



## Trust Board held in Public

**Venue:** The Carlton Park Hotel, Moorgate Road, Rotherham, S60 2BG

**Date:** Tuesday, 29 January 2013

**Time:** 0945 hours

**Chairman:** Patricia Drake

### Present:

#### Board Members:

Patricia Drake	(PD)	Deputy Chairman & Non-Executive Director
David Whiting	(DW)	Chief Executive
Dr Elaine Bond	(EB)	Non-Executive Director
Barrie Senior	(BS)	Non-Executive Director
Mary Wareing	(MW)	Non-Executive Director
Stephen Moir	(SM)	Deputy Chief Executive & Executive Director of Workforce and Strategy
Rod Barnes	(RB)	Executive Director of Finance & Performance
Paul Birkett-Wendes	(PBW)	Executive Director of Operations
Steve Page	(SP)	Executive Director of Standards & Compliance
Dr Alison Walker	(AW)	Executive Medical Director

### Apologies:

Della Cannings	(DC)	Chairman
Erfana Mahmood	(EM)	Non-Executive Director

### In Attendance:

Anne Allen	(AA)	Director of Corporate Affairs & Trust Secretary
Steve Bennett	(SB)	Paramedic Practitioner / Unite
David Bolam	(DB)	Public Member
Tony Dutton	(TD)	Public Member
Nicola Hogarth	(NH)	Public Member
Ted Kelsey	(TK)	Public Member
Simon Pugh	(SP)	Public Member
Rev Peter Sawyer	(PS)	Public Member
Dennis Shaw	(DS)	Public Member
John Staveley-Churton	(JSC)	Public Member
Margaret Wheeler	(MW)	Public Member

**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 Management of Stroke Patients' was presented by Jacqui Crossley, Assistant Clinical Director (Acting) and was very well received by those present.

		<b>Action</b>
	The meeting commenced at 0945 hours.	
1	<p><b>Questions from the Public</b> The Deputy Chairman welcomed the members of the public to the Trust Board meeting held in Public.</p> <p>She stated that the Trust Board had made the decision to move Meetings in Public around the region to encourage members of the public to attend to ask questions, raise queries, etc, adding that a formal record was kept of all questions asked and replies provided.</p> <p>The Deputy Chairman further stated that the public should not feel uncomfortable if they had to leave before the scheduled end of the meeting as they had not committed to stay for the whole event. She reminded those present that once the formal Board meeting started they could observe but would be unable to play an active part.</p> <p>The Deputy Chairman invited questions from the floor, asking individuals to identify themselves by name, geographical area and organisation if appropriate.</p> <p>David Bolam (DB) from North Yorkshire stated he had noticed that turnaround screens were being installed in the region's hospitals and asked whether YAS would be working with other Trusts to help manage turnaround in hospitals outside of the YAS region.</p> <p>DW replied that the screens would be a useful tool and explained how they worked. He further stated that all three ambulance trusts in the North of England (YAS, NWAS and NEAS) had agreed to work to the same methodology to provide a level of consistency and reporting format.</p> <p>DW added that the Performance Lead at the Strategic Health Authority (SHA) had been asked to help find a solution to the issues surrounding ambulances queuing at Acute Trusts.</p> <p>DB asked what arrangements would be in place for managing the 2014 Tour de France, as it passed through the region.</p> <p>DW replied that similar arrangements would be in place to those for the Olympic Torch Relay in 2012. This, coupled with learning from the Olympics experience, should allow the process to be managed effectively.</p> <p>PBW stated that the organisation had coped well with the challenges it faced during the Olympic period and it was his belief that the support required by the Tour, which would be similar in scale, would be successfully supported by the whole health economy.</p> <p>AW stated that the cycling teams would tend to have their own medical teams so it would be YAS's intention to link in and work in partnership with them and other members of the health economy.</p>	

		<b>Action</b>
	<p>The Deputy Chairman stated that a full risk assessment would be undertaken and a contingency plan drafted to enable the Trust to deal with all eventualities.</p> <p>Rev Peter Sawyer (PS) from South Yorkshire asked whether the Tour de France organisers would be providing the additional funding necessary to provide the service.</p> <p>DW replied that if the Trust needed to deploy additional resources it would initially talk to the commissioners as it was through them that the additional funding for the Olympics was made available.</p>	
	<p>PS asked whether additional funding would be automatically provided or whether it had to be applied for.</p> <p>RB replied that additional funding for the 2014 Tour de France was on the agenda for the current round of commissioning discussions.</p> <p>As there were no further questions, the Deputy Chairman thanked those present for their questions and the interest they had shown in YAS's work.</p>	
2	<p><b>Apologies / Declaration of Interests</b></p> <p>The Deputy Chairman welcomed everyone to the meeting.</p> <p>Apologies had been received as listed above and declarations of interest would be considered during the course of the meeting.</p>	
3	<p><b>Minutes of the Meeting held on 27 November 2012 including Matters Arising (not on the agenda) and Action Log</b></p> <p>The minutes of the meeting held on 27 November 2012 were approved as a true and fair representation of the meeting subject to the amendments highlighted.</p> <p><b>Matters Arising:</b></p> <p>Page 1 – Dr Julian Mark's title was amended to 'Deputy Medical Director' as he was deputising for the Executive Medical Director.</p> <p>Page 3, paragraph 3, second line – the word 'using' deleted.</p> <p>Page 3, paragraph 8 – 'Police Commissioners' amended to 'Police and Crime Commissioners'.</p> <p>Page 6, paragraph 5 – 'of' added after 'Chief Executive' on line one.</p> <p>Page 11, paragraph 1 – sentence amended to read 'BS stated 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>	

	<b>Action</b>
<p>Page 11, paragraph 3 – first sentence amended to read ‘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.’</p> <p>Page 20, Charitable Funds, paragraph 3 – ‘Head of Leadership and Learning’ added after ‘Chris Sharp’.</p> <p><b>Action Log:</b> 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) – action still open - SM stated that feedback had been received from other Ambulance Trusts and 12 paid days per calendar year seemed to be the average time allowed. SM would discuss this further with AA and report back to the Board.</p> <p><b>Action:</b> <b>SM to liaise with AA re COG Staff Governor time allowance and report back to Board</b></p> <p>PB-153 - SM confirmed that this item would be covered as part of the Private Board 111 presentation later that day – action complete.</p> <p>PB-161– BS stated that RB and he had discussed the IPR and responsibility for the report had moved to RB’s department. The action was due to be considered further at the Audit Committee meeting on 12 February and BS would provide an update report at the March Board meeting.</p> <p>SP stated that a report on Hillsborough, based on work that the Trust was undertaking with NHS North of England and other organisations around the patch, was due to have been presented at that day’s meeting. However, the timescales had changed so the formal report and presentation had been deferred until the March meeting.</p>	<p><b>SM / AA</b></p>
<p><b>4</b></p> <p><b>Chairman’s Report</b></p> <p>The Deputy Chairman stated that there was nothing new to report other than to congratulate EM in her absence on her appointment as a Non-Executive Director for Chorley and District Building Society, which would need to be added to the Register of Interests.</p> <p>The Deputy Chairman reported that public membership had increased significantly since the last Trust Board meeting held in Public with Public Membership now standing at just over 4,200. A series of events were shortly due to take place in North and East Yorkshire so the Trust was looking forward to achieving its Year 3 target before the end of the current year.</p> <p>DW congratulated the Foundation Trust team on their success.</p>	

		Action
<p>5 5.1</p>	<p><b>QUALITY, SAFETY AND PATIENT EXPERIENCE</b></p> <p><b>Patient Story</b></p> <p>The Deputy Chairman stated that at the heart of all of the Trust's work was patient care. Examples of patient experience were provided at every Public Board meeting to allow the public to hear about the work of the Trust and to learn about steps it was taking to further improve the services it offered and the knowledge of its staff.</p> <p>The Deputy Chairman introduced that day's story which was a filmed interview with Val, a patient who had been blind since childhood. Val had contacted the Patient Relations Department to raise concerns about her experience of using the Patient Transport Service (PTS), following which an investigation had taken place.</p> <p>Following the investigation a PTS Manager had visited Val and her partially-sighted husband, Dave, at their home to apologise; sensory impairment training was arranged for the driver; and Val and Dave had agreed to their story being filmed to be used within YAS sensory impairment training.</p> <p>Val stated that, although PTS drivers were usually helpful and friendly, they were occasionally unsure of how to assist a blind person most effectively.</p> <p>At the conclusion of the film, the Deputy Chairman stated that Val and Dave had been delighted that the information they had provided was going to be included in future YAS sensory impairment training and had offered to attend training in person if it would be helpful.</p>	
<p>5.2</p>	<p><b>For Assurance: Service Transformation Programme Board Report</b></p> <p>SP provided the Trust Board with an update on the Service Transformation Programme (STP).</p> <p>He stated that the Integrated Business Plan (IBP) described both the Trust's vision and its strategic objectives for the next five years and in order to deliver its objectives, the Trust had established an STP to serve as the enabling programme to support the delivery and sustainability of a number of large-scale, major change projects.</p> <p>SP further stated that the IBP set out the priority developments for the Trust for the next 5 years, adding that the STP priorities and project structure were broadly aligned to the IBP. The range of projects identified when the STP was established were monitored through a programme dashboard, which was reviewed by the Transformation Programme Management Group (TPMG). The resultant report was included in the Integrated Performance Report (IPR), which was reviewed in Public Board meetings.</p> <p>SP stated that the IBP had been refined during 2012 and now provided a clearer framework for the STP.</p>	

SP outlined the STP for 2013/14. He stated that there was a strong 'golden thread' between the Board strategy as set out in the IBP and department, team and individual objectives throughout the Trust.

He further stated that a summary version of the IBP was currently in draft form and would be a key tool for communication of the strategic priorities through the management structure.

Strong programme and project management mechanisms were needed to drive the key changes and the Trust was currently reviewing these to ensure that all priority projects were covered.

SP stated that effective leadership to manage change and deliver a highly sustainable service was important at all levels of the Trust, to support delivery and to engage and galvanise the Trust workforce.

He provided a summary of next steps, stating that there was a recognition that the focus of the STP must be to drive and support the key areas of transformational change. It would be complemented by the further development of Service Line Management; by an increased focus on accountability through the management structure; and by on-going work to strengthen performance management arrangements.

MW stated that it had become clear during the time she had been supporting the transformation programme that it was heading in the right direction although it was her belief that accountability for the delivery of the benefits of the transformation programme needed further consideration.

SP stated that the Trust Executive Group (TEG) was currently redefining roles and the expectations of each role to ensure that gaps were flushed out.

DW expressed his belief that the organisation would end up with a much sharper focus on key projects which would deliver the necessary productivity and cost reduction.

BS stated that although he understood the need for refocus and reprioritisation he was concerned about the number of projects that seemed to be off track.

SP replied that although some timescales had shifted, particularly those around workforce, the amber ratings were mainly where concerns had been identified but controls were in place to manage them. For example, '111' was amber because it was a complex project with a number of significant risks but overall the timeline for the project was on track.

The Deputy Chairman expressed her belief that the definition of "on track" needed further investigation and clarification.

	Action
<p>BS stated that formal review of the STP by the Trust Board was scheduled for every six months and asked whether this would be regular enough.</p> <p>The Deputy Chairman agreed, adding that although notes on the tracker confirmed that some items were being monitored in other arenas it was important to ensure that nothing was being missed.</p> <p><b>Action:</b>  <b>SP to carry out a “completeness check” review of projects to ensure all milestones were being monitored effectively.</b></p> <p>RB stated that it might be useful to group items together where there were likely to be similar outputs, overlapping groups of people, etc.</p> <p>BS agreed that this would be useful.</p> <p>SP stated that in redefining the programme, the dashboard would also need to be redesigned to provide clarity on the key areas that needed tracking.</p> <p>EB stated that figure 1 in the report summarised the Programme clearly but she would also like to see a project lead for each group.</p> <p>PBW stated that the Board had been very involved in the development of the IBP which had now reached a very important stage. The task of delivering the programme was significant with massive capacity and capability requirements and it was the Board's responsibility to ensure that the organisation received the right level of support to ensure appropriate people development and service improvement.</p> <p><b>Approval:</b>  <b>The Trust Board noted and was assured by the progress to date and supported the next steps in the establishment of the Service Transformation Programme on the proviso that it received a further update on the programme in 6 months.</b></p>	<p>SP</p>
<p>5.3 <b>For Assurance: Audit Committee Annual Report for 2011/12</b></p> <p>BS stated that although he had inherited the tradition of the Audit Committee Annual Report being produced 10 months after year end his intention in future years would be to present the report in June in line with the other annual reports.</p> <p>He stated that the purpose of the report was to inform the Trust Board of the activities of the Trust Board's Audit Committee during the financial year 2011/2012, in compliance with its duties.</p> <p>The report contained details of the Constitution of the Committee; a summary of its various duties; a commentary on how they had been discharged within the 2011/12 financial year; and an update on work undertaken by Internal and External Audit.</p>	

	Action
5.4	

The Deputy Chairman thanked BS for the report which had been the culmination of a vast amount of background work since he had taken over as Chairman of the Audit Committee.

She asked whether the Board should expect the Annual Report due in June 2013 to be shorter and less detailed than reports from June 2014 onwards.

BS confirmed that this would be the case, adding that the initial draft would be available as the accounts, external and internal audit reports were brought to a close for 2012/13.

**Approval:**

**The Trust Board accepted the Audit Committee's Annual Report for 2011/12 and noted the change of process for 2012/13 onwards.**

**5.4 For Assurance: Quality Impact Assessment Procedure: Six Months' Post-Implementation Review including Review of Early Warning Indicators**

SP outlined the post implementation review of the Quality Impact Assessment (QIA) process and proposals for further development and the use of early warning indicators relating to the safety and quality of services. He confirmed that AW and he would be leading the work.

SP stated that the Trust arrangements for quality governance were fully aligned to the requirements of the Foundation Trust Quality Governance Framework and were also designed to ensure compliance with the Essential Standards of Quality and Safety. He added that Quality was a central element of all Trust Board meetings and the quality impact of proposed Cost Improvement Plans (CIPs) was assessed through the Board-approved QIA procedure.

The QIAs of the CIPs had been formally reassessed by the Executive Medical Director and Executive Director of Standards and Compliance at the mid-year point in September 2012. In addition, business cases for additional schemes had been developed since this review and these had also been subject to QIA.

SP stated that, as several of the schemes related to the large-scale workforce changes, they had been subject to detailed and extensive negotiation with staff side representatives. They had not yet been implemented but would be considered during the next reporting period.

SP stated that a set of 10 early warning indicators had initially been identified and monitored through the Integrated Performance Report. However, there was a need to strengthen this process so a review of the indicators was proposed, using explicit criteria to select the final indicator set.



	<b>Action</b>
<p>6 6.1</p> <p><b>STRATEGY, PLANNING AND POLICY</b> <b>For Approval: Amendments to the Yorkshire Ambulance Service (YAS) Constitution (V.30)</b></p> <p>AA outlined the propose amendments to the Yorkshire Ambulance Service Constitution following queries raised at the Trust Board in November 2012.</p> <p>Legal Advice had been sought and received from the Trust Solicitors and AA explained the recommended changes to the wording within Annex 4, the Composition of the Council of Governors.</p>	

		<b>Action</b>
	<p><b>Approval:</b>  <b>The Trust Board approved the amendments to the Constitution (V.30).</b></p>	
6.2	<p><b>For Approval: Trust Board Committees' Terms of Reference - Updated</b>  AA stated that four sets of updated Trust Board Committees' Terms of Reference (TOR) were presented for approval.</p> <p>The amendments had been previously considered by: the Trust Executive Group (TEG) at its meeting on 2 November 2012; the Audit Committee at its meeting on 20 December 2012; the Quality Committee at its meeting on 8 January 2013; and the Finance and Investment Committee (F&amp;IC) at its meeting on 8 January 2013.</p> <p>The Chairs of each of the Committees outlined the proposed changes to their respective TOR.</p> <p>The Deputy Chairman stated that there were no hugely significant changes to the TOR of the Quality Committee other than those relating to the reporting of risks. Discussions were taking place separately between Non-Executive Directors and lead Executive Directors on the interface between Board Committees in the management of key risks. It was anticipated therefore that future reports from the Quality Committee to the Board and Audit Committee would be informed by the outcome of these discussions.</p> <p>PBW requested consideration of Patient Transport Service (PTS) Associate Director representation on the Quality Committee. It was agreed this would be picked up at the March Quality meeting.</p> <p><b>Actions:</b>  <b>Discussion to take place at March meeting re PTS Associate Director representation on Quality Committee.</b></p> <p><b>SP to update Trust Chairman on discussions re process for management of key risks.</b></p> <p>EB confirmed that the F&amp;IC was also considering the issue of risk reporting to the Audit Committee.</p> <p>Changes to the F&amp;IC TOR included: 6.4: "To review proposals for all major business cases and tenders between £250k and £500k and agree those in excess of £500k and their respective funding sources"; and 6.11: "To scrutinise the content and delivery of the Trust cost improvement and CQUINS programmes."</p> <p>BS stated that there were two main strands of change in the Audit Committee's TOR. These were a more focussed process for the reporting of risk-based assurance from the Quality Committee and F&amp;IC to improve proof of assurance and the Audit Committee's responsibilities around strategy, financial reporting and audit.</p>	<p>PD / SP</p> <p>SP</p>



	Action
<p>BS expressed concern there was a three-month gap between the Audit Committee meetings in July and October and asked whether it would be possible to move the July meeting to August.</p> <p>DW replied that August meeting dates had been moved because of summer school holiday difficulties encountered in the last two years.</p> <p>AA confirmed the Chairman's view that August needed to be kept clear. However, she would clarify the issue and report back.</p> <p><b>Action:</b>  <b>AA to clarify August "gap" with the Chairman.</b></p> <p>EB reported EM's concern that one hour might be insufficient time for Charitable Funds Committee meetings going forward. It was agreed that AA should contact EM to discuss this further but that the final decision should be made by the Committee itself.</p> <p><b>Action:</b>  <b>AA to liaise with EM re timings of Charitable Funds Committee meetings.</b></p> <p><b>Approval:</b>  <b>The Trust Board approved the meeting dates for the Trust Board and its Committees for the financial year 2013/2014.</b></p> <p>DW informed those present that the 2013 Ambulance Leadership Forum (ALF) conference was due to take place on 21/22 May. The conference commenced with a Dinner on the evening of 21 May after that day's Public Board meeting to be followed by the main conference on 22 May.</p> <p>DW stated his belief that it would be useful for Non-Executive Directors' attendance at the event, adding that he would speak to the Chairman about this.</p> <p><b>Action:</b>  <b>DW to discuss NED attendance at ALF Conference with Chairman.</b></p> <p>The meeting broke at 1115 hours, reconvening at 1130 hours.</p> <p>The Deputy Chairman apologised to the members of public who were present for any use of acronyms in the earlier session and reminded Board members to try to avoid this in future.</p>	<p>AA</p> <p>AA / EM</p> <p>DW</p>
<p>6.4 <b>For Assurance: YAS Foundation Trust Insurance Requirements</b>  AA stated that the purpose of the report was to identify the potential types of liabilities of Foundation Trust (FT) Directors, Officers and Governors and presented a review of YAS's current indemnities and insurance.</p>	

	Action
6.5	

The current provision of indemnities did not extend to the commercial activities of an FT so it was proposed that alternative commercial insurance 'top up' solutions were sought in relation to cover for the liabilities of Directors, Officers and Governors and the Trust Secretary. If appropriate indemnity / insurance cover were not in place when YAS became an FT, those parties would be placed at potential risk from litigation.

AA stated that two brokers had been asked to supply information for costing the cover and indicative costs ranged broadly from @£5k for £5m Limit of Indemnity to @£20k for up to £25m cover.

SP stated that although he supported the paper there was still an element of grey around negligence and how it might relate to criminal actions relating to health and safety, etc.

AA acknowledged that there was some complexity in this area but added that the advice from the Head of Legal Services was that queries relating to individual directors' liabilities would be clarified when the Trust went out to market.

**Approval:**

**The Trust Board noted the content of the report and approved the Trust Executive Group to proceed to the market for terms and formal quotations, to ensure appropriate indemnity / insurance cover was in place before YAS was authorised as an FT to be reported back to the Board through the regular Chief Executive's report.**

**For Assurance: Business Conduct for Staff including Interests, Gifts & Hospitality: Six Months' Post-Implementation Review**

RB stated that the item had gone to Senior Management Group (SMG) as an agenda item and managers had been asked to communicate the policy to their teams. Details had also been placed on the Trust Policies website and in Operational update and notified examples of non-compliance were being followed up.

RB added that, as there was still a lower degree of notification of interests and hospitality than would normally be expected from the lower tiers of management and operational staff, further communication was still required.

SM stated that the policy would be covered at all future corporate inductions and would also be included in the revised staff handbook.

**Approval:**

**The Trust Board was assured that the above policy was being monitored effectively.**

		Action
<p>7 7.1</p>	<p><b>PERFORMANCE MONITORING</b></p> <p><b>Chief Executive's Report and Integrated Performance Report</b></p> <p>The Deputy Chairman stated that this was the first time that the Chief Executive's report and the Integrated Performance Report (IPR) had been combined and invited DW to address the meeting.</p> <p>DW stated that the aim of the report was to give the Trust Board assurance on the activity of the Trust Executive Group (TEG) from 27 November 2012 to 21 January 2013 and to highlight the key variances / movements contained within the December 2012 IPR. As this was the first time the two reports had been presented together, he was happy to make note of any proposed improvements.</p> <p>DW further stated that he wished to make three general points:</p> <ol style="list-style-type: none"> <li>1. Ambulance turnaround remained a high profile issue, with delays reported in the national media. In addition to a range of collaborative work, electronic handover screens had been installed in all acute A&amp;E departments to monitor handovers in 'real time'. Penalties for delays would be built in to the national ambulance A&amp;E contract from April 2013.</li> <li>2. Emergency and urgent activity was largely to planned levels, although there was a significant increase in Red activity. The widespread 'black ice' conditions on the morning of 14 December created an unprecedented increase in demand. This had led to the Trust declaring a Major Incident (MAJAX), which remained in force for several hours. The Trust received mutual aid from other ambulance services and the MAJAX was managed effectively and coordinated through the YAS Gold incident room, to minimise any impact on patient care.</li> <li>3. Following a recommendation by the Strategic Health Authority (SHA), the Trust had entered the Department of Health (DH) assessment phase of its Foundation Trust (FT) application at the beginning of December 2012. This phase would review the Trust's financial plans and assumptions and review quality through a 'Quality Challenge' process due to take place in February 2013. The Trust had been successful in the financial review and subject to passing the Quality Challenge expected the NHS Trust Development Agency (NHSTDA) to recommend that it go forward to the regulator, Monitor, for the final stage of the FT authorisation process in April 2013.</li> </ol> <p>DW invited questions from the Board.</p> <p>The Deputy Chairman requested clarification of the NHSTDA's role. She stated that, as scrutiny of the organisation would be through a different authority going forward, it was important that the Non-Executive Directors (NEDs) were kept informed.</p>	

DW replied that the NHSTDA would take over the performance management of the Trusts who were currently in the FT "aspirant" phase from the SHA in April 2013. He added that YAS had already developed good links with the TDA which would be in existence until each Trust had reached the Monitor assessment phase in 2015/2016.

AW stated that it would also be responsible for the development of Quality Indicators (QIs). Although the majority were currently acute trust focussed, discussions were already under way to develop some Ambulance-specific QIs.

The Executive Directors presented their section of the report which contained IPR exception reporting for their respective areas of responsibility.

PBW stated that throughout December and January the priority focus of the Operations Directorate had been the delivery of the Winter Plan. Meeting the national RED targets had been a significant challenge and disappointingly, the outturn for December was 68.5%; reducing the year to date figure by 1% to 75.5%.

Patient Transport Services (PTS) experiences in December were similar to A&E in terms of disappointing service delivery against contracted requirements but by contrast this was against the backdrop of a reduction in demand.

EB asked whether the Trust had drilled down to identify the cause of the increased demand and queried why the PTS service had experienced a decrease in both demand and delivery levels.

PBW replied that PTS had a new Associate Director and significant changes had already been implemented to the management structure. There was now a need to address capability issues.

He further stated that the A&E activity picture was very concerning. There had been an increase of 9% in the number of Red calls on the same period the previous year, adding that 14 December had had a significant impact on the month as a whole.

Overall, demand was 3.3% up in year and work was under way to try to identify the source of the increase. However, the vast number of changes to health and social care services meant that it was difficult to understand although it was expected that the workforce and roster changes would help to alleviate some of the problems.

DW suggested that, as YAS was not an outlier with regards to increased demand, it might be useful if some ambulance trust-wide work was undertaken.

During December the Trust had tried to identify the reasons for the increased demand by analysing codes and "breathing difficulties" seemed to be a major source of the increase.

AW stated that discussions about information sharing across health and social care groups were needed with the CCGs. She suggested that the Trust could revisit its earlier public health demand work the original intention of which had been to work together across systems to see where ambulance demand had been impacted by changes in the social care environment.

The Deputy Chairman stated that the public care forum would fall into the work of the Quality Committee and noted the use of the phrase "right place of care" instead of "non-conveyance".

AW stated that the YAS draft Public Health Strategy had been a major area of work in the Clinical Directorate. This had now gone out for internal and external consultation. The work of the YAS Public Health group was continuing cross-directorate and included messaging over the winter period and episodes of severe weather.

AW further stated that changes had been made nationally to the 'STEMI 150 (Heart attack)' Ambulance Clinical Quality Indicator (ACQI). In relation to the 'Return to Spontaneous Circulation (ROSC) – Cardiac Arrests' ACQI the RC(UK) Intermediate Life Support training would be continued during 2013. The 'Re-contact within 24 hours following face to face discharge' ACQI required clarification of national technical guidance as there was currently inconsistent application across ambulance trusts.

SP stated that in the Standards and Compliance Directorate the '111' mobilisation process was progressing to plan and provided a short summary of the new NHS 111 service for information.

He further stated that, in response to the Hillsborough Independent Panel report, work continued in liaison with NHS North of England. The Trust also continued to liaise with the Health Care Professions Council (HCPC) to support the completion of their Hillsborough related review. SP added that an announcement about the process for the new inquests was due shortly.

SP stated that the Care Quality Commission (CQC) visited the Trust at the end of January, for its annual unannounced, planned inspection. The inspectors had focused on 7 outcomes in the Essential Standards of Safety and Quality, relating to consent, care and welfare, co-operation with other providers, cleanliness and infection control, staffing levels and training, supporting staff and complaints. Although he could not yet report the outcome of the inspection, SP was hopeful of a positive outcome.



	Action
<p>SP stated that there had been a reduction in the patient satisfaction score reported in the IPR. This related to a change in the wording of the question and options for response in line with a process agreed through national patient experience leads. Further work was under way to ensure consistency of process and to enable accurate benchmarking of figures. In the meantime, results had been fed back to relevant senior managers for review and action.</p> <p>SM stated that he had been invited to attend a workshop by the National Director of HR from the NHS Commissioning Board and the Director of NHS Employers. As the only ambulance service representative, the workshop had provided a useful opportunity to put forward the Trust's views on a range of issues.</p> <p>SM further stated that, following Trust Board approval of the 5 year workforce plan in September 2012, work had been underway to implement the required workforce changes, with structural changes taking place in a number of functions. The most sizeable element remaining the A&amp;E workforce Band/Skill mix changes, the final version of which was the subject of individual letters to the A&amp;E staff concerned on 7 January 2013. Final responses from the two recognised trade unions, Unison and Unite were due by 31 January. Further debate would take place at the March Board meeting.</p>	
<p><b>Action:</b>  <b>AA to ensure A&amp;E Workforce plan included for discussion on agenda for March Board meeting.</b></p>	<p><b>AA</b></p>
<p>SM stated that the Trust had continued to adopt a robust approach to the 2012/13 Flu Vaccination Programme and had achieved a 16% increase in uptake compared to 2011, ie 37% uptake across all staff so far in 2012/13 compared to 21% in 2011/12. However, the level of take up from clinicians across the Trust was still disappointing.</p>	
<p>SM stated that sickness absence levels within the Trust remained above the target of 5.0%. At the end of December, Trust-wide sickness absence was 7.58% and consequently was RAG rated as Red. This incorporated an increase in short-term sickness absence, which was being reviewed across all Localities/Departments by the Board Absence Turnaround Group.</p>	
<p>SM stated that all departments had submitted action plans which would go through a process of challenge and review.</p>	
<p>The Deputy Chairman stated that she would prefer to see a detailed breakdown of information rather than a combined report from Operations. SM agreed that he would follow this up.</p>	
<p><b>Action:</b>  <b>SM to ensure Board Absence Turnaround Group was provided with a detailed breakdown of information from Operations.</b></p>	<p><b>SM</b></p>

The Deputy Chairman stated that, as moving and handling was one of the main reasons for absence, there should be an obligation on YAS staff not to put additional items into their blue bags. She asked whether the process for the purchase of the new bags was on track.

SP confirmed that this was the case.

SM stated that there had been a reduction in compliance to 72% of Performance Development Reviews (PDRs) at the end of December. This was due to a number of staff falling out of compliance due to delays in their annual review meetings taking place as a result of activity pressures. Improved compliance would need to be sustained throughout Quarter 4 to enhance the year end position, which was currently RAG rated as Amber.

SP stated that the Trust was on track with all mandatory training. The re-shaped life support training was currently being rolled out and the appropriate level would have been provided by the end of March. The 2013/14 Education and Training plan was being developed and would dovetail with the Workforce plan.

AW stated that a joint Clinical and Education group had been set up at Associate Director level.

RB stated that the Estates' function in the Finance and Performance Directorate continued to work with Resilience and Operations to finalise options for the location of the new Hazardous Area Response Team (HART) site in Leeds. Work on the new Rotherham NHS 111 site had been completed and handed over for service testing. The work in Springhill 1 was due to be completed in February 2013.

RB further stated that during December the Trust had seen further slippage within the Cost Improvement Programme (CIP) in relation to reduced sickness, meal break payments, PTS and A&E overtime. Additional CIP reserve schemes, including the use of bunkered fuel, were being implemented in an attempt to mitigate further slippage. The Finance team had been working to forecast commitments and identify mitigating actions to ensure the Trust met its year-end financial targets.

The Deputy Chairman stated that the fact that the IPR was also being considered in the relevant Board committees provided additional assurance.

**Approval:**

**The Trust Board was assured that it had sufficient assurance on the activities of the Executive Team and TEG between the aforementioned dates and noted and discussed the variances contained within the December 2012 IPR report, highlighted in the Executive Directors' reports.**

		<b>Action</b>
7.2	<p><b>Charitable Funds Committee – Committee Chairman’s Report of the last meeting held on 21 November 2012</b></p> <p>In the absence of EM, the Chairman of the Charitable Funds Committee, the report was presented by the Deputy Chairman. The purpose of the report was to give the Trust Board assurance that the Charitable Funds Committee was meeting the requirements set down in the terms of reference.</p> <p>Highlights of the meeting held on 21 November 2012 included: an update on the revision of the Committee’s Terms of Reference; an update on the training to be rolled out for Committee and Trust Board members to include an overall understanding of the Trust Board’s role as Corporate Trustee; notification of the Committee’s rebranding; and notification that two new community projects (Road Safety Campaign for Young Drivers and Community Health Champions) had been considered and accepted in line with the Committee’s new focus.</p> <p><b>Approval:</b>  <b>The Trust Board noted the discussions within the Charitable Funds Committee and the key issues highlighted for further scrutiny and agreed that it had sufficient assurance on the matters reviewed by the Committee.</b></p>	
7.3	<p><b>Audit Committee – Committee Chairman’s Report of the last meeting held on 21 November 2012, including:</b></p> <ul style="list-style-type: none"> <li>• <b>Appendix 1, amended Terms of Reference (including track changes); and</b></li> <li>• <b>Appendix 2, Audit Committee Annual Report for 2011/12</b></li> </ul> <p>BS stated that the report and its appendices were to inform and provide assurance to the Trust Board regarding the activities of the Audit Committee.</p> <p>Highlights of the meeting held on 21 November 2012 included: a review of the updated Board Assurance Framework; approval of the Trust’s accounting policies for use in the preparation of the 2012/13 Accounts; receipt of reports from the Finance and Investment and Quality committees; the presentation of the 2011/12 Annual Audit Letter by Deloitte; and a discussion about the timeliness and speed of internal audit reviews.</p> <p>BS stated that a meeting of the Non-Executive Directors who were members of the Audit Committee took place on 20 December 2012. The meeting had reviewed the Committee’s Terms of Reference as part of its annual Self-Assessment Review process.</p> <p>The Trust Board were provided with a summary of the findings of the Self-Assessment Review.</p> <p>The Deputy Chairman thanked BS for his report.</p>	

		Action
	<p><b>Approval:</b>  <b>The Trust Board noted the content of the report and associated appendices; approved the proposed changes to the Committee's terms of reference; and derived adequate assurance regarding the activities of the Audit Committee and the assurance provided by that Committee.</b></p>	
7.4	<p><b>Quality Committee – Committee Chairman's Report and Minutes of the meeting held on 8 November 2012 and Chairman's Report of the last meeting held on 8 January 2013</b>  The Deputy Chairman updated the Trust Board about the activities of the Quality Committee.</p> <p>Highlights of the meeting held on 8 January 2013 included: consideration of progress against Quality Account priorities and CQUIN schemes; consideration of CQUIN proposals for 2013; an update on the management of claims; an update on the implementation of the new JRCALC guidelines; a presentation on the clinical governance arrangements and forthcoming Department of Health readiness assessment for the NHS 111/Urgent Care service; a report of positive progress on the implementation of the Clinical Quality Strategy; a review of quality and workforce indicators in the Integrated Performance Report; consideration of significant events and lessons learned from adverse events; an update on the on-going programme of internal Inspections for Improvement; and an update on the Quality Governance action plan.</p> <p><b>Approval:</b>  <b>The Trust Board noted the discussions within the Quality Committee and was assured of progress against the key issues highlighted for further scrutiny within the Committee work programme and received the Committee Chairman's reports.</b></p>	
7.5	<p><b>Finance &amp; Investment Committee – Committee Chairman's Report and Minutes of the meeting held on 8 November 2012 and Chairman's Report of the last meeting held on 8 January 2013</b>  EB stated that the purpose of the report was to give the Trust Board assurance that the Finance &amp; Investment Committee (F&amp;I) was meeting the requirements set down in its terms of reference.</p> <p>The F&amp;I meeting held on 8 January 2013 had received an update of financial performance based on Section 5 of the November Integrated Performance Report (IPR).</p> <p>The Committee were provided with an update of budget variance action plans. The Trust was forecasting that a financial surplus of £2m was achievable by the end of 2012/2013 provided action was taken in two areas of overspend, PTS and Fleet. It was agreed that the F&amp;I would receive a PTS Improvement Project Update at an additional meeting scheduled for 12 February.</p>	

	Action
<p>EB stated that the F&amp;IC also received a review of CQUIN progress. The two main risk areas in Quarter Two were highlighted as A&amp;E conveyance (CQUIN 2) and PTS South (CQUIN 3). Other CQUINs were reported as being on track.</p> <p>A detailed review of the Cost Improvement Plan (CIP) was presented and the F&amp;IC noted the shortfall position of £238k behind plan.</p> <p>EB stated that a discussion had taken place regarding the monitoring and governing of CIPs and it was agreed that the F&amp;IC would receive a paper in March regarding this assurance.</p> <p>The Associate Director of Resilience had attended the F&amp;IC to provide an update on the progress of the Hazardous Area Response Team (HART) business case which would be re-presented to F&amp;IC on its completion in February.</p> <p><b>Approval:</b>  <b>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.</b></p>	
<p>7.6 <b>Board Review and Feedback: Board Vital Guiding Principles</b></p> <ul style="list-style-type: none"> <li>T – timely, accessible communications</li> <li>R – respect differences; be supportive</li> <li>U – understand shared purpose, risks</li> <li>S – self-awareness; give/receive feedback; time for reflection</li> <li>T – take responsibility; challenge</li> </ul> <p>The Deputy Chairman requested feedback on the meeting and asked whether the Board believed it had achieved its guiding principles.</p> <p>EB stated her belief that all of the Guiding Principles had been achieved. She stated that the new format of combining the Chief Executive’s report with the IPR was a very good idea, as the focussed attention of the Executive Directors in the report helped with the NEDs’ understanding of current issues.</p> <p>BS agreed, adding that the new format of the report had been a useful precursor to a more detailed consideration of the IPR.</p> <p>DW stated that the day’s business had been conducted in a timely fashion.</p> <p>SM stated his belief that the NEDs had challenged the areas which the public would want them to challenge. He further stated that the Trust Board had been self-aware, adding that the patient story had been an example of this.</p>	

