

NORTHERN IRELAND AMBULANCE SERVICE

***Minutes of a Meeting of Trust Board held at 1.30pm on Thursday,
21 September 2006 in Boardroom, Northern Ireland Ambulance Service,
Trust Headquarters, Site 30, Knockbracken Healthcare Park,
Saintfield Road, Belfast, BT8 8SG***

Present:	Mr D Smyth OBE	Chairman
	Mr L McIvor	Chief Executive
	Mr B McNeill	Director of Operations
	Dr D McManus	Medical Director
	Mrs S McCue	Director of Finance
	Mr F Hughes	Non Executive Director
	Professor R Perrott	Non Executive Director
	Mr S Mullan	Non Executive Director
	Mrs L Gillespie	Non Executive Director
In Attendance:	Miss A Vitty	Corporate Manager
	Mrs M Crawford	PA to Chief Executive

1.0 Apologies

Mrs M Greer, Non Executive Director.
Ms R O'Hara, Director of Human Resources

2.0 Welcome and Format of the Meeting

The Chairman opened the meeting by welcoming members of the public and Trust Board members. He also explained the arrangement for receiving questions from the public attending.

3.0 Minutes of Previous Meeting of the Trust Board held on 29 June 2006

The minutes were accepted by Trust Board members as a true and accurate record of proceedings subject to the following amendments.

- Item 3.0 – date of previous minutes should read 4 May 2006.
- Item 5.1 – Spelling error.
- Item 7.0 – Date of Audit Committee.
- Item 12.0 – Date of Clinical Governance Committee.

4.0 Matters Arising

4.1 Benchmarking

The Chief Executive advised that he and the Director of Operations visited East Anglia back in May 2006 and is awaiting further correspondence from the DHSSPS in relation to future visits with UK Ambulance Services.

Members duly noted.

5.0 Chairman's Business

5.1 Freedom of the City – Lisburn City Council

The Chairman advised that Lisburn City Council would like to bestow the Freedom of the City to NIAS. Board members unanimously agreed to accept the conferment of the Freedom of the City. The proposed date for conferment is Saturday, 26 May 2006. Chief Executive to advise Lisburn City Council of the Board's acceptance. Mrs Gillespie considered that the prestigious award was very welcome and it was heartening to see the Service being recognised for its service to the community. It was agreed that frontline staff should be invited to attend the award ceremony.

6.0 Financial Position of the Trust

The Director of Finance referred members to the report and advised on some key areas:

The Trust is forecasting a breakeven position at year end despite a shortfall in funds of £378K.

Overall mileage for the four months to 31 July 2006 showed an increase of 7.74% on the same period last year. This is indicative of additional activity.

Sickness absence – total hours lost for the month of July 2006 represents 8.05% of contracted hours compared to 8.41% for the month of July 2005. She further stated that a lot of focus continues in this area and work is ongoing.

Legal Claims and Fees – These costs continue to be monitored and stand at £94.113 for the 4 months to 31 July 2006.

Service Performance – Performance of NIAS against PSA target for the year April 2006 – August 2006 is 52.5% of Cat A calls responded to within 8 minutes.

Projected Training Plan Delivery 2006-07 – The current training plan is the most ambitious since the inception of the Trust. Targets for recruitment and training have been largely met, however uncertainties remain which may give rise to difficulties in the recruitment of Paramedics.

Mr Hughes raised the question of staff reluctance in training as Paramedics and was advised that due to current situation with Agenda for Change staff would appear to be waiting on the bandings being agreed. It was also noted that tertiary level training will change the dynamics of training. Members were advised that the Chief Executive has written to the East of England Ambulance Service seeking clarity on this issue.

Mr Hughes also raised the question of legal claims and the impact on the Service. He was advised that the Trust are regularly updated on what to expect in terms of claims.

The Chairman stated that breakeven is the objective of the Board and contingency plans will be required. Mr Mullan asked when the Board could expect to see these plans and was advised that a number of plans are being developed, however a meeting will be convened for members approval if required.

Members duly noted.

7.0 Operations Report as at 31/08/2006

The Director of Operations directed members to Charts 1, 2 and 3 of the report and were advised as follows.

The number of 999 calls managed by the Trust continues to increase. Comparing cumulative activity from April to August 2006 emergency calls have increased by 9.2% which equates to 3,500 calls. There is a 12.3% increase in August 2006 compared with August 2005.

Chart 1 – Category A8 performance has risen to 56.9%. 999 calls being prioritised at Cat A is 33% which is consistent with National averages.

Chart 2 – It was advised that this chart provides more detail for Category A performance for each Board area.

The Eastern Board Division has risen to 69%. This is due to the introduction of the patient centred deployment plan which is where Control builds a status plan by analysing previous 999 activity and positioning ambulances in areas of high demand. The Director of Operations wished to formally acknowledge the efforts of both control staff and operational crews in the Eastern Division in accepting this new way of working and rolling out these plans which are clearly improving response times within the Eastern Division.

The Southern Board are maintaining the improvement from July 2006 after an additional night shift and a new deployment point in Lurgan.

Rural areas within the Western Board are affecting Divisional performance with Strabane at 36.5%, Fermanagh 39.1% and Omagh 44.1%. Staff have taken post in Omagh to fill the additional 24/7 cover which will progress to a second RRV in the area. It was advised that the acute services changes are putting pressure on resources.

The Northern Division are sitting at 45% and discussions are taking place with the Northern Board to assess the need for additional crew in both Mid Ulster and Whiteabbey to deal with impact of risk management and Developing Better Services.

Chart 3 – This chart shows the Category B & C trends. A decrease is noted in Category B however this is due to a number of calls being moved to Category A.

Director of Operations summarised his report by adding the following:

- A lot of work is still required particularly in the North, South and Western areas.
- Managers are focusing on reducing activation times.
- Plans are on hold for roll out of the deployment plans for North and South and West due to technical problems with maps supplied by Ordnance Survey NI.
- Progress is being made in the development of the new deployment points.

Members were further updated on the following items.

Control Issues

It was noted that response times have improved due to the Patient Centred Deployment Plan in conjunction with the additional deployment points at Northland Road and Lurgan. Director of Operations commended staff for their contribution through rapid activation and working with Control Staff in implementing deployment points. It was considered by members that this could be further improved with the use of Satellite Navigation.

Duty Control Managers have taken up post at Regional Emergency Medical Dispatch Centre (REMDC). This has significantly improved response times and patient outcomes through effective ambulance deployment.

Work is progressing in the development of Non-emergency Control Centre at Altnagelvin.

Work is also continuing on the implementation of Digital Trunk Radio and this remains on schedule for April 2007.

Fleet

20 Accident and Emergency vehicles are on order and production meetings have been held. It was advised that vehicles can be operational approximately 2 weeks from delivery after quality assurance and other tests have been carried out.

Mr Mullan enquired if an Interim Business Case as before needs to be resubmitted.

A recent review of fuel management has led to a change of fuel card supplier. This will provide more integrated fuel usage information contributing to efficiency and flexibility.

Estate Issues

The installation of an uninterrupted power supply has been completed at the Regional Non-emergency Medical Dispatch Centre.

Building work is near completion at Killeel.

Valuation and Lands Agency are negotiating with land owners on locations in Ballynahinch and Carrickfergus regarding ambulance facilities.

Members duly noted.

8.0 Summary of Complaints/Compliments (01-06-06 to 31-08-06)

Members were advised that there are 10 ongoing complaints and 25 compliments received, samples of which are contained within the report. Members were advised that response times continue to be monitored closely.

It was noted that 73% of complaints were responded to within 20 days and that a review was currently underway. It was further advised that the Complaints Manager is on secondment and that the Corporate Manager was managing complaints in the interim until a new appointment can be made.

Members duly noted the report.

9.0 Minutes of Clinical Governance Committee held on 31/08/06

Director of Operations referred members to the minutes and highlighted the following areas:

Pharmacy Review – Ongoing, further information required regarding risk register. This issue needs resolved as a significant number of clinical incidents were being reported due to the variation of drug supplied.

Infection Control – It was noted that the recent trial was successful however it is not possible to introduce due to the high costs involved.

Patient Report Forms – Final draft of form has gone to printers. The new form should enhance the data received informing decisions on clinical care and training.

Clinical Supervision – No progress made at present. The Chairman would seek assurance that clinical supervision and management are brought together. The Medical Director advised that a lot of models were explored and that he would prefer this type of system also.

Child Protection Policy – Feedback positive, considered review of policy was very timely as some incidents were noted.

Clinical Risk Register – An increase in risks were reported however this is linked to the new system leading to an increase in reporting. The most frequent incidents reported are due to prescription of drugs. Members were also advised of a defibrillator which failed. This was checked both internally and externally and found to be in working order.

Controlled Drugs – Work is ongoing regarding the introduction of drug safes in vehicles. Mr Mullan commented that staff should be provided with training to enable them to defend themselves. He further commented that the day could come where staff will be forced to open these safes and should not put themselves at risk. It was noted that this was a significant piece of work and was benchmarked against other services. It was further advised that Care and Responsibility Training is provided to staff as part of their induction. Members were advised that a Tri-partite meeting took place and further meetings may be required with them to show that the Trust is anxious to resolve this issue.

Clinical Audit Server – Some difficulties were experienced, however there has been no loss of data. Weaknesses were identified and backup is now done automatically. Chairman commented that the information from clinical audit would be useful for the Board.

Members duly adopted the minutes.

10.0 Application of Trust Seal

The Trust Seal was used on one occasion for the lease of franking machine for Ambulance Headquarters.

11.0 Forum for Questions

No questions were received from the floor.

