#### NORTHERN IRELAND AMBULANCE SERVICE

# Minutes of a Meeting of Trust Board held on Thursday, 15 March 2012 at 2.00pm in the Killyhevlin Hotel, Dublin Road, Enniskillen. BT74 6R

#### Present:

Mr P Archer Chairman

Mrs S McCue Director of Finance & ICT

Ms R O'Hara Director of Human Resources & Corporate Services

Mr B McNeill **Director of Operations** 

Dr D McManus **Medical Director** 

Ms A Paisley Non Executive Director Non Executive Director Prof M Hanratty Mr N McKinley Non Executive Director

#### 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 and explained the arrangements for receiving questions from the public. He advised that the Chief Executive would not be attending today as he has been called to an urgent meeting at the DHSSPS. He welcomed Mr Deepak Samson from the Patient Client Council who has taken over from Mr Richard Dixon as the Patient and Client Council attendee at NIAS public Board meetings.

#### 1.0 **Apologies**

Mr Shields, Non-Executive Director.

Mr McIvor, Chief Executive

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

Quorum

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

#### Minutes of the Previous Meeting of the Trust Board held on 19 January 2012 3.0

Members accepted the minutes as a fair summary of discussions held on the proposal of Prof Hanratty seconded by Ms Paisley.

## 4.0 Matters Arising

#### 4.1 Financial Pressures 2012/13

Members were advised that the Minister has indicated that no additional resources has been secured for Health & Social Care, therefore the requirement to breakeven indicates a saving in the region of up to 4% for each Trust. The Trust has been advised that a saving of £1.2m will be required and discussions are ongoing with the Health & Social Care Board (HSCB) to agree a way forward.

## 4.2 <u>Implementation of 'Transforming your Care' (TYC)</u>

The Trust has shared the draft Corporate Plan with Local Commissioning Groups and Trusts, charged with developing local population plans. It has also been shared with the HSCB, Public Health Agency and the DHSSPS in respect of regional developments and the overall population plans for Northern Ireland. The Chief Executive has met with the Director of Commissioning, HSCB, to clarify engagement in relation to regional issues such as the '111' number referenced in TYC. This is an important development opportunity for NIAS and the Trust is currently identifying the appropriate level of engagement at meetings where a NIAS representative is required to attend.

- o How does the Trust monitor progress against the implementation targets?
- The process is at a very early stage and infrastructure needs to be put in place. This is an opportunity for NIAS to engage at the beginning of the process and influence plans while pushing forward our own Corporate Plan.

## 5.0 Chairman's Business

## 5.1 Visit to Erne Ambulance Station

The Board appreciated the warm welcome they received and wished to thank staff for their efforts in preparing for their visit. This station deals with many calls in very rural areas which can be 15-20 minutes from the nearest hospital. Some discussion ensued regarding the closure of the Erne Hospital site and the implications for the station. It was suggested that the issue could be highlighted on the Trust's website. Planning for the decamping of the station to another site is currently in progress as it will not be possible to remain on the Erne site for more than several months after the hospital moves to the new site.

## 5.2 Chairman's Update

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

## 5.3 Setting Agendas of Trust Board

The Board were advised that it is proposed that draft agendas for Trust Board meetings will be issued to members in advance with the minutes to provide the opportunity to identify any items they wish to be discussed.

## 6.0 Chief Executive's Business

## 6.1 Chief Executive's Update

There was no Chief Executive's Update as the Chief Executive was unable to attend due to having to be present at an important DHSSPS meeting

#### 6.2 Visit by Health Committee – 21 March 2012

The Health Committee is to visit the Trust on 21 March 2012. The key purpose of the visit is to get a better appreciation of NIAS operations and in particular to visit and understand better NIAS 999 Control Centre.

# 7.0 Assurance Framework as at 31 January 2012

#### Medical

The Medical Director updated members on his report and drew their attention to the Emergency Planning report highlighting an airport alert which took place on the 7 February 2012. This was a major alert and 52 ambulance vehicles were tasked to the scene where the plane carrying 184 passengers was to make an emergency landing due to its landing wheels not retracting on take-off. The plane landed safely and the emergency was stood down and the Medical Director wished to commend all those involved.

The following comments/issues were raised on the Medical report.

- How long does it take the service to recover from this type of major incident?
- It can take several hours or days to recover with possible delays in PCS response however contingencies would be activated and response to Cat A calls maintained.
- Prof Hanratty, Chair of the Assurance Committee advised that the Assurance Framework report is scrutinised by the Committee with a focus on clinical interventions and standards of hygiene.
- The issue of Untoward Incident reports in regard to crews being asked to respond to calls before vehicle cleaning is completed was raised.
- Cat A calls will always be a priority and there is a balance to be achieved. However appropriate cleaning is completed after each call with a deep clean completed weekly for each ambulance.

#### **Operations**

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

- Has the closure of the City Hospital impacted on turnaround times at A&E departments?
- A lot of preparation was completed prior to the closure and additional resources were put in place. There are now more people entering RVH A&E which can impact on turnaround times. Discussion ensued in relation to alternative care pathways which could alleviate the problem. The Director of Operations gave assurance that crews with patients were not kept outside in ambulances but remained inside the hospital until handover is completed.

#### **Finance**

The Director of Finance updated members on her report and the following comments/issues were raised:

- Director of Finance provided an update of the financial position as at 31 January 2012 and advised that, in line with DHSSPS requirements, the position at end February is being prepared for 21 March 2012 as per DHSSPS timetable.
- Director of Finance confirmed that, at this point in time, given assumptions that no significant changes develop in terms of additional commitments, the Trust is expected to fulfil its statutory duty to break-even at 31 March.
- The Board noted the significant activity of FOI requests and asked if there were sufficient resources to deal with these and other requests for information.
- There are four staff within the Information Department who deal with a full range of information requests, including FOI, AQW, PSNI and a significant volume of reports and ad hoc requests to help inform additional operational decision-making. Director of Finance advised that she is leading a review of activity in this area.

#### **Human Resources**

The Director of Human Resources & Corporate Services updated members on her report and no comments or issues were raised.

# 8.0 Quality 2020: A 10 Year Strategy to Protect & Improve Quality in Health & Social Care in Northern Ireland

This document was provided for noting only and the Board were advised that a representative from the Chief Medical Officer's department was to present this strategy to the Board. However due to a diary clash this has been postponed until the next Board meeting on the 17 May 2012.

#### 9.0 Business Services Transformation Programme (BSTP)

There will be new core systems implemented for HR, Finance, Payroll & Procurement which will replace the current ageing systems. The systems have been procured and will be implemented over the next 12 month period. There is a lot of preparation required and the Chief Executive has, within the last month, been invited to become a member of the Programme Board with the Directors of Finance and Human Resources on the Regional Implementation Board.

These new systems will transform how we do business and will impact on other departments within the Trust as it will affect how we communicate information on staff eg leave or sickness absence. Procurement arrangements will also change with a greater level of de-centralisation. Self service facilities for Managers to input information directly into the system are being developed. All Trusts are required to engage with BSTP to tailor the system to our requirements and plan for effective implementation. This requires significant commitment from staff at all levels across the Trust, especially in the Finance and HR directorates. Whilst tribute was paid by the Director of Finance to the significant efforts of NIAS staff in their contribution to BSTP, she emphasised that the detrimental effect on core NIAS activities is currently being assessed as a corporate risk for the Audit/Assurance Committees to consider.

The following issues/comments were raised:

- O What are the implications for Trust staff?
- From There have been no decisions made at this time by the Minister about Shared Services and a consultation exercise is under way. The focus to date has been on the procurement and implementation of the new systems.
- O How confident is NIAS that the Trust's requirements will be addressed in the new systems?
- As with all Trusts, NIAS is engaging with other Trusts, suppliers and BSO to aim to develop a solution to match our requirements.
- Is there an opportunity to influence longer term discussions, culture and style as a customer of Shared Services?
- With the Chief Executive being a member of the Programme Board and the Directors of Finance & HR on the Project Board the Trust will have an opportunity to influence plans.
- The Board requested reassurance that risks are being managed and suggested that the Chairs of Audit and Assurance Committees, at the next meetings in June 2012, look at the risks in detail to appraise the Board.
- What checks and balances are being carried out to ensure that the systems are value for money?
- Value For Money (VFM) was considered as part of system procurement and will continue to be a consideration as implementation plans develop.
- Mr Samson was previously involved in BSTP and advised that systems were tested across the UK with some adjustments for Northern Ireland. He added that, in his view, it was beneficial to have frontline staff involved at the outset.

**Action**: The Audit/Assurance Committees to assess the risks identified and present their findings to Trust Board.

## 10.0 Items for Approval

None.

#### 11.0 Business Case for Enniskillen Ambulance Station

The Business Case is in development but a very recent change to the constraints surrounding the Business Case has been identified which necessitates a significant rewrite. It is now proposed to share the Business Case electronically with members in advance of the next meeting to secure their approval to proceed and it will be brought to the next meeting of the Board for formal ratification. There was also some discussion about the date when the present station has to be moved off the Erne Hospital site to a new site.

The following further comments/issues were raised

- The Board had no difficulties in agreeing the Business Case by email to expedite the matter and asked if there would be a seamless transition given the present deadline for moving off-site in December 2012 and the normal pressures of winter.
- It would not be the Trust's preferred option to move at this particular time and it will investigate the possibility of delaying the move to around Easter of 2013.
- o Has the option of remaining on the current site been costed?

- It will not be possible to remain on the current site for any substantial period after the hospital has moved to the new site.
- The Board supported the Executive Team and offered to help in any way possible.

## 12.0 <u>Items for Noting</u>

# 12.1 Consultations

Noted.

## 13.0 Application of the Trust Seal

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

## 14.0 FORUM FOR QUESTIONS

None.

# 15.0 Any Other Business

# 15.1 Whistleblowing Policy

Members were advised that an amendment was required to the policy due to a recent circular from the DHSSPS in relation to information on seeking independent advice. The policy will be reissued to all staff and placed on the Trust's website. The policy was adopted on the proposal of Mr McKinley and seconded by Prof Hanratty.

## 15.2 Action from Audit Committee

It was confirmed that the draft Annual Report would be circulated to the Board for comments.

Action: Draft Annual Report to be circulated to Board for their comments.

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

The next meeting of the Trust Board will be held on Thursday, 17 May 2012 at Trust Headquarters.

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

Signed:	
Date:	
	Chairman