



**Minutes of a Trust Board Meeting held on Thursday, 25 July 2013,
2.00pm at the Adair Arms Hotel, 1-7 Ballymoney Road, Ballymena**

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
Mr N McKinley	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

None.

**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 30 May 2013

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

4.0 Matters Arising

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

A workshop took place on Monday, 1 July 2013 where progress was made on completing the self-assessment tool. A further meeting is due to take place on Monday, 29 July 2013 to hopefully complete the process.

5.0 Chairman's Business

5.1 Presentation & Meeting with Ballymena Staff

The presentation on the proposed new Ballymena Station this morning was detailed and informative and thanks are to be extended to Mr Snoddy, Asst Director of Operations. The Board were encouraged by the large number of staff who came to hear the presentation and welcomed the opportunity to speak directly with staff. The Board added that the professionalism and commitment of staff is always very evident.

One of the issues raised by staff was that approximately 50% of patients transported don't have clinical conditions. Assaults on staff were also raised. The Chief Executive commented that it was encouraging that staff are discussing this issue of appropriateness of hospital attendance, however, he cautioned against using unsubstantiated information and stated that the information quoted was not an accurate reflection of the position. He further advised that a range of measures have been introduced to protect staff while carrying out their duty.

Hospital Ambulance Liaison Officers (HALO's) in A&E departments has been welcomed by A&E staff. It was noted that the role of HALO does not have recurrent funding however a case will be made for this.

The new Ballymena Station is a major investment for the Trust and the Board inquired if any future proofing for this type of project was being made? The question of NIAS being reliant on other Trusts was also raised as many ambulance stations are still on hospital sites and permission is required from the relevant Trust to make changes to buildings.

5.2 Chairman's Update

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

5.3 Queen's Ambulance Medal

The Chairman advised that Mr Billy Newton, Emergency Planning Officer has been awarded the Queen's Ambulance Medal and congratulations were offered to him by the Trust Board.

Action: Chairman to write and congratulate Mr Newton on behalf of the Board.

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:

- June 2013 G8. This was a major event for the Trust and the efforts of all the staff involved was appreciated which contributed to a successful event. The Chief Executive has written to the Scottish Ambulance Service and UK Ambulance Service representatives thanking them for their assistance. A letter of commendation has been received from the Chief Medical Officer as per item 9.1.
- 24/06/13 End of Year Accountability Meeting with the DHSSPS.
- 25/06/13 Public Facing Accountability Meeting with the Health Minister. NIAS is the first organisation to hold this meeting. It was an opportunity to showcase the Trust and respond openly to questions. The Minister plans to hold similar meetings with all HSC Organisations. The Board commented that both the Chief Executive and Chairman performed well during the meeting.
- 26/06/13 Health Committee Meeting on the proposal to replace EMTs with Paramedic Assistants. The Executive Team gave a full account of the proposed changes and associated savings. One of the questions asked was whether the Trust would be making these changes if efficiency savings were not required. The committee was advised that additional funds would be used to support this model as it offered the most cost-effective means of delivery safe quality care, resulting in more ambulances being available than with a more costly model.
- 05/07/13 **Action:** Copy of Hansard report to be issued to Trust Board
Attended a workshop along with the Director of HR in relation to the response of Trusts to the Francis Report.

6.2 Transforming Your Care Update

An update was provided by the Chief Executive who advised that he is due to attend a meeting tomorrow. The key elements of the TYC are being progressed with additional funding being required for 2013/14. Investment proposals are being developed for clinical support and alternative care pathways. Data is being analysed to anticipate demand. The following issues/comments were made:

- Integrated Care Pathways- to what extent is it clear that they will demonstrate added value? Will ICPs have a budget and will the Trust see a return for their efforts?
- ICPs will not have a budget and resource decisions remain with the Commissioners. There has been no specific benefit identified for NIAS from engagement with ICPs, however we continue to engage with all involved and see this as a valuable way of engaging local clinicians and commissioners in supporting service development to provide better patient care. Some integrated care pathways may be dependent on the 'directory of services'.

7.0 Performance Report as at 30 June 2013

The Chief Executive presented the Performance Report highlighting that the area of greatest concern currently is service delivery and Cat A response.

He also added that the Trust is struggling with the aspirations of PPI and the 10,000 voices initiative. Funding has been made available to the five other Trusts for this, but not NIAS. This issue has been raised with the Department.

Considerable discussion ensued on both topics, and the Board was very disappointed that five Trusts have been funded to carry out this work but not NIAS. This is a statutory obligation for all Trusts and it is unacceptable that no funding has been allocated to NIAS. It was also noted that there is a considerable workload attached to this work; furthermore this issue should be reflected in our Risk assessment and considered further by the Assurance Committee

It was suggested that the Board make representation to Public Health Agency (PHA) who allocated funds.

Action: Chairman to write to PHA on behalf of the Board.

Medical

The Medical Director presented his report and the following issues/comments were raised:

- Page 54 (figures 1, 2 &3) – The narrative included with the incident report was welcomed. It was noted that the number of incidents reported during the summer period had reduced, and an explanation was requested.
- This pattern of a reduction in the number of reported incidents in the summer months has been noted each year. Apart from it coinciding with a period when most staff take annual leave, no other explanation is apparent. However this is monitored on an ongoing basis to identify any specific emerging trends.
- There is a trend of increased reporting of clinical incidents. How does the Trust know that this is not an actual increase in the number of clinical incidents occurring?
- It was explained that the majority of clinical incidents are in relation to pharmacy and specifically issues with the drug packs. This represents an increase in the reporting of incidents such as broken ampoules and deficiencies in the stock within the packs and therefore represents the reporting of potential risks rather than any incidents that have posed an actual risk to patient safety. The introduction of Clinical Support Officers has been beneficial in this regard as staff are able to report directly to them any clinical concerns they may have, which has also contributed to an increased number of reports. This is subject to ongoing monitoring and there has been no increase in the number of adverse incidents involving direct patient care.
- The Board would encourage staff to report all such incidents.
- Page 49. Clarification of the significance of the recording of the patient's blood glucose was requested and if this was increasing.
- The confirmation of an improvement in the patient's blood glucose level following treatment is essential if the patient is not transported to hospital and is to be safely left at home. The introduction of a 'treat and leave' protocol for diabetic hypoglycaemia was delayed until this was recorded satisfactorily and this will now be included in the redesign of the Patient Report Form which is currently ongoing. It was noted that approximately only 60% of patients with diabetic hypoglycaemia are now being transported to hospital following treatment.
- It was noted that the numbers of patients in the 'treat and refer' pilot for falls in the

- elderly in the Southern area were low, and how can this be improved?
- It was agreed that initial numbers were disappointing and that NIAS is actively engaged with the Southern Trust to improve this. It appears to be an issue of confidence where staff are reluctant to leave frail elderly patients at home following a fall and this is compounded by the apparent delay in the response to referrals leading to a perception that the patient may not receive the appropriate assessment and treatment at an early stage. Staff are therefore acting in the patient's best interest and to minimise risk to the patient and confidence, and therefore number of patients involved in the pilot, may increase following review of the referral process and subsequent intervention.
 - The Board welcomed this information and acknowledged that other partners need to be involved to achieve change. They are reassured by the actions of crews in that patient's needs are being put first.
 - Page 25/26. It was felt that careful thought was required in relation to the setting of targets regarding patients being treated at home and not transported to hospital, and if the Trust had any role in the setting of such targets.
 - The Trust is the first point of contact for people making emergency calls. There is no doubt that a significant number of these patients could be managed at home if the Trust had links to other services in the community. Staff could also be trained in areas such as sutures, unblocking catheters etc. but this would need to be explored further through engagement with, for example, ICPs etc. to avoid duplication and ensure appropriateness and consistency.
 - How can the Trust be expected to manage its budget when it plans to expand its role in other areas when current performance targets are not being met, especially since other HCPs are already trained in this work? It was also felt that additional clinical interventions would increase on scene and reduce the availability of the ambulance resources for further calls and that this issue needs to be considered further.
 - It was confirmed that NIAS would continue to link service developments to additional funds as evidenced in acute service change developments. Project Management support was also highlighted as a key requirement Addressing core performance within existing resources remained an absolute priority, evidenced by the performance improvement plan tabled by the Director of Operations.

Human Resources & Corporate Services

The Director of Human Resources and Corporate Services updated members on her report advising that the target for sickness absence is currently sitting on 'red' and that the Trust is unlikely to meet the target of 6.7%. The main area for concern is within the operations department as the majority of staff work in this area. Guidelines have been drawn up for Managers to deal with staff absence.

The Director also highlighted that a decision may result in September 2013 on the Agenda for Change job evaluations for RRV Paramedics, Paramedics and EMTs.

The following comments were made on the HR Report:

- The Trust has received the overall response to the HSC staff survey. It was noted that the response from NIAS is low. It was considered that other options need to be explored to get staff engaged.
- It is difficult to prioritise this but the matter will be raised at the 'partnership forum'. An action plan will be developed and presented to the Assurance Committee.

- It was also considered that a survey is not the best model as there are inconsistencies in the answers given. Continuous dialogue is one alternative approach supported by regular engagement on a rolling programme
- It was noted that the increase in reporting of incidents indicate that staff know that the reports are being followed up.
- The Board welcomed open engagement with staff where they are free to express their views.
- The number of harassment incidents is increasing, is this focused on one particular area?
- Director of HR was unable to comment on the specifics of these cases, due to potential issues of confidentiality with the relatively small numbers involved. It was confirmed that the Trust had appropriate procedures in place to identify patterns around location and individuals and manage accordingly.
- Staff are due to complete the Knowledge & Skills Framework (KSF) by September 2013, how is this progressing?
- KSF for staff is progressing well. There are difficulties for operational staff however the Trust hopes to complete by September 2013. It was added that there are major implications for the Trust when staff are taken from their posts.
- Assessment of staff is due to take place in six months which feels like quite a challenge, can the Trust sustain this target?
- If any problems arise the risk will be considered and managed accordingly.

Finance & ICT

The Director of Finance & ICT presented her report advising that there is currently an overspend of £23K. It was also highlighted that the Trust has taken possession of BSTP Finance, Procurement and Logistics (FPL) system and the first budget reports have been produced. The following comments were made:

- The Board wished to commend all staff involved in the implementation of the new system.
- With BSO handling contracts, how does this affect NIAS in relation to audit recommendations?
- NIAS review of Audit recommendations will take account of the new systems and our corrective measures will take account of the role of BSO, while ensuring that NIAS responsibilities and requirements are appropriately addressed.

Operations

The Director of Operations provided members with the April – June report which shows that the Trust has not been able to meet the target for Cat A performance. The following comments/issues were raised:

- The 'red' rating for the increase in 'Voluntary Car Drivers' (VCS) was noted. Is this likely to recover whilst maintaining PCS efficiencies?
- The rating relates to efforts to increase the availability of VCS personnel to undertake existing activity. The issue is one of timing given other pressures on the recruitment team. While the risk to the objective is high, the likely impact on service provision is low.
- The Board stated that a review paper on PCS and VCS would be useful

Action: Director of Operations to provide a paper to Trust Board at an appropriate time.

8.0 Items of Approval

8.1 **Mid Staffordshire Foundation Trust Public Enquiry – NIAS Response & Action Plan**

The Chief Executive presented this report advising that it has been presented to the Chief Medical Officer, DHSSPS. This is the Trust's response and action plan and is presented for approval. Any further comments from the Board can be incorporated into the ongoing process, in particular any additional recommendations which require NIAS action. The following issues/comments were raised:

- It was noted within the Francis Report that there was a significant dilution of qualified professionals in frontline care. NIAS needs to ensure that staff are appropriately educated and trained.
- NIAS Education, Learning & Development Plan addresses this concern.
- There does not appear to be any accountability required from Non Executive Directors, NEDs do have a role.
- The role of NEDs is a clear issue which is addressed in recommendations for other bodies, from whom we await direction.
- What criterion was used to select 39 of the recommendations for NIAS? It was requested that the NEDs have the opportunity to review the document as it is developed.
- The 39 recommendations represent an initial sift to identify those recommendations of specific and immediate relevance to NIAS, which do not require further direction from external bodies. Further input from NEDs on specific recommendations to be included or considered further was welcomed. The action plan would continue to be developed to address all recommendations and reported through Assurance committee to trust board.
- To what extent has NIAS tested our judgements against other ambulance services? It would be useful to undertake a benchmarking exercise.
- In developing this approach and our response to recommendations NIAS has taken account of information sourced from other UK services, while recognising the differing operating environments.

It was commented that the timeframes are challenging and the Trust needs to indicate if current guidance is sufficient or not however we need to remain consistent with the rest of the HSC. The matter will be picked up at a higher level if the gaps are not addressed. It was agreed that all actions will be reported through the Assurance Committee.

The response and action plan was approved on the proposal of Dr Livingstone and seconded by Prof Hanratty.

Action: Approved.

All actions to be reported through the Assurance Committee

8.2 Operations Performance Improvement Plan 2013-14

The Director of Operations presented the plan advising that this is an attempt to consolidate actions to improve performance. The following issues/comments were raised:

- The Board acknowledged the plan to be a complex and concise piece of work which is very useful as projects can be tracked and progressed. What level of resource is required?
- NIAS has an advantage of scale given the size of the organisation as directorate teams and responsible officers can meet regularly to discuss and update the plan. An Asst Director is responsible for elements of the plan and reporting on progress. It was also acknowledged that it was difficult to deliver step changes in performance for Cat A while maintaining the totality of the service delivered and responding to pressures and changes outwith NIAS.

The plan was approved on the proposal of Dr Livingstone and seconded by Prof Hanratty.

Action: Approved.

9.0 Items for Noting

9.1 **G8 Summit – Correspondence from Dr Michael McBride, Chief Medical Officer**

Noted.

9.2 **NIAS Trust Delivery Plan 2013-14 - HSCB Approval Letter**

Noted.

9.3 **Arms Length Bodies' 2013-14 Business Plans - DHSSPS Correspondence & NIAS Response**

Noted.

9.4 **Minutes of Assurance Committee held 6 June 2013**

Noted.

9.5 **Minutes of Audit Committee held 14 May & 6 June 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

Strategic Planning for Corporate and Trust Delivery Plans. Submission dates to be checked.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board & AGM will be held on Thursday, 26 September 2013 at NIAS HQ

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

Signed: _____

Date: _____
Chairman