



MINUTES OF MEETING

Meeting:	Meeting of the Board of Directors in Public Session
Details:	Thursday 25th July 2019, 1300 hours Board Room at Winter House, Unit 7, Wynyard Business Park, Billingham, TS22 5FG.
Present:	Mr P Strachan, Chairman Mr J Marshall, Non-Executive Director Mrs C Young, Non-Executive Director Mr D Taylor, Non-Executive Director Mrs C Peacock, Non-Executive Director Dr G Morrow, Non-Executive Director Mrs H Suddes, Non-Executive Director Mr P Liversidge, QAM, Interim Chief Executive Mrs J Baxter, Director of Quality & Safety Mrs C Thurlbeck, Director of Strategy, Technology & Transformation Mr K Scollay, Group Director of Finance & Contracting Mr J Emerson, Interim Director of People & Development Dr M Beattie, Medical Director Mrs V Court, Acting Chief Operating Officer
In attendance:	Miss J Boyle, Trust Secretary Mr M Cotton, Assistant Director of Communications & Engagement Mrs T Mullen, Assistant Trust Secretary Mr J Goodbrand, Staff Governor (Emergency Operations Centre) Mr G Smith, Public Governor Mr A Eales, Public Governor Mr D Bramley, Public Governor

No.		ACTION BY
	The meeting was opened and the Chairman welcomed all in attendance.	
1.	<u>Apologies for Absence</u>	
	There were no apologies for absence on this occasion.	
2.	<u>Declarations of Interests</u>	
	P Strachan and J Marshall declared their interests as Directors and J Boyle as Trust Secretary of the Trust's subsidiary company, NEASUS (North East Ambulance Service Unified Solutions).	
3.	<u>Open Forum</u>	
	A Eales noted there had been a high number of public attendees of the last Meeting of the Trust Board.	
4.	<u>Minutes of the Trust Board Meeting held on 27th June 2019</u>	
	The Minutes of the previous meeting held on 27 th June 2019 were agreed to be a true record.	

5.	Action Log	
	The contents of the Board Action Log were reviewed. It was requested that all those responsible for outstanding actions as detailed in the Log should review and close out these actions where possible.	ALL TO NOTE
6.	Matters Arising	
	There were no matters arising on this occasion, other than those items to be closed-out as detailed in the Action Log.	
7.	Chairman's Update	
	The Chairman provided members with an update of his recent activities and key areas, covering the following points: <ul style="list-style-type: none"> • The Council of Governors had ratified the recommended decision to appoint Helen Ray as the Trust's new Chief Executive. She would take up the role from 16th September 2019. The Council had also ratified the appointments of two Associate Non-Executive Directors. • The Northern Ambulance Alliance will be holding a Board Development Day on 22nd August 2019 and the key focus will be around the future Strategy and work programme. • Attended the Association of Ambulance Chief Executives' Chairs Meeting. • Attended the Newcastle Pride breakfast event which had an excellent turnout, despite the poor weather conditions. 	
8.	Interim Chief Executive's Update	
	The Interim Chief Executive provided members with an update on his recent activities and key news, covering the following points: <ul style="list-style-type: none"> • The positive news story scheduled to be covered on Good Morning Britain with the interview of Terri-Anne Maine, NEAS Senior Health Advisor. This was a great news story that demonstrated the benefits of the GoodSam 'instant on-scene' app that enables emergency services to open a caller's mobile phone camera and instantly locate and visualise the scene and patient. • Held a telephone call with the MP for Middlesbrough South and East Cleveland, Simon Clarke, to talk about rural performance in East Cleveland. They discussed the challenges in the area and the impact on delivering performance. An offer was made for the MP to visit the Emergency Operation Centre on 4th August 2019. • The Trust had received 280 nominations for the 'Beyond the Call of Duty' staff awards, with the public contributing to a third of the total volume of nominations received across the 16 categories. The Board recognised this was an exceptional response which was testament to the care and compassion provided to patients. 	
QUALITY, SAFETY & PATIENT EXPERIENCE		
9.	Quality Committee (18.07.19)	
	The Chair of the Quality Committee, H Suddes, presented the Minutes of the Meeting held on 18 th July 2019, highlighting the key items of assurance and risk articulated in the summary report.	
	Attention was drawn to the item of escalation around the 111 performance reporting data not being fully available until October 2019, following the implementation of the new integrated Computer Aided Dispatch system in early April 2019. C Thurlbeck added that in terms of reflecting and learning from this issue, in future, when a new service/system was introduced, a risk assessment would be undertaken and a robust system implemented to enable the data to be provided.	
	G Morrow urged colleagues to read The NHS Patient Safety Strategy which sets out what the NHS will do to achieve its vision to continually improve patient safety.	

10.	<u>Staff or Patient Story</u>	
	The purpose of the report was to provide the Board with a reflection of the service delivery through a patient experience or staff perspective, with a view to using these experiences to continually improve the services delivered.	
	On this occasion, the Board reviewed a complaint received from a patient's daughter regarding the care provided to her father and the attitude of the attending paramedic.	
	Following a full review of the case, the complaint was upheld by the Trust in relation to the comments made by the crew and the patient being asked to walk to the ambulance, despite being aware of his poor mobility. An action plan had been put in place with the member of staff involved.	
	Members' queried how the learning from staff attitude cases was addressed, and it was confirmed there was a formal process in place and also the Ulysses system can identify/track any trends, i.e, repeat offenders.	
	The Board agreed the complaint highlighted the importance of listening to family members and carers of patients and using the information to help inform key decisions to ensure the care delivered to patients is the most appropriate.	
	The Chairman asked that the Patient Experience Team thanked the patient for sharing their experience.	J BAXTER
11.	<u>Quality Dashboard Report</u>	
	The monthly Quality Dashboard report provided an oversight on high level quality and safety performance information to ensure any issues or concerns were identified and addressed and that good practice and performance was recognised and any issues were referred to the Quality Committee or escalated to the Trust Board.	
	J Baxter provided an overview of the key areas of assurance and risk articulated in the report and in noting there were challenges to providing a timely response to patient complaints and closing down incidents within the 28 day timescale, with a notable pressure in the Emergency Operations Centre (EOC), she advised that the Patient Experience and EOC teams had been working together to improve the position and this was proving beneficial.	
	C Thurlbeck informed that colleagues had worked with the informatics team and agreed the specification of the new quality dashboard, focussing on the safety domain area first. A draft had been shared for comment with Quality Committee members and would continue to be developed.	
	P Liversidge referred to the 'failure to adhere to local guidelines' which, it was noted, was a result of 6 cases of health advisors not logging out of the telephone system at the end of a call. The issue had been discussed amongst colleagues and was an area of focus and was likely to be an element included in the telephony system review, which was underway.	
	The Board noted the contents of the report.	
12.	<u>Clinical Audit Dashboard</u>	
	This report provided assurance on the Trust's performance in respect of the nationally published Ambulance Quality Indicators (AQI).	
	M Beattie provided a detailed breakdown of performance, confirming that whilst the actual number of Return of Spontaneous Circulation (ROSC) and survival to discharge patients was consistent with last month's report, there was a 20% increase in cardiac arrest cases compared to the normal monthly average which had influenced performance in this report.	

	In referring to the Medical Directorate notice regarding the hypothermic cardiac arrest management that had accounted for 11 patients being conveyed to hospital inappropriately which had affected the ROSC at hospital measure, M Beattie provided assurance that action had been taken to counteract the problem and a further notice had been circulated clarifying expected clinical practice.	
	M Beattie informed Board members that additional information would be presented at the next Board meeting in respect of the 111 audits and added caution that the data would demonstrate some areas of poor performance, and provided assurance that colleagues were aware of the issue and were providing monthly updates to EOC staff.	
	In noting that 3 of the ST-Elevation Myocardial Infarction (STEMI) care bundle fails were attended by third party provider paramedics, the Chairman queried whether there could be penalties applied for failure to adhere to the Ambulance Quality Indicators. It was agreed this element should be built into the next iteration of the framework specification when released.	V COURT
	The Board noted the content of the report.	
13.	<u>Safer Staffing Report</u>	
	The purpose of this report was to present a strategic Safer Staffing Report that illustrated the ratio between registered front line staff and support staff that have been deployed during June 2019. Two data reports were used – the first showing the actual deployment on the current shift patterns; with the second illustrating the deployment of staff using the Operational Research in Health (ORH) proposals for shifts. This will help to demonstrate the direction of travel for the Trust to effectively match frontline staff to shift rosters.	
	V Court highlighted the key areas of assurance and risk, as detailed within the report, adding that from October 2019 there would only be one report issued as the Trust would have implemented the ORH recommended shift patterns. She further added that, as demonstrated within the report, the staffing levels for unscheduled care compared with the ORH establishment roster for several clusters was below where it should be and this will be addressed once the rotas are changed and match the new ORH establishment levels.	
	The Board reviewed the content of the report, and noted the developments underway to further triangulation of the staffing ratios against key patient safety metrics.	
14.	<u>Care Quality Commission – Improvement Action Plan</u>	
	The report provided the Board with an update in relation to progress made against the 2019/20 Care Quality Commission (CQC) improvement action plan.	
	The action plan was designed to address the areas for further improvement identified by the CQC following the 2018 inspection.	
	J Baxter provided an overview of the content, confirming that since the development of the report, a deep-dive exercise into staff appraisals and Statutory and Mandatory training had been undertaken and an improved position could be reported.	
	It was noted that discussion had taken place around these two targets at the last Workforce Committee meeting and the 95% target was thought to be a stretched one which, compared to other NHS Trusts in the region, was an outlier. The Committee agreed the target should be amended to 85%.	
	J Emerson added the morale aspect should also be taken in consideration when setting these targets, and whilst NEAS was a high performing Trust compared to a number of its partner organisations, the CQC assessed performance against set targets, and in this instance, resulted in a non-compliance rating.	
	P Liversidge queried the inclusion of a summarised action plan and agreed to give consideration to whether this should be a recommended amendment in future reports.	J BAXTER

	The Board noted the content of the report.	
ASSURANCES ERFORMANCE REPORTING		
15.	<u>Executive Risk Management Group (09.07.19)</u>	
	J Baxter presented the Minutes from the June meeting, highlighting the key items of assurance and risk articulated in the summary report and in particular the item that had been escalated to the Executive Team, noting no further action was required.	
PERFORMANCE REPORTING		
16.	<u>Performance & Finance Board Report – June 2019</u>	
	The Board received this report which updated on key performance and finance for June 2019. It provided a detailed overview of the current position, key risks and improvement plans.	
	C Thurlbeck highlighted the key performance targets, achievements and challenges which were detailed within the report.	
	It was noted that the majority of reporting had not been reinstated following the implementation of the new integrated Clinical Aided Dispatch system in early April 2019, with work progressing to rebuild the 111 data. Integrated Urgent Care Key Performance Indicators were not included in this report and would be shared as soon as the information was available. Data relating to April, May and June 2019 contain known data quality issues relating to the system affecting response times, outcomes and incident demand.	
	In terms of performance improvement actions, V Court informed that two ‘deep-dive’ exercises had been undertaken, these being on C2 cases and live productivity audit – with further areas for investigation being identified. A report on the findings of the C2 review will be shared with the Board at its September meeting.	V COURT
	It was noted that an action plan had been developed to focus on the safe reduction of avoidable conveyances, which included training and support for clinicians in the Emergency Operations Centre and Unscheduled Care staff, learning from best practice, assessment of alternative dispatch options and a specific project to focus on improved access and assessment for residential and nursing homes.	
	P Liversidge felt it would be appropriate to generate evidence that can be presented to commissioners on challenges as they occur, rather than at the year-end.	
	K Scollay provided an overview of the current financial position, confirming the Trust had marginally improved in month 3, which was due to an underspend on pay as a result of the vacancies in the operations directorate that were being recruited to fill the new rota lines to meet the ambulance response standards. It was expected that the Trust will meet its financial plan at this stage of the year. In terms of key financial risks, he added that the Trust was forecasting an under-achievement on the Cost Improvement Programme and if further action was not undertaken during the year, there was a potential £0.90m behind overall target. Another key area of focus was the agency expenditure year-to-date overspend which had increased. An action plan had been developed to try and bring agency spend back in line with the budget for the year-end.	
	The Board noted the report.	
WORKFORCE		
17.	<u>Workforce Committee (22.07.19)</u>	
	The Chair of the Workforce Committee, C Peacock, presented the Minutes of the Meeting held on 22 nd July 2019, highlighting the key items of assurance and risk articulated in the summary report.	

	In terms of points of note, C Peacock informed that three new Freedom to Speak up cases had been reported in quarter 1 and one further case had been reported at the beginning of quarter 2. This already exceeded the total case volume for 2018/19. All new cases, one of which was reported through a FTSU champion, were still live.	
	In terms of key decisions made it was highlighted that as a result of the initial review into learning lessons to improve people practices, it was decided the Board should be provided with information relating to Employee Relations cases to ensure appropriate oversight of the key investigation metrics. It was agreed this would be available for the Board in October 2019. J Baxter added that metrics had been developed for employee relations around the culture elements and improvements had already been identified.	J EMERSON
18.	<u>Staff Engagement and Communications – quarterly update</u>	
	This report provided an overview and update of the ongoing activity in staff engagement and communications and was intended to provide assurance to the Board and highlight any issues of concern.	
	M Cotton provided an overview of the key points, advising that in the last quarter, only 17 staff Friends and Family test responses had been captured and whilst it was an area that could see significant fluctuations in responses, a review was underway to determine why this figure had deteriorated and consider any actions that could improve the response rate.	
	In noting paragraph 1.4 that detailed communication was still an issue for operational staff members, J Baxter added that she, together with the Medical Director, had recently commenced a quarterly forum where clinical care managers and paramedics could have face to face contact and that a clinical staff bulletin was currently being developed to share thoughts and good practice.	
	D Taylor referred to the actions he had picked up from his quality walkrounds, and stated it would be good to be able to report back to staff that the issues raised had been addressed. M Cotton would pick up this point.	M COTTON
	In response to a comment made from a staff member in respect of receiving clinical guidance, J Baxter agreed to issue communication to direct staff to the various mechanisms used to share clinical updates.	J BAXTER
<u>REGULATORY</u>		
19.	<u>Meeting our Corporate Objectives – quarter 1</u>	
	The report provided an update on delivery of the Corporate Objectives for 2019/20. The Corporate Priorities and related sub-objectives were approved by the Board in February 2019, with actions and timescales agreed in May 2019. These actions and timescales will be used as the mechanism to track progress throughout the year.	
	In noting the 111 mobilisation project had been closed and would continue as business as usual, given it was one the largest projects the Trust had handled, D Taylor queried whether a post implementation review had been carried out to aid future projects. In response, it was noted that a post implementation review had been undertaken in parts, with lessons learnt being identified and shared. A meeting with colleagues to draw out the finance elements had also taken place. In order to provide the detail and assurance around the 111 project, C Thurlbeck informed a 111 project outcome report was being presented to the Finance Committee in September that could also be presented to the Board.	C THURLBECK
	The Board reviewed the report and noted the progress made against the Corporate Objectives during quarter 1 of 2019/20.	
20.	<u>Board Assurance Framework 2019/20 – quarterly update</u>	
	The Board Assurance Framework for 2019/20 was presented to the Board. The template	

	and format had been fully revised and was now integrated into the Ulysses system, which meant that scores for related risks automatically update from the system. The document has been redesigned to be more focussed around the assurance that the designated monitoring Committee or Group are receiving.	
	The Board will receive quarterly updates on the Board Assurance Framework during the year, with the designated Committee or Group reviewing the extracts at every meeting to provide more frequent scrutiny and assurance.	
	The Board reviewed the quarter 1 position of the Board Assurance Framework, gaining assurance over the management of the strategic risks.	
21.	<u>Organisational Risk Register 2019/20 – high-level risks review</u>	
	The Organisational Risk Register for 2019/20 was presented to the Board to discuss and review the content, level of assurances provided and ensure that the risks captured are relevant as well as correctly risk rated against the current organisational position.	
	In response to a query from C Peacock around the Emergency Operations Centre servers and their positioning, C Thurlbeck agreed to present a status report to the Board in Private Session at the September 2019 Meeting.	C THURLBECK
	In noting the delays to the delivery of the new vehicles puts at risk the plan for all new rosters to be in place by October 2019 and the need to find alternative solutions, it was suggested that the risk be added to the Organisational Risk Register.	V COURT
	The Board noted the report.	
22.	<u>Annual Audit Letter</u>	
	This report provided a summary of the work completed by Mazars LLP as the Trust's appointed external auditor.	
	The auditor's report included the opinion that the financial statements gave a true and fair view of the Trust's and Group's financial position as at 31 st March 2019 and of its financial performance for the year-end. It also stated there were no matters to report in respect of the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources.	
	The Board noted the report.	
23.	<u>Council of Governors update</u>	
	The Chairman updated the Board on the highlights of the two Council of Governor meetings held in July 2019. The Governors ratified the appointments of a new Chief Executive and two Associate Non-Executive Directors. They also received presentations/reports on the Trust's performance, Governor Code of Conduct and Standing Orders, and a number of key corporate documents including the Annual Report and Accounts for 2018/19.	
FOR INFORMATION ONLY		
	The following Annual Reports for 2018/19 were presented to the Board, noting they been reviewed by the Quality Committee at its July Meeting. The Board received assurance from the reports, acknowledging they represented a significant amount of work undertaken and thanked the authors for their efforts:	
24.	<u>Safeguarding Annual Report 2018/19</u>	
25.	<u>Infection, Prevention & Control Annual Report 2018/19 & Work Plan 2019/20</u>	
26.	<u>Patient Experience Annual Report 2018/19</u>	

27.	<u>Equality & Diversity Annual Report 2018/19</u>	
28.	<u>Health and Safety Annual Report 2018/19</u>	
29.	<u>Any Other Business</u>	
	There was no other business raised on this occasion.	
30.	<u>Key Messages to Communicate to Staff</u>	
	M Cotton summarised the key messages to be communicated to staff: <ul style="list-style-type: none"> Operational performance remained a key area of focus with a number of action plans being developed to improve the position. The Cost Improvement Programme would continue to be an area of focus. The Annual Reports for 2018/19 demonstrated a significant amount of activity across the Trust. 	
31.	<u>Date and Time of Next Meeting</u>	
	The next meeting of the Trust Board to be held in public on Thursday, 26 th September 2019 at Winter House, Unit 7, Wynyard Business Park, Billingham, TS22 5FG (time to be confirmed).	
32.	<u>Review of Meeting</u>	
	Members felt the meeting had been productive with a good level of challenge and assurance being gained.	

Signed _____
CHAIRMAN

Dated _____