



**Minutes of a Trust Board Meeting held on Thursday, 28 March 2013,
2.00pm at the Fir Trees Hotel, Dublin Road, Strabane, BT28 9EA**

Present:

Mr P Archer	Chairman
Mr L McIvor	Chief Executive
Mr N McKinley	Non-Executive Director
Ms A Paisley	Non-Executive Director
Prof M Hanratty	Non-Executive Director
Mr R Mullan	Non-Executive Director
Dr J Livingstone	Non-Executive Director
Mrs S McCue	Director of Finance & ICT
Dr D McManus	Medical Director
Mr B McNeill	Director of Operations
Ms R O'Hara	Director of Human Resources & Corporate Services

In Attendance:

Mrs M Crawford	Executive Administrator
Mrs E Hamilton	Senior Secretary

Welcome and Format of the Meeting

The Chairman opened the meeting by welcoming members of the public and Trust Board and apologised for the late start of the meeting.

1.0 Apologies

None.

**2.0 Procedure: Declaration of potential Conflict of Interest
Quorum**

No potential conflicts of interest were declared and the Board was confirmed as Quorate.

3.0 Minutes of the Previous Meeting of the Trust Board held on 24 January 2013

Members accepted the minutes as a true reflection of discussions held on the proposal of Mr McKinley seconded by Prof Hanratty subject to the following addition to Page 4, second last paragraph of item 7:

The Chief Executive highlighted to the Board that NIAS was not currently achieving the targets set for Cat A response for the reasons outlined by Director of Operations.

Chief Executive asked that the Board specifically consider today's report and the actions outlined by Director of Operations to improve response performance to assure itself that all necessary and appropriate steps were being taken to deliver safe, high-quality ambulance response in the current context. Board members affirmed their satisfaction that all necessary and appropriate steps were being taken.

4.0 Matters Arising

4.1 Board Governance Self-Assessment Tool for all DHSSPS Sponsored Arms Length Bodies

The Director of HR&CS reported that the Trust has engaged with the HSC Leadership Centre who will collate responses from Board members. Dates have been canvassed for a Board workshop to complete this work and this will be confirmed as soon as possible. A meeting is being arranged with the facilitator, Chief Executive, Chairman and Director of HR&CS to plan the programme for the workshop.

Action: Director of HR&CS to progress.

4.2 Trend Analysis on Recruitment

Director of HR&CS confirmed that a paper is being prepared which will be presented to the Assurance Committee. The Trust has met with the Equality Commission and shared the concerns of the Board. Partnership training for panel members has been incorporated into the coming year's training programme.

5.0 Chairman's Business

5.1 Visit to Strabane Ambulance Station

The Board were impressed with Strabane Station adding that it was well maintained. The Board were grateful for the hospitality shown by staff which was provided through their own funds and enquired if there was an opportunity to make a modest investment which would give the station garage facilities which would provide protection whilst washing vehicles.

This matter is listed under minor schemes and will be given consideration.

5.2 Chairman's Update

The Chairman gave a brief outline of his diary commitments since the last Board meeting.

5.3 Minutes of Trust Board Meeting held on 15 November 2012

The Chairman advised that it was brought to his attention that the minutes of 15 November 2012 did not reflect accurately the discussion held. It was considered that clarification was required to item 7 under Operations where the following question was asked:

'In regard to strategic objectives, is the Trust deluded regarding the financial situation and whether there is a solution to the rural problems?'

The Director of Finance requested confirmation that the Trust is fully aware of the Trust's financial situation and is not deluded. The Board agreed that the statement did not accurately reflect the discussion and the following amendment was agreed. A query was raised as to whether NIAS was deluded in relation to having a strategic objective which sought to address rural response, given the current financial pressures. Response was that the existing service model could not address this issue and that financial considerations were one key issue. However, a revised service model, consistent with TYC, whereby out of hospital community based clinical professionals such as district nurses and midwives were empowered and enabled (and possibly required) to respond to emergencies in their locality, did offer the potential to provide rapid response in rural and non-rural areas in line with NIAS objectives. In this scenario, NIAS strategic objective was valid and viable, therefore NIAS was not deluding itself.

The Chief Executive raised the issue of the Mid Staffordshire report and advised the Board that a copy of this report will be issued to all Board members. Some discussion ensued around how the Trust applies learning from this report to the setting of NIAS. All Trusts are expected to examine governance arrangements and report to the HSCB. It was suggested that an opportunity be given to engage with frontline staff and service users. A workshop is to be planned to consider the recommendations of the report prior to the Department sending out guidance after the GB Department of Health make their announcements.

Action: Workshop for Board members to be arranged and Director of Finance undertook to provide Board members with a copy of the HFMA summary of the Francis report.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

The Chief Executive gave a brief outline of some of his activities since the last Board meeting:

- 14/01/13 Met with representatives from the DHSSPS to assist with the development of a regional Community Resuscitation Strategy on how care can be improved in rural areas.
- 15/02/13 Telephone conversation with Department of Health, Wales regarding a review of the Welsh Ambulance Service.
- 27/03/13 Met with a prospective private air ambulance company and outlined the Trust's position.

6.2 Transforming Your Care Update

An update was provided by the Chief Executive who advised that all Trusts are moving forward to implementation. A series of investment proposals are being developed.

Further advice is being sought regarding delivery and resourcing of '111' as some problems have been experienced in England.

7.0 Assurance Report as at 28 February 2013

The Chief Executive advised that the document has been updated to reflect discussions at recent Committees. The key change is the presentation of strategic aims and objectives. There are nine objectives relating to three strategic aims which have been aligned to the Strategic Plan. The priority of the Trust is to continue to deliver safe high quality care prioritising emergency, urgent and non urgent calls within the context of achieving financial balance and planned savings. Contingencies are in place but with increased demand on resources it is very difficult. A robust plan is in place and has been presented to the HSCB which has not yet been approved. Difficult decisions will be needed as the Trust cannot continue to absorb demand without parallel investment. The Trust is working with the Commissioners regarding current resources. The following points/issues were raised:

- Has NIAS been engaged in the process?
- There is clear recognition that Paramedics are part of Integrated Care Partnerships and NIAS needs to be involved.
- Are the Integrated Care Partnerships(ICPs) yet to be established?
- The Chief Executive is a member of the TYC Programme Board. The intention is for nine ICPs initially, and 17 eventually. These will be local in nature. While this may not be ideal for a regional service, NIAS is going to be involved.

Medical

The Medical Director presented his report advising that further information will be presented to the Assurance Committee in relation to alternative care pathways. Clinical Audit has undertaken work to improve reporting of data. JRCALC National guidelines have just been received and are being issued to all Divisions. Clinical Performance Indicators will be updated to reflect the new guidelines. The following comments/issues were raised.

- Serious Adverse Incidents. It would be useful to demonstrate within the report the lessons learned from investigating SAIs.
- It was noted that NIAS relies on the other five Trusts to provide information on patient feedback, which incurs a significant delay. The delay has been discussed with the Public Health Agency.
- '1000 voices' funding has been made available to all Trusts except NIAS which has been highlighted to the HSCB. This was considered to unhelpful as the Trust should not be so reliant on other Trusts to meet strategic objectives.

Operations

The Director of Operations updated members on his report adding that performance for Cat A was down by 4% for the same timeframe last year. The two main issues are turnaround times at hospitals and hospital divers. The following comments/issues were raised:

- The Director of Operations was commended for his report and it was noted that there are a lot of factors the Trust does not have control over. Is there a risk that performance could be viewed negatively and can the Board do anything? The Board is also concerned that staff are not getting their breaks.
- There is a clear risk that poor Cat A performance could be viewed negatively, and also that a focus on one element of performance above all others can divert attention from other matters which also require attention. It is important that the board considers all performance issues and assures itself that activity is appropriate, relevant and proportionate.
- The Trust has a duty of care to staff and discussions are ongoing to resolve this problem which may mean changing shift patterns. Procedures have been put in place for staff meal breaks which should be taken after six hours and staff should only be disturbed in the case of a life threatening call.
- The Trust is in an invidious position, delivering care within increasing financial constraints. A demand capacity analysis should be completed and if additional resources are required then the Trust should make an application for funding.
- The performance of this Trust is being affected by other Trusts. Can we determine if turnaround times impact on Cat A performance? Have turnaround times increased on the previous year and is it possible to quantify?
- Turnaround at hospital is a constant and growing pressure which removes response capacity, thereby contributing to deterioration in Cat A response performance. Given the range of pressures impacting on performance, it has not been possible to isolate the specific impact of this one issue. However, NIAS is working with HSC and Trusts to identify and introduce measures to prevent excessive, unnecessary waits at hospital. It is worth noting that in some instances, an extended period at hospital is clinically appropriate.
- The target is not being met because of others and therefore the target should be adjusted.
- Are staff reluctant to work overtime?
- The service is highly reliant on overtime and with the closure of the Belfast City Hospital NIAS has had to rely on overtime to provide cover. There are plans in place regarding the reliance on overtime.

Finance & ICT

The Director of Finance & ICT presented her report advising that the target of 95% for the payment of invoices within 30 days was unlikely to be achieved; the cumulative performance being 92%. She added that the Trust is predicting a breakeven position with a small surplus of £90K.

- It had been previously indicated that the new finance system may be creating errors in procurement, is this still the case?
- Work is still ongoing with the new finance system however there is no anticipated impact to NIAS.
- Has the Senior Executives' accrual of arrears been made?
- The accrual of arrears to Senior Executives has been incorporated.
- Is there not a high risk with capital spend of 45% being spent in the last month of the year?
- It is difficult when an allocation is given late in the year however this was specifically for chassis for vehicles and should be progressed by year end, with the main work for completion under other secured funds in the coming year

Human Resources & Corporate Services

The Director of Human Resources and Corporate Services updated members on her report adding that the Operations department was the only area not to achieve the target for sickness absence. Musculoskeletal problems remain the most significant reason for absence. The following comments were made:

- The Board requested that a summary of the staff survey be presented at the next Board meeting.
- It was advised that the report will not be available until the end of May 2013 where it is proposed that it be presented to the Assurance Committee in the first instance.

The Chief Executive suggested that a workshop should take place for the Board to consider risks. Risks should be reviewed and evaluated in turn.

- Will learning be identified?
- Learning outcomes are reviewed and reported through the HR Annual Report however the Director of HR&CS is happy to amend her report for the next meeting.

Action: Workshop for Board members to be arranged to consider risks.

8.0 Items of Approval

8.1 Social Media Policy

The unions requested that social media for NIAS be removed until a Social Media policy is in place. Consultations have taken place with the Unions who have agreed the policy with a review to take place in six months.

The Board welcomed the policy which provides clear guidelines and congratulations were offered to the authors of the policy.

Will the Executive team be able to demonstrate that this policy will have been disseminated to all staff? The Trust is currently investing in new software which will require the user to confirm they have read policies issued.

The Chief Executive set aside the decision regarding the use of social media on two occasions, issuing releases during the winter pressures and the plans in place for control when the electricity went down during the recent snow blizzard.

The policy was approved on the proposal of Mr McKinley and seconded by Dr Livingstone.

Action: Approved.

8.2 PPI Strategy

The PPI Strategy has been revised to reflect new guidance issued from the Department in conjunction with the responses from the consultation. It was considered that resources will now be needed to convert the plans into reality and the Non Executives members would support the Executive team in their bid for resources.

Mrs Lemon was commended for her leadership in this area. The PPI Strategy was approved on the proposal of Prof Hanratty and seconded by Dr Livingstone.

Action: Approved.

9.0 Items for Noting

9.1 Minutes of Assurance Committee held 14 January 2013

Noted.

9.2 Minutes of Audit Committee held 14 January 2013

Noted.

10.0 Application of Trust Seal

The Trust Seal has not been used since the last Trust Board meeting.

11.0 FORUM FOR QUESTIONS

In relation to Strategic Aim 3 and the public's perception of the ambulance service. Is it possible to issue new photographs to the media as current photographs usually show ambulances queued up outside hospitals?

The Trust is in regular contact with the media regarding the photographs used, however it cannot prescribe the images to be used.

12.0 Any Other Business

None.

13.0 Forward Agenda

The Chair summarised actions as follows:

A number of workshops are to be arranged for Board members and the secretariat will be in contact to canvass dates.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday, 30 May 2013 at NIAS Headquarters.

The Chairman thanked those present for attending and called proceedings to a close.

Signed: _____

Date: _____
Chairman