



## Trust Board held in Public

**Venue:** The British Coal Mining Museum, Overton, West Yorkshire, WF4 4RH

**Date:** Tuesday, 25 September 2012

**Time:** 1045 hours

**Chairman:** Della Cannings

### Present:

#### Board Members:

Della Cannings	(DC)	Chairman
David Whiting	(DW)	Chief Executive
Patricia Drake	(PD)	Deputy Chairman & Non-Executive Director
Dr Elaine Bond	(EB)	Non-Executive Director
Roger Holmes	(RH)	Non-Executive Director
Erfana Mahmood	(EM)	Non-Executive Director
Barrie Senior	(BS)	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
Jean Hawkins	(JH)	NHS Yorkshire and The Humber
Iain McInnes	(IM)	NHS Yorkshire and The Humber
Neil Ferguson	(NF)	NHS Yorkshire and The Humber
Stuart Ide	(SI)	YAS Lead Commissioner
John McCluskey	(JM)	Member of the Public
Peter Sawyer	(PS)	Member of the Public
Anthony Dutton	(AD)	Member of the Public
Geoff Haywood	(GH)	Member of the Public
Mr M Thornton	(MT)	Member of the Public
David Mitchell	(DM)	Member of the Public
David Bolam	(DB)	Member of the Public
Bryn Webster	(BW)	Unison
Stuart Sinclair	(SS)	Unison
David Graham	(DG)	Member of Staff

#### Apologies:

None

		<b>Action</b>
	<p>The meeting commenced at 1045 hours.</p>	
<p>1</p>	<p><b>Questions from the Public</b>                      The Chairman welcomed the members of the public and observers to the Trust Board meeting held in Public.</p> <p>The Chairman stated that there was always an opportunity for members of the public to ask questions before the commencement of the formal meeting held in Public. She stated people should not be embarrassed if they needed to leave before the scheduled end of the meeting as they had not committed to stay for the whole of the event.</p> <p>The Chairman further stated that it had been good to see the Unite Branch Secretary at the last Trust Board meeting in Public and welcomed BW and SS, the two Unison representatives, to the meeting.</p> <p>BW stated that this was the first Public Board meeting that SS and he had attended but they would try to attend future meetings to ensure they were kept up-to-date on the massive challenges facing the organisation going forward.</p> <p>The Chairman acknowledged that it would be a challenging time but she knew that a good relationship was in place which would allow all sides to work together and make progress.</p> <p>The Chairman invited questions from the floor asking individuals to identify themselves by name, geographical area and organisation as appropriate.</p> <p>DB from North Yorkshire stated that there had recently been a 10% increase in Accident and Emergency (A&amp;E) demand in North Yorkshire and York and asked whether the Board knew why A&amp;E demand continued to increase.</p> <p>The Chairman replied that it was good to see DB and thanked him for his continued commitment to YAS.</p> <p>DW stated that demand had been higher than he had ever seen in recent years. Growth had been projected at 2.5% but had actually been around 5.3%. In addition, August had been a very busy month with a 6% increase when a drop off would usually be expected during this month.</p> <p>PBW stated that DB had identified a very important topic as similar problems were being experienced nationally with some ambulance trusts experiencing even larger increases than YAS.</p> <p>He further stated that the increased demand of around 100 additional patients a day was a particularly urgent issue in North Yorkshire, adding that much consideration including that of commissioners was being given to the funding of this higher than planned for demand.</p>	

The Chairman expressed her concerns about whether, in view of their current financial position, North Yorkshire and York would be able to meet the cost of this increased demand.

PBW confirmed that a number of initiatives had been introduced in the region, adding that these were most advanced in North Yorkshire. For example, the Trust was working closely with nursing homes and the GPs who made urgent referrals to improve understanding of service needs.

The Chairman stated that part of the issue of increased demand centred round public understanding and expectations. She added her belief that, as there was a similar increase in demand in acute units, a whole system response was required.

The Chairman further stated her belief that the issue could also have been partly caused by cut backs in other services such as social care. If people could not get the help they needed elsewhere they tended to fall through the net to ambulance and other health services which was a major issue both nationally and locally.

AW stated that there had been no increase in high end emergency conditions, adding that there had actually been a decrease in heart attacks, etc. However, the increased number of people living longer with long term conditions, coupled with peoples' expectations was contributing towards the increased demand.

She further stated that to allow a full understanding of the increase in demand all the health services would need to work closely together to identify and overcome the problems.

DB asked whether the new 111 system could be used to help manage demand.

DW replied that it could be a useful system as it should enable the organisation to utilise local knowledge contained within the Directory of Services (DOS) which would enable patients to be directed to the correct service at an earlier stage.

PBW stated that the schemes being piloted in North Yorkshire were trying to encourage different behaviours with, for example, GPs being asked to consider the way in which they used the urgent system. He added that if the pilots were successful, they could be rolled out reasonably quickly around the rest of the region.

The Chairman stated that the further progression of the recent work relating to clinical handovers and turn round times at hospitals would free staff up and should therefore also help.

There were no other questions.

		<b>Action</b>
2	<p><b>Apologies / Declaration of Interests</b></p> <p>There were no apologies.</p> <p>Declarations of interest would be noted and considered during the course of the meeting.</p>	
3a	<p><b>Minutes of the Last Meeting</b></p> <p>It was noted that consideration of the Minutes and Action Log of the last meeting held on 13 September 2012 would be deferred to the Trust Board meeting in Public to be held on 27 November 2012.</p> <p>The Chairman expressed her disappointment at not being able to present the outstanding minutes that day but the close proximity of meeting dates and capacity issues internally had led to the delay and it was important to have an accurate record of the meeting.</p>	
3b	<p><b>For Assurance: Review of Board Action Logs</b></p> <p>AA stated that the purpose of the paper was to provide assurance to the Trust Board regarding the backdated review of all Board Action Logs that had been requested at the Trust Board meeting in Public on 27 March 2012. The Trust Board was asked to receive the report as assurance regarding the validity of the Action Logs.</p> <p>AA stated that the review was carried out and reported to the Board initially on 29 May 2012. A total of two Actions had been identified where there was insufficient assurance of closure before removing them from the Action Log. These were dealt with as follows:</p> <ol style="list-style-type: none"> <li>1. One Action was placed back onto the Public Trust Board Action Log. This Action had now been appropriately closed through the Trust Executive Group and placed on the Board Forward Plan for November 2012.</li> <li>2. One Action, which was currently still open, was placed back onto the Trust Board Development Meeting Action Log.</li> </ol> <p>AA stated that since the review had been carried out a new process had been introduced for all Board Action Logs. A Master Action Log was held for each of the Public, Private and Board Development meetings and no actions were closed without confirmation from lead directors or senior managers, as appropriate.</p> <p>The Chairman stated that some very important learning had come out of the detailed piece of work. In future Board members would see items as 'closed' on the log before any were allowed to drop off which would allow them to raise any remaining concerns at this point.</p> <p><b>Approval:</b>  <b>The Board had sufficient assurance regarding the validity of the Action Logs.</b></p>	

4

**Chairman's Report**

The Chairman stated that the intent of the Chairman's report to Board colleagues, which alternated between written and verbal versions, was to provide information which was not available elsewhere and on this occasion she had felt that there was no necessity for a written update.

Reiterating comments made in the Annual General Meeting (AGM), which had taken place earlier that day, the Chairman stated that this was RH's last Board meeting as a Non-Executive Director (NED), after over 6 years with the Trust. She thanked him for all his efforts particularly in his role as Chairman of the Finance and Investment Committee (F&IC) and personally for the support he had given her when she had joined the organisation as its new Chairman.

AW, who was RH's only colleague remaining from when he joined YAS thanked him on behalf of everyone for the enormous amount of time and effort he had dedicated to the organisation. She further stated that RH had always been very supportive and his style and enormous knowledge of finance and audit had been very helpful. AW added that it had been an enormous pleasure to work with RH and everyone was sad to see him go.

RH stated that his involvement in the organisation as a NED from the time of the original merger to where it stood now had been an amazing experience. He thanked the Chairman and AW for their kind words, adding that he would be closely watching the progress of the Trust as it continued to move towards Foundation Trust (FT) status.

The Chairman reported that the Association of Ambulance Chief Executives (AACE) had been meeting on a regular basis and the development of the Chairman's meetings had moved on greatly since her last update. The Chairman stated that she had been asked by her Chair colleagues to be the Chair of both the joint Chair and Chief Executives' Group and the Chairman's Group. She added that as the body linked into national work, this would be good for the organisation's reputation.

The Chairman stated that, working alongside other chair colleagues, she had identified that there had been no regional development for Senior Independent Directors (SIDs) for some time. She was therefore organising a SID development event later that year which had already received tremendous support.

The Chairman stated that she would continue to consider developments in the external environment to ensure that the Trust did not become too insular. This included trying to ascertain how commissioning would work in the future with the advent of Clinical Commissioning Groups (CCGs) as she would need to keep abreast of the implications of changes for YAS.

**Approval:**

**The Board accepted the Chairman's report.**

5

**Chief Executive: Trust Executive Group Report**

DW stated that the purpose of his report, which going forward would have a slightly different focus, was to give the Board assurance on the activity of the Trust Executive Group (TEG) from 21 July 2012 to 18 September 2012.

DW provided a short summary of the report. He stated that the main priority areas for Quarter 2 had been to:

- Maintain service standards through the summer and Olympics period;
- Deliver the Cost Improvement Plan (CIP) for Quarter 2;
- Provide pre planned aid to London for the Olympic and Paralympic games; and
- Sign off the NHS 111 contract and commence the project mobilisation.

There were also a number of activities related to the Foundation Trust application, including:

- Completion of Historical Due Diligence Phase 2 (HDD2) and the Board Governance Assurance Framework assessment (BGAF) process as part of the Foundation Trust plan;
- Finalisation of workforce plans; and
- Development of the Integrated Business Plan (IBP) in readiness for the Strategic Health Authority (SHA) board to board assessment.

The Board agreed that, following the success of the exercise, it would be a good idea to invite some of the staff seconded to the Olympic Games to address the November Public Board meeting.

**Action**

**AA to invite representatives of staff seconded to the Olympic Games to address the November Public Board meeting.**

AA

DW invited questions.

In relation to Ambulance Quality Indicators (AQIs) and locality work, PD asked whether the Trust was working locally to try to bring about improvements.

AW provided a verbal update on activities being undertaken, which included a lot positive developments. These included the 10<sup>th</sup> Clinical Leadership programme which was now under way as a result of the Trust's links with Bradford University and which was receiving tremendous feedback from staff and leading to some excellent suggestions being fed back into the Trust.

The Trust had also been shortlisted for a number of national awards and had received very positive feedback following the recent visit of Sir John Oldham.

The Chairman stated that the report and AW's update had contained some very good news and invited comments from those present.

		<b>Action</b>
	<p>EB asked whether it would be possible to include a commentary in the Business Planning and Development section to say what had already done and what it planned to do to improve outcomes.</p> <p><b>Action:</b>  <b>DW to include commentary re actions taken to improve outcomes in future reports.</b></p> <p>RH asked what the biggest challenge faced by the organisation in meeting the new Red 1 target was likely to be.</p> <p>PBW replied that ambulance trusts were facing similar problems and national discussions were on-going around the early recognition of Red 1 calls. However, more debate was needed on the correct order of questions, etc to assist call takers with their decisions.</p> <p>The Chairman stated her belief that it was important that the care of the many did not suffer due to the demands of care for the few. She added that clarity of the clinical medical case for changing the target was required to ensure that the new target was both fair and realistic.</p> <p>SM stated that historically the organisation had received a significant level of support for education from the SHA. The Trust had therefore been actively engaging with the emergent Local Education and Training Board (LETB) to ensure that education commissioning requirements for the next five years could equally be reflected in the LETB 5 year investment plan.</p> <p>BS asked whether the Trust was sure that it would receive the increased income necessary from the commissioners to pay for the increase in demand outlined in section 2.6 of the report.</p> <p>RB replied that he had received no information to the contrary and the Trust was therefore proceeding on the assumption that the contract would be met, adding that the organisation was trying to be proactive and manage down demand in as many areas as possible.</p> <p>The Chairman thanked DW for a very comprehensive report.</p> <p><b>Approval:</b>  <b>The Board agreed that it had sufficient assurance on the activities of the Executive Team and the Trust Executive Group during the period 21 July-18 September 2012.</b></p>	<p>DW</p>
<p>6 6.1</p>	<p><b>QUALITY, SAFETY &amp; PATIENT EXPERIENCE</b></p> <p><b>For Assurance: Significant Incidents &amp; Lessons Learned Report</b></p> <p>The Chairman stated that this report would also be discussed in that afternoon's Trust Board meeting in Private as part of it related to individuals and was not therefore appropriate for public consumption.</p> <p>SP stated that the report, which drew information from various sources, provided the Trust Board with a briefing on significant adverse events highlighted through Trust reporting systems, focusing on lessons learned and providing a summary of actions taken.</p>	

	Action
<p>He further stated that the National Ambulance Quality Governance and Risk Directors group had collated and shared Rule 43 letters issued to different ambulance organisations in recent months so YAS had reviewed the recommendations made and had considered changing practices where necessary.</p> <p>SP reported that work was being carried out on the format of the report to ensure that it highlighted learning from claims etc to give the Board confidence that appropriate action was being taken.</p> <p>A discussion took place on the seven new serious incidents (SIs) reported to commissioners during the period of the report (26 June-31 August 2012). The Board expressed concerns at the length of time that some of the incidents had been open.</p> <p>SP stated that, although the overall number of SIs had not increased during the previous Quarter, Emergency Operational Centre (EOC) complaints had increased so a task group had been set up to monitor the situation. PD confirmed that an EOC representative was due to report back on progress made to date at the next meeting of the Quality Committee.</p> <p>DW expressed his hope that the recent EOC leadership changes would help to facilitate improvements in the management of SIs and complaints.</p> <p>PD stated that the issue of the welfare of Patient Transport Service (PTS) patients whilst waiting for return transport had become a concern and serious discussions were needed with the Trust's acute colleagues.</p> <p><b>Approval:</b>  <b>The Trust Board noted the contents and supported the actions detailed in the paper.</b></p>	
<p>6.2</p> <p><b>For Assurance: '111' – Update</b></p> <p>SP stated that the organisation was now in the mobilisation stage of the project and provided a verbal update on progress to date.</p> <p>He confirmed that, as this was a major service development for YAS, formal project management arrangements were in place.</p> <p>Recruitment of senior management was taking place with the bulk of lower tier staff currently being recruited or transferred in. There was therefore a significant training exercise to undertake.</p> <p>SP stated that there were major Estate implications with much of Springhill 1 and the new building in the south of the patch due to be refurbished .</p> <p>He added that there were significant Information Technology (IT) implications and the Trust was arranging to purchase the necessary IT equipment and ensure that a suitable infrastructure was established.</p>	



	<b>Action</b>
<p>Work was also being carried out to model the expected call types and interface between the 111 and 999 services.</p> <p>SP stated that the Director of Services would be responsible for a large part of the engagement process with clinicians in different parts of the region, Clinical Commissioning Groups (CCGs), commissioners, Strategic Health Authority (SHA), Department of Health (DH), etc.</p> <p>He further stated that soft 'go live' was scheduled for 5 March 2013 when all of the new systems would be running and ready to go, with the service being formally launched for public use on 19 March 2013.</p> <p>SP confirmed that the sub-contractors, Local Care Direct (LCD), were part of the internal project management process with regular joint venture board meetings taking place.</p> <p>MW stated that it would be helpful to see the mobilisation plan and key milestones. SP agreed to share this information following the next Transformation Group meeting of which MW was a member.</p> <p><b>Action:</b> <b>SP to share mobilisation plan and key milestones with Board.</b></p> <p>The Chairman allowed BW from Unison to ask whether the transfer of staff was to be carried out using the Cabinet Office guidance or TUPE. SP stated that it was likely to be a combination of both. It was agreed that SM and SP would discuss this with BW out of meeting</p> <p><b>Action:</b> <b>SM/SP to arrange meeting to discuss arrangements for transfer of staff with union representatives.</b></p> <p><b>Approval:</b> <b>The Board was assured that appropriate progress was being made.</b></p>	<p>SP</p> <p>SM/SP</p>
<p>7 7.1</p> <p><b>STRATEGY, PLANNING &amp; POLICY</b> <b>For Approval: Information Communications Technology (ICT) Strategy</b></p> <p>RB stated that the purpose of the paper was to present the Trust's ICT strategy for the next five years and align it to the Trust's strategic and operational priorities and Integrated Business Plan (IBP).</p> <p>RH stated that the document had been discussed several times at Finance and Investment Committee (F&amp;IC) and during its most recent meeting it had been agreed that the current version was a substantial improvement on previous drafts which could be accepted by the Board. However, scope remained for further work, particularly the need to tie in closely to the IBP which was not yet finalised. There was also scope for further development of risk management.</p> <p>RB acknowledged that although the strategy picked up on the main developments around the IBP it would need on-going review.</p>	

	Action
<p>EM asked whether there was internal ability to move up the structure in the organisation chart on page 12.</p> <p>RB replied that although there was the capability to develop within the senior management team, the organisation might benefit from bringing someone in from outside to strengthen the team's depth of knowledge and experience.</p> <p>The Chairman summarised by stating her belief that the Strategy was 98% fit for purpose and should be approved by the Board subject to it being reviewed in six months by the F&amp;IC, chaired by EB and that the issue around staffing capability should be addressed as soon as possible due to the enormous amount of delivery required.</p> <p><b>Approval:</b>  <b>The Board approved the ICT Strategy with the above caveats and subject to receiving an emailed final, amended version.</b></p>	
<p>7.2 <b>For Approval: Risk Management and Assurance Strategy and supporting Risk Escalation and Reporting Procedure</b></p> <p>SP stated that the purpose of the paper was to present to the Trust Board the revised Risk Management and Assurance Strategy and supporting Risk Escalation and Reporting Procedure for consideration and approval.</p> <p>He further stated that the version of the Strategy presented included the amendments requested at the Trust Board meeting in Public on 31 July, including the main issue centring round the revised governance arrangements in the Trust, in particular the role of the Finance and Investment Committee (F&amp;IC).</p> <p>SP added that the Risk Escalation and Reporting Procedure had been altered in relation to the amendments to the role of the F&amp;IC and the terms of reference of the Risk Assurance Group had been amended to align to the other developments.</p> <p>RH confirmed that he was happy with the amendments made in relation to the F&amp;IC.</p> <p>PD stated that she had no issues in terms of Quality.</p> <p>PD asked how the information contained within this very important document was to be shared with staff. It was her belief that briefings should be through clinical and operations meetings rather than just an update in the Operations Bulletin.</p> <p><b>Action:</b>  <b>SP to consider most appropriate means of sharing information.</b></p> <p>SP noted the above comments, adding that Kevin Wynn (KW), Associate Director of Risk and Safety, who was the author of the documents, was a regular contributor at Operations Board meetings.</p>	<p><b>SP</b></p>

		<b>Action</b>
	<p>The Chairman stated that this was a very comprehensive document, which was fundamental to how the Trust did business.</p> <p>There were no further comments.</p> <p><b>Approval:</b>  <b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the updated Risk Management and Assurance Strategy;</b></li> <li>• <b>Approved the Risk Escalation and Reporting Procedure; and</b></li> <li>• <b>Agreed to the proposals outlined in the above paper.</b></li> </ul>	
7.3	<p><b>For Approval: (Draft) Stakeholder Communications and Engagement Strategy 2012-15</b></p> <p>AA stated that the purpose of the paper was to seek the Trust Board's approval of the draft Stakeholder Communications and Engagement Strategy 2012-2015.</p> <p>AA distributed a replacement copy of pages 31-33 of the Strategy and outlined the changes on page 32.</p> <p>AA stated that when drafting the Strategy the team had looked for examples of best practice in Communications and Engagement not only in the NHS but also in wider public and private sector organisations.</p> <p>She further stated that the document was designed to be a rolling three year strategy to support the five year Integrated Business Plan (IBP).</p> <p>Key developments were around the central coordination of activity, the introduction of the Council of Governors, greater use of social media and more face-to-face communication with staff members, the public and members of the Foundation Trust (FT) to ensure improved services for patients.</p> <p>SM expressed his support of the notion of a shorter term rolling strategy, as it would allow flexibility in line with the NHS's frequently changing priorities.</p> <p>BS stated that as a member of 2 NHS FT Trusts he had noted that the volume and quality of information provided to members was better and more frequent in the lead up to FT status rather than after, adding his believe that it was just as important to maintain the information stream after FT status had been reached.</p> <p>The Chairman stated that under the Mitigation of Risks on page 27, an active and engaged Council of Governors was extremely important to her.</p> <p>She asked where the capture of intelligence gathered by people at different levels of the Trust liaising with people in Acute trusts was picked up in the document.</p>	

AA agreed it was important for key messages to be communicated back at all levels, adding that stakeholder identification would be supported by detailed plans to underpin the Strategy to ensure that there were no gaps.

PD stated that mapping was very important to see if staff were being used in the most effective way.

The Chairman stated that she would like to see more evidence that communications related to everyone plus absolute clarity of roles. She added that the organisation needed to ensure that liaison was carried out in the most effective way possible.

SP stated that key stakeholders including the NHS Development Trust and Local Education and Training Board (LETB) needed adding to several areas of the Strategy. He further stated that pages 20-21 did not seem to pick up on wider communications engagement. For example, what was being done to ensure that seldom heard groups were listened to?

PD stated that prior to a future iteration of the Strategy the Board would benefit from a development session on how to understand who the hard to reach groups were and how to circumnavigate the problem of communicating with them.

EM stated that for a future iteration of the Strategy it would also be interesting to look at actions to ensure retention of staff and public members, as retaining members would be key going forward.

DW stated that there seemed to be a cross over between Corporate Affairs and SM's department at various points and it would be good to have clarity on this confusion.

RB stated that Yorkshire Air Ambulance was not on the list of stakeholders. He further stated that the last paragraph on page 25 seemed to contradict itself in terms of resources. The Chairman confirmed that the budget was capped.

AA replied that the capability mentioned in the paragraph was required but would not necessarily come from additional recruitment. It could be dealt with as a development opportunity rather than as a recruitment need.

AW asked whether staff turnover referred to in the table in Section 11 on page 23 was general or only in Corporate Communications. She added her belief that it would be worth mirroring patient satisfaction and experience with staff satisfaction and experience.

The Chairman stated that although there had been a marked development of the document, it was still at draft stage. She asked the Board if they were willing to approve the document as received subject to caveats provided to allow it to continue its development.

		<b>Action</b>
	<p>The Chairman asked AA when the Board could expect to receive the final document. AA confirmed that the final draft would be ready for the November Board meeting.</p> <p><b>Action:</b>  <b>AA to amend document in line with the above feedback.</b></p> <p><b>Approval:</b>  <b>The Board approved the draft Stakeholder Communications and Engagement Strategy 2012-15 as received, subject to further amendment and presentation of a final draft at the November Board meeting.</b></p>	<p>AA</p>
<p>8 8.1</p>	<p><b>PERFORMANCE MONITORING</b>  <b>For Assurance: Integrated Performance Report – August 2012</b></p> <p>DW stated that although people knew how to navigate around the report, it was still work in progress with further amendments to its format due to be made.</p> <p>The Chairman agreed that there had been a marked improvement but she was concerned that the report's pages remained unnumbered, adding that she still found it difficult to read across.</p> <p>EB stated that a meeting to agree changes to the format of the report was due to take place the following day.</p> <p>A long discussion took place around performance and costs.</p> <p>DW stated that the Trust was working the commissioners and the Strategic Health Authority (SHA) to help improve its Red 1 target position. August Red performance had exceeded plan by 1% at 76.3% which was despite an increase in demand of 6.7% compared to August 2011. DW added that Red 1 performance remained the area of greatest concern and consequently YAS had set up a Project team which had a clear action plan and set of key deliverables.</p> <p>PBW stated that he was working with colleagues nationally to share best practice and improvement initiatives as they were experiencing similar issues with the delivery of the expected improvements in Red 1 performance.</p> <p>DW stated that for the year to date combined Red performance remained strong. The planned year-to-date position at the end of August was 76.59% however the Trust had overachieved at 77.30%.</p> <p>He further stated that the Trust was still carrying a high level of vacancies which fed into the Cost Improvement Programme (CIP) relating to overtime, as there was a link between reducing vacancies and the reliance on overtime.</p> <p>PBW stated that since July 2012 the organisation had managed to reduce overtime by 30% and maintain performance. DW stated that this was significant progress, adding that the organisation needed to carry the challenge through to Quarter 3.</p>	

	Action
<p>DW stated that although the Trust continued to make good progress in Patient Transport Service (PTS) as a whole, there were issues in specific geographical areas such as Hull and the East Riding.</p> <p>The Chairman stated her belief that the Locality Director for PTS should attend a Board meeting as soon as possible to provide the Board with assurance and clarity of the plans to rectify the situation.</p> <p>EB agreed that this was too big an issue to be allowed to continue and PD expressed concern that the position in the West also seemed to be deteriorating.</p> <p><b>Action:</b>  <b>AA to liaise with Chairman re scheduling in PTS attendance at a future Board meeting.</b></p>	<p>AA</p>
<p>DW stated that the GP Out of Hours service was an example of a consistently well performing service and SP confirmed that the majority of its staff would be transferred over to the 111 team.</p> <p>EB stated that the heading "Project Management" did not mean a great deal and with so many projects under way it would be useful to have a commentary in the Support Services Performance section.</p> <p>PD stated that this section contained typos with 'green' in some of the amber boxes and 'amber' in some of the green boxes.</p> <p><b>Action:</b>  <b>RB to include commentary in Support Services section and to amend typos in ICT summary table.</b></p>	<p>RB</p>
<p>Whilst considering the Fleet section of the report, the Chairman asked why the organisation did not seem to be maximising the use of its fleet, which was incurring extra on costs due to its age, etc.</p> <p>RB replied that the F&amp;IC had discussed this issue at its recent meeting. They were currently working up proposals to bring to the Board to try to bring in a newer fleet. Suggestions included purchasing vehicles of 4-5 years old that were coming to the end of their lease period with other services which would be newer than the vehicles currently in use but a lot cheaper than the cost of a brand new vehicle.</p> <p>RB stated that a lot of equipment, which had been replaced in July 2011, had been due for servicing in July 2012 and this had created a servicing backlog. The system had now been changed so that when ambulances were brought in all equipment was serviced at that point so this should help to prevent future backlogs.</p> <p>DW confirmed that servicing should be back on track by the end of September.</p> <p>AW stated that the majority of morphine related incidents in the report related to breakages.</p>	

		<b>Action</b>
	<p>She confirmed that the organisation was still awaiting confirmation of the due delivery date of the new containers, adding that there had been one patient-related incident which was subject to an on-going investigation.</p> <p>The Chairman stated that she had not seen much visibility of loss of data, etc during her time as Chairman. However, as the loss of personal data would have such serious repercussions on the Trust's reputation, she would like to receive an additional report which looked into this in greater depth to identify any potential issues.</p> <p><b>Action:</b>  <b>SP to provide the Board with information governance/loss of data report.</b></p> <p>RH stated that the sickness absence information in the workforce section of the report was very frustrating. Eighteen months ago it seemed as if the organisation was reducing the problem slightly but it now seemed as if it had gone backwards. He suggested that it might be time to get some external input and examples of good practice from someone who had successfully overcome a similar problem.</p> <p>The Chairman acknowledged that the Board needed to turn the problem around with NED involvement.</p> <p>PD stated that 40% of sickness absence was the result of muscular skeletal or back problems and asked what the Board could do to support staff with these health problems to get them back into work.</p> <p>It was agreed that further consideration should be given to this issue and to managing people with long term sickness to encourage them back into the workplace.</p> <p><b>Action:</b>  <b>SM to form a turnaround group with NED engagement to further consider the issue of sickness management.</b></p> <p>RH stated that the F&amp;IC had spent a lot of time considering the Trust's cash position and overspend, adding that looking ahead there would be big challenges on its Cost Improvement Plans (CIPs).</p> <p>RB stated that the Springhill Headquarters loan had been fully completed. He further stated that the temporary loan of £3m had put pressure on the organisation's cash flow. However, this should now improve as the permanent loan amount of £6.8m had been received.</p>	<p>SP</p> <p>SM</p>
8.2	<p><b>Quality Committee – Committee Chairman's report of the last meeting held on 6 September 2012</b></p> <p>PD provided a verbal update of the above, the minutes of which were not yet available. She stated that the meeting had been observed by representatives from the Strategic Health Authority (SHA) and she was still awaiting written feedback.</p>	

		<b>Action</b>
	<p>PD confirmed that the January and March 2013 meeting dates had been changed to ensure full attendance and asked MG to ensure that these dates were changed on the planner.</p> <p><b>Action:</b>  <b>MG to ensure correct meeting dates changed on forward planner.</b></p> <p>PD stated that an additional meeting had been scheduled in for the following day.</p> <p>She confirmed that the work plan was on-going, adding that a discussion had taken place at the September meeting to ensure that governance fitted into the work plan in a meaningful way.</p> <p>PD stated that the EOC review was noted, adding that Kevin Wynn had agreed to chair the task and finish group and a paper about national quality board publications, which needed to go to Board at some point, had also been considered.</p> <p>The Chairman thanked PD for her report.</p> <p><b>Approval:</b>  <b>The Board noted the discussions within the Quality Committee and the key issues highlighted for further scrutiny.</b></p>	<p><b>MG</b></p>
<p>8.3</p>	<p><b>Finance &amp; Investment Committee (F&amp;IC) – Committee Chairman’s Report and draft Minutes of the last meeting held on 6 September 2012</b></p> <p>RH stated that the above meeting had been his last, adding that although the Minutes of the meeting had been produced he had not had time to produce a summary report so would therefore provide a verbal update.</p> <p>RH stated that the meeting had been observed by representatives from the SHA. Their report had been received and he would share it with the Chairman and EB, as the new Chairman of the F&amp;IC.</p> <p>RH further stated that an additional F&amp;IC meeting had taken place the previous day during which considerable time had been spent looking at the downside risks in the Integrated Business Plan (IBP), the mitigations and the business cases for each of the downside risks, which had been taken back by RB and his team for further development.</p> <p>RH stated that the F&amp;IC had been happy with the contents of the detailed Historical Due Diligence 2 (HDD2) action plan although they recognised that the timings to complete all of the actions were tight.</p> <p>He further stated that the Committee had looked at the latest version of the 5 year Cost Improvement Plan (CIP) and three sample business cases for CIPs in future years which overall had been of a better quality than those seen earlier in the current year.</p>	



	<b>Action</b>
<p>RH added that the Committee had also had an initial look at the Fleet Strategy and although there was still work to be done, it would shortly be ready to come to the Board for approval.</p> <p>The Chairman thanked RH for his report and the efforts that he and the Committee members put into the work of the F&amp;IC.</p> <p><b>Approval:</b>  <b>The Board had sufficient assurance on the matters reviewed by the Committee.</b></p>	
<p><b>8.4 Audit Committee – Committee Chairman’s Report and Minutes of the last meeting held on 14 August 2012</b></p> <p>The Chairman welcomed BS as the new Audit Chair and thanked PD for stepping in as Interim Audit Chair for the above meeting.</p> <p>PD stated that the Audit Committee’s Terms of Reference had been reviewed and they would now come back in line with the overall review of Terms of Reference.</p> <p>She further stated that lessons learned and future action relating to the purchase of Springhill had been discussed. Other items discussed had been the Workforce plan, NHS LA, 111 and an Internal Audit report.</p> <p>PD confirmed that Deloitte had been re-appointed as external auditors for 2012/13 and that their fees would be reduced by 40%.</p> <p>The Chairman thanked PD for chairing the meeting and her report, adding that good progress was being made.</p> <p>BS stated that he was due to attend his first meeting with Internal Audit the following week.</p> <p><b>Approval:</b>  <b>The Board was assured of the Audit Committee’s performance and noted and approved the revised Terms of Reference.</b></p>	
<p><b>8.5 Charitable Funds Committee – Committee Chairman’s Report and Minutes of the last meeting held on 14 August 2012</b></p> <p>EB stated that she had been absent from the meeting which RH had chaired in her place.</p> <p>She further stated that the sub-committee had been disbanded and was to be replaced by a fund raising committee. In addition, the framework for disbursements would also be revised.</p> <p>Katie Collinson (KC), Partnerships Manager at Yorkshire Air Ambulance (YAA) had given a presentation on partnership working, which had given an interesting and thought provoking insight into partnership working and how both YAS and YAA could mutually benefit from this.</p>	

	<b>Action</b>
<p>EB stated that EM was due to take over as Chairman of the Charitable Funds Committee and the Terms of Reference due to come to that day's Public Trust meeting would now come to the November meeting.</p> <p>The Chairman thanked EB for her work as Chairman and the offer of her continued support of EM as the new Chairman.</p> <p><b>Approval:</b>  <b>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.</b></p>	
<p>8.6 <b>Board Review and Feedback</b>  The Chairman requested comments on the meeting.</p> <p>PD stated that the Board had got through a huge agenda reasonably well with good input from everyone, adding that as the standard of performance data improved it helped the Board to run through its agendas in a much more informed way.</p> <p>The Chairman was concerned that members of the public might think that the Board was taking serious matters lightly but stressed that a great deal of work was done in committees and behind the scenes for items were presented at Board so much consideration had already taken place.</p> <p>DW stated that there had been a good contribution from everyone around table. It was his belief that the challenge around the agenda was always going to be the Integrated Performance Report (IPR), so the main challenge facing the following day's review was to strip the report down to essential indicators, measures, etc without losing any of the challenge and debate.</p> <p>BS stated that an early observation from him was that there was a tremendous amount of information to consider. Although he had no wish to hide information, past experience had taught him that the more that could be done to create an exception dash board the more this would help with the level of scrutiny required at Board level.</p> <p>The Chairman stated that the remaining business to be transacted was of a confidential nature and that under the terms of the Public Bodies (Admission to Meetings) Act, 1960, Section 1, subsections 2 &amp; 3, the Press and the public would be excluded from the remaining part of the meeting.</p> <p>She further stated for transparency that agenda items were: the Single Operating Model, Self-Certification Return (SOM) for August; consideration of the Significant Incidents and Lessons Learned report in greater detail; and further development of the Integrated Business Plan (IBP), Long Term Financial Model (LTFM) and Workforce Plan.</p>	

		<b>Action</b>
	<p>The Chairman thanked everyone for attending and asked the SHA observers if they were willing to share any initial feedback.</p> <p>IM stated that there had been good interaction and good challenge.</p> <p>He agreed with the Chairman's comment about the danger of the public thinking that some agenda items were not being discussed in enough depth but added that having observed some YAS Board sub-committee meetings he now knew that suitable challenge did take place.</p> <p>There was no feedback from the members of the public.</p>	
9	<p><b>REGULATORY REPORTS</b> There were no Regulatory Reports.</p>	
10	<p><b>Date and Location of Next Meeting</b> 0945 hours on 27 November 2012 at the Cairn Hotel, Ripon Road, Harrogate, HG1 2JD</p> <p>The meeting closed at 1320 hours.</p>	

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

  
 \_\_\_\_\_ CHAIRMAN  
 27/11/12  
 \_\_\_\_\_ DATE