



Trust Board held in Public

Venue: Sneaton Castle, Castle Road, Whitby, YO21 3QN

Date: Tuesday, 23 July 2013

Time: 0945 hours

Chairman: Della Cannings

Present:

Board Members:

Della Cannings	(DC)	Chairman
David Whiting	(DW)	Chief Executive
Patricia Drake	(PD)	Deputy Chairman & Non-Executive Director
Dr Elaine Bond	(EB)	Non-Executive Director
Erfana Mahmood	(EM)	Non-Executive Director
Barrie Senior	(BS)	Non-Executive Director
Mary Wareing	(MW)	Non-Executive Director
Rod Barnes	(RB)	Executive Director of Finance & Performance
Nick Cook	(NC)	Interim Executive Director of Workforce and Strategy
Michael Fox-Davies	(MFD)	Interim Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director

Apologies:

Steve Page (SP) Executive Director of Standards & Compliance

In Attendance:

Karen Warner	(KW)	Associate Director, Quality
Anne Allen	(AA)	Director of Corporate Affairs & Trust Secretary
Dean Spencer	(DS)	Portfolio Director, Delivery & Development, NHS TDA
Fiona Hibbits	(FH)	Delivery & Development Manager, NHS TDA
Iain McInnes	(IM)	Head of Delivery and Development, NHS TDA
Vince Larvin	(VL)	YAS Locality Director, North and East
Dennis Shaw	(DS)	Public Member
Cllr Jane Kenyon	(JK)	Member of the Public
David Bolam	(DB)	Public Member
Len Cragg	(LC)	Public Member
Ann Pinsent	(AP)	Public Member
Tony Pinsent	(TP)	Public Member

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. 'Patient Experience' was presented by Karen Warner, Associate Director, Quality and Hester Rowell, Head of Quality and Patient Experience and was very well received by those present.

		Action
	<p>The meeting commenced at 0945 hours.</p>	
1	<p>Questions from the Public</p> <p>The Chairman welcomed the members of the public, YAS colleagues and the representatives from the NHS Trust Development Authority (TDA) to the Trust Board Meeting held in Public. She passed on her thanks to KW for an excellent pre-meeting presentation.</p> <p>The Chairman invited questions asking people to identify themselves by name, geographical area and organisation if appropriate.</p> <p>DB from North Yorkshire stated that although nationally the NHS 111 service was experiencing problems; in comparison with other regions YAS' transition seemed to have gone relatively smoothly and asked whether this was due to YAS' experience of working with NHS Direct.</p> <p>DW agreed that the YAS transition had gone reasonably smoothly even though as would be expected with a new service there had been some teething problems.</p> <p>However, the close involvement of the Lead Commissioner and the CCGs and the phased implementation agreed with them had also enabled YAS to gather and embed learning before moving onto the next phase, ensuring full implementation by 2 July 2013.</p> <p>A lot of the Trust's success was therefore down to its own NHS 111 team; their good planning; good external support mechanism; and the flexibility of the 111 workforce.</p> <p>The Chairman stated that the phased implementation had ensured the delivery of a safe service, adding that other organisations were now turning to YAS for assistance.</p> <p>However, although this was flattering the Trust would need to ensure that such requests did not take time away from its key staff, as there was still room for development and improvement of the essential service which had enormous potential for the future.</p> <p>DB stated that the NHS England report about the implementation of the NHS 111 service had been very critical and it was his belief that information about YAS' successful implementation should have been included.</p> <p>DS stated that the first time he had called the NHS 111 number he felt like the lady to whom he had spoken knew him, which had never happened before so it had been an excellent personal experience.</p> <p>RB stated that the fact that YAS had been able to mobilise resources from across the Trust when problems were encountered, using a number of different service areas including the Clinical Directorate and other support functions had ensured that things had gone as smoothly as possible.</p>	

	Action
<p>The Chairman invited VL, the Locality Director for North Yorkshire to provide the meeting with an update on developments in the area.</p> <p>VL reported that several of the six CCGs with whom he dealt were very proactive and working on alternatives to traditional pathways, as a variety of different solutions were required in rural areas. For example, the Emergency Care Practitioner (ECP) arrangement in the GP surgery in Pickering was working well, particularly as the ECP could visit patients on behalf of the GPs.</p> <p>He further stated that the main development during the current year would be operational redesign to ensure that resources were in the right places at the right time. This would include rationalising and standardising rest breaks to maximise the use of resources.</p> <p>The Chairman asked what was being done to improve handover times at Scarborough hospital as the 18 minute average time was masking longer handovers.</p> <p>VL replied that Scarborough was challenging because of the lay out of the hospital and the massive seasonal peaks due to holiday makers, etc. York had also been struggling so actions were being implemented at the front end to try to improve handover times.</p> <p>The Chairman asked whether the changing nature of services at Friarage hospital as a result of the on-going changes being implemented by James Cook hospital was impacting on YAS.</p> <p>VL confirmed that YAS struggled with turnarounds at James Cook, which was not helped by the fact that it was in another region. However, he was working with Nicola Mawson, YAS' Turnaround Collaborative Co-ordinator, to see if the hospital would agree to a handover screen being installed.</p> <p>The Chairman thanked VL for his impromptu update.</p> <p>As there were no further questions, the Chairman thanked those present for the interest they had shown in YAS' work.</p> <p>The Chairman stated that members of the public were very welcome to stay and observe the business of the Board meeting but should feel free to leave early if they wished as they had not committed to stay for the whole event. She reminded those present that, once the formal Board meeting started, they would be unable to play an active part unless they were invited to pass comment.</p>	
<p>2</p> <p>Apologies / Declaration of Interests</p> <p>The Chairman welcomed everyone to the meeting.</p> <p>Apologies were received as above and declarations of interest would be considered during the course of the meeting.</p>	

	Action
<p>The Chairman stated that there had been a few changes to Board membership since the June Extraordinary Trust Board Meeting in Public.</p> <p>The Trust's Deputy Chief Executive and Executive Director of Workforce and Strategy, Stephen Moir, had been recruited by NHS England to be their Director of People and its Executive Director of Operations, Paul Birkett-Wendes, had left for family reasons.</p> <p>The Chairman confirmed interim arrangements were in place whilst the Trust advertised for and appointed to the substantive posts.</p> <p>The Chairman welcomed the Interim Executive Director of Workforce and Strategy, Nick Cook (NC) and the Interim Executive Director of Operations, Mike Fox-Davies (MFD) to their first Trust Board Meeting in Public. She stated that they would be with the Trust for up to six months. Both had excellent track records and were already bringing great value to YAS as an organisation.</p> <p>The Chairman stated that change should be seen as a positive. As the organisation was constantly developing a different skill mix and a fresh pair of eyes should always be welcomed.</p> <p>The Chairman welcomed KW as SP's deputy and encouraged her to actively participate in the meeting even though she would not have a vote if any discussions got to that stage.</p> <p>The Chairman expressed disappointment that there was not a higher public attendance, in spite of extensive communications and complimented the Prioress on the beautiful facilities.</p>	
<p>3</p> <p>Minutes of the Extraordinary Public Meeting held on 4 June 2013 including Matters Arising (not on the agenda) and Action Log</p> <p>The Minutes of the Meeting held on 4 June 2013 were approved as a true and fair representation of the meeting subject to the amendments highlighted.</p> <p>Matters Arising:</p> <p>Page 4, paragraph 10 – first line altered to state “well advanced in their checking of the accuracy”.</p> <p>Page 4, paragraph 11 – paragraph deleted.</p> <p>Page 6, 2.2 Annual Accounts, paragraph five – “Paul Thomas” altered to “Paul Thomson”.</p> <p>Page 8, paragraph 5 – first line altered to read “and technical issues with the software which had led to capacity issues in clinical audit had been identified as</p>	

	Action
<p>Action Log: DW guided the meeting through the updated Action Log. There were no outstanding queries relating to the completed actions and the meeting did not consider actions that were not yet due.</p> <p>PB-161 – BS confirmed that the assurance process was on-going. Further written and verbal assurance had been received from Internal Audit (IA) re the Integrated Performance Report (IPR) at Audit Committee the previous week. The process of reviewing the IPR remained on-going and would be discussed further at the October Audit Committee meeting.</p> <p>PB-188 – NC confirmed that a paper had been produced for consideration by Trust Executive Group (TEG) which would come to a Board Development Meeting (BDM) for discussion. A more focussed action plan had been produced and the possibility of using pulse surveys to supplement the Staff Survey was being considered.</p> <p>The Chairman suggested it would be useful to include a session on the NHS Staff Survey at the BDM on either 7 or 20 August.</p> <p>Action: AA to liaise with NC re inclusion of item about Staff Survey at forthcoming BDM</p> <p>PB-191 – EM stated RB had confirmed that the funds were not classified as Charitable funds so it was not appropriate to include the BASICS Scheme in the Committee’s Terms of Reference.</p> <p>JM asked what had happened to the remaining £30k legacy.</p> <p>RB replied that the money was classified as Exchequer funds rather than Charitable funds. He had produced an audit trail and would speak to JM about the matter outside the meeting. Action complete.</p> <p>Action: RB to speak to JM re BASICS Scheme funds outside of meeting.</p> <p>PB-199 – RB confirmed that Cath Balazs was leading on this piece of work and the results would be published in the IPR. Action complete.</p> <p>PB-200 – DW confirmed that a formal response had still not been received. He would continue to chase a response as the decision had caused the Trust significant embarrassment. The action would remain open as it remained a ‘live’ issue.</p>	<p>AA</p> <p>RB</p>
<p>4</p> <p>Chairman’s Report The Chairman stated that the intention of her report was to provide information not available elsewhere so she would avoid the issues outlined in the Chief Executive’s report.</p>	

	Action
<p>She further stated that there had recently been an enormous amount of negative coverage in the national press which undermined the good work that the NHS in general and YAS' staff in particular did.</p> <p>However, the recent bad press would not detract from the Trust's areas of development and its work with other stakeholders to help the organisation to move forward in such a way that allowed it to remain open and transparent with its patients and the excellent presentation at the start of the day had shown how embedding learning was already part of the organisation's thinking.</p> <p>The Chairman stated that there remained challenges around the delivery of the Trust's Patient Transport Service (PTS), an area in which YAS still needed to improve its performance standards, as to lose a significant element of YAS' service would be a tragedy.</p> <p>She further stated that there had recently been a lot of uninformed comment about emergency services combining but it was her opinion that there was still much work to be done within individual services before this became a feasible option.</p> <p>The Chairman added her belief that there was some naivety about the role of ambulance services actually did, as many people only saw the service as attending road traffic collisions, etc and did not understand the professionalism of YAS' clinicians and the role they played in ensuring that people were treated in right place, etc.</p> <p>The Chairman was conscious that the Trust's Foundation Trust (FT) journey was taking longer than initially anticipated and that Members must be wondering what was happening, particularly in relation to the forthcoming elections and provided an update on the current FT timeline, which had been affected by changes to the NHS landscape.</p> <p>The Chairman stated that the YAS Board had been encouraged to attend Council of Governors' (COG) meetings around the region as it was important for them to get a feel of how these meetings operated.</p> <p>PD asked whether the regional Governors' meetings were still taking place. AA agreed to look into this on behalf of the Chairman.</p>	
<p>Action: AA to find out whether regional Governors' meetings were still taking place and share information with Board members.</p>	<p>AA</p>
<p>The Chairman confirmed that the NHS Trust Development Authority (TDA) had set up a new process for the appraisal of Chairmen of NHS trusts. She had not yet seen the details but would share them with Board colleagues as soon as possible.</p> <p>Action: Chairman to share details of TDA appraisal process of Chairmen of NHS trusts on receipt.</p>	<p>Chairman</p>

		Action
	<p>The Chairman reported that she had recently had the opportunity to attend Exercise Meridien, a joint agency anti-terrorism exercise, as an observer. The exercise had highlighted the marked developments that had taken place across emergency services since Hillsborough in terms of equipment and staff training.</p> <p>The Chairman expressed her admiration for those who set up these complex exercises, adding that although YAS had to commit a considerable number of staff to the exercise it was essential that the Trust participated in such events.</p> <p>The Chairman thanked everyone for listening to her update report.</p>	
5	QUALITY, SAFETY AND PATIENT EXPERIENCE	
5.1	<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, either verbally or in the form of a filmed interview, 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>It was important for the Board to hear about patients' or their relatives' views on both good and bad experiences to give them something to reflect on. Although it took time to develop these stories, they were being used to help to drive changes through the organisation.</p> <p>The Chairman read out two patient stories, both of which built on the pre-meeting presentation about listening to patients.</p> <p>The first story was a complaint about the service that a patient had received from a YAS crew. It contained details of the patients' experience, points for reflection and learning.</p> <p>The Chairman stated that the learning from the experience was an intrinsic part of the work that the Trust was doing to embed the recommendations of the Francis Report as it needed to ensure that feedback was integrated into its systems and procedures.</p> <p>The Chairman stated that the introduction of values-based recruitment would also help to ensure that the organisation recruited people with values similar to its own.</p> <p>The second story was an example which congratulated YAS on its excellent service.</p> <p>The Chairman thanked everybody for listening.</p>	
5.2	<p>For Approval:</p> <ul style="list-style-type: none"> • NHS Trust Development Authority Compliance with Monitor Licence Requirements for NHS Trust Return; • NHS Trust Development Authority Board Statements 	

	Action
<p>DW stated that Board colleagues had received the usual simplified Word version of the online returns for June, adding that they were due for formal submission by the end of the current month. There were no changes to the May 2013 submission.</p> <p>DW reminded the Board that it had been agreed at a recent Board Development Meeting (BDM) that Trust Executive Group (TEG) would look to assure itself and the Board that the evidence below the compliances was robust. Discussions about the process to be followed and how information would be fed back to the Board were due to take place in TEG the following day, following which the item would become a regular TEG meeting agenda item.</p> <p>The Chairman stated that item had previously been dealt with in Private Board meetings but in order to increase its transparency, the Board had agreed that the returns should be brought to a Trust Board Meeting in Public whenever possible.</p> <p>EB stated her belief that it was very important that the Board received assurance from TEG in relation to the compliance evidence.</p> <p>BS stated his belief that the Audit Committee was an appropriate forum to receive this assurance.</p> <p>The Chairman agreed that the Audit Committee would be a good forum to receive the assurance, as all of the Non-Executive Directors (NEDs) were members.</p> <p>DW thanked the Board for their comments, adding that he would give some thought to the proposed route and report back.</p> <p>Action: DW to discuss proposed route for feedback of assurance with TEG and report back to the Board.</p> <p>Approval: The Trust Board approved the submission of the NHS Trust Development Authority Compliance with Monitor Licence Requirements for NHS Trusts Return and the NHS Trust Development Authority Board Statements.</p>	<p>DW</p>
<p>5.3 For Assurance: Board Assurance Framework including Corporate Risk Register</p> <p>KW provided an update on the current position in regard to the Board Assurance Framework (BAF) to provide assurance that the arrangements in place were being managed efficiently. She confirmed that there had been no movement on any of the risks from the previous quarter and invited questions.</p> <p>The Chairman stressed that the BAF was not being dealt with in a light touch way, as by the time it came to the Board it had already been looked at in depth in several meeting across the organisation.</p>	

BS stated that the Audit Committee had seen the attributing of owners to actions and deadlines as a useful step forward as it had given rise to healthier challenge.

PD stated that the key was the route to completion and she would like to see those actions dated up to July 2013 sign posted to appropriate Committees to ensure that they were dealt with and future actions should be included in Committees' work plans.

BS stated that he could see clear evidence of the BAF responding to changes to the business and the market in which the Trust operated, which was a healthy development. Reporting in relation to key risks and assurance from the Finance & Investment (F&I) and Quality Committees to the Audit Committee had also improved.

The Chairman stated that when she joined the organisation three years previously, one of YAS' weaknesses was around the maintenance of equipment. The item remained on the BAF so she asked JM if he had any major concerns about the issue.

JM replied that there was much less anxiety than there had been a couple of years ago, as realistic, well scheduled service programmes with tolerances built into them had now been implemented.

RB agreed that the processes in place were now far more robust, adding that Fleet also took responsibility for helping crews to track down equipment that was due in for service. Some short term gaps in the team were currently out for recruitment and the team leader's job description had been reviewed to further strengthen systems.

BS stated that an Internal Audit (IA) report at the previous week's Audit Committee meeting had given a limited assurance opinion on the management of medical devices. A follow up report had been requested from IA prior to the next Audit Committee meeting.

DW stated he had recently spent time on the road with crews and clinical supervisors. His observation was that the equipment in use was clean and he had seen clinical supervisors dealing with equipment failure and services. It was his belief therefore that processes were working well on the ground.

PD stated that she would like Quality Committee to take a refreshed look at risk 3b on page 8.

Action:

SP to ensure that a discussion around risk 3b was included as an agenda item at the next Quality Committee meeting.

SP

NC and MFD confirmed that nothing had concerned them when they had reviewed the document as new members of the Board.

		Action
	<p>EB stated that risk 8b on page 16 needed to be reworded, as things had moved on a since it was originally drafted so it was agreed that the risk should be picked up at the next F&IC meeting.</p> <p>Action: F&IC to consider wording of risk 8b at its September meeting.</p> <p>The Chairman thanked KW for her update.</p> <p>Approval: The Trust Board noted the current position, supported the proposed changes, and was assured in regard to the effective management of the BAF.</p>	<p>EB</p>
<p>5.4</p>	<p>For Assurance: Service Transformation Programme Board Report</p> <p>KW provided an update on the developments, issues and risks in relation to the Service Transformation Programme and outlined the highlights of the report and dashboard. Significant developments included:</p> <ul style="list-style-type: none"> • The progression of the Urgent Care agenda through the Right Care project group with YAS representation at a senior level on all the Urgent Care Boards (UCBs) within the region; • An interim Programme Manager was in post to support the Operational Efficiency Project Group; • The CQUINs had robust management arrangements in place as part of the project groups; • Greater clarity on the Communication and Engagement plan; • A Service Improvement Skills Programme had been commissioned from Teesside University to build the capacity within the organisation on service improvement and change management methodologies. <p>The meeting discussed the dashboard's amber and red ratings.</p> <p>KW confirmed the JRCALC manuals would be launched in October.</p> <p>DW stated that, on the request of the Board and F&IC, RB and he had reviewed the major Cost Improvement Programme (CIP) schemes and this item should return to green following the next CIP Management Group meeting.</p> <p>The positive results in terms of sickness absence were noted.</p> <p>NC stated that the organisation needed to continue with the push to keep moving forward. The new Occupational Health service should have a positive impact, as should the new triage system of sickness reporting with its fast track physiotherapy services.</p> <p>In relation to Red1, EB stated that although the Quarter 1 target had been met, the Trust had yet to see the improvements coming through into the cost arena.</p>	

	Action
<p>DW confirmed that this was an on-going issue, adding that going forward Red1 would have to be delivered more sustainably.</p> <p>RB confirmed that the amber Red1 RAG rating reflected reality as, although the Trust was currently hitting Red1 performance targets, financial concerns remained.</p> <p>EM asked how comfortable the organisation was with the alignment of targets in relation to performance, delivery of CQUINs, etc in other areas of business such as its Patient Transport Service (PTS).</p> <p>RB stated that detailed discussions had taken place around the CQUINs. He now had more assurance that things were on track and would expect to move into green during July. He was also confident that the delivery of CQUINs could improve on previous years.</p> <p>MW stated she felt for the first time that the Trust was ready to start to calibrate assessments of its position in relation to staff engagement, etc giving it an opportunity to drive its culture forward.</p> <p>She commented on the presentation of the dashboard. For example, all of the elements under the PTS transformation programme and CIP were shown in a small line at the top of the PTS section with all the CQUINs listed separately underneath. In practice, all of the drivers sat in the overall transformation programme so it would be good to pull them out to comment on them individually.</p> <p>KW stated that the two projects in blue at the end of the dashboard had been closed down with benefit realisation reports being produced for both projects to be considered at Quality Committee.</p> <p>The Chairman stated her belief that that the loop needed to be completed more appropriately with formal reporting to the Board.</p> <p>RB confirmed that YAS had taken possession of the new Hazardous Area Response Team (HART) building and scoping work was under way to finalise the design.</p> <p>The Chairman stated that the receipt of funding for the premises from the Department of Health had been good news.</p> <p>The Chairman thanked KW for her update.</p> <p>Approval: The Trust Board noted and was assured on the progress of the Service Transformation Programme.</p>	
<p>5.5 NHS England Urgent and Emergency Care Review – Submission Paper</p> <p>The Chairman invited JM to address the meeting, stating that a long debate about the topic had taken place at the Board Development Meeting (BDM) on 16 July 2013.</p>	

	Action
<p>JM outlined the proposed submission to the Urgent and Emergency Care Review which he had completed on behalf of the Trust following presentation of its evidence base at the BDM on 16 July.</p> <p>He stated that the Consultation had been formed through 'Everyone Counts', adding that the organisational response was due to go NHS England before 11 August. In addition, a joint ambulance service response would be submitted by AACE, with YAS having submitted its draft response to AACE on 19 July following the BDM.</p> <p>JM proposed that the summary paper should be shared with the Urgent Care Boards (UCBs).</p> <p>JM provided the background to the current consultation exercise. He stated that the four Emerging Principles, which more or less aligned to the YAS strategic aims and objectives were:</p> <ol style="list-style-type: none"> 1. Provides consistently high quality and safe care, across all seven days of the week; 2. Is simple and guides good choices by patients and clinicians; 3. Provides the right care in the right place, by those with the right skills, the first time; 4. Is efficient in the delivery of care and services. <p>NHS 111 was central to the 12 system design objectives. The evidence base contained two further sections: workforce; and the development of urgent and emergency care networks.</p> <p>The Chairman reiterated her belief that, as a 24/7 regional service, YAS was ideally positioned to take a central role in any proposals coming out of the consultation.</p> <p>The Chairman thanked JM for his hard work in preparing and distilling the information on behalf the YAS Board. She further stated that the Trust would need to consider the Review's recommendations and the part it could play therein.</p> <p>Approval: The Trust Board approved the draft response to the Urgent and Emergency Care Review; agreed to JM sharing the draft response with the Urgent Care Boards in Yorkshire and Humber; and agreed to the submission of the response to NHS England.</p>	
<p>6 STRATEGY, PLANNING AND POLICY</p>	
<p>6.1 For Approval: Proposed Updates to Yorkshire Ambulance Service's Integrated Business Plan Appendices:</p> <ul style="list-style-type: none"> • IBP Appendix 3, The Constitution; • IBP Appendix 2, Governance; • IBP Appendix 5, Membership; • For Assurance: Solicitor's Letter of Conformity 	

AA outlined the proposed changes to the YAS' Constitution which had been discussed at the Board Development Meeting (BDM) on 16 July 2013 and agreement reached to recommend to that day's meeting a number of changes to the Constitution which would also affect Governors and Members.

She confirmed that the Board had been provided with a tracked change version of each document, which would be submitted as part of the Trust's Foundation Trust (FT) application.

AA stated that some of the amendments outlined in the document were mandatory; several of them had allowed Board discretion as to the preferred option; and three further changes which had been informally agreed at earlier meetings now needed formal agreement.

AA stated that YAS' Constitution was approved by the Trust Board on 29 January 2013. Since that time the Health & Social Care Act, 2012 ['the Act'] had come into force. In early June 2013, Monitor published a new model template for the Core Constitution which reflected the changes in legislation. The YAS' Constitution had therefore been updated to reflect the new Monitor model template.

Approval: The Trust Board discussed and approved the changes as outlined in item 2.2 of the report.

The meeting moved on to consider the changes under the Health and Social Care Act, 2012 where the Trust Board had discretion.

AA stated that the first item to be decided was whether the Commissioners as Appointed Governors should be removed. She confirmed that the Board, following a full discussion in the BDM on 16 July was minded to opt for option I: *'Remove Commissioner posts and remove two Governor posts (reducing the overall Council to 22 members);'*

The main rationale behind the preference was that it would be impossible to choose two stakeholders from such a large region. The Chairman stated her belief that the Trust would gain from this decision, as there would now be a greater proportion of elected Governors whose views would be very important.

AA stated that the initial Constitution would be reviewed after YAS became an FT so further amendments could be made at that point.

DW stated his belief that a smaller, more engaged Council of Governors would be a positive development.

Approval: The Trust Board formally approved option I.

AA stated that the second discretionary item related to provisions to be included regarding authorisation of conflict of interests.

The Board had believed that option II: *'That YAS' Constitution remains silent on the matter of an 'authorised conflict of interest(s)'* was the least risk worthy approach.

EM stated that the important issue was transparency and the fact that there would be no examples of what would constitute an 'authorised conflict of interests' would leave the Trust as transparent as possible around all potential conflicts of interests.

Approval: The Trust Board formally approved option II.

AA stated that the third and final discretionary item for consideration was, whether a definition of a Significant Transaction should be included in the YAS' Constitution.

Following debate in various arenas and receipt of the advice of the Trust's Executive Director of Finance and the Trust's solicitors the Board had agreed to include the generic statement outlined by Monitor: *'49.2 The constitution does not contain any descriptions of the term 'significant transaction' for the purposes of section 51A of the 2006 Act (Significant Transactions.)'*

Approval: The Trust Board formally approved option II.

AA stated that the three changes to the Constitution previously suggested internally were all agreed by the Board in addition to the mandatory point in 17.1.2 which had been omitted by Monitor in their new template. These were:

- 17.1.3 and 33.3 – 'a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him' to be amended to include any convictions anywhere in the world as 'the British Islands' is not a broad enough term;
- Annex 6, Additional Provisions – Council of Governors item 2. Health & Wellbeing Boards to be added to list of exclusions as new organisation not originally included in Core Constitution;
- Annex 9, Section 2d - Reference to the Complaints and Concerns Policy's definition of Vexatious Complainant to be clarified to ensure Constitution is clear regarding the definition of a Vexatious Complainant;
- Following legal advice the following has been added into the disqualification of Governors section of the Constitution which was an omission made by Monitor in their new template:
17.1.2 a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986).

Approval: The Trust Board formally approved the amendments as listed above.

	Action
<p>The Chairman highlighted the Solicitors' Letter of Conformity and thanked AA for her update.</p> <p>KW asked whether the Annual Accounts mentioned on page 21 included the Quality as well as the Financial accounts.</p> <p>The Chairman confirmed that they did.</p> <p>Approval: The Trust Board approved the proposed changes to YAS' Constitution, including their impact on the Governance Rationale and Membership Strategy; and noted that a further Solicitor's Letter of Conformity (of the Constitution) had been provided.</p>	
<p>6.2 For Approval: Standing Orders and Standing Financial Instructions: Updated</p> <p>RB presented the revisions to the Standing Orders and Standing Financial Instructions.</p> <p>He stated that terminology errors had been corrected. For example, Chair had been replaced with Chairman; Primary Care Trust (PCT) had been replaced with Clinical Commissioning Group (CCG), etc.</p> <p>Section 13.5.1 had been amended to state that the Chief Executive and Chairman should jointly authorise contracts between the value of £250,000 and £500,000.</p> <p>The Chairman stated that AA had provided her with an up-to-date version of Designated Board Leads and Appointments document, which would be shared with everybody following the meeting.</p> <p>Action: AA to email Designated Board Leads and Appointments document to Board.</p> <p>The Chairman confirmed that she would still have the casting vote if the Board was split over a decision.</p> <p>EB stated that, as Chairman of the Finance and Investment Committee (F&IC), she was concerned that the commentary and narrative in point 3 on page 34 was missing the element of risk on which the organisation had now increased its focus. This was addressed under the Quality Committee but had not been given the same emphasis for F&IC.</p> <p>Action: RB to amend wording in F&IC point 3 to include element of risk.</p> <p>The Chairman asked how the amended document would be shared</p> <p>RB replied that it would be taken forward to SMG, adding that he was currently pulling together some wider materials.</p>	<p>AA</p> <p>RB</p>

		Action
	<p>Approval: The Trust Board noted the changes to the Standing Orders and Standing Financial Instructions.</p>	
7	<p>PERFORMANCE MONITORING</p>	
7.1	<p>Chief Executive's Report and Integrated Performance Report DW stated that the aim of his report was to give the Board assurance on the activity of the Trust Executive Group (TEG) during June and July 2013, adding that it incorporated a summary of key points and areas of variation highlighted by the lead Executive Director for each section of the Integrated Performance Report (IPR).</p> <p>DW stated that Quarter 1 had been a very intensive period with a lot of challenge in relation to delivery, the Trust's Foundation Trust (FT) journey and the transformation programme.</p> <p>He confirmed that the new Red 1 (8 minute) response target had become mandatory from 1 April 2013. In addition to delivering the target for April, the Trust also delivered it for both May and June, achieving 76.8% and 75.6% respectively.</p> <p>DW stated that the Trust was locked into the work of the region's Urgent Care Boards (UCBs) and had provided senior management representation on each UCB, which was working well.</p> <p>He further stated that initial focus would be on delayed handover and turnaround of ambulances at acute A&Es and preparing for winter. In addition, the UCBs would take on responsibility for developing urgent care solutions and improving local services.</p> <p>There was a lot of interest about the NHS 111 urgent care telephone system and how it could be enhanced going forward. In addition, several UCBs were interested in the work of the Trust's Urgent Care Practitioners.</p> <p>The Chairman asked whether it would be possible for the Non-Executive Directors (NEDs) to attend a UCB meeting as an observer.</p> <p>DW stated his belief that there would be a mixed reception to such a request but he would explore the possibility.</p> <p>Action: DW to explore the possibility of the NEDs being invited to attend a UCB meeting as an observer.</p> <p>DW stated that the Westminster visit in June, during which the Chairman and he had met a range of MPs from across the region had been a positive experience and it was likely that they would repeat the process, perhaps on an annual basis, as it was a good opportunity to engage and showcase the Trust's developments.</p> <p>The meeting considered the Trust's Foundation Trust (FT) journey.</p>	DW

	Action
<p>The Chairman stated that the elections for the Trust's Council of Governors (COG) could not take place until at least October which would mean that the COG would have a shorter shadow period than originally envisaged. She asked whether there was anything that the Trust could do to try to bring forward that start the process.</p> <p>DW replied that RB and he would explore this matter further in their monthly integrated delivery discussions with the Trust Development Authority (TDA).</p>	
<p>Action: DW/RB to discussion timing of Trust's COG elections with TDA.</p> <p>DW stated that, supported by the Operations directorate and Corporate Communications team, he had completed monthly Team Brief sessions across a number of YAS sites and local clinical supervisors had also been included in the briefings.</p>	<p>DW/RB</p>
<p>EB stated that she liked how the format of report had developed but she still felt something was missing, as it did not reflect the way in which the Trust pulled the bigger strategic items together across the organisation. She suggested that DW should draw the bigger issues together to reinforce the higher level messages.</p> <p>Action: DW to discuss and agree with TEG the best way in which to include updates on higher level strategic messages in the report</p>	<p>DW</p>
<p>PD stressed the importance of not losing the opportunity to maintain the report's links with the IPR.</p> <p>MFD confirmed that the Trust had delivered all three Red response targets in Quarter 1 although Emergency activity had been lower than expected. The Red 1 action plan was currently under review. The Chairman stated that fluctuations in demand impacted quite significantly on YAS' finances which meant that balancing finance against demand was currently very difficult.</p> <p>DW stated that the Trust would need to take learning from Quarter 1 into Quarter 2. The Trust had seen improvements but there was still a need for further work to develop the Red 1 action plan.</p> <p>MFD stated that recruitment had commenced to appoint Clinical Supervisors (CS) to the vacant posts, to further strengthen clinical leadership in Operations. He confirmed the intention to keep a small number of development posts to allow for career progression.</p> <p>DW asked whether the Trust could improve its tracking of the inter-relationship between the Emergency Operations Centre (EOC) and 111 to prove people were being redirected correctly.</p>	

PD stated that there had been a lot of questions about this item at the recent Quality Committee meeting and the Committee had been assured that appropriate systems and processes were in place.

The Chairman placed on record her congratulations to EOC Locality Director, Ben Holdaway, for achieving Centre of Excellence accreditation for both the Wakefield and York EOC sites.

JM stated that YAS had supported three public events in Hull promoting hands-only CPR as part of its contribution to Public Health with several more planned.

He confirmed that YAS, as the only ambulance service involved, continued to recruit patients to the on-going commercial drug trial in South Yorkshire. As the third highest UK recruiter to the study, YAS had been invited to continue recruitment to October 2013 whilst other sites had been closed down.

JM further stated that a bespoke Controlled Drugs register for ambulance service use had been developed and was being trialled at selected ambulance stations in the latter part of July.

PD stated that she was really pleased to hear about the development as YAS was leading the field in this area and asked how the register would be rolled out.

JM replied that change would be minimal in terms of day to day use but an added benefit was that morphine would need to be returned to the station safe at end of each shift which would make it easier to check who was in charge of morphine at any time.

The Chairman noted that the Care Quality Commission (CQC) had picked up issues around medicine management and asked whether actions were on-going whilst the Trust waited for their report.

JM replied that the CQC had criticised the regularity of morphine auditing in certain areas. The new system would mean that the auditing system would be simpler and easier to carry out.

JM stated that the tagging of drugs bags had been a second CQC issue, as they had received a notification that it was possible to open bags and take drugs out without opening the seal. The Trust was currently awaiting feedback on this area and assurance would come through the Clinical Governance report to the Quality Committee.

JM and KW provided an update on Hillsborough.

KW stated that a second pre-inquest review was held in June which had provided more clarity on the proposed arrangements. The new inquests would be held in the North West, with the final location still to be confirmed.

The Trust continued to work with the Coroner's team to manage the transfer of relevant documents and had been making initial contact with both current and former staff who might be called as witnesses.

The Chairman asked where the finance for the additional work was coming from, as this was a legacy issue that should be picked up by the Commissioners in South Yorkshire.

RB replied that the Trust was currently awaiting further information from the Commissioners.

The Chairman stated that this was an area of concern for her, as the work would cost a considerable amount of money for which the Trust currently had no funding.

EM stated that the time commitment in terms of internal resource would be massive, as several hundred documents had already been received.

The Chairman thanked EM for her NED involvement, which was greatly appreciated.

KW confirmed that the Hillsborough team was almost fully in place.

DW stated that KW and other colleagues had been picking up the extra work in addition to their normal roles. Now that the team was in place it should make a big difference to their personal workload.

KW confirmed that the CQC unannounced visit had taken place between 2 and 4 July 2013. Initial feedback on the six standards that had been assessed was generally positive, although a small number of issues were highlighted for further review. The final outcome of the inspection was not yet known with the draft report due to be received for comment shortly.

KW stated that NHS 111 had gone fully live on 2 July and the last phase of the implementation had gone smoothly. She confirmed that less than 8% of calls were being passed to 999 but there was still an issue to be resolved in relation to dental calls.

RB stated that the financial recovery plan had been drafted and shared with the Commissioners.

The Chairman stated that her main concerns related to the provision of public information seemed to have come to a standstill. It was her belief that a national communications process was required as the constant negative press coverage of the NHS 111 service was deterring people from using it.

DW stated his belief that the lack of advertising was because the service was such a high risk around the rest of the country.

	Action
<p>The Chairman stated that positive marketing was overdue, adding that YAS should apply pressure to get something done for the region.</p> <p>It was agreed that RB would follow this up at the next meeting with the NHS 111 Lead Commissioners.</p> <p>Action: RB to discuss NHS 111 marketing campaign at next meeting with Lead Commissioners.</p> <p>PD expressed her concern that although the Trust was being congratulated on a successful roll out, putting patient safety first, etc the service was still not a commercial success as it did not receive additional funding for services it provided above the agreed contract.</p> <p>The meeting broke for lunch at 1250 hours, reconvening at 1330 hours. The Chairman invited the Public Members present to join the Board for lunch.</p> <p>KW stated that the NHS Trust Development Authority (TDA) Quality Visit was due to take place on 6 August 2013. A programme had been agreed with the TDA leads and would involve tours of Trust facilities and opportunities for visitors to meet and talk directly with a wide cross section of staff from all departments, across geographical areas. Information from the visit, which formed part of the Quality Challenge, would be used to inform the overall quality assessment of the Trust as part of its FT application process.</p> <p>The Chairman noted that the TDA were due to observe a number of Board Level Committee meetings and asked whether the Trust had been promised written feedback reports.</p> <p>DW confirmed that this would be the case.</p> <p>NC stated that the Trust continued to push forward the modernisation of its infrastructure in terms of HR policies and procedures. There were no huge gaps and current policies were of a fairly good standard but there was still work to be done.</p> <p>He further stated that sickness was being actively managed and although every effort was being made to get people on long term sickness back to work, there were bound to be casualties.</p> <p>NC added that a formal review of YAS' recruitment processes had been instigated and the new Occupational Health contract would be a big development.</p> <p>The Chairman stressed that many of the changes to policies and procedures related to a basic change in the organisation's culture which was long overdue.</p>	<p>RB</p>

NC stated that, in the long term, the Trust needed a comprehensive framework for leadership development. Elements were already in place but there was a lot more work to be done.

PD stated that the NED task and finish involvement in terms of sickness absence was due to conclude shortly but it was her belief that the 5% target remained too high.

DW agreed that as considerable costs were attributed to sickness absence, the Trust needed to keep those areas with particularly high levels of sickness absence under the spotlight.

RB stated that the Finance team had put a lot of work into refreshing the Long Term Financial Model (LTFM). In addition, there had also been a lot of work around the organisation's Cost Improvement Programme (CIP) with some of the plans being revisited and tested.

Work was also on-going to develop proposals for the new Hazardous Area Response Team (HART) site, which was a major piece of work.

RB further stated that a real positive was that the carbon reduction schemes were coming to fruition.

He added that although people were working hard in the area of Patient Transport Service, the project had lost some of its sense of direction and needed to refocus.

An in depth discussion of the IPR took place.

Section 5 – Finance

EB stated that she had gained a lot of assurance in relation to the Trust's mitigations to offset some of its deficit but still awaited further information.

RB confirmed that the Trust was in active discussions with its Lead Commissioners, Greater Huddersfield CCG, in relation to additional funding for NHS 111. In relation to A&E performance, July activities were back in line with the proposed year to date.

EB stressed that the Trust needed to re-emphasise the efficiency side of the business.

In relation to the legacy of the Primary Care Trusts (PCTs), the Chairman asked whether any payments remained to be resolved.

RB replied that although the sums were not enormous, there were still some payments outstanding. He further stated that CQUINs seemed to be the most contentious area.

The Chairman asked who would be in charge of dispute resolution.

	Action
<p>RB replied that it would be NHS England as the CCGs had acquired the PCTs' debts. He further stated that the Trust had taken a tougher stance in relation to some debts. For example, the Trust was now paid in advance for its attendance at sporting events.</p> <p>Section 4 - Workforce PD confirmed that any outstanding absence issues would be picked up at the next meeting of the sickness absence turnaround group.</p> <p>NC stated that PDR completion levels should increase due to the agreement to spread them out over the course of a 12 month period.</p> <p>PD stated that there was a link between the Clinical Leadership Framework and the completion of PDRs.</p> <p>NC agreed that the quality of PDRs was a substantive issue and he was currently looking into a process that would make them more user-friendly.</p> <p>EB stated that she was frustrated by the lack of progress in this area and it was her belief that the Trust should have a robust plan in place to get things back on track.</p>	
<p>Action: DW to raise issue of Clinical Supervisor completion of PDRs at TEG to report back at September Board Meeting.</p>	<p>DW</p>
<p>PD stated that there seemed to be good work taking place in relation to the completion of the Statutory and Mandatory Training workbooks and asked whether the 2011 version was the latest version.</p> <p>NC confirmed that the workbooks were released every two years with a new workbook due for release during 2013.</p>	
<p>Section 3 – Quality Analysis PD stated that this section had been covered in depth at the recent Quality Committee meeting.</p> <p>She further stated that although NHS 111 complaints had gone down overall since the start of the implementation process, healthcare practitioner (HCP) complaints had remained static and requested more interrogation of this information.</p>	
<p>Action: KW to interrogate HCP complaints in more depth</p>	<p>SP</p>
<p>The Chairman asked where cross-challenge took place between Executive Directors.</p> <p>DW replied that there was appropriate challenge at Trust Executive Group (TEG) and Senior Management Group (SMG).</p>	

JM stated that there was also a lot of challenge through the Clinical Governance Group to Quality Committee.

PD requested further information about the 48% outcome to the friends and family test in the East, which was an outlier. She added that a note against outliers would be useful in future reports.

Action:

KW to speak to Vince Larvin re May 2013 friends and family result for East Yorkshire cluster with notes about any outliers to be added to future reports.

SP

Section 2a – A&E Performance

PD queried why Business Continuity Plans was amber RAG rated.

DW replied that although a tremendous amount of positive work was taking place in this area, it would only go green when all of the plans had been tested.

PD asked whether some form of exception reporting commentary could be included in the IPR to make it more meaningful. It was agreed that TEG would look into this request.

Action:

TEG to review Business Continuity Plan section of the IPR to make the information provided more meaningful.

DW

EB questioned the apparent inconsistency of some of the figures in the table on page 2.7.

DW replied that the problem was being addressed in a number of arenas as YAS tried to persuade all ambulance trusts to interpret the KPIs in the same way, although some of the disparities were the result of ambulance services using different operating systems.

JM confirmed that work was also on-going to improve the quality of the indicators.

Section 2b – PTS Performance

There were no comments relating to this section.

Section 2c – NHS111/GPOOH Performance

PD queried the increased number of out of area calls answered, asking whether the Trust could gain any learning from the figures.

JM replied that, other than calls transferred to 999 there was very little information that could be gathered from the figures.

EM stated that it would be useful to see information about average waiting times for call backs by a clinician rather than just information relating to the longest wait.

	Action
<p>Section 2d – Support Services Performance The Chairman suggested it might be appropriate for the Board to be given more in depth information about items that were always green.</p> <p>RB replied that he would feed this into future meetings, adding that many items, particularly those relating to fleet, had already been studied in greater depth, adding that the ICT report needed significant review to focus it more on strategic objectives, etc.</p> <p>Action: RB to review ICT report to ensure that it focussed more on the Trust’s strategic objectives, etc.</p> <p>The Chairman invited questions from Public Members.</p> <p>DB asked how far the plans for the PTS online booking system for North Yorkshire patients had progressed.</p> <p>RB replied that the Trust hoped to have the system up and running by the start of the 2014/15 financial year.</p> <p>There were no further questions.</p> <p>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 May and June 2013 IPR report, highlighted in the Executive Directors’ reports.</p>	<p>RB</p>
<p>7.2 Charitable Funds Committee – Chairman’s Report of the last meeting held on 4 June 2013</p> <p>EM stated that the aim of her 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>EM presented a summary of the meeting held on 4 June 2013, the highlights of which included:</p> <ul style="list-style-type: none"> • The Fundraising Committee had met and a draft operating plan drafted which was with EM for review; • A training event took place in May, where Capsticks provided an update on the governance of NHS Charitable Funds; • The Committee received an update on the Independent Oversight of NHS & Department of Health investigations into matters relating to Jimmy Saville. • The Fundraising Committee had undertaken a review of the use of charitable funds and was developing a new fundraising strategy which proposed the appointment of a part-time Fundraiser and Administrator to help maximise income opportunities. <p>EB stated that it was good to see that the fundraising side of the Charitable Funds Committee’s work was definitely developing.</p>	

	Action
<p>RB stated that the support post would concentrate on fund raising and the next step would be to decide what large items the Committee wanted to raise funds for.</p> <p>He further stated that the Trust was starting to see some grass level local interest and enthusiasm in schemes which was encouraging.</p> <p>EM stated that the Committee was conscious of the commercial pressures which might at times dictate its pace of progress.</p> <p>The Chairman thanked EM for her report.</p> <p>Approval: The Trust Board had sufficient assurance on the matters reviewed by the Charitable Funds Committee.</p>	
<p>7.3 Audit Committee – Minutes of the meeting held on 18 April 2013 and Chairman’s Report of the meetings held on 4 June and 16 July 2013.</p> <p>BS stated that the aim of his report was to provide assurance to the Trust Board regarding the activities of the Audit Committee. He presented a summary of the key matters arising at the 4 June meeting, which included:</p> <ul style="list-style-type: none"> ▪ Receipt of an update on and assurance regarding the on-going maintenance of the Board Assurance Framework (BAF); ▪ Receipt of risk assurance reports from the Chairmen of the Charitable Funds, Quality and Finance and Investment Committees; ▪ Receipt of an update from the Executive Director of Finance & Performance; ▪ Receipt and acceptance of the Internal Audit (IA) Annual Report and Head of IA Opinion in respect of 2012/13; and ▪ Approval of the Schedule of Losses and Special Payments for 2012/13. <p>BS outlined work that had taken place in relation to the sign off of the Trust’s Annual Accounts, Quality Accounts, Annual Governance Statement and Annual Report 2012/13, which had resulted in the recommendation that, subject to minor amendments and the completion of minor outstanding tasks, they were approved and endorsed by the Trust Board.</p> <p>IA had provided a brief progress report, whilst recognising that the main purpose of the meeting was to deal with year-end accounting and reporting matters.</p> <p>The Chairman asked whether an appropriate system was in place to ensure the provision of the right level of assurance at the right time.</p> <p>BS replied that good progress had been made, adding that it was now important to ensure the correct spacing between Committee and Board meetings to allow for further streamlining.</p>	

	Action
7.4	

BS provided a verbal update of the meeting on 16 July, which had been observed by representatives of the NHS Trust Development Agency (TDA). Highlights included:

- An update on the risk assurance streamlining work, the first outputs from which would be seen in the September/October rounds of Committee meetings;
- Risk assurance reports from the Quality and F&I Committees;
- Receipt of three pieces of work from External Audit;
- A Deloitte review of the process of producing the Quality Accounts, which was a mandatory requirement for Foundation Trusts. It had been a valuable process which had identified areas for learning and improvement.

He stated that during the past 12 months, the Committee's action log had increased in volume, which had been a reflection of the process of change and improvement through which it had been going. The volume of actions was now significantly reducing.

BS reported that the NEDs and RB had attended a workshop with IA in July. The session had been a worthwhile exercise which had been used to drill down into how the new revised IA plan had been constructed. It had been recognised that moving forward the IA plan would need to flex with the Trust's business needs.

The Chairman thanked BS for his update.

Approval:

The Trust Board noted the content of the report and the appendix; received the verbal report regarding the Audit Committee meeting on 16 July; and derived adequate assurance regarding the activities of the Audit Committee and the assurance that it provided.

Quality Committee – Minutes of the meeting held on 14 May and Chairman's Report of the last meeting held on 9 July 2013
 PD provided an update on the activities of the Quality Committee and provided a summary report of the meeting held on 9 July 2013, which had been observed by representatives from the NHS TDA.

She stated that prior to the meeting the Committee had received a presentation from Dr Phillip Foster, Clinical Director for NHS 111 / Urgent Care and Angela Harris, Lead Nurse for Urgent Care about current developments in urgent care and the Trust's contribution to the new Urgent Care Boards (UCBs).

PD stated that, in addition to the scheduled regular updates, highlights included:

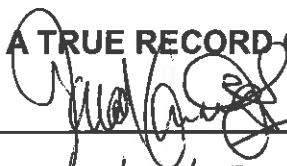
- Feedback from the Chairman on the recent event hosted by the Trust for local Healthwatch organisations which had been positively received and which had highlighted a number of issues for action by the Trust, as well as a range of opportunities for future joint working and communication;

		Action
	<ul style="list-style-type: none"> • An update on actions arising from the Trust's review of the recommendations from the Public Inquiry into the Mid-Staffordshire Hospitals NHS Foundation Trust, which confirmed that there was not be individual internal Francis Report action plan; • An update and presentation on the Clinical Quality Strategy, outlining progress to date and taking into account recent Trust developments and key themes from the Francis Report; • A report outlining the baseline assessment to underpin the roll out of the new JRCALC guidelines, details and the timeline of the implementation process; • A verbal briefing on the unannounced CQC inspection which had involved a team of inspectors, with specialist support from an expert patient and pharmacist; • A verbal briefing on a review by the HSE of Trust policy and practice in relation to needle stick injuries sustained by staff, which was due to come back to the September meeting. <p>The Chairman stated that she had observed the meeting and had also attended the pre-meeting presentation, which had been useful and thanked PD for her report.</p> <p>Approval: The Trust Board noted the content of the report and derived adequate assurance regarding the activities of the Quality Committee and the assurance provided by that Committee.</p>	
7.5	<p>Finance & Investment Committee – Minutes of the meeting held on 14 May 2013 and Chairman's Report of the last meeting held on 9 July 2013</p> <p>EB stated that the purpose of her 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>EB provided an update from the F&IC meeting held on 9 July 2013 which had been observed by a representative from the NHS TDA. She stated that highlights of the very full agenda included:</p> <ul style="list-style-type: none"> • DW had fed back on the recent confirm and challenge meetings for the six CIP schemes currently behind plan; • Positive assurance was provided in relation to delivery of the clinical leadership and A&E skill mix CIP schemes; • The Clinical Hub is currently triaging patients in line with plan, however it was noted that CIP delivery was dependent upon either A&E activity occurring in line with the planned 3% growth target or a reduction in A&E resources. This scheme would remain amber rated until trends became clearer; • PTS, Sickness Absence and Meal breaks remained red rated pending further action; • RB presented a paper and presentation on revisions to the compound downside risks to be included within the IBP for submission to the NHS TDA on 17 July; 	

		Action
	<ul style="list-style-type: none"> • Amendments had been made to the workplan to ensure the inclusion of all procurement contracts for timely debate before presentation to the Board; • RB had presented an update on the Commercial Director role. This item was due to come back to the September meeting; • The meeting considered the progress made in relation to Service Line Management and the Committee was keen to receive a presentation from Private and Events at its September meeting. <p>The Chairman stated that she had observed the meeting and had been impressed by the way in which a long and challenging agenda had been managed. She thanked EB for her report.</p> <p>Approval: The Trust Board noted the discussions within the Finance and Investment Committee and the key issues highlighted for further scrutiny and had sufficient assurance on the matters reviewed by the Committee.</p>	
7.6	<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> <p>The Chairman requested feedback on the meeting and asked whether the Board believed it had achieved its guiding principles.</p> <p>PD stated that she seemed to have received her papers earlier than usual and was grateful for this.</p> <p>DW thanked NC, MFD and KW for contributing to the meeting given that KW was not a regular attendee and the two Interim Executive Directors were new in post.</p> <p>JM stated that he had been pleasantly surprised by the venue and its accessibility.</p> <p>The Chairman stated her belief that it had been a productive meeting with the Board driving business forward.</p> <p>PD stated her belief that the Board should not be disappointed by the small number of public attendees, as once YAS became a Foundation Trust she was sure that attendance would increase and that Members would take ownership of the meetings as Governors.</p> <p>The Chairman thanked everyone for attending. The meeting closed at 1500 hours.</p>	

		Action
8	<p>Regulatory Reports There were no Regulatory Reports.</p>	
9	<p>Dates and Locations of Next Meetings: 3 September 2013: Extraordinary Trust Board Meeting held in Public to Consider the Non-Financial Annual Reports, at Yorkshire Ambulance Service NHS Trust HQ, Kirkstall and Fountains, Springhill 1, WF2 0XQ</p> <p>24 September 2013: Annual General Meeting, Cutlers' Hall Church Street, Sheffield, S1 1HG</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 highlighted the items for discussion at that afternoon's Private Board meeting.</p> <p>These were: a more detailed version of the significant incidents and lessons learned report which contained patient identifiable details; updates relating to the NHS 111 service which had commercial sensitivities; an update on the new Hillsborough Coroner's hearing which was not for public disclosure; a report from the Remuneration and Terms of Service Committee which contained personal information about the Executive Directors; and the five-year Integrated Business Plan (IBP) which would become a public document in due course.</p> <p>The Chairman thanked the Public Members for taking the time to attend the meeting, particularly Dennis Shaw, who had travelled from South Yorkshire.</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS


 _____ CHAIRMAN
 24/9/13
 _____ DATE