East Midlands Ambulance Service NHS
NHS Trust

PB/12/35

UNAPPROVED MINUTES
PUBLIC BOARD OF DIRECTORS' MEETING

Details: **23 January 2012, at 13.00 hours**
Meeting Rooms 1 & 2, Horizon Place, Mellors Way, Nottingham Business Park, Nottingham, NG8 6PY

Attendees:

Jon Towler	*JT*	Chairman (*Meeting Chair*)
Gary Austin	*GA*	Non Executive Director
Brian Brewster	*BB*	Director of Finance & Performance
Stuart Dawkins	*SD*	Non Executive Director
David Farrelly	*DF*	Deputy Chief Executive
Karen Glover	*KGl*	Director of Nursing & Quality
James Gray	*JG*	Medical Director
Kerry Gulliver	*KGu*	Acting Director of Workforce
Karen Kanee	*KK*	Acting Trust Secretary
Phil Milligan	*PJM*	Chief Executive
Gill Newton CBE	*GN*	Non Executive Director
Peter Ripley	*PR*	Director of Operations
Andrew Spice	*AS*	Commercial Director
Pauline Tagg MBE	*PT*	Non Executive Director
Dermot Toberty	*DT*	Non Executive Director

In Attendance:

Cheryl Crocker		Director of Quality & Patient Safety, Nottingham Clinical Commissioning Groups
Rebecca Long	*RL*	Governance Advisor (minute taker)
Jackie Markham		Executive Assistant
Suzette Woodward		Director of Patient Safety, National Patient Safety Agency

Apologies: None received

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/12/01	**CHAIRMAN'S WELCOME AND INTRODUCTION**	
	Jon Towler welcomed Board members and public observers to the meeting and Andrew Spice, who assumed the post of Commercial Director on 03	

	January 2012, was introduced. Documents were distributed in order to conduct a Board Self-Assessment; documents should be completed and returned to the Governance Team by 27 January. The self-assessment will be repeated during Q3.	***All***
PB/12/02	**APOLOGIES**	
	No apologies for absence were received.	
PB/12/03	**DECLARATIONS OF INTEREST**	
	Jon Towler invited all members of the Board of Directors to declare any interests in relation to the items to be considered at the meeting. No declarations were received.	
PB/12/04	**QUESTIONS FROM THE PUBLIC RELATING TO THE AGENDA**	
	No questions from the public were received prior to the meeting.	
PB/12/05	**MINUTES OF THE LAST MEETING**	
	The minutes of the meeting held on 28 November 2011 were agreed as an accurate record, subject to the following amendments: • **Page 1, In Attendance** – Robert Walker should be removed from the 'In Attendance' list • **Page 7, PB/11/036, Quality Strategy** – paragraph 3 should be amended to read:' Pauline Tagg felt that the Strategy was very readable; however, information on the culture of the Trust and how ~~this will be improved~~ ***the Trust will continuously improve*** was missing from the document'.	
PB/12/06	**MATTERS ARISING ACTION LOG**	
	The Public Board Action Log was reviewed. • ***Action 01 - from October 2010 – Item to be taken to Clinical Quality & Governance Committee (now the Quality & Governance Committee) on how policy concerns will be addressed:*** This is an agenda item for the QGC on 06 February. • ***Action 02 – January 2011 – Community Engagement gap analysis to be undertaken at the end of the year:*** Will go to Operations Committee and be signed off by the Executive Team without coming to the Board. Stuart Dawkins queried if anything on community engagement had come to Board, to inform new Non-Executives. David Farrelly reported that this was part of the wider stakeholder strategy which will be completed by end January and will be presented at the March Board. Action closed. • ***Action 03 – from July 2011 – Niro Siriwardena to be invited to attend Board development session:*** Attended on 19 December 2011. Action closed. • ***Action 04 – from September 2011 – Indicative completion date required for operational demand modelling:*** A meeting has been held with potential software provider and is part of a wider review of	

Operations; timescale for completion is March 2012.

- ***Action 05 – from September 2011 – detailed proposals relating to A19 performance to be submitted to Transformation Programme Board for further debate:*** Detailed action plans have been developed and included in the response to the contract query. Action closed.
- ***Action 06 – from September 2011 – detailed proposals and A19 penalty options and 'hear and treat' (HAT) payment to be constructed for discussion at the next Board development session:*** penalty options have been discussed at the Contract Management Board (CMB). CEO has contacted commissioners regarding inclusion of HAT activity in new contracting arrangements. Action closed.
- ***Action 07 – from September 2011 – process around risks coming through Executive Team to be reviewed:*** discussed at Executive Team meeting (05 December); will be included in the wider review of the Board Assurance Framework (BAF) which is to be discussed at the February Board development session and reported at the March Board meeting.
- ***Action 08 – from September 2011 – lease versus purchase to be critically analysed and submitted at the next meeting of the Investment Committee:*** next Investment Committee is not until February.
- ***Action 09 – from November 2011 – PID for NHS Pathways to be circulated to Non Executive Directors:*** PID has been circulated. Action closed.
- ***Action 10 – from November 2011 – Register of Interests to be amended as agreed:*** agreed amendments and corrections completed. Action closed.
- ***Action 11 – from November 2011 - feedback on Quality Strategy to be taken into consideration:*** feedback was incorporated as appropriate. Action closed.
- ***Action 12 – from November 2011 – classifications to be shown on Trust documents:*** guidance on classifications has been circulated. Action closed.
- ***Action 13 – from November 2011 – Feedback on Winter Plan to be sent to Peter Ripley:*** feedback has been incorporated as appropriate. Action closed.
- ***Action 14 – from November 2011 – Analysis to be conducted on Clinical Quality Indicators to determine why the Trust is an outlier [in respect of Time to Treat]:*** work has been undertaken to understand if this is a recording problem. Reviewed national criteria, which showed that EMAS are generally on a par with others. Benchmarking is to be done against another service later this week. This should show if this is an issue of interpretation. Definitive answer should be available at the March Board meeting. Gary Austin requested information prior the March Board to avoid carrying the issue forward to the next financial year; Agreed that information would be given at the February development meeting.
- ***Action 15 – from November 2011 – IBR, IPC, consideration to be given to development of a short (A4 size) bulletin which could be***

	displayed in stations to communicate key IPC information: This was discussed at the Executive Team meeting on 05 December. Brian Brewster will lead a task & finish group to determine what key performance indicators should be included and how these will be disseminated at local level. Outcomes are expected by the end of February 2012. • ***Action 16 – from November 2011 – IBR/Budget Setting – accrual of reserves against penalties and legacy pay issues to be discussed by the Audit Committee:*** This was discussed by the Audit Committee. Action closed. • ***Action 17*** **– from November 2011 – Clinical highlight report; consideration to be given to feedback received:** feedback has been incorporated as appropriate. Action closed. • ***Action 18*** **– from November 2011 – BAF: Non compliance with CQC Outcome 12 to be added to the Corporate Risk Register:** This has been completed. Action closed. • ***Action 19*** **– from November 2011 – BAF; modified proposal for the BAF to be submitted to Exec Team on 05 December and QHC on 06 December; feedback to be reported at the next Board meeting:** discussed by Exec Team and QGC. On the agenda for this Board meeting. Action closed. • ***Action 20 – from November 2011 – Falls Response Service; letter of thanks to be issued to staff leading the project:*** Letter was sent to the relevant members of staff. Action closed. Outstanding items (Actions 01, 04, 07, 08 and 14)will be carried forward on the Public Board Action Log. It was agreed that items PB/12/14 and PB/12/15 would be taken as the next items, with the remainder of agenda items being taken in order.	
PB/12/14	**NPSA – PATIENT SAFETY**	
	Suzette Woodward, Director of Patient Safety for the National Patient Safety Agency, and Cheryl Crocker, Director of Quality & Patient Safety for the Nottingham Clinical Commissioning Groups (and former EMAS Deputy Director of Nursing & Quality), were welcomed to the meeting. Nicola Bramhall, who will be taking up post as the new Deputy Director of Nursing & Quality (attending as a public observer) was also introduced to the Board. Former members of the Board had expressed some concern that the Trust appeared to be an outlier in respect of the number of Serious Incidents being reported. Karen Glover explained that an internal and external overview of patient safety would provide an outline of the Trust's current position in respect of the reporting of patient safety incidents and provide some assurance that high reporting figures were not necessarily cause for concern. Suzette Woodward gave a presentation which gave an overview of the Trust's current position. The key messages of the presentation were: • Increased reporting is a clear indicator of a good safety culture where staff feel able to speak out	

- Over time reporting will continue to rise – estimates are that there is a worldwide problem of underreporting
- A reduction in types of incidents and the level of harm associated with incidents is therefore used as the measure for success
- Understanding why things go wrong and changing the system not simply focusing on the individual is a vital component to a safety culture

The role of the Board is to:

- Encourage reporting of incidents and a continual reflection culture
- Learn from all serious incidents and address the causal factors
- Share the learning through effective communication and feedback systems
- Use the learning in the form of stories (patient and staff) and not just numbers to demonstrate safety and quality
- Set up ways of working which anticipate and plan for unexpected events and future surprises
- Expect things to go wrong and effectively manage the risks
- Learn the knack of preventing the minor risk from becoming a major incident
- Expect the unexpected - adapting safely to the internal and external pressures and to the everyday surprises we get in healthcare

Cheryl Crocker gave a presentation on patient safety in an ambulance setting based on more than 12 months' experience of working as the EMAS Deputy Director of Nursing & Quality.

The presentation highlighted the following points:

- Potentially an average of 4,500 patients per year suffer an adverse event across all ambulance services – double decker bus seats 73 people, so this is the equivalent of 62 bus loads of patients per year, or just over one bus load per week
- The EMAS patient safety strategy used the NPSA 7 Steps to Patient Safety and the national Safety First campaign as a framework
- Knowledge of how patient safety is compromised together with the rate and level of harm show where best to focus energies in developing harm reduction strategies

Discussion was invited after the presentations had been given. Pauline Tagg pointed out that there had been mention of the need to focus on effective communication and requested further detail. Suzette Woodward responded that there was a clear theme running through reports made by EMAS that communication, both with individuals and across teams, was a contributing factor in many of the incidents.

Pauline Tagg queried whether the Trust had a causal effect on incidents involving equipment. Cheryl Crocker responded that equipment covered a variety of issues – such as broken, missing equipment or equipment which

	was available but not utilised. Jon Towler queried how this could be addressed. Cheryl Crocker responded that the Supplies & Equipment Working Group dealt with issues relating to equipment. James Gray explained that the Supplies & Equipment Working Group was now a sub-group of the Clinical Governance Group; anecdotal evidence was given around pulse oximetry equipment – this equipment has been issued, but is often reported as not available to crews, with no evidence to show where the equipment has been reported lost, broken etc. A recent equipment audit in one division revealed a significant amount of equipment that had been stored. Pauline Tagg acknowledged that this may be cultural issue, but stressed the need to move forward on this. James Gray responded that work had been done to produce standard equipment lists for vehicles; equipment replacement has also improved the situation (Defibrillator replacement: Lifepak 12 units, which do not have pulse oximetry, are in the process of being replaced with Lifepak 15 which has built in pulse oximetry capability). It was agreed that the Supplies & Equipment Working Group should be tasked with taking this forward. Information will be submitted at the April Quality & Governance Committee meeting. Stuart Dawkins queried whether benchmarking information was routinely available. Karen Glover responded that the NPSA publish data on a six monthly basis; this is incorporated into the Integrated Quality Report which is submitted to the Quality & Governance Committee. There was some discussion around why reporting rates have dropped recently; higher levels of reporting are seen as an indicator of a mature safety culture. It was reported that an additional layer of scrutiny had been added to the reporting process in reaction to criticism on the number of Serious Incidents reported by the Trust (in excess of 70); this also triggered a responsive review by the Care Quality Commission. Suzette Woodward commented that staff may be unwilling to report incidents which may put colleagues or the organisation in a position to be criticised. Kerry Gulliver queried whether the human factors mentioned in the presentation referred to management behaviours. Cheryl Crocker responded that some Serious Incidents (SIs) relating to EOC had been around communication; also, a number of SIs had been examined where front line staff had not taken vital equipment to the scene as they had pre-judged what condition the patient would be in from the information received from EOC. Gill Newton queried whether Commissioners shared the view of the NPSA that higher reporting levels were a positive indicator. Suzette Woodward responded that there was evidence that a 'blame' culture was still the view in some areas. The NPSA move to become part of NHS Commissioning should help to promote cultural reform in the future. Dermot Toberty queried where all aspects of patient *and* staff safety came together. Karen Glover responded that the Strategic Learning Review Group (SLRG) would be the forum for the sharing of learning across all departments and directorates, although it was conceded that there was no forum where staff and patient safety was addressed holistically. Gary Austin pointed out that the Board had supported the aim to 'be the safest ambulance service in the country by 2015' some time ago. Given changes in the membership over recent months it was queried whether there was still the same level of commitment to this aim. Also, given that the Trust is reported to be in 8th place as a 'moderate' reporter, it was queried who could the Trust look to as role models, particularly in terms of systems and people, to become the best performer. Suzette Woodward responded that,	***JG***

	in terms of the strategic overview, there was no other Trust undertaking the breadth of work that EMAS has undertaken. Suzette Woodward offered to circulate details of high performers in each area. Phil Milligan stated that the Board needed to commit to the ambition of becoming the best performing Trust and that this commitment should be backed up by clearer actions. Safety must be returned to the top of the Board agenda, having been side-lined recently by performance related issues. It was suggested that a systematic approach of consulting staff and asking why *they* think things are going wrong in terms of safety should be introduced. It was agreed that this issue should be discussed further during the April informal Board development meeting. Suzette Woodward and Cheryl Crocker left the meeting with the thanks of the Board for their input and attendance.	***KGI/ S.Woodward***
PB/12/15	**PATIENT SAFETY – EMAS POSITION**	
	This item was covered as part of PB/12/14.	
PB/12/07	**CHIEF EXECUTIVE AND CHAIRMAN'S REPORT**	
	The Chief Executive's Report was received for consideration. The purpose of the report is to keep the Board informed on matters relating to the external environment (e.g. policy changes, quality and financial risks in the health economy, payment by results (PBR) new tariffs etc) and the impact of these on the Trust Strategic Direction and risk registers. The report covered the following: • Station visits • Executive Director portfolios • Patient Transport Services (PTS) • Research • Winter funds • Hospital turnaround • Monitor regulatory actions • Technician banding appeal Phil Milligan, Chief Executive, gave an outline of key points in the report: Station visits – it was reported discussions with staff during station visits had revealed an enthusiasm for the Trust to become a high performing organisation. Station visits will continue to take place to provide an opportunity for direct interface with front line staff and to reinforce the patient safety agenda. Executive Director Portfolios – a diagram showing the Director portfolios was included as an appendix to the report. Phil Milligan pointed out that Estates and Facilities (under the Commercial Director) included all aspects of asset management and incorporated Fleet Services. PTS – Analysis on the impact of the loss of PTS services continues, although it has become clear that this will be considerable. Updates will continue to be released through the Chief Executive's bulletins as information becomes	

	available. Research – feedback on the weekly Research newsletter has been positive. A meeting with the Research and Development Team has been scheduled for 24 January 2012. Hospital turnaround – in addition to the impact on the availability of crews to attend 999 calls, staff have also expressed that delayed handovers may compromise patient dignity. Phil Milligan reported that work to address turnaround problems is continuing together with further investment in trail initiatives to facilitate a more streamlined handover process. Technician banding appeal – this issue has, fundamentally, been concluded. The appeal process followed the structured nationally agreed process and involved Trust managers and staff side representatives. During discussion Stuart Dawkins, Non Executive Director suggested that it may be beneficial to identify Executive Directors with voting rights on the portfolio structure document (Appendix A of the report). It was agreed that this would be incorporated. Jon Towler, Chairman, queried whether there was a tracking process in place to capture details of external visits made by Board members. David Farrelly, Deputy Chief Executive responded that Executive engagement is captured through the Performance Management Framework (PMF) and that this could be expanded to incorporate Non Executive Directors. It was agreed that this should be implemented. **After consideration the Board noted the Chief Executive's Report.**	***PJM*** ***DF***
PB/12/08	**UPDATE TO BOARD OF DIRECTORS' REGISTER OF INTERESTS**	
	The update to the Board of Directors' Register of Interests was received for consideration. Since the Board Members' Register of Interest was amended in November 2011, the updates below were notified • Phil Milligan has taken up the position of Chief Executive • Andrew Spice has taken up the position of Commercial Director At the previous meeting a number of minor typographical errors and an amendment to declarations made by James Gray had been noted; it was pointed out that these amendments had not yet been incorporated into the Register of Interests. It was agreed that these should be corrected. **After consideration the Board accepted the updates to the Board of Directors' Register of Interests.**	***RL***
PB/12/09	**CHARITABLE FUNDS COMMITTEE – ACCOUNTS AND ANNUAL REPORT**	
	The Charitable Funds Committee (CFC) accounts and Annual Report were received for consideration. The Annual Report and accounts for the year ended 31 March 2011 were approved at the CFC meeting held on 12 December 2011 and were prepared by the Corporate Trustee in accordance with Part VI of the Charities Act 1993 and the Charities (Accounts & Reports) Regulations 2005. Jon Towler reported that work was being undertaken to identify how funds could be utilised more effectively and innovatively. **After discussion the Board ratified the Charitable Funds Committee**	

	Annual Report and accounts.	
PB/12/10	**TRANSFORMATION BOARD TERMS OF REFERENCE**	
	The Transformation Programme Board Terms of Reference (ToR) V5.0 were received for consideration. These revised ToR were approved at the Transformation Programme Board meeting held on 05 December 2011. Jon Towler reported that the only change made on the ToR was to show Phil Milligan as the Vice Chair of the group. During discussion there was some discussion around the contents of the Decision Making section of the document; David Farrelly reported that a review of the management of the transformation process was to begin shortly; it is anticipated that the ToR will be revised once the review has been completed. **After consideration the Board approved the Transformation Programme Board Terms of Reference V5.0.**	
PB/12/11	**AUDIT COMMITTEE TERMS OF REFERENCE**	
	The Audit Committee Terms of Reference (ToR) were received for consideration. These revised ToR were approved at the Audit Committee meeting held on 06 December 2011. The membership of the Audit Committee has been expanded to four Non-Executive Directors. It was formally noted that Dermot Toberty, Non-Executive Director, had been appointed as the Chair of the Audit Committee. During discussion Pauline Tagg commented that the meeting frequency should be amended to state that the Committee will meet no less than four times each year. After some discussion it was agreed that this should be amended. Pauline Tagg also suggested that reference to clinical audit recommendations should be explicit in the document. James Gray responded that clinical audit recommendation had traditionally been managed through the Quality & Governance Committee. After some discussion around the appropriate forum for clinical audit recommendations it was agreed that ta further investigation into Best Practice should be sought. **After consideration the Board agreed that the Terms of Reference should be adhered to until further guidance around clinical audit recommendations has been determined, at which time it will be incorporated into the Terms of Reference as appropriate.**	***KK*** ***KK***
PB/12/12	**REMUNERATION COMMITTEE TERMS OF REFERENCE**	
	The Remuneration Committee Terms of Reference (ToR) were received for consideration. These revised ToR were approved at the Remuneration Committee meeting held on 19 December 2011. The following changes were noted: • **Purpose** – expanded to include reference to 'any groups that are not included within the Agenda for Change Pay Framework' • **Chair** – changed from Chairman to Non-Executive Director (Gary Austin), with Gill Newton as Deputy Chair	

	• **Authority/Tolerances** – expanded to state: 'The chairman and deputy chair of the Remuneration Committee maintain delegated authority to take decisions outside of formal Remuneration Committee meetings where urgent and timely decisions are required in the best interests of the organisation. The chairman of the Remuneration Committee will agree their decision with 2 other members of the Remuneration Committee (one of whom should be the Trust Chairman or the Deputy Chair of the Remuneration Committee) and a report will be submitted to the next meeting of the Committee. ' **Duties – Decision Making** – expanded to state: 'The decisions reached via the Trust's Remuneration Committee regarding salaries for Executive Directors are made taking into consideration a number of underpinning principles. The starting position is reflective of VSM Pay Framework through which we aim to ensure equitable differentials through consideration of the following factors: ➢ Application where appropriate of Additional Duties Allowances. ➢ Application where appropriate of Recruitment and Retention incentives to ensure retention of talent particularly in the current climate as an aspirant FT. ➢ Benchmarking to compare similar roles in similar Trusts to ensure consistency with other parts of the NHS and considerations regarding equal pay and pursuance of equal opportunities. ➢ Benchmarking to ensure market rates are taken into account, whilst operating within the management costs financial envelope and ensuring a healthy ratio of management to frontline workforce cost. • **Key Interface Groups** – changed to Trust Board • **Reporting Responsibilities** – revised to state: 'A summary Record of Business (appropriately anonymised) will be submitted to the Trust Board following each Remuneration Committee; and issues as appropriate will be escalated for its attention.' **After consideration the Board approved the Remuneration Committee Terms of Reference.**	
PB/12/13	**QUALITY & GOVERNANCE COMMITTEE TERMS OF REFERENCE V6.0**	
	The Quality & Governance Committee (QGC) Terms of Reference (ToR) were received for consideration. These revised ToR were approved at the QGC meeting held on 06 December 2011. The following amendments were noted: • **Membership** - expanded to include a further Non Executive Director • **Quorum** - amended to explicitly include a minimum level of Non-Executive representation at each meeting. • Minor amendments have been made to the '**Duties – Standing Agenda Items**' and '**Self Assessment & Monitoring**' sections. During discussion Pauline Tagg commented that the document states that the Deputy Chair was Non-Executive Director B; it was suggested that the Deputy Chair should be the Audit Committee Link member. James Gray responded that matter was scheduled for discussion at the QGC meeting scheduled for 06 February 2012. **After consideration the Board approved the Quality & Governance**	

	Committee Terms of Reference V6.0.	
PB/12/16	**INNOVATION, HEALTH AND WEALTH**	
	The Innovation, Health and Wealth – Accelerating Adoption and Diffusion in the NHS report was received for consideration. The Department of Health launched 'Innovation, Health and Wealth, Accelerating Adoption and Diffusion in the NHS' in December 2011. This sets out a delivery agenda for spreading innovation at pace and scale throughout the NHS. The document sets out an integrated set of measures that together will support the adoption and diffusion of innovation across the NHS, setting a delivery agenda that will significantly ramp up the pace and scale of change and innovation. The scale and nature of the Quality, Innovation, Productivity and Prevention (QIPP) challenge, whilst dealing with an increasing demand and improving quality, means that all parts of the NHS need to take long term measures in 2012/13 to secure sustainable change. The 2012/13 NHS Operating Framework makes it clear that the role of innovation will be critical to this. Rapidly spreading change that will improve quality and productivity in all parts of the NHS, in addition to creating the right conditions for rapid diffusion of good practice, is set to be an urgent priority in the coming years requiring a fundamental change to the way in which people currently work, supported by strong leadership to identify and tackle the behaviours and cultures that can stand in the way of innovation. In the future, there will be a better alignment of system incentives to support and encourage innovation, reward for those individuals and organisations that adopt best practice and new ideas, and a requirement for accountability from those organisations that do not adopt best practice to explain why. The aim is to encourage change, be less risk averse, take a longer term view on investments, and to support staff to introduce new ideas and technologies. David Farrelly explained that, as part of the initiative, the Trust would need to implement a range of national interventions and local actions. High impact actions will be a pre-requisite of Commissioning for Quality & Innovation (CQUIN) framework payments for 2013/14. Business planning processes will need to be revised to support this. Preliminary discussions with the Contract Management Board (CMB) have commenced to take innovation forward and ensure that the Trust can meet the necessary requirements for CQUIN funding. During discussion Gary Austin commented that the key theme of reducing variation in the NHS (page 1 of the report) did not seem to fit with the aim of increasing innovation. David Farrelly responded that the aim was to standardise process before identifying areas for innovation. Gill Newton, Non-Executive Director, suggested that it would be useful to reflect work undertaken with external organisations. David Farrelly responded that such specifics would be incorporated into the Annual Plan. Stuart Dawkins queried whether there was a forum for sharing innovation across all Ambulance Trusts. David Farrelly responded that this would be progressed by the Directors of Service Improvement group. James Gray reported that the document would also be a subject of discussion at the forthcoming Directors of Clinical Care (DOCCs) Group (scheduled for 24/25 January 2012). It would also be discussed by the National Ambulance Steering Group. It was felt that some of the mandatory entry points for CQUIN funding in 2013/14 may be challenging and consideration would need	

	to be given to this in due course. Pauline Tagg queried the position around dementia training (as outlined in Appendix 2 of the document). Karen Glover, Director of Nursing & Quality, reported that the only gap was around engaging with carers. Best practice development education is being shared with other Ambulance Trusts. Training is mapped to National Institute for Health and Clinical Excellence (NICE) guidance. Jon Towler summarised that the next steps would be development of an overarching strategy and the Annual Plan, which is due to be submitted at the March Trust Board meeting. Dermot Toberty queried whether other projects and work flows around innovation would be paused to concentrate on this initiative. David Farrelly responded that this had yet to be determined. James Gray commented that work was currently being undertaken to stop the early adoption of interventions which may impact on patient care (details available from James Gray on request) and stressed the importance of ensuring that key research principles are being managed when new initiatives are proposed. **After consideration the Board noted the content of the report.**	
PB/12/17	**EQUALITY DELIVERY SYSTEM**	
	The Equality Delivery System (EDS) report was received for consideration. The Equality Act 2010 replaced previous anti-discrimination laws with a single Act. It simplified the law, removing inconsistencies to support compliance, and it strengthened the law to tackle discrimination and inequality. The Public Sector Equality Duty (section 149 of the Act) came into force on 05 April 2011. This introduced specific duties to publish relevant information demonstrating compliance with the Equality Duty by 31 January 2012 and to set and publish equality objectives by 06 April 2012. In addition, the Trust is required to prepare and publish specific and measurable equality objectives which will help to further the three aims of the Equality Duty. Section 149 of the Equality Act 2010 sets out the Public Sector Equality Duty that describes three aims that public authorities must have due regard for the need to: • eliminate unlawful discrimination, harassment and victimisation; • advance equality of opportunity between people who share a protected characteristic and those who do not; and • foster good relations between people who share a protected characteristic and those who do not. The EDS is the national framework designed to improve the equality performance of the NHS and embed equality into mainstream business. The EDS is a tool for the NHS to use in partnership with stakeholders, to review equality performance and identify equality objectives. Work is underway to identify relevant equality objectives, and will continue through to the end of March 2012. However progress to date, including a review of the Equality Act 2010 and the Equality Duty, and the action being taken to publish data to demonstrate compliance, has already identified a number of key aims that will support equalities progress and will inform our equality objectives: 1. To undertake an internal census to identify gaps in data; the reasons	

	for non-declaration of protected characteristics; and identify actions to support the development of the Trust's diversity to reflect the community served. 2. To effectively implement the EDS as this includes a broad range of actions to involve excluded groups, foster good relations between groups, eliminate harassment, discrimination and victimisation and advance equality of opportunity. Implementation is already well underway with a detailed action plan for EDS implementation in place via the Trust's People Programme. 3. Redevelopment of the Trust's Equality Scheme into our Equality Delivery Strategy, to ensure a more strategic approach. Implementation of the EDS is well underway, including a broad range of stakeholder engagement and involvement to enable grading of the Trust's equality performance and development of equality objectives for publication by 6th April 2012. **After consideration the Board noted the Equality Delivery System report.**	
PB/12/18	**INTEGRATED BOARD REPORT**	
	The Integrated Board Report (IBR) was received for consideration. The Integrated Board Report reviews the performance of the Trust in achieving key local, regional and national priorities. The report identifies current or potential key risks and remedial actions for various areas. Phil Milligan stated that, for future iterations of the report, the Executive Team would be expected to review the IBR earlier and ensure that narratives clearly detail actions being taken. It was suggested that a 'deep dive' should be undertaken on A8 and A19 targets, with external support if necessary. There has recently been significant investment in the Emergency Operations Centre (EOC) and the Clinical Assessment Team; however, it was suggested that the figures did not suggest that a return on investment has been seen. Reviewing the IBR the following points were highlighted: **Targets** – performance on A8 for December was 72.84%, which is above trajectory. Performance during January has been good, assisted by the mild weather. Peter Ripley, Director of Operations, reported that changes were beginning to become evident through improvement in the Trust's position in league tables. Figures for A19 show Lincolnshire as a clear outlier, with local performance well outside the 95% target. In terms of performance of the Clinical Assessment Team (CAT), it was pointed out that more patients were being referred to CAT and that it was too early to see the impact of newly appointed nurses as they had only taken up post during December. Phil Milligan pointed out that Northamptonshire appeared to be an outlier on December A8 performance and queried what the issues were and what action was being taken to address them. Peter Ripley responded that the local Primary Care Trust (PCT) had provided additional resource in Northamptonshire with two additional transporting vehicles being made	

	available to improve patient flow across through the system. Gill Newton, Non-Executive Director queried how Nottinghamshire had been able to perform so well on A19. Peter Ripley responded that Nottinghamshire division comprises of large urban areas, with only a small proportion of rurality compared to other divisions. **Clinical** – James Gray explained that the IBR had been modified, with the Clinical Performance Indicator (CPI) section showing statistical process charts (this is data taken from Patient Report Forms – PRFs) and gave an explanation of the rating system used. Overall, in terms of Commissioning for Quality and Innovation (CQUIN) targets, the figures provide some assurance and show the biggest risk is around return of spontaneous circulation (ROSC). Page 9 of the IBR shows the Trust's national position in relation to CPIs as at Cycle 7. It was noted that there have been significant improvement in the Asthma CPI, but SPO2 is an outlier; a deep dive investigation is currently being undertaken around this due to the significant financial implications of non-achievement. The Red, Amber, Green (RAG) rating shows the Trust's position in comparison to peers; Amber indicates that the Trust is comparable to peers, Red indicates performance below 90%. The narrative gives detail around whether the Red rating is stable (or fluctuating) and, if so, what action is being taken to address this. During discussion Jon Towler commented that the verbal overview indicates a positive position, however, looking at the national standings, a different view is suggested. After some discussion it was agreed that a report on the Clinical Quality Indicators for the followings areas would be submitted at the next meeting: • STEMI Care • Stroke Care • Resolved by Telephone • ROSC • Cardiac STD Stuart Dawkins commented that the data in the IBR (CQI in particular) is the information which is seen by the public and on which the Trust will be judged. It was acknowledged that good work is being done, but the importance of improving the position of the Trust nationally should not be underestimated. Jon Towler agreed, stating that it was important to understand why the Trust appeared to be performing poorly in this area. **Nursing & Quality** – Karen Glover reported that not all divisions were meeting the four-weekly deep cleaning target with year to date (YTD) figures of 89.7% against a target of 95%. The six-weekly deep clean target is being achieved overall, but Lincolnshire and Nottinghamshire were below the 95% target, indicating that that there was some over-performance in other divisions. Some of the issues in Lincolnshire related to a vacancy issue which has now been resolved. Karen Glover reported that circa 200 vehicles are audited across the Trust each month; the Infection Prevention and Control (IPC) Team carry out validation audits on five vehicles per division, per month. Karen Glover reported that validation audit data will be included in future iterations of the IBR. Karen Glover wished to highlight concern around IPC training; this training	***JG***

	had been delivered in face to face training in 2010/11 but has been delivered by workbook for the current year. It was reported that the receipt of completed workbooks was extremely low (2.6%), with a target for 100% completion by 31 March 2012. During November and December 2011 there were a total of nine incidents reportable under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR); of the four RIDDOR incidents in November two of which were reported within the 10 day requirement; in December five RIDDOR incidents were notified, four of which were reported within 10 days. All incidents in Lincolnshire were reported within regulatory timeframes; incidents in Leicestershire were not reported within the 10 day timeframe. It was reported that sufficient vehicle audits were carried out during December 2011 to provide assurance; however, only limited assurance around observed practice can be taken from the limited number of audits completed during the period. Performance in this area is being actively managed by James Gray and Karen Glover through the Clinical Governance Group. The closure rates of Patient Advice & Liaison Service (PALS) issues had deteriorated to unacceptable levels, with only 13 of 61 issues being resolved within agreed timescales. During discussion around the IBR Dermot Toberty commented that there had been mention of improving the data included in the report, but little about recovery plans which would provide some assurance that issues are being addressed. Karen Glover responded that this level of detail would be included in the Integrated Quality Report which is submitted to the Quality & Governance Committee for scrutiny. Dermot Toberty accepted this but queried where the detail around Operations recovery plans would be scrutinised. Phil Milligan responded that the next evolution of the IBR should include this level of integration. Jon Towler commented that deep clean performance had been at a similar level for a number of months; the deep clean tender process has been paused due to the imminent loss of Patient Transport Services (PTS) and, as a result, a recovery plan was needed for Nottinghamshire division. Pauline Tagg commented that the figures demonstrated that the target would not be achieved and queried whether a risk assessment had been conducted or the risk incorporated into the risk register. It was also queried whether there was any evidence that there had been any adverse effect on staff or patients relating to missed deep cleaning targets. Karen Glover responded that there had been no PALS concerns or complaints around this and audit findings had been positive. Gary Austin commented that it had been highlighted at previous meeting that there was no internal mail service in some divisions and queried whether this had an impact on getting paperwork to central points in a timely manner. Karen Glover responded that Lincolnshire were the best performing division in terms of forwarding documentation as they have a dedicated courier service. It was suggested that the senior managers in Lincolnshire may be more effective at holding people to account for their performance and that this may also contribute to divisional efficiency. Jon Towler supported this view, commenting that if responsibilities have been clearly communicated then closer performance management was needed to ensure those responsibilities are met. **Workforce** – Kerry Gulliver reported that sickness absence across A&E and PTS continued to be above target. Support Services and EOC absence	***PR***

rates were within the target range. It was acknowledged that further work was needed to identify why staff report sick.

It was reported that, in terms of sickness absence, divisional action plans were in place and formed part of the Performance Management Framework (PMF), although this has not yet resulted in a reduction of absence rates. It was suggested that inconsistent application of policies relating to sickness absence may be contributing to the slow progress. Senior Human Resources (HR) staff are drafting a corporate action plan to address sickness absence, with a target of 5% for 2012/13 and 4% the following year. Kerry Gulliver stated that there was a need for managers to apply the sickness absence policy consistently and robustly to move staff through the various stages at a suitable pace.

Moving on to the Performance Development Reviews (PDRs), it was reported that the rolling 12 month figure should always show 100%, however, this is not the case. A number of communications have been issued stressing the importance of PDRs; there has also been discussion around the suggestion that the figures do not show an accurate reflection of activity in this area. All workforce related key performance indicators (KPIs) have been discussed with individual directors to identify recovery actions.

Essential Education is on target for the 31 March 2012 deadline, although Support Services are currently approximately 20% behind trajectory. Various communications have been issued to prompt staff to complete their Essential Education workbooks and this will be picked up by individual Directors later in the week.

During discussion Gill Newton suggested that the 5% sickness absence target should be a KPI for relevant staff and should be fed into their own PDR objectives.

Dermot Toberty queried whether there had been any interaction with other Ambulance Trusts to identify best practice around managing sickness absence. Kerry Gulliver responded that there had been discussion with West Midlands Ambulance Service (WMAS) over recent weeks and it was felt that a combined system and people model would produce the best results. Dermot Toberty commented that it was encouraging to hear that a holistic approach was being taken. Kerry Gulliver commented that WMAS were not doing anything differently to EMAS, but that there was consistent application of process that supported them in achieving their objectives in this area.

Dermot Toberty further queried whether the Resource Management Centre (RMC) would impact on the way sickness absence is reported. Kerry Gulliver responded that when the RMC became operational (from 31 January), it would provide a consistent, single point of contact for operational staff reporting sick. Peter Ripley stressed that it was not within the remit of the RMC to manage sickness absence, merely to facilitate a consistent approach to reporting it. Jon Towler pointed out that the business case for RMC had been approved with the objective of driving sickness down by 1%.

Kerry Gulliver stressed that managers were aware of their responsibilities around managing sickness absence and delivery of PDRs. Pauline Tagg queried the level of confidence, or what would be done differently, to achieve a target of 5% in 2012/13 given that the current target of 5.5% was not being achieved. Kerry Gulliver responded that this was the focus of work being undertaken by the senior HR Team.

Phil Milligan commented that more detailed discussion would be necessary at some point, highlighting that current shift patterns are resulting in fatigued staff, issues around meal breaks have yet to be resolved and there did not

	appear to be any fostering of a 'family' approach to team working. **After consideration the Board noted the Integrated Board Report and the outlined actions.**	
PB/12/19	**DIRECTOR OF FINANCE & PERFORMANCE REPORT**	
	The Director of Finance & Performance Report, which summarises the financial performance of the Trust for the period ending 31 December 2011, was received for consideration. The Trust is marginally off plan at Q3 and operating with a YTD surplus of £1,190k on our revenue account. Based on Q3 results and an assessment of Q4 risks the forecast surplus has been revised down to £1.3m, £0.3m below plan. Significant A&E operational income risks are forecast to materialise in Q4 which must be mitigated by expenditure reductions. Discussions are ongoing with Commissioners in relation to contract penalties. No provision is included in the forecast outturn. The Trust has no residual reserves to support the position. Other financial indicators are on plan. Brian Brewster, Director of Finance & Performance, reported that the focus for Q4 would be on financial control and securing the run rate. It was reported that the cash position was strong, although some significant risks were anticipated during Q4. Jon Towler suggested that key themes be identified for further discussion during the Private Board meeting which was due to take place immediately after this public session. During discussion the following themes were identified: • What the Q4 run rate will be and what impact this will have • An overview of the current position of Cost Improvement Programme (CIP) projects and confidence around delivery of these • Understanding the Financial Risk Rating (FRR) • Focus on Q4 risks and any mitigation **After consideration the Board noted the Director of Finance & Performance Report.**	
PB/12/20	**FOUNDATION TRUST UPDATE**	
	The Foundation Trust (FT) Update was received for consideration. ***Performance Management Regime*** NHS Midlands and East Cluster have created a Provider Development Board (PDB) which is a sub-committee of the cluster board. Subsequently a standardised process, the Performance Management Regime (PMR) has been introduced. The regime will provide a transparent, risk-based approach to managing, measuring and developing performance within the Trust, against financial, governance and contractual aspects; running in shadow format until the end of the financial year with Trusts submitting the PMR self assessment on a monthly basis. Clarity is still required around some elements of the process however this will be addressed at a meeting planned with the new SHA FT Lead, FT Project Manager and Acting Deputy Director of Strategy. From 2012/13, the regime will be fully implemented and include publication of	

the PMR in the SHA cluster Board papers. The Trust will submit the monthly self assessment document providing financial, governance and contractual risk ratings to the PDB; the frequency of monitoring can be altered at any time by the SHA Cluster and there is scope for intervention to address potential failure.

Consultation

Following significant changes recently made to the Trust's vision and strategic aims (original full consultation was in 2009), a meeting took place with the SHA who advised verbally that as an aspirant Foundation Trust, EMAS should look to undertake a second full consultation (written confirmation has been requested). Solicitors will be contacted to clarify the consultation requirements around FT, Operational model and Estates.

In addition to these changes there are potential changes to be considered with regards to the constitution, specifically around the number of governors appointed. A meeting is to be scheduled with the Chairman, Deputy Chief Executive, acting Deputy Director of Strategy and Trust Secretary to discuss in further detail.

In order to support the Trust's current FT Timeline and the performance management requirements (Single Operating Model) of the SHA, the full consultation will commence in April 2012, with preparation starting with immediate effect. To support this tight schedule the Trust Board will need to review the consultation document and approach at the February Board informal development session, with the same then being shared with the SHA for final comments; final approval of this would then take place at the March Formal Trust Board, which the SHA would also attend to counter approve, again in line with the SHA performance management requirements.

NHS Trust Development Authority

The Department of Health plan to establish a special authority called the NHS Trust Development Authority (NTDA), who will in April 2013 resume the role of the Strategic Health Authority Clusters following their dissolution and also incorporate other functions currently carried out within the Department of Health. In principle they will provide governance and support for those Trusts that have not yet been authorised to ensure they are moving towards foundation status by April 2014. The NTDA will be accountable to the DoH and Ministers.

Within their remit they will have responsibility for the performance management of NHS trusts, management of the FT pipeline, assurance of clinical quality, governance and risk in NHS trusts and the appointment to NHS trusts of chairs and non-executive members.

In relation to performance management, the NTDA remain responsible until the final NHS trust application for FT status has been authorised by Monitor. Unlike Monitor and the Care Quality Commission, the NTDA will be directly involved in developing NHS trusts; supporting them in the move to foundation status through the application of standardised support and development tools.

In addition to performance management they will be accountable for effective and appropriate monitoring of risks in NHS trusts and will intervene where necessary. The NTDA will also make recommendations to the Secretary of State on a number of issues, such as when an NHS trust is ready to enter the Monitor application process, acquisitions and mergers, and the suitability of candidates for appointments to NHS trusts.

During discussion David Farrelly, Deputy Chief Executive, reported that the

	Trust's solicitors had been contacted regarding the consultation requirements; an opinion is expected by 27 January 2012. The Single Operating Model is also expected to be released at this time. A further update of the Board Governance Assurance Framework will be required submitted to the March Trust Board; request would then be made to the SHA to commission an independent review – this will be prior to Historical Due Diligence (HDD) 2 (which should be in April 2012). **After consideration the Board noted the Foundation Trust update.**	
PB/12/21	**BOARD ASSURANCE FRAMEWORK**	
	The Board Assurance Framework Review was received for consideration. Following a review of the Assurance Framework report, which the Board receives at each meeting, a report was drafted following consultation with Dermot Toberty, Non-Executive Director. The risks included in the Draft Assurance Framework are currently only those identified by Internal Audit (December 2011) through the Audit Committee. The intention of the report was to give an overview of all risks (slide 1) and any movement with the risk ratings will be identified on the matrix. Slide 2 showed the Individual Risk Analysis together with details of the Control/Mitigations of a particular risk. It was suggested by Dermot Toberty that the Board receives two risks in detail at each meeting; the Executive Director responsible would then take the Board through the slide giving assurance. The Strategic Risks on the current Assurance Framework will be discussed further at the February Board Development Session as the Board recognised that not all risks to the Trust's Strategic Aims had been included in the Internal Audit Report. The risk 'themes' will also be determined at this meeting. During discussion it was agreed that the revised format of the Assurance Framework was an improvement. Stuart Dawkins queried whether the Board would only receive two risks at each meeting. Karen Kanee, Acting Trust Secretary, clarified that an overview of all risks would be received in addition to detailed information on two specific risks. Pauline Tagg queried where the remaining risks would be scrutinised if the Board were to focus on only two risks at each meeting. The role of the Audit Committee, Quality & Governance Committee and the Executive Team was also queried. It was agreed that this part of the process should be clarified to determine what information would be received at which meeting. Phil Milligan commented that it should also be clear how this linked to the Annual Plan. **After consideration the Board noted the Board Assurance Framework Review.** The Assurance Framework Report was received for consideration. The Assurance Framework provides additional assurance to the Trust Board that Strategic Risks are being managed and that the Controls used to reduce (mitigate) these risks are effective. During discussion Stuart Dawkins pointed out that some of the risks did not reflect the current position (PTS and legacy pay). Karen Glover responded that all risks would be reviewed at the Executive Team meeting on 08 February 2012. Stuart Dawkins suggested that it would be beneficial to	

	highlight changes which had been made since the last report. Pauline Tagg queried whether the Board was willing to accept the report as a Board Assurance Framework given that it had been acknowledged that some of the content was incorrect. Jon Towler responded that the document had been presented for challenge and that the Board had made challenges, thus the onus was on the presenter of the report to ensure that the content was accurate. **After consideration the Board agreed to receive the Board Assurance Framework.**	
PB/12/22	**RECORD OF BUSINESS OF SUB COMMITTEES**	
	The Record of Business of the Sub Committees/Groups reporting to the Trust Board was received for consideration. **Quality & Governance Committee (QGC)** Pauline Tagg highlighted the following points from the QGC meeting held on 06 December 2011: • The QGC Terms of Reference were revised (and were presented for ratification under PB/12/13 of this meeting) - Need to be fit for purpose to ensure the Trust Board can take appropriate assurance of risk management • Concern was raised concerning the overall accountability for the delivery of the NHSLA requirements - review suggested many areas non-compliant and execs unaware as last time presented all green • The Claims report was presented and financial risk noted - main concern raised was around an apparent lack of individual accountability amongst staff particularly as many cases were in relation to patients kept at home. • Three key issues were flagged up from the Director of Nursing report – specifically, Deep Clean, RIDDOR and Patient Experience KPIs – risks and mitigating actions were discussed under PB/12/18 (Integrated Board Report) Mitigating actions were detailed in the Record of Business. During discussion it was pointed out that an error had been noted on the NHS Litigation Authority (NHSLA) action plan which had been submitted at the QGC meeting. Karen Kanee reported that there had been a system error on the Covalent system which had meant that the dates which evidence had been uploaded was incorrect. The error has now been corrected. A new gap analysis was undertaken, result of which will be discussed at the next Executive Team meeting. **Remuneration Committee** Gary Austin highlighted the following points from the Remuneration Committee meeting held on 19 December 2011: • The revised Terms of Reference were approved by the Committee for submission to the Trust Board (received for ratification under PB/12/12 of this meeting) • The Chief Executives salary was approved for submission to the SHA	

Remuneration Committee.

No risks were identified.

Audit Committee

Dermot Toberty highlighted the following points from the Audit Committee meeting held on 06 December 2011:

- The revised Terms of Reference were approved by the Committee for submission to the Trust Board – received for ratification under PB/12/11 of this meeting.
- Finance Reporting/Budget Setting - Main concerns raised regarding the understanding of the use of reserves within the budgeting process and their release during the financial year.
- Internal Report on Early Warning Systems - Trust not identifying potential clinical quality reductions from clinical information and data collected within the Trust.

Mitigating actions were detailed in the Record of Business.

Transformation Programme Board

Jon Towler highlighted the following points from the Transformation Programme Board meeting held on 05 December 2011:

- CIP: In year delivery against 6.4% target - Slightly ahead of plan at Month 7, the exception report reflected concerns around delivery which had previously been reported to the Transformation Board
- Foundation Trust: Formal consultation - Information from the Strategic Health Authority (SHA) around consultation was still awaited
- People Programme (Culture Project): Local conversations - Assurance could not be given that these had been planned in across all divisions
- Communications: Launch date and plan - Limited assurance of 'Moving Forward Together' brand/lack of internal buy in

Mitigating actions were detailed in the Record of Business.

During discussion Jon Towler pointed out that it had been agreed to build on the momentum of the Big Conversion event which took place in November 2011, however, the Transformation Board had not received any assurance that Local Conversations' had been planned. Kerry Gulliver responded that these had now all been scheduled.

Charitable Funds Committee (CFC)

Jon Towler highlighted the following points from the CFC meeting held on 12 December 2011:

- The Charitable Funds Annual Report and Accounts including the letter of representation was approved for submission to the Trust Board – received for ratification under PB/12/09 of this meeting
- A task and finish group was formed to investigate ways of spending charitable funds
- The Expenditure Criteria was reviewed and approved.
- The Committee will now meet every four months aligned to the Quality & Governance Committee dates.

	No risks were identified **After consideration the Board noted the Record of Business of Sub Committees and endorsed the actions identified.**	
PB/12/23	**QUALITY & GOVERNANCE COMMITTEE**	
	The minutes of the Quality & Governance Committee meeting held on 06 December 2011 were received for information. **After consideration the Board noted the Quality & Governance Committee minutes.**	
PB/12/24	**AUDIT COMMITTEE MINUTES**	
	The minutes of the Audit Committee meeting held on 06 December 2011 were received for information. **After consideration the Board noted the Audit Committee minutes.**	
PB/12/25	**TRANSFORMATION PROGRAMME BOARD MINUTES**	
	The minutes of the Transformation Programme Board meeting held on 05 December 2011 were received for information. **After consideration the Board noted the Transformation Programme Board minutes.**	
PB/12/26	**CHARITABLE FUNDS COMMITTEE MINUTES**	
	The minutes of the Charitable Funds Committee meeting held on 12 December 2011 were received for information. **After consideration the Board noted the Charitable Funds Committee minutes.**	
PB/12/27	**PATIENT EXPERIENCE**	
	The Patient Experience Report was received for information. The report provided key information for the Trust Board in relation to Patient Experience. The first section detailed a new initiative, the 'Patient Revolution' that is being introduced by the Midlands and East Strategic Health Authority (SHA). Section 2 appraised the Board of internal changes to the existing process for handling complaints and PALS concerns. These changes were agreed at the Executive Team meeting on 09 January 2012 The current NHS Reforms argue that patients should be in control of their care, and involved in decisions made. This means the NHS must be more open and accountable and involve individuals throughout the patient journey. The lessons from the Francis Review into Mid Staffordshire NHS Foundation Trust underlined the vital link between patient and public engagement and quality and the risks when the two are not linked. The SHA has recently articulated their ambition for patient experience data to be: • Prioritised on all NHS Boards agendas, with Executive Directors accountable for its performance	

- Given an equal standing with patient safety and clinical effectiveness on Board agendas
- Prioritised in the SHA Cluster performance meetings with PCT Clusters and NHS Trusts

Commissioners and providers are being asked, by Midlands and East SHA, to deliver a transformation across the three C's that define the Patient Revolution, through driving greater:

1. ***Co-production*** between patients and professionals e.g. through shared decision making and involvement in the management of long term conditions
2. Delivering greater ***Community participation*** between the public and the service, e.g. by involving the public in the future planning and reconfiguration and making better use of Foundation Trust members
3. By improving the ***Customer experience*** of patients and carers

To support the Patient Revolution, NHS Midlands and East SHA is focusing on implementing a headline metric for monitoring real-time patient experience data. There will be a standardised 'Net Promoter' question in all Acute Trusts from 01 April 2012. EMAS has already introduced this into the Patient Surveys for Quarter 3 to determine a baseline position. The main benefits of applying the Net Promoter Score (NPS) to the NHS lies in its ability to simply measure positive word of mouth, to understand an outcome of user experience using a simple metric and to track changes in user experience over time. The Net Promoter Score is obtained by asking customers a single question:

> *'How likely is it that you would recommend our company to a friend or Colleague on a 0 to 10 rating scale, where 10 is 'extremely likely' and 0 is 'not at all likely?'*

Based on their responses, customers are categorized into one of three groups: Promoters (9–10 rating), Passives (7–8 rating), and Detractors (0–6 rating). The percentage of Detractors is then subtracted from the percentage of Promoters to obtain a Net Promoter score (NPS). NPS can be as low as -100 (everybody is a detractor) or as high as +100 (everybody is a promoter). Organisations would be expected to determine the tools, techniques and changes needed to underpin any improvement in NPS.

Commissioners will be asked to set a contractual trajectory to improve their Acute provider 'Net Promoter' scores by 10 points over the next year, and use CQUIN to incentivise this.

In summary, the SHA intend to deliver the following key outcomes in relation to Patient Experience by 31 March 2013:

- A paradigm shift in the attitudes of NHS Boards, clinicians and patients across the NHS Midlands and East towards the 'Patient Revolution' agenda
- NHS Boards across the NHS Midlands and East using the simple metric of the 'net promoter' score
- Year on year improvements in the 'net promoter' score
- Sustainable mechanisms in place for local systems to drive forward

	the 'Patient Revolution' post 31 March 2013 and support the ongoing development of Clinical Commissioning Groups The Trust endorses the above and is committed to strengthening internal arrangements in this respect in line with the recommendations. Karen Glover pointed out that the message from the SHA was that the Trust should have real time systems in place to examine patient experience. The Trust must be in a position to demonstrate improvement against the NPS over a period of time. A consultation document, 'Creating a Patient Revolution', has been published, feedback on which is due by 26 January 2012. A response to the document is being drafted in conjunction with the two other Ambulance Trusts which fall within the jurisdiction of NHS Midlands & East. Dermot Toberty commented that care must be taken to acquire a valid sample. **After discussion the Board noted the Patient Experience Report for information.**	
PB/12/28	**TEAM BRIEF**	
	Robert Walker, Assistant Director of Communications & Community Relations, reported that key messages were cascaded through a variety of publications including: • Weekly CEO bulletin • Video messages • EMAS Aspect (external stakeholder publication) The following key messages should be highlighted: • Patient safety presentations, positive and aspirational messages about the importance of reporting incidents • Encouragement received from staff during station visits • Research messages • Charitable funds (more detail on suggestions for innovative use of funds required before publication) • EDS – a simple message on current position • Changes to PALS/formal complaint activity • RIDDOR reporting and IR1s • Clinical Bulletins • Financial message • Understanding performance • Sickness absence	

PB/12/29	**ANY OTHER BUSINESS**	
	No other items of business were raised.	
PB/12/30	**CONFIDENTIAL MEETING MOTION**	
	Confidential Motion The Board will resolve that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1[2] Public Bodies [Admission to Meetings] Act 1960)	

Details of the Next Meeting

The next formal meeting will be held on 19 March 2012 at 10.00 hours in Meeting Rooms 1 & 2 at Trust Headquarters, Horizon Place, Nottingham Business Park, Nottingham.