



Minutes of Joint Meeting of Finance & Investment / Quality Committees

Venue: Kirkstall & Fountains, Springhill 1, WF2 0XQ

Date: Thursday 12 June 2014

Time: 1230 hours

Chairman: Dr Elaine Bond

Attendees:

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| Dr Elaine Bond | (EB) | Non-Executive Director (Chairman) |
| Pat Drake | (PD) | Deputy Chairman/Non-Executive Director |
| Dave Whiting | (DW) | Chief Executive |
| Mary Wareing | (MW) | Non-Executive Director |
| Rod Barnes | (RB) | Deputy Chief Executive / Executive Director of Finance & Performance |
| Ian Brandwood | (IB) | Executive Director of People & Engagement |
| Steve Page | (SP) | Executive Director of Standards & Compliance |
| Alex Crickmar | (AC) | Interim Associate Director of Finance |
| Karen Warner | (KW) | Associate Director of Quality |

Apologies:

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| Erfana Mahmood | (EM) | Non-Executive Director |
| Russell Hobbs | (RH) | Executive Director of Operations |
| Dr Julian Mark | (JM) | Executive Medical Director |

In Attendance:

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| Barrie Senior | (BS) | Non-Executive Director (Observer) |
| John Nutton | (JN) | Non-Executive Director – Designate (Observer) |
| Anne Allen | (AA) | Trust Secretary (Observer) |
| Deborah Ridley | (DR) | Portfolio Manager, Transformation (Observer) |
| Jo Halliwell | (JH) | Associate Director, PTS (Item 6 only) |
| Mark Phillips | (MP) | Financial Performance Manager (Item 6 only) |
| Nicola Spence | (NS) | Senior Commercial Finance Manager (Item 6 only) |
| Ben Holdaway | (BH) | Locality Director – EOC (Item 7 only) |
| Helen Cullen | (HC) | Senior Business Finance Manager (Item 7 only) |
| Richard Smith | (RS) | Regional Fleet Manager (Item 8 only) |
| Kunal Soni | (KS) | Corporate Finance Manager (Item 8 only) |

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

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| | The meeting commenced at 1230 hours. | |
| 1.0 | Introduction to meeting EB welcomed everyone to the second joint meeting of the F&I and Quality Committees. | |

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| 2.0 | <p>Apologies / Declaration of Interests / Previously approved minutes of 12 November Joint Committee Meeting Apologies were noted as above and declarations of interest would be considered during the course of the meeting.</p> <p>There were no further matters arising from the previously approved minutes of the joint meeting held on 12 November 2013.</p> | |
| 3.0 | <p>Overview of 2014/15 CIP Schemes – Progress to Date RB presented an update on the 2014/15 CIP schemes tracker and confirmed that the three largest areas in terms of the CIP plan: PTS, Clinical Hub and Fleet, would be considered that day.</p> <p>Any issues and risks in relation to the Clinical Hub would need to be considered in more detail as the organisation moved towards Payments by Result.</p> <p>RB confirmed that, in terms of first month delivery, there had been some slippage in a number of schemes. Meetings would be held with individual management teams to discuss problems in more depth.</p> <p>However, as the Trust had been able to activate some of its reserve schemes, it had managed to pull back month one.</p> <p>RB stated that the fact that the Trust was currently not delivering contractual performance for Red 1 and Red 2 would have a knock on effect, adding that this area would be covered in that afternoon's F&IC meeting in far more detail.</p> <p>EB invited comments from those present.</p> <p>MW noted the different format to that which had been used to track CIPs the previous year and asked whether this would be the information that would be used going forward.</p> <p>RB confirmed that this would be the case.</p> <p>MW stated that she would appreciate the inclusion of a written commentary along lines just set out, as this would help to clarify information in advance of discussion within the meeting.</p> <p>EB expressed concern at the lack of detail on the cover paper which she believed was too light.</p> <p>JN stated that he had concerns about PTS, adding that the slippage would need further discussion during F&IC later that afternoon.</p> <p>PD asked whether Hillsborough be included. SP replied that it was accounted for separately and was not part of that day's work.</p> | |

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| <p>Approval: The Group considered and noted the contents of the 2014/15 CIP schemes tracker.</p> | |
| <p>4.0 Quality Impact Assessment - Progress Update KW presented an update to assure the two Committees of the progress which had been made in completing the Quality Impact Assessment (QIA) of the Cost Improvement Plans (CIPs).</p> <p>She stated that the update would provide an opportunity for the Committees to review and agree the risks and mitigations identified through the QIA process and report on the development and use of early warning indicators relating to the safety and quality of services.</p> <p>KW stated that there was nothing particular to highlight other than DW would continue to chair the CIP Management Group and that Section 5 picked up the issues discussed by the Quality Committee that morning.</p> <p>EB requested information about the timelines relating to performance around the KPIs in PTS mentioned on page 4.</p> <p>RB replied that South had missed a number of KPIs in April although not by much. The intention was to reconsider the rotas in South towards the end of the calendar year which should help to improve performance.</p> <p>EB asked whether any feedback had been received from a patient perspective.</p> <p>RB stated that a recommendation score had been discussed. A meeting had taken place and it had been agreed that the Trust would use its patient group more actively going forward.</p> <p>EB asked whether it was relevant to include information about the monthly monitoring of early warning indicators in discussions with Trade Union representatives (6.4)</p> <p>KW replied that it mainly related to safety information such as safety reporting around meal breaks, etc.</p> <p>DW stated that the QIA and early warning indicator summary position attached at Appendix 1 would need amending to include updates relating to meal breaks and A&E updates.</p> <p>SP stated that the previous month had been challenging for the 111 service. However, the minor problems had been overcome and he was confident that the service would meet its 95% target for the forthcoming month.</p> | |

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| <p>SP further stated that he was working closely with RH on the 'live' A&E performance issue to get underneath issues relating to patient safety, etc, stressing that TEG was very focused on gaining greater assurance and understanding around patient safety.</p> <p>SP stated his belief that the organisation needed to revisit the workforce elements of the schemes listed on the financial tracker. They had been reviewed in terms of QIA but still needed refreshing in terms of any additional changes.</p> <p>He confirmed that emergent issues would be considered in the F&I and Quality Committees as they arose.</p> <p>Approval: The Committees were assured with regard to the current position of the QIA monitoring; noted the findings from the early warning indicators; commented on the key issues highlighted through the QIA process and associated plans for mitigation; and reviewed the risks and mitigations identified through the QIA process.</p> | |
| <p>5.0</p> <p>Claims Report</p> <p>EB stated that, following discussions in both Committees during which further details about claims had been requested, SP had been invited to present an update of the 2013/14 position on claims and their future management at the joint meeting.</p> <p>It was assumed that the paper, which was very helpful in terms of setting the scene, had been read.</p> <p>SP stated that the paper set out the changing landscape around the NHS LA standards and assessment process. Costs were highlighted together with details of the Trust's claims history. This showed both a rising value of claims and an increase in the number of claims.</p> <p>SP stated that clinical negligence claims benchmarked well although within that small number their value was huge. The Trust was also low in terms of public liability claims with no major issues relating to, for example, falls in transit.</p> <p>SP confirmed that the NHSLA took the lead in how larger claims were managed.</p> <p>The Trust's biggest issue was employer liability claims in relation to moving and handling injuries. Claims around the blue response bags had been rising over the past few years. Since 2010 there had been a total of 45 claims relating to the bag with 38 still open.</p> <p>SP stated that motor claims were being proactively managed by outside the NHSLA schemes by the Vehicle Accident and Reduction Manager.</p> | |

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| <p>The number of motor claims had decreased significantly in the past three years and SP provided details of some of the mitigating actions being taken.</p> <p>EB asked RB if he had any comments on the financial aspects of the report.</p> <p>RB replied that his main financial concern was the risk of the increased number of employer liability claims and the cost of the purchase of the new equipment to mitigate these going forward.</p> <p>PD stated her belief that the mitigations in place around the use of the response bag and equipment should make a significant difference over a number of years. She asked how the developments would be monitored, adding that it would be important for the locality directors to have sight of the report.</p> <p>SP stated that this was the first time that a report containing this level of detail had been compiled. It would need to be taken through RAG to the locality directors and was agreed that the Quality Committee should keep 'claims' on its agenda as a standing item.</p> <p>Action: Quality Committee to keep 'claims' on its agenda as a standing item.</p> <p>SP stated that the majority of the issues contained in the report, including trips and slips, carry chair incidents, response bag injuries, etc featured in RAG.</p> <p>PD asked whether there would be an opportunity to share information with staff about the Trust's ongoing MSK work to help reduce injuries and therefore claims.</p> <p>DW agreed that this was a good idea which he would look into further.</p> <p>Action: SP and JM to produce an update bulletin for staff re the Trust's ongoing MSK work to help reduce injuries.</p> <p>EB asked if there was anything else that the Trust needed to do in terms of support for resourcing (7.4).</p> <p>SP replied that further actions had already been taken action. Danielle Conway had been appointed as temporary manager of the Legal Services team and was doing a good job. In addition, agreement had been reached to employ a band 5 co-ordinator to provide additional support with the intention to save that cost later on further down in the structure.</p> | <p>PD/SP</p> <p>SP/JM</p> |

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| | <p>EB thanked SP for his helpful report, which had been thorough and easy to read.</p> <p>Approval: The Committees noted the contents of the report and were assured that claims were being effectively managed.</p> | |
| 6.0 | <p>PTS EB welcomed JH, MP and NS to the meeting.</p> <p>EB stated that she struggled to see any movement in the PIDs provided between the previous and current meetings and the only PID in which she could see version control was the Fleet PID.</p> <p>RB confirmed that PIDs should be updated as the nature of each CIP scheme changed.</p> <p>EB replied that she was unable to see anything that guided her in terms of progression, etc.</p> <p>JH stated that one PID had been delivered for the overall PTS programme with individual PIDs being developed under the original umbrella scheme.</p> <p>EB asked whether similar questions had been raised at the CIP Management Group meetings.</p> <p>DW replied that no specific mention had been made of progress updates and version control and agreed to take the issue back into the CIP Management Group.</p> <p>Action: DW to raise issue of progress updates and version control of PIDs at next CIP Management Group meeting.</p> <p>JH presented an overview of the PTS CIP scheme.</p> <p>She stated that the scheme focussed on the workforce rota changes with its reduction in overtime expenditure and sub-contractor spend. The largest value part of the overall scheme was the Volunteer Car Service, which was currently being expanded.</p> <p>JH further stated that PTS was also looking into the generation of new income through expanding its on-day and discharge services. She confirmed that PTS currently had around £600k of the 2014/15 CIP requirement still to define with various schemes being considered.</p> <p>Income opportunities linked to further expansion of dedicated discharge, urgent services, GP transport and end of life care were also being considered.</p> | DW |

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| <p>JH stated that the PTS Project Group, which was led by RB, met fortnightly. Detailed Policy Deployment Matrices and project plans had been agreed for all schemes alongside project owners and leads and all CIP targets had been built into operational budgets.</p> <p>In terms of CIP achievement, NS stated that three schemes had already started to deliver.</p> <p>1 South – Subcontractor spend reduction had been achieved in months 1 and 2, with very few private providers being booked. The saving was more than forecasted due to run rates prior to April being higher than originally forecasted.</p> <p>JH stated that no negative feedback had been received to date from either a financial or quality perspective.</p> <p>2 New Contracts – The net benefit of the continuation of the Calderdale and Huddersfield 24/7 trial and the Hull On Day Discharge contract had been recognised in May amounting to £17k.</p> <p>EB asked whether progress was being masked by a lack of negative feedback.</p> <p>JH acknowledged that this could possibly be the case, adding that a number of meetings with patients and staff were being organised to look into this further.</p> <p>3 VCS – Recruitment was required to sufficiently fill the pool of available and active volunteers as there were not currently enough active drivers to meet the full year CIP. As recruitment completed it was planned to exceed the targets set in the forecast trajectory.</p> <p>JH stated that although PTS was currently behind with delivery it was believed that this was merely a phasing issue.</p> <p>JH provided an update on the current rota changes and key milestones. She stated that Hull and East Yorkshire were the next rotas to go live, at the beginning of July, although there were still a couple of individual issues to overcome.</p> <p>JH explained the VCS tracker to those present, adding that if there were any questions she would be happy to answer these outside the meeting.</p> <p>In terms of budget versus I&E savings, NS stated that it was believed that some areas being considered could produce a saving.</p> <p>For example, in the South the sub-contractor CIP can be delivered but not against budget and compared to the spend levels in 2013/14, the Trust could significantly reduce spend thus creating an I&E CIP.</p> | |

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| <p>JH stated that, in terms of Quality Assurance the VCS QIA had been revisited and developed further and a QIA relating to the impact of the rota changes had been developed for each scheme. In addition, the performance cell monitored performance, people, quality indicators and finance on a fortnightly basis and currently no adverse impact had been identified from scheme implementation.</p> <p>It was JH's belief that greater impact would be seen in terms of the smaller elements as these could cause potential problems and kick back from front line staff, staff side, etc.</p> <p>JH provided an update in relation to the management of risk, adding that, from a quality position, there had been:</p> <ul style="list-style-type: none"> • a 2% reduction in resources delivering activity between 2012 and 2014; • a 1.1% increase in patients arriving on time; • a 0.9% increase in patients collected within 60 minutes post appointment; • an upward trend in contractual performance eg 2.4% East and 4% North across all KPIs during 2013/14. <p>JH acknowledged that the programme remained challenging with significant further work still required. However, to date, quality had not been adversely impacted.</p> <p>JN stated his belief that, in spite of the many issues that still needed to be tackled and the limited resources available, PTS was making encouraging progress.</p> <p>PD stated that the presentation style was very helpful and clear.</p> <p>It was agreed that JH would update the PID and circulate to those present and that the September meeting of the Quality Committee would pick up on the quality issues highlighted by JH.</p> <p>Actions: JH to update and circulate the PID to Committee members.</p> <p>Potential quality issues to be picked up at September Quality Committee meeting.</p> <p>EB thanked JH, MP and NS for an informative presentation, adding her belief that there was currently much more focus, detail and communication with managers.</p> <p>JH, MP and NS left the meeting.</p> <p>Approval: The Committees noted and considered the content of the PID in conjunction with the presentation on CIP delivery.</p> | <p>JH</p> <p>PD/SP</p> |

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| 7.0 | <p>Clinical Hub EB welcomed BH and HC to the meeting to present an overview of the Clinical Hub CIP scheme.</p> <p>BH stated that the highlights of the CIP scheme were that:</p> <ul style="list-style-type: none"> • it was an efficiency saving not a cash reducing scheme; • cash was delivered through overtrade assumptions; • its value in 2014/15 was £1.2m; • in 2013/14 it had delivered £1.7m; • its methodology had changed. <p>In 2013/14 the methodology was built on the number of incidents closed by the hub but in 2014/15 this had changed to the total number of jobs closed.</p> <p>BH stated that the scheme had been above trajectory for most of 2013/14 and outlined details of the expected trajectory for 2014/15.</p> <p>He presented the benchmarking figures between ambulance trusts for their Hear and Treat services, about which EB stated she would welcome further information.</p> <p>BH stated his belief that it was time to start considering outcomes rather than numbers. YAS' WTE within the Hub was the lowest across any of the trusts and it was his recommendation that resource should be shifted to address this issue.</p> <p>Highlights of the project plan included:</p> <ul style="list-style-type: none"> • the new Team Management structure, would be a significant step forward for EOC and enable further development; • the recruitment to establishment (24 WTE) should be completed by August, which was slightly ahead of plan; • a specific Training & Development telephone triage package had been developed with York University as it had proved very difficult to source a training package; • individual performance reports; • improved referrals options; • access to alternative systems – DoS; • a peer review with North West and/or London who were similar to YAS. <p>BH stated that the Quality Impact Assessment had identified three risks:</p> <p>Impact on clinical quality - telephone triage might deliver poor outcomes if procedures for staff training were inadequate.</p> <p>This risk would be mitigated by ensuring robust procedures and training delivery with an ongoing audit of processes.</p> | |

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| <p>Impact on patient safety – there would be a potential impact on face to face care if the triage process was ineffective. This risk would be mitigated by the monitoring of operational KPIs and early warning indicators.</p> <p>Impact on patient and carer experience - some patient groups might be adversely affected by receiving telephone rather than face to face care. This risk would be mitigated by undertaking a review of the needs of specific patient groups and the monitoring of the patient experience survey.</p> <p>The Quality Indicators used were:</p> <ul style="list-style-type: none"> • QI Re-contact Rate following Telephony advice; • Complaints & Incidents following Heat & Treat outcome; • Patient satisfaction Survey; • Percentage of calls closed through telephony advice. <p>BH listed the ongoing risks to the scheme, which included:</p> <ul style="list-style-type: none"> • a 25% increase on the previous year's out turn; • the fact that the Trust's current establishment was lower than other Trusts accompanied by the lead in time to recruit; • the ability and/or willingness of staff to rise to the challenge; • the provision of suitable Training and Development; • potential clash of priorities as RED assessment needed 2/3 24/7 on REDs; • access to referral pathways including DoS; • no new pathways being created; • the operating model did not 100% support abort rates – arrive on scene • questions about the original assumptions made when it was stated that 100% of Green 3 & 4 would be assessed and 20% of Green 1 & 2 would be assessed and closed. <p>DW asked whether BH was confident that he could manage the Green calls, taking into account the Red pressures.</p> <p>BH replied that some people were being specifically trained for one purpose whilst others were being trained for the other with the ultimate aim to cross-train all staff.</p> <p>EB thanked BH for a very helpful update.</p> <p>It was agreed that he should update the original PID and circulate it to those present with track changes and a more detailed cover paper.</p> <p>Action: BH to update PID using track changes and to circulate updated document with a more detailed cover paper to those present.</p> | <p style="text-align: center;">BH</p> |

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| <p>Approval: The Committees noted and considered the content of the PID in conjunction with the presentation on CIP delivery.</p> <p>BH, HC and IB left the meeting.</p> | |
| <p>8.0</p> <p>Fleet EB welcomed DR, RS and KS to the meeting to present an overview of the Fleet vehicle reduction and department review, the total value of which was £789,912k.</p> <p>PTS Replacement Vehicles - £260,000 RS stated that the milestones of this section of the review were:</p> <ul style="list-style-type: none"> • introduce 33 new replacement PTS vehicles (in place - May 2014); • subject to Trust Board approval, the purchase of 124 x 7yr old existing leased vehicles using Capital funds at the end of their lease (October 2014 - March 2015); • 125 of the oldest PTS Vehicles (aged between 9-14yrs old) to be disposed of; • 100 x new replacement PTS vehicles in to be leased and introduced (October 2014 – March 2015); • savings would include fuel efficiency benefits and lower maintenance costs. <p>DR stated that the corporate image of the Trust would also improve due to the provision of a younger fleet.</p> <p>Vehicle Insurance RS stated that, as the result of improvements to the Fleet accident reporting process to Insurance providers and the more accurate risk profiling of vehicle accident claims, the Trust had received a non-recurrent rebate of £216k.</p> <p>He further stated that vehicle insurance across National Ambulance Services was due for retender later that year so YAS would be looking for opportunities to reduce future years funding. Savings would include reducing YAS’ “fund pool”.</p> <p>Fleet Maintenance Income Generation Efficiencies would be introduced across the Fleet maintenance department.</p> <p>RS stated this item would be back loaded. The purchase of new vehicles would lead to a reduction in the time which had to be spent on the maintenance of YAS’ vehicles and therefore release spare capacity which could be focussed on Income Generation activities</p> <p>It was expected that YAS’s main customers would be the leasing companies who leased their vehicles to the Trust plus a few NHS trusts in South Yorkshire.</p> | |

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| <p>RS confirmed that Fleet “overachieved” on its £225,000 income generation target by £25,000 in the 2013/14 financial year.</p> <p>Reduction in Fleet RS stated that a review of the overall support vehicle fleet had been required. The fleet had already been reduced from 41 vehicles to 33 and in addition, the introduction of 16 “support van” vehicles was now complete.</p> <p>On review of the overall fleet, “Support” had an allocation of 20 vehicles many of which were very old and not used regularly or unreliable.</p> <p>Savings included efficiencies in maintenance, insurance and fuel and an overall reduction in Fleet.</p> <p>Removal of On-Call payments RS stated that, historically, fleet mechanics had been paid on-call. Fleet maintenance operated across nights and weekend working to reflect support for YAS’ 24/7 operation and the on-call element had not been reviewed and/or removed.</p> <p>All appropriate staff had now been consulted with and the payments had ceased so the proposed savings had been delivered.</p> <p>Fleet staff and Overtime DR stated that the newer, more reliable vehicles within PTS would reduce the Fleet maintenance need thus releasing spare capacity. Recruitment would take place for the remaining vacant mechanic posts, with two posts to be removed.</p> <p>Switch to Van Conversions RS stated that the switch to van conversions between Quarter 2 and Quarter 4 would lead to major savings in Capital charges, fuel efficiency and reduced maintenance.</p> <p>RS confirmed that the overall year to date position in relation to the Fleet CIP was around £20k behind. However, this was around income generation which was more back-loaded.</p> <p>PD stated that the presentation had been very good and from a quality and safety perspective the improved state and condition of PTS vehicles should improve the quality of the service.</p> <p>SP stated that it was a good presentation with Fleet managing to make savings and improve the quality of service at the same time and asked how the Trust would ensure that the reduction in vehicles did not have a negative effect on quality.</p> <p>DR replied that 6 additional mechanics were being recruited in-year.</p> | |

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| | <p>In addition, income generation should provide the pot of money required to recruit any additional people required to deal with further income generation so there would be no negative impact on quality of service.</p> <p>RS stated that several enhanced APIs had been implemented which focussed on the workshops. Vehicles in excess of 9 years old were far more likely to need a workshop visit and cost 44% more to run.</p> <p>EB thanked DR, RS and KS for their informative update report. She stated that she was encouraged from a Fleet perspective and the update showed a lot of positive movement in the right direction.</p> <p>Approval: The Committees noted and considered the content of the PID in conjunction with the presentation on CIP delivery.</p> | |
| 9.0 | <p>Closing Comments EB acknowledged that the meeting had been rushed in places due to the agenda's tight timescales and asked whether anything could be done better to ease this in future.</p> <p>PD suggested that it would have been helpful to have received the presentations beforehand.</p> <p>The meeting closed at 1400 hours.</p> | |
| 10.0 | <p>Date and Time of Next Meeting: 1230-1400 hours 5 February 2015, Kirkstall and Fountains, Springhill 1, WF2 0XQ</p> | |

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**