

## NORTHERN IRELAND AMBULANCE SERVICE

*Minutes of a Meeting of Trust Board held on Thursday, 17 November 2011  
at 2.00pm at the Northern Ireland Ambulance Service Headquarters,  
Knockbracken Healthcare Park, Saintfield Road, Belfast. BT8 8SG*

### Present:

Mr P Archer	Chairman
Mrs S McCue	Director of Finance & ICT (Acting Chief Executive)
Mr N McKinley	Non-Executive Director
Ms A Paisley	Non- Executive Director
Prof M Hanratty	Non- Executive Director
Dr D McManus	Medical Director
Ms R O'Hara	Director of Human Resources & Corporate Services

### In Attendance:

Mrs M Crawford	Executive Administrator
Miss K Baxter	Senior Secretary

### 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.

#### 1.0 Apologies

Mr L McIvor, Chief Executive  
Mr B McNeill, Director of Operations  
Mr S Shields, Non- Executive Director  
Mr S McKeever, Non-Executive Director

#### 2.0 Procedure: Declaration of potential Conflict of Interest Quorum

No potential conflicts of interest were declared and the Board was confirmed as Quorate.

#### 3.0 Minutes of the Previous Meeting of the Trust Board/AGM held on 15 September 2011

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

#### **4.0 Matters Arising**

None.

#### **5.0 Chairman's Business**

##### **5.1 Visit to Downpatrick Ambulance Station**

The Board were very impressed with the visit to Downpatrick Ambulance Station commenting that the Station appeared to be very well organised. The Station Officer, Mr Keith Stewart explained the role of the station in detail and they wished to record their thanks to him and his staff for the efforts they made to make their visit very informative and enjoyable.

**Action:** It was agreed that the Director of Finance on behalf of the Director of Operations will pass on the Board's appreciation to Mr Stewart.

##### **5.2 Corporate Workshop**

The Chairman advised that no follow up to the Corporate Workshop has been arranged due to competing priorities however the matter will be discussed further and taken forward in due course.

##### **5.3 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**

The Director of Finance gave a brief outline of some of the Chief Executive's activities since the last Board meeting in particular:

- Meeting regularly with John Compton, Chief Executive of the HSC Board and Chief Executives of all HSC Trusts.
- Met with Mr Bradley, MLA regarding ambulance cover in the Newry and Mourne areas.
- Attended the launch of the HART at the Waterfront Hall

#### **8.0 Assurance Framework as at 31 July 2011**

The Director of Finance advised the Board that comments from the last Trust Board regarding the Assurance Framework have now been incorporated within the document.

##### **Medical**

The Medical Director updated members on his report and the following comments/issues were raised.

- Is cardiac catheterisation only available at the RVH and Craigavon?
- This treatment is available 24/7 at the RVH, 9am – 5pm, Monday to Friday at Craigavon at present and planned treatments are carried out at the BCH. The RVH is the regional centre and RVH have been engaged with NIAS in relation to potentially extending the catchment area.
- Who makes the decision to carry out this treatment?
- The Paramedic at the scene transmits the ECG to the coronary care unit and both Doctor/Nurse and Paramedic discuss the most appropriate course of action as not all patients are suitable for this type of treatment. This is a measure of the increased profile of ambulance staff.

## **Operations**

In the absence of the Director of Operations the Director of Finance presented the operations report drawing attention to the objectives and advised that the Trust only recently received confirmation of the amended PFA target. She advised that it should read as follows:

- NIAS will seek to ensure that an average of 72.5% of category A (life threatening) calls are responded to within eight minutes, and not less than **65%** in any LCG area.

**In addition she focused the Trust Board on the graphs representing performance and advised that the accompanying narrative needed to be amended as follows:**

- NIAS's PFA regional target is 72.5% cumulative. At the end of September NIAS was achieving 74.4% cumulative.
- The 65% LCG target is being achieved in all areas.
- NIAS is provided 92.6% of Cat A patients overall for Northern Ireland with a conveying ambulance within 21 minutes of receipt of call.
- RRV's contributed 19.8% of Cat A eight minute response, regionally.
- There has been a slight increase of 2.4% in turnaround time at hospitals at the end of September compared to the end of August.

The Director of Finance also drew attention to Page 26 and provided an amended update of performance at the end of September from the Operations Directorate to replace the section at the top of Page 26 as follows:

- The Regional Cat A target was achieved from June - September and by LCG areas for the months of July, August and September.

The Director of Finance referred members to details of performance by LCG areas in the accompanying charts and again highlighted that the narrative in the operational report is incorrect.

The following comments/issues were raised:

- How has the service coped with the temporary closure of the BCH?
- Belfast City Hospital A&E department closed temporarily on 1 November 2011.

Significant engagement by NIAS with other HSC colleagues had already been undertaken so agreed plans were in place. Temporary resources have been made available to allow NIAS to provide the equivalent of two 24/7 units assigned to the transfer of patients from other A&Es in the Belfast area. A mobile control Officer is currently placed at the RVH to assist. Detailed reports are generated by the Information Team on a daily basis and monitoring takes place with NIAS operational management. These assigned vehicles are coping with the extra demand at present however a full review will also need to consider anticipated increased seasonal demand.

- Is there more scope for RRV's?
- The use of RRVs is considered on an ongoing basis in response to operational demand.
- Are the targets realistic in extreme weather conditions or can some of the targets be flexible?
- A single target applied for the year. This is not reduced in winter months, to reflect any specific seasonal pressures however Commissioners would consider that the target takes such issues into consideration.
- Are the figures for 'treat & leave' patients captured?
- This information is not identified separately. The continuum of care starts with NIAS right through to admission to hospital, discharge and rehabilitation. The important contribution which the Trust can play in terms of early identification of patient condition, eg stroke, was emphasised.
- The extending role of paramedics is making a positive contribution.
- Can we be assured that ambulance staff don't feel under pressure from targets which may present a dilemma whilst trying to give the optimum care to patients?
- The target is measured against the time of arrival at the scene and therefore does not impact on the time/care provided whilst around 10 minutes on average is seen as indicative time with a patient at scene this is not a specific target
- How is the feasibility study progressing for Enniskillen?
- A range of sites have been explored and a feasibility study is in progress. There is limited provision for an ambulance station on the new hospital site.

## **Finance**

Director of Finance updated members on her report.

The following comments/issues were raised:

- Revised Capital Investment plans were presented (£3,410,000)
- Prompt payment targets are currently being achieved
- The Trust is showing an overspend of £29,000 at the end of September 2011 with a forecasted breakeven by year end (given a range of assumptions as outlined)
- The Board commented that they found the summary at the start of the report very helpful.
- The NICON weekly bulletin carried a report about ambulance cover in the Newry and Crossmaglen areas.
- The Chief Executive met recently with Dominic Bradley MLA regarding this matter.

Discussions took place regarding the relatively low level of activity in the area in the context of limited resources which needed to be deployed effectively

Director of Finance advised that there is a typing error on Page. 38 and should read as follows

- Key Performance Indicators for August under Value of Spend should read as 282.

### **Human Resources**

Director of Human Resources & Corporate Services updated members on her report advising that there were two typing mistakes on Page 69 and should read as follows:

#### Claims & Litigation

Cases received, cumulative total should read as 4

Cases settled, cumulative total should read as 1

The following comments/issues were raised:

- The Board considered that clarity was still required from the Department in relation to the AfC Job Evaluation process.
- No target for the completion of job evaluation can be set as the national agreement is silent in this area however it would be the Departments view that job evaluation should be completed as soon as is practicable. It was reiterated that the Trust is adhering to the process and working in partnership with Unions.
- Preparation for strike action on the 30 November 2011 in underway with unions indicating that their members will be taking part in the day of action.
- The Board requested a cumulative comparison for absence for 10/11 with the previous year.
- The Board were disappointed to see complaints in the area of staff attitude and considered that this type of complaint should be avoidable.
- All complaints are investigated thoroughly and in some instances the complaint is upheld. In stressful situations it is important that staff take control and on occasions this may be perceived by patients and relatives as rude.
- Media requests for August and September appears to be high, is there any reason for this?
- These requests are usually triggered by incidents/issues eg the closure of the Belfast City Hospital A&E department.

**Action:** Director of HR&CS to provide a cumulative comparison for 2010/11 absence in her report.

## **8.0 Items for Approval**

### **8.1 NIAS Response to HSC Review**

This document had been circulated to the Board for prior approval before submitting to the HSC Board.

- Were NIAS afforded the opportunity to present to the Review Panel?

- NIAS participated in HSC workshops and discussed the NIAS response directly with the HSC.

The response to the HSC Review consultation was considered by the Board to be thorough and forward thinking and was approved on the proposal of Mr McKinley and seconded by Prof Hanratty.

- 8.2 **Waste Management Policy**
- 8.3 **Security Policy**
- 8.4 **Environmental Management Policy**
- 8.5 **Clinical Waste and Sharps Policy**

The policies were discussed and it was agreed that

- (i) There should be consistency between these policies eg the presentation of the 'Committee and Group Structure'.
- (ii) Where several Directors have responsibilities mentioned within a policy, there should be a clear line of accountability

**Action:** The policies were approved subject to the above amendments and are to be presented at the next meeting of the Assurance Committee who will provide assurance to Trust Board that the amendments have been incorporated.

## 8.6 **Revised Major Incident**

This document is reviewed every two years and will become part of the Incident Response Document.

The document was approved on the proposal of Prof Hanratty and Ms Paisley.

## 9.0 **Items for Noting**

### 9.1 **Minutes of Audit Committee Meetings held 2 September & 17 October 2011**

The Chairman commented that he recently attended both the Assurance and Audit Committees which he found very useful and it also afforded him the opportunity to meet external members of the Audit Committee. It was pointed out that the Chairman should be listed under 'present' and 'ex officio' and not under 'attendance' in the minutes. In his role the Trust Chairman can be present at Committee meetings in an ex-officio capacity.

**Action:** Amendment to be made to the minutes.

### 9.2 **Minutes of Assurance Committee Meeting held 2 September 2011**

Prof Hanratty wished to thank everyone who participated in the discussion regarding the format of the future agenda for the Assurance Committee.

Noted.

### **9.3 Corporate Responsibility Action Plan**

This document is completed yearly and is the responsibility of the HR Department with input from other Directorates.

Noted.

### **9.4 Mid Year Assurance Statement**

This document was recommended to the Trust Board for signature by the Chief Executive, the Chairs of both the Audit and Assurance Committee at the last Audit Committee meeting held 17 October 2011. It was provided to the Board for information.

Noted.

### **10.0 Application of Trust Seal**

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

### **11.0 FORUM FOR QUESTIONS**

No questions received from the floor.

### **12.0 Any Other Business**

#### **12.1 Business Services Transformation Programme**

The Director of Finance read out a statement from the Business Services Organisation regarding new technology which will enhance the delivery of services to health and social care.

The Board asked if any associated risks identified will be put on the risk register. It was advised that any risks will be discussed and added to the risk register if appropriate.

Noted.

### **Date, Time and Venue of Next Meeting**

The next meeting of the Trust Board will be held on Thursday, 19 January 2012 in the Southern Division. Venue to be confirmed.

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

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Chairman**