

## NORTHERN IRELAND AMBULANCE SERVICE

*Minutes of a Trust Board Meeting held on Thursday, 24 January 2013,  
2.00pm at Ranfurly Arts & Visitor Centre, 26 Market Square,  
Dungannon. Co Tyrone. BT70 1AB*

### 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
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 P McAllister	Senior Secretary

### Welcome and Format of the Meeting

The Chairman opened the meeting by welcoming members of the public and Trust Board and formally welcomed Mr Robin Mullan, newly appointed Non Executive Director. Mr Mullan advised that he is Chief Executive of Peamount Hospital in Dublin and has had experience in both the public and voluntary sectors. He is delighted to be a member of the NIAS Board.

#### 1.0 Apologies

Dr J Livingstone, Non-Executive Director

#### 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 15 November 2012

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

## 4.0 **Matters Arising**

### 4.2 **Trend Analysis on Recruitment**

The Director of HR&CS highlighted some minor corrections to the document presented within the papers and tabled an updated paper to the Board. She advised that the report was developed in relation to a specific question asked at the Board meeting in September 2012. Details of the report were discussed and the Board asked if the Trust could monitor this matter further over the next year focussing on potential barriers to recruitment for specific groups. The Chief Executive suggested that the Trust engage externally with relevant expertise to determine if there are any barriers to recruitment and develop options to address issues identified. Director of HR&CS added that the Trust makes an annual return to the Equality Commission with 3 yearly reviews also taking place and no recommendations have been received. She added that the Assurance Committee could be used as a vehicle for future reporting in the first instance.

**Action:** Director of HR&CS to progress and report through Assurance Committee to Trust Board.

## 5.0 **Chairman's Business**

### 5.1 **Visit to Dungannon Ambulance Station**

The Board enjoyed their visit this morning to Dungannon Station adding that they value these visits which gives the Board the opportunity to speak with staff who always give a very full and frank response to any questions. It was also advised that Dungannon Station was one of the first to be affected by the changes in acute service reconfiguration in the area.

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

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

### 5.3 **Appointment of Non Executive Directors**

The Chairman advised that the Board now has a full complement of Non Executive Directors with the recent appointments of Dr Livingstone and Mr Mullan.

## 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:

27/11/12 Attended a meeting of the Civil Contingency Group headed by the DHSSPS.

- 29/11/12 Addressed a meeting of the Joint Consultative Negotiating Council regarding the implications of TYC.
- 14/12/12 Hosted a meeting of the Four Nations which comprises of the Chief Executives and representatives of the Department of Health from England, Scotland, Wales and Northern Ireland.
- 18/01/13 Attended the Long Service Medal Ceremony which acknowledges staff with 20 years' service. This year retired staff and retired Voluntary Car Drivers were also acknowledged.

## **6.2 Transforming Your Care Update**

An update was provided by Chief Executive which highlighted key areas including: to secure funding to deliver TYC with a business case to be developed and receive confirmation of funding for NIAS. Areas of priority for NIAS are '111' Unscheduled Care and Integrated Care Partnerships. NIAS were not part of initial membership of ICPs however after the Trust highlighted the omission and challenged the rationale, NIAS is now included in the development of plans.

## **7.0 Assurance Framework as at 30 November 2012**

The Chief Executive advised that he is continuing to develop the report which was presented at the Assurance Committee on the 14 January 2013. The draft document has been shared and approved by the Department.

### **Medical**

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

- The 'treat and refer' protocols in relation to hypoglycaemia have been introduced. Has there been an increase in the number of patients not being transferred to hospital following the introduction of the 'treat and leave' protocols in relation to hypoglycaemia and the 'treat and refer' protocols relating to falls?
- It is anticipated that initial data relating to the initial few months following the introduction of these protocols will be available by end March 2013. Patients do not always wish or require to be transported to hospital. These protocols now provide staff with clear criteria regarding the non-transport of patients with these conditions, which is a much more robust and safe approach. Staff will also ensure that patients are not left alone and are given written guidance and advice.
- Is HART activated through Control?
- There are a number of designated incident codes which will automatically alert HART to potential incidents at the point of contact.

### **Operations**

The Director of Operations updated members on his report adding that his department is under increasing pressure and gave an example of one day where there were a number of major incidents on top of normal business. The following comments/issues were raised:

- How does the increase in calls compare to other UK ambulance services?
- They are also under pressure but the Trust would not have the figures to hand.

- Is it useful for the HSCB to know that UK ambulance are also under pressure, is there shared learning?
- Any work in this area has been initiated by NIAS. There are a number of national groups but there is insufficient emphasis on benchmarking.
- What is the growth likely to be in future?
- Predicted growth 5% per annum.
- The Chief Executive stated that this issue has been identified and shared with the Department/HSCB and the Trust will do what it can with the available resources.
- Has the Liaison Officers based at some A&E departments made any improvements?
- Improvements are being made with better communication between hospitals and ambulance control.
- Will the Ballymena business case help to improve response times in the northern division?
- There is no expectation that the business case for Ballymena will help to improve response times.

Director of Operations wished to thank staff for their hard work over the Christmas period and he also extended his thanks to St John Ambulance and Red Cross for their assistance. 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.

The Board considered the report presented and in particular the efforts being made to turn performance around and reiterated their support for the Executive team.

### **Finance & ICT**

The Director of Finance & ICT presented her report to members stating that the target of 95% for the payment of invoices within 30 days was unlikely to be achieved; the cumulative performance being 93%. This is due to pressures from BSTP which was expected to 'go live' in December 2012 however there has been a series of delays with no new date agreed.

- How disruptive is the BSTP on NIAS?
- Staff are required to participate in various groups which significantly impacts on the small teams within the HR and Finance departments.
- Is the Trust monitoring activity on Twitter and Facebook?
- The Communication Officer who works to HR monitors all activity online. A policy is also being developed for this area.

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

The Director of Human Resources & Corporate Services updated members on her report. The following comment was made:

The Board welcomed the sample of compliments which is always heartening to see and asked if staff are given a copy of the compliments received.

A letter of response is sent by the Chief Executive and a personal letter is sent to each member of staff involved praising their professionalism with a copy of the compliment letter.

## **8.0 Items of Approval**

None.

## **9.0 Items for Noting**

### **9.1 Response to Consultation on Transforming Your Care**

Noted.

### **9.2 Disability Action Plan**

Noted.

### **9.3 Letter from Mr John Compton – Christmas Cover**

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 received from the floor.

## **12.0 Any Other Business**

None.

## **13.0 Summary & Forward Agenda**

The Chair summarised the meeting and actions as follows:

- Further work to be carried out on the recruitment 'Trend Analysis'.
- Assurance Framework document to continue to be developed.

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

The next meeting of the Trust Board will be held on Thursday, 28 March 2013 in the Western Division. Venue to be confirmed.

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

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

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

