



**Minutes of a Trust Board Meeting held on Thursday, 30 May 2013,  
2.00pm at NIAS Headquarters, Knockbracken Healthcare Park,  
Saintfield Road, Belfast. BT8 8SG**

**Present:**

Mr P Archer	Chairman
Mr L McIvor	Chief Executive
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
Miss K Baxter	Senior Secretary

**Welcome and Format of the Meeting**

The Chairman opened the meeting by welcoming members of the public and Trust Board.

**1.0 Apologies**

Mr N McKinley, Non Executive Director.

**2.0 Procedure: Declaration of potential Conflict of Interest / Pecuniary Interests  
Quorum**

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

**3.0 Minutes of the Previous Meeting of the Trust Board held on 28 March 2013**

Members accepted the minutes as a true reflection of discussions held on the proposal of Prof Hanratty seconded by Dr Livingstone.

## 4.0 **Matters Arising**

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

An extension of the deadline for the completion of this document has been requested from the department. A workshop is to be held on the 13 June 2013 to complete the document. It was suggested that the workshop be facilitated and the Director of HR&CS undertook to engage with the HSC Leadership Centre to arrange this, if possible, given the short notice.

*Action:* Director of HR&CS to progress.

### 4.2 **Francis Report - Workshop**

The Trust has been charged with reviewing the 290 recommendations of the Francis Report to identify actions and learning. The Executive team have met and identified 39 recommendations which relate directly to NIAS. Engagement with the wider HSC will be necessary as interpretation of the other recommendations will be required for other HSC Arms Length Bodies. This information will be shared with the Non Executive members of the Board. A workshop will not be required at this stage.

### 4.3 **Assurance Framework – Workshop**

The framework document has been developed in line with Departmental guidelines and the three strategic aims of the Trust. This document will provide assurance to stakeholders and identify the means by which this is done. The document will be presented at Assurance Committee which will prompt action plans and highlight associated risks. Implementation of action plans should address the risks which in turn will support development of enhanced control and assurance.

## 5.0 **Chairman's Business**

### 5.1 **Visit to Human Resources & Corporate Services Directorate**

The Board welcomed the opportunity to visit the Directorate which is a busy department with a small team of staff. They enjoyed meeting the staff and found the presentations to be highly informative. It was added that the administrative staff in this Directorate perform a vital role within the organisation.

### 5.2 **Chairman's Update**

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

## 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:

March/ April	Engagement with the Permanent Secretary in relation to governance.
08/05/13	Met with the Chief Executive, HSCB along with other Trust Chief Executives regarding the changes to the consultation process on the closure of nursing homes.
14/05/13	Eco Health – A system has been developed for Northern Ireland to improve health and boost employment. NIAS position has been emphasised in terms of our ability to communicate information.
19/05/13	Attended Gold Command exercises to test plans and command structures for G8. It was a challenging and useful day.
24/05/13	Met with Prof Hanratty in respect of the Assurance Committee going forward.

## 6.2 Transforming Your Care Update

An update was provided by the Chief Executive who advised that NIAS has a role in working with 'Integrated Care Partnerships' (ICP) and we need to emphasise that position. A new funding template has been produced to enable bids to be made. A bid for project support will be made which will be a lever to enable the Trust to effect change. Discussion followed on the '111' system which has been introduced in some parts of England. There are lessons to be learned where implementation has run into difficulties and the situation is being monitored. The system will need to be adequately resourced. NIAS is also working closely with GPs. If relevant information can be accessed and recorded on NIAS systems crews can be made aware of clinical conditions prior to arrival. This is an opportunity to deliver a unique system, not necessarily '111' but a better system than we currently have. There are currently seven ICPs increasing to seventeen. A Project Implementation Document (PID) has been developed which will provide the Trust with an opportunity to get involved.

## 7.0 Assurance Reports

It was noted that the documents being presented today have not been presented to the Assurance Committee first because of the relative dates of the Assurance Committee and Trust Board. This issue has been raised by the Chair of Assurance with the Chief Executive and Medical Director.

**Action:** Chair of Assurance Committee to develop "health check" of committee performance akin to Audit Committee.

Two separate reports are presented today, for year ending 31 March 2013 and month ending 30 April 2013.

## 7.1 Assurance Report as at 31 March 2013

The Chief Executive provided a summary of performance and advised that we are not sufficiently resourced to meet all our targets. The Trust is bidding for more resources to meet increasing demand. Nevertheless the Trust is on schedule to break even having absorbed the cash-release savings for 2012-13.

### **Medical**

The Medical Director presented his report including the initial data of the falls pilot in the Southern Trust area. Initial findings were disappointing in that only a small proportion of suitable patients had been included in the pilot. He advised that further work is being undertaken with NIAS staff, NIAS clinical support team and SHSCT to improve compliance.

New JRCALC guidelines have now been published and are currently being issued to staff. A number of the new guidelines contain elements of “treat and leave” within them.

In response to a question regarding the planning for the G8 summit, the Medical Director advised that this was subject to security restriction and that he was therefore prevented from disclosing specific details, but advised that the plans had been exercised and tested and this had identified useful learning.

The following comments / issues were raised:

- Page 53 refers to learning and action from Patient Satisfaction Surveys. The Trust needs to demonstrate how we can learn from these experiences.
- It was noted that this was dealt with elsewhere in the report, but that the new template for the Assurance Report would show learning outcomes from these reports.

### **Operations**

The Director of Operations updated members with the year-end report which shows that the Trust has not been able to meet the target for Cat A performance and HSCB have been informed.

There are two components to effecting improvement within NIAS; current systems need to be reviewed and initiatives introduced to help us make best use of current resources. The Trust should take advantage of TYC development proposals based on the Trust Delivery Plan and Corporate Plan. The following comments/issues were raised:

- There was a significant increase in demand for the period November to March 2013; do we know why this happened?
- It is difficult to give any particular reason for this increase however the Trust should be able to flex up or down and still provide a safe service. Up to now the Trust has absorbed the increase in demand however experience this year indicates this is no longer possible.

- It was proposed by the Chairman that the Trust has performed satisfactorily given the additional pressures. A Non Executive Director added that the performance targets should be modified to take account of demand.

### **Finance & ICT**

The Director of Finance & ICT presented her report advising that the Trust is predicting a breakeven position with a small surplus of £89k subject to audit. The following comments was made:

- Page 73 refers to progress against ICT strategy. It was noted that a fuller update on progress would be useful.

### **Human Resources & Corporate Services**

The Director of Human Resources and Corporate Services updated members on her report adding that there has been an increase in sickness absence towards the year-end. 30% of sickness absence is due to musculoskeletal problems however stress is also a factor. She added that the Trust has introduced a peer support system and training is ongoing with Managers. The following comments were made:

- Is there a spike in absence at times of increased demand?
  - A correlation was carried out which did not relate the two. It was added that when staff do not get meal breaks etc it can affect morale and overtime can be declined and when staff are out sick they may stay off longer.

## **7.2 Assurance Report 2013/14 as at 30 April 2013**

The Chief Executive advised that a new format has been introduced for this year which will reflect strategic issues and performance. The report covers the key actions from the Trust Delivery Plan and the Corporate Plan and a report will be provided against each.

Board members considered the new format to be very helpful and welcomed the development of the document. The timeliness of the data was also well received. The following comments/issues were raised:

- Page 39, item 3.1 refers to an Annual Quality Report. How far has this been developed?
  - A template is currently being developed which is a regional document however NIAS may need to develop its own.
  - Page 38, item HR10 2.21 refers to 90% of staff having an annual appraisal by June 2013. The Director of HR&CS advised that this target will not be achieved. Staff appraisal is new to the Trust and the process has been agreed with Trade Unions however they do not agree to the term 'appraisal'. Staff will be appraised against the corporate aims of the Trust and it is hoped that 11.5% of staff will be completed by June 2013. It was noted that 43% of staff have completed the Knowledge Skills Framework (KSF).

- It was considered that this process gives the Trust the opportunity to say how staff are valued and what they do is important.
- The target for sickness is 6.7% and it was noted that 7.85% for April is not a good start for the year. Sickness remains a priority for Trust.
- Is the target set for prompt payment appropriate and is this target set by NIAS?
- Figures are measured against the 30 day target however the Trust will be monitored against the 10 day target set by the Department. One problem for NIAS is that with being a regional service it is difficult to get invoices verified and signed within this period.

## 8.0 Items of Approval

### 8.1 **NIAS Annual Plan & Trust Delivery Plan 2013-14**

This document was presented for approval to the Health and Social Care Board in April of this year. The Trust has not been advised of any concerns or approval of the document. It has been presented to the public today in draft form and sets out what the Trust hopes to achieve and our aspirations moving forward. The savings proposals are included. The Director of Finance went through the detail of the financial information and wished to ensure that members were clear on the financial implications, in particular the budgetary forecasts, before they approved the document. A typing error was noted on Pages 6 and 33 and should read as follows on each page:

*'2012/13, £1.176 million; 2013-14, £1.066 million; 2014-15, £0.802 million; resulting in a projected cumulative £3.044 million by 2014/15'.*

The following comments/issues were raised:

- Do the figures for payroll include staff increments?
- An award for pay and prices is provided annually to each Trust which covers fuel, goods and services as well as payroll.

The NIAS Annual Plan and Trust Delivery Plan was approved subject to the minor amendments on the proposal of Ms Paisley and seconded by Dr Livingstone.

**Action:** Approved.

### 8.2 **Claims Management Policy & Procedure**

This document has been benchmarked with other Trusts and has been equality screened for any adverse affects. It was confirmed that the Trust's legal advisor has reviewed the document. It was considered that a paragraph for the application to the Department for funding of clinical negligence claims should be included in the policy. It was agreed that engagement with DLS should also be included in the policy.

Subject to the above amendment the policy was approved on the proposal of Ms Paisley and seconded by Mr Mullan.

**Action:** Approved. Director of Finance to provide a paragraph on the suggested amendments.

### **8.3 Disability Action Plan**

Director of HR&CS presented the document advising of one amendment at the top of Page 11, should read “Chief Executive and 4 Executive Directors’ not 5. The following issues/comments were raised:

- Is there a target for organisations to employ disabled staff?
  - There is no target. Workforces should be inclusive and reasonable adjustments can be made to accommodate staff with a disability.
- Page 24 consists of a list of contributors. There is no mention of Mencap or Orchardville which look after people with learning disabilities. Does this Trust accommodate placements for people with learning disabilities?
  - A moratorium is currently in place for all work placements however the Trust has facilitated placements for people with learning difficulties in the past. The list of contributors will be checked to ensure that these organisations are included.
- It was suggested that involvement with these groups could be beneficial to the Trust as they can be very supportive of Trust aims and can lobby on Trust’s behalf.
- Page 12 – ‘encouraging the participation of disabled people in public life’ does the Trust monitor the composition of the workforce as the Board would like assurance that the Trust is open to employ disabled people?
  - Staff are asked to disclose any disability on their application for recruitment. The Trust does make it clear that we are open to people with disabilities.

### **8.4 Health & Wellbeing Attendance Management Action Plan**

The Policy was presented and approved on the proposal of Dr Livingstone and Ms Paisley.

**Action:** Approved.

## **9.0 Items for Noting**

### **9.1 NIAS Management Statement and Financial Memorandum**

The Chief Executive advised that the document is presented for noting each year. He added that there has been no change to the document since it was presented last May.

Noted.

### **9.2 Minutes of Audit Committee held 14 March 2013**

Noted.

### **9.3 Minutes of Assurance Committee held 14 March 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**

No questions were received.

**12.0 Any Other Business**

None.

**13.0 Forward Agenda**

No items were noted.

**Date, Time and Venue of Next Meeting**

The next meeting of the Trust Board will be held on Thursday, 25 July 2013. Venue to be confirmed.

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

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Chairman**