

NORTHERN IRELAND AMBULANCE SERVICE

***Minutes of a Meeting of Trust Board held at 1.30pm on Thursday,
13 March 2008 at the White Horse Hotel, 68 Clooney Road, Londonderry, BT47 3PA***

Present:	Mr D Smyth OBE	Chairman
	Mr L McIvor	Chief Executive
	Mr B McNeill	Director of Operations
	Dr D McManus	Medical Director
	Ms R O'Hara	Director of Human Resources
	Mr P Nicholson	Director of Finance (A)
	Mr F Hughes	Non Executive Director
	Mr S Mullan	Non Executive Director
	Professor M Hanratty CBE	Non Executive Director
	Mrs M Greer	Non Executive Director
In Attendance:	Miss A Vitty	Corporate Manager
	Miss L Hickson	Personal Assistant

1.0 Apologies

Mrs S McCue, Director of Finance
Professor R Perrott, Non Executive Director

2.0 Welcome and Format of the Meeting

Mr Smyth opened the meeting by welcoming members of the public and Trust Board members and explained the arrangements for receiving questions from the public.

3.0 Minutes of Previous Meeting of the Trust Board held 24 January 2008

The Trust Board members unanimously accepted the minutes as a true and accurate record of proceedings subject to an amendment to Page 6, HR05 to read - "members expressed concern that absenteeism was rising and appreciated the work that was done".

4.0 Matters Arising

4.1 Violence to Staff /Zero Tolerance Workshop

Ms O'Hara informed members that Professor Hanratty was joining the NIAS Zero Tolerance Workshop 14 March 2008.

Ms O'Hara went on to explain that the Zero Tolerance came up in response to questions at previous Trust Board meeting an opportunity to look at structures which are in place when happens when staff are assaulted. Mr Hughes felt it was relevant to Derry as the literature on Altnagelvin Station has the highest record of violent attacks on staff in Northern Ireland.

5.0 Chairman's Business

5.1 Visit to Altnagelvin Ambulance Station Regional Dispatch Centre (RNEMDC)

Mr Hughes remarked that he spent a lot of time during his visit at the fleet and in particular how many vehicles were available. He commented that the staff were welcoming and forthcoming. He felt the station, which was very busy with a large area of land for space. He added that he felt there was a need for more staff to use after traumatic incidents.

Professor Hanratty commented that she spoke to the Control Manager at Altnagelvin, who gave a good overview of the organisation and function of the site, including the layout and arrangements. Professor Hanratty added that she felt that a large responsibility rests with the site.

Mr Mullan reiterated the need for more space in the building and need for a 'quiet room'.

Mr Smyth thanked staff for the warm welcome and interesting conversation. Mr McIvor added that it was very helpful for members to see the non-emergency side of the Altnagelvin Ambulance Service (NIAS), as it was important to note that on an annual basis over 200,000 patients is transported by ambulances. This side of the service is not always given the attention added that it was an opportunity to allow members to see the complexities of the operation.

6.0 Performance Reporting as at 29 February 2008

Operations

Mr McNeill referred members to the report and in particular pointing out that the number of Cat A calls responded to increased to 68.7%.

He also updated members on key elements of the tactical deployment plan for delivering targets, stating that at the Regional Emergency Medical Dispatch Centre new software (C3) had been installed at NIAS Headquarters. Mr McNeill commented that this had required a lot of work and he thanked the staff for making it such a smooth transition. In reference to the Deployment Plans and locations Mr McNeill commented on the AVLS / Mobile Data System which, he said, will revolutionize how vehicles are dispatched and will allow better allocation of workload. He added that it will contribute significantly to improving response times. In terms of operational performance for February 2008, Mr McNeill stated that the 68.7% figure had been achieved by Managers leaving their desks to go out on calls with other duties being put on hold. He added that the figure for March 2008 was currently 67% and explained that the small dip was due partly to the new system being introduced.

Mr Hughes congratulated staff on their hard work in achieving the target. Mr McIvor added that he felt it was important that a sense of belief in achieving targets was created and added that the Managers and staff had excelled. Mr Mullan reiterated the positive comments regarding the hard work done by staff but also voiced concerns about the sacrifices which had to be made in achieving the target.

Mrs Greer raised the question of sustainability given that the day to day business of running the service still had to be done. Members discussed the impact of funding, implementation of Agenda for Change, efficiency savings and training and agreed that all presented a major challenge.

Mr McNeill further updated members as follows:

OP06 – Mr McNeill thanked PCS staff for their work in discharging patients

OP09 & OP10 – A focus on delivering timely response to life-threatening calls has resulted in reduced performance in these areas.

OP011 – The release of some capital had allowed the purchase of 8 PCS Vehicles.

OP13 – NIAS is compliant with everything required and this is a rolling programme of work.

Finance

In the absence of Mrs McCue, Mr Nicholson referred members to the report and gave an update as follows:

FN01 – There was a moderate surplus at the end of January 2008 of £7,000. There are some pressures going forward and the outcome of Comprehensive Spending Review has been advised to the Trust.

FN02 – The Trust has achieved or has plans in place to deliver these cumulative savings.

FN03 - £42,000 was generated in receipts and NIAS received verbal and then written confirmation that this can be kept in-house.

FN05 – Approval has been given to retain £42k of receipts and General Capital Allocation has been increased by a further £250k, bringing it up to £1m. This increases the total Capital programme to £2.9m, which must be expended by 31 March 2008 in the areas of Estate, Fleet and Information Technology. Mr Nicholson drew the attention of the Board to the fact that capital expenditure is loaded towards the end of the financial year and therefore there is a lot of activity in February and March. Mr McIvor commented that dynamic management of capital spend was required especially around the issue of AVLS / Mobile Data.

Medical Directorate

Dr McManus referred members to the report and made specific points about the following:

MD01 – Healthcare Associated Infection (HAI) remains a very topical subject and NIAS continues to participate with meetings with the Chief Medical Officer (CMO). The targets set by DHSSPS are not relevant to NIAS as they are focused on Secondary Care; however Dr McManus has asked to meet with the CMO to discuss NIAS contribution.

MD02 – Regulation and Quality Improvement Authority (RQIA) report was received in October 2007. NIAS have fulfilled the requirements set out in the 2007 report and have new policies in place which include the Clinical Governance and Risk Management Committees, minutes of which will be included at the next Trust Board meeting.

MD03 – Thrombolysis administration will continue in Western area and NIAS hope to roll out to the rest of the province.

MD04 – Work continues on the recommendations of the Pharmaceutical Services Improvement Programme.

MD05 – NIAS have fulfilled the recommendations of the Safety First Framework Action Plan.

MD06 – NIAS has complied with the recommendations in Improving Safety, Building Public Confidence.

MD07 – NIAS is compliant with Civil Contingencies Framework but external factors such as delays in full implementation of RPA have delayed full compliance.

MD08 – Both the Child Protection and Whistle Blowing Policies have been reviewed with no amendments and are in the minutes of the Risk Management Committee.

MD09 – NIAS is undertaking a review of issues to date and has developed proposals for other ways of triaging and more appropriate referrals of Cat C calls.

Human Resources Directorate

Ms O'Hara referred members to the report and commented on the following:

HR02 – Shows a downward trend in attacks on staff.

HR04 – Linked with HR06 via the Appleby report. This does not directly affect NIAS but discussions are underway in terms of NIAS productivity indicators.

HR05 – There is more of an issue with long-term sickness as it takes a longer time to reach the stage of termination.

HR07 – NIAS are still on track to deliver training for Paramedic and Emergency Medical Technician. Paramedic in Training – we have had to defer January's intake to March. Some refresher training has been deferred. First Aid training relates to other groups of staff within NIAS.

HR08 – Members looked at some examples of complaints and compliments. Ms O'Hara pointed out that it was too early to give all complaint and compliments details for February.

Mr Hughes enquired if there was a common denominator in absenteeism and Ms O'Hara stated that stress, muscular problems and heart problems were the most common but that it was impossible to tell if these were internal or external issues.

Mr Mullan expressed disgust at the number of incidents of attacks on staff in December. Mr McIvor referred to a powerful TV report which showed the work of the ambulance service and the difficulties faced.

In reference to Appendix 1 Mr McIvor stated that additional resources have been put in place to discharge patients from hospital and a policy review has been requested which may give some clarification to this issue.

Mr McIvor also drew the attention to the compliments and commended staff. He added that in regards to the issue of 'quiet rooms' he advised that there were rooms available for staff to use and that the focus should be on re-engineering of rooms when required rather than setting aside a specific space. Mr McIvor felt that this should be available to staff in Derry and Belfast and for both Control staff and those out on call. Mr McNeill added that the advantage of the Mobile Data system is that each crew member can carry a pager which would enable them to go for some quiet time and remain contactable.

Mrs Greer commented that a friend had praised the ambulance service after a crew had attended at their home. Professor Hanratty remarked on the positive response from the community of Ballygawley following the fatal road accident between a lorry and a school bus. The family, witnesses and general community had commended the ambulance service on their quick response and the care given which was greatly appreciated by all.

7.0 Efficiency Saving Requirements 2008-11

Mr McIvor updated members on the Programme for Government and Efficiency Savings and gave a comprehensive PowerPoint presentation (This presentation has been fully attached as Appendix 1 to these minutes).

Mr McIvor commented that NIAS were working with commissioners to secure funds and that there was a need to achieve sustainability and not just targets. He added that there was a desire for NIAS to increase reliability.

In relation to Slide 2 of the presentation, Mr McIvor remarked that the Northern Ireland Assembly has accepted the Programme for Government, which includes the Budget and thus the Efficiency Savings.

Mr McIvor outlined targets for Cat A response rising from 70% for Northern Ireland in 2008/09 to 75% by 2011. Funding of £2.6m, £4m and £5.6m has been identified over three year period.

Mr McIvor further commented that a target had been set for Thrombolysis delivery throughout Northern Ireland by 2009. He went on to state that all targets and totalities of service must be delivered within the context of 9% efficiency savings over 3 years, which is equal to £1.25m in 2008 rising to £4.5m by 2010/11.

In relation to NIAS Expenditure Analysis, Mr McIvor pointed out that the key item was £4.5m savings by year 3 which, he said, exceeds the total spend on Patient Care or Control & Dispatch or Training. Therefore, Mr McIvor added, there is no way to deliver these savings without reconfiguring and everything will have to come under review in order to avoid service cuts.

Mr McIvor presented a slide from the Welsh Audit Office which illustrated that NIAS was among the lowest funded in the UK in terms of both income per head and funding per square mile.

8.0 Emergency Services Investment Programme (ESIP) Update

Mr McIvor explained to the Board that there was an issue around capital spend and fleet equipment, ESIP being the means by which a business case is developed for capital spend. Mr McIvor went on to say that this was a complex business case due to the number of variables to be dealt with. He added that PA Consulting has been brought in and has developed a first draft business case which needs more work. Agreement has been secured for an outline business case by April 2008 which will incorporate recommendations for urgent and immediate spend on fleet and equipment, that is, a need for interim investment.

9.0 Regulation Quality and Improvement Authority (RQIA) Audit 2008

Mr McIvor advised members that NIAS acted on the recommendations of RQIA's 2007 report. Having met with RQIA 11 March 2008 NIAS were fully aware of the key elements to be tested on for 2008. Mr McIvor added that RQIA had visited both the Regional Emergency Dispatch Centre and the Regional Non Emergency Dispatch Centre and said that he hoped that RQIA would have a positive picture of NIAS. Mr McIvor indicated that he would report back on RQIA's recommendations at the next meeting.

10.0 Corporate Manslaughter Legislation

Mr McIvor drew the attention of the Board to papers regarding the new Corporate Manslaughter Legislation and proposed to ask the Risk Manager to assess the current capability of NIAS against the checklist and report back. It was felt by Mr McIvor that NIAS needed to test themselves against the legislation with Mr Smyth adding that there was no room for complacency.

11.0 Media Issues

Press Response: Response Times

Mr McIvor stated that he was unhappy with the recent portrayal of NIAS in the media, led by BBC Foyle.

He said that the implication was that NIAS had falsified information when in fact NIAS had identified the problem themselves due to procedures already in place, and had dealt with it with due regard to the confidentiality of the Disciplinary procedure which the media had pushed NIAS to breach. In reference to the press release, Mr McIvor expressed his annoyance at the fact that the media chose to ignore the last sentence. He thanked Mr McNeill for his robustness on the Steven Nolan show.

Mr Hughes made the point that Non-Executive Directors were not kept up to speed and it was agreed that in future emails will be sent out to Board members.

12.0 Policies (for approval)

12.1 Standing Orders and Financial Instructions of Northern Ireland Ambulance Service and Health and Social Care Trust (Draft)

Mr Nicholson referred to the document and advised members that Standing Orders are the backbone of Trust governance documents and were developed according to government templates to provide best practice and consistency.

Mr Nicolson requested the approval of the Board, however after some discussion it was agreed that approval would be deferred pending further consideration at Audit Committee and the document would be returned for approval thereafter.

13.0 Application of Trust Seal

None made.

14.0 FORUM FOR QUESTIONS

Questions presented were addressed within the information provided by Board members in their reports.

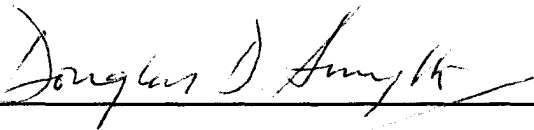
15.0 Any Other Business

There was no further business.

16.0 Date, Time and Venue of Next Meeting

**The next meeting of the Trust Board will be held on Thursday,
8 May 2008 in Ambulance Headquarters.**

Mr Smyth thanked those present for attending and for their hard work and called proceedings to a close.

Signed 

(Chairman)

Date 08/05/08