



Trust Board held in Public

Venue: Cairn Hotel, Ripon Road, Harrogate, HG1 2JD

Date: Tuesday, 27 November 2012

Time: 0945 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
Erfana Mahmood	(EM)	Non-Executive Director
Barrie Senior	(BS)	Non-Executive Director
Rod Barnes	(RB)	Executive Director of Finance & Performance
Steve Page	(SP)	Executive Director of Standards & Compliance
Paul Birkett-Wendes	(PBW)	Executive Director of Operations

Apologies:

Mary Wareing	(MW)	Non-Executive Director
Stephen Moir	(SM)	Deputy Chief Executive & Executive Director of Workforce and Strategy
Dr Alison Walker	(AW)	Executive Medical Director

In Attendance:

Anne Allen	(AA)	Director of Corporate Affairs & Trust Secretary
Dr Julian Mark	(JM)	Deputy Medical Director
Shelagh O'Leary	(SOL)	Associate Director of Organisational Effectiveness & Education
Steve Rendi	(SR)	Head of Emergency Operations (South) (presentation only)
Mick Cooksey	(MC)	Clinical Supervisor (presentation only)
Vimal Mistry	(VM)	Emergency Care Assistant (presentation only)
Claire Caswell	(CC)	EOC Dispatcher (presentation only)
Caroline Mackenzie	(CM)	Member of Staff (Paramedic South Yorkshire)
David Bolam	(DB)	Member of the Public
Ian Clouston	(IC)	Member of the Public
Sheelagh Spinks	(SS)	Member of the Public
Karamjeet Virdee	(KV)	Member of the Public
John Wickens	(JW)	Member of the Public

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

The meeting was preceded by a presentation, between 0900 and 0930, which was open to all members of the public. 'The Olympics' Experience of YAS Participating Staff' was presented by Steve Rendi, Head of Emergency Operations (South); Mick Cooksey, Clinical Supervisor; Vimal Mistry, Emergency Care Assistant; and Claire Caswell, EOC Dispatcher and was very well received by those present.

At the conclusion of the presentation, the Chairman presented the team with a certificate from the London Ambulance Service which commemorated YAS's support of the London Olympics.

		Action
	The meeting commenced at 0945 hours.	
1	<p>Questions from the Public The Chairman welcomed the members of the public to the Trust Board meeting held in Public.</p> <p>The Chairman stated that there would be an opportunity for the public to ask questions prior to the commencement of the formal meeting held in Public, adding that people should feel comfortable if they had 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, in order to maximise the use of the hired facilities, a membership engagement event, commencing at 1600 hours, was due to take place in the same room.</p> <p>She reminded those present that once the formal Board meeting had started they would be allowed to observe but would be unable to play an active part.</p> <p>The Chairman invited questions asking individuals to identify themselves by name, geographical area and organisation if appropriate.</p> <p>John Wickens (JW) stated that he was a member of the Trust who lived in Harrogate. He requested clarification of the hub and spoke concept and asked how it would work in extreme rural areas.</p> <p>PBW replied that the Trust recognised that a different model would be needed in rural areas, adding that part of the Estates Strategy review was to ensure that there was appropriate cover in all areas.</p> <p>The Chairman stated that the organisation was looking into the possibility of working in partnership with other organisations to ensure that it could have a physical presence when required. These partnerships would be very important and bases in the future could be in a variety of places including supermarkets, local authority buildings and GP practices.</p> <p>DW stated that the nature of what the Trust did and its methods of working had greatly changed in recent years with many stations being empty up to 80% of the time due to ambulance services being more mobile.</p>	

He added that, although the new Estates Strategy needed to support new ways of working, he could assure JW that there would always be a 24-hour presence in Harrogate.

DW further stated that there were already examples of YAS's staff being embedded in local communities as the Trust had ambitions to reduce the number of admissions to hospitals. For example, in Leyburn an advanced practitioner works alongside GPs in the local practice, which was working well.

Sheila Spinks (SS) stated that she was a new member who wanted to thank the Board and share her experience of YAS's wonderful staff. Her 78-year-old husband had fallen out of bed when recovering from a hip replacement and had wedged himself between the bed and the wall. SS had been very worried and had rung for an ambulance. All of the YAS staff, from the person at the end of the phone to the ambulance crew, had been marvellous and very helpful. SS stated that she was honoured to be able to attend the Public meeting to pass on their thanks, adding that she would never forget the kindness of the ambulance crew.

The Chairman thanked SS for her kind words and for deciding to become a member and asked her to encourage her friends to join too as community support was essential for an organisation to become a successful Foundation Trust. She was extremely pleased that the ambulance crew had been able to help her husband.

Karamjeet Virdee (KV) from Rothwell stated that he was a new member who had used the YAS service for several members of his family and the service he had received had always been caring and professional.

KV requested details of YAS's relationship with the police.

PBW replied that the relationship worked both ways as the police often asked YAS to attend calls and YAS often needed a police response before its paramedics could enter buildings, etc. He further stated that a current scheme in Bradford whereby a paramedic and a police officer worked together in one car was a successful example of joint working that the Trust would like to roll out in other areas.

The Chairman stated that she was due to meet with each of the four new Police and Crime Commissioners for Yorkshire and Humberside to discuss how YAS and the police could further develop their working relationship.

KV asked what 'CCG' stood for. The Chairman replied that it was 'Clinical Commissioning Group', adding that there were 23 CCGs across the patch and their role would be to buy health services.

David Bolam (DB) from Leyburn in North Yorkshire stated that he had attended a recent CCG Board local meeting and asked how CCGs would commission Accident & Emergency (A&E) services when some were so small.

	Action
<p>He further stated that many ambulance units going out of CCG areas to respond to emergencies were often slow to return which although good for the patient was not so good for performance figures.</p> <p>The Chairman replied that the Trust had to make the best use of its resources and they would be moved around according to need.</p> <p>RB stated it was expected that the 23 CCGs in Yorkshire and Humberside would work together in three clusters, which were likely to be: North and East Yorkshire; West Yorkshire; and South Yorkshire.</p> <p>He further stated that although there were bound to be issues relating to resource allocation and targets for specific areas, the Trust continued to make improvements across North Yorkshire.</p> <p>DB asked whether the CCG clusters would have performance targets or whether the targets would apply to the individual CCGs.</p> <p>RB replied that although final decisions had not yet been made, some degree of discussion around service delivery in individual patches was to be expected.</p> <p>The Chairman stated that in some rural areas, the CCGs would not have the budget to provide that level of service to ensure that the 75% performance target was met so how they commissioned other services would also have an impact.</p> <p>DW stated that this was one of the reasons that the Trust was trying to mobilise primary care services to ensure patients did not have to go to A&E departments.</p> <p>The Chairman stated that the CCGs would, as part of their role, need to consider the management and reduction of demand.</p> <p>The Chairman thanked those present for their questions and the interest they had shown in YAS's work.</p>	
<p>2</p> <p>Apologies / Declaration of Interests The Chairman welcomed everyone to the meeting, including JM and SOL who were attending as deputies for AW and SM.</p> <p>Apologies had been received as listed above and declarations of interest would be considered during the course of the meeting.</p>	
<p>3</p> <p>Minutes of the Meetings held on 13 and 25 September 2012 including Matters Arising (not on the agenda) and Action Log</p> <p>13 September 2012 The minutes of the meeting held on 13 September 2012 were approved as a true and fair representation of the meeting subject to the amendments highlighted.</p>	

	Action
<p>Matters Arising: Page 2, paragraph 5 - "had failed to attend" to be changed to read "had failed to provide sufficient cover".</p> <p>Page 3, Item 6.1, paragraph 1 and "Approval" entry – "the Contract" to be changed to read "the NHS 111 Contract".</p> <p>25 September 2012 The minutes of the meeting held on 25 September 2012 were approved as a true and fair representation of the meeting subject to the amendments highlighted.</p> <p>Matters Arising: Page 14, paragraph 4 from bottom – "leasing" at end of line three to be changed to "purchasing"; "their original lease" to be changed to "their lease period with other services"</p> <p>Page 15, second paragraph from bottom – to be reworded to state: "... the temporary loan of £3m had put pressure on the organisation's cash flow now improve as the permanent loan amount"</p> <p>Action Log: DW guided the meeting through the updated Action Log.</p> <p>There were no outstanding queries relating to the completed actions.</p> <p>PB-109 (Formerly PTB 2012-23) – SOL stated that the action was still open as negotiations remained on-going.</p> <p>The Chairman stated that clarity was still needed about the time to be allowed to staff governors, adding that it would need to be in kilter with Trade Union allowances.</p>	
<p>4</p> <p>Chairman's Report The Chairman stated that the intent of the Chairman's report was to provide information not available elsewhere. On this occasion she intended to provide a written update in the form of a letter and a verbal update.</p> <p>The Chairman explained that the letter was to formally note that public business that had been carried out in a private meeting when the Board had agreed the capital contract for the 111 Estates work at the Springhill and Callflex sites.</p> <p>The Chairman brought to the Board's attention an article in the Health Service Journal which stated that staff who transferred from NHS Direct to private companies were not subject to TUPE arrangements which could disadvantage the Trust in the future.</p> <p>It was agreed that SP and SM should look further into the issue.</p> <p>Action: SM/SP to take legal advice on the contents of the Health Service Journal article re transfer of staff to private organisations.</p>	<p>SM / SP</p>

	Action
<p>SP confirmed that discussions were progressing with NHS Direct, 90% of whose staff would be transferring across. He added that discussions were also under way about how YAS could access staff for training, etc in advance of their transfer date.</p> <p>The Chairman reported that the first Mandate between the Government and the NHS Commissioning Board, setting out the ambitions for the health service for the next two years, had been published and would need to be discussed at a future Board Development meeting.</p> <p>It was agreed that DW should circulate the Mandate on Friday 30 November alongside the Planning Framework for 2013/14.</p> <p>Actions: AA to liaise with Chairman re inclusion of Mandate as an item on a future BDM agenda.</p>	<p>AA</p>
<p>DW to circulate a copy of the Mandate document and Planning Framework for 2013/14 by Friday 30 November.</p> <p>The Chairman stated that Professional Standards Agency document, the key thrust of which was to encourage whistle-blowing, also needed to be reconsidered by the Board to clarify their understanding.</p>	<p>DW</p>
<p>Action: AA to add re-consideration of Professional Standards Agency document to future BDM agenda.</p> <p>The Chairman reported that David Flory, the Chief Executive of the NHS Trust Development Agency (TDA) had responded to her query relating to the process to appoint a new NED (Designate) as required by the Foundation Trust Constitution. The NHS TDA had agreed to assist with the recruitment process, arrangements for which would commence shortly.</p>	<p>AA</p>
<p>The Chairman stated that she had previously requested assurance that staff would attend incidents even if they were on a meal break but unfortunately an incident had occurred which was now being investigated. Whilst she understood the tensions around protected meal breaks, she wondered how quickly the Trust could move forward on the issue of protected meal breaks now that the 90-day consultation period about the proposed changes to terms and conditions had concluded.</p> <p>DW replied that PBW and his team were working to identify changes that could be made with immediate effect to protect Red 1 calls. In the medium term, they were looking at how the Trust operated its meal break policy in its entirety.</p> <p>A long discussion took place on accountability, duty of care, possible changes to current processes, etc.</p>	

	Action
<p>PBW stated that meal breaks were currently unpaid, adding that it was difficult to reach a balance because during a demanding 12-hour shift there needed to be some protection of breaks. The potential move to an all-inclusive meal break, recently introduced in Scotland, had met with some resistance and would mean that the Trust incurred extra costs as a result of additional staff requirements.</p> <p>PD stated that professional paramedics' duty of care was to patients and she found it difficult to accept that the Trust could not make adjustments to ensure that, as an organisation, it fulfilled its duties. It was her belief that the Trust needed to start talking about professional and organisational accountability.</p> <p>It was agreed that the subject should be deferred for further discussion at a Private rather than a Public meeting.</p> <p>Action: AA to add Duty of Care / Meal Breaks discussion to a future Private Board meeting agenda</p> <p>The Chairman sought assurance that the Trust was as well-prepared as it could be for the forthcoming winter weather, especially as there had been no improvement in absence figures.</p> <p>DW replied that a lot of planning had gone into winter cover and even taking into account constraints such as roster difficulties and vacancy levels, the Trust was still better prepared than the previous year.</p> <p>SP stated that mobilisation to support the front line had been discussed by TEG the previous week.</p> <p>He further stated that overall the Trust was in a better position in relation to training, particularly mandatory training than it had been the previous year. In spite of some clinical update training having to be re-scheduled to meet operational demands earlier in the year.</p> <p>RB stated that Fleet had introduced 10 4x4 ambulances in rural areas and a lease agreement had been signed the previous day for a further 40 4x4 vehicles to help with the overall resilience of the Trust.</p> <p>PBW confirmed that environmental training had been carried out with managers who would be placed to help with turnaround times, etc.</p> <p>Approval: The Board accepted the Chairman's report.</p>	<p>AA</p>
<p>5 Chief Executive: Trust Executive Group Report</p> <p>DW stated that the purpose of his report was to give the Trust Board assurance on the activity of the Trust Executive Group (TEG) from 19 September 2012 to 20 November 2012.</p> <p>DW outlined the Trust's priority areas for quarters 2 and 3 and updated the Board on performance against the Ambulance Clinical Quality Indicators (ACQIs) published in November 2012.</p>	

He passed on the Board's congratulations to the team who were highly commended as finalists in the Nursing Times awards for their work on urgent care innovation in the Care of Older People category, for partnership working and improving pathways for patients in care homes.

He confirmed that the Trust Board had taken part in the formal Board to Board assessment with the North of England Strategic Health Authority (SHA) Board on 12 November 2012. This was a key stage in the Foundation Trust (FT) journey and the Trust was now expecting to progress to the Department of Health (DH) stage of its FT application process in December 2012.

DW stated that following YAS's recent apprentice award of Large Employer of the Year for the Yorkshire and Humberside (Y&H) region, he and YAS colleagues had attended the national Skills Show and National Apprentice Awards finals in Birmingham. It was announced that YAS was one of only 3 NHS organisations named as one of the UKs Top 100 employers, for its work with apprentices.

DW confirmed that over 80 of YAS's 150 apprentices had already secured full time employment with the Trust.

BS requested assurance that the NHS 111 mobilisation process was progressing to plan and that it was being closely monitored. DW replied that weekly updates were being received either at the Trust Executive Group (TEG) or Transformation Programme Group (TPG) meetings.

SP stated that the programme plan identified actions and important dates. In broad terms the organisation was on track but there was virtually no leeway for slippage as there were absolute dates for going live and the Trust would be subject to financial penalties if it was late.

EM stated that she had found the recent Commissioner event at Barnsley a very well-organised and useful event. It had been refreshing to see things from the CCG point of view and she was hopeful that this event could be used as a springboard for further engagement going forward.

DW stated that management processes and monitoring mechanisms were now in place for the Service Transformation Programme. These included fortnightly TPG meetings involving MW, who was the NED member of the Group, the Executive team and other key managers.

Following the conclusion of the A&E workforce consultation period on 18 November, EB asked how long consideration of the feedback would take. PBW replied that it was likely to last until January.

EB requested clarification of the likely impact on Cost Improvement Plan (CIP) delivery.

	Action
<p>RB stated that although there was a potential risk to the following year's CIP delivery discussions about possible mitigations were currently under way.</p> <p>A discussion took place about the installation of hospital turnaround screens in all major hospital A&E departments. PBW confirmed that Clinical Supervisors would base themselves at hospitals when the system went live to work through it with crews.</p> <p>The Chairman thanked DW for a very comprehensive report.</p> <p>Approval: The Board agreed that it had sufficient assurance on the activities of the Executive Team and the Trust Executive Group during the period 19 September 2012 to 20 November 2012.</p>	
<p>6 6.1</p> <p>QUALITY, SAFETY & PATIENT EXPERIENCE Patient Story – Alcohol Pathway</p> <p>The Chairman stated that at the heart of all of the Trust's work were its patients and stories were provided at every Public Board meeting to allow the public to hear about the work of the Trust.</p> <p>The Chairman read out the Patient Story, which was a summary of an interview with Mr H, a patient who had become alcohol dependent during a difficult period in his life and who was referred by a YAS crew to the pilot Drug & Alcohol Misuse care pathway in Sheffield.</p> <p>Mr H was very grateful for the support he had received and asked all ambulance crews to take every opportunity to try to refer patients with alcohol problems.</p> <p>The Chairman stated that this was a great example of the 'make every contact count' NHS initiative, adding that the crew had been delighted to hear how the referral had been the first step to a successful recovery.</p>	
<p>6.2</p> <p>Integrated Performance Report – October 2012</p> <p>The Chairman stated that although there continued to be a marked improvement in the format of the Integrated Performance Report (IPR) she was still concerned that the report's pages remained inconsistently numbered and that there was no cover sheet.</p> <p>DW acknowledged that the IPR was still work in progress and would be subject to further refinement and amendment for some time.</p> <p>A discussion took place on performance against Ambulance Quality Indicators (AQIs) and costs, and the early warning indicators being used to highlight any potential impact on quality.</p> <p>The Chairman stated that some of the indicators seemed to be risk ratings rather than early warning indicators. She further stated that a commentary was needed to explain the early warning indicators, as they could easily be misinterpreted as current areas of failure.</p>	

	Action
<p>Action: SP to review early warning indicators and report back at January Board meeting.</p> <p>PBW confirmed that the level of Patient Transport Service (PTS) performance remained constant in spite of the targets moving. Line two of the Director's Comments on PTS Performance should read "have not changed" instead of "have changed".</p> <p>EB stated that more emphasis on actions taken by the Trust to improve matters would be useful as there were very few comments on service delivery.</p> <p>The Chairman requested clarification of KPI-3 which seemed to show that one third of journeys were being aborted.</p> <p>DW stated it was his belief that this was when a crew turned up at an address to be told that a patient was not going to be travelling or the patient was not aware of the appointment, but he would clarify this and email an explanation to the Board.</p>	<p>SP</p>
<p>Action: DW to obtain clear definition of KPI-3 and share with the Board.</p> <p>When considering the Support Services performance section of the IPR, EB stated that concerns about the amount of time that vehicles were off the road and its impact had been raised with her by staff at various localities.</p> <p>RB replied that a lot of equipment, 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 to prevent future backlogs so when ambulances were brought in for servicing all equipment was serviced at that point.</p>	<p>DW</p>
<p>Action: RB to communicate above actions out to staff.</p> <p>BS stated that the IPR contained a lot of valuable data and asked how the Trust knew that it was up-to-date and complete.</p> <p>DW confirmed that checks were in place to ensure that the information supplied to the Executive Directors was accurate.</p> <p>The Chairman asked whether Internal Audit had done any work on the IPR. SP replied that some work had been carried out around Quality Plans and agreed it would be useful to build something in around the IPR.</p> <p>BS stated that he was keen to obtain assurance that the on-going information gathering process was robust enough to ensure that the IPR contained complete and accurate information.</p>	<p>RB</p>

	Action
<p>Action: BS to carry out random testing of accuracy of IPR.</p> <p>It was agreed that items in the 'IPC Audit – Percentage compliant' chart currently classified as "insufficient data" should be flagged red.</p>	BS
<p>Action: SP to flag items with insufficient data as red.</p> <p>SP confirmed that the large increase in service to service complaints in the East Consortia (from 2 in September to 39 in October) was the result of a member of staff complaining about all of the patients at one clinic and this being processed as a set of individual complaints. He added that the missing percentage rate figure in the chart was 0.15%.</p>	SP
<p>Action: SP to interrogate Concerns, Complaints and Compliments figures by locality to identify any outliers.</p> <p>In Section 4, Workforce, PBW noted that the highest number of leavers during 2012/13 to date had been those of retirement age and asked if any information was available on the expected retirement rate over the next five years, as this could have a major impact on the organisation.</p> <p>DW agreed it would be useful for the Board to understand the likely flow of starters and leavers so that the Trust was not left exposed.</p> <p>SOL confirmed that it would be fairly easy to provide information about the age profile of the organisation.</p>	SP
<p>Action: SM to provide Board with details of age profile of workforce.</p> <p>SOL reported that there had been a slight reduction in long term sickness but an increase in short term sickness.</p> <p>The Chairman confirmed that the Sickness Absence Group, of which PD and BS were both members, was due to meet on 18 December.</p> <p>She asked whether the tables and pie charts used in the report could have more distinctive colours as it was sometimes difficult to differentiate between the information contained within a chart.</p>	SM
<p>Action: TEG to reconsider contents and size of IPR and to alter colours used in charts, etc to make more user-friendly</p> <p>EB stated that the Finance and Investment Committee (F&IC) had already discussed Section 5, Finance, in some depth so the Board could take assurance from the fact that it had already been reviewed.</p>	DW

		Action
	<p>RB confirmed that income was broadly in line with targets, adding that the Cost Improvement Plans (CIPs) were significantly under-delivering in terms of sickness and although this was currently being offset by reductions in overtime it still remained a major concern.</p> <p>There was positive news relating to the Patient Transport Service (PTS) overspend which was likely to be closer to £500,000 and therefore much less than originally envisaged. BS asked why there was such a large difference in cash forecast.</p> <p>RB replied that the organisation was part way through the process of bringing its cash forecast in line with the Long Term Financial Model (LTFM), adding that the November IPR should be back in line with the LTFM.</p> <p>Approval: The Board accepted the Integrated Performance Report for October 2012.</p>	
6.3	<p>Significant Incidents & Lessons Learned Report</p> <p>SP stated that the report provided the Trust Board with a briefing on significant events highlighted through Trust reporting systems and by external regulatory bodies. The report also focused on actions taken and lessons learned.</p> <p>The Chairman confirmed that the report would also be considered in the Private Board meeting later that day as some of the finer details were not appropriate for discussion in public.</p> <p>SP outlined some of the lessons learned and actions taken from Serious Incidents (SIs) reported in previous periods.</p> <p>PD asked whether locality managers were fully aware of the reasons for an SI as there did not currently seem to be a clear escalation of issues through the Prism system.</p> <p>SP acknowledged that the speed of response differed from case to case. He stated that, in addition to training on Datix, the system which was replacing Prism, which contained key messages and information about SIs, more training on risk management for managers was also being planned for the New Year.</p> <p>The Board discussed the top ten incident categories across the Trust with Road Traffic Collisions (RTCs) being the highest incident category during the reporting period. SP stated that a CIP was in place aimed at reducing the number of RTCs in the coming months and early indications suggested that it was having a positive impact.</p> <p>Action: SP to provide additional details of RTCs in the next report.</p> <p>SP stated that one of the highest causes of sickness absence was moving and handling patients and loads (almost half of which related to the blue equipment bag).</p>	SP

	Action
<p>EM asked why it had taken so long to design, tender and roll out the new bags.</p> <p>SP replied that the Trust had been working with a number of people including Loughborough University to ensure that the design was appropriate.</p> <p>The Chairman stated that the recent increase in numbers of complaints about YAS staff attitude towards care home staff was disappointing.</p> <p>SP replied that they were small in number and were being dealt with on a case-by-case basis, adding that many complaints seemed to have been born out of misunderstanding and miscommunication, adding that the YAS Lead Nurse for Urgent Care (Interim), Angela Harris was working to improve the understanding of care homes on the use of the emergency number.</p> <p>The Chairman stated her belief that YAS's staff needed to be able to articulate if they thought that a call out had not been appropriate.</p> <p>Approval: The Trust Board noted the contents and supported the actions detailed in the paper.</p>	
<p>6.4 Board Assurance Framework</p> <p>SP stated that the purpose of the paper was to inform the Trust Board on the current position of the Board Assurance Framework (BAF) for 2012/13 and to provide assurance in regard to the effective management of risks to the strategic objectives. The meeting considered the contents of the report.</p> <p>The Chairman asked for the description of the sickness absence turnaround group mentioned in 3.3 to be changed from a "Non-Executive Directors turnaround group" to a "YAS Turnaround Group with Non-Executive Director membership".</p> <p>Action: SP to amend wording in 3.3 from a "Non-Executive Directors turnaround group" to a "YAS Turnaround Group with Non-Executive Director membership".</p> <p>SP reported that good progress was being made against all actions on the risk treatment plan to mitigate strategic risk 5b. Progress had been made but work remained on going relating to BAF 1a/CRR22; BAF 2a/CRR66; and BAF 4a/CRR104.</p> <p>SP stated that the Trust Executive Group (TEG) had noted concerns regarding a potential significant overspend in the Patient Transport Service (PTS) business area. A risk statement had been drafted for consideration by the Board which read: "Deficit against planned financial outturn due to significant overspending on the provision of Patient Transport Services".</p>	<p>SP</p>

	Action
<p>He further stated that, although the new risk could be subsumed around the risks already there, it was considered significant enough in its own right to have its own, separate risk.</p> <p>RB stated that the main reason for the inclusion of the new risk was the fact that the over spend could have impacted on the Trust's Foundation Trust (FT) application.</p> <p>The Chairman thanked everyone involved in the preparation of the document for their invaluable work.</p> <p>Approval: The Trust Board approved the content of the Board Assurance Framework and was assured in regard to the effective management of risks to the strategic objectives. In addition the Board approved the addition of a new strategic risk to the Corporate Risk Register and Board Assurance Framework.</p>	
<p>6.5 For Assurance: The NHS Response to the Hillsborough Independent Panel</p> <p>SP provided a verbal update on the NHS Response to the Hillsborough Independent Panel whose report had been in the public domain for some time.</p> <p>SP stated that the Trust was currently working with NHS North of England and through them to the Department of Health (DH) to give assurance that planning for any future major incidents had moved on significantly and that the process was still on-going.</p> <p>He further stated that the Trust had also looked at the report itself and identified a small number of new lessons to take forward as an organisation in addition to some recommendations for the wider major incident planning process with other organisations.</p> <p>A formal paper would be going to the Board in January 2013.</p> <p>SP stated that, following the recent Parliamentary debate a request had gone from the DH to the Health and Care Professions Council (HCPC) asking them to look into the issue of changes to statements by any ambulance staff who were currently registered with them. He stressed that there was no suggestion that there had been a concerted policy of changing statements, adding that the process should be concluded by the end of January.</p> <p>SP further stated that it was expected that all inquests would be re-opened and original verdicts quashed.</p> <p>The Chairman thanked SP for the update which she had found very useful. She stated that the additional work required for the new inquests would be expensive and asked who was likely to provide the funding to support this work.</p> <p>SP replied that initial work was under way to estimate the potential cost of the commitment.</p>	

	Action
<p>He was due to speak to London Ambulance Service about the implications of managing a similar exercise following the events of 7/7 and would also need to speak to the Strategic Health Authority (SHA) about funding.</p> <p>DW stressed that all affected YAS staff would receive the full support of the Trust and the Trade Unions during the forthcoming months.</p>	
<p>6.6 For Assurance: Foundation Trust Constitution (V29); and Solicitor's Letter of Legal Conformity</p> <p>The Chairman acknowledged that the Foundation Trust (FT) Constitution had already been to the Board on several occasions and invited AA to explain the latest changes.</p> <p>AA stated that the Trust Board was being asked to formally note the approval of the FT Constitution V29 given at a meeting of the Trust Board in Private on 16 October 2012. The changes contained in V29 included the Health & Social Care Act (2012) legislative changes, which were effective 1 October 2012.</p> <p>She further stated that the Board was also asked to note a letter from the Trust's solicitors confirming the legality of the Constitution which was required by the FT Regulator, Monitor. Attached to this letter was V26 of the FT Constitution, which was the version that the solicitors had originally approved as meeting the known requirements of Monitor. After internal proofing, V26 had been renamed V29.</p> <p>EM stated that, having seen the draft Constitution on several occasions, she was happy both with its contents and the letter from the solicitors. She asked whether Monitor was likely to challenge any specific sections of the Constitution.</p> <p>AA replied that Monitor were most likely to challenge the Trust's Membership Strategy and its membership target of 0.1% of the population. However, she was hopeful that the Trust would reach a total membership of more than 0.1%, as 5,000 was a relatively low figure for such a large area.</p> <p>The Chairman asked whether the wording on page 20 of V29 of the Constitution relating to the composition of the Trust's Council of Governors which included two PCT Governors (or their successors) was correct. If it was correct, had the successor bodies been identified and if so, was it possible to start discussions with them.</p> <p>DW replied that it was still a little too early in the process to identify relevant bodies.</p> <p>The Chairman asked for legal issues around the wording to be checked out.</p> <p>Action: AA to request legal advice on the appropriateness of the wording: "Bradford and Airedale PCT/North Yorkshire and York PCT or its successor in commissioning the Trust's services</p>	<p>AA</p>

	Action
<p>previously commissioned by that PCT or, if there is more than one such successor, the body commissioning the single largest value of the Trust's services previously commissioned by the PCT".</p> <p>The Chairman also requested clarity around the wording "West Yorkshire Police" which she believed should state "the four Yorkshire Police Forces, represented by West Yorkshire Police".</p> <p>Action: AA to request legal advice re amendments to the wording of the Police Force Governor.</p> <p>Approval: Subject to legal advice on the points raised above, the Trust Board noted:</p> <ul style="list-style-type: none"> • the approval of the Foundation Trust Constitution V.29 at a meeting of the Trust Board in Private on 16 October 2012 including Health & Social Care Act (2012) legislative changes, effective 1 October 2012; and • a Letter of Legality Conformity, dated 5 October 2012, that, 'the Constitution complies with Schedule 7 of the National Health Service Act 2006 (Constitution of Public Benefit Corporations) (as amended by those provisions of the Health and Social Care Act 2012 that are already in force) and the known requirements of Monitor. 	<p>AA</p>
<p>6.7 For Assurance: Medical Revalidation</p> <p>JM stated that the purpose of the report was to seek Board approval for the proposed process for Medical Revalidation of YAS Doctors, as from 16 November 2009, all doctors registered with the General Medical Council (GMC) were required to be licensed, and those on the specialist register re-certified.</p> <p>JM stated that the Revalidation Support Team had advised that organisations with small numbers of Doctors such as Ambulance Services should partner with another NHS system and Responsible Officer (RO). As YAS had responsibility for the Medical Revalidation of only two Doctors (the Associate Medical Directors) it had been agreed that YAS would link with the Mid Yorkshire NHS Trust system, as the Executive Medical Director was revalidated through this Trust and was an appraiser with them.</p> <p>The Chairman asked who would ensure that Mid Yorkshire's work was of an appropriate quality.</p> <p>JM replied that the Trust's RO, Dr Richard Jenkins, would have been signed off by the GMC who would be satisfied that he could manage the process accordingly.</p> <p>PD stated that doctors had been outliers as all other health professionals were already subject to revalidation procedures.</p> <p>The Chairman asked if there would be any national moderation.</p>	

		Action
	<p>JM replied that there were several layers of moderation, details of which were laid out through the GMC code of practice on the revalidation procedure.</p> <p>DW asked how often the revalidation process would take place.</p> <p>JM replied that the revalidation process, which would include robust analysis of each annual appraisal, would take place every five years. He further stated that each RO would also need to be revalidated.</p> <p>EM asked what the consequence of non-revalidation would be.</p> <p>JM replied that it would usually include an individual package of retraining but in the worst case scenario it could lead to a doctor being struck off.</p> <p>The Chairman placed on record her thanks to Mid Yorkshire NHS Trust for partnering YAS at no cost to the organisation.</p> <p>Approval: The Trust Board approved the process outlined at 3.1 in the paper for Medical Revalidation of YAS Doctors.</p>	
6.8	<p>For Assurance: External Audit Report (Deloitte): Mid-Year Report</p> <p>RB stated that the Annual Audit Letter summarised the results, conclusions and key issues arising from work carried out by External Audit (Deloitte) during the year ending 31 March 2012. The Letter was presented to the Trust Board for information and to provide assurance on year end accounting processes and arrangements to secure value for money in the use of resources.</p> <p>He further stated that the Trust had received an unqualified opinion on its accounts and its delivery of Value for Money.</p> <p>BS stated that the Trust's audit fee for 2013/14 was due to be reduced, adding that the Board would need to satisfy itself that the proposed work was still detailed enough to provide the necessary assurances.</p> <p>Approval: The Trust Board received the letter.</p> <p>The meeting broke for lunch at 1245 hours, reconvening at 1310 hours.</p>	
6.9	<p>For Approval: Board Development Plan</p> <p>AA stated that the purpose of the paper was for the Board to note, agree the content and approve the Board Development Plan, which was a requirement of Foundation Trust submission. She further stated that the draft plan had already gone to the Strategic Health Authority (SHA), adding that its content would be reviewed regularly.</p>	

		Action
	<p>The Chairman stated that the Plan would always be a developing document which would move forward alongside the Board as it continued to develop as a body.</p> <p>Approval: The Trust Board noted, agreed and approved the Board Development Plan.</p>	
<p>7 7.1</p>	<p>STRATEGY, PLANNING & POLICY For Approval: (Draft) Stakeholder Communications and Engagement Strategy 2012-15</p> <p>AA stated that the purpose of the paper was to assure the Trust Board that all of the amendments requested at the Trust Board Meeting in Public on 25 September 2012 had been made to the draft Stakeholder Communications and Engagement Strategy 2012-2015; and to request the Board's approval of the (draft) Strategy.</p> <p>There were no questions or comments.</p> <p>Approval: The Trust Board approved the (draft) Stakeholder Communications and Engagement Strategy 2012-15.</p>	
<p>7.2</p>	<p>For Assurance: NHS CPC Drive – National Salary Sacrifice Car Scheme</p> <p>RB stated that the purpose of the paper was to provide a post-implementation review of the salary sacrifice lease car scheme which had commenced in October 2011.</p> <p>It was initially estimated that 110 staff would obtain cars through the scheme. However, as at 15 November 2012, 175 vehicles were in use by Trust employees with a further 29 vehicles awaiting delivery.</p> <p>In addition, after twelve months of operating the scheme, the Trust had not been liable for any severance / termination fees although a prudent provision would be made in the year end accounts to cover such an eventuality.</p> <p>RB stated that the only real issue related to the mileage rates. Unison had submitted a grievance against the mileage rates being paid but no evidence had been produced to back up the grievance. The Trust had benchmarked its scheme with a number of different organisations and as YAS was in line with them the current mileage rate would remain in place.</p> <p>PBW asked whether there would be an opportunity to extend the scheme into other areas such as bicycles.</p> <p>RB replied that it could be done although the organisation would incur an on-cost in terms of administration so any requests would need to be considered carefully on a case-by-case basis.</p>	

		Action
	<p>Approval: The Board was assured of the current position of the scheme and the associated contract.</p>	
7.3	<p>For Assurance: Annual Effectiveness Review (Annual Business Plan Mid-Year Review) RB stated that the purpose of the paper was to provide the Trust Board with an update on progress of the Annual Business Plan objectives and the tracking of the key performance indicators identified as amber in the Integrated Performance Report (IPR). Details of actions put in place to improve performance in the KPIs currently rated amber were outlined by the executive directors.</p> <p>Approval: The Board noted the report for information.</p>	
8	<p>PERFORMANCE MONITORING The Chairman asked why the position of the Integrated Performance Report (IPR) had been moved from the Performance Monitoring to the Quality section of the agenda.</p> <p>AA replied that the Trust Executive Group (TEG) had agreed that, as it was such a full agenda, the IPR had fitted better in the Quality section for this particular meeting.</p> <p>PD stated that she had found it useful to discuss the IPR closer to the Chief Executive's report.</p> <p>The Chairman noted that only the Chair of the Finance and Investment Committee had submitted a written report for the meeting. She requested that, for consistency, all Chairs should submit written reports for future meetings.</p> <p>Action: BS, PD and EM to submit written reports for future meetings of the Committees they respectively chair.</p>	BS / PD / EM
8.1	<p>Audit Committee – Committee Chairman's Report of the last meeting held on 21 November 2012 BS apologised that there was no written Chairman's report or minutes from the last meeting, which had been held on 21 November 2012.</p> <p>BS confirmed that the Committee's work plan was on track. Key highlights included: considering the Board Assurance Framework (BAF) plans for year-end reporting; an update on the Emergency Operations Centre (EOC) review from PBW; and updates from the Board Committees, internal and external auditors.</p> <p>BS further stated that, as part of his induction as a Non-Executive Director (NED), he had considered the inter-relationship between committees with PD and EB, as they wanted to ensure that these links were at the right level.</p>	

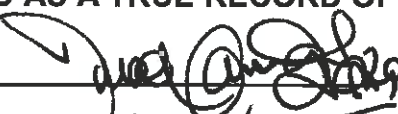
	Action
<p>He added that in relation to internal audit work, the Committee had requested further assurances around controls over fuel and consultancy expenditure in the organisation.</p> <p>BS had also requested a fresh look mid-stream at the three-year Internal Audit Plan to ensure that everything was receiving the right level of Internal Audit assurance, etc.</p> <p>BS stated that the NEDs were due to meet in December to undertake the annual self-assessment of the Audit Committee and to review the Audit Committee's terms of reference, etc.</p> <p>The Audit Committee's Annual Report was currently being prepared, which BS envisaged would come to the January Board meeting.</p> <p>The Chairman thanked BS for his report.</p> <p>Approval: The Board noted the discussions within the Audit Committee and the key issues highlighted for further scrutiny and received the Committee Chairman's verbal report.</p>	
<p>8.2 Charitable Funds Committee – Committee Chairman's Report of the last meeting held on 21 November 2012</p> <p>EM apologised that there was no Chairman's written report or minutes from the last meeting, which had been held on 21 November 2012.</p> <p>EM stated that, as the Trust's charitable status was due to change from 2013, the Committee members would need training and confirmed that the Committee's terms of reference were also being reviewed.</p> <p>EM added that, following a presentation on valuable projects by Chris Sharp, the Head of Leadership and Learning, it had been agreed to provide funding for the "Action Plan for Community Health Champions" and "Road Safety Campaign for Young Drivers".</p> <p>The Chairman asked whether the Committee was receiving the support it required. EM replied that it was work in progress, although the rebranding would help to raise awareness.</p> <p>RB confirmed that the revised terms of reference would be sent out to Committee members by 30 November 2012.</p> <p>The Chairman thanked EM for her report.</p> <p>Approval: The Board noted the discussions within the Charitable Funds Committee and the key issues highlighted for further scrutiny and received the Committee Chairman's verbal report.</p>	

		Action
8.3	<p>Quality Committee – Committee Chairman’s Report and Minutes of the last meeting held on 26 September 2012</p> <p>PD reported that the Quality Committee meeting that had taken place on 26 September 2012 had been an extra meeting to consider the Quality Impact Assessment (QIA) of the Cost Improvement Plans (CIPs), downside risk scenarios and mitigations and Board statements. She provided a verbal update of the above meeting, the minutes of which had been circulated.</p> <p>PD confirmed that the work plan was on track and, as concerns had been expressed about the clinical leadership scheme, it had been agreed that this item should become a standard agenda item. Other standard agenda items included the mobilisation of the NHS 111 Service and consideration of the Integrated Performance Report (IPR).</p> <p>PD further stated that the Emergency Operations Centre (EOC) Locality Director, Ben Holdaway had presented the latest compliance report and his update on the EOC review had been very informative.</p> <p>She acknowledged that the Committee’s workload was still heavy and although the agenda would be refined in time, the Committee believed that it was important to keep it in its current format for the foreseeable future. It was also acknowledged that the publication of the Francis report would have ramifications for the organisation.</p> <p>The Chairman thanked PD for her report.</p> <p>Approval: The Board noted the discussions within the Quality Committee and the key issues highlighted for further scrutiny and received the Committee Chairman’s verbal report.</p>	
8.4	<p>Finance & Investment Committee (F&IC) – Committee Chairman’s Report (including meeting held on 8 November) and Minutes of the meeting held on 24 September 2012</p> <p>EB stated that the purpose of the report was to inform the Trust Board of the activities of the Finance and Investment Committee (F&IC) and provide assurance as to the internal processes and mechanisms for financial delivery and performance management within the organisation.</p> <p>EB reported that downside risk templates and mitigations were the major item presented for discussion and challenge at the September meeting. Additional items included: an update on the Five Year Cost Improvement Plans (CIPs); the updated Fleet Strategy; and the updated Information and Communication Technology (ICT) Strategy.</p> <p>Items considered on 8 November included: an update on in-year financial performance; CIPs; forecast financial risks for the current financial year; the Finance and Investment Strategy as described in Chapter 6 of the Integrated Business Plan (IBP); a presentation on the Business Development / Commercial Strategy; and a discussion on the PTS diagnostic report from Hull and East.</p>	

		Action
	<p>The Chairman thanked EB for her report.</p> <p>Approval: The Board noted the discussions within the Finance and Investment Committee and the key issues highlighted for further scrutiny and had sufficient assurance on the matters reviewed by the Committee.</p>	
8.5	<p>Board Review and Feedback The Chairman requested feedback on that day's meeting.</p> <p>PD stated it had been useful to discuss the contents of the Integrated Performance Report (IPR) after the Chief Executive's report as it prevented duplication of discussion.</p> <p>DW stated that, although agendas were already tight, it was his belief that the IPR, which generated a lot of discussion, should be given a 45-minute slot in future.</p> <p>EB stated that the number of written summaries in the IPR needed to be improved and increased.</p> <p>The Chairman stated her belief that although the Board needed time to consider the IPR she did not want them to become a performance monitoring group so they needed to be cautious.</p> <p>RB gave an undertaking to create an exception report to go at the front of the IPR.</p> <p>Actions: AA to liaise with Chairman re position of IPR on agenda RB to create exception report for front of IPR</p> <p>PD requested clarification of what the Department of Health (DH) phase of the Foundation Trust (FT) application would include.</p> <p>RB replied that although this phase would be more "remote" there would be just as much scrutiny of plans, etc. Contact would most likely be focused around the Quality agenda.</p> <p>He further stated that the DH FT team was still being recruited, adding that the Trust was actively engaging with other organisations who were slightly ahead in the application process.</p> <p>It was agreed that RB should provide an update on the DH phase of the FT application at the Board Development meeting on Tuesday 11 December.</p> <p>Action: RB to update Board re DH phase of FT application at next BDM</p>	<p>AA</p> <p>RB</p> <p>RB</p>

		Action
	DW stated that he had enjoyed listening to the patient's story. The Chairman agreed that it was a good, positive story and placed on record her thanks to the team who had carried out the interview.	
9	<p>REGULATORY REPORTS There were no Regulatory Reports.</p> <p>It was resolved 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 & 3, the Press and the public be excluded from the remaining part of the meeting.</p> <p>For the sake of transparency, the Chairman stated that items to be discussed during the Private Board meeting were: the more detailed version of the Significant Incidents and Lessons Learned report; a report from the Remuneration and Terms of Service Committee; feedback on the Trust Board Annual Self-Assessment; feedback on Interpersonal Values as a Board; and consideration of the revised draft Fleet Strategy.</p>	
10	<p>Date and Location of Next Meeting 0945 hours on 29 January 2013 at the Carlton Park Hotel, Moorgate Road, Rotherham, S60 2BG.</p> <p>The meeting closed at 1355 hours.</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS


 _____ CHAIRMAN
 29/1/13 _____ DATE