

## NORTHERN IRELAND AMBULANCE SERVICE

*Minutes of a Meeting of Trust Board held at 1.30pm on Thursday,  
24 January 2008 in the Mourne Country Hotel, 52 Belfast Road, Newry, BT34 1TR*

<b>Present:</b>	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 (Acting)
	Mr F Hughes	Non Executive Director
	Mr S Mullan	Non Executive Director
	Professor M Hanratty CBE	Non Executive Director

<b>In Attendance:</b>	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  
Mrs M Greer, 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 on 29 November 2007

The Trust Board members unanimously accepted the minutes as a true and accurate record of proceedings.

### 4.0 Matters Arising

#### 4.1 Fleet Strategy

Mr McIvor advised that the Fleet Strategy had now been finalised between the Northern Ireland Ambulance Service (NIAS) and the Department of Health, Social Services and Public Safety (DHSSPS) and that it was currently with the economists for consideration.

## **5.0 Chairman's Business**

### **5.1 Visit to Newry Ambulance Station**

Professor Hanratty and Mr Hughes expressed thanks to the staff at Newry Ambulance Station, Daisy Hill Hospital, Newry for the warm welcome they received and the frank, articulate and gracious way in which staff expressed their views and concerns about the quality of their fleet and the available space at the station. Mr Mullan expressed both regret at being unable to attend the visit and concern that currently five of the seven vehicles based at the Station do not comply with Government Standards and are due for replacement.

Mr Smyth invited Mr McNeill to comment on these concerns. Mr McNeill acknowledged the issues raised and stated that NIAS were working on reviewing the distribution of vehicles on a Northern Ireland wide basis and sympathised that staff were working with old vehicles. He added that NIAS were also addressing estate and deployment points issues raised and would take on board the comments received during the visit.

Mr McIvor added that NIAS had formally notified the Permanent Secretary at DHSSPS of the fleet profile concerns. Mr McNeill further expressed a personal thanks to the staff of Newry Ambulance Station for all the efforts during difficult times.

Mr Smyth asked Mr Kenny McMahon, Area Manager to convey the gratitude and appreciation of the Board to his staff for the visit.

### **5.2 KPMG Audit of Governance (Pilot)**

Mr Smyth advised that KPMG have been selected by DHSSPS to undertake a Governance Audit with NIAS as their pilot project. This then may be further extended to all Health and Social Care Trusts in Northern Ireland.

Mr Smyth went on to say that KPMG would be looking at how NIAS exercises its governance, with particular emphasis on control and accountability right down to grass roots level and by looking at how decisions are made. KPMG would also look at the different mechanisms for reporting and the structures for operational and strategic governance.

In answer to questions raised by Mr Mullan and Mr Hughes regarding the issuing of the final report, Mr Nicholson stated that he would request that as a courtesy DHSSPS would give sight of the report to NIAS before it was issued.

It was noted that DHSSPS would 'own' the document as they had commissioned it.

## **6.0 Performance Report as at 31 December 2007**

### **Operations**

Mr McNeill commented that at the last meeting he gave a presentation in which he pointed out the key challenges in achieving the Minister's Target of responding to 70% of Category A calls within 8 minutes. He then went on to update members by giving a comprehensive PowerPoint presentation entitled - "Operations Performance Review". (This presentation has been fully attached as Appendix 1 to these minutes)

The key objectives of the presentation were as follows:

- Provide an overview of performance since the last meeting of 29 November 2007;
- Analyse in some detail what happened in December 2007 when NIAS performance dipped;
- Outline Revised plans to work towards 70% for March 2008.

The presentation compared the percentage of Category A calls responded to within 8 minutes across all Health and Social Services Boards for the months of October, November and December, with December showing a significant downturn in performance. Mr McNeill explained that NIAS spent a lot of time reviewing statistics for December, focusing on:

1. Increase in demand
2. Supply of cover
3. Other factors – internal and external

Mr McNeill pointed out that NIAS responded to 717 more calls in December 2007 than it did in November 2007. However, in drawing member's attention to the slide which showed Demand vs Performance in the Northern Division for December 2007, where on specific dates both demand and performance were low, Mr McNeill explained that low performance could be due to such variables as geographical location, clusters of calls or break-downs and was not purely based on increase in demand.

Mr McNeill further explained that in anticipation of increased demand in December 2007, NIAS put plans for extra cover in place.

Other factors which influenced statistics for December 2008 included a change in demographics with people home for Christmas and an increased population in areas which are further away than an 8 minute run time. Mr McNeill also commented that as well as a higher volume of traffic due to Christmas shoppers there was a power failure in Control on Christmas Eve. While all contingencies kicked in very well, this did impact on Cat A performance. On some days over the Christmas period, demand simply outstripped supply, such as New Year's Eve.

Mr McNeill went on to discuss the slide showing a map of Northern Ireland which illustrated geographically the number of Out of Standard calls by night and by day. What was learned from this analysis was that there is a growth in activity during night shifts and planned activity will have to be reviewed for night time hours. Mr McNeill said that he intended to carry out a sensitivity analysis to gauge the impact of maintaining service in a particular area or moving it elsewhere.

Mr McNeill presented a formula for achieving the target which would enable the team to focus on bite sized incremental steps to 70%. With regards to the revised improvement plan, Mr McNeill advised that £375,000 investment was to be used to increase hours of cover and that staff would be redeployed, in order to provide cover. He finished off by stating that the Mobile Data Project would be a key factor affecting performance going forward, however, it remained a significant and challenging project. Mr McNeill assured members that everyone on the team is putting in a real effort to reach the 70% target although there are concerns about what will happen after 1 April 2008 when the extra funding switches off.

Professor Hanratty asked if increased activity at night was financially draining and Mr McNeill replied that while premiums were paid for overtime and night work it was matching the supply to demand which was most limiting.

Mr McNeill gave Professor Hanratty a brief outline of the pattern of demand throughout the UK and explained why Northern Ireland is different. Mr Mullan raised a question regarding possible assessment of the necessity of an ambulance being sent to a patient and was advised a GP pilot has been developed and would require supporting structures in the community.

Mr Mullan congratulated the whole team on the work they are doing to pull together and reach the Ministerial Target. This was supported by the other members.

## **Finance**

Mr Nicholson referred members to the report and updated members on the financial position to date, commenting specifically on:

FN 01 – The forecast financial position at the end of December 2007 was a small surplus of £6k. However, there were a range of pressures facing the Trust, particularly looking forward into 2008/09.

FN 02 – NIAS has achieved, or has plans in place to achieve, the cumulative cash releasing savings of £506k.

FN 03 – Receipts from asset disposals totalled £42k to date. A request has been made to the Department for this resource to be retained by the Trust.

FN 04 – The target in respect of prompt payment of invoices was on track for achievement.

FN 05 - An additional allocation of £250k has been made available to the Trust which has been prioritised against additional/replacement Rapid Response Vehicles, subject to confirmation of recurrent revenue funding. Mr Nicholson explained that the total capital resources must be fully expended by the end of the financial year and outlined some of the risks to the achievement of this target due to factors largely outside the Trust's direct control. He also drew members attention to the AVLS project, which was a major element of planned capital spend in the year, and emphasised the challenge that the project presented, particularly in terms of the implementation timetable.

### **Medical Directorate**

Dr McManus referred members to the report and gave an update on the following areas:

MD 01 – This is topical at present due to media coverage of MRSA and Clostridium difficile (C.Diff). A meeting of the 6 HSC Trusts has taken place recognising that the healthcare infection is primarily hospital based. Members were reassured that NIAS constantly reviews procedures and materials used. An internal Infection Control Group has also been re-established.

MD 03 – The thrombolysis pilot was completed in December 2007 and an evaluation will be presented at the next Clinical Governance meeting. It was noted to be very successful and expressions of interest had been noted by Hospitals, cardiologists and Commissioners. A regional roll-out is hoped to be developed. This project will continue to operate in the West.

Professor Hanratty commented that she felt there was an opportunity for research on thrombolysis within the arena of cardiac care which might be worthy of Departmental funding. Dr McManus advised that multi-service studies have been undertaken eg PCI: Heart Attacks – Cardiac Cath Laboratory Stents.

MD 09 – Dr McManus gave members an example of a patient who called 25 minutes after the project went live. The patient had issues with alcohol and also expressed suicidal tendencies and was successfully referred to the GP.

Dr McManus advised that Doctor Nigel Ruddell had been appointed as the Assistant Medical Director and took up post in January 2008.

### **Human Resources Directorate**

Ms O'Hara referred members to the report and updated as follows:

HR 01 – The Trust is still waiting on guidance from DHSSPS. This links to HR 06 as both are dependent on an initial report from DHSSPS.

HR 02 – Ms O'Hara drew attention to the Violence to Staff incidents figure which was 19 in December rather than 27. However this still represented a significant and disappointing increase.

Mr Mullan and Professor Hanratty raised the question of Zero Tolerance and reporting incidents to the PSNI. Ms O'Hara replied that was the decision of individual staff how far they took the incident and outlined some of the difficulties in going to PSNI. Mr Smyth stated he felt that NIAS should recommend to staff to report incidents at all times.

Professor Hanratty further commented that she felt it was important to have a policy which relieved the staff member of the responsibility of reporting incidents to PSNI, however Mr Smyth felt there would be legal implications with such a policy. Discussion took place regarding what was in place in terms of training for protection of staff.

A report will be tabled for further discussion.

HR 05 – Sickness absence continues to be a problem for those members of staff who were off on short term (25) and long term (39) absence. Mr Mullan asked if those members of staff coming up to retirement would do so before the end of the financial year and Ms O'Hara advised this could only be known when the Occupational Health. Members expressed concern that absenteeism was rising and appreciated the work that was done.

HR 07 – On target to meet the priority, however, Paramedic in Training has been delayed due to competing operational priorities.

HR 08 – Mr Smyth sought clarification of the word "large" in reference to the number of informal complaints received. Mr McIvor commented that informal complaints are encouraged to be dealt with as quickly as possible but were not captured in statistics. Mr Smyth felt that it was important to note if these numbers increased significantly.

## **7.0 Minutes of the Risk Management Committee held on 6 September 2007 (for approval)**

The Trust Board members unanimously accepted the minutes as a true and accurate record of proceedings with the following comments:

Mr McIvor drew members' attention to item 5.1 and stated that Mr Tom McGarey was now acting Risk Manager.

Dr McManus discussed the risk register and Mr Hughes commented that the Risk Management Committee was clearly important and this was illustrated by the minutes. Dr McManus thanked Mr Hughes for his comments and added that the Committee would continue to be open about incident reporting.

Mr McIvor invited feedback from members on how they could improve information reporting. Mr Smyth suggested that the Risk Register could be tabled once a year for members to look at in detail and ask questions. Dr McManus explained that each risk is measured in terms of likelihood and consequence and is then given a score which reflects its impact.

## **8.0 Minutes of the Clinical Governance Committee held on 6 September 2007 (for approval)**

The Trust Board members unanimously accepted the minutes as a true and accurate record of proceedings.

## **9.0 Policies (for approval)**

### **9.1 Internal Communications Policy (for approval)**

The Trust Board Members unanimously approved the Policy with the following comments:

Ms O'Hara pointed out that the draft policy has been equality screened and is ready to go, pending Trust Board approval.

The policy was approved subject to the following amendments being made:

- 2<sup>nd</sup> para (first page) – “ensure that information is available in a timely, accurate and accessible way to all who seek”
- Item 2.1.1 – “effective and open communication within the organisation and beyond”.

**10.0 Shared Services – Consultation Response (for noting)**

Members noted the NIAS Response to DHSSPS Shared Services Consultation Document was put to the Board for noting.

Members expressed concerns regarding the effect of the proposals on the HSC Trusts in Northern Ireland.

**11.0 999 Emergency Services Launch – Joint Charity of the Year**

Members were advised that NIAS was part of a new initiative called the 999 Emergency Services Charity which has chosen a charity to raise money for, namely, the Northern Ireland Cancer Fund for Children. A programme of events will run throughout 2008 to raise funds.

Mr Smyth wished staff well in their endeavours and for the fostering of new relationships with other emergency services.

**12.0 Assessment of Implications of Draft Budget on Northern Ireland Ambulance Service**

Mr McIvor spoke about the background of the draft budget and the NIAS response to it. He said that he felt it was important to provide a holistic service rather than a narrow, target based service. Mr McIvor also highlighted the risks involved in removing funding and emphasised that it was important that NIAS concerns were formally presented to DHSSPS.

**13.0 Application of Trust Seal**

None made

**14.0 FORUM FOR QUESTIONS**

There were no questions

**15.0 Any Other Business**

There was no further business.

