

NORTHERN IRELAND AMBULANCE SERVICE

*Minutes of a Meeting of Trust Board/AGM held on Thursday, 15 September 2011
at 1.30pm at the Northern Ireland Ambulance Service Headquarters,
Knockbracken Healthcare Park, Saintfield Road, Belfast. BT8 8SG*

Present:

Mr P Archer	Chairman
Mr L McIvor	Chief Executive
Mr S McKeever	Non-Executive Director
Mr N McKinley	Non-Executive Director
Ms A Paisley	Non- Executive Director
Prof M Hanratty	Non- Executive Director
Mrs S McCue	Director of Finance & ICT
Dr D McManus	Medical Director
Mr B McNeill	Director of Operations
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 advised that the Annual General Meeting would be incorporated within the public Board meeting.

1.0 Apologies

Mr S Shields, 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.

Suspension of Standing Orders

The Chairman suspended Standing Orders to allow the Annual General Meeting to take place.

3.0

ANNUAL GENERAL MEETING

i. Presentation of Annual Accounts 2010/11

The Finance Director presented the Annual Accounts by giving a presentation which summed up the financial performance for the past year.

ii. Presentation of Annual Report 2010/11

The Chief Executive presented the Annual Report outlining the activity for the past year and the challenges for the years ahead.

iii. Question & Answer Session

Mr Ferran, a member of the public commented that Ambulance staff are held in high esteem by the local community here in Northern Ireland.

Prof Hanratty asked a question regarding the fleet and how monies are allocated for the various types of vehicles. It was advised that a goal for NIAS is to have all fleet under 5 years old, however decisions are made based on the capital and the timeframes available.

The Chairman wished to congratulate the Chief Executive and his team for the sterling work carried out during the year under very difficult and challenging circumstances and requested his thanks be passed on to all staff .

ANNUAL GENERAL MEETING CONCLUDED

Reinstate Standing Orders

The Chairman advised that the business of the public meeting would now continue.

4.0 Minutes of the Previous Meeting of the Trust Board held on 21 July 2011

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

5.0 Matters Arising

5.1 Financial Stability

The chairman advised that this item would be dealt with under Item 8 - Assurance Framework

6.0 Chairman's Business

6.1 Chairman's Update

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

6.2 Hazardous Area Response Team (HART) Launch – 26 October 2011

Members were advised that the Hazardous Area Response Team (HART) Launch is scheduled for the 26 October 2011 and will be held at the Waterfront Hall. The Minister, Chief Medical Officer and the Permanent Secretary along with various Emergency Services agencies and other stakeholders will be invited to attend. Final details are yet to be issued.

6.3 Patient Client Council

The Board enquired if a Patient Client Council representative would no longer be attending Trust Board meetings. The Chair and Chief Executive advised that they had recently met with the Chair and Chief Executive of the Patient Client Council where the matter was raised and it was confirmed that currently resource limitations are restricting PCC attendance at Board meetings.

7.0 Chief Executive's Business

7.1 Chief Executive's Update

The Chief Executive gave a brief outline of some of his activities since the last Board meeting:

- Trust Accountability meeting was held with the DHSSPS and no specific recommendations or actions were identified. Two reports have been requested regarding information on turnaround times at A&E departments and the proportion of Cat A calls in comparison with other UK ambulance services. NIAS was commended for their efforts during a very difficult winter and pressures around efficiencies. The Chairman also attended the meeting which he considered to be a very positive meeting and welcomed the opportunity to support the Executive team.
- Attended Regional Trauma Conference at the Belfast Trust where Dr McManus was the first speaker who set the tone for the rest of the conference. This was an opportunity to communicate the NIAS role now and in the future in the management of trauma care in Northern Ireland.
- Attended the launch of the NIAS Leadership programme which was developed by HR for Managers up to Assistant Directors. This will equip Managers with the skills and confidence to deal with the challenges ahead.

8.0 Assurance Framework as at 31 July 2011

The Chief Executive reminded the Board that this report is evolving and would welcome feedback or comments on further information required and how information is presented.

Medical

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

- Chair of Assurance Committee wished to advise the Board that Monitoring reports in relation to the management of medicines are presented to the Assurance Committee, and further advised that the action plan from the RQIA report will be a standing agenda item until all areas have been actioned.
- An enquiry was made in relation to providing alternatives to hospital attendance and what alternatives exist currently.
- Trust Board was advised that a number of facilities are available through Community Care and in the case of elderly patients they can be admitted to Community Hospitals or residential care. There is a lot of work still to be done in getting agreement to directly access these services as there is reluctance from some of the Trusts as resources are an issue. In the case of falls in elderly patients a pilot is being developed where the cause of the fall can be identified and resolved/treated in the community.
- A follow-up question enquired as to who is driving this project and what is NIAS involvement?
- Ministerial Priorities for Action and the RQIA identified the area for work within their recommendations. A 'Falls Team' working within the GP out of Hours is being established.

Operations

The Director of Operations updated members on his report and the following comments/issues were raised:

- The Board commented on the graphical format used to present the information which is very useful.
- An enquiry was made in relation to whether queuing at Antrim Area Hospital is a major factor in not achieving the target in the Northern LCG area ?
- This is not the only factor as the geographical area presents problems in terms of distance and density of population. Work is ongoing with the Northern Trust to better manage GP referrals and integration with other services.
- The issue of the closure of the City Hospital A&E department was raised and the impact on NIAS
- NIAS have been involved in discussions with the Belfast Trust from an early stage. Planning to date suggests there will be approximately 30 additional patient movements per day however this will not be a steady flow but will come in clusters. An additional 2.5 A&E vehicles or their equivalent is the estimate of NIAS requirements to manage and mitigate the change. One problem will be manpower for the additional hours and overtime will be necessary and particularly because the closure is presently scheduled as temporary. This is an added pressure for NIAS as the Trust is currently relying on overtime to manage previous acute service changes already in place. A review will be necessary on the use of overtime and the re-profile of existing services. NIAS will support this important development to the full extent of its capacity.
- Working Time Directive was raised with the increase in overtime for staff.
- This remains an issue for NIAS and is an area which is closely monitored. The Trust does comply with the Working Time Directive. It was added that the Trust has invested in the Global Rostering System which shows clearly what shifts are being worked by staff. The system will support managers to identify and address any issues with shifts.

- Has the HSC Board been advised of the impact acute services changes are having on NIAS – in particular the issue of “temporary” measures?
- It was confirmed that NIAS briefs the HSC Board of any impact on the service.

Finance

Director of Finance updated members on her report and the following comments/issues were raised:

- What is the reason for the fluctuations in the value of spend between June and July 2011.
- Equipment and drugs were identified as key contributors to non-pay expenditure. Director of Finance commented that she can provide more detail if required by the Board.
- The Board commended the detail included in the Finance and ICT report and asked for a summary sheet to be considered to highlight ICT assurances in further reports.

Action: Director of Finance to provide a summary cover sheet for the Finance Report

Human Resources

Director of Human Resources & Corporate Services updated members on her report and the following comments/issues were raised:

- It was noted that 34% of complaints were classified as Control - clarification was requested.
- The majority of the complaints in this area are due to the non arrival or late arrival of PCS ambulance for planned appointments. These types of complaints are assigned to Control as the difficult decisions in relation to allocation of scarce resources are made by Control staff.
- The Board enquired if any applications have been made to local councils or the Public Health Agency regarding any available schemes for keeping staff fit.
- Director of HR&CS directed member’s attention to Item 10.5 and outlined measures in place and proposed.

9.0 Items for Approval

9.1 DRAFT Trust Delivery Plan (TDP)

The Trust is required to develop a TDP and this draft document has been shared with the HSC Board in line with their request and timeframe. They will be briefed on any revisions following Trust Board consideration.

The Chairman added that he was very encouraged by the TDP which encapsulates key elements of the Corporate Plan.

The following comments/issues were noted:

- The Board considered the document to be very readable and consistent with the Corporate Plan, aligning it with Ministerial Directions and HSC Board Commissioning priorities.

- Does the HSC Board and the Trust have a Service Level Agreement (SLA) in place?
- It was advised that at this time there is no SLA in place and the matter has been raised with the HSC Board. However the financial assumptions included in the Trust Delivery Plan have been produced in conjunction with the HSCB.
- It was also noted that no formal approval for last year's TDP was received by NIAS.

The TDP was approved on the proposal of Mr McKinley and seconded by Ms Paisley.

9.2 Business Continuity Policy & Strategy

The above Policy and Strategy was presented for approval and it was noted that this is a requirement under the Civil Contingencies Framework. These documents were developed by the Emergency Planning Department.

After some discussion the policy and strategy was approved on the proposal of Prof Hanratty and seconded by Mr McKinley.

10.0 Items for Noting

10.1 Management Statement/Financial Memorandum

Noted.

10.2 NIAS Response to Consultations

Noted.

10.3 Section 75 & Disability Discrimination Order – Annual Progress Report

The Board enquired about the extent of awareness of Section 75 legislation and guidance required of individual board members. This will be discussed at the Board workshop due to take place on the 7 October 2011. The following comments/issues were noted:

- Is a legend required to Appendix 1
- The volume of calls and arrangements for utilisation of Language Line in an ambulance setting was considered.

Noted.

10.4 CSR Phase 1 & 2

This report confirms that the Trust carried out the proposals put forward in the public consultation.

Discussion ensued and consideration was given to the impact on rural areas. The Trust has not identified adverse impact in rural areas.

Noted.

10.5 Health & Wellbeing & Attendance Management Action Plan 2011/12

Noted.

11.0 Application of Trust Seal

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

12.0 FORUM FOR QUESTIONS

No questions received from the floor.

13.0 Any Other Business

13.1 HSC Review

The Board were advised that a HSC Review is under way led by Mr John Compton, Chief Executive of the HSC Board. NIAS Chief Executive will be engaging with other Trust Chief Executives in this regard. There is no timeframe currently set for any submission other than the fact that the Report is to be completed by the end of November, however the Chief Executive will develop a NIAS submission with input from Trust Board, building on extant corporate and trust delivery plans and other relevant documents and bring for ratification at the next meeting of the Board. Terms for the Review can be found on the HSC Board website.

Action: Chief Executive to develop NIAS submission and present for ratification at next Trust Board.

Date, Time and Venue of Next Meeting

The next meeting of the Trust Board will be held on Thursday, 17 November 2011 in the Eastern Division. Venue to be confirmed.

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

Signed: _____

Date: _____

Chairman