

NORTHERN IRELAND AMBULANCE SERVICE

**Minutes of a Meeting of the Trust Board held at 3.00pm on Thursday,
29 September 2005 in the Boardroom, Headquarters, Knockbracken
Healthcare Park, Saintfield Road, Belfast, BT8 8SG**

Present:	Mr D Smyth OBE	Chairman
	Mr L McIvor	Chief Executive
	Ms R O'Hara	Director of Human Resources
	Mrs S McCue	Director of Finance
	Mr F Hughes	Non Executive Director
	Mrs L Gillespie	Non Executive Director
	Prof R Perrott	Non Executive Director
	Mr S Mullan	Non Executive Director
In Attendance:	Miss A Vitty	Corporate Manager
	Mrs M Crawford	Personal Assistant

1.0 Apologies

Apologies were received from:

Dr D McManus, Medical Director
Mrs M Greer, Non Executive Director

2.0 Welcome and Format of the Meeting

The Chairman opened the meeting by welcoming members of the public and Trust Board and apologised for the late start.

3.0 Minutes of Previous Meeting of the Trust Board held on 30 June 2005

The minutes were accepted by Trust Board members as a true and accurate record of proceedings.

Proposed by Mr Hughes and seconded by Mrs Gillespie.

4.0 Matters Arising

4.1 Long Service Medal Ceremony (03/10/05)

Members were advised that the Long Service Medal Ceremony will take place on Monday, 3 October 2005 at Craigavon Civic Centre. 35 staff members will be presented with medals on the day. The Lord Lieutenant for County Down will be presenting the medals.

4.2 Trust Delivery Plan

Members were advised that the Trust Delivery Plan has been shared with the DHSSPS and the Boards. However, the Trust is awaiting approval from the DHSSPS however, it is hoped to progress on areas that do not require additional funding. The key areas that do require funding include re-deployment points.

4.3 Managers Resource Pack

Members were advised that the Manager's Resource Pack is currently being finalised and was hoping to be launched with the introduction of the developed Intranet site.

5.0 Chairman's Business

5.1 Annual General Meeting

The Annual General Meeting will be held tonight where the Board will give account of NIAS stewardship throughout the year.

6.0 Freedom of Information Requests (01/07/05 to 30/09/05)

Members were advised that 1 request has been received in the period stated and was complied with in the timeframes set.

Members requested that FOI requests be amalgamated within Complaints Return.

7.0 Recruitment and Selection Policy (Draft)

Director of Human Resources advised members that this policy was created to ensure consistency and fairness. Equality screening has been carried out and further assessment is required. Trust Board members endorsed the policy with the following amendments:

First Sentence; Sentence should read: The Northern Ireland Ambulance Service is committed to appoint the best **suited** available person to each vacant post.

Key Principals

Bullet point 1: Sentence should read: as far as **practicably** possible the Trust will make all eligible and suitably qualified people aware of vacancies.

Bullet point 5: Sentence should read: The assessments and decisions at the short listing, interviewing and selection stages will be properly recorded and securely retained for at least 3 years **from date of application**.

8.0 Financial Position of the Trust as at 19 September 2005

Director of Finance directed members' attention to the Finance report and advised that the format used was familiar to the Board. Members were advised income has increased substantially by approximately 30% primarily due to additional allocations for Agenda for Change. Income levels shown are indicated in the Trust Delivery Plan and the Board's Health and Wellbeing Investment Plans. These are currently under Ministerial consideration. Current estimates are that, on the basis of the NIAS Trust Delivery Plan being approved, a break even position will be achieved. Cost pressures are being monitored and highlighted to funders as they arise. If funds do not become available we will be required to have contingency plans. Some of the additional pressures noted were rises in fuel costs and civil disturbance.

An increase of 7% in mileage was noted on the same period last year.

Total hours lost through sickness absence is 8.51% compared to 7.06% for July 2004. Members were advised of the policies in place to deal with sickness absence (eg short term sick – interviewed by Manager on return to work; long term sick – reviewed by Occupation Health). Attendance management meetings with Divisional Officers are also taking place on a regular basis.

Fees for legal claims stand at £151,828 for the four months to 31 July 2005. These costs continue to be monitored. Director of Finance advised members that the Trust is not funded directly for these claims.

Service performance shows an average of 50.7%. The PSA from Phase 2 of the Strategic Review is to deliver 75% of Cat A Calls within 8 minutes by March 2007. The current information is being refined and a new chart is presented to reflect performance against PSA targets.

The Trust's planned Capital Expenditure to end of the 2005/06 financial year is as follows:

Estate - £457,000

Fleet – £5,400,000

Technology and Equipment – £1,425,000. This gives a total of £7,282, 000.

The Fleet replacement business case is currently with the Business Case Unit. The Trust continues to request funds for rolling replacement which will bring the fleet up to an acceptable standard. It was advised that it can take up to 9 months for the delivery of a new vehicle. This matter will be monitored carefully.

The Business Case for Kilkeel Ambulance Station has not yet been approved by the DHSSPS and is not expected to be approved in full by the end of this financial year. Members congratulated team on their hard work so far.

9.0 Operations Report as at September 2005

The Chairman welcomed Mr Brian McNeill, Director of Operations, to his first meeting of the Board. The Director of Operations directed members' attention to the new Operations Report, which reflects the change in the information needs of Commissioners, the DHSSPS and Management teams within the Trust. The information contained in the report is based on the new technology available from the Alert Command and Control Dispatch and the Advanced Medical Priority Dispatch System (AMPSDS). Members were advised on the following issues:

Emergency and Non-Emergency Activity

An increase in activity was noted across all four Divisions with a significant increase in the number of A&E ambulances being activated from 2000/01 to April 2005. A total of 87,374 calls which is an increase of 16,853 over the five year period and increase of 4,291 from last year.

Performance achieved for the first quarter was an average of 53.5% with an improvement of Cat A response peaking at 54.2% in August 2005.

A decrease in the percentage of 999 calls being categorised as category A falling from 63.5% in April 2005 to 39.5% in August 2005 is attributed to staff training in ProQA (the call triage software package), and moving on to the new system in June 2005. The impact of this has been an increase in Category A response times. For calls which fall into the B and C category an average of 93.5% of these have been responded to in 18 and 21 minutes.

The Eastern Division has achieved the highest performance with the Southern Division having a significant decrease in performance. This is due to relief staff covering annual leave in August 2005 and an increase in activity of 11% in both Northern and Southern Divisions.

It was noted that the Trust has achieved an overall performance of 94.9% of Category B calls for the first quarter April to June 2005. A downward trend in July 2005 is due to an increase in Doctor's urgent calls.

Patient Care Services journeys amounted to 61,049 for the first quarter April to June 2005.

Members requested some clarity on the abbreviations used within report and it was suggested that administration staff build up a portfolio of frequently used abbreviations.

It was considered that the new technology is showing benefits and any dips in performance should be better managed when Control is centralised.

Emergency Planning

Emergency Planning Officer posts are progressing.

Members raised the question of how many ambulances attend an airport alert. The Director of Operations advised that it depends on where they are deployed from and what information is given. NIAS will send what is available however this counts as only one response and the response time is captured by the first vehicle at the scene. Members considered that this does not accurately capture NIAS activity.

NIAS has co-operated with Operation Fair Trade which is the first multi-agency incident assessment team to deal with chemical, biological, radiological and nuclear incidents.

Control Issues

Pro QA is now operational in all Control Centres and progress on the new Emergency Medical Dispatch Centre is on target.

Fleet Issues

This issue was discussed at Item 9.0 by Director of Finance.

Estate Issues

The Training Centre was officially opened by Dr Andrew McCormick on the 15 September 2005. It was agreed by members that the opening went very well and the Board wished to commend staff for their hard work. Dr McCormick was also shown around East Control where a demonstration of Advanced Medical Priority Despatch System (AMPSDS) was given. It is hoped that Dr McCormick was given a flavour of the work carried out.

Work is progressing on the installation of Digital Trunk Radio (DTR).

Work has commenced on Northland Road for refurbishment of Fire Brigade premises for use as an ambulance outpost in the west of Derry

Ballymacarrett Ambulance Station is due to be opened in October 2005.

The Outline Business Case for Kilkeel has been redrafted and is to be submitted to the DHSSPS by end of September 2005.

10.0 Summary of Complaints/Compliments (Period 01/06/2005 to 30/08/2005)

The Director of Human Resources advised that there are 18 ongoing complaints and 24 compliments received, a sample of which is contained within the report. There are 2 cases presently with the Ombudsman.

Particular attention was given to the following:

Complaint 5.1 – This complaint was from a cyclist who alleged that an ambulance pulled across in front of him into the bus lane without signalling causing him to brake suddenly. The ambulance was not on an emergency and did not display lights or use sirens. Members were advised that an ambulance should only use the bus lane in specific circumstances. Ambulance personnel must always drive with due care attention.

Complaint 5.2 – This complaint was in respect of an ambulance that did not arrive to take a patient home after his eye appointment at the hospital. His son had to arrange transport to bring the patient home. Members were advised that this was due to human error and the staff member concerned has been retrained. It was acknowledged that we do get it wrong at times and seek to learn from the experience and address the reasons.

Complaint 5.3 – This complaint was in respect of parents not being allowed to travel with their baby while it was transferred to another hospital. It was advised that 2 calls had been received for the same time and in order to facilitate the transfer of both patients only two escorts per child could travel. The ward was advised that to facilitate 3 escorts one patient would have to be delayed or cancelled. Members were advised that it would not be safe for all five escorts to travel within the ambulance. It was appreciated that this was hard for the parents however, resources are limited and the patients needs have to take precedence.

Members duly noted. Some discussion ensued around the time taken to respond to complaints and it was advised that shift patterns can cause delays in getting the relevant information.

Mr Seamus Mullan left the meeting at this point.

11.0 Minutes of Clinical Governance Committee held on 09/09/05

Mr Frank Hughes advised members that the Clinical Governance Committee meeting was held on 09/09/2005 with all members in attendance. He further advised that the Clinical Audit has successfully been re-located to Headquarters and that over 50,000 Patient Report Forms (PRF) have been scanned and are now held on the system. NIAS are also taking part in clinical research into public access defibrillation in conjunction with Queens University, Belfast. An audit of the number of patients refusing treatment should be undertaken in greater detail than at present as this would facilitate the development of a more robust policy and documentation for such cases.

It was advised that all operational staff have been issued with JRCALC Guidelines including pocket-sized summaries.

Members were advised that after delays which were beyond the control of NIAS, the Pharmacy Review has now been undertaken and the recommendations of this review were presented and discussed. Two of the most significant recommendations were the introduction of morphine and that all medicines should be supplied from a single Pharmacy. A short presentation is to be made to the Board on these matters.

Members discussed the centralisation of Pharmacy and it was advised that this will provide a better, safer system with more controls assurance. It was noted that costs will be incurred in distribution of drugs around stations. It was advised that Nubain is in short supply and an alternative was required until more supplies become available. Members are to be kept informed of progress.

A Risk Manager has been appointed - Mr Simon Dawson and he will attend all future meetings of the Clinical Governance Committee.

NIAS has participated in a national clinical research programme into the effectiveness of a system for decontamination of ambulance vehicles.

The minutes were accepted by Trust Board members as a true and accurate record of proceedings.

12.0 Application of Trust Seal

No application of the Trust Seal was reported.

13.0 Forum for Questions

No questions were received from the floor.

14.0 Any Other Business

No other business was discussed.

15.0 Date, Time and Venue of Next Meeting

The next meeting of the Trust Board is to be held on the 1 December 2005 in the Boardroom, Trust Headquarters, Knockbracken Healthcare Park, Belfast.

The Chairman thanked members of the Trust Board and members of the public for their attendance and called proceedings to a close.

Signed: Douglas J. Smyke
(Chairman)

Date: 1/12/05