

NORTHERN IRELAND AMBULANCE SERVICE

Minutes of a Meeting of Trust Board held on Thursday, 19 May 2011 at 2.00pm at NIAS Headquarters, Knockbracken Healthcare Park, Belfast

Present:

Mr P Archer	Chairman
Mr L McIvor	Chief Executive
Mr S Shields	Non-Executive Director
Mr N McKinley	Non-Executive Director
Ms A Paisley	Non-Executive Director
Mrs S McCue	Director of Finance & ICT
Mr B McNeill	Director of Operations

In Attendance:

Mrs M Crawford	Executive Administrator
Ms K Baxter	Senior Secretary

1.0 Apologies

Mr S McKeever, Non-Executive Director
Prof M Hanratty, Non-Executive Director
Ms R O'Hara, Director of Human Resources & Corporate Services
Dr D McManus, Medical Director

2.0 Welcome and Format of the Meeting

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

3.0 Minutes of the Previous Meeting of the Trust Board held on 24 March 2011

Members accepted the minutes as a true and accurate record of proceedings on the proposal of Mr Shields seconded by Mr McKinley.

4.0 Matters Arising

4.1 Budget 2011-15

The Chief Executive advised that the Trust is awaiting further information regarding the budget for this year and is adopting a prudent approach until the full details is known.

The Board enquired if the Trust will be in position to deliver further efficiency savings if they are required, and whether a contingency plan was in place. The Chief Executive advised that there is no contingency plan in place or required at this time, however correspondence has previously been shared with the HSC Board indicating areas where savings can be made if necessary.

4.2 Draft Corporate Plan 2011 – 2014

The Chief Executive advised that the Corporate Plan is nearing completion and will go out to public consultation thereafter. When the consultation is concluded a workshop for the Board will be convened.

The Board raised the following matters:

- Has the Trust Delivery Plan (TDP) been produced and Priorities for Action (PFA) targets received?
- The Trust has not, at this stage, been requested to produce a TDP and PFA has not been issued to support production of a TDP.
- Will previous unachievable targets be adjusted?
- This decision rests outwith the Trust, but target issues in respect of response times and absence have been shared and highlighted.
- How will the consultation on the Corporate Plan be carried out and will it be pitched at the right level?
- The Trust's Patient & Public Involvement Manager will engage with the relevant stakeholders including the Patient Client Council. It was suggested that a summary of the document be developed for easy accessibility.

5.0 Chairman's Business

5.1 Visit to Resource Management Centre(RMC)/Fleet/Control Training/Emergency Planning Hazardous Area Response Team (HART) Demonstration

The Board were inspired with all of their visits this morning.

They were impressed with the systems at the RMC which manage planned and unplanned leave.

They were able to see some of the new vehicles and get some insight into the Fleet Department.

When visiting with Control Training they were able to see that a reliable back up is in place for the Emergency Ambulance Control Centre.

The HART demonstration was outstanding and shows the preparedness of the Trust to deal with any major events and the professionalism of staff. It was also noted that there were a number of female paramedics taking part in the demonstration. The Northern Ireland Fire & Rescue Service work closely with ambulance staff in some of these exercises and the Board members witnessed the simulated rescue of a patient from the roof of a building. All staff involved in the demonstration were commended for their hard work and professionalism.

Action: The Chair would write to all of the contributors to this morning's visit and thank them on behalf of the Board.

5.2 Chairman's Update

The Chairman gave a brief outline of his diary commitments since the last Board meeting.

6.0 Chief Executive's Business

6.1 Chief Executive's Update

Chief Executive briefed members as follows:

Met with the Chief Fire Officer, Peter Craig to discuss areas for collaboration. They intend to meet bi-monthly with the Chairs joining the meeting twice a year. Invitations will be extended to other key members of the Executive Team.

Met with Chief Executive of the Public Health Agency which gives an opportunity to work together on 'unscheduled care and Commissioning'. A joint Senior Executive Management Team meeting has been arranged.

Robert Morton, new Chief Executive of the Ambulance Service in the Republic of Ireland paid a 2 day visit to the Trust. Joint working will be developed further.

Met with Chair of South Eastern Commission Group. Discussion took place around service provision and unscheduled care in the area.

Met with Health Estates, DHSSPS to discuss capital planning. Fleet, technology and estates were highlighted. It is important to keep these matters to the fore.

- The Board asked if the Chief Executive intended to meet with other Chairs of Commissioning Groups.
- He advised that he has had discussion with the Chair of the Belfast Commissioning Group which was very positive and the Chair of the Southern Commissioning Group is to visit NIAS HQ.
- The Board further asked if ambulances from the South of Ireland came across accidents on route whilst in the North would they, and can they render assistance?
- It was advised that both services attend to any accidents such as described. Arrangements are in place and a memorandum of understanding has been developed to support this.

7.0 Assurance Framework as at 31 March 2011

Operations Exception Report

- A full and comprehensive report was provided highlighting information contained in assurance framework document. Principal factors that affected Category A response were: congestion in A&E Departments leading to longer handover times, winter pressures around flu and the severe weather which extended over late December and early January, and an 8.7% increase in demand during March.

NIAS responded to an additional 6,290 '999' calls during the year compared with 2009/10. Turnaround times continue to be an issue with time spent being equivalent to six 12 hour shifts. Meetings are ongoing with Trusts regarding this matter. The Trust has met with the Commissioners and the HSC Board regarding a regional escalation action plan (REAP). PFA's will be rolled over to 2011/12 until notified otherwise.

- The Board commended performance given the pressures of the past year and added that the figures for the West are very good. They wondered about the extent to which technology ie satellite navigation has contributed to improve performance.
- It was advised that it was not possible to quantify as a range of initiatives have been implemented concurrently creating a composite impact.
- GP urgent calls were raised and how they are managed.
- This area remains a focus for the Trust as it is important that these calls are dealt with appropriately as some patients could have a higher clinical need than some of the 999 calls which are received. Procedures were described and it was noted that these calls can be upgraded to 999 if necessary.

Finance & ICT Exception Report

- The Trust has achieved a breakeven position, showing a small surplus, subject to the completion of final accounts. It was agreed that this was very commendable given the Trust has implemented the CSR 3rd year efficiency savings plus an additional 2% savings in payroll.
- The question of whether the Trust is confident of achieving breakeven in the future was raised by the Board given continuing increases in demand.
- Management controls are in place with the Trust being aware of what funding is in place and how to manage it. NIAS will continue to engage in any discussions regarding service changes across Trusts to assess possible financial impact. Investments have also been made in areas such as the Resource Centre to enhance resource utilisation.
- The Board raised the payment of invoices and whether additional help was required to achieve the 95% target.
- This is a focus for the Finance Department, however given that the Trust is a regional service there can be a delay in getting authorisation for some invoices. It is hoped to sustain and improve the current position.
- Concern was expressed regarding spend of capital at year end. The Board would prefer if monies could be spent earlier in the year to avoid the risk of the Department clawing back surplus monies should business cases not be approved. The business case for Ballymena was raised and it was advised that this has been submitted however queries have been raised by DHSSPS.
- An error in the March figures on P.49 was noted in Fleet Profile (% less than 5 years old) Emergency ambulance. Figure should read '62.5%'. A sentence from the last paragraph on Pge.48 was also deleted. (This reflects vehicles brought into service 5 years ago which have just reached 5 years of age).

Human Resources & Corporate Services Exception Report

- Absence – Members were advised that absence remains a major focus for the Trust and is a key element of the Performance Framework. Access to physiotherapy has been improved through revision of service contract to address specific access and return to work issues. Areas with the highest absence levels are with Control and EMT staff.
- Disciplinary/Grievances - There is an issue at present with Trade Unions in relation to suspensions which Management are addressing.

Medical Exception Report

- Business Continuity Plan – The Trust’s Business Continuity Management arrangements were subject to peer review by representatives of the East Midlands and Scottish Ambulance Services in June 2010, and the NIAS Emergency Planning Officer (EPO) has participated in a review of the Business Continuity arrangements in the Yorkshire Ambulance Service and will participate in a similar review of arrangements within the London Ambulance Service. A number of recommendations have arisen from this process and an action plan arising from these recommendations has been developed. The absence of an overarching plan is an issue, however local plans remain in place.
- Stroke Services – It is important that patients are treated promptly on arrival to hospital and there are currently 5 hospitals providing 24/7 stroke provision. This is also an area of focus for Clinical Support Officers.
- Hygiene and Cleanliness –The RQIA report has now been received which overall was positive. An action plan based on the recommendations has been developed for implementation.
 - The Board asked if there had been a decline in hospital acquired infections.
- DHSSPS reports confirm that the situation within hospitals has improved. However as patients are not in ambulance care for long periods the NIAS risk assigned is low.
- Pathway Management – This is an area which is still being developed. It is hoped to introduce a number of condition-specific treat and leave and treat and refer protocols in Quarter 2 of 2011/12.

8.0 For Noting

8.1 Minutes of Audit Committee held on the 21 March 2011

Noted.

The Board raised the issue of counter fraud and the national counter fraud initiative. The Director of Finance is the lead for NIAS and advised that information is provided to the Trust and any matches would be explored through normal processes.

8.2 NIAS Management Statement/Financial Memorandum

This document was developed by the HSC Board and approved by the Department of Finance and Personnel.

The Board referred to the following:

Appendix 1 which requests that draft minutes are forwarded to the Sponsor Branch. The Board do not believe that this is a reasonable request and would not be happy in forwarding minutes which have not been formally ratified. The Board generally welcomed the document which detailed the governance and accountability arrangements in place across HSC

Page 21, 5.32 refers, that the Sponsor Department will attend one Audit Committee per year. It was advised that no representative has attended so far.

Action: It was agreed that the Chief Executive would raise with the Department the concerns of the Board in relation to the sharing of draft minutes.

8.3 Capital Resource Limit Allocation 2011/12

The Trust is awaiting final confirmation on figures. The Board noted the reference on Page 2, 'it should no longer be assumed that significant under-spends against monthly profiles can be end-loaded to the last 3 months of the financial year'.

Noted.

8.4 Statutory Rules of Northern Ireland 2011 – No.164

Noted.

8.5 NIAS Response to Consultations

This paper reports the consultations that NIAS have responded to in the past year.

Noted.

9.0 Application of Trust Seal

The Trust Seal has not been used since the last Board meeting.

10.0 Forum for Questions

A member of the public noted that the representative from the Patient Client Council has not been attending recent Board meetings.

The Patient Client Council is advised of all public Board meetings and it is their decision to attend or not. The Trust's Board meetings are advertised within the Press and on the Patient Client Council website. It was further advised that an invitation will be sent to the Chair of the Trust area in which we are holding a meeting inviting members of that Board and/or appropriate senior management to attend. The matter of invitations to Councils was raised and it was agreed that an invitation will be sent to the relevant Councils.

Action: An invitation to Board meetings is to be sent to Councils.

11.0 Any Other Business

No other business discussed.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be on Thursday, 21 July 2011, venue to be confirmed.

The Chairman thanked those present for attending and called proceedings to a close.

Signed: _____
(Chairman)

Date: _____