

**UNAPPROVED MINUTES****EXTRAORDINARY PUBLIC BOARD OF DIRECTORS' MEETING****Details:****5 April 2012, 9.00 hours**Meeting Rooms 1 and 2, Trust Headquarters, Horizon Place, Mellors Way,
Nottingham Business Park, Nottingham, NG8 6PY**Members:**

Jon Towler	<i>JT</i>	Chairman (Meeting Chair)
Gary Austin	<i>GA</i>	Non Executive Director
Stuart Dawkins	<i>SD</i>	Non Executive Director
David Farrelly	<i>DF</i>	Deputy Chief Executive
James Gray	<i>JG</i>	Medical Director
Phil Milligan	<i>PJM</i>	Chief Executive
Gill Newton CBE	<i>GN</i>	Non Executive Director
Peter Ripley	<i>PR</i>	Director of Operations
Andrew Spice	<i>AS</i>	Commercial Director
Pauline Tagg MBE	<i>PT</i>	Non Executive Director
Dermot Toberty	<i>DT</i>	Non Executive Director
Ian Turnbull	<i>IT</i>	Acting Director of Finance and Performance

Attendees:

Richard Henderson	<i>RH</i>	Assistant Director of Operations/Transformation
Karen Sullivan	<i>KS</i>	Trust Secretary
Robert Walker	<i>RWk</i>	Head of Communications

All attendees to this meeting must be aware that access may be given to all minutes and associated documents under the Freedom of Information Act 2000.

The following policies / procedures were approved at this meeting:		Version	ID Code
a	No policies/procedures were approved at this meeting		

Minutes		Action
PB/12/58	CHAIRMAN'S WELCOME AND INTRODUCTION	
	<p>Jon Towler opened the meeting and explained that an Extraordinary Board Meeting was being held to consider the Trust's key strategic documents following recent agreement of the 2012/13 contract with commissioners. He welcomed Ian Turnbull to the meeting who was Acting Director of Finance and Performance following Brian Brewster's retirement. He also welcomed Richard Henderson, Assistant Director of Operations/Transformation.</p> <p>The Trust needed to achieve significant efficiencies which were addressed in the papers on the agenda. The Board would need to ensure that the impact on quality was considered by the Board and that the Trust had the capacity and capability to deliver the proposals.</p>	

PB/12/59	APOLOGIES	
	Apologies were received from: <ul style="list-style-type: none"> • Karen Glover, Director of Nursing and Quality • Kerry Gulliver, Acting Director of Workforce 	
PB/12/60	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
PB/12/61	QUESTIONS FROM THE PUBLIC RELATING TO THE AGENDA	
	There were no questions from the public.	
PB/12/62	CHIEF EXECUTIVE'S REPORT	
	Phil Milligan informed the Board that the Health and Social Care Bill had received Royal Assent to become the Health and Social Care Act 2012. Further information on the implications for the Trust would begin to emerge over time.	
STRATEGY & POLICY		
PB/12/63	OVERVIEW OF TRUST CHANGE PROGRAMME	
	<p>Phil Milligan made a presentation to the Board on the Trust's Change Programme, entitled Becoming the Best Ambulance Service. He explained that further work was required to add detail to the programme and both staff and members of the public would be asked to assist in shaping the plan.</p> <p>The key aim of the change programme was to improve response times as quality was already satisfactory. There was a move towards community care throughout the NHS and EMAS had a key role in this through ensuring patients received the correct care and by not transferring patients to hospital where this was not clinically appropriate.</p> <p>The Trust was also looking at its estate as many of its ambulance stations were not in a good condition and there was vacant space in some buildings. The intention was to replace ambulance stations with hubs where staff would collect and return their vehicle at the start and end of shifts and where they could obtain team leader support.</p> <p>The proposed management structure would ensure that clinical leadership was embedded at every level of the organisation and ensure clear accountability. The proposal was to move from six divisions to four: Lincolnshire; Derbyshire and Nottinghamshire; Leicestershire, Rutland and Northamptonshire; and Operations Centres.</p> <p>In response to a question from Gill Newton, Peter Ripley confirmed that existing staff had the necessary skills to increase the level of Hear and Treat and See and Treat cases but would need further training. It would be possible to deliver the performance improvement by the end of 2012/13.</p> <p>James Gray noted that staff would need to be supported in making an appropriate decision about whether to convey a patient to hospital.</p> <p>In response to a question from Gary Austin, Phil Milligan confirmed that the</p>	

<p>Trust was currently in discussion with the Clinical Commissioning Groups (CCGs) regarding increasing non-conveyance rates. The CCGs were supportive of this approach. There were also some elements of this approach embedded within the contract structure for 2012/13. The extent to which it could be achieved currently varied across the region however, as the primary care infrastructure was more established in some areas.</p> <p>In response to a query from Dermot Toberty, Phil Milligan assured the Board that the proposed changes would allow staff to make greater use of their skills which was a matter that a number of employees had been raising.</p> <p>Pauline Tagg noted that the benefits of the proposal would need to be stressed in the consultation, including the improvement in patient service. It would also be useful to make reference to other ambulance services using this approach. It would be important to get feedback from users before implementation and a communications plan would be required to facilitate this.</p> <p>Jon Towler noted that the paper did not provide evidence that the proposals would deliver performance. This assurance was needed.</p> <p>Stuart Dawkins noted that the impact of the proposals on the cost to the health community should be identified.</p> <p>Gill Newton noted that the report did not explain how the Trust was meeting the needs of the diverse population within the region.</p> <p>Phil Milligan noted that the Trust would consult with staff, Overview and Scrutiny Committees, commissioners and Members of Parliament over the next two or three months. Gary Austin requested that the Trust's members be included in the consultation process.</p> <p>It was agreed that a proposal for formal consultation, mainly in relation to estates issues would be presented to the Board in July.</p> <p>Gill Newton noted that police and fire services were looking at sharing facilities to improve access to the public. She proposed that the Trust consider sharing facilities with other emergency services.</p> <p>It was noted that further work was required to identify the cost implications of the Operations Management Review shown in appendix 4. Staff would be consulted on the proposals while this information was being generated.</p> <p>Dermot Toberty requested that the reporting lines in figure 2 page 12 of appendix 4 be clarified. He also asked that links between headquarters functions, the divisions and localities be clearly shown in the document.</p> <p>The Board discussed the role of the team leader and the appropriate size of teams. The proposals would ensure sufficient time was identified to undertake management functions, while making more resources available for front-line services. It was stressed that job roles needed to be clarified prior to consultation being undertaken.</p> <p>In response to a query from Jon Towler, David Farrelly confirmed that consultation on the management structure would be undertaken in July at the same time as the consultation on the service model. Engagement with staff would proceed prior to that.</p> <p>In considering the proposed committee structure in appendix 5 the Board requested further clarification on which groups would take on responsibility for the work currently undertaken by the sub committees of the Audit Committee and Quality and Governance Committee. Particular concern was expressed about responsibility for information governance in the new structure. Minor amendments were also required to the terms of reference of</p>	<p>PR</p> <p>PR</p> <p>PR</p> <p>PR</p> <p>PJM</p> <p>AS</p> <p>PR</p> <p>PR</p> <p>KS</p>
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	<p>the assurance committees as they would no longer be able to establish sub committees. Further clarification was also required to the terms of reference of the Trust Executive Group to clarify its role. An update would be provided to the May meeting of the Board.</p> <p>Jon Towler noted that the Transformation and Service Board was not included within the diagram showing the committee structure.</p> <p>Gill Newton requested the inclusion of key performance indicators in the Workforce Strategy which formed appendix six of the report. Dermot Toberty requested information relating to engagement and leadership capability to be added to that document.</p> <p>The Trust Board approved:</p> <ul style="list-style-type: none"> • the service delivery model subject to the additional information requested • the operating model subject to the additional information requested • the committee structure and terms of reference for the Audit Committee, Governance and Quality Committee, Investments Committee, Charitable Funds Committee and Remuneration and Nominations Committee subject to the requested amendments • the workforce strategy and workforce transition plan subject to the requested amendments • agreed that the Trust should enter into a period of engagement on the proposals with staff and other stakeholders. <p>It was agreed that subsequent agenda items would be reordered as this would provide a better link between papers.</p>	<p>KS</p> <p>KGu</p>
PB/12/65	ACHIEVING PERFORMANCE	
	<p>Peter Ripley presented a report which set out the key actions to meet the A8 and A19 targets. He noted that this would be a significant challenge as the Trust had not met the A19 target in the last two years.</p> <p>In response to a query from Pauline Tagg, Peter Ripley confirmed that there were detailed plans for the actions listed in the report.</p> <p>In response to a question from Gary Austin, Peter Ripley stated that increasing productivity through putting resources back into the system, automatic dispatch and clock start were the main things which would make the A19 target achievable.</p> <p>In response to a query from Gary Austin, Peter Ripley confirmed that the proposed management structure had been discussed with divisional managers and they were in agreement with the proposals.</p> <p>In response to a query from Jon Towler, Peter Ripley confirmed that the action plan was designed to meet A8 and A19 targets from the point in time onwards.</p> <p>Dermot Toberty requested further information to be added to the plan to include clarification of the dates, names to be inserted rather than job titles and information on how progress would be monitored.</p> <p>Stuart Dawkins noted that the Board had previously discussed whether there was sufficient resource to meet the targets and enquired whether the plan resolved this issue. Peter Ripley stated that he considered the service to be under-resourced. An independent review was underway to consider this. Peter Ripley noted that it would be a challenge to meet the targets without</p>	<p>PR</p>

	<p>additional funding, particularly if the winter was severe.</p> <p>The Trust Board approved the Improving Service Delivery Plan for 2012/13.</p>	
<p>PB/12/64 and PB/12/66</p>	<p>CONTRACTING UPDATE AND FINANCIAL PLANNING</p>	
	<p>It was agreed that items PB/12/64 and PB/12/66 would be considered together as they were inter-related.</p> <p>Andrew Spice informed the Board that he had been negotiating the 2012/13 contract with East Midlands Procurement and Commissioning Transformation (EMPACT). The contract had been agreed on broadly the same baseline as 2011/12 with a slightly increased volume, namely 5% additional calls and a 25% increase in Hear and Treat.</p> <p>EMAS had requested funding to incentivise performance achievement. This had been agreed but was built into the contract and was not additional funding. A payment of £112.76 would be made for every safe avoidable conveyance. This would be paid at the end of the year in one payment.</p> <p>There was an additional 1% of CQUIN funding in 2012/13.</p> <p>The Trust had applied for local transformational funding which was non-recurrent and which would be used to support performance while trialling activities. A figure of £1 million had already been agreed and it was hoped to obtain an additional £800,000.</p> <p>Andrew Spice assured the Board an agreement had been signed which protected the Trust against the £1.5 million PTS transition costs.</p> <p>Andrew Spice informed the Board of a scheme to address turnaround which had been introduced by commissioners. Penalties would be applied to acute trusts where they failed to meet turnaround targets. Fifty per cent of the penalty would be paid to EMAS and 50% would be used for initiatives to be agreed with the acute trusts. A figure of £300,000 had been included in EMAS' budgeted income in respect of this scheme.</p> <p>Ian Turnbull presented the Financial Plan 2012/13. A supplementary paper had been issued prior to the meeting to reflect the agreement made with the commissioners. The plan included a 1% contingency and predicted a 1% surplus. It included all contractual changes which Andrew Spice had outlined, inflationary cost pressures, the Cost Improvement Programme (CIP) and Patient Transport Services (PTS) exit costs. It did not include any performance funding above the baseline, any expenditure arising from the proposed reorganisation or the outcome of the independent review. Ian Turnbull informed the Board that there was a high level of risk within the plan.</p> <p>In response to a query from Stuart Dawkins, Andrew Spice assured the Board that it would be acceptable to operate different systems from the two sites when implementing Pathways. He also confirmed that the changes in timing to the Pathways implementation would not impact on the 111 bids or achievement of the Hear and Treat target.</p> <p>In response to a query from Stuart Dawkins, Andrew Spice confirmed that the reduction in expenditure between 2011/12 and 2012/13 was accounted for by £1.5 million relating to the Accident and Emergency reorganisation and Pathways expenditure which had not been incurred.</p> <p>Andrew Spice informed the Board that the terms of reference for the independent review arranged with EMPACT had not yet been finalised.</p>	

	<p>Pauline Tagg noted that in producing the budget an assumption had been made that income would be generated from acute trusts not meeting turnaround targets. She also noted that if the Trust did not achieve the non-conveyance targets this would have an impact on income.</p> <p>Jon Towler sought assurance that the non-conveyance target could be met. James Gray confirmed that this was achievable with the current staff if training was provided. A tool to assist with assessments was being introduced that month.</p> <p>Gill Newton noted the need to increase the number of Emergency Care Practitioners (ECPs) but it would not be known until the middle of the year how this would be achieved. It was noted that it took one year to train ECPs and there was no funding to provide training in 2012/13.</p> <p>It was agreed that non-conveyance income would be profiled monthly to enable monitoring against the budget.</p> <p>It was agreed that Ian Turnbull would provide information on CIP showing the link between the figures for 2011/12 and 2012/13 for the Board Development session on 17 April.</p> <p>In response to a query from Jon Towler, Andrew Spice confirmed that the CQUIN figure for 2011/12 was £1.9 million. An amount of £3.3 million had been included in the plan for 2012/13. A figure of £200,000 was already included in the budget for expenditure on the Pathways project. A significant amount of expenditure would be required to implement the Thermometer initiative. The other elements of the CQUIN would require only modest amounts of expenditure. In total no more than an additional £200,000 would be required from the CQUIN income to cover related expenditure.</p> <p>Phil Milligan noted that the capital plan included within the report was indicative and would need to be scrutinised further by the Executive Team. The Investments Committee would then consider and approve the capital plan. It was agreed to amend the recommendation in the report accordingly.</p> <p>In response to a query from Jon Towler, David Farrelly confirmed that the draft Long Term Financial Model would be presented to the Board on 28 May with final approval in July.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> • considered the update report on the Accident and Emergency contract for 2012/13; • considered and approved the: <ul style="list-style-type: none"> • 2012/13 Financial Plan; and • 2012/13 Revenue Budget; and • considered the 2012/13 Capital Programme and delegated authority to the Investments Committee to approve it following amendment. 	<p><i>IT</i></p> <p><i>IT</i></p> <p><i>IT</i></p>
PB/12/67	ANNUAL PLAN	
	<p>David Farrelly presented the draft Annual Plan. The document had been presented to the Strategic Health Authority on 30 March. Further work was required to develop the plan. It would be presented to the Board Development Session on 3 May and the Board meeting on 28 May.</p> <p>The Trust Board considered the draft Annual Plan prior to submission of the final version for approval at a later date.</p>	<i>DF</i>

PB/12/68	STRATEGY OVERVIEW	
	<p>David Farrelly provided an update on the development of strategies.</p> <p>It was agreed that the approval date for the Fleet Strategy needed to be amended.</p> <p>The Trust Board received the strategy overview paper and noted the progress against each policy.</p>	DF
FOR INFORMATION		
PB/12/69	ANY OTHER BUSINESS	
	No other items of business were raised.	

The meeting finished at 12.20 pm.

Details of the Next Meeting

The next formal meeting will be held on 28 May 2012 at 10.00 hours in Meeting Rooms 1 & 2 at Trust Headquarters, Horizon Place, Nottingham Business Park, Nottingham