



Trust Board Meeting held in Public

Venue: The Chadwick Lawrence Suite, The John Smiths Stadium, Stadium Way, Huddersfield, HD1 6PG

Date: Tuesday 28 January 2014

Time: 0945 hours

Chairman: Della Cannings

Present:

Board Members:

Della Cannings	(DC)	Chairman
David Whiting	(DW)	Chief Executive
Patricia Drake	(PD)	Deputy Chairman and 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
Russell Hobbs	(RH)	Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director
Steve Page	(SP)	Executive Director of Standards and Compliance

Apologies:

Dr Elaine Bond (EB) Non-Executive Director

In Attendance:

Anne Allen	(AA)	Director of Corporate Affairs & Trust Secretary
John Nutton	(JN)	Non-Executive Director (Designate)
David Blain	(DBI)	Head of Safeguarding, YAS
Katrina Dixon	(KD)	Clinical Pathway Advisor, YAS
Angela Harris	(AH)	Lead Nurse, Urgent Care, YAS
David Ainley	(DA)	Public Member
David Bolam	(DB)	Public Member
Jackie Clark	(JC)	Housing Support Worker, SWIFT Project
William Hanlon	(WH)	Public Member
S M Hardy TD DL	(SH)	Chairman, Local Care Direct
Cllr Viv Kendrick	(VK)	Scrutiny Chair, Kirklees Council
Greg McQuillan	(GM)	Public Member
Professor K Mohanty	(KM)	BMA
Ben Paolozzi	(BP)	Public Member
Jamie Openshaw	(JO)	Housing Support Worker, SWIFT Project
Miss L Shaw	(LS)	Public Member
Mrs L Shaw	(LSh)	Public Member
Dr Kenneth G Townend	(KT)	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. ‘Yorkshire Ambulance Service - Mental Health Issues and Initiatives’ was presented by David Blain (DBI), Head of Safeguarding and Angela Harris (AH), Lead Nurse - Urgent Care and was very well received by those present.

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	The meeting commenced at 0945 hours.	
1	<p>Questions from the Public</p> <p>The Chairman welcomed everyone to the Trust Board Meeting held in Public. She passed on her thanks to DB and AH for a useful and informative pre-meeting presentation.</p> <p>The Chairman thanked the Public Members for the interest they were showing in YAS and invited questions from those present. She asked people to identify themselves by name, geographical area and organisation if appropriate.</p> <p>DB, a Public Member, stated he was pleased to see that the 10,000 mile limit had been extended for voluntary car drivers, as this would be particularly useful in rural areas.</p> <p>He was, however, concerned to read that fire service Community First Responders (CFRs) were going to be used in East Yorkshire. A similar scheme in Teesside had received negative press coverage when, for example, fire engines turned up after a medical 999 call.</p> <p>The Chairman thanked DB for noting the changes to the mileage remuneration agreement whilst stressing that the tax free 10,000 mile limit was an HMRC revenue issue with any mileage claimed above the 10,000 mile limit having tax implication for individuals.</p> <p>She confirmed that the Trust was currently installing many additional publically accessible defibrillator sites across the region so it was essential that as much help as possible was forthcoming. In this respect it was essential to acknowledge the good work being carried out with Humberside Fire Service in relation to the provision of CFRs.</p> <p>DW echoed the Chairman’s statement. He stated that increasing the number of defibrillator s within the community was crucially important to help improve patient survival rates after cardiac arrest, adding that there would shortly be 1300 defibrillators available across Yorkshire and Humberside.</p> <p>He further stated that YAS had a very good relationship with the Humberside Fire and Rescue service and they recognised that sending a fire truck in response to a cardiac arrest was not appropriate. There would be ten fire co-responder locations in which fire fighters would be based in cars badged ‘Working in partnership with YAS’.</p>	

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<p>The responders, who would be retained fire staff, would be targeted at mainly Red 1 calls with some Red 2s. It was hoped that they would make a big impact on the number of patients surviving to discharge from hospital following a cardiac arrest. Their vehicles would look like the current rapid response vehicles, albeit with different badging.</p> <p>DW stated that the new arrangements would go live at the end of the current financial year and be accompanied by appropriate publicity so that people understood what the vehicles were likely to look like and what they were there to do</p> <p>The Chairman stressed that more voluntary car drivers were needed and YAS was keen to encourage people to put themselves forward.</p> <p>As the Scrutiny Chair of a local council, VK stated her belief that Scrutiny Committee involvement with YAS was important. Whilst she appreciated that YAS' services covered the whole of Yorkshire, which was very different to those of a local authority, she asked how the Trust communicated its direction of travel to its local councils, Health and Wellbeing Boards, etc to ensure that its messages were received by its Commissioners.</p> <p>DW stated that YAS would be pleased to be invited to attend any Health and Wellbeing Board meeting. Historically, YAS had been well linked in to Overview and Scrutiny Committees but this was less so with Health and Wellbeing Boards, as YAS as an ambulance service did not have a seat on these bodies.</p> <p>Whilst the Trust's limited resources meant it was unable to attend meetings of all of these Boards, it would be good to have greater involvement and the opportunity to attend a few of the Boards.</p> <p>The Chairman suggested that YAS could be invited to become a corresponding member of Health and Wellbeing Boards.</p> <p>IB stated that the main aim of the Head of Stakeholder Engagement post in his directorate was to ensure the spread of communications across the region. Hester Rowell (HR) was compiling a map of all of YAS' stakeholders so IB would ask her to make contact with VK.</p> <p>Action: IB to ask HR to liaise with VK re opportunities for stakeholder engagement.</p> <p>The Chairman stated that the Trust sent out regular communications such as its Stakeholder News newsletter but the spread of this information depended on how it was managed when it arrived on site.</p> <p>As there were no further questions, the Chairman thanked those present for the interest they had shown in YAS' work.</p>	<p>IB</p>

	Action
<p>The Chairman stated that members of the public were 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>The Chairman further stated that, although it might look at times as if the Board was not discussing important issues in enough depth, this was not the case, as a lot of work was carried out in Board-level Committees, etc prior to matters coming to the Board.</p>	
<p>2</p> <p>Apologies / Declaration of Interests</p> <p>The Chairman welcomed everyone to the meeting including a formal introduction to RH who was attending his first full Trust Board Meeting in Public as the Executive Director of Operations.</p> <p>Board members' apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p> <p>The Chairman welcomed back MW from maternity absence, formally congratulating her on the birth of her twin boys.</p> <p>The Chairman stated that she had reiterated her invitation for a representative from the Trust's recognised union, Unison, to attend and was disappointed to see that no one was present.</p> <p>IB stated that Unison continued to work closely with YAS in terms of taking the many workforce changes forward; their representatives had been unable to attend due to their involvement in the on-going national negotiations relating to the unsocial hours dispute and the A&E rota redesign.</p>	
<p>3</p> <p>Minutes of the Meeting held on 26 November 2013 including Matters Arising (not on the agenda) and Action Log</p> <p>The Minutes of the Meeting held on 26 November 2013 were approved as a true and fair representation of the meeting.</p> <p>Matters Arising: There were no matters arising.</p> <p>Action Log: DW guided the meeting through the updated Action Log. There were no outstanding queries relating to the completed actions.</p> <p>PB-222 – DW confirmed the vast majority of Clinical Supervisors' (CS) Personal Development Reviews (PDRs) had been completed. Around 24 additional staff had been recruited to the CS establishment and several of these PDRs were still to be completed.</p> <p>Generally, the Trust continued to make good progress with 75% PDR completion year to date.</p>	

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<p>Progress had been tracked carefully at Trust Executive Group (TEG) level and the vast majority of PDRs would have been completed by year end. Action closed</p> <p>PB-242 – Ambulance handovers – RH confirmed detailed activity had taken place with slight improvements in West Yorkshire but not yet across the board. Four clinical bays had gone live in Huddersfield Emergency Department and York and Scarborough were taking a more proactive approach. In West Yorkshire locality managers and Clinical Supervisors were in touch with hospitals on a daily basis and a small improvement could be seen.</p> <p>The Chairman stated that YAS had been very pleased when the 15-minute handover target had been brought in. Screens had been installed in each hospital to electronically capture the length of handovers and there had been a marked improvement across the whole patch. The time it took to get ambulance vehicles ready for their next use was in YAS' control and some issues remained in this area, which were being managed.</p> <p>RH confirmed work was underway looking at the reasons for this, although it was acknowledged that, on certain occasions, circumstances made it impossible to meet the required timescales.</p> <p>DW stated that part of the £215m Government allocation of funds for challenged acute trusts was to be used to make improvements to meet their four-hour targets. York was one of these acute trusts so the matter was being picked up at Executive level.</p> <p>The action remains open for a further update at the next meeting.</p> <p>PB-245 – DW stated that the Trust was in the middle of 2014/15 contract negotiations. The review would take place at the end of this period. Action remains open.</p> <p>PB-249 – AA confirmed a pilot was to take place with the Chairman before the system was rolled out more widely through the rest of the Non-Executive Directors (NEDs). Action remains open.</p> <p>PD stated it would be useful to have a NED section on the Intranet.</p> <p>RB replied that an IT software presentation had been made at a Senior Management Group (SMG) which would allow people access to the network drives.</p> <p>It was agreed that the Chairman and AA should meet with members of the ICT team to discuss the options available to the Chairman and NEDs to help in the move towards paperless Board meetings.</p> <p>Action: AA to arrange meeting between the Chairman and YAS IT representatives to discuss options available for the NEDs</p>	<p>AA</p>

	Action
<p>PB-253 – RB confirmed that the process was underway. It was agreed that the action should be redirected to the Remuneration and Terms of Service Committee (RTSC). Action closed.</p> <p>Action: IB to move action re market testing of current leasing levels of Executive Directors’ vehicles to RTSC action log.</p> <p>PB-258 – SP confirmed that a selection of documents had been circulated. An Urgent Care steering group had been established and part of its work would be to consider how the Trust communicated and engaged with its staff.</p> <p>The Chairman stated that there were a lot of opportunities for the ambulance service in the Phase 1 document which could inform the Phase 2 work.</p> <p>JM stated that YAS’ NHS 111 Clinical Director, Urgent Care, Dr Philip Foster, was the National Ambulance Service Urgent Care Group’s lead, which would help to inform the national agenda.</p>	<p>IB</p>
<p>4</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 stated that the Trust had been lucky to date but it was still possible for the region to experience extreme winter weather.</p> <p>The Chairman reported that she had spent Christmas Eve in Ripon with a Paramedic and New Year’s Eve in York with another Paramedic. She had enjoyed the two evenings and found the keenness of YAS’ staff to provide a quality service reassuring. The personal and communication skills of the Paramedics were very good and they always spent an appropriate amount of time with people to ensure that they received the right care, etc which the Chairman had found amazing.</p> <p>The Chairman placed on record her congratulations to YAS’ staff for the compassionate and quality service that they provided in sometimes difficult circumstances. She expressed concern about the number of drunken people that crews had to deal with, which in her belief was a major issue for society. These people were vulnerable and there was currently a serious gap in provision in this area.</p> <p>The Chairman stated that, alongside the Executive Directors, she had received training to help the NHS 111 service over the festive period. They had, however, been supporting the service by carrying out fairly menial tasks, rather than interacting with the public. The service had hit some really high volumes over the Christmas period and the Chairman placed on record her congratulations to everyone on the caring and efficient way in which they had coped.</p>	

	Action
<p>The Chairman expressed disappointment and frustration at the continued 'pause' in YAS' Foundation Trust (FT) journey. The first pause had been due to the changes to the landscape of the NHS but the second national pause was the result of post Mid-Staffordshire review concerns and quality issues elsewhere. It now looked as if the next phase would not commence until well into 2014/15.</p> <p>The Chairman stated that YAS wanted to act as an FT as far as it was legally able to so do. It had therefore been decided to set up a YAS Forum which would look like a Council of Governors (COG) but without the legal powers of the body.</p> <p>This was an exciting move and information, including a special edition of the Membership newsletter, was being circulated to the Trust's Membership encouraging people to stand for election.</p> <p>The Chairman stated that the first meeting of the Forum, which would include elected staff and public members and appointed members, was due to take place in July 2014 and would enable better engagement with the public, etc.</p> <p>The Chairman reported that EB and PD were due to attend a national meeting with each of the NEDs who chaired the Quality and Finance committees of the other ambulance services to exchange examples of good practice, discuss problems they were facing, etc. It would be interesting to see the similarity of challenges within ambulance services around the country.</p> <p>PD stated that quality governance would be the key perspective, adding that it would be interesting to discuss the challenges being faced by those who were FTs as opposed to those who were not, adding her belief that these would probably not be very different.</p> <p>The Chairman stated that there would also be a combined discussion about Cost Improvement Plans (CIPs) and quality impact, adding that the YAS representatives would be able to share information about the excellent good practice that the Trust had introduced to ensure that finances and quality were better linked.</p> <p>PD stated that it was very helpful that EB, the Chairman of YAS' Finance and Investment Committee and she, the Chairman of the Quality Committee were members of each other's Committees. In addition, the joint meeting of the two Committees that had taken place in November 2013 had been hugely productive.</p> <p>The Chairman stated her term as Chairman was due to end in May 2014. However, as YAS was not yet an FT, the matter of her re-appointment was for the NHS Trust Development Authority (TDA) to consider. She had just gone through the TDA's 360 degree appraisal and they had approved her re-appointment, which she was happy to accept, subject to Board approval.</p>	

	Action
<p>DW replied that the Board overwhelmingly supported the Chairman's re-appointment.</p> <p>The Chairman thanked the Board for their support, confirming that, although the timeline could not be completely predicted, she would serve as Chairman until such time as YAS became an FT and for the first year of YAS being an FT, following which time she would be subject to the COG.</p> <p>The Chairman confirmed that a press release containing information about her re-appointment and that day's meeting would be issued following the conclusion of the Board meeting.</p> <p>The Chairman thanked everyone for listening to her update report.</p>	
<p>5</p>	
<p>5.1</p> <p>Patient Story</p> <p>The Chairman stated that patient care was at the heart of the Trust's work. A patient story was provided at every Public Board meeting to highlight the work of the Trust and to learn about steps being taken to further improve its services and the knowledge of its staff.</p> <p>She stated that it was important for the Board to hear about views on both good and bad experiences to give them something to reflect on. The stories were always a good investment of time, as they were used to help to drive changes through the organisation.</p> <p>The Chairman invited Katrina Dixon (KD), a registered Paramedic who had worked in the NHS for 15 years, who was also one of YAS' patients, to tell her story.</p> <p>KD stated that her life changed forever in 2009 when, responding to a 999 call, a car had collided with the side of her ambulance. The impact lifted the ambulance up onto the central reservation and pushed the dashboard into her legs. The attending ambulance crew was from her own station and did a brilliant job. They were kind, supportive and professional throughout. The fire service had also attended, extricating KD using a spinal board.</p> <p>KD outlined the treatment she had received during her stay in hospital and the emotions she had felt when it became apparent that she had serious spinal injuries to her neck and back.</p> <p>For several months KD was strapped in a neck and body brace and not allowed to move because of the compression of her spinal cord. She was the only female on a mixed, open ward and felt as if she had lost her dignity and as though her identity had been stripped.</p> <p>New Year 2010 was the first time she had been allowed out since the accident and after two hours with her family she was totally exhausted.</p>	

	Action
<p>KD began a strict physiotherapy routine to build her strength as she had experienced a lot of muscle wastage and had to relearn to walk.</p> <p>Following her discharge, KD encountered many problems. These had included:</p> <ul style="list-style-type: none"> • 4 months without physiotherapy, as she was “out of area” and got lost in the system; • Her house was not wheelchair friendly and had no downstairs bathroom; • She had to be admitted to another hospital for four weeks’ intensive physiotherapy, again having to leave her son. <p>KD moved into a bungalow and employed two carers, which enabled her to cope better. She made good progress until a fall down a flight of stairs left her unconscious and needing another month of treatment and pain control in hospital. This was a very low point.</p> <p>Following a long battle, KD began to get the feeling back in her foot in July 2010 and one year to the day of her accident she graduated University.</p> <p>KD stated that her experiences had given her a lot of time to reflect. She loved her job, helping people and working for YAS. Although no longer a front line Paramedic, KD continues to use her experiences as a patient to help YAS. She also works with the Police to campaign for seat belt safety awareness.</p> <p>The Chairman thanked KD for her story, adding that she was really pleased that KD had returned to work with YAS.</p> <p>The Chairman acknowledged the helpful efforts that KD was making to try to prevent anyone from experiencing the various issues that she had encountered on her road to recovery. One simple thing was for everyone to remember that patients have names and should not be referred to as a number.</p> <p>The Chairman thanked everybody for listening to the patient story.</p>	
<p>5.2</p> <p>For Approval:</p> <ul style="list-style-type: none"> • NHS Trust Development Authority (TDA) Compliance with Monitor Licence Requirements for NHS Trust Return; • NHS Trust Development Authority Board Statements <p>DW confirmed that the December returns contained no material changes to those submitted in November, adding that the evidence table had been attached to the submission again for information.</p> <p>There had been no movement to the risk score, which remained at 2 in spite of the minor concern about the CQC minor issue which should be resolved in the next few months.</p> <p>MW stated that this was the first time that she had seen the evidence table, which she had found very helpful.</p>	

	Action
<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 December 2013.</p>	
<p>5.3 For Approval: NHS Foundation Trust Code of Governance (Revised December 2013) AA provided an update to ensure that the Trust Board was assured of YAS' compliance with the revised NHS Foundation Trust (FT) Code of Governance (December 2013), effective 1 January 2014.</p> <p>AA stated that the Trust aspired to operate at FT standards where ever possible and corporate governance was one of these areas. She provided details of the recent Monitor consultation process which had led to the new code. The main changes, which were outlined in section 2.5 of the report, were in line with the UK Code of Corporate Governance.</p> <p>One of the changes outline in section 2.7 was highly relevant to YAS. All Audit Committee (AC) members now needed to be independent rather than three members which had previously been the case. YAS was already compliant, as each Non-Executive Director (NED), with the exception of the Chairman, was a member of the AC.</p> <p>RB stated that section C.3.8 on page 40 of the new Trust Code of Guidance stated that the AC should review arrangements that allowed staff to raise concerns about possible improprieties. YAS would therefore need to look at the guidance and interpret it for its own committee structure.</p> <p>The Chairman thanked RB for highlighting the matter. However, the Trust had a policy in place through which staff could report concerns which did not fit into 3.8 and it was her belief that adoption of the Monitor guidance could not conflict with YAS' own current guidance.</p> <p>BS had spoken with the Head of Internal Audit (IA) and suggested that a piece of IA work relating to the preparations for FT status could be undertaken to provide independent assurance that the Trust was compliant where it needed to be, etc.</p> <p>EM asked whether the Trust had sense-checked in terms of a gap analysis where it was compliant and where it was not compliant.</p> <p>AA confirmed that this had been done, adding that the summary in the covering paper alluded to this. She concluded that there were no other changes that directly affected what YAS was already doing by means of good practice.</p> <p>Approval: The Trust Board adopted the revised NHS FT Code of Governance (December 2013) with effect from 1 January 2014.</p>	

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<p>5.4 For Assurance: Standards for Members of NHS Boards AA presented an update of assurances of compliance with the implications of the 'Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England'.</p> <p>She stated that the Standards superseded 'The Code of Conduct for the Board of Directors', which the Trust Board had adopted in September 2012 that had been revised and updated to reflect the findings of the Francis Report and issued by the Professional Standards Authority. It was recommended that Trusts should implement a 'fit and proper persons' test for Executive Directors but this was already enacted by YAS in respect of contracts of employment.</p> <p>AA stated that all Board Members were encouraged to adopt and sign up to a declaration, the wording of which was outlined at section 2.5 of the report.</p> <p>The Chairman read out the declaration and asked the individual Board Members and Officers if they would be willing to sign up to the Standards at that day's Trust Board Meeting in Public.</p> <p>All Board Members were willing to sign up to the Standards so the declaration was passed round the table for their signature.</p> <p>The Chairman thanked AA for her update.</p> <p>Approval: The Trust Board Members and Officers adopted the 'Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England', through signing the declaration at Appendix A.</p>	
<p>5.5 For Assurance: Annual Review of Trust Standing Orders and Standing Financial Instructions RB presented a verbal update to provide assurance that the Annual Review of Trust Standing Orders and Standing Financial Instructions had been scheduled to take place.</p> <p>RB stated that the revised document, which had previously been brought for Board approval alongside the Scheme of Delegation and the Committees' Terms of Reference in July 2013, was on the workplan for the current month. There had been no real amendments since that date and the paper had just gone back through the Audit Committee. It had been agreed that the document would be brought back at the same time the following year.</p> <p>BS stated that he had no additional comments to make as the document had been reviewed in the last Audit Committee meeting as part of the on-going work plan. The Standing Orders and Financial Instructions had also been dealt with in detail the previous year and there was currently no need to change them again.</p>	

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<p>Approval: The Trust Board noted the verbal update and was assured that the Annual Review of Trust Standing Orders and Standing Financial Instructions had been effectively undertaken.</p>	
<p>6 STRATEGY, PLANNING AND POLICY</p>	
<p>6.1 For Approval: YAS Forum Draft Terms of Reference AA presented the draft Terms of Reference (TOR) for a YAS Forum, an elected Membership body to be formed outside the legislative framework of the NHS Act 2006 as amended by the Health & Social Care Act 2012.</p> <p>AA stated that she did not intend to explain the background to the YAS Forum as the Chairman had already eloquently explained this earlier in the meeting.</p> <p>She reiterated the fact that the Forum was neither a Council of Governors (COG) nor a shadow COG although it would have a similar purpose and overall aim. It would be an informal group and once YAS was in the position to be put forward to the final stages of its Foundation Trust (FT) authorisation process this informal group would be disbanded and fresh elections would take place, as elected members would have no grandparent rights to the COG.</p> <p>AA stated that the overall purpose of the Forum was to help the Trust shape and develop services for the benefit of patients in an open and transparent manner. It would report to the Board through the Chairman.</p> <p>It was proposed that the Forum would consist of the same number of members as the COG, as determined in the Constitution: 13 public; 4 staff (3 front line and 1 support); and 5 appointed partners.</p> <p>The Chairman stated that there remained in the paper a couple of references to ‘Governors’ which needed to be changed to ‘Members’.</p> <p>EM stated that, having looked at the draft Terms of Reference (ToR); it might be useful to include a point making it clear that the Forum would be dissolved when YAS became an FT.</p> <p>SP asked whether membership of the Forum would be counted as one of the two terms allowed for membership of the COG (Section 4.6 of the cover paper).</p> <p>The Chairman agreed that explicit mention of this fact was required in the document, adding that, as the Forum and COGs were separate bodies, membership of the Forum would not count as one of the terms of COG membership.</p> <p>Actions:</p> <ul style="list-style-type: none"> • AA to ensure ‘Governor’ was changed to ‘Member’ in the document when appropriate; 	<p>AA</p>

	Action
<ul style="list-style-type: none"> • AA to include statement clarifying the dissolution of the Forum when YAS became an FT; • AA to include statement clarifying that membership of the Forum would not count as one of the two allowed terms of membership of the COG. <p>PD acknowledged that, other than EM, the NEDs would not be official Members of the Forum and wondered whether there was a way for them to build a relationship with the members of the Forum, as she was keen for this to happen.</p> <p>The Chairman replied that the COG could summon the NEDs to attend part or all of appropriate meetings so she envisaged that the Forum would also engage with individual Board members at appropriate times so, although they would not be official Members, NEDs would be part of the dialogue within the Forum.</p> <p>AA confirmed that there would be an expectation that Executives and NEDs would attend Forum meetings as and when necessary</p> <p>The Chairman asked PD, as the Trust's Deputy Chairman, whether she would be happy to deputise for her if she was unable to attend a Forum meeting.</p> <p>PD replied that she would be happy to do this.</p> <p>The Chairman suggested that the training programme for the Forum Members should provide other opportunities for engagement with the Executives and NEDs.</p> <p>BS asked whether YAS Forum meetings would move around the region for consistency.</p> <p>The Chairman replied that personally she would like to see meetings move around like the Public Board meetings or it would mean that some people would have a long journey for every meeting but this was a decision for the YAS Forum Members to make.</p> <p>SP asked whether the Head of Stakeholder Engagement (referenced in 2.2) would be a Member of the Forum.</p> <p>The Chairman replied that the Head of Stakeholder Engagement could be in attendance as necessary but would not be a Member.</p> <p>MW asked whether the issue of quoracy in section 7.2 was appropriate for the Forum as the TOR implied that the group would not necessarily be signing off on decision making.</p> <p>EM replied with her belief that it would be useful to introduce the discipline as it would be required later for the COG.</p> <p>DW stated that it was more of an aim than an absolute requirement.</p>	

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<p>RB stated that the Forum would be informing strategy and development rather than actually signing developments off.</p> <p>The Chairman stated that use of the term 'quorum' implied that there might be a vote whereas the actual aim was to seek a minimum attendance.</p> <p>She suggested that the word 'quorate' should be removed and the sentence amended to say 'a minimum of</p>	
<p>Action: AA to amend 'Attendance' section to remove reference to 'quorum'.</p>	AA
<p>The Chairman asked whether it would be appropriate for the Forum to review and inform the Constitution as no mention was made of this in the draft TOR.</p> <p>AA replied that she did not think that the Forum could formally review the Constitution as it had no powers to recommend to the COG.</p>	
<p>The Chairman suggested the inclusion of a sentence stating that the Forum could comment on and help to develop the Constitution, which was not as strong as using the word 'review'.</p>	
<p>Action: AA to include phrase in the TOR relating to the Forum's ability to comment on and help to develop the Constitution.</p>	AA
<p>MW stated her belief that it would be helpful for the Forum Members to see the draft TOR for the COG so that they could see how the Forum Members' role could develop.</p>	
<p>AA replied that they would be able to see the draft COG TOR during their training period.</p>	
<p>The Chairman stated that it would also be useful during their training period for Forum Members to see what they would be able to do as a Governor that they would be unable to do as a Forum Member.</p>	
<p>AA stated that section 4.4 of the cover paper explicitly mentioned what COG powers were excluded from the Forum.</p>	
<p>The Chairman thanked the Board for their comments and suggestions to amend and improve the draft TOR.</p> <p>It was agreed that the paper did not need to come back to Board and that AA should email them the amended version for final approval.</p>	
<p>Action: AA to email amended version of paper to Board for final approval.</p>	AA

		Action
	<p>Approval: Subject to the above amendments, the Trust Board approved the YAS Forum Terms of Reference.</p>	
<p>6.2</p>	<p>For Information: Annual Planning Guidance 2014/15 RB provided an outline of the Annual Planning Guidance for 2014/15.</p> <p>He stated that the latest version of the NHS Trust Development Authority (TDA) planning guidance was published on 23 December 2013 and the Trust was currently aligning its own documents to the TDA planning timeline. Directorate level planning meetings had been held during December 2013 and January 2014.</p> <p>The Annual Business Plan templates had been amended to reflect the new two-year focus which brought NHS trusts into line with the NHS Foundation Trust planning processes laid out by Monitor and would be a precursor to the update of the Long Term Financial Model (LTFM) and Integrated Business Plan (IBP) in June 2014. The checklist and pro-formas, which were similar to the assurance statements that came to Board on a monthly basis, had been submitted to the TDA on 13 January 2014.</p> <p>RB outlined the business planning timeframe.</p> <p>He confirmed that there remained many details to be finalised before the formal contract sign-off date of 28 February.</p> <p>RB further stated that the full two-year operating plan would go to Board at the end of March, adding that F&IC would need sight of the revised LTFM before it went to Board.</p> <p>RB stated that the strategic five-year IBP for 2014/15- 2018/19 and supporting LTFM must be refreshed and submitted to the TDA by 20 June. The Monitor-led Quality Governance assessment was currently due to take place in October/November 2014 with a Care Quality Commission (CQC) inspection around the same time. The Board to Board meeting was due to take place December 2014/January 2015.</p> <p>The Monitor 12-week assessment phase was due between January and April 2015 and with final FT authorisation anticipated in April/May 2015.</p> <p>PD stated her belief that a lot hinged on the new inspection regime with the CQC. In addition, a couple of issues for YAS to consider were the integration agenda and digitisation and seven-day working which would have a big impact on how YAS carried out its business.</p> <p>RB stated that, of all of the business planning guidance currently available for reference, it was his belief that the NHS England document, 'Everyone Counts: Planning for Patients 2014/15- 2018/19' was the most useful in terms of setting the strategic scene.</p>	

He further stated that the Commissioner guidance did not formally come to YAS but it was useful as it placed a stronger emphasis in terms of clinical/patient care than the process-driven TDA guidance.

Information contained in the guidance included:

- **Local convenient services** tailored for minority groups and addressing local needs and inequalities.
- **Quality Plans** including: plans to address issues from the staff survey; the roll out of 'Compassion in Practice'; demonstrating improvements in patient experience; and improving reporting and learning from harm.
- **Empowering patients** including: better information on staying well and service options via the web; information about the 'friends and family' test roll out across the NHS by March 2015; and more patient involvement in service planning and commissioning decisions.

The Chairman asked to what extent did the Clinical Commissioning Groups (CCGs) and Health & Wellbeing Boards utilise the information and data YAS possessed as an ambulance service, as the Trust dealt with a lot of people who were not registered with local GPs, etc.

RB stated that someone was joining YAS on secondment from the Information Department in NHS England for several weeks which would allow them to gain a better understanding of YAS' information and data to feed into their planning processes.

PD stated that it was important to point out that YAS possessed a great deal of real time information, as other information available to the Commissioners could be up to 2 years old.

JM stated that it had been a real challenge and was taking a considerable period of time to get integration back to what it was before the changes to the NHS landscape.

The Chairman stated it was important to have the right systems in place to learn from patient and staff experience. The Trust needed to be careful not to deal with issues in a fragmented way as it was important to work together and consult with the right mix of people.

Further information contained in the NHS England document included:

- **7 day services** supporting discharge and avoiding unnecessary admissions.
- **Long-term conditions** and improving quality of life.
- **Every contact counts** and promotion of healthy lifestyles.
- **Reduction in hospital emergency activity** with a target of 15% by 2020/21.
- **Shared Data** with increased use of NHS numbers and Summary Care Record (GPs, NHS 111 and A&E); and personalised care plans for patients with Long term conditions, Hospital and GP co-management.

	Action
<p>The Chairman stated that YAS was very much a part of supporting others' extending into the area of seven-day support and it was an ideal opportunity to direct people into the right area of the NHS.</p> <p>Acknowledging the presence of SH, the Chairman of Local Care Direct, the Chairman stated that it was also important to consider partner agencies.</p> <p>RB stated that developments in relation to the commissioning of services included:</p> <ul style="list-style-type: none"> • CCGs to produce new 111 service specification; • CCGs and Urgent Care Boards to identify lead commissioners for ambulance services; • Specialist services consolidated in 15 to 30 centres nationally. <p>SP stated that one of the benefits of being the regional 111 provider and using the Directory of Services (DOS) was that it had helped YAS to identify gaps in provision. For example a lack of out-of-hours dental and mental health services had been highlighted.</p> <p>RB stated that, in certain areas, walk in centres had come under increasing pressure to cut costs. YAS had put Paramedics with enhanced skills out in GP practices and the Commissioners were keen to see this expanded in other areas of the region.</p> <p>The Chairman agreed that systems needed to be more flexible to meet patients' needs and it was her belief that shared data, of which 111 was a key element, was the way forward.</p> <p>YAS was working with its stakeholders to expand data sharing within the A&E service and share good practice across the region rather than in fragmented areas. By allowing YAS access to patients' care plans this would help to ensure that patients received the right care.</p> <p>RB stated that in the future provider service redesign would need to evidence:</p> <ul style="list-style-type: none"> • Clinical commissioner support; • Clinical evidence base; • Patient and public engagement; • A strong evidence base. <p>When considering the NHS TDA's Planning Themes RB stated that a 'stark' financial outlook with substantial challenges was facing the sector. Bold transformational plans would be required, as income reductions could not be managed by productivity alone.</p> <p>RB stated that Trusts needed to move away from incremental annual planning to longer term strategic plans, which included:</p> <ul style="list-style-type: none"> • Five-year strategic plans underpinned by two-year operating plans consistent across the local health economy; • A shared view of the strategy with clear decisive actions backed up by high quality plans; 	

	Action
<ul style="list-style-type: none"> • A realistic timeframe for delivery; • Agreement on risk sharing. <p>Both Commissioner and Provider plans would need to demonstrate alignment across financial, activity and quality outcomes.</p> <p>RB stated that an approach was being taken to improve quality and safety. Key improvements would be delivered over the next two years across the Care Quality Commission (CQC) domains of: Safe; Caring; Effective; Responsive; and Well-led.</p> <p>Proposed changes to the workforce plans included changes to quality impact and staff engagement and support.</p> <p>Changes to the financial and investment strategy included a move to two year financial plans. The Financial Risk Rating (FRR) had been replaced by the Continuity of Service rating but it would be essential for providers to produce a surplus relating to over 1% of turnover.</p> <p>The assessment and mitigation of in-year risk included:</p> <ul style="list-style-type: none"> • A minimum contingency of 0.5%; • Clear demonstration of the Risk Management strategy; • Being explicit about risks and mitigating actions; • Identification and confirmation of service impact. <p>RB stated that all future Cost Improvement Programmes (CIP):</p> <ul style="list-style-type: none"> • Must be Quality Impact Assessed by the Director of Nursing and Medical Director; • Plans over 5.4% of turnover would require further assurance; • CIPs must be risk assessed and mitigations considered; • CIP and Quality Innovation Productivity and Prevention (QIPP) schemes must be based on evidence demonstrating the range of improvement against a benchmarked position. <p>RB stated that, based on the NHS TDA planning themes, the two-year operating plan would focus on:</p> <ul style="list-style-type: none"> • Context of plan delivery in 2013/14 and narrative on the two years ahead; • Approach taken to improve quality and safety; • Workforce plans within different categories of staff; • Financial and investment strategy; • Delivery of contractual & national targets & standards. <p>RB stated that the key themes emerging from the Directorate Business planning meetings included:</p> <ul style="list-style-type: none"> • Operations: CCG level performance; ACQIs; Trauma strategy; Paramedic Pathfinder; Tour de France; and ePRF. • People and Engagement: Culture and capability; recruitment; communications; engagement; and Freedom of Information. • PTS: Unplanned transport; fleet and staff utilisation; increased use of volunteers; and automation via Cleric and Web. 	

	Action
<p>RB stated that systems to enable the Trust to electronically transmit messages to patients were currently being considered. These would provide information about delays, etc and to check that journeys were still required, thus helping to reduce the large number of aborted journeys each year.</p> <ul style="list-style-type: none"> • NHS 111: Recruitment to clinical roles; productivity; IT integration; integration with clinical hub; and sustainability. • Clinical Directorate: Clinical professional development, supporting urgent care, clinical audit, cardiac arrest outcomes. • Standards and Compliance: progress clinical quality strategy; quality framework; Commissioning for Quality and Innovation (CQUIN) developments; and Hillsborough including firming up legal costs and requests for financial support from the Commissioners. • P&E: Resourcing and workforce model; footprint; and broadened product range. • Support Services: <ul style="list-style-type: none"> ○ Fleet: Hub and spoke; Accident reduction; CIP on Fuel; understanding PTS fleet requirements; reduce VORs to below 5%; and income generation. ○ Estates: Hub and Spoke; Leeds Hazardous Area Response Team (HART) site; and reducing estate maintenance with a new type of station being looked at with on-site facilities to maximise staff time on the road. ○ ICT: ECS role out; data warehouse implementation; development of mobile applications; shared data 999/111/GPs, on-line; and Res Web developments using the latest technology to keep staff up-to-date with information even in the more remote areas. ○ Finance: Long Term Financial Model (LTFM) / Integrated Business Plan (IBP) refresh; Service Line Reporting (SLR) & tariffs; procurement structures and systems; and Commissioner Contract account management. <p>RB outlined the links between YAS' strategic plans and the Service Transformation Plans (STP) priorities for 2014/15. These included:</p> <ul style="list-style-type: none"> • Urgent Care including: Paramedic Pathfinder, supporting clinical decision-making by front line Paramedics; NHS 111 sustainability; Care co-ordination model; Community Emergency Care Practitioners (ECPs)/Advanced Paramedics; • Organisational Development & Leadership including: Patient Centred Professionalism supporting and empowering staff with the right clinical skills and training to make decisions; Service Line Management (SLM); Management & Leadership development; • PTS Transformation; • Urgent tier and unscheduled transport: looking at the right resource to ensure a smooth flow of patients; • Data Warehouse & Web Development; • Hub and spoke and Make Ready; • Electronic Patient Record Form (ePRF). 	

	Action
<p>SP stated that a smaller number of more clearly defined priorities were being identified for the forthcoming year.</p> <p>PD stated that some of the developments in Urgent Care were a big opportunity for YAS so it would be good to see them built into plans, with cost benefits analysis and best fit carried out, etc.</p> <p>RB outlined details of the on-going A&E, PTS and NHS 111 contract negotiations.</p> <p>SP stated that the need for the right capacity to develop the service going forward and the national recognition that more investment in staff with clinical skills was required currently featured heavily in discussions with the Commissioners. He confirmed that West Yorkshire Urgent Care was also happy with this development.</p> <p>EM stated that the current year's financial issues within the 111 service meant it was more important than ever that thorough consideration of financial terms was given by both sides in the contract negotiations.</p> <p>RB stated that next steps during January and February 2014 would include:</p> <ul style="list-style-type: none"> • Collation of completed Directorate Operating Plans; • Finalising the Service Transformation Programme for 2014/15; • Agreeing the Workforce Plans, Revenue budgets and Capital priorities; • Confirming CIP and development priorities; • Agreeing Commissioner contracts (A&E, NHS 111 & PTS) by 28 February 2014; • Developing themes would feed into the IBP and the Trust's FT application. <p>The Chairman stated that she had let the session over run because the context of the current round of negotiations was a very important element. Work was on-going between members of the Trust Executive Group (TEG) and the Trust's Commissioners and a more finalised summary of issues would be presented the following month.</p> <p>PD stated that CCGs were currently going through a similar process and it would be good for YAS to tie into their plans and priorities.</p> <p>The Chairman stated her belief that, in order to maximise future opportunities, it was essential to raise awareness of YAS' services. By learning about and understanding how the various health bodies operated YAS could also widen its influence across the region.</p> <p>The Chairman thanked RB for his presentation and the rest of the Executive team for their continued hard work behind the scenes.</p>	

	Action
<p>Approval: The Trust Board noted the outline of the Annual Planning Guidance and the update on the on-going developments in relation to the following year's A&E, PTS and NHS 111 contracts.</p>	
<p>7</p>	
<p>7.1</p> <p>Chief Executive's Report and Integrated Performance Report DW presented his report to give assurance on the activity of the Trust Executive Group (TEG) from 26 November 2013 to 20 January 2014 and highlighted key variances / movements contained in the November and December 2013 Integrated Performance Reports (IPR).</p> <p>The Board worked on the premise that documents had been read.</p> <p>DW stated that there had been a good, safe delivery of YAS's core services during the winter to date. Although there was still the possibility of worse winter weather to come, he was confident that the Trust would maintain the improvements across all of its business areas and would meet all of its Red targets for another year.</p> <p>There had been improved adherence to contractual targets in PTS and continued good working between the Trust's 999 and NHS 111 services. The exceptional interface between the two services during the first year of the 111 contract, had led to YAS' 111 service being acknowledged as one of the best in the country.</p> <p>DW provided a progress update on the A&E workforce changes, which included the introduction of the new rotas and more flexible break arrangements, which were critical to improving YAS' services.</p> <p>DW expressed disappointment at the re-occurrence of the de-recognised union, Unite's industrial action. About 370 of YAS' 3,500 union members belonged to Unite and about 3,000 were members of Unison with whom YAS had a challenging but constructive relationship.</p> <p>Unite had, following a ballot, announced a 24-hour strike on the following Saturday, to be followed by a further 4-hour strike on the Monday and the full withdrawal of labour was deeply concerning.</p> <p>IB stated that out of a membership of 370, 150 Unite members had voted, of which 114 had voted for strike action.</p> <p>DW confirmed that he had taken steps to talk to members of staff at stations where there were a higher number of Unite members to try to understand the real issues. It was his belief that, at heart, staff understood the need for change but the Union was misleading people and playing on their fears.</p>	

	Action
<p>DW stated that Unite claimed that the Trust had refused to engage with them but this was untrue. They claimed that the new rota pattern was not family-friendly but this was not true, as the rotas met all of the working time directives. They claimed that people would have to go 10 hours without a break. This again was not true as fatigue could impact on patient care. In addition, contrary to Unite's further claims, private providers would only be used to address gaps when the new rotas were in place.</p> <p>The Chairman confirmed that mitigations were in place if DW and IB could not persuade Unite to abort their strike plans.</p> <p>IB stated that a continuing frustration was that, even though Unite's concerns had been formally responded to on numerous occasions, they continued to repeat them. Further claims that YAS was preparing its service for privatisation had also emerged that morning.</p> <p>The aim of the forthcoming ACAS negotiations was to expose the truth, even if YAS could not persuade Unite to call off its strike action.</p> <p>The Chairman stated that, in spite of this continuing saga, YAS pledged to continue to provide a safe service for its patients.</p> <p>DW stated that Unite had claimed that they had raised safety concerns with the organisation but no one would listen. He had challenged back and asked them to provide evidence to back up these claims but no information had been received to date.</p> <p>PD expressed concern at the amount of erroneous information currently in the public arena. It was a constant source of frustration to read misinformation about the Trust and PD wondered whether it was possible to challenge Unite back through the local press.</p> <p>The Chairman stated that, although the Trust was being robust and replying in detail to refute all of Unite's concerns, it was not easy to get good news in the papers.</p> <p>DW stated that he would be writing to all staff to provide details of what the Trust was trying to achieve in relation to the new rotas. He was also carrying out station visits which were proving to be useful.</p> <p>RH stated that he was finding the station visits he was carrying out very useful. People were generally being fairly positive about the changes, especially as a lot of adjustments were being made to the rotas to try to accommodate peoples' personal circumstances.</p> <p>DW agreed to provide the Board with an update following the ACAS negotiations and the impact of the proposed actions on the Trust.</p> <p>RH confirmed that a robust, well-rehearsed contingency plan was in place for any action taken during the forthcoming week.</p>	

	Action
<p>IPR – Finance</p> <p>The Chairman requested an update on the additional 111/999 winter service funding.</p> <p>DW confirmed that YAS would receive a total of £1.3m from the total ambulance service allocation of £14m additional funding. Plans had been developed to show how the money would be spent, details of which had submitted to the lead Commissioners for A&E services.</p> <p>DW had also written to the commissioning organisations for the 111 service requesting additional funding. There was a good level of support from the lead Commissioners but there had been a variable response from other Commissioners.</p> <p>It was agreed that, due to their commercial nature, further discussions in relation to the 111 contract would take place in the Private Board meeting later that afternoon.</p> <p>SP confirmed that a proportion of the winter resilience funding had gone to Local Care Direct.</p> <p>The Chairman stated her belief that, nationally, the allocation of winter funding had been too late. Expenditure had been piecemeal across the country and she wondered to what extent it had actually helped the public.</p> <p>RB stated that, in relation to additional funding for 111, a constructive meeting had taken place in January with the Lead Commissioners for 111, with a further update due at the end of February by which stage they should have liaised with the Associate Commissioners for each of the Clinical Commissioning Groups (CCGs).</p> <p>PD stated asked whether the CCGs could afford the over trades listed on page 5.5.</p> <p>RB replied that YAS had been assured that they would be paid.</p> <p>The Chairman stated that some of the former Primary Care Trusts (PCTs) still owed money and asked whether this was being resolved.</p> <p>RB replied that the vast majority of money owed had now been paid and NHS England was working with the provider organisations to work out how the remainder of the balance could be repaid.</p> <p>IPR – Workforce</p> <p>PD stated that the sickness task and finish group had finished its work and left clear action plans to be picked up and taken forward. Whilst she was aware of the positive actions being taken to ensure a continued reduction in sickness absence, she wondered whether a YAS-wide piece of work was now required on how to support staff to prevent a recurrence of the problems.</p>	

	Action
<p>IB replied that, amongst actions being taken would be a fitness test, which was to be applied to all new starters.</p> <p>In a further attempt to address the problems, a monthly meeting was due to take place with the new Occupational Health (OH) provider to discuss any particular risk areas that had been identified.</p> <p>The Chairman stressed the importance of the meetings with OH as, with people working to an older age, the Trust's duty of care to its staff was becoming increasingly important.</p> <p>PD expressed concern about the number of staff in 4.2 who had resigned due to lack of opportunity and asked what this meant.</p> <p>IB stated that an exit interview, which included a reason for leaving YAS, was conducted with all staff who left the organisation. However, without referring to the details of each interview, he was unable to provide an answer to this question.</p> <p>The Chairman raised concerns about the quality of exit interviews and suggested that, over the course of the following three to six months, IB's team should focus on the area of exit interviews, probing reasons for resigning in more detail.</p> <p>Action: IB to focus on exit interviews over next 3-6 months, probing the reasons for people leaving the organisation in more detail.</p> <p>SP stated that a number of initiatives, such as the replacement of the response equipment bags, had been introduced on the back of the increased number of staff accidents and musculoskeletal injuries.</p> <p>RB confirmed that the new bags would be fully rolled out by the beginning of the new financial year.</p> <p>JN stated that, looking at the graph on page 4.4, there had definitely been some improvement in absence levels over the last few months.</p> <p>DW stated that there had been a lot of work in this area; things were going in the right direction but the Trust needed to maintain this momentum.</p> <p>IPR – Quality Analysis PD stated that items due for consideration at the next Quality Committee included:</p> <ul style="list-style-type: none"> • the CQUIN around the 1.5% still being withheld around the Quarter 3 report; • the number of morphine-related incidents; • staff-related incidents and time to answer; • below the knee pain scores (3.11); • Friends & Family test outcomes' downward trend; • the increasing number of compliments; 	<p>IB</p>

	Action
<ul style="list-style-type: none"> • the good work being carried out by the NHS 111 service; • the way in which the Clinical Directorate was raising YAS' profile, both locally and nationally. <p>SP stated that Friends and Family test responses tended to fluctuate quite widely. This was a national CQUIN but it was his opinion that ambulance services needed one more relevant to their work.</p> <p>The Chairman stated that there was nothing in this section of the IPR that was of major concern to her.</p> <p>IPR – Performance</p> <p>The Chairman stated that the additional information about ICT in the Support Services section had been very useful.</p> <p>PD noted the good progress being made in relation to the servicing of medical devices.</p> <p>RB stated that there had been a dip in terms of safety checks over the festive period but the backlog would have been dealt with shortly.</p> <p>The Chairman stated her belief that the simplification of performance indicators for PTS and a commonality across the piece would be very helpful. The trend for improvement was good but she questioned why South Yorkshire was still not performing particularly well in spite of the Unipart work and the Trust's additional investment.</p> <p>DW replied that latterly South Yorkshire was picking up, although how well it was doing remained to be seen over the coming months.</p> <p>The Chairman asked whether there was a risk of the Trust losing any of the South Yorkshire contracts.</p> <p>RB replied that, although he had no immediate concerns, the Trust did not currently have the same relationship with some of the southern Commissioners as it did with those in the rest of the region and this needed to change.</p> <p>DW stated that Red performance had not been as consistent during the current year as hoped for. Performance had been particularly diminished during evenings and weekends. One of the main reasons for changing the rotas was to enable this demand to be met.</p> <p>PD asked whether it would be possible to revisit the way in which some of the information in the IPR was presented, as the small print meant that many of graphs and charts were difficult to read.</p> <p>DW replied that the Executive Team would consider PD's request as part of the on-going work to refine and improve the IPR.</p>	

	Action
<p>Approval: Having noted and discussed the variances contained within the November and December 2013 IPR reports, highlighted in the Executive Directors reports, the Trust Board agreed that it had sufficient assurance on the activities of the Executive Team and Trust Executive Group during this period.</p> <p>The meeting broke for lunch at 1300 hours, reconvening at 1330 hours.</p> <p>MW left the meeting at 1315 hours.</p> <p>Following lunch a discussion took place about changes to the papers coming to Public Board meetings from the Committees. It was agreed that, going forward, the latest set of agreed minutes should be accompanied by a verbal report from the Committee Chairman to ensure that no pertinent matters were missed.</p> <p>BS suggested this would be agreeable unless there was something of detail to be brought to the attention of the Board when, rather than taking up an extended amount of time providing a verbal update, it would probably be preferable to submit a written report.</p> <p>PD stated that she would be happy to provide a verbal update report.</p> <p>BS stated that the Audit Committee had come to an agreement with EM, the Chairman of the Charitable Funds Committee, that it would be a matter of her discretion whether to submit a written or verbal report to the Committee. This was working well and it was his belief that a similar agreement would work equally well at Board.</p> <p>The Chairman stated that she would be happy with this compromise proposal. It was agreed that AA would draft a short statement that expressed the degree of flexibility agreed by the Board for Committee Chairman to test out at the next meeting.</p> <p>Action: AA to draft and circulate to Board members a short statement confirming that the Charitable Funds, Audit, Quality and Finance and Investment Committees' updates at Public Board meetings would include the most recently approved set of minutes plus a verbal update of the most recent meeting unless any item was considered important enough to merit a written update. This would be at the Committee Chairman's discretion.</p> <p>Committee Chairman to test out the process at the March Trust Board Meeting in Public.</p>	<p>AA</p> <p>BS/EB/PD /EM</p>
<p>7.2 Charitable Funds Committee – the Minutes of the last meeting held on 22 October 2013 EM updated the Trust Board regarding the activities of the Charitable Funds Committee.</p>	

	Action
<p>She stated that things were going relatively well and progress was being made. For example, a Static Medical Unit (SMU) had been purchased and a fund raiser was in place.</p> <p>RH asked how many of the four SMUs that the Trust was aiming to buy would be purchased through this Committee.</p> <p>EM confirmed that only one would be bought through the Trust's charitable funds.</p> <p>RH asked how the balance would be progressed.</p> <p>EM replied that the funding for the additional units was not within the Charitable Funds Committee's remit and as there were currently not sufficient funds available to purchase three additional SMUs, other sources of finance would need to be considered.</p> <p>RB stated that there were a number of fund raising opportunities coming up and it was agreed that further discussion to consider the various options were required between RB, DW, RH and EM outside the meeting.</p> <p>Action: RB to arrange a meeting with DW, EM and RH to consider the options in relation to the purchase of the three additional SMUs.</p> <p>The Chairman stressed that these SMUs would be 'one-off' purchases, as the Trust could not commit to replacing the equipment through the Charitable Funds Committee.</p> <p>The Chairman stated that, as trustees, the Board needed a clearer picture of the Fund's current status and future aims and asked EM to present a detailed end-of-year report at the next meeting which included: details of the new Benevolent Fund; defined lists of capital expenditure, investments and donations; and the operating plan.</p> <p>Action: EM to provide end-of-year update report at the March meeting.</p> <p>The Chairman thanked EM for her report.</p> <p>Approval: The Trust Board noted and was assured by the discussions within the Charitable Funds Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</p>	<p>RB</p> <p>EM</p>
<p>7.3</p> <p>Audit Committee – the Minutes of the last meeting held on 17 October 2013</p> <p>BS updated the Trust Board regarding the activities of the Audit Committee (AC).</p>	

	Action
<p>He stated that since the meeting on 17 October, the approved minutes of which had been circulated, there had been two further meetings: a scheduled meeting on 10 December; and the Committee's annual self-assessment meeting on 13 January.</p> <p>Good progress was being made in accordance with the work plan and action log. The Committee had initially been dealing with a lengthy and extensive action log but it now seemed to have turned the corner with the amount of outstanding work now reducing.</p> <p>There had been much discussion on the increasing level of Internal Audit (IA) activity. Good progress was being made against the IA plan with only a small carry over expected. Completed work to date included 10 audit reports, 9 of which had a significant assurance rating and work was already in hand to rectify the issues in the one limited assurance report, Procurement.</p> <p>IB had been due to attend the meeting but had given his apologies as he had to attend an appeal. However, good assurance had been provided in relation to risk management in the HR directorate.</p> <p>BS stated that the Committee sought to apply more pressure and support to Executive colleagues to ensure more timely achievement of agreed recommendations and actions.</p> <p>He further stated that a key part of the AC's role was to seek assurance in relation to risk management. The Committee had received further assurances from the Associate Director of Risk and Safety role that the Datix implementation was on the brink of the major achievement of a composite view of risk.</p> <p>BS provided a summary of the January self-assessment session, which had been facilitated by the Mersey Internal Audit Agency. Head of IA, Benita Jones, had attended and corroborated with an independent eye some of the comments that the NEDs had made.</p> <p>This had been a good exercise; useful challenges had been made and assurance forthcoming in relation to the AC's effectiveness. Although there had been no identified weaknesses, there were a limited number of things that could be done even better and a discussion about the formal feedback had been included on the agenda for the next AC meeting.</p> <p>The Chairman asked whether the annual self-assessment process could be moved across to the other Committees and even the Board.</p> <p>BS replied with his belief that the model would apply equally well to the F&IC and QC.</p> <p>JN stated that the process had been based around risk and degrees of compliance. It had been a good session and even after a few months, he could see what was being said was true.</p>	

	Action
<p>AA stated that the planned Board self-assessment was already being looked into and she would be supportive of the consistency of using the same tool across the Committees and the Board.</p> <p>A discussion took place about the value of having three more individual sessions, their content, the timing of the sessions, etc.</p> <p>The Chairman was keen to have separate sessions, as some detailed elements might be lost if sessions were combined and suggested that there might be an opportunity to add the sessions on to the end of a Board meeting.</p> <p>It was agreed that AA should consider the contents and timing of the self-assessments in greater depth and report back to the Board.</p> <p>Action: AA to consider possible timing of Board, F&IC, QC self-assessments and report back to Board</p> <p>The Chairman thanked BS for his update.</p> <p>Approval: The Trust Board noted and was assured by the discussions within the Audit Committee and the key issues highlighted for further scrutiny within the Committee's work programme. It also noted the self-assessment process and looked to see how best it could be taken forward to the other Committees and Board.</p>	<p>AA</p>
<p>7.4 Quality Committee – the Minutes of the last meeting held on 10 September 2013</p> <p>PD updated the Trust Board regarding the activities of the Quality Committee (QC).</p> <p>She stated that a major issue at the November meeting had related to the Committee's lack of assurance about winter resilience and planning. Questions were asked to which there were no answers and it was recognised that the Red plan needed further refinement.</p> <p>In relation to the limited assurance Internal Audit (IA) report about Community First Responders (CFRs), a written report was to be brought to QC in February. A more robust written report around the clinical leadership framework had also been requested.</p> <p>PD confirmed that the Care Quality Commission (CQC) action plan had been submitted to the TDA with the next planned inspection expected to take place during October/November 2014 when some specific guidance for ambulance services was due.</p> <p>Other items covered were the Quality Accounts timeline; the issue of sub-contractor governance; the Service Transformation Plan for 2014/15, which would feed into the Board agenda. The draft work plan had already been circulated and was on the February agenda.</p>	

		Action
	<p>The Chairman asked whether action logs could be shared with Board members as close to the meeting as possible so that people were reminded of their actions.</p> <p>Action: AA to ensure that action logs were shared with Board members as soon as possible after meetings.</p> <p>The Chairman asked whether the QC had adequate time to thoroughly review all relevant issues, as the Committee needed to be very clear about which issues it needed to drill down into.</p> <p>PD replied that SP and she reviewed the work plan on a regular basis but she was concerned that the Committee did dig too deep at times. It was good to include some big national strategic documents.</p> <p>It was PD's belief that locality clinical governance arrangements controls had not been strong enough during the current year. A quality and clinical governance assurance session had therefore been arranged to take place on 1 April.</p> <p>PD stated that workforce issues had been kept at the top of the agenda, as they spanned across all areas, so it would be good to have IB's views through the QC. She further stated that the joint meeting around Cost Improvement Plans (CIPs) and Quality Impact Assessments (QIAs) had been very useful and it had been agreed that it should be repeated.</p> <p>BS stated his belief that it was healthy to have continual challenge to ensure that the remit and membership of each Committee was right.</p> <p>The Chairman thanked PD for her update.</p> <p>Approval: The Trust Board noted and was assured by the discussions within the Quality Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</p>	<p>AA</p>
<p>7.5</p>	<p>Finance & Investment Committee – Minutes of the meeting held on 10 September 2013</p> <p>RB updated the Trust Board regarding the activities of the Finance & Investment Committee (F&IC). An additional meeting had been held on 22 January, primarily to view a number of contracts and the Procurement forward plan which contained details of contracts due to come to the Committee and Board in the coming months.</p> <p>The meeting had prompted useful discussion in relation to the scrutiny of contracts prior to their consideration by F&IC and the Board. The Committee had been keen to explore the process of scoping a tender ie the beginning of the process to ensure that the Trust was clear what it was trying to achieve with each contract.</p>	

	Action
<p>It had been agreed that there should be more visibility of that stage of the process at TEG, SMG etc to ensure that the right people of the right level were involved in the tender review groups.</p> <p>RB confirmed that the ICT projects were due to be incorporated into the forward plan going forward.</p> <p>EM stated that she was pleased to hear about the level of detail to be included in the tendering for future procurement contacts.</p> <p>The Chairman stated that Jo Kane (JK) was currently organising a pre-budget meeting for the NEDs on behalf of EB and asked AA if she could liaise with JK for a progress update.</p> <p>Action: AA to liaise with JK re update on organisation of NED pre-budget meeting.</p> <p>The Chairman thanked RB for his update and was pleased to hear about the more holistic look at contracts planned for the future.</p> <p>Approval: The Trust Board noted and was assured by the discussions within the Finance and Investment Committee and the key issues highlighted for further scrutiny within the Committee's work programme.</p>	AA
<p>7.6 Board Review and Feedback: Board Vital Guiding Principles 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>EM stated that it had been good to see more Public Members in attendance that day. She hoped that once the YAS Forum was launched, attendance would be even better.</p> <p>DW stated that there had been a good variety of presentations and areas of discussion for those present.</p> <p>The Chairman agreed that, as a big decision-making meeting had not been required that day, there had been an opportunity to spend more time debating the various items, which would have made the meeting more interesting for those who had attended.</p> <p>PD noted that the Chairman of one of YAS' partner organisations had been present and asked whether the Board could be notified of similar attendees in the future.</p>	

