



***Minutes of a Trust Board Meeting  
held Thursday, 2 June 2016 at 2.00pm  
in the Boardroom, NIAS HQ, Site 30, Saintfield Road, Knockbracken Healthcare  
Park, Saintfield Road, Belfast, BT8 8SG***

**Present:**

Mr P Archer	Chairman
Ms R O'Hara	Chief Executive (Interim)
Mrs S McCue	Director of Finance & ICT
Dr D McManus	Medical Director
Mr N McKinley	Non-Executive Director
Mr A Cardwell	Non-Executive Director
Mr T Haslett	Non-Executive Director
Mr B McNeill	Director of Operations
Mrs M Lemon	Director of Human Resources & Corporate Services (Interim)

**In Attendance**

Miss K Baxter	Executive Administrator (T)
Mrs J Pattison	Senior Secretary (T)

**Welcome and Format of the Meeting**

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

**1.0 Apologies**

Dr J Livingstone, Non-Executive Director  
Mr W Abraham, 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 7 April 2016**

The members accepted the minutes as a true reflection of discussions held on the proposal of Mr McKinley, seconded by Mr Haslett.

**Action:** Approved

#### **4.0 Matters Arising: Action Log**

All actions completed and can be removed from the log.

#### **Matters Arising**

##### **4.1 Assurance Committee Report (Dr Livingstone)**

Due to Dr Livingstone's absence this item was deferred to the next Trust Board Meeting on 4 August 2016.

#### **5.0 Chairman's Business**

##### **5.1 Chairman's Update**

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

##### **5.2 Visit to Royal Victoria Hospital Emergency Department**

The Chairman highlighted to the Board that he found the visit to the Emergency Department at the Royal Victoria Hospital very interesting and informative. He stated that there was a high level of praise for Ambulance Staff at RVH which was a very busy hospital with a high volume of Ambulances going there. The Chairman suggested that the Board should visit the Emergency Departments at the Ulster, Antrim and Craigavon Hospitals in due course. These visits could replace Ambulance Station visits. No timeframe was put on this and it would fit around the divisional area in which future Trust Board meetings are to be held.

#### **6.0 Chief Executive's Business**

##### **6.1 Chief Executive's Update**

The Chief Executive (Interim) gave a brief outline of some of her activities since the last Board Meeting which included the following:-

- The Chief Executive (Interim) and the Director of Human Resources and Corporate Services (Interim) attended the Human Rights Conference.
- Met with rep from the Cabinet Office who is leading HSC Communication Capacity Review. NIAS awaits a further outcome from the Cabinet Office. The Chief Executive (Interim) thanked the Director HR&CS and the Communications Manager for their hard work.
- Sat on the Selection Panel for the recruitment of the Director of HR&CS (Interim).
- Trust Board Workshop – Corporate Plan.
- SEMT Workshop – Financial Plan.
- Chief Executive Forum Meetings
- Chief Executive Restructuring Meeting - Change to Health and Social Care

- Board – No outcome as yet.
- Ongoing work with Directors on Objectives.
- Approval regarding first divert. Chief Executive paid tribute to Control Staff.

## **7.0 Performance Report as at 31 March 2016**

### **7.1 Operations**

The Director of Operations informed the Board that the Operations Directorate Report is comprised of three sections:-

- (1) An analysis of Performance against demand and the various contributing factors.
- (2) A brief synopsis of key Control & Communications elements of the service and their relevance to our performance.
- (3) Fleet and Estates.

The Director of Operations gave a brief update on performance and it was noted that :-

- Error page 2 it should read - The above chart shows a 22% increase in Category A demand over the past 5 years and a corresponding 19% decrease in Category A performance.
- Category A Performance at the end of March was 55.7%.
- 999 Activity – There has been an increase by 3.1% (equating to nearly 17 more emergency calls each day of the month) and a 5.3% increase in urgent activity and a 0.2% increase in non-urgent activity.
- Page 9 – 999 Call taking 92% of calls taken within 2 minutes. The Chairman requested that the Director of Operations provide more details on the Call Taking Process at the next Trust Board Meeting.

**Action:** Director of Operations

The Director of Operations gave a brief update on Fleet and Estate and it was noted that:-

- Page 11 Enniskillen Station - Key Performance Indicator: To deliver Project milestones as planned. Planning permission was granted for the replacement Enniskillen Station on the site of the former Erne Hospital. NIAS have decanted from their old premises which have been demolished and are in new modular accommodation adjacent to the development site. This will enable the replacement station to be completed with no disruption to ambulance services during construction. A valuation agreement of £180k for transferring the site from WHSCT to NIAS was reached on 3 May 2016. This is within the limits reserved within the Project Business Case. The project is on target. This will be signed off at the next Board Meeting.

**Action:** Director of Operations

## **Performance Report as at 30 April 2016**

- The Director of Operations updated members on the following: Category A Performance at the end of March was 55.3%
- Page 13 – Ambulance Turnaround Times, Royal Victoria Hospital and Antrim Area Hospital remain very busy.
- Page 14 – Category A Performance: Averages and Outliers, the average response time has not changed (10m:46s) however, North Area has increased. South Eastern is under pressure and Belfast is on target.

## **Performance Report as at 31 March 2016**

### **Director of Finance & ICT**

The Director of Finance & ICT updated members and the following issues/comments were raised.

- Page 1 - Financial Performance. The Director of Finance indicated that there was a small surplus of £52K as at the end of March 2016. The Trust is currently forecasting a breakeven position at year end, subject to a number of key risks and assumptions. In particular EMT, Paramedic and RRV Paramedic staff are currently being paid without prejudice, at Band 4 and Band 5 on account, subject to the outcome of the matching process.
- Page 3 - NIAS Savings Proposals Summary 2015/16. It was highlighted that the Trust is working to deliver savings of £1.2m in 2015/16 and is on track to achieve.
- Page 4 - Capital Spend. The Director of Finance indicated that the Trust had received a Capital Resource Limit (CRL) of £7.658m (previously £7.526m. This has been allocated against Fleet replacement, Estate and IT and general Capital.
- Page 6 - Prompt Payment of Invoices. The Director highlighted that the target of 95% of invoices paid within 30 days will not be achieved cumulatively for the year 2015/16. This was largely due to the days lost processing due to implementation of the new Finance, Procurement and Logistics System (FPL). However performance figures from October to date has met and exceeded the target set. NIAS has been working towards a regional target of 60% within 10 working days which it has achieved cumulatively for the year.
- The Director of Finance updated the Board on page 9 - Information Technology Systems. She advised that there was downtime on 4 and 21 March due to a telephony fault but that the situation was managed well.
- Page 11 The Director of Finance highlighted Information Governance End of Year position of 75% had been achieved and that this was an extensive piece of work for the Department and that a number of items remain a priority for the Trust during 2016/17.
- Page 11 - Freedom of Information activity - The Director of Finance indicated that 70.77% of requests had been processed within 20 working days in 2015/16. She also highlighted that from 01/04/15 – 29/03/16 76%

of requests under the Data Protection Act (DPA) were processed within 40 calendar days.

### **Performance Report as at 30 April 2016**

The Director of Finance & ICT updated members on the following:

- Page 3 - Financial Performance. The Director of Finance indicated that the final accounts for 2015/16 were currently being finalised and audited and there was no forecast finance position for April 2016 (Month 1) at the time of this report.
- Page 4 – Prompt Payment of Invoices - The Director of Finance highlighted that the Trust is required to pay non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The target is 95% of invoices within 30 calendar days of receipt of a valid invoice, for the goods and services, whatever is the latter. A regional target to pay 60% of invoices within 10 working days (14 calendar days) has also been set.
- The Director of Finance updated the Board on page 5 - Information Technology Systems. She advised that there was downtime on 9 April due to a telephony fault but that the situation was managed well.

### **Performance Report as at 31 March 2016**

#### **Human Resources and Corporate Services (HR&CS) (Interim)**

The Director of Human Resources and Corporate Services (HR&CS) updated members on the following:

- Page 1 - Job Evaluation. The Director HR&CS highlighted that NIAS are disappointed the RQA have still not accessed the system to allow them to complete the process. NIAS will continue to link with the Regional Management Job Evaluation Lead to press for a conclusion.
- Page 3 – Sickness Absence. The Director HR&CS highlighted that NIAS met the sickness absence target for 2015/16, as agreed with the DHSSPSNI, which was to maintain or improve the previous year's performance. It was noted that stress accounts for a high proportion of sickness absence, followed by mental health and muscular skeletal injuries. It was highlighted that the HR Department supports Attendance Management in line with its Health & Wellbeing Attendance Management Action Plan and HR provide professional advice and support to managers in support of management of attendance in the Trust. SLA meetings continue between HR and Occupational Health, as do meetings with Care Call to address prevalent issues related to staff absence e.g. Stress Management.
- Page 15 - Complaints. The Director informed the Board that significant work is underway to enable the Trust to ensure that all complaints are dealt with promptly and efficiently. The Director also highlighted that there were more compliments received than complaints.
- Page 17 - Recruitment Activity. The Director informed members that work

is ongoing to finalise process for a further cohort of Ambulance Care Attendants (ACAs) and Emergency Medical Technicians (EMTs) in 2016.

### **Performance Report as at 30 April 2016**

- Page 3 – Sickness Absence. The Director HR&CS stated that the target this year is different. NIAS are required to meet a target of 5% improvement on 2015/16. In month 1 NIAS has achieved this.
- Nothing significant to report regarding Complaints/Compliments.
- Page 19 – Equality & Human Rights/Personal and Public Involvement/Patient Experience/Media and Communication. The Director HR&CS highlighted that this was changing the face of the service with proactive stories and significant activity with both regional and national work streams on communication roles.

### **Performance Report as at 31 March and 30 April 2016**

#### **Medical**

The Medical Director updated members on the report. The following issues/comments were raised:

- Page 4 - Regional Community Resuscitation Strategy - The Medical Director highlighted that NIAS continues to engage with a number of Public Access Defibrillation (PAD) schemes and initiatives and has indicated its support for the National 'Restart a Heart' day in October 2016.
- Page 7 - ePRF – The Medical Director highlighted that ongoing engagement with HSCB has resulted in the Trust being informed of the development of a business case by the HSCB for a regional Electronic Healthcare Record (EHCR) to replace as a minimum the current Patient Administration Systems (PAS) in hospitals which will require significant capital and revenue investment as part of the business case. Various options regarding the position of an ambulance ePRF are now being considered within that project. However this has effectively halted further progress to obtaining Commissioner support for the previously submitted Outline Business Case (OBC) for NIAS ePRF. While engagement continues it is disappointing to report that an ambulance ePRF was not included in the documentation as part of the recent launch of the eHealth & Care Strategy. The Medical Director stressed that it is essential that NIAS be included in the Electronic Healthcare Record (EHCR) either as an integral part, or as a separate ePRF that will integrate in due course with the EHCR when established. NIAS will continue to engage with HSCB and the eHealth & Care Strategy over the coming months.
- Page 7 – Annual Quality Report – The Medical Director stated that following completion of the work to compile the Annual Report, work will commence on developing the 2015/16 Annual Quality Report for publication in November 2016.
- Page 7 – Alternative Care Pathways -The Medical Director highlighted that an appropriate transport/referral policy and guidance approved by Trust Board in March 2015 has been circulated and implemented in July 2015.

He also highlighted that work on the development of a number of policies continues including information markers and frequent callers. Completion of these have been delayed due to competing pressures but it is anticipated these will now be circulated for consultation and comment within the Trust in Q2 2016/17.

- Risk Register Risk 197 (Vehicle Cleaning) – The Medical Director highlighted that this risk was reopened in April 16 due to the increasing number of Untoward Incident Reports (UIRs) and Emergency Ambulance Control reports of non-compliance due to vehicles not being stood down for cleaning as a result of operational pressures. The Medical Director and Director of Operations are to develop an Action Plan through IPC Group and SEMT to present to Assurance Committee in September 2016.

**ACTION:** Medical Director and Director of Operations.

## **7.2 Chief Executive Report Trust Delivery Plan Report on Commissioning Priorities 2015-16**

The Chief Executive updated the Board on the Trust Delivery Plan Report on Commissioning Priorities and highlighted that RAG status had been incorporated throughout the document.

## **8.0 Items for Approval**

### **8.1 Emergency Planning Annual Report April 2015 – March 2016**

Approved by Mr McKinley seconded by Mr Haslett

### **8.2 Fraud Policy**

Approved by Mr McKinley, seconded by Mr Haslett

### **8.3 Bribery Policy**

Approved by Mr McKinley, seconded by Mr Haslett

## **9.0 Items for Information**

### **9.1 Patient Stories – Belfast Area**

It was noted by the Director HR&CS (Interim) that Patient Stories has a very positive outcome.

## **10.0 Items for Noting**

### **10.1 Assurance Committee Minutes dated 10 March 2016**

Noted.

**11.0 Application of Trust Seal**

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

**12.0 Forum for Questions**

No questions were received.

**13.0 Any other Business**

None

**14.0 Summary & Forward Agenda**

No Items

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

The next meeting of Trust Board will be held on Thursday, 4 August 2016 at 2.00pm at NIAS HQ, Site 30 Knockbracken Healthcare park, Saintfield Road, Belfast, BT8 8SG

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

Signed:   
Chairman

Date: 4.08.16