



Trust Board held in Public

Venue: The Humber Suite, Freedom Centre, 97 Preston Road, Hull, HU9 3QB

Date: Tuesday, 26 March 2013

Time: 0945 hours

Chairman: Della Cannings

Present:

Board Members:

Della Cannings	(DC)	Chairman
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

Apologies:

Patricia Drake	(PD)	Deputy Chairman & Non-Executive Director
Erfana Mahmood	(EM)	Non-Executive Director
Dr Alison Walker	(AW)	Executive Medical Director

In Attendance:

Anne Allen	(AA)	Director of Corporate Affairs & Trust Secretary
Julian Mark	(JM)	Executive Medical Director (Designate)
Karen Warner	(KW)	Associate Director of Quality
David Bolam	(DB)	Public Member
Barny Cornwell	(BC)	Public Member
Jock Crawford	(JC)	Public Member
Len Cragg	(LC)	Public Member
Arthur Hodgson	(AH)	Public Member
Nicola Hogarth	(NH)	Public Member
Lucy Hurst	(LH)	Public Member
Jean Rawson	(JR)	Public Member
Dennis Shaw	(DS)	Public Member
Pamela Wakeham	(PW)	Public Member

Several members of the public who did not provide their names

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

The meeting was preceded by a presentation, between 0900 and 0930, which was open to all members of the public. 'Clinical Quality Strategy' was presented by Karen Warner, Associate Director of Quality and was very well received by those present.

		Action
	<p>The meeting commenced at 0945 hours.</p>	
<p>1</p>	<p>Questions from the Public The Chairman welcomed the members of the public to the Trust Board meeting held in Public.</p> <p>She stated that the Trust Board continued to move its 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 Chairman added that people 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 unless invited.</p> <p>The Chairman invited questions from the floor, asking individuals to identify themselves by name, geographical area and organisation if appropriate.</p> <p>A member of the public, who wished to remain anonymous, asked how de-recognising a union that represented a fair section of its staff showed that YAS valued its workforce.</p> <p>DW replied that the Trust had been disappointed not to have had a more constructive relationship with Unite, prior to and during the recent workforce change negotiations and this had led to the Trust's belief that it was no longer appropriate to recognise the union.</p> <p>He confirmed that, whilst Unite represented a significant number of staff in the Hull area, overall it had a fairly low representation of staff.</p> <p>David Bolam (DB) from North Yorkshire stated his belief that the organisation might incur skill mix issues over the next five years with the phasing out of the Technician role and the introduction of the Emergency Care Assistant (ECA) role and asked whether YAS could guarantee that they would have enough Paramedics in five years to fulfil rural requirements.</p> <p>DW stated that one of the fundamental reasons for the five-year workforce plan was to change the skill mix and increase the number of Paramedics in the organisation. He stated it was important to allow staff to develop and progress through the organisation so all of the current Technicians would be given the opportunity to access fully-funded training to become a Paramedic over the next five years.</p>	

		Action
	<p>He confirmed that YAS wanted to provide the right skills for each community it served so Paramedics would be available in North Yorkshire and the Advanced Practitioner role would be maintained.</p> <p>JM stated that the aim was for all 999 call outs to be attended by at least one person with Paramedic skills.</p> <p>DB asked how the number of additional Paramedics had been worked out.</p> <p>DW replied that, at the end of the five year period, the Trust would have 1,105 trained Paramedics so would therefore need to train an extra 450 Paramedics to ensure a 65:35 skill split. It had taken into account areas such as staff turnover, those staff who would not want to become a Paramedic, etc in working out those numbers. Funding was in place to ensure that 90 training places would be made available per year, starting with the 2013/14 financial year.</p> <p>The Chairman stated that the Executive Directors had engaged face-to-face with staff around the region and would continue to do so during the transition period, adding that the protections in place were generous, as YAS did not want to lose staff loyalty and commitment.</p> <p>Dennis Shaw (DS) from South Yorkshire stated that he had used the ambulance service on many occasions during the past few years and he would not be alive today had it not been for the excellent service provided by YAS and its healthcare partners. He congratulated the Trust on its continued commitment to improving patient care.</p> <p>Barny Cornwell (BC) stated that there was always a shortage of ambulances in the Holderness area because when ambulances took patients to Hull they were often sent on elsewhere.</p> <p>The Chairman stated that the advent of Clinical Commissioning Groups (CCGs) meant there was a huge opportunity for the public to influence the commissioning landscape and encouraged those present to talk things through with their GPs; get involved in the work of Health and Wellbeing groups, etc.</p> <p>As there were no further questions, the Chairman thanked those present for the interest they had shown in YAS's work.</p>	
2	<p>Apologies / Declaration of Interests The 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>Minutes of the Meeting held on 29 January 2013 including Matters Arising (not on the agenda) and Action Log The minutes of the meeting held on 29 January 2013 were approved as a true and fair representation of the meeting subject to the amendment highlighted.</p>	

	Action
4	

Matters Arising:

Page 12, fourth paragraph – wording altered to state “EB reported EM’s concern that one hour might be insufficient ………”

The Chairman thanked the Deputy Chairman, PD, for chairing the meeting in her absence.

Action Log:

DW guided the meeting through the updated Action Log.

There were no outstanding queries relating to the completed actions.

PB-161 – BS reported that RB and he were in discussions with Internal Audit re some work on the Integrated Performance Report (IPR) which would take place once the changes to the format/content of the IPR had been made.

PB-183 – SM reported that work in progress would be completed by the April Board meeting.

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 verbal update in the form of an end-of-year update with the requisite annual reports to come to future meetings.

The Chairman’s Report was also the mechanism that would ensure linkages between the Board and the Council of Governors once the Trust became a Foundation Trust.

The Chairman stated that 2012/13 had been a year during which much had been achieved to ensure that YAS moved to a modern public service business footing whilst maintaining its patient focus. There had been a lot of internal changes and there was still more to be done, some of which would be in partnership with other agencies.

It was the Chairman’s belief that the key to success would be building good relationships with the new Clinical Commissioning Groups (CCGs) to shape the health service in the localities.

The key points of the Chairman’s update were as follows:

NHS 111 – the new service had gone live and would be expanded over a period of time to the whole of the area. Mobilisation had been an enormous job and initial teething problems were being worked through to bring about improvements to the new service.

The Chairman stated that there had already been a marked increase in demand and there was a need to understand where this demand was coming from and why it was happening. Reasons included that it could relate to public expectation when people were unclear where to direct their queries. There was also the reduction in other social and health services to consider but there could be other reasons.

Although ambulance services were currently meeting the increasing demand if the issue was not flagged up and investigated further it could ultimately damage the whole of the health service.

RED1 – these calls were relatively small in number but unpredictable in terms of when and where they would occur. This was a new but very important target to deliver which would be challenging to meet.

STAFF – the Trust needed to continue with the modernisation of its workforce to ensure that it was “fit for purpose” and able to operate within its current limited resources. The vast majority of staff had acknowledged the need for change but there was a need for flexibility and open mindedness.

STAFF SURVEY FEEDBACK – the Board had acknowledged the feedback and was taking positive actions to address the issues. However, it continued to be very difficult to get the balance right in relation to communications.

PTS – an enormous amount of work had gone into PTS during the past 12 months to turn the service around and it was in the process of becoming an even better service for its 1 million patients a year. Changes would need to be actioned in a timely and efficient way.

CHANGING NHS LANDSCAPE – the abolition of the Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) was due to take place at the end of March and the Chairman placed on record her thanks to the people in these bodies for their support.

FOUNDATION TRUST (FT) – enormous progress had been made on the Trust’s FT journey and new Members and potential Governors had been recruited. Following the changes to the structure of the NHS, new agencies were involved in assessing YAS’s application so time had been lost on the journey through no fault of YAS.

TRUST BOARD – the Chairman thanked everyone around the table for their efforts during that past 12 months, which had been a watershed of a year for YAS.

The Chairman expressed her sadness that outgoing Executive Medical Director of nearly seven years, Dr Alison Walker (AW), was unable to attend that day’s meeting. AW was moving on to another role and had been a tremendous champion of YAS. She passed on her thanks to AW for her help and support over the past few years and her good wishes for success in her new role.

THE FUTURE – the Chairman would like to witness significant movement in terms of YAS’s estate as there were tremendous opportunities to sell buildings and share more modern buildings with other organisations, etc to ensure bases were more appropriate to the needs its staff and the communities that YAS serves are met.

		Action
	<p>The Chairman thanked everyone for listening and allowing her the time to present her end-of-year report.</p>	
<p>5 5.1</p>	<p>QUALITY, SAFETY AND PATIENT EXPERIENCE</p> <p>Patient Story</p> <p>The Chairman stated that patient care was at the heart of the Trust's work. A patient story was provided at every Public Board meeting to highlight the work of the Trust and to learn about steps being taken to further improve its services and the knowledge of its staff.</p> <p>The Chairman introduced a filmed interview with Steve and Eva Lister, the parents of Adam a young adult with complex health needs (including hydrocephalus, blindness and cerebral palsy) who had expressed concern about problems encountered relating to the moving and handling / transportation of Adam.</p> <p>Adam recently had a fit which was a terrifying experience for his parents. Although it was initially planned to take Adam to hospital it soon became apparent that the ambulance could not accommodate his wheelchair and the only stretcher available was not suitable so the decision was taken to keep him at home.</p> <p>Adam's parents had complained to YAS to try to improve the process but their previous experience of making complaints in other parts of the health service had not been good. They were surprised therefore at how keen YAS was to learn, even sending over two different vehicles to see which would be most appropriate for Adam's chair.</p> <p>Other outcomes included the parents' creation of an emergency folder containing medical details, assessments, contacts, etc. They would be happy to share this with ambulance staff so they could arrange for Adam to be taken to the most appropriate place rather than just A&E if they needed to call out an ambulance in the future.</p>	
<p>5.2</p>	<p>For Assurance: Board Assurance Framework including Corporate Risk Register</p> <p>SP provided an update on the end of year position for the Board Assurance Framework (BAF) 2012/13; the issues highlighted during the Executive risk review process; and to provide assurance that risk management arrangements were being managed efficiently.</p> <p>SP stated that the content of the BAF was subject to on-going review and was developed and updated during the course of the year. He confirmed that there had been positive movement against all risks.</p> <p>He outlined a number of emerging areas of concern in regard to the effective delivery of the strategic objectives. These included: Local Risk Management; Road Traffic Collisions; Clinical Audit capability; the Hillsborough Disclosure Project; Clinical Leadership; and document management.</p> <p>SP stated that the organisation had invested heavily in the Clinical Leadership framework.</p>	

		Action
	<p>Although it was starting to work well in some areas such as Hull, in others it was doing less well. As a result, the risk had been included on the Corporate Risk Register.</p> <p>DW stated that, in early April, JM, SP and PBW would be carrying out review meetings with locality clinical supervisor teams across all areas to report back to the Trust Executive Group (TEG) and the Quality Committee meetings in May.</p> <p>Action: JM, SP and PBW to carry out deep dive in Clinical Leadership across all geographical areas to report back to TEG in May.</p> <p>SP stated that, subject to Board approval, the March 2013 iteration of the BAF would represent the close down position for 2012/13. That document would then inform the content of the Annual Governance Statement for 2012/13.</p> <p>Further consideration would need to be given to the top five risks to the strategic objectives, detailed in the Trust's five year Integrated Business Plan 2012-2017. At its meeting in April 2013, the Board would undertake a full review of the risks in the draft April 2013 iteration of the BAF, to determine a revised top five risks to the strategic objectives and to approve the contents of the 2013/14 BAF.</p> <p>Action: AA to ensure BAF 2013/14 included on agenda for 23 April BDM.</p> <p>SP placed on record the Board's thanks and appreciation of the work that Kevin Wynn had undertaken as Associate Director of Risk and Safety until his retirement the previous Friday.</p> <p>JM stated that post-Francis report, there would need to be an even greater emphasis on risk throughout the whole organisation.</p> <p>The Chairman stated her belief that the paper being considered showed that YAS was open and transparent and ensured that changes were implemented to meet risks, organisational issues, etc.</p> <p>Approval: The Trust Board accepted the content of the March 2013 and April 2013 iterations of the BAF and agreed to the proposals outlined in the paper.</p> <p>The Chairman acknowledged the Unite the Union flag that she could see out of the window and the right of staff to lawfully protest and express their views.</p>	<p>JM / SP / PBW</p> <p>AA</p>
5.3	<p>For Assurance: Service Transformation Programme Board Report SP provided an update on the Service Transformation Programme (STP).</p>	

He stated that the STP was a key element in the Trust's strategy for success, which would be supported by the further strengthening of lines of accountability through Executive and senior management portfolios and performance management arrangements.

SP further stated that the STP priorities and project structure were broadly aligned to the Integrated Business Plan (IBP) and set out priority developments for the Trust for the coming 5 years. They were reported fortnightly to the Transformation Programme Management Group.

The current review of the organisation of the STP for the coming year would be finalised when the development of the Policy Deployment Matrix had been completed.

A summary version of the IBP, due for launch shortly, would be a key tool for communication of the strategic priorities through the management structure.

SP stated that a series of workshops had been held in partnership with Unipart to develop the Policy Deployment Matrix which had more clearly defined the programme of work with measureable deliverables and results at a strategic level. The next stage would be to develop the matrix at project group level.

The Chairman asked which acute trusts were still to sign the agreement relating to turnaround. It was agreed that PBW would provide the Board with this information.

Action:

PBW to provide Board with information re who had and who had not signed the turnaround agreements.

PBW

The Chairman requested an update from SM on additional actions being undertaken to improve organisational sickness levels.

SM stated that the national terms and conditions of employment for all NHS workers were due to change on 1 April 2013 to prevent people off sick from receiving the "unsociable hours" part of their salary. Further clarification was required in relation to ambulance service staff as their terms and conditions of employment differed slightly to those of staff in acute trusts.

MW stated that the paper provided a very good update on the process to redefine the programme itself and added that it would be important for it to be reviewed at Board to show visible support.

SP confirmed that the work would be completed at a corporate level shortly, adding that a decision was required on how the organisation could strengthen its long term project management skills to ensure sustainable change.

	Action
<p>RB confirmed that a number of project groups were already up and running and asked whether a communications' plan was in place for the dissemination of key messages around the organisation.</p> <p>SP replied that various methods had been suggested which included: sharing the summary IBP; the use of existing newsletters; the corporate induction programme; and the management away day.</p> <p>DW stated that announcements would need to tie in with on-going operational work so Executive and SMG teams would need to maximise use of the listening watch schedule to continue to provide face-to-face updates to staff.</p> <p>SM stated it was also important that the clinical supervisors were fully briefed so that they could share the information and therefore engage fully with their immediate reports.</p> <p>The Chairman thanked SP for his update.</p> <p>Approval: The Trust Board noted and was assured by the progress to date; supported the next steps in the establishment of the Service Transformation Programme; and agreed to receive a further full update on the programme in 6 months with the Board to be provided with exception reporting in the interim.</p>	
<p>5.4 For Discussion: Report of the Mid-Staffordshire NHS Foundation Trust (FT) Public Inquiry</p> <p>SP provided an overview of the Report of the Mid-Staffordshire NHS FT Public Inquiry (the 'Francis' Report) and an initial view of the implications for YAS.</p> <p>He stated that a number of recommendations related to the policy and practice of individual provider organisations. Whilst many of the issues had already been anticipated and were being addressed through existing Trust processes, YAS now needed to ensure full consideration of its response to the published recommendations.</p> <p>SP stated that a number of initial areas had been highlighted for development and monitoring through the Quality Committee and where appropriate additional actions would be taken forward through the Trust's quality governance development plan.</p> <p>Further consideration of recommendations was needed when the Department of Health (DH) response was published, to inform the final Trust action plan. No additional resource implications had currently been identified, although this might need to be considered further once the national response was published.</p> <p>SP added that the Trust would also need to give consideration to the governance and legal implications of recommendations relating to Director liability, if these were nationally accepted.</p>	

	Action
<p>A number of issues had broader relevance across ambulance services. These would be highlighted by SP in a presentation in the forthcoming Association of Ambulance Chief Executives (AACE) Council meeting, to facilitate a national ambulance service review and opportunity for joint development in key areas.</p> <p>DW stated that the NHS Trust Development Agency (TDA) had specified a substantial piece of work that needed to be undertaken around the Francis report, which would raise the bar significantly in terms of the next stage of the Foundation Trust application process.</p> <p>RB asked whether a professional response had been received from the College of Paramedics.</p> <p>JM replied that although no response had been received to date, YAS would be looking to engage with the College of Paramedics both locally and nationally.</p> <p>SP stated his belief that YAS was starting from a position of strength. Kevin Wynn had done a lot of work on which the Trust could build.</p> <p>SM stated that further clarity was required on the complex area of the enforcement of Duty of Candour and the proposed criminal offence if there was failure to fulfil, or obstruction of others, in fulfilling this duty.</p> <p>The Chairman stated that she would also welcome clear guidance and thanked SP for his update.</p> <p>Approval: The Trust Board noted the key points highlighted in the Inquiry report and supported the proposed implementation and monitoring processes.</p>	
<p>5.5 For Discussion: The NHS Response to the Hillsborough Independent Panel</p> <p>SP stated that the Trust had been working with the Strategic Health Authority (SHA) on an NHS response to Hillsborough and it was expected that this report would be finalised shortly.</p> <p>He confirmed that the Inquest Review, which would scope out the process for the management of the new inquests going forward, was due to take place in London on 25 April.</p> <p>There was no update to report from the on-going police investigation.</p> <p>It was anticipated that there would be a lot of work relating to the inquests over the next 18 to 24 months. The Trust was looking at options relating to workforce requirements and was also in the final stages of the process to select solicitors to support the process. This item would be discussed in greater depth during that day's Private meeting, as it was inappropriate for public discussion due to commercial sensitivities.</p>	

		Action
	<p>DW requested confirmation that the Trust remained in constant dialogue with both current and previous staff who had been involved in Hillsborough.</p> <p>SP confirmed that this was the case.</p> <p>The Chairman thanked SP for his update.</p> <p>Approval: The Trust Board was assured that the Trust was responding to and co-operating with other agencies as appropriate.</p>	
5.6	<p>For Assurance: Care Quality Commission (CQC) Inspection Report of the Annual Unannounced Inspection</p> <p>SP presented the CQC report, which had been received following the unannounced inspection in January 2013.</p> <p>SP stated that YAS had been reported to be fully compliant with the standards and overall it was a positive message for both the organisation and the public. The next unannounced visit would be due around January 2014.</p> <p>The final report, which could be viewed by members of the public on the CQC website, would be communicated to staff and CQC compliance and the Quality and Risk Profiles (QRPs) would continue to be monitored as part of the Quality Committee 2013/14 work plan.</p> <p>The Chairman congratulated the Trust on the outcome and stated her belief that YAS's professionalism, self-inspection and constant monitoring meant that YAS could welcome a CQC visit at any time.</p> <p>PBW stated that the CQC had visited the Trust during one of its most challenging times, so it was reassuring that there had been no surprises and it had provided a positive snapshot in time. However, there was still work to do to maintain that position.</p> <p>DW was surprised at the amber rating for "re-contact within 24 hours", suggesting that significant improvements had been made and this should be better reflected in the RAG rating.</p> <p>SP agreed, adding that a lot of data assessed by the CQC was not as current as the data being used by YAS.</p> <p>Approval: The Trust Board agreed and accepted the report as assurance that compliance with CQC standards was being maintained.</p>	
5.7	<p>For Approval: Draft Annual Business Plan 2013/14; NHS Trust Development Authority: Planning Guidance</p> <p>RB stated that the purpose of the paper was to seek Trust Board approval for the draft Annual Business Plan 2013/14 incorporating the NHS Trust Development Authority (TDA) Planning submissions.</p>	

		Action
5.8	<p>For Approval: NHS Staff Survey Results</p> <p>SM provided the Trust Board with an overview of the results from the 2012 NHS Staff Survey and highlighted areas where improvements had been made and where further improvement was required.</p> <p>He stated that the survey was commissioned nationally on behalf of the Department of Health (DH), adding that the organisation was going through a period of substantial change when the survey was carried out.</p> <p>The response rate of 58% was a 3% increase on 2011.</p> <p>The overall indicator score for staff engagement arising from the Survey was presented on a scale of 1 to 5, with poor engagement towards the lower end and strong towards the upper end.</p> <p>For YAS, the 2012 overall staff engagement indicator score was 3.20, which represented a slight improvement on the 2011 result of 3.18. However, the Trust was in a below average position compared to other ambulance trusts and the 3.68 score for the NHS as a whole.</p> <p>SM outlined the top 5 most favourable and least favourable findings compared to other ambulance trusts in England whilst adding that the free text commentary was more informative than statistics.</p> <p>The Board agreed that although the <i>Percentage of staff reporting good communication between senior management and staff</i> (YAS score of 12% compared with a national average score of 16% for ambulance trusts) was poor compared with other areas of the public sector, this was very much perception based as peoples' definition of "senior management" tended to differ.</p> <p>SM stated that planning for 2013 and beyond included some national work including the National Ambulance Service Directors of Human Resources Group's exploration of service wide implications of the 2012 staff survey results. These would determine what positive actions could be taken to increase understanding of the causes of engagement and disengagement of staff within the service.</p> <p>Locally within YAS, actions included the Trust's Directorate of Workforce & Strategy analysis of the detailed results from the 2012 Staff Survey to produce Directorate specific reports to enable individual Executive Directors and their Directorate Management Teams to address any specific issues within their portfolios.</p> <p>DW expressed disappointment that <i>the inability to affect change, support from immediate managers and engagement with staff</i>, were the same main issues as the previous year.</p> <p>It was his belief that changing rosters would make a big difference if the Trust worked with its staff to ensure that they were right.</p>	

	Action
<p>The Chairman stated her belief that current methods of internal communications were stale and should be reviewed.</p> <p>PBW stated his belief that the Trust was still not getting leadership right at the lower levels of the organisation.</p> <p>DW stated that senior management needed to demonstrate leadership to their clinical leadership colleagues as, although they had been hugely optimistic about the future, every time he had met them they were still not fully mobilising their teams across the region.</p> <p>RB stated that the organisation needed to realise that the problem was not confined to operational areas, as there were communication and engagement issues across the whole of the Trust.</p> <p>BS requested details of the timescales for sharing the outcome of the survey and resulting recommendations with staff.</p> <p>SM replied that the survey results were already publicly accessible and a summary was available on the Intranet. The two-year action plan was also available on the Intranet although changes would need clarifying and communicating to staff shortly. It was agreed that SM should share this information with Board colleagues.</p> <p>Action: SM to share revised action plan and timescales with Board</p> <p>SP stated that feedback from Listening Watch visits was a standing agenda item at Senior Management Group (SMG) meetings.</p> <p>The Chairman asked whether there was a plan to link the Non-Executive Directors (NEDs) into the Listening Watch visits.</p> <p>SM replied that the schedule for SMG members had been adjusted and re-issued. It was agreed that the system should be changed to allow NED involvement.</p> <p>Action: SM to liaise with Chairman / Jo Kane re alterations to Listening Watch process to allow NED involvement.</p> <p>Approval: The Trust Board received and approved the results of the NHS Staff Survey for 2012 and noted the further actions for taking improvements forward.</p> <p>The Chairman placed on record her thanks and appreciation of the work carried out over the past 12 months by Janvier Hyde who was due to leave the Trust that day.</p> <p>SM endorsed the Chairman's comments.</p>	<p>SM</p> <p>SM</p>

	Action
<p>5.9 For Approval: Business Conduct for Staff – Interests, Gifts, Hospitality and Sponsorship Policy: Updated & Register of Interests: Annual Formal Review</p> <p>AA presented a paper the purpose of which was to provide the Trust Board with assurance of probity in the management of YAS' Policy for Business Conduct for Staff – Interests, Gifts, Hospitality, and Sponsorship and to seek approval of the record, at Appendix A, as a true representation of the Register of Declaration of Interests for the Financial Year 2012/13.</p> <p>AA stated that from 3 April 2013, the current Policy and Register of Declaration of Interests of members of the Trust Board would be published on the Trust's website and updated through a rolling programme of quarterly review.</p> <p>All Trust staff had an obligation to declare gifts and hospitality and the Policy, which had been reviewed and updated in terms of internal role changes, would be going to SMG for approval on 10 April.</p> <p>Work was under way to update the Register of Interests to make it more user-friendly and all Trust Board members had been asked to update as appropriate. Once the revisions were complete, the Register would be re-circulated to Board members.</p> <p>Action: AA to re-circulate Register of Interests to Board members when revisions have been completed</p> <p>The Chairman stated that she welcomed the changes and looked forward to a better process going forward but she was disappointed that it had taken so much time.</p> <p>SM stated that additional minor changes would be required such as the inclusion of Dr Alison Walker's interests.</p> <p>The Chairman stated that further clarity was required relating to directorships and paid employment.</p> <p>A general discussion took place about the declaration of hospitality.</p> <p>JM stated that he was aware of members of his own team who turned down hospitality as it was not seen as the right thing to do so it needed to be made clear what hospitality was appropriate and what was inappropriate to accept.</p> <p>Approval: The Trust Board was assured that the YAS Policy for Business Conduct for Staff – Interests, Gifts, Hospitality and Sponsorship had been made clearer and would be reinforced to all staff via SMG, and approved Appendix A, as a true representation of the Register of Declaration of Interests for the Financial Year 2012/13 subject to the minor amendments as agreed.</p>	<p>AA</p>

		Action
<p>6 6.1</p>	<p>STRATEGY, PLANNING AND POLICY For Approval: A&E Contract 2013/2014 RB provided an overview of the current contract negotiation positions and financial information for the Accident and Emergency (A&E) and Patient Transport Service (PTS) contracts.</p> <p>A&E Contract negotiations overview RB stated that the A&E contract negotiations had been taking place weekly since early February and the contract was likely to be at a sign off position by the end of the week.</p> <p>The new NHS standard contract was being used as the basis of the contract and the Trust Development Agency (TDA) guidance on length of contract taken in to account which would lead to a two year contract with a one year review for the financial elements.</p> <p>RB stated that the base contract did not have growth assumptions built in so any over trade would be funded through a marginal rate mechanism, but there was no cap on growth, which was helpful.</p> <p>The commissioners had agreed to provide funding for the Hazardous Area Response Team (HART) move but further discussions were required around the Emergency Care Solution (ECS) roll out and training. It had also been agreed in principle that the turnaround collaborative would continue and the new post of collaborative coordinator would continue to drive this work stream.</p> <p>Financial penalties were attached to turnaround performance which was split into handover and wrap up with 15 minutes allowance each for the Acute Trust and the YAS element. It had been agreed that, for the first 6 months, the penalties would be monitored in shadow form but after that they would be applied to Acute Trusts and to YAS.</p> <p>RB stated that during the negotiations YAS has requested assurance that the penalties would be re-invested to ensure that the targets were supported and met, details of which were being worked through as part of the Turnaround Collaborative project.</p> <p>RB confirmed that the main areas of risk were:</p> <ul style="list-style-type: none"> • Penalties for Red1 and Red2 non-delivery, up to a maximum 2% of contract value (circa £6million ie £3million each); • Turnaround penalties part year effect (circa £200,000); • Significant increases in demand particularly due to NHS 111; • ECS business case was still to be approved by CCGs. <p>He stated that turnaround penalties would need careful monitoring and further negotiations were under way to ensure commissioners did not set a 100% compliance target. With regard to significant increases in demand, payment for overtrade would be at marginal rate and post event, which would add further financial impact.</p>	

Clinical Commissioning Group (CCG) agreement to the ECS business case was key to the continuation of YAS's work to reduce conveyance by better access to records and primary care information along with access to the Directory of Services (DoS).

DW stated that there were a lot of positive items within the contract agreement, particularly the fact that there was no cap on growth.

The Chairman placed on record her congratulations to RB and his team who had done a very good job in very tight timescales.

PTS contracts overview

RB stated that YAS currently managed four main PTS contracts across Yorkshire and the Humber all of which had been negotiated for a further year. However there remained a risk of Commissioners wanting to retender the contracts, although a notice period would have to be issued if this was the case.

He further stated that the major risks were in South Yorkshire. The income reduction due to the transfer of the discharge service in Sheffield, for which YAS had not tendered, and the NHS efficiency requirement had been accepted but negotiations were on-going with regard to the proposed further reduction of £218,580.

RB outlined a number of key risks for PTS income which included:

- Financial penalties applied for underperformance on Key Performance Indicators (KPIs) / Other;
- Non-recovery of chargeable journeys;
- Loss of income due to tendering of services.

In addition, he was not totally confident that all PTS contracts would be signed by the end of the week.

The Chairman expressed disappointment that the PTS contract negotiations were taking so long. She acknowledged that the problems were not of YAS's making, adding that in future negotiations the Trust should emphasise to its commissioners the added value it brought to its patients and their safety.

Approval:

The Trust Board noted the position of the A&E and PTS contract negotiations and the financial risks to those contracts. In addition, authority was delegated to the Chief Executive and Chairman to approve the final contracts for A&E and PTS for 2013/14 to comply with national guidance to have contracts approved by 31 March 2013.

The Chairman stated that if there were any significant changes the Trust would need to go to emergency powers.

		Action
6.2	<p>For Approval: Budget Setting: including Cost Improvement Programme 2013/2014 RB presented the proposed Income and Expenditure and Capital budgets for 2013/14.</p> <p>EB confirmed that the item had been tabled at the 5 March Finance and Investment Committee (F&IC) meeting as an update rather than an item for approval.</p> <p>RB outlined the approach taken and assumptions behind the key components of the revenue budgets; the Income and Expenditure budget for 2013/14; a workforce breakdown by Directorate; the Cost Improvement Programme (CIP); details of the Trust's reserves; and a summary of the 2013/14 Capital budgets.</p> <p>He stated that the risks associated with budget setting included:</p> <ul style="list-style-type: none"> • The Trust would not secure the level of income assumed eg activity levels forecast might not transpire, penalties might be incurred and Commissioning for Quality and Innovation (CQUINs) not achieved; • The inflation calculations did not reflect the actual rates of inflation and unforeseen cost pressures arose in-year; • Failure to deliver agreed Cost Improvement Programmes (CIPs) resulted in inadequate funding to deliver planned developments and fund cost pressures; • CIPs were not sustainable from a clinical quality perspective. <p>Mitigations were in place to counter these risks.</p> <p>Following further discussion the Board approved the 2013/14 budgets. It was acknowledged that flexibility was required and agreed that the Board would be kept sighted on changes.</p> <p>Approval: The Trust Board approved the 2013/14 revenue income and expenditure and capital budgets noting the inherent risks therein.</p>	
6.3	<p>For Approval: Remuneration and Terms of Service Committee: Terms of Reference The Chairman stated that the Trust Board required its Committees to periodically review their Terms of Reference, as a minimum in line with the timescales described therein.</p> <p>The terms of reference of the Remuneration and Terms of Service Committee (RTSC), on which the Chairman and the Non-Executive Directors (NEDs) sat, were last reviewed and approved by the Trust Board in January 2012.</p> <p>No substantive changes had been made since 2012 but in the spirit of good corporate governance, they were submitted to the Trust Board for approval.</p>	

		Action
	<p>Approval: The Trust Board approved the Terms of Reference for the Remuneration and Terms of Service Committee for 2013/14.</p>	
6.4	<p>For Approval: Charitable Funds Committee: Terms of Reference AA stated that considerable changes had been made to the Terms of Reference for the Charitable Funds Committee Terms of Reference since they had last been updated in November 2010.</p> <p>One of the reasons for the expansion of the Terms of Reference was to ensure greater scrutiny over the use of charitable funds.</p> <p>The Chairman stated that a major change was the establishment of a Fund Raising Committee.</p> <p>An additional major change was the inclusion of 8.5 and 8.6 below: 8.5 <i>To receive reports from the Executive Director of Finance and Performance or their Deputy, of authorised expenditure up to the value of £2,500 and requests for expenditure that has been refused.</i></p> <p>8.6 <i>To approve all individual charitable fund expenditure in excess of £2,500. Expenditure over £50,000 must be approved by the Trust Board.</i></p> <p>JM stated that he would appreciate some mention of the YAS Basics Scheme in the Terms of Reference, as these funds were ring fenced.</p> <p>It was agreed that the request would be taken back to the Charitable Funds Committee for further discussion.</p> <p>Action: EM to ensure YAS Basics Scheme was included on a future Charitable Funds Committee agenda to consider if required to be included in Terms of Reference.</p> <p>Approval: The Trust Board approved the Charitable Funds Committee Terms of Reference subject to the JM caveat.</p> <p>The Chairman stated that the key to the success of the Committee was to ensure that the Trust's charitable funds were used appropriately to improve life for the Trust's patients or in support of its staff.</p> <p>The Trust Board Meeting in Public broke for lunch at 1250 hours, reconvening at 1330 hours.</p>	EM
7 7.1	<p>PERFORMANCE MONITORING Chief Executive's Report and Integrated Performance Report DW stated that this was the second time that his report had been presented in this format.</p>	

The aim of the report was to give the Board assurance on the activity of the Trust Executive Group (TEG) from 30 January to 19 March 2013, and to highlight the key variances contained within the February 2013 Integrated Performance Report (IPR)

DW outlined the business priority areas for quarter 4 and provided an update on the current external environment. A consultation had started on proposals to change health services across NHS Kirklees and NHS Wakefield, the area covered by Mid Yorkshire Hospitals NHS trust, to change how planned and unplanned care was delivered across the three sites and that YAS was being consulted on the changes.

JM confirmed that YAS was very involved in the process, particularly in the reconfiguration of Dewsbury hospital

Action:

DW to circulate consultation document to rest of the Board.

DW

DW stated that the Trust was completing a stakeholder mapping exercise to ensure that effective relationships were established with the newly formed organisations as part of the NHS re-organisation and SM was leading on this piece of work.

He further stated that the significant increases in demand and in particularly Red activity continued to have an impact on both Red 1 and Red 2 targets.

Delivery in February was also affected further by sporadic snow fall which caused widespread disruption across the region. The January out turn for Red performance was 73.5% with the February out turn being 73.9%. Expected turn out position for 2012/13 was expected to be 75.3%.

DW stated that 45% of the NHS 111 service in Yorkshire and Humberside was currently mobilised and in spite of increased demand and challenges encountered during the launch of the new service, YAS had made a good start.

The Chief Executive had taken part in a job swap with a YAS Apprentice on 25 February. It had been an enjoyable day and good promotion for National Apprentice Week (11–17 March 2013).

DW invited the Executive Directors to present their key highlights.

PBW provided an update on current Red1 and Red2 performance which had been struggling to reach its 75% target due to adverse weather conditions and peaks in demand.

He outlined the key actions taken to mitigate the impact of increased demand following the launch of NHS 111, which included:

- Use of private providers focused in the out of hours periods.

- Utilisation of overtime to strengthen key hours.
- A&E managers supplementing frontline resource.
- Actions to reduce planned abstraction.

PBW stated that, within the PTS directorate, there had been some significant changes to the management structure and although performance was improving, there remained a lot of work to do.

JM provided an update on the Clinical Directorate. Highlights included:

- Poster presentations on working with nursing homes to provide appropriate care for patients were presented at the Florence Nightingale Foundation Annual Conference by Angela Harris (AH).
- YAS was taking a leading role in relation to the development of services for urgent care. Delegates from Northern Ireland (NI) Ambulance Service and NI Health Board had visited the Clinical Hub and a reciprocal visit was made by AH to speak at the NI Long Term Conditions Conference regarding 'right care'.
- The soft 'go live' of 111 had been supported by Dr Dave Macklin and other key members of the Clinical Directorate to ensure patient safety.
- The DH-led peer review of the Yorkshire and Humber Major Trauma Network had taken place and initial feedback was good.

SP stated that the NHS 111 mobilisation process was continuing, with a plan agreed with commissioners to phase implementation. YAS was monitoring its own performance, the national situation and performance over the Easter period before a final decision was made relating to the remaining implementation dates.

He further stated that, although work was continuing according to plan to complete staff recruitment, transfer and training, the volume of calls meant that this was proving to be a challenge and the extreme peaks of activity made the management process difficult.

There had been several issues with the Directory of Services (DoS) including the lack of emergency dental provision listed for West Yorkshire. The issues had been reported back to the commissioners.

DW stated that, for safety reasons, the whole-system issues needed to be ironed out before the system went fully live.

In his Quality update, SP stated that safeguarding referral rates had reduced in February but the reason for this was as yet unclear.

Service to service complaints remained at a relatively high level for PTS East consortium area, the primary cause of which was delays in pick up times, which was being addressed through the PTS transformation programme.

SM stated that following Board approval of the 5 year workforce plan in September 2012, work had been underway to implement the required workforce changes. The most significant element of the implementation of the plan was the achievement of agreement to the changes to the A&E workforce Band/Skill mix.

Compounded by previously dysfunctional relationships between the Trust and Unite the Union the Trust determined at the end of the A&E workforce plan consultation process to end the voluntary recognition of Unite. The decision was conveyed to Unite officials on 4 February 2013 and subsequently Unite had advised the Trust of its intention to ballot its membership for industrial action.

SM confirmed that 100% of current Assistant Practitioners had accepted the Trust's Workforce Plan on an individual basis.

The Directorate had been leading on a new approach to recruitment which was based around values and behaviours to enable a more efficient management of the recruitment process. The first such selection centre had been held in early March and had gone well with a second session due to take place during April.

SM stated that the provision of the YAS occupational health service had been reviewed with input from Unison and the formal procurement process was now down to the final two bidders.

He confirmed that sickness levels remained above the Trust's 5.0% target and RAG rated Red. Performance Development Reviews (PDRs) experienced a further reduction in completion in February so was also RAG rated as Red for year-end achievement.

The Chairman suggested that PDRs should be spread across a 12 month period to ease the pressure on managers.

RB stated that work within the Finance team during February had focused on A&E and PTS contract negotiation, developing budgets and planning assumptions for 2013/14, progressing CIP reserve schemes to support delivery of year end performance targets and securing additional income to support the higher A&E demand levels envisaged in March due to the 111 service.

Estates had concentrated on further developing the HART business case for submission to NHS North of England.

Fleet had completed the consultation on the restructure of the Sheffield workshop and there had been an improvement in terms of medical devices' servicing in month.

The Chairman thanked the Executive Directors for their updates and invited questions, including from the members of public present.

David Bolam (DB) stated it was clear from earlier discussions that staff morale was currently low in the organisation and asked whether the Board thought that the age and condition of vehicles might have an impact on morale and sickness levels if they were improved.

The Chairman replied that the vehicle issue related to PTS rather than emergency vehicles. Significant changes had already been made but the Trust could only do this when it created surpluses which allowed the purchase of new fleet.

Len Cragg (LC) stated his belief that morale would be affected by the many changes the Trust was currently going through and asked why PTS performance in relation to the collection of patients from appointments was deteriorating in spite of their numbers decreasing.

The Chairman replied that the Trust Board had, at its last meeting, considered the recent changes in PTS and a major discussion had taken place about the PTS Improvement Plan, which now needed to be implemented as quickly and efficiently as possible.

DB stated that on page 2.2 of the IPR, the regional breakdown of Red1 and Red2 performance, North Yorkshire was still languishing and asked whether the Trust was making any progress.

DW replied that work was underway around managing demand more appropriately and was making some progress but there was a historic lack of investment in North Yorkshire which had an impact. In addition, the length of turnaround at York hospital was very worrying as it impacted on YAS greatly. However, overall delivery was slightly better than the previous year, in spite of increased demand.

DW stated that the Trust looked forward to building relationships with the new Clinical Commissioning Groups (CCGs) and looking at innovative ways to improve rural services.

The Chairman stated her belief that the IPR was developing well although some additional explanatory comments would be useful.

SP stated that he was currently revising the early warning process.

The Chairman stated that although work remained to be done, there was still a tremendous amount of good work going on within YAS.

Approval:

The Trust Board agreed that it had sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period and noted and discussed the variances contained within the February 2013 IPR report, highlighted in the Executive Directors reports.

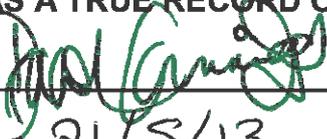
		Action
7.2	<p>Charitable Funds Committee – Committee Chairman’s Report on progress since the last meeting held on 21 November 2012 RB, on behalf of EM, the Chairman of the Charitable Funds Committee, presented the report, the purpose of which was to give the Trust Board assurance that the Charitable Funds Committee was meeting the requirements set down in the terms of reference.</p> <p>The Fundraising Committee had been established and was scheduled to meet for the first time in early April prior to the Charitable Funds Committee meeting on 18 April 2013.</p> <p>The Chairman thanked RB for his report.</p> <p>Approval: The Trust Board had sufficient assurance on the matters reviewed by the Committee.</p>	
7.3	<p>Audit Committee – Committee Chairman’s Report and Minutes of the meeting held on 21 November 2012 and Chairman’s Report of the last meeting held on 12 February 2013. BS stated that the aim of the report was to provide assurance to the Trust Board regarding the activities of the Audit Committee.</p> <p>He provided a summary of the key matters arising at the 12 February Audit Committee meeting, which included:</p> <ul style="list-style-type: none"> • Receipt and consideration of the latest version of the Board Assurance Framework; • The opportunity and intention to further streamline reporting by the Finance & Investment and Quality Committees were noted. • Assurance was received that planning relating to: Final accounts timetable 2012/13; Budget timetable 2013/14; Annual Report timetable 2012/13; and Quality Accounts timetable 2012/13 remained on track. • The draft Planning Report from the Trust’s External Auditor, was considered and noted. • Internal Auditors had provided a detailed update of their work. <p>BS confirmed that RB and he were shortly due to meet with Internal Audit to discuss the streamlining of assurance further.</p> <p>The Chairman thanked BS for his update, congratulating him on the thoroughness of his report.</p> <p>Approval: The Trust Board noted the content of the report and derived adequate assurance regarding the activities of the Audit Committee and the assurance provided by that Committee.</p>	
7.4	<p>Quality Committee – Committee Chairman’s Report and Minutes of the meeting held on 8 January 2013 and Chairman’s Report of the last meeting held on 5 March 2013</p>	

	Action
<p>SP, on behalf of PD the Chairman of the Quality Committee, updated the Trust Board on the activities of the Quality Committee.</p> <p>The papers presented at the meeting on 5 March had included several year-end reviews. All reports noted key areas of positive development and highlighted areas for action in the coming year.</p> <p>In addition to the regular update reports, issues to be considered in detail as part of the 2013/14 work plan would include:</p> <ul style="list-style-type: none"> • Ongoing monitoring of progress in relation to the Mid-Staffordshire Public Inquiry recommendations. • Further review of developments relating to Compassion in Practice. • Ongoing reports on implementation of the clinical leadership framework and training delivery in the light of the challenges to these processes arising from operational pressures. • Further review of clinical audit processes and outcomes. • A report at each meeting of the Committee on the quality impact of cost improvement schemes, to provide ongoing assurance with regard to the maintenance of quality and safety of patient care. <p>The Chairman thanked SP for his report.</p> <p>Approval: The Trust Board received the Committee Chairman's report, 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.</p>	
<p>7.5 Finance & Investment Committee – Committee Chairman's Report and Minutes of the meeting held on 8 January 2013 and Chairman's Report of the last meeting held on 5 March 2013 including approval of an amendment to the Terms of Reference</p> <p>EB stated that the purpose of the report was to give the Trust Board assurance that the Finance & Investment Committee (F&IC) was meeting the requirements set down in its terms of reference.</p> <p>At its meeting on 5 March, the Committee had received a detailed review of Cost Improvement Plans (CIPs) noting:</p> <ul style="list-style-type: none"> • There was an overall shortfall of £1.5m in the CIPs which had been plugged by reserve schemes. • The Trust was currently running at £567k shortfall, which was expected to improve to a shortfall of £400k by the year end. • Clinical leadership had delivered in financial terms but there was a quality shortfall. • Management of the CIP programme group during the first quarter of 2013/14 would undertake rigorous interrogation to ensure more robustness in assessment of business cases. 	

	Action
<ul style="list-style-type: none"> • Government's arrangements regarding delivery of CIP and business cases would come back to the May Quality and F&IC meetings in terms of outcomes. • £1.6m enabling money for restructuring had been spent on the establishment review. <p>The CIP Five Year Plan had been reviewed, including its governance and monitoring and a timeline for monitoring and revision.</p> <p>EB stated that due to late receipt of the revised draft of the Commercial Strategy it had been agreed that this should be given full consideration outside of the meeting and comments fed back to the Head of Business Development. Comments received from the NEDs would be incorporated into the document as track changes and reviewed at the F&IC in May 2013.</p> <p>EB outlined the proposed amendment to the Committee's Terms of Reference, which was to change:</p> <p><i>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.</i></p> <p>to</p> <p><i>6.4 To review proposals for all major business cases and tenders between £250k and £500k and recommend for approval at the Trust Board those in excess of £500k and their respective funding sources.</i></p> <p>The Chairman thanked EB for her report.</p> <p>Approval: The Trust Board agreed the amendment to the Terms of Reference, 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> <p>ANY OTHER BUSINESS DW stated that "Patients First and Foremost", the Government response to the Francis Report had been published that day and read out a précis summary.</p> <p>The Chairman congratulated MG on her permanent appointment as Board Support Officer.</p>	
<p>7.6</p> <p>Board Review and Feedback: Board Vital Guiding Principles</p> <p>T – timely, accessible communications R – respect differences; be supportive U – understand shared purpose, risks S – self-awareness; give/receive feedback; time for reflection T – take responsibility; challenge</p>	

		Action
	<p>The Chairman requested feedback on the meeting and asked whether the Board believed it had achieved its guiding principles.</p> <p>PBW stated that the commitment to go out "on the road" was now more important than ever. A lot of staff had already been given the opportunity to engage with senior management and it was important in these challenging times to ensure that everyone was given the same opportunity.</p> <p>DW congratulated the Chairman on managing to keep the meeting to time when the agenda had been so full.</p>	
8	<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>The Chairman thanked everyone for attending the Trust Board meeting held in Public.</p> <p>The meeting closed at 1430 hours.</p>	
9	<p>Date and Location of Next Meeting 0945 hours on 21 May 2013 at Eureka, Discovery Road, Halifax, HX1 2NE.</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS


 _____ CHAIRMAN
 21/5/13 _____ DATE