



Trust Board Meeting held in Public

Venue: Cutlers' Hall, Church Street, Sheffield, S1 1HG

Date: Tuesday 24 September 2013

Time: 1115 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 and Performance
Ian Brandwood	(IB)	Executive Director of People and Engagement
Michael Fox Davies	(MFD)	Interim Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director
Steve Page	(SP)	Executive Director of Standards and Compliance

Apologies:

None

In Attendance:

Nick Cook	(NC)	Interim Executive Director of Workforce and Strategy
Anne Allen	(AA)	Director of Corporate Affairs & Trust Secretary
Angela Harris	(AH)	YAS Lead Nurse, Urgent Care
Elaine Gibson	(EG)	YAS Head of Corporate Communications
Joshua Bainbridge	(JB)	From the office of Meg Munn, MP
Alan Baranowski	(AB)	YAS Member of Staff
David Bolam	(DB)	Public Member
Kath Briers	(KB)	Healthwatch, York
Adam Butcher	(AB)	Public Member
Sarah Goodfellow	(SG)	Healthwatch, Barnsley
Melanie Hall	(MH)	Healthwatch, Rotherham
Marianna Hargreaves	(MH)	Senior Commissioning Manager, End of Life Care at Sheffield CCG
Cllr Mary Lea	(ML)	Cabinet Member for Health, Care & Independent Living, Sheffield City Council
Steve Mace	(SM)	Healthwatch, Rotherham
Carrie McKenzie	(CM)	Healthwatch, Sheffield

Myrtle O'Connor (MC) Healthwatch, Sheffield
 Steve Rendi (SR) YAS Member of Staff
 Dennis Shaw (DS) Public Member
 Mike Singleton (MS) Public Member

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

		Action
	The meeting commenced at 1115 hours.	
1	<p>Apologies / Declaration of Interests The Chairman welcomed everyone to the meeting.</p> <p>There were no apologies and declarations of interest would be considered during the course of the meeting.</p> <p>The Chairman reminded those present that, once the formal Board meeting commenced, they would be unable to play an active part unless invited.</p> <p>It was NC's last Board meeting and the Chairman thanked him for his efforts during his three months with YAS as Interim Executive Director of Workforce and Strategy, during which time he had faced some challenging issues. The Chairman was grateful to NC for his support and wished him good luck for the future.</p> <p>NC thanked the Chairman for her kind words.</p> <p>The Chairman welcomed Ian Brandwood (IB), the new Executive Director of People and Engagement to his first Board Meeting, adding that she was looking forward to working with IB as part of the team.</p> <p>IB thanked the Chairman for her welcome, stating he felt privileged to be attending the meeting in his new role.</p>	
2	<p>Minutes of the Meeting held on 3 September 2013 including Matters Arising (not on the agenda) and Action Log The Minutes of the Meeting held on 3 September 2013 were approved as a true and fair representation of the meeting subject to the amendments highlighted.</p> <p>Matters Arising: Page 5, final sentence of item 2 reworded to state: "One of the awards was a Royal Humane Society award which was to be presented to two of YAS' staff and a West Yorkshire Police Officer."</p> <p>Page 9, paragraph 2 – 'IG' to be written in full 'Information Governance' and 'and an IA office' to be replaced with 'as have information asset owners '</p> <p>Page 9, second from last paragraph – 'First Responders' in final line to be replaced with 'Rapid Response Vehicle paramedics'.</p>	

Page 10, paragraph 3 – amended to state: ‘PD stated that it was expected in the Quality Committee to see an improvement in sickness and absence levels.’

Page 10, paragraph 8 – amended to state: ‘As there was zero tolerance it would be useful for future reporting to headline how many prosecutions had been taken forward.’

Page 11, item 3.1 – ‘JM’ replaced with ‘SP’.

Page 13, paragraph one – ‘use’ replaced with ‘possess’.

Page 13, paragraph two – paragraph now ends ‘at any time’. End of paragraph: ‘which has reduced physical checks’ deleted.

Page 13, paragraph five – reworded to state: ‘The number of under-2 year olds not taken to hospital after being seen by a YAS clinician has been reduced. The audit and review process is continuing to ensure compliance with Trust guidance.’

The new Occupational Health provider will provide a post-incident support service for staff following child death.’

Action Log:

DW guided the meeting through the updated Action Log. There were no outstanding queries relating to the completed actions.

PB-200 –RB confirmed that the matter was on the agenda for the following week’s contract meeting. Action remains open.

PB-215 – EB confirmed this was considered at the September Finance & Investment Committee (F&IC) meeting. The wording would be formally agreed at the Committee’s next meeting and reported back at the November Board meeting. Action remains open.

PB-221 – SP confirmed that this would play out during the course of the winter planning exercise. Action complete.

PB-222 – DW confirmed that the Performance Development Review (PDR) work was underway, adding that the PDRs would be delivered by the end of the financial year.

PD stated that she had seen an on-line PDR system that might be appropriate for YAS’ use. Action remains open for a further update at the November meeting.

PB-223 - SP confirmed that Patient Transport Service (PTS) feedback generally related to waiting times.

PD stated there were a significant amount of aborted journeys by acute trusts and asked whether the Trust could reflect this in the Integrated Performance Report (IPR).

		Action
	<p>Action: RB to look into possibility of including information in IPR relating to the amount of PTS journeys aborted by acute trusts.</p> <p>SP reported that an electronic system had been set up for healthcare practitioners to encourage feedback about the NHS 111 Service. Action complete.</p> <p>PB-224 – Having cross-referenced with other questions SP stated there did not seem to be anything else out of line and, as the team was still in the process of establishing the baseline, it was too early to draw any conclusions. The possibility of introducing a narrative question to outline the reasons for feedback was currently being explored in liaison with the YAS Expert Patient. Action complete.</p> <p>PB-227 – DW confirmed that a meeting had been arranged with Cllr Hodgson. Action complete.</p> <p>PB-228 – DW confirmed that he had thanked Dave Jones by email and personally. The Chairman thanked DW for his prompt action. Action complete.</p> <p>PB-229 – DW confirmed he had still not received an answer from Stuart Ide. Action remains open.</p> <p>PB-230 – The Chairman confirmed that she had received the process but she still had some concerns, including the source of the feedback against which Chairmen were to be measured. The Chairman would discuss this with Yasmin Choudhry from the NHS Trust Development Authority (TDA) at their meeting on 4 October and report back at the November Board meeting.</p> <p>EM stated that, as Senior Independent Director (SID), she would work closely with the Council of Governors (COG) on the Chairman's appraisal when the Trust became a Foundation Trust (FT). She had therefore looked at the process in great depth and it was her belief that there was very limited scope for response by the person being appraised. In addition, she also had concerns about ownership, etc. Action remains open.</p> <p>PB-231 – SP confirmed the response bag would be ready for Board members to view on 29 October. Action remains open.</p>	<p>RB</p>
<p>3</p>	<p>Chairman's Report</p> <p>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> <p>The Chairman mentioned the additional £500m non-recurrent winter funding for 2013/14 and 2014/15 announced by the Government to relieve pressures on A&E departments to ensure that they were fully prepared for winter.</p>	

	Action
<p>She expressed disappointment at the fact that it was currently unclear whether any of the funding could be accessed by ambulance services or 111 providers, both of whom played a major role in keeping people out of hospital.</p> <p>A discussion took place about the ways in which YAS could help to influence decisions about the distribution of the additional funding.</p> <p>The Chairman stated her belief that ambulance services should work closely with acute trusts to help them focus and identify the most appropriate areas on which to spend the additional money around their regions.</p> <p>The Chairman further stated that she had already raised the matter with several MPs, adding that DW would be doing the same to help raise awareness of how YAS could assist to help keep patients out of A&E departments around the region.</p> <p>PD stated her belief that as various integration and transformation projects were under way around the region, YAS should work with its Urgent Care Boards (UCBs) to make a bid for some of the funding.</p> <p>RB stated that, within the North of England, the additional income was being distributed directly to the Clinical Commissioning Groups (CCGs) who were very much focussed on local issues. It would be challenging therefore for YAS, as a regional service, to deal with every individual CCGs.</p> <p>The Chairman stressed that the Trust would need to ensure that any lobbying was strategic and not piecemeal as it would be if done at the CCG local level.</p> <p>DW confirmed that he had already lobbied the Lead Commissioner for NHS 111 and would continue to influence other stakeholders to try to secure some of the additional funding, as YAS needed to be resilient through the winter.</p> <p>The Chairman thanked everyone for listening to her update report.</p>	
4	
<p>4.1</p> <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 <p>DW stated that in essence the August return was very similar to the return submitted in July. The footnote in Board statement 2 picked up the minor Care Quality Commission (CQC) concerns highlighted during their recent inspection and the Trust remained compliant with the footnote attached.</p> <p>Appropriate questions about the evidence underpinning the Board statements had been raised at the July Board meeting.</p>	

	Action
<p>The Trust Executive Group (TEG) was therefore following through on this work which would be fed back to the Audit Committee later in the year.</p> <p>The Chairman invited BS to address the meeting.</p> <p>BS acknowledged the work that was under way in TEG. However, as he personally was currently unable to provide a reason for each "yes" in the Board Statements, BS stated that he would find a short Board level statement which related to the source of assurance for each statement very helpful. Such a statement would help to refresh the NEDs' memories about the reason for each 'yes' and the currency of that assurance.</p> <p>DW replied that, although this would not be possible for the August return, it was something that could be addressed for future TDA returns.</p> <p>Actions: TEG to develop a statement for each of the Board Statements for monthly TDA returns.</p> <p>TEG to provide the Audit Committee with the evidence underpinning the TDA returns in relation to Board Statements.</p> <p>BS asked whether there were currently any concerns about gaps in the assurance process.</p> <p>RB replied that there were no major concerns about any gaps.</p> <p>The Chairman asked the Chief Executive to confirm that the returns were correct for August.</p> <p>DW confirmed that this was the case.</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 for August 2013.</p>	<p></p> <p></p> <p></p> <p></p> <p>DW</p> <p>DW</p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p>
<p>4.2 For Assurance: Service Transformation Programme Board Report</p> <p>SP provided an update on developments, issues and risks in relation to the Service Transformation Programme.</p> <p>He stated that the Transformation Programme Management Group (TPMG) was currently in the process of reviewing progress against the policy deployment matrix. The review had been completed for the Quality part of programme and the process would now be repeated for the three remaining parts of programme.</p>	<p></p>

SP further stated that a lot of work was also going into the Bright Ideas Scheme.

He added that a Communications Manager had been seconded into the Programme Management Office (PMO) until March 2014. As the PMO had been running effectively without a full complement of staff for some time, it was expected that a step change would be seen.

SP stated that the stronger alignment of the Cost Improvement Programme (CIP) deliverables and improvements would be reported to TPMG from October 2013. At the same time TPMG was also reviewing the Trust's in-year priorities in relation to YAS' annual business plan to focus attention for the remainder of the year.

SP confirmed that the first service improvement skills training course was due to take place during November, with the focus being on building internal capability.

DW stated it was important that the Trust realigned its priorities during the current Foundation Trust (FT) 'pause'.

DW further stated that he would shortly be in a position to bring back to the Board the actions that the organisation would be taking during the latter part of the year. He stressed there would be no detriment to what YAS was trying to do strategically, as there was some room for manoeuvre around elements of A&E and urgent care in particular.

MW stated that this would be beneficial work, as a focus on priorities would help the Trust to further understand its current position.

BS requested clarification of the implications of a persistent amber rating.

SP replied that amber ratings were generally given when something was progressing reasonably well but there remained a few concerns. However, in terms of some amber ratings, mitigating actions would be required before the project could fully deliver.

RB stated that ultimately one person was accountable for each project. Representatives from key projects that were off-track attended workshops during which actions were agreed to bring the projects back on track.

EB questioned the robustness of the approach currently taken to alleviate problems through the use of mitigation schemes, the Cost Improvement Programme (CIP) Review Group, etc.

SP stated that work was currently under way to improve the depth of information provided and add sufficient detail to enable alignment with the CIP dashboard.

		Action
	<p>DW stated that the CIP group was currently overstretched as it was trying to do too much and was therefore unable to drill down into key schemes. By aligning the CIPs to the transformation projects this would free up some of the CIP Management Group's time to concentrate on key CIP schemes.</p> <p>PD expressed concern that, in spite of all the work undertaken by the NEDs' turnaround group, the sickness and absence CIP was still not delivering. She asked how the savings were to be achieved and the benefits measured.</p> <p>SP replied that work was under way to provide a greater understanding of actions, cash savings, etc.</p> <p>The Chairman thanked SP for his update. She stressed the urgent business need and importance of people starting to deliver savings with immediate effect.</p> <p>Approval: The Trust Board noted the developments, issues and risks outlined in the paper and were assured with regard to the Transformation Programme management arrangements and action.</p>	
4.3	<p>For Assurance: Mid-Year Review</p> <p>RB presented an update on the progress of YAS' Annual Business Plan objectives for 2013/2014. He confirmed that, at the end of August 2013, eight of the 16 objectives were amber rated with one objective, number 14, "reduce rates of staff sickness", rated as red.</p> <p>RB outlined the work under way to review and revise project documentation and mitigations for KPIs 1, 2, 7, 13 and 14 to bring delivery of these objectives back on track.</p> <p>He stated that work on KPI 3 was being progressed through the A&E Contract Board. The work on KPI 12 had been delayed but was now due to begin in November</p> <p>RB stated that the business case for KPI 16 had been significantly improved and would be presented to the Trust Board for approval prior to being issued to the Commissioners for final approval prior to implementation in 2014/15.</p> <p>SP stressed that during the discussions about re-focussing on the Trust's priorities, the on-going focus on the Quality agenda had not been lost.</p> <p>EM stated that KPI 7, 'Improve the quality of our PTS performance' had moved from red to amber but questioned whether amber was an appropriate rating for YAS' PTS either as a business or as an overall business plan objective.</p>	

	Action
<p>RB replied that although this was a fair challenge, PTS had started to see an upward turnaround in some of its performance targets</p> <p>EB stated that although the new rotas had gone 'live', one month did not guarantee long term success.</p> <p>The Chairman stated that although it had been useful to review the Annual Business Plan at the midpoint of the year, the NEDs and she were mindful of raising the same issues at Board.</p> <p>She further stated that the staff sickness turnaround group, which had been set up as a task and finish group, should finish its work in the near future and stressed that this would need to be one of IB's initial main priorities.</p> <p>PD stated that the last meeting of the sickness turnaround group, had been cancelled and would need to be re-arranged as soon as possible.</p> <p>Action: IB to re-arrange sickness turnaround group meeting as soon as possible.</p> <p>The Chairman thanked RB for his update.</p> <p>Approval: The Trust Board noted the update on the objectives at risk of not achieving Green status by the year end.</p>	<p>IB</p>
<p>5</p>	<p>STRATEGY, PLANNING AND POLICY</p>
<p>5.1</p> <p>For Approval: Risk Management and Assurance Strategy including Risk and Assurance Information Flows</p> <p>SP presented the updated Risk Management Strategy for approval by the Trust Board.</p> <p>The Chairman reminded Board colleagues that if anything presented to the Board needed further development it could be deferred and re-presented at the next meeting if necessary.</p> <p>SP stated that the Strategy sat alongside documents such as the Integrated Business Plan (IBP) chapters 7 and 9 and was aligned with the NHS Litigation Authority (NHS LA) standards to ensure that YAS was compliant with external standards. The NHS LA standards required a Board approved Risk Management Strategy to be in place and to be updated and agreed by the Board on an annual basis.</p> <p>He further stated that he had not provided the Board with a track changed version of the Strategy as the vast majority of alterations had been formatting changes.</p> <p>SP added that changes to the document included references to the implementation of Datix.</p>	

	Action
<p>The most significant was the enhancement of the roles of Board committees and management groups in relation to key organisational risks and review of the flow of risk and assurance information between committees, to ensure effective coverage of all Trust business. The Risk and Assurance Information Flows chart could be seen in Appendix 5 of the Strategy.</p> <p>SP invited comments and questions from the Board.</p> <p>PD asked whether professional accountability could be highlighted with reference to the Committees and Management Groups in the structure chart in Appendix 4, as the Trust could be missing an opportunity.</p> <p>SP replied that he was unsure whether it would be possible to represent PD's suggestion diagrammatically, although it might be possible to include references to professional accountability at various points in the document.</p> <p>JM agreed with PD that reference to professional accountability, clinical governance, etc needed to be included in the Strategy.</p> <p>BS stated that, having read the Strategy, there were a small number of items he would like the opportunity to debate. For example he had a couple of suggestions of items that could be included in the table in Section 6; and in Appendix 3 the word 'risk' did not appear in all of the descriptions of Committee responsibilities.</p> <p>EM stated that she was unsure whether developments in how risks were viewed in individual committees and how they fed into each other were referenced in the Strategy.</p> <p>The Chairman stated that, although a large proportion of the document was acceptable, some changes were still required.</p> <p>It was agreed that discussions should take place outside the meeting to agree the necessary changes and that an updated draft should come back to the Board at its November meeting.</p>	
<p>Action: SP to liaise with Board colleagues re amendments to the Strategy prior to its re-presentation at November Board meeting.</p>	<p>SP</p>
<p>SP stated that some useful learning in relation to Monitor feedback on quality impact and risk registers had been gathered during the recent meeting with North West Ambulance Service (NWAS) so he would also incorporate this into the revised Strategy.</p> <p>Action: SP to incorporate learning re quality impact and risk registers from NWAS meeting into the Strategy.</p>	<p>SP</p>

		Action
	<p>SP asked whether the Board would approve the Risk and Assurance Information Flows diagram whilst work was on-going to revise the Strategy.</p> <p>Approval: The Trust Board approved Appendix 5, Risk and Assurance Information Flows diagram but approval of the updated Risk Management and Assurance Strategy was deferred until the revised version was presented at November Board Meeting.</p>	
5.2	<p>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, Version 33; • IBP Appendix 2, Governance Rationale, Version 23; • For Assurance: Solicitor's Letter of Conformity <p>AA outlined the proposed changes to YAS' Constitution which also had implications for its Governance Rationale.</p> <p>She stated that YAS' Constitution had been updated to reflect the decisions made by the Trust Board and approved at the meeting held in Public on 23 July 2013 plus the new Monitor model template.</p> <p>AA added that the Board had been provided with track changed versions of YAS' amended Constitution and Governance Rationale and a copy of the updated Solicitor's Letter of Conformity and requested Board approval of the changes as outlined in the paper.</p> <p>The Chairman acknowledged that the Constitution was a 'live' document which would need regular updates and alterations.</p> <p>She requested an update on the plans in relation to the elections for the Trust's Council of Governors (COG) which would be allowed to run in a shadow format prior to the Trust's official approval as a Foundation Trust (FT).</p> <p>AA stated that, in addition to taking advice from the Trust's solicitors, she had also spoken to an independent electoral provider who had a lot of experience of dealing with Monitor and the Trust Development Authority (TDA) at a regional level.</p> <p>Although nothing was formally prescribed by Monitor, it was likely that arrangements for YAS' elections would commence after the TDA Trust Board to Board meeting when the TDA Board recommended that the Trust should go forward to the Monitor stage of the process.</p> <p>The Chairman stated that the Trust valued its Members and wanted to ensure that those who were keen to stand as Governors did not lose interest due to the current pause in the Trust's FT journey.</p> <p>The Chairman thanked AA for her update.</p>	

		Action
	<p>Approval: The Trust Board approved the proposed changes to YAS' Constitution, (V.33) including their impact on the Governance Rationale (V.23) and received for assurance a further Solicitor's Letter of Conformity (of the Constitution).</p>	
	<p>The meeting broke for lunch at 1215 hours, reconvening at 1245 hours.</p>	
6	PERFORMANCE MONITORING	
6.1	<p>Chief Executive's Report and Integrated Performance Report DW presented his report, the aim of which was to give the Trust Board assurance on the activity of the Trust Executive Group (TEG) from 17 July 2013 to the 16 September 2013, and to highlight the key variances and movements contained within the July and August 2013 Integrated Performance Reports (IPR).</p> <p>DW stated that, as the distribution of the additional £500m non-recurrent winter funding for 2013/14 and 2014/15 had already been discussed during the Chairman's report, he did not intend to raise the matter again.</p> <p>He further stated that South Tees Hospital Foundation Trust (FT) was in the process of consulting the public on Paediatric and Maternity service changes to the Friarage hospital in Northallerton. YAS was working with South Tees Hospital FT, the Commissioner, Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG), and the Commissioning Support Unit (CSU) to ensure plans and additional resources were in place to ensure the current 999 delivery was maintained following any planned service changes.</p> <p>DW added that, although YAS had resisted being part of the panel for the public meeting, he had been considering the various alternatives with JM and Locality Director for the area, Vince Larvin.</p> <p>JM stated that he had raised particular concerns around high risk maternity cases and was waiting to see what came out of the consultation process in respect of these concerns.</p> <p>The Chairman stated that issues around the reconfiguration were very much for the Commissioners and acute trusts to resolve but they would need to provide sufficient funding to allow the Trust to maintain its services in the area.</p> <p>PD stated that the Patient Transport Service (PTS) challenge should also play into discussions.</p> <p>DW outlined the business priority areas for Quarter 2 and the Trust's priorities. He also provided information about service delivery and performance, referring to the IPR when appropriate.</p>	

	Action
<p>He stated that there had been on-going debate at the Association of Ambulance Chief Executives (AACE) about when the performance clock should start in relation to Red calls. It had been agreed that the clock would now start at the same time at each ambulance service and all trusts had been asked to confirm that this was happening.</p> <p>Consequently, a review of calls back to the start of the NHS 111 service was due to take place which might lead to a small adjustment to YAS' figures. DW would update the Board as part of his weekly message.</p> <p>Action: DW to update Board on 111 999 calls' performance review as part of his weekly update.</p> <p>DW welcomed IB, the new Executive Director of People and Engagement, to his first Board meeting. He confirmed that, as the substantive Executive Director of Operations role had not yet been appointed to, the interim Director, MFD, would be staying with the organisation until mid-December 2013.</p> <p>The search for the new Operations Director had been broadened to the private sector and would shortly go live so it was hoped that an appointment would be made in about the next six weeks' time.</p> <p>The Chairman confirmed that the problem of finding people of a suitable standard for the Director of Operations role was currently an issue for all ambulance services.</p> <p>MFD confirmed that the process of strengthening the clinical leadership team had continued and the plan to recruit a further 26 Clinical Supervisors (CS) would be completed by the end of September as planned. This would allow the Trust to have one CS for 16 members of A&E staff across the organisation whilst also leaving some positions open for CS development.</p> <p>MFD further stated that the implementation of the Workforce Plan was now moving rapidly. Station notices had been issued to inform staff of developments and to clarify the Trust's position on rotas, rest breaks, abstraction arrangements, etc and management engagement with staff would continue.</p> <p>DW stated that, in addition to the awards mentioned in his report, Jan Matulewicz, a Clinical Advisor in EOC, had been awarded a national Clinician of the Year award by the International Academy of Emergency Dispatch (IAED). In the past two years Jan had improved YAS' work with nursing homes, reducing the number of 999 calls, etc and was about to commence another piece of clinical audit work.</p> <p>The Board placed on record its congratulations to Jan.</p>	<p>DW</p>

	Action
<p>DW stated that although there was currently no risk around the Red 2 year to date position, the month and quarter position remained fragile.</p> <p>MFD stated that Red demand had been 6% higher than planned so work was under way to re-allocate the distribution of resources.</p> <p>This was tied in to how quickly the new rota could be fully implemented which was currently looking like January 2014.</p> <p>The Chairman stated her belief that the Trust should be achieving its Red 2 targets day in and day out as part of its normal service and stressed that current performance needed to improve.</p> <p>EB agreed with the Chairman. She stated that issues which took the Trust off course from its financial surplus were raised at every Board meeting. She did not feel that Board colleagues were receiving clarity in terms of solutions to the Trust's overall performance as assurances seemed to be too fragmented.</p> <p>PD supported EB's comments, adding that snow was forecast from the end of October, which was bound to affect performance.</p> <p>The Chairman stated her belief that the Board, preferably as part of its meeting at the end of October, should look at the issues in a more holistic way.</p> <p>SP stated that the work around in-year priorities would play in to this, as it would provide greater clarity in relation to resource plans, etc.</p> <p>DW stated that the rota review had been a very important project which would be crucial in relation to the Trust's performance and he did not want to replicate the issues that had been encountered following the last rota review. The Trust, therefore, needed to ensure that it addressed all issues including rest breaks, building in sufficient relief, etc prior to full implementation.</p> <p>Action: AA to include discussion about performance issues, etc on the agenda for a forthcoming Board Development Meeting.</p> <p>JM stated that YAS had implemented a new governance structure for YAS' immediate care doctors and had introduced a reporting system for any incidents to which BASICS doctors were tasked. In addition, a centralised education programme had been introduced for the region, offering education and Continuing Professional Development (CPD) opportunities for YAS BASICS doctors and this was being used as a national template.</p> <p>JM further stated that a bespoke vehicle controlled drug book had been approved and was awaiting delivery.</p>	<p>AA</p>

The Standard Operating Procedure had been reviewed to make the procedure more robust and allow for greater assurance of morphine security. This work led the field and would become a national template

JM stated that in relation to the Stroke 60 Key Performance Indicator (KPI), the tight timescales and long distances along which some patients had to be conveyed to reach hyper-acute stroke centres made performance challenging.

Performance for April 2013 was 63.2%. However, the impending reconfiguration of these services across the region might bring further challenges to delivering the performance standard without significant investment in A&E resources from the Commissioners.

SP confirmed that a third Hillsborough pre-inquest review would take place in October 2013. A review of the large volume of documents being collated by the Coroner had started and initial contact with current and former staff who might be called as witnesses continued.

He further stated that the Care Quality Commission (CQC) was due to publish its final report on July's planned, unannounced inspection visit by the end of the week.

SP added that the NHS Trust Development Authority's Quality Visit took place on 6 September 2013. A written report was anticipated within the next 2-3 weeks and any issues would be dealt with through the Quality Committee.

SP stated that NHS 111 call answer times were stable and meeting the quality targets and overall the service was performing well.

Staff related incidents had risen, although remaining within the range previously seen. The majority were in the A&E service and a key theme involved moving and handling issues. Various initiatives, including the introduction of the new carry chair and equipment bag would target some of the identified causative factors.

PD asked how the safety thermometer work would be monitored.

SP replied that it would become part of the formal reporting process and be built into the Integrated Performance Report (IPR) with the associated process measures.

IB stated that the Workforce and Strategy Directorate had been working closely with Operations to progress the Workforce plan, and although the agenda was challenging the Trust remained on course to achieve its key aims.

The Directorate also continued to review and improve its systems and procedures to better meet the needs of the Trust.

	Action
<p>A range of important developments had been planned, which included a review of Induction, new initiatives in Leadership development and service improvement, further improvements to recruitment processes and the new Occupational Health contract.</p> <p>IB agreed to provide more detailed information in relation to the HR initiatives, including timings, etc at the November Board meeting.</p> <p>Action: IB to provide Board with further information about HR initiatives at November Trust Board Meeting in Public.</p> <p>IB stated that although sickness absence levels were currently slightly above the Trust's 5% target, a number of important developments was under way, which would help to improve the Trust's approach to sickness management.</p> <p>The Chairman stated that, although there were some challenges around engagement in the IPR, the new Head of Engagement post should be able to move things forward quite quickly.</p> <p>PD stated that the percentage of safeguarding training, which currently stood at 83%, seemed to be marginally down, adding that it would be useful to see an exception report in the IPR.</p> <p>SP replied that this was partly caused by a new workbook being issued, adding that the percentage should start to increase again.</p>	<p>IB</p>
<p>Action: SP to introduce exception reporting in the safeguarding training section of the IPR.</p> <p>RB stated that Finance Managers continued to work with operational managers to migrate existing Cost Improvement Programme (CIP) schemes into new 'Monitor Ready' business case formats.</p> <p>Initial modelling work had been completed regarding estate configurations and was being reviewed by management teams. In addition, companies had been invited to submit expressions of interest for the new Hazardous Area Response Team (HART) facility conversion work ahead of detailed tender specifications being issued.</p> <p>He further stated that work was progressing to roll out Service Line Management (SLM) across the Trust.</p> <p>RB added that actions to improve medical device servicing were progressing well with no defibrillators in service outside of their service window. Focus was now being applied to other equipment categories.</p>	<p>SP</p>

	Action
<p>He confirmed that, in relation to ambulance handover times, it had been agreed with the Commissioners that no fines would be levied in the first six months of the year.</p> <p>The Chairman asked what Locality Directors were doing to improve the process when some handover times took over 30 minutes.</p> <p>RB agreed to look into this item further and report back at the next Board meeting.</p>	
<p>Action: RB to report on actions being taken by Locality Directors to improve handover times at November Board meeting.</p>	RB
<p>PD queried that some hospitals seemed to be creating a type of 'holding pen' for ambulances before they could hand over patients. This was a quality issue and created delays in admittance to A&E. It was agreed that meetings should be set up with the three most poorly performing hospitals.</p>	
<p>Action: DW to set up meetings with the three most poorly performing hospitals re improvements to ambulance handover times.</p>	DW
<p>PD expressed disappointment about the constant amber in relation to business continuity plans. As all Urgent Care Boards had to sign off surge plans with NHS England, she asked how YAS could sign these plans if the Trust's business continuity plans were not in place and how long it would take to get the current plans fit for purpose.</p> <p>MFD agreed to discuss PD's questions with Ian Walton (IW), YAS' Associate Director of Resilience and email a response to Board colleagues.</p>	
<p>Action: MFD to discuss PD's questions re YAS' business continuity plans with Ian Walton and email a response to the Board.</p>	MFD
<p>MFD stated that IW had produced a draft winter plan which had been considered by the Trust Executive Group (TEG) and this was one means by which the Trust's business continuity plans would be updated and fine-tuned.</p>	
<p>In relation to medical devices, PD stated that she was concerned to see the position in relation to suctioning devices and asked whether there had been any patient incidents.</p> <p>SP confirmed that there had been none.</p>	
<p>The Chairman asked members of the public if they had any questions about the IPR.</p>	

	Action
<p>DB from North Yorkshire expressed concern that of the four Clinical Commissioning Groups (CCGs) whose performance figures were poor, two were in the Yorkshire Dales.</p> <p>He asked whether turnaround screens would be installed at James Cook and Darlington Memorial hospitals, even though they were out of region.</p> <p>DW replied that although there were no screens to date, Deputy Operations Director, David Williams was liaising with the two hospitals and the Board would be updated in the near future.</p> <p>DB informed those present that there were no cleaning facilities for ambulance crews at James Cook hospital. The Chairman thanked DB for raising this issue.</p> <p>She stated that members of the public did not need to wait until Board meetings to raise their concerns, as they could contact the Trust at any time.</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 July and August 2013 IPR reports, highlighted in the Executive Directors reports.</p>	
<p>6.2 Charitable Funds Committee</p> <p>EM confirmed that there had been no meeting of the Charitable Funds Committee since the last Trust Board meeting in Public.</p> <p>There had, however, been some movement with the purchase of certain capital items and items for the benefit of staff.</p> <p>RB confirmed that community defibrillator schemes and static medical units were currently the primary areas of activity.</p> <p>He stated that a meeting to discuss collaborative working had taken place with Yorkshire Air Ambulance (YAA). Although YAA had been happy to help YAS develop its fund raising opportunities RB had sensed a slight wariness in relation to joint working.</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>	

		Action
6.3	<p>Audit Committee – Minutes of the meeting held on 4 June 2013, Chairman’s Report of the last meeting held on 16 July 2013 and Audit Committee Annual Report 2012/13.</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 and that the Committee was complying with its purpose as set out in its terms of reference. He confirmed that there had been no Audit Committee meeting since the last Trust Board meeting in Public.</p> <p>BS stated that, at its meeting on 16 July, the Audit Committee had considered and approved its 2012/13 Annual Report, which was now presented to the Board for approval. In addition the Committee had approved the minutes of the meeting on 4 June 2013, which were attached for completeness.</p> <p>BS presented a report of the key matters that were considered, discussed and agreed at the 16 July Audit Committee meeting and invited questions or comments from those present.</p> <p>AA asked for ‘Vice Chairman’ on page 2 to be replaced with ‘Deputy Chairman’, to keep the report consistent with other YAS documents.</p> <p>The Chairman stated that she had found the annual report very useful and thanked BS for his update.</p> <p>Approval: The Trust Board noted and was assured by the content of both the Chairman’s report of the meeting held on 16 July 2013 and the content of the Audit Committee Annual Report 2012/13 and derived adequate assurance regarding the activities of the Audit Committee and the assurance that it provides.</p>	
6.4	<p>Quality Committee – Minutes of the meeting held on 9 July 2013 and Chairman’s Report of the last meeting held on 10 September 2013</p> <p>PD provided an update on the activities of the Quality Committee. She stated that the meeting on 10 September had been observed by Peter Wood, Non-Executive Director and chair of the Quality Committee in North East Ambulance Service (NEAS).</p> <p>PD further stated that the Committee had approved the minutes of the meeting on 9 July 2013, which were attached for completeness.</p> <p>PD confirmed that formal feedback of their observation of the July Quality Committee meeting had been received from the NHS Trust Development Authority (TDA). There had been a couple of minor areas for development but nothing of major concern.</p> <p>She presented a summary report of the key matters that were considered, discussed and agreed at the Quality Committee meeting held on 10 September and invited questions from those present.</p>	


		Action
	<p>As there were no questions Chairman thanked PD for her update.</p> <p>Approval: The Trust Board noted the discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee work programme and had sufficient assurance on the matters reviewed by the Committee.</p>	
6.5	<p>Finance & Investment Committee – Minutes of the meeting held on 9 July 2013 and Chairman’s Report of the last meeting held on 10 September 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 and to provide an update regarding the activities of that Committee.</p> <p>She provided an update from the F&IC meeting held on 10 September 2013. There had been a very full agenda and the meeting had been observed by representatives from the NHS Trust Development Authority (TDA). Formal feedback of their observation had not yet been received from the TDA.</p> <p>EB reported that there were on-going difficulties around the demands of the NHS 111 service. Funding constraints alongside an extremely variable demand could lead to over and under staffing and therefore ultimately financial difficulties. This item would be discussed in more detail at the November meeting.</p> <p>She further stated that in relation to the Trust’s Patient Transport Service (PTS) Cost Improvement Programme (CIP) work was under way to recover some of the deficit. It was recognised that there would be a shortfall and the Trust was looking at other mitigation schemes to address this problem.</p> <p>EB added that F&IC believed that the success of the Service Line Management (SLM) programme was key from the PTS perspective so it was essential to develop further understanding of SLM and to act accordingly.</p> <p>EB stated that Mark Ruud (MR) from the Trust’s Private and Events section had delivered a well-received presentation on SLM. It had been an excellent example of how to implement something that delivered a successful outcome.</p> <p>She further stated that although F&IC recognised that it was a moving picture, the Committee still required assurance in relation to the impact of the CIP and NHS 111, the main financial risks currently facing the organisation. An update report had therefore been requested by the end of September.</p> <p>The Chairman asked RB if he had anything to add.</p>	

		Action
	<p>RB reiterated that MR's SLM presentation was excellent and would be shared with Senior Management Group (SMG), PTS, etc.</p> <p>BS stated that he had observed the meeting and the highlight had definitely been the SLM presentation which showed that a public sector organisation could create enterprise and show a benefit.</p> <p>He further stated it was good to see that, although the Trust was currently experiencing major financial challenges to the effective delivery of its services, etc, the Committee was clearly holding the organisation to account.</p> <p>The Chairman thanked EB for her thorough report.</p> <p>Approval: The Trust Board noted the discussions within the Finance and Investment Committee and the key issues highlighted for further scrutiny within the Committee work programme and had sufficient assurance on the matters reviewed by the Committee.</p>	
6.6	<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>The Chairman stated that there had been a good attendance at that morning's AGM, which she had allowed to overrun because of the number of questions being asked by members of the public.</p> <p>IB stated that it had been very helpful to attend an AGM and a Public meeting on his second day of employment, as it had helped in his induction to YAS.</p> <p>AA noted that there had been very appropriate and constructive challenge from both the Non-Executive and Executive Directors.</p> <p>DW stated that it had been a good meeting with sufficient debate and engagement from people around the table.</p> <p>PD, speaking as Chairman of the Quality Committee, stated that the NEDs were experiencing frustration around the performance agenda. They needed earlier feedback, which they would be happy to receive by email.</p> <p>The Chairman asked whether anything was not being brought to meetings which ought to be considered by the Board.</p>	

	Action
<p>JM stated his belief that a more holistic overview was necessary. The structured basis of Board meetings meant that the business of the Board tended to be compartmentalised when it would benefit from being looking at 'in the round'. He added that a Board Development session on this topic would be useful.</p> <p>BS stated that he had recently attended a conference in Leeds at which a senior finance director from the Trust Development Authority (TDA) had spoken about helping trusts to become a Foundation Trust (FT). He had suggested that if a trust behaved like an FT from the start of its journey, it would be an encouraging sign to Monitor.</p> <p>BS asked whether the YAS Board currently behaved like an FT Board. He added that a debate was needed about the external competitive environment which would be a vital part of being an FT.</p> <p>MW stated that, although the Integrated Performance Report (IPR) had moved on significantly since she joined the organisation 18 months previously, it was still not necessarily organised in the most efficient way.</p> <p>The Chairman agreed that, although good progress had been made over the past 12 months, further development was required before the document was truly 'integrated'. She acknowledged the complexity of the work still required, adding that further consideration was required about the best way in which to take this forward.</p> <p>SP asked what kind of leadership and management the Board wanted across the organisation. It was his belief that this was a subject which would benefit from a Board discussion.</p>	
<p>7</p> <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 highlighted the items for discussion at that afternoon's Private Board meeting, which were: commercial contracts; a report from the Trust's Remuneration Committee, which included personal information about the Executive Directors; a discussion about significant incidents, which included patient identifiable information; and updates about the Trust's Foundation Trust journey, the Hillsborough Independent Panel's work and the NHS 111 service.</p> <p>The Chairman thanked everyone for attending. The meeting closed at 1425 hours.</p>	

		Action
8	Dates and Locations of Next Meetings: 26 November 2013 at The Spa Bridlington, South Marine Drive, Bridlington, YO15 3JH.	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS



CHAIRMAN

26/11/13 **DATE**