



Trust Board Meeting held in Public

Venue: Tankersley Manor Hotel, Tankersley, South Yorkshire, S75 3DQ

Date: Tuesday 20 May 2014

Time: 1100 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)	Deputy Chief Executive and 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)	Trust Secretary
John Nutton	(JN)	Non-Executive Director (Designate)
Cynthia Binns	(CB)	Member of the Public
David Bolam	(DB)	Member of the Public
Jackie Craven	(JC)	Member of the Public
Tony Dutton	(TD)	YAS Forum Member, Public - South
Stephen Forster	(SF)	Member of the Public
Mr D Hibberd	(DH)	Member of the Public
Cllr Arthur Hodgson	(AH)	Appointed YAS Forum Member, East Riding of Yorkshire Council
Dennis Shaw	(DS)	YAS Forum Member, Public - South
Rod Spratley	(RS)	YAS Forum Member, Public – South
Kate Simms	(KS)	Associate Director of HR, YAS

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

The meeting was preceded by a presentation, between 1015 and 1045, which was open to all members of the public. ‘Paramedic Pathfinder’ was presented by Mark Millins, Lead Paramedic for Clinical Development and was very well received by those present.

		Action
	<p>The meeting commenced at 1100 hours.</p>	
<p>1</p>	<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 MM for a useful and informative pre-meeting presentation.</p> <p>The Chairman reported that a Board Meeting in Private had taken place earlier that morning. The meeting had received updates on a number of confidential and/or commercially sensitive items, including the on-going Hillsborough Inquests and the further development of the Trust’s Integrated Business Plan (IBP).</p> <p>The Chairman thanked the members of the public for the interest they showed 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 Member of the Public from Wensleydale, requested details of the measures being put in place for the Yorkshire stages of the forthcoming Tour de France.</p> <p>DW stated that the complex arrangements for the event were well under way. Planning was being led by the Associate Director of Resilience, Ian Walton, who was working closely with relevant local authorities and other blue light services.</p> <p>RH stated that, as the Tour de France was the biggest spectator event in the world, in addition to the teams who were participating, it was expected that around 3 million extra people would visit Yorkshire over the period.</p> <p>Although the Tour de France had its own medical provision YAS would also be providing a bi-lingual clinical supervisor, who would be attached to the team for the duration of its time in the UK. Key partnerships were being developed with local hospitals and extra life cycles, motorbikes and a helicopter would also be available.</p> <p>RH stressed that the Trust would ensure that its normal services would not be adversely affected by the provision of this cover. However, it was acknowledged that there could be difficulties in some areas as roads would be closed or congested.</p> <p>It was proposed that Community First Responders, etc would be embedded in the area and allocated to camp sites, etc, as the increased number of people in the county was likely to have an impact on the health community.</p>	

	Action
<p>DB thanked DW and RH for their response, which he found very reassuring.</p> <p>The Chairman asked whether final agreement had been reached on the funding for the event.</p> <p>RH replied that funding of £250k had been agreed with expenditure being monitored on an on-going basis.</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 before the end of the meeting if they wished. She reminded those present that, once the formal Board meeting started, they would be unable to play an active part unless invited.</p>	
<p>2</p> <p>Apologies / Declaration of Interests</p> <p>The Chairman welcomed everyone to the meeting, which had begun at its new start time of 1100 hours.</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 stated that she intended to bring forward the YAS Forum update and the Integrated Performance Report (IPR) discussion to enable them to be considered prior to the lunch break.</p> <p>The Chairman formally congratulated RB on his appointment as Deputy Chief Executive of YAS.</p>	
<p>3</p> <p>Minutes of the Meeting held on 25 March 2014 including Matters Arising (not on the agenda) and Action Log</p> <p>The Minutes of the Meeting held on 25 March 2014 were approved as a true and fair representation of the meeting subject to the following amendments.</p> <p>Matters Arising:</p> <p>Page 3, paragraph 3 – first sentence amended to read: 'JM stated that Paramedics used to provide Thrombolysis for patients who had heart attacks but stroke care was not amenable to its use.'</p> <p>Page 15, 3rd paragraph from the bottom – 'would be in partnership' altered to state 'may be in partnership'.</p> <p>Action Log:</p> <p>DW guided the meeting through the updated Action Log. There were no outstanding queries relating to the completed actions.</p> <p>PB-245 – DW confirmed the report had been sent out. Action closed.</p>	

		Action
	<p>PB-286 – RB confirmed that there had been some discrepancies so the process had been revised to prevent this going forward. Action closed.</p> <p>PB-288 – SP confirmed that an update on Musculo-Skeletal injuries had been included on the agenda for the June Quality Committee meeting. Action closed.</p>	
4	<p>Chairman’s Report 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 confirmed that the Board was being thoroughly briefed on the current performance issues, which they were monitoring closely, adding that this would be covered in more depth during the Integrated Performance Report (IPR) discussions.</p> <p>The Chairman also confirmed that the YAS Forum elections had taken place and she was pleased to see some of the successful candidates in attendance that day. Training events had been arranged for the new members of the Forum, with the inaugural meeting due to take place on 8 July.</p> <p>The Chairman thanked everyone for listening to her update report.</p>	
5	QUALITY, SAFETY AND PATIENT EXPERIENCE	
5.1	<p>Patient Story 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 both good and bad experiences, adding that the stories, which were used to help to drive changes through the organisation, were used to provoke thought rather than for discussion.</p> <p>The Chairman read out a story which emphasised the importance of saying the right thing rather than what someone might wish to hear.</p> <p>In August 2012, a 999 call was received to attend a male who had fallen, was unconscious and not breathing. However, in spite of many attempts to resuscitate the patient, sadly, he passed away.</p> <p>In January 2014 the Patient Relations Department were contacted by a Bereavement Support Worker as the gentleman’s son was still struggling to come to terms with his loss. It was the support worker’s belief that meeting with someone from the crew might help resolve some of the child’s problems and help him to move forward.</p>	

	Action
<p>On reflection, it was agreed that an impartial member of staff could provide an independent clinical view of the events surrounding the death so an Operational Manager agreed to facilitate the request.</p> <p>A meeting took place, during which the son was very open regarding his feelings and emotions. He explained that he did want others to have to go through a similar experience.</p> <p>He asked: <i>“Why did the ambulance man say that my Dad would be ok?”</i> and <i>“Why didn’t they (the ambulance crew) let Mum go in the back of the ambulance? If Dad heard Mum’s voice he may have tried harder to live”</i>.</p> <p>The Operational Manager provided answers to all of his queries and assured the boy that his comments would be used to inform future ambulance crews’ responses in similar situations.</p> <p>Following the meeting, the son’s Bereavement Support Worker confirmed that the boy had found the meeting very useful and felt much better about what happened during his father’s care.</p> <p>Lessons Learnt for YAS included:</p> <ul style="list-style-type: none"> • The impact that our words can have on those involved or affected by an incident. • The significance of being open with patients’ relatives. • The value in assisting patients’ relatives during the grieving process. • The inspiration and positive value of sharing service user feedback with YAS clinicians. <p>The Chairman stated that the anonymised story would be used in staff training, particularly in relation to the YAS Dignity Code and ‘We Care’ values, to remind people about the impact that words can have in particular situations, especially YAS’ role in assisting patients’ families in the grieving process.</p> <p>The Chairman thanked everybody for listening to the patient story.</p> <p>The meeting moved on to consider item 7.1, the Chief Executive’s Report and Integrated Performance Report.</p>	
<p>7.1</p> <p>Chief Executive’s Report and Integrated Performance Report</p> <p>DW presented his report to give the Trust Board assurance on the activity of the Trust Executive Group (TEG) from 18 March to 13 May 2014 and to highlight the key variances/movements contained within the March and April 2014 Integrated Performance Reports (IPR).</p> <p>DW stated that, following recent allegations by Unite the Union and anonymous sources regarding data quality and the alleged false reporting of performance statistics, a number of internal and independent reviews were undertaken during Quarter 4.</p>	

	Action
<p>The Clinical Commissioning Unit (CSU) found that processes were robust for performance reporting and the independent peer review undertaken by the Association of Ambulance Chief Executives (AACE) also provided positive assurances of compliance.</p> <p>DW stated that, following these robust investigations of the matter and subject to final confirmation by Internal Audit (IA), he was pleased to confirm that the matter was now closed.</p> <p>DW confirmed that the Trust had reviewed progress against the 2013/14 improvement priorities agreed with the Trust Development Authority (TDA) which agreed that progress had been made against all five priorities for improvement.</p> <p>The Trust had not, however, made positive progress against the 'Stroke 60' measure, although this had mainly been due to reasons out of YAS' control.</p> <p>JM confirmed that the Stroke 60 target was currently not achievable due to the current configuration of stroke centres. However, work was on-going to make the target more realistic.</p> <p>DW stated that the delivery of Red response times remained a priority for both the Operations Directorate and wider organisation with all annual Red targets being achieved for 2013/14.</p> <p>In spite of a disappointing start to the new financial year, the Board recognised that 2013/14 had been a successful year in terms of meeting all A&E targets for the third consecutive year.</p> <p>In relation to the on-going Unite the Union behaviour, DW confirmed that a meeting had taken place with the Advisory, Conciliation and Arbitration Service (ACAS) and Unite to explore how the current relationship could be improved. A condition of the exploratory talks was a cessation of Unite strike action.</p> <p>The talks with Unite regional officers seemed to have gone well so it was disappointing when the local branch decided to go against regional advice and called for further strike action, although numbers were lower than in previous strikes.</p> <p>IB confirmed that every action jointly agreed with ACAS and Unite had been discharged and responded to positively by the Trust.</p> <p>DW stated that the Care Quality Commission (CQC) had carried out an unannounced visit to re-assess a 'minor concern' regarding Outcome 9, the management of controlled drugs. Verbal feedback had been positive, although the written report was still to be received. It was assumed therefore that the Trust would shortly be able to close this down.</p>	

	Action
<p>One 'minor concern' remained, around Outcome 14, which related to training, appraisals, etc.</p> <p>Another unannounced visit was therefore expected to take place after June 2014. It was hoped that this 'minor concern' would also be closed following the inspection.</p> <p>DW confirmed that RB's team had submitted the 2013/14 draft Annual Accounts on 23 April. They had been in line with the expected surplus and it was his belief that YAS had performed well in comparison with other ambulance services.</p> <p>The Chairman thanked DW for his update and invited the Executive Directors to highlight items in their appropriate sections of the IPR.</p> <p>Finance</p> <p>RB stated that the organisation was reporting a £300k surplus at the end of month 1 which was £25k down against plan. However, it was difficult to draw any conclusions so early in the financial year.</p> <p>The Cost Improvement Programme (CIP) was slightly ahead of plan although there was slippage in terms of the main A&E and PTS CIPs. The plan for CIP reserve schemes had been activated.</p> <p>EB asked whether the Board should be concerned that reserve CIP schemes were being mobilised so early in the year.</p> <p>RB replied that work was on-going to further verify the information contained in the CIPs and he was confident that the Trust would still deliver. The Clinical Hub and PTS rota implementation had led to the slight slippage but it was anticipated that the organisation would be able to catch up later in the year.</p> <p>A discussion took place about Emergency Department handover fines, which were due to be enforced for the first time in 2014/15.</p> <p>The Chairman asked what analysis was being carried out to help minimise the number of breaches.</p> <p>RH replied that Clinical Supervisors (CSs) were acting as dedicated liaison points at hospitals which would allow them to carry out appropriate analysis. Where need arose, they could be based almost permanently at specific hospitals to drill down to identify reasons for delays to try to prevent future problems.</p> <p>Workforce</p> <p>IB stated that the new format of the Workforce section was an evolving process and invited comments from Board colleagues outside the meeting in relation to further improvement of the section.</p>	

	Action
<p>Action: Board members to provide IB with comments/feedback on format of Workforce section to aid further development.</p> <p>He provided an update on recruitment, which was making positive progress.</p> <p>IB stated that, overall, steady progress was also being made in relation to sickness absence levels which had dropped from 6.29% to 5.92%. However, there had been an increase since the start of the year so work was on-going to try to identify the reasons for this increase. It was IB's belief that the elongated national discussions around the unsocial hours' subsidies were a contributing factor.</p> <p>IB further stated that Performance Development Reviews (PDRs) were slightly behind their target (71.9% as opposed to 75%) but this had been influenced by the number of new people coming into the organisation and would be remedied fairly quickly.</p> <p>PD asked whether the current staff turnover was a positive or a reason for concern.</p> <p>IB replied that for the most part it was positive and included a significant number of Technicians who had decided they did not want to take the Paramedic training route so were leaving the Trust.</p> <p>PD noted that the Equality and Diversity target was ambitious but that it was currently 10% adrift and asked how positively the Trust's higher education provider supported the organisation in terms of recruitment to help to meet ethnic minority targets.</p> <p>IB replied that he would look into this matter further.</p>	<p>All</p>
<p>Action: IB to discuss ethnic minority recruitment policies, etc with the Trust's higher education provider and report back to Board.</p> <p>MW stated that the Trust's Occupation Health (OH) providers were an important lever for improving sickness absence but she struggled to fully understand the context of the available data.</p> <p>IB replied that, although the OH provider was performing well in terms of a strict interpretation of the contract he wanted to ensure that robust assessment of the available data was taking place and was hopeful that improved data would be available by July.</p> <p>The Chairman noted the cost to YAS of people not attending their OH appointments and asked how the Trust analysed this information.</p> <p>IB replied that this was followed up through line management processes, which were now more robust than in the past.</p>	<p>IB</p>

	Action
<p>EB suggested that it would be useful if the narrative in relation to items such as sickness absence, Personal Development Reviews (PDRs), etc included more of a forward action plan.</p> <p>Quality Analysis JM stated that there was nothing major to report, as the Clinical Directorate continued with its on-going progress.</p> <p>SP stated that that had been an increase in the number of Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents reported in April in comparison to March, particularly around manual handling. A large programme of work was underway which included the implementation of the new carry chair and response bag.</p> <p>A task force, which included representation from a wide range of departments, had been set up to see how the Trust could impact on injury rates even further. It was therefore SP's belief that incidents should start to drop over the next few months.</p> <p>EM stated that the complaints data showed problem areas across the piece and asked how they were currently risk managed.</p> <p>SP replied that it was all related to how the Trust worked with individual local managers and management teams who had the local level knowledge, as it needed to be a priority in their workload. It was his aim to get the number of complaint responses within 25 days down to a more acceptable level as soon as possible.</p> <p>SP stated that, historically, complaints had been managed differently in the Emergency Operations Centre (EOC) but the Trust was looking to bring the process into line with the rest of the Trust.</p> <p>He stated that there had been a recent peak in the EOC area, with a number of complaints from MPs about delayed response to Green calls, so RH had put in additional resource to ensure that all relevant quality work could be carried out and deadlines could be met.</p> <p>Support Services Performance RB stated that, whilst the organisation was still analysing how many surplus vehicles could be taken out of Fleet, significant improvements had been made by the end of 2013/14.</p> <p>DW stated he was pleased to see a significant improvement in the timeliness of equipment servicing and hoped that Fleet would be able to maintain this standard throughout the new year.</p> <p>NHS 111 SP provided a positive update on the performance of the NHS 111 service. For example, 'calls answered' performance was consistently being achieved with a 94.9% performance over the whole year.</p>	

It was SP's belief that the issue of 'warm transfers' as a percentage of clinical advisor calls would not remain following the national review as it was not a patient safety issue.

PTS Performance

EB asked whether it would be possible to include additional information such as the expected quarter for completion in the 'Directors' expectations of PTS' section, as the current 'on-going' entry was not very helpful.

MW stated that she did not currently see anything that gave her confidence that the year-end risk level would be green.

A discussion took place about the likelihood of hitting green risk levels, particularly in relation to meal breaks and rota changes.

RB replied that delivery of the contractual Key Performance Indicators (KPIs) was significantly better in the current year than in the previous year and it was his belief that evidence had been provided to underpin this statement.

A&E Performance

The Chairman invited RH to present a summary of the detailed update he had provided during the Private Board meeting.

RH stated that the current increased demand situation was challenging and had led to a disappointing start to the new year. However, a recovery plan, which included the recruitment of further Paramedics and the allocation of additional clinical resources to the Clinical Hub, was in place to help overcome the challenges.

The Chairman queried the risk to YAS' patients and asked whether there had been an increase in the number of serious incidents.

JM replied that that the Trust was mainly experiencing issues at weekends but for the time being the processes in place to use the resources available to the Trust appropriately were working well.

SP stated that all incidents were being monitored closely, adding that serious incidents had not increased thus far in relation to response time, etc.

The Chairman stressed that concerns should be kept in perspective, as YAS' performance was still better than some ambulance services.

EB stated that YAS was 8th nationally in terms of its Clinical Hub's performance. Although the number of calls closed had increased, the percentage was still adrift of plan, standing at 4.1% as opposed to the planned 6%. She asked whether any work had taken place to model the impact of this on overall performance.

	Action
<p>DW replied that the need to increase the establishment of clinical advisors, particularly in relation to Green calls, had been recognised and the recruitment of additional clinical advisors was part of the performance recovery plan mentioned by RH in his update.</p> <p>JM stated that closing a greater number of calls was not necessarily right for patients as it could lead to the re-contact rate going up.</p> <p>The vast amount of work currently on-going in JM, SP and RHs' directorates to ensure that YAS' services remained safe was noted.</p> <p>DW stated that the Trust Executive Group (TEG) would ensure that the current momentum was maintained in relation to the recruitment of new Paramedics, etc.</p> <p>The Chairman stated that it would be useful for the Board to receive an update on, for example, hospital configurations, Clinical Commissioning Groups' (CCGs') current position, the direction in which they wanted to move, etc to improve the Board's knowledge of regional developments, etc.</p> <p>It was agreed that AA should schedule a 'consolidated regional picture' update for the July meeting.</p> <p>Action: AA to schedule a 'consolidated regional picture' session for the July meeting.</p> <p>At the Chairman's invitation, there were no questions from the Public.</p> <p>Approval: Having noted and discussed the variances contained within the March and April 2014 IPR reports, highlighted in the Executive Directors' reports, the Trust Board agreed that it had sufficient assurance on the activities of the Trust Executive Group during this period.</p>	<p>AA</p>
<p>5.6 For Assurance: Membership of YAS Forum</p> <p>AA provided the Trust Board with assurance of the process and outcomes of the Nominations and Election processes to YAS Forum.</p> <p>She stated that there were a total of 22 available seats for membership of YAS Forum which comprised: 4 Staff seats (3 front-line and 1 support staff); 13 Public seats; and 5 Appointed seats.</p> <p>All staff members had been elected unopposed and 10 of the 13 Public seats had been filled, some of which had also been uncontested. Vacancies remained in West Yorkshire (2 seats) and East Yorkshire (1 seat).</p>	

	Action
<p>Elections had taken place in North and South Yorkshire and the overall cost of the election process was slightly under £7k.</p> <p>AA confirmed that none of the five appointed Forum Members sat on any Health Scrutiny Committees, adding that information about all Members of the YAS Forum was contained in Appendix B of the report. It was noted that the representative from Barnsley Hospital NHS FT was likely to change.</p> <p>AA stated that the inaugural meeting of the YAS Forum was due to take place on 8 July 2014.</p> <p>She further stated that the YAS Forum Training Programme was due to commence on 28 May with a further date choice of 17 June. The training programme would have full Trust Board participation and provide Forum Members with a better understanding of how YAS operates both strategically and operationally.</p> <p>In addition, visits to the Emergency Operations Centre (EOC) and NHS 111 call handling centres had been arranged with places rapidly filling up.</p> <p>The Chairman formally welcomed the YAS Forum Members who were present that day, stating that it was exciting to see the YAS Forum become a reality.</p> <p>RB stated that, although he recognised the democratic process, it was his belief that the staff constituent members provided a fairly narrow focus of YAS' operations with no representation from, for example, Patient Transport Services, NHS 111 or the back office support services, which would have allowed a wider view of YAS' operations.</p> <p>The Chairman agreed that further discussion was required to increase the variety of candidates, both internal and external, as it was difficult to be truly representative of the demographics of the area covered by the Trust if there was no diversity of candidates for which to vote, etc.</p> <p>AA stated that work was already under way in this respect, as the Trust must be cognisant of being more representative of the people in its communities.</p> <p>PD stated her belief that the election process had worked well and brought about a good outcome</p> <p>The Chairman stated her belief that it would be important for Forum Members to work out in YAS' diverse communities to help to build up membership and involvement in those communities.</p>	

		Action
	<p>The Chairman stated that Len Cragg (LC), who had been a regular follower of YAS' Trust Board Meetings in Public for some years, had stood for election in North Yorkshire but had been unsuccessful.</p> <p>She placed on record her thanks to LC for all of his work and the interest he had shown in the organisation and asked DB if he could let LC know that her appreciation had been formally minuted.</p> <p>Approval: The Trust Board received assurance from the update on the Nominations and Election processes to YAS Forum.</p> <p>The meeting broke for lunch at 1230 hours, reconvening at 1300 hours.</p>	
5.2	<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 April 2014 returns contained no material changes to those submitted in March and outlined the minor changes that had been made as the result of the receipt of new evidence.</p> <p>It was noted that the return had previously been agreed at Trust Executive Group on 30 April, not May as stated on the cover paper.</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 April 2014.</p>	
5.3	<p>For Assurance: Board Assurance Framework – Opening Position 2014/15</p> <p>SP presented the opening Board Assurance Framework (BAF) for 2014/15, confirming that the BAF had been informed by feedback received during and after the March Board meetings. A further Trust Executive Group (TEG) review session had picked up any remaining gaps and associated actions.</p> <p>He confirmed that the risks in the BAF were those identified by the Board and requested any further comments.</p> <p>BS asked whether it was possible to use track changes on the BAF when moving from one version to another as it would be useful to see all of the information in one document.</p> <p>SP replied that the intention was to ensure a clear audit trail via the update commentary summary but that other ways of tracking would be considered if necessary.</p>	

	Action
<p>BS stated that a number of the actions in the 2013/14 BAF had a financial year end deadline date attached to them and asked whether this was the most appropriate date.</p> <p>SP replied that TEG had gone through each deadline during its risk discussions and confirmed that the action deadlines in the document were those signed up to by the Associate Directors. He added that the planned reviews would provide the opportunity to revisit and test out deadline dates, etc.</p> <p>BS asked whether the current risk score column on page 10 should be amber rather than red.</p> <p>SP confirmed that this was the case.</p> <p>MW asked whether the action deadline on page 9 which was currently recorded as 'March 14' should actually state 'March 15'</p> <p>SP again confirmed that this was the case.</p> <p>Action: SP to ensure that the BAF was amended as recorded above.</p> <p>Approval: Subject to minor amendment, the Trust Board noted the key risks outlined in the report and was assured with regard to the risk management processes and action.</p>	<p>SP</p>
<p>5.4 For Approval: Monitor Accountability Framework</p> <p>RB provided the Trust Board with an update on the revised NHS Trust Development Authority (TDA) Accountability Framework for NHS Trust Boards, effective from 1 April 2014.</p> <p>He stated that the refreshed Framework reflected learning from the TDA's first year of operation and some of the key changes over the past year, such as the development of the new Chief Inspector of Hospitals (CIH) regime and the implications of the Mid Staffordshire and Berwick reviews into patient safety.</p> <p>The revised Framework focused on three areas of responsibility:</p> <ul style="list-style-type: none"> • Oversight and escalation; • Development and support; • The approvals process for Foundation Trust, significant transactions and capital investment. <p>Quality measures had been aligned to the Care Quality Commission (CQC) monitoring process with its five domains of: caring, effective, responsive, safe and well led. Trusts would be rated using escalation levels 1-5 with 1 representing the highest and 5 the lowest risk.</p>	

	Action
<p>The TDA would refresh each Trust's evaluation score on a monthly basis using publically available information. An escalation and special measures process would apply to NHS Trusts with serious failures in quality of care and/or financial performance.</p> <p>The TDA would also be working with the CQC and Monitor to develop a 'well led' framework for Trusts. Boards would be required to submit an individual development plan to the TDA by September 2014.</p> <p>RB stated that, in terms of the Foundation Trust (FT) process, there would be four clear stages:</p> <ul style="list-style-type: none"> • Stage 1 – Diagnosis and preparation, which replaced the Historical Due Diligence (HDD) stage; • Stage 2 – Development and assurance, which would include the development of the Integrated Business Plan (IBP); • Stage 3 – TDA approval and referral, including Chief Inspector of Hospitals inspection and rating; • Stage 4 – Monitor assessment stage. <p>RB confirmed that new guidance for capital schemes had been issued. The TDA had the ability to approve all NHS Trust capital investment up to £50m but investments over this value would now require TDA, Department of Health and HM Treasury approval for all stages of the business case.</p> <p>The Chairman requested clarification of YAS' current position in the FT approvals process, as she was concerned about the amount of time that had passed since some of the Trust's formal assessments had taken place.</p> <p>RB replied that the TDA had yet to formally confirm which parts of the earlier process would need to be updated, although they were due to revisit the Cost Improvement Programme (CIP) shortly and new versions of the IBP and the Long Term Financial Model (LTFM) were due to be submitted in June.</p> <p>BS asked, to what extent, did the Trust need a detailed action plan to guide it through the revised process.</p> <p>RB replied that work was already on-going to identify and replace out-of-date items, adding that he would be happy to pull together a timeline for what remained to be done.</p> <p>Action: RB to compile a timeline containing the actions for the remainder of the Trust's FT journey.</p> <p>SP stated that the Trust had hoped to be included in the CQC (Ambulance) Inspections pilot phase towards the end of the year.</p>	<p style="text-align: center;">RB</p>

	Action
<p>However, it had not been chosen and was likely to be in the phase following the pilot in early 2015.</p> <p>PD asked when the documents for the pilot would be available.</p> <p>SP replied that the dates were yet to be clarified. SP stated that the Monitor assessment process was also in the pilot phase and although efforts were being made to try to bring the two assessments together to avoid duplication, it was his belief that the Trust would still need to go through two distinct processes.</p> <p>SP confirmed that the Trust was coming to the end of an Internal Audit review of internal governance, adding that feedback should be ready for the next round of Board Committee meetings.</p> <p>Approval: The Trust Board noted and accepted the contents of the NHS Trust Development Authority Accountability Framework for NHS Trust Boards for 2014/15.</p>	
<p>5.5</p> <p>For Assurance: NHS Constitution, 2013: Assurance of Compliance</p> <p>AA provided the Trust Board with assurance of YAS' compliance with the principles, values and pledges of the NHS Constitution, 2013; evaluated against the high level assurances provided in Appendices A and B, attached to the paper.</p> <p>She stated that the NHS Constitution, to which all trusts had a duty to show due regard, was updated in 2013, following which TEG received and was assured of the evidence of compliance with its various principles, values and pledges.</p> <p>In April 2014, the Quality Committee received and was assured of the evidence of compliance, agreeing to incorporate feedback from YAS' Expert Patient and other committee' members therein. The Committee had asked that those assurances be provided to the Trust Board in Public followed by publication on YAS' Internet site.</p> <p>In addition, the Audit Committee would review the detailed evidence of compliance at its July meeting.</p> <p>AA explained that ideally the updated evidence should have come to the Trust Board for assurance following review by the Audit Committee but unfortunately the timetable of meetings meant that if it did not come to that day's meeting, it would have had to wait until the September meeting.</p> <p>AA proposed that the publication of the evidence on the Trust's website did not happen until such time as the Audit Committee had the opportunity to review it in detail.</p>	

		Action
	<p>It was therefore agreed that, following review by the Audit Committee and subject to there being no concerns about the evidence, it should be published on the YAS website.</p> <p>BS agreed to provide feedback to AA outside the meeting.</p> <p>Action: BS to provide AA with feedback on the updated evidence outside the meeting.</p> <p>Approval: The Trust Board was assured of the evidence of compliance with the principles, values and pledges of the NHS Constitution, 2013; evaluated against the high level assurances provided in Appendices A and B; and agreed to its publication on YAS' Internet site subject to final agreement from the Audit Committee.</p>	BS
5.6	<p>For Assurance: Membership of YAS Forum See entry on page 11 of the document.</p>	
6	STRATEGY, PLANNING AND POLICY	
6.1	<p>For Approval: Membership Strategy – (Integrated Business Plan: Appendix 5) AA provided the Trust Board with an update to enable them to review and approve YAS' Membership Strategy – V.35 (Integrated Business Plan (IBP) Appendix 5). Once this revised version had been approved, it would be submitted to the NHS Trust Development Authority (TDA) in June 2014 as part of the IBP submission.</p> <p>She stated that the Membership Strategy was approved by the Trust Board in September 2013. It had since been through the internal governance processes and been reviewed in various meetings.</p> <p>Proposed amendments included the respective targets for membership of the Public and Staff constituencies along with other revisions to bring it up-to-date with YAS' current Membership engagement approach and activities.</p> <p>AA stated that the Public Membership target had been set at 3,000 three years previously. Membership currently stood at almost 5,700 so at the recent Board Development Meeting (BDM) the Board had proposed that increasing the target by 10% per annum over the next three years might be a suitable target.</p> <p>Based on the experience of established Foundation Trusts (FTs) and YAS' desire for staff to be inclusive in the Trust's future development and the governance framework in which its business was conducted; it was proposed that the Staff Membership figure was a minimum of 75% opt-in rate of eligible staff.</p>	

	Action
<p>The Chairman questioned whether aiming for an additional 10% Public Membership each year might be slightly over ambitious, adding her belief that the YAS Forum/Council of Governors would need to work closely with the Trust to increase Membership levels. DW asked whether information about attrition rates was available.</p> <p>AA replied that it had been very low to date.</p> <p>JM agreed that the recruitment of Public Members would become a harder target year on year but it was his belief that the Trust should be pushing itself to achieve these levels.</p> <p>SP stated that the Trust Executive Group (TEG) believed that such an increase was reasonably conservative.</p> <p>MW stated that she would like to see a long term target for the percentage of the region's population that the Trust would like to see as Members.</p> <p>PD stated her belief that it was an achievable target although the Trust would need to start to consider alternative routes for attracting its Members such as Young Peoples' Health Champions.</p> <p>The Chairman stated her belief that the proposed Public Membership target seemed reasonable. However, this would be a matter for the Council of Governors to consider when the Trust became an FT.</p> <p>DW stated that, for consistency, a new map was required on page 15 of the document as some of the NHS 111 geography was missing.</p> <p>Action: Map on page 15 to be replaced with one which includes all NHS 111 geography.</p> <p>Approval: Subject to the above amendment, the Trust Board reviewed and approved YAS' Membership Strategy – V.35 (IBP Appendix 5).</p>	<p>AA</p>
<p>6.2 For Approval: Governance Rationale – (Integrated Business Plan: Appendix 2)</p> <p>AA provided the Trust Board with an update to enable them to review and approve YAS' Governance Rationale – V.24 (Integrated Business Plan (IBP): Appendix 2).</p> <p>She stated that the current Governance Rationale was approved by the Trust Board in September 2013. Once the revised version had been approved, the Governance Rationale, V.24 would be submitted to the NHS Trust Development Authority (TDA) in June 2014 as part of the IBP submission.</p>	

		Action
	<p>It was noted that, other than the changes to Membership targets, which had already been discussed in depth earlier in the meeting, the other changes were relatively minor.</p> <p>Approval: The Trust Board reviewed and approved YAS' Governance Rationale – V.24 (IBP Appendix 2).</p>	
6.3	<p>For Approval: The Foundation Trust Constitution – (Integrated Business Plan: Appendix 3); and For Assurance: Solicitor's Letter of Conformity</p> <p>AA stated that the purpose of her update was to allow the Trust Board to review and approve The Constitution – V.34 (Integrated Business Plan (IBP) Appendix 3) and to note a Solicitor's Letter of Conformity (dated 6 May 2014). Once approved, a revised version of The Constitution, V.34 would be submitted to the NHS Trust Development Authority (TDA) in June 2014 as part of the IBP submission.</p> <p>As it set out the role of the Board of Directors, Council of Governors and details of how the Trust conducted its business, the Constitution was the key document on which governance arrangements would be judged.</p> <p>AA confirmed that the current version of The Constitution (V.33) was approved by the Trust Board in September 2013 and that the amendments proposed were non-material in nature.</p> <p>She further stated that the revised version of the Constitution (V.34) had also been sent to the Trust's solicitors and the accompanying letter of conformity confirmed to the Trust Board that the Constitution was in order, fit for purpose and complied with necessary requirements.</p> <p>BS requested clarity of the information contained in 49.3.2 on page 25, as he was unsure of the meaning.</p> <p>AA agreed to clarify the wording and email the final version to the Board.</p> <p>Action: AA to liaise with the Trust's solicitors re correct wording and format of 49.3.2 and to circulate amended version of the Constitution, V.34 to the Board.</p> <p>Approval: Subject to the potential amendment above, the Trust Board approved The Constitution – V.34 (Integrated Business Plan (IBP) Appendix 3) and noted a Solicitor's Letter of Conformity (dated 6 May 2014).</p>	AA

		Action
	<p>The Chairman stated that she would expect the Constitution to be considered at a YAS Forum meeting, as she would value the Members' comments.</p> <p>AA confirmed that the opportunity to revisit and test out the Constitution was already on the YAS Forum agenda planner.</p>	
7	PERFORMANCE MONITORING	
7.1	<p>Chief Executive's Report and Integrated Performance Report See entry on page 5 of the document.</p>	
7.2	<p>Charitable Funds Committee – Minutes of the meeting held on 6 March 2014 and the Committee Chairman's Report of the Meeting held on 6 May 2014 EM updated the Trust Board regarding the activities of the Charitable Funds Committee.</p> <p>The Community Medical Unit (CMU), which was primarily running in the Leeds area, was being used on a regular basis and a second CMU had also been secured. This would be used in the York area to help with the influx of weekend visitors. EM confirmed that work was on-going with local agencies to support health checks, etc.</p> <p>EM gave an update on the forthcoming Tour de YAS cycle ride which had been arranged to raise funds to enable the Charitable Fund to purchase defibrillator cabinets. She stated that agreement had been reached with the British Heart Foundation that they would provide the defibrillators if the Fund could provide the cabinets.</p> <p>EM confirmed that the Tour de YAS was due to commence on 14 June at Todmorden and end in Hornsea on Friday 20 June, adding that detailed information was available on the YAS website and Intranet.</p> <p>The Chairman thanked EM for her report.</p> <p>Approval: The Trust Board noted the Minutes 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>	
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 stated that, as there had not been an Audit Committee meeting since the last Trust Board Meeting in Public, at which he had provided an update on the March meeting, he did not intend to provide a detailed report that day.</p>	

	Action
<p>The March minutes would be received and a verbal report presented on the July meeting at the July Trust Board Meeting in Public.</p> <p>As Chairman of the Audit Committee, BS confirmed that he was due to attend three meetings on 29 May. These were:</p> <ul style="list-style-type: none"> • To observe a meeting with External Audit (EA) in relation to the closure of the Annual Accounts for 2013/14. • A meeting with EA and the other Non-Executive Directors to gain a more in depth understanding of the contents of the Annual Accounts for 2013/14. • A meeting with the Trust Chairman and Executive Director of Finance to review the Annual Accounts and matters arising as a prelude to an Extraordinary Audit Committee meeting on 3 June 2014 to formally review and challenge the Annual Accounts, External Audit report and Internal Audit report. <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.</p>	
<p>7.4 Quality Committee – Minutes of the meeting held on 6 February 2014</p> <p>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 3 April 2014.</p> <p>A Committee Effectiveness session, facilitated by Internal Audit, had taken place and feedback from this event was on the agenda for June Quality Committee meeting. The feedback would lead to minor amendments to the Committee’s Terms of Reference.</p> <p>Highlights of the April meeting included:</p> <ul style="list-style-type: none"> • an interesting presentation about a cardiac survival initiative; • receipt of a report on the alignment of the NHS Constitution; • updates on the Trust’s Cost Improvement Programme (CIP), Commissioning for Quality and Innovation developments (CQUINs) and Quality Impact Assessments (QIAs); • an update on the annual training plan. <p>In addition, the Committee’s workplan was further reviewed.</p> <p>PD reported that the first ever Operations Quality Review had taken place in April. All Locality Directors had attended and it had been agreed that the review should take place on an annual basis. Areas of good practice and inconsistencies around the region were identified as well as examples of good learning to share.</p>	

	Action
<p>Feedback was given to the Operations group and discussed at Trust Executive Group (TEG) and Senior Management Group (SMG) and an action plan compiled.</p> <p>A Workforce Quality Review, in which EB would be involved, was scheduled to take place on 23 July. A report would be presented at the next Quality Committee meeting.</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>	
<p>7.5 Finance & Investment Committee – Minutes of the meeting held on 6 February 2014.</p> <p>EB updated the Trust Board regarding the activities of the Finance & Investment Committee (F&IC) and outlined the key items covered during the Committee's most recent meeting on 3 April 2014.</p> <p>The meeting noted the Summary of Issues to Trust Board which were outlined on the final page of the minutes of the meeting held on 6 February 2014.</p> <p>EB stated that a highlight of the April meeting was receipt of an update about the deficit reduction and implementation of Service Line Management (SLM) in the Patient Transport Service (PTS) with a further update due at the June meeting.</p> <p>A Committee Effectiveness session, facilitated by Internal Audit, had taken place, feedback from which was on the agenda for the June F&IC meeting. As in the case of the Quality Committee, the feedback would lead to minor amendments to the Committee's Terms of Reference.</p> <p>SP stated that a review of commitments around Board Committees and associated meetings had taken place some time ago. This had reduced the frequency of meetings to free up management time, etc. Since then there had been a number of valuable additional sessions, such as the joint Quality and F&I meetings and he wondered whether the time was right for another review.</p> <p>The Chairman suggested that the corporate calendar should be allowed to run as planned for the current financial year, with a further review to take place towards the end of the year.</p> <p>It was agreed that the situation should continue to be monitored and if, in the meantime, there was an urgent need for any additional meetings, these could be arranged on an ad hoc basis.</p>	

		Action
	<p>The Chairman thanked EB for her update report.</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>	
<p>7.6</p>	<p>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>She stated that there had been less decision-making than there was at some meetings. However, this was the nature of meetings as the financial year drew to a close. There had also not been the healthy debates that took place at other meetings although challenge had been present around aspects of performance.</p> <p>DW stated that the nature of the day's agenda had meant that some of the items had been seen on many occasions previously. However, it was his belief that there had been sufficient challenge when the Integrated Performance Report was considered.</p> <p>JM welcomed the decision to have the Private Trust Board meeting before the Public meeting and it was his belief that the start time of the Public meeting might need to be pushed back further to allow fuller debate if Private meetings had a long agenda.</p> <p>DW agreed that switching the two meetings had worked well.</p> <p>It was agreed that the same timings should be retained for the July Trust Board Meeting in Public.</p> <p>The Chairman suggested that it might reduce the cost of room hire if the pre-meeting presentation could be held in the same room as the main meeting when possible.</p> <p>The Chairman welcomed Associate Director of HR, Kate Simms, who had been observing the meeting, adding that she was pleased to see Associate Directors attending meetings to learn more about the role of the Board.</p>	
<p>8</p>	<p>Regulatory Reports There were no Regulatory Reports.</p>	

		Action
	<p>The Chairman stated that the Board needed to reconvene the earlier Trust Board Meeting in Private.</p> <p>She thanked everyone for attending, adding that she looked forward to seeing the YAS Forum Members again at their training on either 28 May or 17 June 2014.</p> <p>To be resolved that the remaining business to be transacted is 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 meeting closed at 1400 hours.</p>	
9	<p>Dates and Locations of Next Meetings:</p> <p>Extraordinary Trust Board Meeting in Public: 1100-1230, 3 June 2014, Kirkstall & Fountains, Springhill 1, WF2 0XQ - To Receive the Annual Report including the Annual Accounts: 2013/14; Quality Account; Annual Governance Statement: 2013/14.</p> <p>Trust Board Meeting in Public: 1100-1430, 22 July 2014, The Mercure Hotel, Hull, HU1 3UF.</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**