a lot of overtime had been accrued through end of shift overtime and to cover for the significant number of vacancies in the organisation. He further stated that, since his arrival the amount of overtime had been reduced and more reductions should be seen in future months. He stressed, however, that performing well did have an associated cost which would need to be clarified.</p> <p>The Chairman stated that although performance reporting had improved a lot in the previous 12 months, further work was still required to make the information easier to read and understand.</p> <p>She further stated that the figures did not give any indication about external factors such as the closure of A&E facilities affecting the organisation.</p>	

DW stated that the organisation was still searching for a consistent efficiency measure relating to A&E. He further stated that 2.6 was work in progress, adding that a narrative would be included in future versions to make the information more meaningful.

DW added that, at end the end of Quarter 1 YAS was number one in the country for combined Red Performance. He confirmed that there were challenges around the Red 1 new 80% target with YAS currently standing at 76% year to date.

DW stated that the Trust was sustaining its contracted position in PTS performance but would need to be careful of external agency costs in Quarter 2.

SP stated that the amber rating for Infection, Prevention and Control (IPC) Audit not completed / low compliance had been picked up through a variety of sources and exceptions fed back to departmental managers for action. DW stated that, although good progress had been made, managers would still need to be firm with outliers. The Chairman agreed, adding that figures of less than 100% compliance were not acceptable.

PD stated that the Service Improvement team also challenged people who always had 100% compliance to ensure complacency did not set in.

AW stated that the progress in relation to morphine vial breakages was slower than initially hoped for as a delivery date had not been received for the new containers.

In the Workforce section sickness absence had retained its Red rating and the CIP action plan was still to be implemented in full. SM confirmed that, in line with the CIP business case, the organisation was due to introduce revised phased targets for absence.

PDRs and Statutory and Mandatory Training (Workbooks) received Amber ratings and the Chairman asked AA why levels of completion were so low in her department. AA replied that one third of the directorate were new staff who were still within the deadline to complete their workbooks. In addition, three people had completed their workbooks but this had not yet fed into the figures.

PD welcomed the quality of the new data which gave a good indication of why staff were off sick and asked whether the Trust had reached the point where it could robustly challenge sickness.

SM confirmed that this was the case.

RB presented the Finance section of the report. He stated that there had been a £1.2m increase in overall additional income for the period. PTS activity had underperformed by £148,000 so taking this into account there had been a net increase in over-performance of around £1m. He added that the net overspend on operations had been around £266,000 in the first three months of the year.

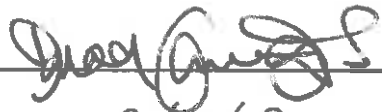
		Action
8.2	<p>RH stated that there was a need for improved understanding of the measurement of efficiency and how this was achieved. For example where the £99,000 saving in effective sickness management had come from.</p> <p>RB replied that the CIP delivery figures would be presented in more detail the following month.</p> <p>PBW suggested that the executives should further develop the IPR away from the meeting once they had clarified what the Non-Executive directors would find useful. The Chairman agreed that this was a good idea.</p> <p>Action: Executive team to continue to develop IPR following input from Non-Executive directors.</p> <p>Audit Committee – Report and Minutes of last meeting, 7 June 2012 including for Approval: Terms of Reference Audit Committee</p> <p>RR stated that the purpose of the paper was to update the Board regarding the activities of the Audit Committee to show that it was meeting the obligations set down in its terms of reference. He added that all of the items discussed at its last meeting, which had centred around the signing off of the accounts, had been discussed at the Board meeting that afternoon</p> <p>He further stated that the Board Assurance Framework (BAF) and the Annual Governance Statement had both been presented.</p> <p>The Final Draft of the Annual Report, which had been reviewed by External Audit to ensure consistency with Financial Disclosure Statements, had also been presented. A number of comments were made by Committee members to be incorporated into the final version due which was due for publication in September.</p> <p>In addition, the Internal Audit Annual and Quality reports had been presented and the External Auditors presented their unqualified opinion on the Annual Financial Disclosure Statements of the Trust. They had commended the Finance team on the good work they had done to prepare the accounts.</p> <p>RB stated that several minor amendments had been made to the Terms of Reference of the Audit Committee and asked the Board to approve the revised Terms of Reference.</p> <p>The Chairman thanked RR and RB for their presentation.</p> <p>Approval: The Board was assured about the Audit Committee's performance and noted and approved the revised Terms of Reference.</p>	TEG

		Action
8.3	<p>Quality Committee – Report and Minutes of last meeting, 5 July 2012</p> <p>PD stated that the purpose of the paper was to provide an update to the Board regarding the activities of the Quality Committee.</p> <p>PD further stated that the third meeting of the Committee had taken place and the format of the meeting had enabled consideration and triangulation of assurance reports from corporate teams, together with papers and presentations from operational department managers and clinical staff.</p> <p>She added that a significant number of papers had been received and considered on the full range of Quality Committee activity including: clinical quality priorities; significant events and lessons learned; compliance with the Essential Standards of Quality and Safety; quality governance; workforce; and risk management issues.</p> <p>Highlights included: the successful inaugural meeting of the Clinical Quality Forum which had been attended by a cross section of health professionals; the Quality Accounts had been completed and published according to the Department of Health timetable; and a further external review of Quality Governance had been conducted by Deloitte. The updated report was anticipated shortly but the current score of 3.5 meant that the Trust was now compliant.</p> <p>Significant time had been dedicated to a presentation from clinical practitioners from the West Locality.</p> <p>PD stated that the committee was working well, although it still needed to develop a sharper focus. The next meeting would consider the new 111 contract and clinical governance.</p> <p>The Chairman congratulated the Quality Committee on its progress to date.</p> <p>Approval: The Board noted the discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee work programme.</p>	
8.4	<p>Finance & Investment Committee - Report and Minutes of last meeting, 5 July 2012</p> <p>RH 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.</p> <p>He further stated that whilst finalising the CIPs there had been issues relating to the variable standard of business cases coming forward. However, lessons learned would be fed into the process the following year.</p> <p>RH added that the draft ICT Strategy had been considered and returned for further development prior to Board consideration.</p>	

		Action
8.5	<p>The commercial training presentation had been very useful as had the presentation on the key aspects of the 111 contract.</p> <p>The Chairman thanked RH for his report.</p> <p>Approval: The Board had sufficient assurance on the matters reviewed by the Committee.</p> <p>Charitable Funds Report EB 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.</p> <p>EB stated that the workshop held recently had been chaired by RH as she had been on leave. There had been good cross directorate attendance and DW confirmed that good ideas had come forward.</p> <p>EB further stated that the views, suggestions and ideas emanating from the workshop would be collated and presented to the next Charitable Funds Committee in August.</p> <p>Approval: The Board considered the information provided in the report and was assured that its duties as Corporate Trustee were met by the Charitable Funds Committee.</p>	
8.6	<p>Board Review and Feedback The Chairman requested comments on the meeting. She stated that although it had over run by 30 minutes, it had covered a lot of productive business.</p> <p>EB stated that the papers were of a good quality and had been sent out in a timely manner.</p> <p>PBW stated it was very important that the organisation did not delay work, adding that it was encouraging to know that items could now progress even if documents such as the Estates Strategy needed amendment.</p> <p>SM stated that he had found the challenge across the room both useful and productive, adding that the Board was ambitious about how much business it was trying to get through within its limited timescales.</p> <p>AW stated it was good to see that patient experience and care was an on-going thread.</p> <p>The Chairman replied that she would rather meetings over ran than items have to be taken off agendas thus delaying business and asked whether the Board thought it appropriate to reconsider using an extra day.</p>	

		Action
	<p>DW stated that, keeping in mind the amount of Board development that was currently taking place; he thought that they had done well as the organisation still had to maintain its business.</p> <p>The Chairman confirmed the date and venue of the next Public meeting, adding that as the remainder of the Board's business was confidential, the public would be excluded from the rest of the meeting.</p> <p>She did, however, outline the topics to be discussed during the Private board meeting. These were: the proposed National Medial Gas Contract; the Report of the 31 May meeting of the Remuneration and Terms of Service Committee; and the Quality Impact Assessment of the Cost Improvement Plans.</p> <p>The Chairman thanked the Board members, the members of the public and the Unite representative for attending the meeting, which she hoped they had found useful and informative.</p> <p>Mr Shaw, who was a Governor of Doncaster and Bassetlaw Trust, stated that he had been delighted with what he had observed that day. He had been impressed with the amount of open and honest challenge and the professional way in which it had been accepted.</p> <p>The Chairman thanked Mr Shaw for his comments.</p>	
9	<p>REGULATORY REPORTS None</p>	
10	<p>Date and Location of Next Meetings 13 September 2012, Kirkstall and Fountains, Springhill 1.</p> <p>25 September 2012 at the National Coal Mining Museum, Overton, Wakefield, WF4 4RH.</p> <p>The meeting closed at 1330</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS


 _____ **CHAIRMAN**
 3/10/12 _____ **DATE**