



Trust Board Meeting held in Public

Venue: The Rendezvous Hotel, Keighley Road, Skipton, North Yorkshire, BD23 2TA

Date: Tuesday 25 March 2014

Time: 0955 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
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
Russell Hobbs	(RH)	Executive Director of Operations
Dr Julian Mark	(JM)	Executive Medical Director
Steve Page	(SP)	Executive Director of Standards and Compliance

Apologies:

None

In Attendance:

Anne Allen	(AA)	Director of Corporate Affairs & Trust Secretary
John Nutton	(JN)	Non-Executive Director (Designate)
Peter Allen	(PA)	Governor, Airedale General Hospital
Pete Beaumont	(PB)	Public Member
David Bolam	(DB)	Public Member
Len Cragg	(LC)	Public Member
Cllr Arthur Hodgson	(AH)	Appointed YAS Forum Member
Kelvin Hurd	(KH)	Unite the Union
Peter Lofts	(PL)	Public Member
John McSorley	(JMc)	Head of Emergency Operations (Acting), YAS
Paul Mudd	(PM)	Locality Director, YAS
Linn Phipps	(LP)	Chairman, Healthwatch Leeds
Dennis Shaw	(DS)	Public Member
Erica Smith	(ES)	Public Member
Bryan Thompson	(BT)	Public Member
Paul Webster	(PW)	Locality Manager, YAS

Minutes produced by: (MG) Mel Gatecliff, Committee Services Manager

The meeting was preceded by a presentation, between 0900 and 0940, which was open to all members of the public. ‘Dignity in Action at Yorkshire Ambulance Service’ was presented by Ian Brandwood, Executive Director of People and Engagement and was very well received by those present.

		Action
	The meeting commenced at 0955 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 IB for a useful and informative pre-meeting presentation.</p> <p>The Chairman thanked the members of the public 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>LP, Chairman of Healthwatch Leeds, stated that she had found the presentation interesting and had been particularly impressed by the examples of how YAS was taking on board the feedback it received.</p> <p>LP further stated that Healthwatch, Leeds representatives were aiming to attend all Trust Board meetings in the area and a major part of her role as Chairman was to outline the work that Healthwatch was doing to encourage engagement to show that the public voice had influence.</p> <p>She added that there was currently significant local concern around access to patient transport. Some initial work had been carried out in this area and she would be very interested to see the outputs of any work in which YAS was currently involved.</p> <p>The Chairman thanked LP for her comments and noted the rising awareness of Healthwatch. She stated that it was her aim during the current year to visit every Healthwatch body across the region in order to gain a better understanding of their work.</p> <p>LC, a Public Member from Northallerton, stated that many patients from the northern part of Yorkshire were taken to the James Cook hospital in Middlesbrough where handover times were still not being recorded. It was his belief that this measure should be progressed more vigorously than in the past.</p> <p>The Chairman stated that work was on-going to install the necessary equipment in the hospital which was outside the YAS region.</p> <p>DW stated that he would provide LC with information about the plans relating to handover screens at the hospital, outside the meeting.</p>	

	Action
<p>DB, a Public Member from North Yorkshire, raised concerns about the treatment of stroke patients. It was his belief that, in the case of a stroke, it was important to despatch a Double Manned Ambulance and the patient taken to hospital as quickly as possible as time was critical.</p> <p>DW acknowledged that it was important to get the right dual crew response to patients. However, the main issues were not those of response type but of access as there was currently variable access to high risk acute stroke centres.</p> <p>JM stated that Paramedics did provide Thrombolysis for patients who had heart attacks but stroke care was different as time was of the essence when someone had a stroke. He had raised his concerns in the region and would be raising them at Commissioner level.</p> <p>AH introduced himself as the East Riding representative on the new YAS Forum and a Councillor. He then introduced PT, who was a fellow Councillor at East Riding of Yorkshire Council (ERYC).</p> <p>PT stated that he had already been part of discussions with YAS in relation to response times in the Holderness, HU11 area of Hull. In spite of assurances given at the time, he remained deeply concerned about response times in this area.</p> <p>PT expressed his understanding that response times had now fallen even further and were continuing to drop in spite of assurances given that improvements were being made to the service.</p> <p>It was PT's belief that responsibility must rest with YAS' Board and senior managers. He asked what the Trust was doing to rectify what was in his opinion an unacceptable situation.</p> <p>The Chairman stated that both DW and she had spent a great deal of time speaking to the local MP for Holderness, Graham Stuart MP and Cllr Hodgson running through the various new initiatives.</p> <p>It had been stressed that there was a need to recognise by whom YAS was funded and the basis on which the Trust received this funding, ie the Trust had to meet a regional target of 75% but was not funded to be able to do that in each postcode area although it strove to provide the best service possible across the whole of the region.</p> <p>It was the Chairman's belief therefore that strong representation should be made to the area's local Clinical Commissioning Group (CCG) who provided the funding for the service.</p> <p>DW stated that, in spite of the funding issue, the Trust continued to try to tackle the issues in the Holderness area.</p>	

	Action
<p>This was an area of low demand so consideration was required of the best ways in which to utilise rota changes to bring about more creative solutions to raise performance to a better position. Additional staff had been appointed for that area of the East Riding but it would be the end of June before every vacancy was filled.</p> <p>DW further stated that over 100 public access defibrillators had been purchased by the Trust and a proportion of these would also go into the East Riding by the end of June. In addition, the Fire Service scheme was shortly due to go live which should see positive benefits once the scheme was up and running.</p> <p>DW stated that the above actions plus the introduction of the new rotas should start to reap benefits during early summer.</p> <p>The Chairman, who was conscious of time, suggested that the discussion could continue outside the meeting during a break.</p> <p>As there were no further questions, the Chairman thanked those present for the interest they had shown in YAS' work.</p> <p>The Chairman stated that members of the public were 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 or ask questions.</p>	
<p>2</p> <p>Apologies / Declaration of Interests The Chairman welcomed everyone to the meeting.</p> <p>There were no apologies to note and declarations of interest would be considered during the course of the meeting.</p> <p>The Chairman passed on the Board's good wishes to JM and AA who were celebrating their birthdays that week.</p>	
<p>3</p> <p>Minutes of the Meeting held on 28 January 2014 including Matters Arising (not on the agenda) and Action Log The Minutes of the Meeting held on 28 January 2014 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-245 – DW stated that, with the Board's approval, he would like to change the action's due date to May 2014.</p>	

	Action
<p>The Chairman agreed that extending the completion date would add to the value of the review. Action remains open.</p> <p>PB-272 – IB confirmed the process was currently being reviewed to improve the standard of information provided at exit interviews. Further information should be available by the next meeting. Action remains open.</p> <p>AA requested an amendment to completed action 277 on page 9; it was agreed that ‘March’ was changed to ‘April’ in the F&IC update.</p>	
<p>4</p> <p>Chairman’s Report</p> <p>The Chairman stated that, as her intention was to provide information not available elsewhere, she would avoid the issues outlined in the Chief Executive’s report and keep her report as brief as possible.</p> <p>The Chairman reminded those present that the YAS Forum, the arena in which the Trust aimed to have fuller engagement with members of the wider public and its communities had been launched at the last Trust Board Meeting in Public.</p> <p>Since that date, four workshops had taken place around the region to provide information to Members, including staff, who were interested in becoming a Member of the Forum.</p> <p>The Chairman confirmed that the election process had started with nominations due to close that day. In the areas where there needed to be an election, details of nominations would be sent out to Members on their ballot papers.</p> <p>Following the elections, the training process would commence, which would conclude with the inaugural meeting of the YAS Forum.</p> <p>The Chairman stated that she was looking forward to working with the Members of the new YAS Forum.</p> <p>The Chairman stated that, as YAS headed towards the end of the current fiscal year, it was natural to reflect back on the 2013/14 year.</p> <p>The year had been good in many areas, including the on-going development of YAS’ services and the continued improvement of the quality of these services.</p> <p>There were also areas in which performance had not progressed as smoothly as the Trust would have wished. For example, although the overall trend remained upwards, top level performance had not been as consistently managed as in the previous few years.</p> <p>The Annual Report, which would provide a detailed summary of the Trust’s performance over the past 12 months, would be produced and formally presented at the September Annual General Meeting.</p>	

		Action
	<p>The Chairman stated that, during the course of the year, many hours had been committed to the implementation of new rotas to ensure that resources matched demand. This had impacted on a large number of YAS' staff and was part of the larger cultural changes that were required to ensure that the Trust became an effective and efficient 21st Century organisation.</p> <p>The Chairman further stated that she had asked DW to organise a short external review of the rota implementation process to identify: areas in which things had gone well; areas in which things could have been done more effectively; and learning for the future.</p> <p>In relation to the action being taken by Unite the Union, the Chairman expressed frustration that press coverage gave the impression that a large number of YAS' employees were striking. However, it was important to make it clear to the Public that only 40-60 of the Trust's 4000+ staff had been taking industrial action.</p> <p>The Chairman found it unacceptable that the Union had not agreed to striking staff returning to work in the case of a major incident.</p> <p>A further meeting had been scheduled with the Arbitration, Conciliation and Advice Service (ACAS) for the following day which the Chairman was hopeful that Unite representatives would attend and she placed on record her thanks to ACAS for their role in the negotiations.</p> <p>The Chairman also placed on record her appreciation of the vast amount of time, effort and care that YAS' staff dedicated to help the Trust's local communities.</p> <p>The Chairman thanked everyone for listening to her update report.</p>	
5	QUALITY, SAFETY AND PATIENT EXPERIENCE	
5.1	<p>Patient Story</p> <p>The Chairman stated that patient care was at the heart of the Trust's work. A patient story was provided at every Public Board meeting 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 views on both good and bad experiences to give them something on which to reflect, adding that the stories were a good investment of time, as they were used to help to drive changes through the organisation.</p> <p>The Chairman read out a positive story provided by a user of the Trust's Patient Transport Service (PTS) who had passed on her thanks following a very positive experience of using the service. The name of the patient had been changed for confidentiality reasons.</p>	

	Action
<p>Learning points from the story were that:</p> <ul style="list-style-type: none"> • Patients' compliments should always be passed onto the individual member(s) of staff; • This story was being shared in PTS training to highlight an excellent patient experience. <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 February 2014 returns contained no material changes to those submitted in January, adding that the evidence table had again been attached to the submission for information.</p> <p>He confirmed that YAS' rating with the TDA remained at '2', with '1' being the best score. This was due to: the minor CQC concerns, previously reported, which were being resolved; and inconsistency in performance.</p> <p>DW stated that the Evidence Logs attached to the TDA returns would be revisited in the new financial year and the revised information considered by both the Trust Executive Group (TEG) and the Audit Committee to provide consistency of approach.</p> <p>Action: AA to co-ordinate the revision of the Evidence Logs attached to the TDA returns prior to their consideration by TEG and Audit Committee.</p> <p>In relation to the CQC's minor concerns, SP stated that good progress was being made in relation to Medicines Management, adding that an announcement in relation to a further inspection was expected in the near future.</p> <p>DW asked whether any additional information had been received about the new inspection pilot for which YAS had put itself forward.</p> <p>SP replied that the CQC was currently on wave 3 of the acute trust inspections with ambulance trusts due to come on line as a sector in October 2014. A national ambulance services working group was currently developing a consultation document and YAS had put itself forward to test out the methodology before October. However, no feedback had been received to date.</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 February 2014.</p>	<p>AA</p>

		Action
5.3	<p>For Assurance: Board Assurance Framework including Corporate Risk Register</p> <p>SP updated the Board on the risks recorded in the Board Assurance Framework (BAF) and Corporate Risk Register to provide assurance on the effective management of corporate risks.</p> <p>He confirmed that, as requested at the Board Development Meeting earlier that month which had reviewed each of the key risks, the narrative of the regular paper had been amended to include some additional commentary.</p> <p>SP added that the Quarter 3 BAF (Appendix 1), which included the risks rated 12 or above, had been through the usual full round of management and committee reviews.</p> <p>He stated that underpinning the risks in the BAF were the directorate and departmental risk registers, adding that checks were in place to ensure that these risk registers were robust.</p> <p>Headline risks included those relating to the demands of the operating system, the challenge of delivering performance and the requirement for the transformation of services.</p> <p>SP confirmed that next steps would be to use the notes included in the paper to inform production of the final iteration of the BAF for the current year and the development of the initial draft of the 2014/15 BAF, which would be reviewed in Committee and Trust Board meetings over the forthcoming months.</p> <p>BS, speaking as Chairman of the Audit Committee, confirmed that the Committee received feedback on key risks from the Finance and Investment and Quality Committees at every meeting and overall remained satisfied by the assurance being provided.</p> <p>The Chairman expressed concern that the recent announcement about pay increases in the NHS might cause some disruption so the Trust would need to be aware of this as a potential issue and watch national progress carefully.</p> <p>IB stated that there was currently a muted response from the national unions, who were yet to declare their position but it was his belief that the pension issues could lead to difficult times.</p> <p>PD, speaking as Chairman of the Quality Committee, stated that she was encouraged by the progress that YAS was making in relation to cultural change. However, the Trust needed to continue to engender better working relationships and quality of care for patients.</p> <p>The Chairman stated her belief that YAS' staff always did the best that they could, often in difficult circumstances, to provide the best service possible for their patients.</p>	

		Action
	<p>She added that this discussion had been a good example of where papers were scrutinised elsewhere before coming to Board.</p> <p>Approval: The Trust Board noted the key risks outlined in the report and was assured with regard to the risk management processes and action.</p>	
5.4	<p>For Approval: Register of Members' Interests: Annual Formal Review 2013/14</p> <p>AA provided the Trust Board with an update, following the annual formal review, to enable them to approve the Register of Members' Interests based on the 'Declarations of Interests for the Financial Year 2013/14'.</p> <p>AA highlighted two changes: the removal of Interim Executive Director of Operations, Mr Mike Fox Davies as of 20 December; and the addition of Mr Russell Hobbs, the new Executive Director of Operations, as of 9 December, which had been considered by the Audit Committee at its meeting on 6 March 2014 and since then no further changes had been made.</p> <p>She confirmed that, at the end of the current financial year, the records for 2012/13 would be archived.</p> <p>The Chairman asked whether the Directors had checked that their own personal entry was a true and accurate record.</p> <p>Each Director confirmed that this was the case.</p> <p>The Chairman congratulated EM on her new role with Chorley and District Building Society.</p> <p>DW asked whether AA could include a start and leaving date, when appropriate, for everyone on the Register to ensure consistency.</p> <p>Action: AA to ensure the inclusion of start and leaving dates (when appropriate) for everyone on the Register.</p> <p>Approval: The Trust Board approved the Register of Members' Interests, 2013/14.</p>	AA
6	STRATEGY, PLANNING AND POLICY	
6.1	<p>For Approval: Draft Two Year Operating Plan 2014/2016</p> <p>RB stated that the purpose of the paper was to present the draft two-year Operating Plan to the Trust Board for approval prior to its submission to NHS Trust Development Authority (TDA).</p>	

He confirmed that draft submissions had been made on 13 January and 5 March 2014 and progress shared at Board Development Meetings (BDMs) on 25 February and 11 March 2014. The final Plan was due to be submitted on 4 April 2014 following Board approval.

RB invited questions about the document. Comments received would be incorporated into the Plan prior to 4 April. Hard copies of the Workforce Plan and Financial Plan were available from MG if anyone needed them.

RB provided details of the feedback received from the NHS TDA on the previous submissions:

- **Workforce** - further information is required on the process for workforce planning;

IB stated that he was due to meet with the national lead for workforce to discuss the development of a more appropriate national tool for ambulance services.

- **5-year Strategy for antimicrobial resistance** - confirmation of plans for introduction and implementation of the Strategy is required;

SP confirmed that the above had been through the Quality Committee and a Strategy was now in place.

JM stated that, as part of the Strategy, the Trust was required to have a microbiologist in place. Although this service was free in many other areas, YAS would have to pay for it.

The Chairman asked whether the Trust was challenging the decision.

JM replied that YAS had minimal input, as the decision sat at NHS England level.

JM stated that the possibility of using expertise in other regions had already been explored but there had been a reluctance to provide the service for free other than in the relevant immediate local area.

- **Equality Delivery System** - further detail is required on the timeframe for implementation;
- **Medicines Optimisation** - the strategy for all aspects of Medicines Optimisation needs to be developed and embedded;

JM stated his belief that Medicines Optimisation was not currently applicable to ambulance services.

PD stated that further development of YAS' urgent care work to keep more patients at home might lead to progress in relation to this item.

	Action
<ul style="list-style-type: none"> • GS1 - plans are still in development and will be monitored at the Integrated Delivery Meetings; <p>RB stated that GS1 coding, the new national bar coding system, introduced across the public sector, would be picked up in the Procurement Strategy.</p> <ul style="list-style-type: none"> • Staff appraisals (and continuing professional development plans) - regular reports to the Board to include improvement trajectory; • Cost Improvement Plans (CIPs) - to be scrutinised by the NHS TDA in coming months. <p>RB stated that there would be an onsite review by the TDA of the robustness and quality of CIPs within the first few months of the year.</p> <p>RB provided high level details of YAS' Service Development and Improvement Programme, which included:</p> <ul style="list-style-type: none"> • ePRF / Paramedic Pathfinder; • Community Emergency Care Response; • Patient Transport Service (PTS) Transformation; • Urgent Care Service Developments; • Staff and Stakeholder Engagement; • ICT Transformation; • Estates Programme. <p>He stated that the roll out of the Paramedic Pathfinder and ePRF would be the first project to go live. The roll out would start in West Yorkshire but Leeds would roll forward into Quarter 1 of 2015/16 as it was such a large area.</p> <p>A number of Community Emergency Care Response schemes, such as the Hull cardiac response pilot and the roll out of the Community defibrillator project were on-going. In addition, there were several local projects within individual health economies and local communities which YAS is supporting.</p> <p>RB stated that the number of key performance indicators (KPIs) in PTS had been reduced.</p> <p>Following completion of YAS' first successful year of providing its 111 service, the Trust was playing an active part in a national review of the service. However, other areas such as telehealth and telecare, in which YAS was also interested, were far more developmental.</p> <p>The Chairman stated that it was essential for the Trust to be engaged in active discussions with the 23 regional Clinical Commissioning Groups (CCGs) plus other regional healthcare organisations.</p>	

	Action
<p>The Chairman stated her belief that it was essential that the best use was made of technology such as the development of triage tools and web developments to access Trust IT information, as YAS' wide geography currently made it difficult to share messages with staff across the whole of the organisation at the same time.</p> <p>It was agreed that the advent of the 'intelligent' ambulance whereby a single mobile device in each vehicle allowed for better sharing of information, for example between ambulances and GP / A&E systems, was an exciting breakthrough.</p> <p>RB stated that the Hub and Spoke development was due for roll out mid-year. It was acknowledged that this development would work better in urban centres than the more rural areas of the region.</p> <p>The Estates Programme was currently looking at YAS' infrastructure and looking to replace the older, inefficient parts of its stock with newer facilities.</p> <p>The Chairman stated it was essential to get all elements of the Plan right prior to submission of the final version on 4 April.</p> <p>PD stated that the Plan was very good as it fitted in with the national drivers from 'Everyone Counts' to deliver care very differently. It was her belief that, by helping to keep people at home, YAS could make a huge impact.</p> <p>EM stated she had been assured by the progress now being made in relation to ICT developments.</p> <p>SP stated that productive discussions during Trust Executive Group (TEG) meetings and BDMs had led to quality aspirations around patient care expectations, etc being built into the plan.</p> <p>IB stated that in relation to people and workforce issues there were a couple of large areas in terms of the work that was still required. For example, the approach to diversity remained a challenge but IB was confident that the Trust could deliver within the required timescales.</p> <p>MW noted that the Plan drew on a number of items which were still in development and asked how it would integrate with the Service Transformation programme.</p> <p>DW replied that the plan would be integrated into the programme which would, in effect, become YAS' two year transformation project.</p> <p>The Chairman asked whether the timescales were realistic and had taken account of capacity issues, etc.</p> <p>MW stated that it would be difficult to assess whether timescales were realistic until more details were available.</p>	

		Action
	<p>RB stated that progress was being made in the move towards a 'payment by results' mechanism for ambulance services. It had been intended to move to a local tariff for CCGs for the forthcoming year but as the implications of local tariffs were still being discussed, a Trust-wide tariff was still in place.</p> <p>DW stated his belief that the Plan was ambitious but deliverable. It was the culmination of a lot of hard work which fitted in with the Urgent Care Review and Keogh report.</p> <p>The Chairman placed on record her appreciation of the effort that RB and his team had put into compiling the Plan.</p> <p>Approval: The Trust Board approved the contents of the summary two-year operating plan and supporting documentation as detailed in the appendices.</p>	
6.2	<p>For Assurance: A&E, Patient Transport Service (PTS) and NHS 111 Contracts Update – 2014/2015</p> <p>RB provided a verbal update on the current contract negotiation positions for A&E, PTS and Urgent Care and confirmed that the Trust had successfully reached agreement on each contract prior to the arbitration deadline.</p> <p>He stated that, at the end of the first year of managing the NHS 111 and West Yorkshire Urgent Care (WYUC) contract, there had been a series of contract discussions between YAS and Calderdale and Greater Huddersfield CCG to review funding levels for 2014/15 in light of actual activity levels and performance during 2013/14.</p> <p>The Chairman congratulated RB and his team on the excellent work they had done in terms of gaining extra funding, which was a significant shift and an excellent outcome in a relatively short space of time. She noted that the current year had been particularly challenging for YAS as an organisation and its new Commissioners as they had tried to get the balance right between local priorities at CCG level and those across the board.</p> <p>Approval: The Trust Board noted the verbal update about the A&E, PTS and NHS 111 contracts for 2014/15.</p>	
6.3	<p>For Approval: Budget Setting including:</p> <ul style="list-style-type: none"> i Cost Improvement Programme 2014/2015 ii Revenue and Capital Budget Setting 2014/2015 <p>RB presented the proposed Income and Expenditure and Capital budgets and Cost Improvement Programme for 2014/15 and an outline of the 2015/16 Financial Plan, for Trust Board approval.</p>	

Action

He stated that budgets had been prepared in line with the approach outlined in previous papers submitted to the Audit and Finance and Investment (F&I) Committees. Draft budgets had been provided to budget holders in December 2013 with budget holder responses received by the end of January 2014. Revisions had been made and a summary of second draft budgets presented to members of the Trust Executive Group (TEG) in early March 2014.

The financial planning assumptions used in preparing the revenue budgets reflected the expectations of the NHS TDA giving a net tariff deflator of -1.8% and the income figures were in line with the contract agreements agreed by the Commissioners by 14 March 2014.

RB further stated that Cost Improvement Programmes (CIPs) of £10.35m had been removed from the 2014/15 budgets as per the five year CIP Plan and additional reserve schemes had been identified in order to provide a 25% contingency. This provided for an overall surplus of £2.9m (1.3%) and a general reserve of £6m including the minimum 0.5% contingency and non-pay inflation.

RB confirmed that income would remain fairly flat over the next year.

He stated that the Trust had received the full cost of 3% A&E activity over performance for the current year plus additional 111 funding. Set against this was the national efficiency requirement of 4% and net reduction in income of 1.8% across A&E and 111.

RB stated that the value of the total CIPs for 2014/15 was £10.3m and the Trust had allowed for reserves of about 3% of turnover. He confirmed that there would be challenges around the CIP for the Trust's 111 service due to the increased risk around penalties.

RB further stated that the Trust's planned surplus of £2.6m for the current year remained on track. However, as this was at the lower level of ambulance services, YAS was aiming to increase this surplus to £2.9m the following year. The cash would be reinvested in YAS' services.

RB confirmed the financial assumption of continuity of service rating remained at 4 although there were a number of risks associated with this. YAS would therefore have to ensure robust reporting during the course of the year and the F&IC would monitor progress closely.

The Chairman stated it was good to see further replacement of PTS vehicles as previous image issues were slowly being overcome.

EB stated that Appendix 3 was very interesting as it showed how important CIPs were to an organisation. The organisation's CIP delivery of 97% during the current year was a commendable effort, as the target became harder to achieve each year.

	Action
<p>SP stated that the Quality Impact Assessment (QIA) process was not only about meeting financial requirements but also about the need to do this safely whilst continuing to build on the quality of services.</p> <p>PD stated that, whilst the organisation was going through massive cultural change, staff engagement was the key factor. It was essential therefore that everyone worked together to ensure the continuous improvement of services.</p> <p>DW stated his belief that further work was still required with YAS' staff to convey the key messages about the meaning of the CIP.</p> <p>Approval: The Trust Board approved the Income & Expenditure and Capital budgets and the Cost Improvement Programme for 2014/15 and the outline of the 2015/16 two-year plan.</p>	
<p>6.4 For Approval: Urgent Care Development Plan</p> <p>SP presented details of the high level Urgent Care Development Plan for Board approval and outlined the proposed next steps in the implementation of the plan.</p> <p>He stated that the Plan had been developed through discussions in the recently established Urgent Care Steering Group and other contributions from key directors and senior managers which were focused on specific aspects of service development.</p> <p>The Plan had been presented to the Transformation Programme Management Group (TPMG) in March and additional amendments made to the draft in the light of feedback from group members.</p> <p>SP further stated that, when the Plan was approved by the Board, it would form the basis of the Urgent Care Steering Group workplan for 2014/16 and outlined the key objectives of the plan which would be delivered through work on three cross-cutting themes:</p> <ul style="list-style-type: none"> • Service development priorities to meet the needs of patients; • External stakeholder engagement; • Developing internal focus and capability. <p>SP stated that the Trust was actively seeking out opportunities to bid for new urgent care services in the NHS 111 service, some of which would be in partnership with others such as Local Care Direct.</p> <p>He further stated that a '111 plus' pilot was about to start in the Vale of York. This single point of access pilot would be a good indication of future direction of development as there were potentially a lot of opportunities to add value to systems around the region.</p> <p>Internally, the Paramedic Pathfinder was an important development.</p>	

	Action
<p>SP stated that, although the Trust was already working closely with the CCGs and Urgent Care Boards, more work was required on how to engage with social care commissioners, etc to enable the further development of services.</p> <p>He stressed that the aim of the Plan was not to establish a new Urgent Care division in the organisation as it was recognised that all of the work was woven into the fabric of all of YAS' services.</p> <p>EB stated that it would be good to have sight of inter-dependencies of the various projects on one another and how this would be dealt with going forward in a further development of the Plan.</p> <p>SP agreed this was a good point, as developments would overlap and potentially impact on other areas. For example, the ICT Strategy provided a lot of potentially exciting opportunities.</p> <p>The Chairman agreed it was important to keep inter-dependencies in mind, adding her belief that the work would need to retain corporacy albeit with a local flavour.</p> <p>MW stated her belief that the Plan contained a lot of exciting possibilities. There was a risk, however, that things could develop piecemeal without business cases being fully considered.</p> <p>RB stated that it was proposed that a standard specification would go out to Commissioners.</p> <p>A general discussion followed about the developments outlined in the Plan.</p> <p>RH stated that it was important to make a clear distinction between emergency and urgent care. It would be essential to engage with the public and YAS' staff to ensure they understood that it would be a differently shaped service providing services in a very different way.</p> <p>PD stated that staff would need to understand that the urgent care developments could lead to YAS' long term survival. If the Trust only provided a 999 service it would be easier for it to be absorbed by an acute trust.</p> <p>JM stated that Dr Phil Foster, NHS 111 Clinical Director, Urgent Care was the lead of the national Urgent Care Group so YAS had a big presence at the national table with the potential to make a key difference.</p> <p>In addition, Angela Harris, YAS' Lead Nurse, Urgent Care had developed good links across the region and was trying to bring the Regional Urgent Care networks together.</p> <p>It was agreed that this information should be added to the Plan.</p>	

	Action
<p>Action: SP to add information re YAS' national and regional involvement in Urgent Care networks to the Development Plan.</p> <p>Approval: The Trust Board supported the high level Urgent Care Development Plan and proposed approach to further development and implementation and looked forward to receiving further detail going forward.</p>	<p>SP</p>
<p>6.5 For Approval: Information Communication and Technology (ICT) Strategy</p> <p>RB set out the refreshed ICT Strategy for the next five years, which was aligned to the Trust's strategic and operational priorities and Integrated Business Plan (IBP).</p> <p>RB placed on record his thanks to ICT Infrastructure System and Capacity Manager, Ola Zahran, and former Head of ICT Strategic Development and Service Transformation, Matt Watkins who had both played an important role in terms of developing the Strategy document and coaching and developing the ICT team.</p> <p>He stated that, although there were already some good skills in the ICT team, there remained some areas in which there was still a need for improvement.</p> <p>RB further stated that, historically, the Trust had bought IT products and not checked up on the return on investment.</p> <p>The Chairman stated that the new generation's knowledge of technology would totally change the way in which things were done in the future, adding that YAS needed to make use of these skills.</p> <p>BS suggested that the ICT team could benefit from employing talented young people to help YAS make best use of technology.</p> <p>IB stated that, since joining the organisation, he had been impressed by the motivation and capability of the ICT team and queried whether the vision on page 7 was ambitious enough.</p> <p>RB replied that the team was already considering rewording the vision to make it more ambitious.</p> <p>EM stated that she had been heartened when she had read the revised Strategy and asked how the infrastructure, etc would help to deliver the Strategy going forward.</p> <p>RB stated that, in relation to the Electronic Patient Record Form roll out, discussions were taking place about collaborating on future roll out.</p>	

		Action
	<p>The Chairman stated that she was grateful for the significant step change in YAS' way of thinking, adding that she was personally happy to approve the Strategy as it stood.</p> <p>The Chairman asked within which forum it would be possible to gain an overview of ICT issues.</p> <p>RB replied that the ICT Strategy Group, in which BS would again be involved, had been re-launched.</p> <p>Approval: The Trust Board approved the ICT Strategy.</p>	
7	PERFORMANCE MONITORING	
7.1	<p>Chief Executive's Report and Integrated Performance Report DW presented his report to give the Trust Board assurance on the activity of the Trust Executive Group (TEG) from 21 January 2014 to 17 March 2014, and to highlight the key variances / movements contained within the January and February 2014 Integrated Performance Reports (IPR).</p> <p>The Board worked on the premise that documents had been read and it was agreed that the IPR would be considered prior to the Chief Executive's report on this occasion.</p> <p>2a - A&E Performance PD requested an update on CQUIN performance.</p> <p>DW replied that they were broadly on track and although the PTS CQUIN might not deliver, overall they had fulfilled the requirement to drive change and bring about improvement.</p> <p>PD stated that the Trust did not seem to be improving against the 'RRV time waiting for back up' measure.</p> <p>RH replied that he was currently drilling down into more specific detail and would shortly be in a better position to answer with more substantive detail.</p> <p>Action: RH to provide a response about 'RRV time waiting for back up' measure when more substantive detail was available.</p> <p>In relation to the 'Resolved by telephone' Ambulance Quality Indicator (AQI), EB stated that she would appreciate some clarity in relation to numbers, timeline, etc around the Trust's statement that it wanted to treat more patients at home.</p>	RH

	Action
<p>DW replied that the Trust would expect its current ranking to improve now it no longer used NHS Direct to deal with a percentage of those calls. Additional advisors were being recruited; work was underway around integration and the transfer of calls from the 999 service to 111; and a national audit review of AQIs was also underway.</p> <p>DW stated his belief that the validation work would be important in terms of identifying the true benchmark position. The peer review which would take place shortly would also help.</p> <p>2b - PTS Performance EB stated that PTS performance was a standing agenda item in Finance and Investment Committee meetings and asked why items with a red RAG rating had an amber risk rating.</p> <p>RB acknowledged the challenge, stating that RAG ratings would need to be less subjective in the new financial year. He agreed to reassess the risk levels and report back to the Board.</p> <p>Action: RB to reassess PTS RAG ratings v risk levels and report back to the Board.</p> <p>The Chairman stressed the importance of accuracy of this reporting.</p> <p>PD stated her belief that efficiencies could be made in the area of aborted journeys.</p> <p>The Chairman agreed, adding that although some aborted journeys were unavoidable, something was failing in the current system.</p> <p>Public Member LC stated that, as a Voluntary Car Scheme (VCS) driver, he was often called to pick people up who had cancelled their hospital appointments but had failed to let YAS know as they presumed that the message would be shared with all relevant people.</p> <p>The Chairman stated that this belief was understandable and suggested that further consideration of the actions that YAS could take to overcome this and similar problems was required.</p> <p>2c - NHS 111 PD asked how hopeful the Trust was that the red risk: 'warm transfers as a percentage of clinical advisor calls' would improve.</p> <p>SP stated his belief that, although the Trust could improve, it would never be able to meet the Key Performance Indicator (KPI) in the current model but the problem would hopefully be addressed as part of the national review and further development of the NHS 111 service.</p>	<p>RB</p>

	Action
<p>3 – Quality Analysis PD asked why there had been such a large increase in Green 1, 2, 3, 4 complaints from 14 in January to 21 in February 2014.</p> <p>RH replied that he would extract the data relating to the nature of complaints and share this with the Board by email.</p> <p>Action: RH to analyse the reasons for the increase in Green complaints between January and February 2014 and share information with Board by email.</p> <p>4 – Workforce IB stated that, although the Trust was making progress in relation to sickness absence, it was not reducing as quickly as he would have liked with YAS benchmarked in the middle of the ambulance trusts. The new absence policy, introduced in February, should help to improve things further.</p> <p>PD asked about the effectiveness of the new Occupational Health (OH) service.</p> <p>IB replied that, following initial teething problems, the first set of mandatory reports were of an acceptable quality and confirmed that the contract was due to go region-wide on 1 April.</p> <p>PD stated, as Chairman of the Quality Committee, that the Committee would like to see a report on actions being taken to help prevent musculoskeletal injuries, etc.</p> <p>IB agreed to provide an update at the Quality Committee’s June meeting.</p> <p>Action: IB to provide Quality Committee with an update on actions being taken re musculoskeletal injuries at its June meeting.</p> <p>5 – Finance The meeting considered ‘Post-Handover Costs’ table on page 5.10 and the Chairman asked whether the costs were still in shadow form.</p> <p>RB confirmed that they were, with the process starting formally in the new financial year.</p> <p>The Chairman asked whether information was available about the costs in ‘shadow’ form to the acute trusts.</p> <p>RB replied that it was and agreed to share this information with the Board. He stressed that none of the money gathered through the fines was due to come back to the Trust.</p>	<p>RH</p> <p>IB</p>

	Action
<p>Action: RB to share information about ‘shadow’ costs to acute trusts with Board.</p> <p>The meeting moved on to consider the Chief Executive’s report.</p> <p>DW confirmed that performance would be delivered for the year in spite of the recent industrial action.</p> <p>He further stated that the renovation of the new Hazardous Area Response Team (HART) building was progressing well. The two-storey training house in the garage would be a valuable resource and a possible income generator.</p> <p>DW added that the Trust had been successful in achieving first place in the NHS England Excellence in Participation Awards.</p> <p>RH stated that it had been a very busy period in the Operations Directorate which had included: progress on the further embedding of the Clinical Leadership Framework; a period of intense negotiation following the rejection of redesign proposals by Unison; several periods of industrial action by Unite; the annual business planning cycle; and negotiations with Commissioners for the A&E contract.</p> <p>EB asked whether an update on the implementation of Clinical Leadership could be included in the Operations’ section of future reports. This was agreed.</p>	RB
<p>Action: RH to include update re implementation of Clinical Leadership Framework in Operations’ section of future Chief Executive’s reports.</p> <p>JM stated that two frontline clinicians, Chris Harvey and Richard Pilbery had completed research projects and been recognised for their successful contribution to research.</p> <p>EB stated that it would have been good to see more positive news about negotiations and staff engagement in IB’s update.</p> <p>DW stated that some negotiations had been responding to genuine issues such as enabling staff to finish their shifts without incurring significant overruns. It was still early days but there was already some stability in relation to the implementation of the new rotas.</p> <p>Approval: Having noted and discussed the variances contained within the January and February 2014 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>	RH

	Action
<p>The Chairman thanked the Members of the Public for attending the meeting, which she believed had been very productive.</p> <p>For reasons of transparency, the Chairman outlined the contents of that afternoon's Private Trust Board agenda in case people decided not to return after the lunch break. She stressed that only business of a commercial sensitivity or of a confidential nature was discussed in private.</p> <p>The meeting broke for lunch at 1325 hours.</p>	
<p>7.2 Charitable Funds Committee – the Minutes of the last meeting held on 10 December 2013 and Committee Chairman's End of Year Update 2013/14</p> <p>EM presented the Chairman's End of Year Report, which updated the Trust Board regarding the activities of the Charitable Funds Committee.</p> <p>She stated that the Committee had made substantial progress during the current financial year; developing and improving the way in which the Fund was administered and using its monies more pro-actively.</p> <p>The Committee had appointed a part time professional Fundraiser to raise awareness, generate income from donations and focus on key fundraising activities. The first corporate activity would be the 'Tour de YAS'; a sponsored cycle ride to coincide with the Tour de France coming to the region during the summer.</p> <p>EM provided details of current projects and future developments.</p> <p>The Chairman was pleased at the progress being made during the year and reminded the Board that they were all Trustees of the Charity.</p> <p>EM stated that there had previously been a misconception that YAS' Charitable Funds could only be used for certain items, adding that it had taken some time to develop an understanding of how they could actually be used.</p> <p>It was agreed that the new Fundraiser, Maria Amos, should attend a future Board Development Meeting, to provide the Board with an update on her activities to date.</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>	

		Action
7.3	<p>Audit Committee – the Minutes of the last meeting held on 10 December 2013 and Chairman’s report of the meeting held on 6 March 2014, including 2014/15 Committee Annual Workplan. BS updated the Trust Board regarding the activities of the Audit Committee (AC).</p> <p>There were no questions relating to the report of the meeting held on 6 March 2014.</p> <p>The Chairman thanked BS for his detailed update, adding her appreciation of the fact that the business of the Audit Committee was being covered in such an organised and well planned way.</p> <p>Approval: The Trust Board noted and was assured by the content of the report; derived adequate assurance regarding the activities of the Audit Committee and the assurance that it provides; and approved the Audit Committee Annual Workplan for 2014/15.</p>	
7.4	<p>Quality Committee – the Minutes of the last meeting held on 12 November 2013 PD updated the Trust Board regarding the activities of the Quality Committee (QC), outlining the key items that had been covered at the Committee’s most recent meeting on 6 February 2014.</p> <p>A standing agenda item had been added for the Expert Patient, who would provide a written report of her activities at every meeting; a positive report had been received around sub-contractor management; and it had been agreed that the 2014/15 Workplan would come with notes to the next Trust Board Meeting in Public.</p> <p>PD further stated that a Quality Review meeting was due to take place on 1 April 2014. This meeting would focus on quality and clinical governance in operational service lines. In addition to herself, the panel members would be the Chairman, JM, RH and SP.</p> <p>A Committee Effectiveness Review was due to take place on 8 April and would be facilitated by Internal Audit.</p> <p>The Chairman thanked PD for her detailed 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>	
7.5	<p>Finance & Investment Committee – Minutes of the meeting and joint meeting with the Quality Committee held on 12 November 2013; and the Extraordinary meeting held on 22 January 2014. EB updated the Trust Board regarding the activities of the Finance & Investment Committee (F&IC).</p>	

She stated that the primary reason for the joint meeting with the Quality Committee in November had been to develop a more in depth understanding of the Cost Improvement Programme (CIP) and the Project Initiation Documents (PIDs) supporting each CIP from both a financial and quality aspect.

In addition to the joint meeting there had been a standard F&IC meeting in November and an Extraordinary meeting on 22 January 2014. This meeting had primarily been convened because the Committee had wanted to consider procurement contracts in more detail and look at the planning guidance and budget process.

The Chairman thanked EB for her updates.

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.

The Chairman invited AA to present a paper which requested Trust Board approval of two additional meetings jointly of the Finance & Investment and Quality Committees during 2014/15.

AA stated that the reasons for the request for additional meetings, which would ideally be slotted between programmed meetings of the Quality and F&I Committees, were as follows:

- To scrutinise and validate the CIP schemes and identify mitigations for any unlikely to deliver a saving;
- To ensure that PIDs were completed for any new schemes;
- To consider the Quality Impact Assessments (QIAs) for the above.

It had been agreed that there were benefits to the Committees viewing the above side by side, as it would ensure that Members had the opportunity to see and challenge issues in the round.

AA further stated that EB and PD, as the respective Chairmen of the F&I and Quality Committees, supported this approach, which had been trialled during 2013/14 and had worked well.

In addition, it was suggested that a second joint meeting, which included the mitigations for CIPs and the overall downside scenarios and QIAs for these would also be useful.

PD stated that having the joint meetings was a positive governance move, which would save time and duplication.

EB stated that she was conscious, however, that the two proposed meetings did infringe on the NEDs' meeting that the Chairman hosted.

		Action
	<p>EM stated that, in principle, she had no objections as the proposal worked from a governance perspective, adding that it would be useful for her, as a member of the Quality Committee, to witness the financial thinking behind decisions.</p> <p>The Chairman stressed that she did not want to create any extra work for the Executive team. It was essential that agreement was reached about the items to be considered in the joint meetings. A decision would then be needed on the most sensible way in which to report back to Board.</p> <p>DW stated his belief that the proposal seemed to be a positive move which would help with the efficiency of meetings.</p> <p>SP stated that the agenda would need to be very closely managed. As there were many other items that could be discussed, there was a danger that the agenda could become unsustainable. He confirmed that the first meeting had been very productive.</p> <p>RB agreed that it would useful to resolve joint issues in one meeting.</p> <p>Following further discussion, it was agreed that June 2014 and February 2015 would be the most appropriate dates and that the Board planner should be updated accordingly.</p> <p>Action: Board planner to be updated by MG to show the two joint F&I and Quality Committee meetings.</p> <p>Approval: The Trust Board approved two, six-monthly joint meetings of the Finance & Investment and Quality Committees be added to the Board Planner, 2014/15.</p> <p>PD stated that it would be helpful to have details of the process for NEDs attending YAS Forum meetings. It was agreed that AA should consider this further and provide an appropriate update.</p> <p>Action: AA to provide Board colleagues with details of the process for NEDs attending YAS Forum meeting.</p>	<p>MG</p> <p>AA</p>
7.6	<p>Board Review and Feedback: Board Vital Guiding Principles</p> <p>T – timely, accessible communications R – respect differences; be supportive U – understand shared purpose, risks S – self-awareness; give/receive feedback; time for reflection T – take responsibility; challenge</p>	

		Action
	<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 members of the public at that day's meeting.</p> <p>DW stated his belief that the meeting had covered a lot useful items.</p> <p>The Chairman agreed that the meeting had gone well but stated her belief that there should be more challenge in meetings, adding that, at times, the Executive Directors seemed to be a little quiet.</p>	
8	<p>Regulatory Reports There were no Regulatory Reports.</p> <p>It was resolved that the remaining business to be transacted was of a confidential nature and that under the terms of the Public Bodies (Admission to Meetings) Act, 1960, Section 1, subsections 2 & 3, the Press and the public be excluded from the remaining part of the meeting.</p> <p>The Chairman thanked everyone for attending. The meeting closed at 1435 hours.</p>	
9	<p>Dates and Locations of Next Meetings: 20 May 2014 at Tankersley Manor Hotel, Tankersley, South Yorkshire, S75 3DQ</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**