



Northern Ireland Ambulance Service Health and Social Care Trust



**Minutes of NIAS Trust Board held on Thursday 30 January 2020 at
10.00am in the Boardroom, NIAS HQ, Site 30, Knockbracken
Healthcare Park, Saintfield Road, Belfast BT8 8SG**

PRESENT:	Mrs N Lappin	Chair
	Mr T Haslett	Non Executive Director
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr A Cardwell	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
	Mr R Sowney	Interim Director of Operations

IN

ATTENDANCE:	Mr B McNeill	Clinical Response Model (CRM) Programme Director
	Ms L Charlton	Director of Safety & Quality Improvement
	Ms S Sellars	Board Apprentice
	Mrs C Mooney	Board Secretary

APOLOGIES:	Ms R O'Hara	Director of HR & Corporate Services
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1 Welcome, Introduction & Apologies

The Chair welcomed those present to the meeting and advised that apologies had been received from Ms O'Hara.

She welcomed Ms Michelle Lemon, Interim HR Director, who had returned from secondment to the DoH, to cover for Ms O'Hara, and Ms Maxine Paterson who was attending today's meeting to observe business in preparation for taking up post as Director of Planning, Performance and Corporate Services at the beginning of April.

The Chair also welcomed Mrs Mooney, Board Secretary, to her first official meeting.

2 **Previous Minutes (TB30/01/2020/01)**

The minutes of the previous meeting held on 5 December 2019 were **APPROVED** on a proposal from Mr Sowney and seconded by Mr Ashford subject to the following amendments at Mr Abraham's request:

Page 3, 2nd para – wording to read ‘... and welcomed the commitment to prevention in the Strategic Plan.’

Page 7, 4th para – Mr McNeill to expand the minute to provide further clarity as to the target, ie the 90th centile.

Page 7, 4th para – Mr Bloomfield to consider wording around NIAS' obligation to transport patients.

Page 11, 8th para – wording to read ‘Mr Abraham acknowledged the considerable effort that had gone into this work and welcomed the progress that was now being made.’

Page 17, 4th para – wording to read ‘... from April onwards.’

3 **Matters Arising**

3.1 **Directors' Performance Reports** **Human Resources (TB 05/12/2019/07)**

Mr Cardwell acknowledged that he had not been present at the December meeting but sought confirmation that, as referred to in the minutes, ‘... absence levels were back to 2018/19 levels...’.

Ms Lemon undertook to clarify this.

3.2 **Action List arising from December Board meeting**

The Chair took members through the detail of the action list arising from the December Board meeting.

4 Chair's Update

The Chair commenced her update by referring to the Ministerial visit to NIAS HQ which had taken place on Wednesday 29 January. She said that she had been delighted when Minister Swann had accepted NIAS' invitation and added that this had been his first formal visit to a Trust since being appointed Minister.

The Chair said that the Minister had had an opportunity to meet with some paramedic students and had spent some time in the Control Room. She emphasised the benefit of the Minister hearing about the crucial role of NIAS in the transformation agenda and the challenges facing the Trust.

Continuing her update, the Chair advised the meeting that the Board would be joined at lunch by four graduates from the Foundation Degree Programme who had not been able to attend the graduation ceremony on 5 December but who would be presented with their certificates today.

The Chair referred to the emergency planning scenario held after the December Board meeting and said that it was a worthwhile and interesting event.

Concluding her remarks, she mentioned that, since the December meeting, both Mr Bloomfield and Ms Sellars had been on ride-ons with staff and she invited Ms Sellars to comment.

Ms Sellars advised that she had accompanied Stella Simpson in a RRV and said she had welcomed the opportunity to see how strategic decisions made at Trust Board level affected staff operationally. Ms Sellars said the professionalism and respect shown by staff to patients was outstanding while at the same time ensuring patients received the necessary care and treatment.

The Chair's update was **NOTED** by members.

5 Chief Executive's Update

Commencing his update, Mr Bloomfield advised that, during December and January, work had continued to address the outstanding Internal Audit recommendations. He added that this

work had culminated in a cross Directorate workshop to examine the outstanding recommendations and believed that progress had been made.

Mr Bloomfield advised that much of December and early January had been taken up with planning for and managing the industrial action. Meetings had continued with Trade Union colleagues as well as with colleagues from the DoH, HSCB and other Trusts to ensure that, on the days of industrial action, the Trust was able to maintain service delivery. He indicated that, as a result of this concerted focus on industrial action, most other meetings and events were postponed. Mr Bloomfield reported that the day of industrial action, ie 18 December 2019, had been managed well and he believed this was a result of good planning and effective working with Trade Union colleagues.

Continuing, Mr Bloomfield said that significant discussions had taken place with Trade Unions in relation to which services would be categorised for derogation. He explained that this in essence meant which services would be exempt from industrial action. Mr Bloomfield said that Trade Union colleagues had agreed that they would respond from the picket lines to Cat 1 and 2 calls and added that the arrangements put in place had worked effectively and allowed staff to respond without delay.

Mr Bloomfield reported that emergency call takers had advised members of the public that, due to industrial action, it would take longer to respond to their call and patients were encouraged to make their own way to hospital if appropriate to do so. He indicated that the public were very responsive to this and that overall the day had passed off satisfactorily.

Mr Bloomfield pointed out that he, the Chair and other Directors had visited staff on a number of picket lines. He said that he would like to place on record the responsible approach taken by staff in ensuring the continuation of services to the most urgent calls while exercising their right to take industrial action. Mr Bloomfield also commended the significant input of staff involved in planning for the day.

Mr Bloomfield said he was pleased that the issues around industrial action now appeared to have been resolved and any further action had been suspended. He said that work had been carried out in

preparation for industrial action on 24 January but action had since been stood down.

Mr Bloomfield said that, at the December Board meeting, it had been agreed to circulate a schedule of pre-Christmas visits to stations to members. He explained that, as a result of preparation for industrial action, these visits had not taken place as planned. However he said that the Chair, he and other Directors had managed to visit most of the stations before the Christmas holidays and meet with staff. He added that these visits had been appreciated by staff.

Continuing his update, Mr Bloomfield reported that normal winter pressures continued through the Christmas and New Year period. However he said that there had been a deterioration this year with regard to turnaround times at EDs which had been particularly challenging around the end of December. Mr Bloomfield said that, on a number of occasions, it had not been possible to transfer patients from ambulances into EDs and he acknowledged that this was not a position which the Trust considered to be acceptable. He advised that a number of meetings had taken place with colleagues from the DoH, the HSCB and other Trusts to try to resolve the situation. He said that, while further work was still needed to resolve this issue, there had been some progress and he added that Mr Sowney would report on this further later in the meeting.

Referring to Ms Sellars' earlier comments about the ride-on she had been on, Mr Bloomfield said such opportunities allowed staff to provide feedback on issues affecting them. Mr Bloomfield said that his recent experience on a RRV had raised a number of issues, for example the time taken for transport to arrive on scene to transport a patient to hospital which had necessitated the paramedic to remain on scene. He said that it would be important to examine how this could be improved.

Further to the Chair's reference to the Minister's visit in her update, Mr Bloomfield said that SMT had advised the Minister of a number of priority issues for the Trust, including the Trust's long-term Strategy which was before the Board today for approval; the Trust's ambition to contribute to the wider transformation agenda; the recent introduction of the new Clinical Response Model and the development of an associated business case for the DoH's consideration; progress towards the paramedic education model

and, based on sufficient funding being made available, the opportunity over the next 18 months to ensure a positive staffing position prior to the introduction of the Degree qualification.

Mr Bloomfield said that he had also taken the opportunity to discuss with the Minister some of the day-to-day operational challenges faced by the Trust, particularly around turnaround times.

Continuing his update, Mr Bloomfield said that Dr Ruddell would provide an update on the Coronavirus later in the meeting. However he advised members that arrangements for Health Silver had been put in place and said that staff were heavily involved in arrangements as well as participating in daily teleconferences with colleagues across the health and social care system.

The Chair thanked Mr Bloomfield for his report and invited members to ask questions.

Mr Abraham commented that, in a meeting in November 2019, Mr Johnston, DoH, had asked for a business case around CRM and he asked if there had been a delay in submitting this to the DoH.

Responding, Mr Bloomfield advised it is hoped to submit the business case to the DoH by the end of February. This is in line with the agreed timescale.

Mr Dennison commended the Chief Executive and Directors on their management of industrial action. He asked whether the Trust's approach had been part of the wider HSC system response.

Mr Bloomfield explained that the Trust has been part of the approach taken by the wider health and social care system. He advised that industrial action had been regularly discussed at the fortnightly meeting of the Transition Implementation Group (TIG) chaired by the Permanent Secretary. Mr Bloomfield pointed out that the impact of the industrial action had been different in different organisations. He said that he had been of the view that it was important to manage the relationship with Trade Unions well and to recognise staff entitlement to take industrial action and for the Trust to facilitate this as much as possible while ensuring continued service delivery.

Ms Lemon echoed Mr Bloomfield's comments and said that a regional approach had been adopted in previous industrial action. However she said that the DoH had made clear that discussions around derogations should take place at a local level with engagement up to the point of action being taken.

The Chair thanked Mr Bloomfield for his report which was **NOTED** by members.

6 Volunteering in NIAS - presentation

The Chair welcomed Ms Stephanie Leckey, Community Resuscitation Lead, and Mr John Wright, Assistant Director Operations, to the meeting to present on Community First Responders Scheme and the Voluntary Care Scheme respectively. She also advised the meeting that Dr Ruddell would present on BASICS doctors.

Commencing his presentation, Dr Ruddell explained that BASICS doctors were affiliated to the British Association for Immediate Care and volunteers who provided a 24/7 and 365 days a year cover, for example, at RTCs, industrial and farming accidents and incidents where there are multiple casualties. He added that a number of BASICS doctors were also very much involved in HEMS.

Dr Ruddell referred to the NI context and said that there was a small team of volunteers within the Province which had been volunteering for over thirty years. He said that the volunteers carried pagers which were linked to the Emergency Control Centre. He advised that their role involved a specialist form of training and said that it had become a recognised specialty within medicine called pre-hospital emergency medicine.

Continuing, Dr Ruddell indicated that the volunteers were self-funding and equipped themselves. He pointed out that there was a governance structure in place and work was ongoing to examine the potential for honorary contracts with NIAS.

Dr Ruddell indicated that a recent audit of care for serious trauma showed that, in NI, an individual's chances of survival following roadside attendance was higher than average and he said that this was as in part a result of the attendance of BASICS doctors.

Dr Ruddell believed that the attendance and interventions of BASICS doctors was much appreciated by NIAS crews. He said that they made a very important contribution to the care, and particularly the trauma care, of the NI population.

Concluding his presentation, Dr Ruddell suggested that the Trust Board may wish to give consideration as to how the Trust could recognise the valuable contribution made by the BASICS team.

In relation to the Volunteer Car Service (VCS), Mr Wright, AD Operations, explained that this regional service was managed through the Non Emergency Ambulance Control at Altnagelvin. He described the background and processes to the service and said that a significant proportion of the work undertaken by the VCS was to transport renal patients.

Continuing, Mr Wright indicated that 85 VCS drivers undertook 75,000 patient journeys with over two million miles being undertaken.

In response to a question from Mr Abraham as to the insurance required by drivers and whether the Trust should make a contribution towards this, Mr Wright indicated that drivers were required to have business insurance and said it was his understanding that there was no additional cost to this. He added that work was being taken forward to examine the potential of VCS drivers being able to access the Occupational Health Service and also receive additional training.

The Chair stressed the importance of volunteers having visibility within the Trust and advised that she was giving consideration to the current Committee structure to determine where the input from volunteers might best sit. She said that, when one considered the significant number of journeys undertaken by the VCS, it would be important to recognise the contribution of this important service which was provided by 85 individuals.

Mr Cardwell asked how volunteers were recruited. Responding, Mr Wright explained that the Trust did not actively recruit volunteers but tended to approach voluntary organisations to determine interest. He indicated that there was funding for VCS for renal patients in the Southern, Western and Northern areas with the Southern area also covering cancer patient transport. He said that currently there was

no funding for transport for renal patients in Belfast but said that this service would be beneficial.

Mr Bloomfield explained that the purpose of today's presentation was to raise awareness of the contribution made by volunteers across the Trust and to examine how best to recognise it. He said that he would share Mr Wright's view that it would be helpful to recruit more VCS drivers thereby reducing the workload on the existing volunteers. However he suggested that this could be examined within the PCS review currently being undertaken and said that members would receive a briefing on this review at the February workshop.

Mr Wright indicated that the Trust's Assurance Committee had expressed concern a number of years previously around the operation of PCS. He said that work had since been undertaken to assure members that close monitoring and scrutiny was now undertaken in relation to VCS mileage to ensure that VCS drivers were not undertaking significant excess mileage.

Mr Bloomfield indicated that the audit of PCS services had not identified the number of journeys undertaken by VCS drivers as an issue.

Mr McNeill welcomed the additional support being given to the management of these services and said that he would like to see the service canvas for volunteers in the South Eastern and Belfast areas.

Ms Leckey suggested that Volunteer Now would be a helpful contact and added that the organisation also carried out vetting checks.

In relation to the Community First Responder scheme, Ms Leckey explained that the schemes were made up of volunteers who lived within a particular community. She said that, in terms of operation, NIAS would alert volunteers to specific 999 emergency calls in their area. She said that the volunteers' aim was to reach a potentially life-threatening emergency in the vital first few minutes before the arrival of an ambulance crew. Ms Leckey said that volunteers were able to provide basic emergency life support and use a defibrillator if required. She indicated that CFRs were alerted in addition to an

ambulance so an ambulance would have already been despatched to respond to a call.

Ms Leckey advised that there were approximately 1,500 out of hospital cardiac arrests in NI year and CFRs could improve the patient's chance of survival by using the skills learned.

She said that, over the past two years, the NIAS Community Resuscitation Team had provided training and awareness to over 67,000 people across NI, including CFRs. Ms Leckey indicated that there were seventeen schemes in NI with 330 volunteers across these seventeen schemes.

Continuing, Ms Leckey said that, while the number of alerts sent to CFRs was known, there was no mechanism within the system to confirm who actually attended the call. She said that work was being taken forward to look at auditing the calls through patient report forms and added that her ultimate aim would be to show the impact of the CFRs on patient outcome.

Ms Leckey referred to the first CFR conference which had been held and which was attended by over 100 volunteers. She said that this had helped the volunteers to feel part of the overall NIAS family and she emphasised that the volunteers were a strong link in the chain of survival.

Mr Ashford noted that the number of calls in the North West, ie Derry City area was three times as much as other geographical areas.

In response, Ms Leckey explained that the Heart of Foyle scheme in the West was in an urban area, therefore there was a higher density of people compared to other more rural schemes. She indicated that, in the West, there was a scheme where taxi drivers were CFRs and carried the necessary equipment in their cars. She said that quite often the taxi drivers were the first on the scene and able to provide an initial response. She also pointed out that the demand and number of alerts was significantly higher than the number of individuals able to respond.

Mr Haslett asked what form the alert sent to CFRs took.

Ms Leckey explained that, at the moment, while alerts to CFRs were sent through a text message, work was ongoing to transfer CFRs to GoodSam. However both text message and GoodSam would run concurrently for a period of time.

Mr McNeill referred to the future development of the scheme and asked whether consideration had been given to CFRs being able to provide oxygen therapy and airway management responses.

Responding, Ms Leckey said that further work was required in this regard. She indicated that it would be important to ensure CFRs were not being alerted to inappropriate calls and said that recently CFRs had responded to a number of violent calls. She said that, with this in mind, consideration was being given to providing conflict resolution training to CFRs to equip them with the necessary skills.

Ms Leckey also said that, in GB, paediatric training had been provided to CFRs. However she believed that it would be important to ensure the effectiveness of the current schemes before encouraging the introduction of any further schemes and expanding the skill base of the current CFRs. She said that, if the CFRs were to carry oxygen, then they would require further training and there also needed to be an appropriate infrastructure to support the CFRs which was not currently in place.

The Chair asked Ms Leckey to give some thought to what the Board could do to support CFRs and said that, while having references to the importance of volunteers within the Strategic Plan was welcome, it would be important to involve those volunteers on the ground and make them feel part of the overall NIAS team.

She thanked Dr Ruddell, Mr Wright and Ms Leckey for their interesting presentations. Mr Wright and Ms Leckey withdrew from the meeting.

7 Organisational Health and Culture Programme – presentation

The Chair invited Ms Lemon to present on the Organisational Health and Culture Programme.

Ms Lemon referred to the ACE Benchmarking Report 2019 which had recommended that work be taken forward to look at the Trust's overall Organisational Health and Development needs and

assessing and addressing culture issues. She described in detail the drivers for change and the proposed methodology to take forward the work.

Continuing, Ms Lemon indicated that there were a number of issues which could be achieved early in the process. However she stressed that this work would need to be ongoing.

Ms Sellars emphasised the importance of culture, communication and recognition within an organisation and referred to an e-mail recently sent by the Chief Executive to a member of staff to let them know of positive feedback received. She said that this had been very much appreciated by the member of staff concerned.

Mr Sowney reiterated the point made by Ms Lemon about the long-term nature of this work. He referred to the fact that the Trust received a significant number of compliments in relation to staff and said that it was important that staff received early feedback in relation to these. He also indicated that when staff were subjected to verbal and physical abuse and felt it was important to make contact with the staff concerned as soon as possible to ensure their health and wellbeing needs were being met. Mr Sowney said that small actions such as these were very important and contributed towards staff feeling valued.

In response to a question from Mr Abraham, Ms Lemon explained that the work to take forward the programme would commence in the coming weeks and that today's presentation outlined the approach to be taken.

Mr Abraham welcomed this work and said that he looked forward to updates on its progress and implementation and how the change could be measured.

The Chair enquired as to how the Trust Board could assist in the work.

Responding, Ms Lemon welcomed the Board's support and explained that Board interviews were a component of the established methodology. She commented that it was likely that the work would reach a stage when resources would be required. However she undertook to keep members apprised.

Ms Charlton referred to the 'Being Open' policy recently forwarded by the DoH as well as learning from the IHRD and believed that these were very much in keeping with what had been discussed in respect of organisational culture. She was of the view that NIAS was unique in that it was a mobile workforce and emphasised the importance of Trust Board and senior management interaction with staff on the ground.

The Chair echoed the comments made by Ms Charlton and said that she could not over-emphasise the positive reaction of staff in seeing Board members, both Non Executive and Executive Directors, taking the time to undertake ride-alongs. She said that she had found them extremely insightful and very much appreciated by staff.

Mr Ashford welcomed this work and suggested it would be important for this work to link with the HR review also being undertaken

Ms Lemon advised that she and Mr Bloomfield had discussed this point with AACE and it was clear that resources would also be required to undertake the HR review which would be undertaken with the support of AACE. She added that a terms of reference for the HR review would be drawn up and said that she had taken the opportunity to discuss the review with the HR team to make them aware that they would be involved.

The Chair thanked Ms Lemon for her presentation and said that she looked forward to the regular updates on progress.

8 Draft NIAS Strategic Plan (TB30/01/2020/02)

The Chair welcomed Ms Sarah Williamson to the meeting and reminded members that discussion on the draft Plan had taken place at the December In Committee meeting when members had suggested a number of amendments.

She drew members' attention to the final draft of the Plan, which incorporated members' amendments, and said that approval was being sought to this at today's meeting with a view to scheduling a formal launch of the Plan at the end of February.

Mr Bloomfield referred to the Plan and outlined the changes which had been made. He referred in particular to page 35 which set out

priority actions for year one and said that these priorities, which would be monitored throughout the year, would form the basis of the Trust's Corporate Plan for 2020/21. Mr Bloomfield referred to the staff engagement events attended by the Chair and said that it had reinforced to staff that their input to the Plan had been worthwhile and that delivery against these priorities would be closely monitored by the Trust Board. He said that it would be important to demonstrate their achievement at the end of year one and felt that this would help build confidence.

Mr Bloomfield further referred to Appendix A which set out the priority areas for transformation. He said that this would assist the Trust in setting its priorities for the next 5-6 years and provide both assurance and confidence to staff and also stakeholders of the Trust's intentions.

Mr Bloomfield said that he would like to place on record his sincere thanks to Ms Hilary Pilling from AACE for her contribution to the development of the Strategic Plan. He also thanked Ms Sarah Williamson for assuming responsibility for the Plan and also to Ms Sellars who had undertaken to proof read the document. He also conveyed his thanks to Mr McPoland who had assisted in the organisation of the staff engagement events and had provided the photographs for the document.

Mr Ashford alluded to the fact that the NI Executive had reformed and the potential for the Programme for Government to be changed. He asked if this would have any implications for the Plan in terms of its content.

In response, Mr Bloomfield explained that the DoH had been kept apprised and had been aware that the final draft was coming before the Trust Board today for approval and that Ministerial approval would be sought for the final draft. Mr Bloomfield acknowledged that the themes within the Plan fitted with the DoH's 'Delivering Together' strategy.

Mr Haslett alluded to the earlier presentation on organisational culture and suggested that it would be important to refer to culture within the 'Foreword'. He added that this would also reflect the fact that organisational culture was being changed through the Strategic Plan. Mr Haslett also suggested that, from the perspective of a member of staff, it might be helpful to bring forward the

'transformation priority areas' for inclusion in the 'Foreword' so staff could see immediately where the priorities lay.

Mr Dennison believed that, while the Plan distilled a number of key messages for different stakeholders, it would be important to clarify what the various stakeholders wished to know. He said that he would have preferred to have some of the key points of the conclusion brought forward and added that consideration would need to be given to communications.

Responding to a question from the Chair as to whether he was suggesting a leaflet for staff and a separate leaflet for stakeholders, Mr Dennison said that it would be important to distil what the Trust was pledging to do through its Strategic Plan. He said that such clarification would be helpful to Non Executive Directors when referring to the Plan.

At the Chair's request, members indicated that they would be happy to approve the Strategic Plan 2020-2026 subject to the changes to be made.

Mr Haslett proposed that the Board approve the Plan. This proposal was seconded by Mr Dennison.

The Chair undertook to advise members of the date identified for the launch of the Strategic Plan. Concluding discussion, she thanked Ms Williamson for her contribution to the Plan.

9 Audit Committee – Terms of Reference (TB30/01/2020/03)

At the Chair's request, Mr Nicholson introduced this agenda item by advising that it was best practice to review the Committee's Terms of Reference on an annual basis.

Responding to a question from Mr Ashford, Mr Nicholson explained that both Internal and External Audit were in attendance at the Committee and had had input to the discussion around the Terms of Reference.

Mr Ashford referred to the membership of the Committee, in particular the requirement for 'one member of the Committee to have significant, recent and relevant financial experience.' He cited recent Audit Office guidance on Audit Committees which stated that

the Committee should have a member who has the 'ability to interpret a set of financial statements' and he enquired whether this could be used. He undertook to forward the information to Mr Nicholson for his consideration.

Mr Nicholson explained that the membership of the Committee had been drawn up in line with Audit Office guidance but undertook to examine this further. He reminded members that the recruitment and appointment processes for Non Executive Directors were taken forward by the Public Appointments Unit within the DoH and said that the Unit had specified an individual with '... significant, recent and relevant financial experience.'

Mr Abraham indicated that the Terms of Reference had been reviewed by the External Auditor on the Committee but acknowledged that it would be useful to examine this further.

The Chair advised that she would be giving consideration to the Trust Committee structure in the coming months and would keep members apprised.

Mr Abraham proposed the approval of the Audit Committee Terms of Reference. This was seconded by Mr Ashford and **APPROVED** by the Board.

10 **Corporate Risk Register (TB30/01/2020/04)**

Dr Ruddell drew members' attention to the Corporate Risk Register which had been distributed to members in advance of the Board meeting.

Mr Cardwell referred to the recent incident affecting the Trust's IT systems.

Responding, Mr Nicholson explained that the incident had affected HSC external access and log-ins to computer systems and added that he was awaiting the full and definitive incident report. He said that, as a result, the ability for NIAS staff to access systems remotely had been removed for a period of one week while the supplier provided the relevant patches to the system.

Mr Nicholson advised that staff would be examining the NIAS response to the incident and would produce a report accordingly.

He undertook to bring the report to an In Committee meeting of the Trust Board. He indicated that, while this incident was being investigated, another incident had occurred in relation to the functionality of radios. Mr Nicholson pointed out that there was a small team examining both incidents and cautioned that, in the event of multiple incidents, cognisance would have to be taken of the availability of a limited team.

Members **NOTED** the Corporate Risk Register as at 14 January 2020.

11 **Directors' Performance Reports**

Mr Bloomfield explained that, more recently, Directors had reported on their respective areas of performance by exception. He said that with Director and staff changes, he was proposing the introduction of a single Finance report and an overall performance report which would include key performance issues from each Directorate. He added that this would be the responsibility of Ms Patterson, the new Director of Planning, Performance and Corporate Services. Mr Bloomfield advised that the current arrangement of reporting by exception would continue until the new arrangements came into operation.

The Chair invited the relevant Director to provide an update by exception on their respective area.

11.1 **Finance (TB30/01/2020/05)**

Mr Nicholson advised that the Trust was reporting a breakeven position at the end of December 2019. He added that income levels had been agreed with commissioners and have been in line with assumptions which were included in the Trust Delivery Plan. Mr Nicholson indicated that, while there were a small number of assumptions, these were significant within the current plan in relation to the breakeven forecast in terms of Income and Expenditure.

Mr Nicholson reported that the Trust had received a Capital Resource Limit of £8.3 million which allowed the Trust to continue with planned cyclical fleet replacement. He indicated that, within this overall allocation, £4.3 million had been earmarked for specific ICT schemes and contingency control room arrangements.

Moving to the prompt payment of invoices, Mr Nicholson advised that the Trust had achieved 95.9% of invoices paid on time against a start of 95% performance.

Mr Nicholson drew members' attention to page 49 of the Board papers which outlined a number of service issues as well as a number of service developments ongoing to refresh and replace the technology infrastructure and platforms.

In terms of Information Governance and informatics, Mr Nicholson pointed out that this section of the report detailed the breadth of information requests received from a range of sources.

Mr Haslett referred to the Trust's breakeven position and acknowledged that he found it difficult to understand how the Trust achieved financial balance month on month. He enquired as to the progress within the capital budget as no detailed supporting information had been provided.

Responding, Mr Nicholson explained that the Trust's financial position was largely based on assumptions around Income and Expenditure and agreed in line with the Trust Delivery Plan. He referred to the forecast position and cited the example of the assumptions around superannuation changes and said that income had been confirmed within that.

Mr Nicholson explained that, within Directors' areas of responsibility, there were areas of financial pressures/underspends which contributed to the overall Trust savings plan. He acknowledged that, while a proportion of the capital expenditure was expended towards the end of the financial year, a significant proportion would be committed within the first nine months of the financial year. However he pointed out that the Trust's breakeven and capital budgets were very much based on a number of financial assumptions. Mr Nicholson pointed out that, in terms of revenue income, this should match the cost of the pay award and said that, should this not be the case, it would be then necessary to bring details to a Trust Board meeting for consideration.

Mr Nicholson further explained that, in relation to Expenditure, there were ambitious programmes for the refurbishment of a number of stations as well as the sluice programme and he added that, within

the capital budget, there were a number of planned schemes within IT.

Mr Nicholson referred to Agenda for Change and described this as one of the biggest financial planning assumptions.

Responding to a question from the Chair in relation to the assumption around the pay award now that the Assembly was operational, Mr Nicholson explained that the 2019/20 pay award and pay parity continued to be a priority.

Mr Abraham acknowledged the financial position and said that, as the Trust dealt with the ebb and flow of finances, it would always adjust spend to a breakeven position.

Referring to Mr Abraham's point, Mr Bloomfield said that, in recent weeks, Mr Nicholson had been asked by the DoH to advise on any areas of where savings could be delivered in order to support the wider health and social care system achieving a breakeven position. He advised that, for a short period of time, the sluice programme had been put on hold. However the DoH had since indicated that the Trust could now proceed with the programme.

The Chair believed that this demonstrated the need for a Trust Finance Committee where such issues could be considered. She indicated that the Audit Committee considered issues concerning the risk of finance whereas a Finance Committee could consider issues showing patterns of reporting.

Mr Haslett said, while he very much appreciated that the Trust's intention was to achieve a breakeven position each year, he acknowledged that he was unsure as to the Trust's financial exposure as this was not covered in the finance report.

Mr Abraham indicated that the Audit Committee and external auditors continually monitored the risk and he advised that issues were fully discussed at Audit Committee when external auditors were present. He acknowledged that members were not having sight of the minutiae around the day-to-day/week-to-week financial management or of how the Trust was on track to achieve a breakeven position.

Mr Nicholson said that he very much accepted the points made by Mr Abraham and referred him to the discussion which had taken place at the December In Committee meeting.

The Chair thanked Mr Nicholson for his report.

11.2 Operations (TB30/01/2020/06)

Commencing his report, Mr Sowney advised that the turnaround times discussed at the last Board meeting continued to present a challenge to the Trust. He explained that an ED Handover protocol had been issued by the HSCB in early January and said that this required HSC Trusts and NIAS to escalate issues after one hour if crews were not turned around and released. Mr Sowney said that, while the escalation protocol was to be welcomed, further work was required to resolve what was a complex issue. He said that a significant proportion of the difficulties were related to processes and the interaction/interface between NIAS and EDs.

Mr Sowney said that, as the Chief Executive had referred to earlier in the meeting, it had not been possible to transfer patients from ambulances to EDs on a number of occasions until sufficient space had been identified in ED. He referred the Emergency Divert Protocol which had been agreed by Trust Chief Executives and issued on 6 January to address this issue but acknowledged that this in itself had not fully resolved the issues.

Mr Sowney said that it would be important to ensure crews were released early in order to deal with emergency calls waiting for a response.

Mr Sowney referred to the 'cohorting' of staff and indicated that this was a complex issue as not all Trusts worked to the same definition. He explained that 'cohorting' was an element of the clinical handover and said that a number of Trusts had refused to work with that system. Mr Sowney said that HALOs were embedded within major EDs and he commended the work carried out by Ms Williamson in this area to draw up Standard Operating Procedures to provide clarity on their role. He said that work continued with Trusts to reach agreement around the definition of cohorting and acknowledged that, while beyond the control of NIAS, efforts would continue with Trusts to try to influence how to progress this issue.

Mr Sowney said that, as well as challenges around turnaround times, the Trust was also experiencing challenges around capacity in terms of hours lost while waiting at EDs. However he reassured members that every effort was being made to address such issues.

Continuing, Mr Sowney reported that he and Dr Ruddell had met with colleagues from the Belfast Trust to agree a way forward on a model which worked for all concerned. He said that, should this model prove to be successful, it would then be proposed for roll-out to other areas.

Concluding his report, Mr Sowney referred to the flu vaccination programme and said that he wanted to place on record his appreciation to Ms Laura Coulter, Area Manager, West Division, and her team for the excellent performance around vaccination. He advised that the target for vaccination was 50% and that, through the efforts of Ms Coulter and her team, 60.75% was achieved. He added that NIAS was also assisting other Trusts in this area.

Mr Cardwell referred to an Ambulance Trust in England which had introduced financial penalties for hospitals which had incurred a delay in releasing ambulance crews from EDs and he asked whether introducing a similar scheme would be helpful.

Responding, Mr Sowney said that he did not believe it would be helpful and added that a number of Ambulance Trusts were experiencing similar challenges with regard to turnaround times at EDs.

Mr Bloomfield agreed with Mr Sowney's view and indicated that the mechanism by which to do so did not exist.

The Chair indicated that on occasions it was difficult for Trusts to understand the significant impact delays in releasing ambulance crews had on the services provided by the Trust. She said that, in order to do so, an invitation had been extended to Belfast Trust colleagues to spend some time in the Control Room to hear and see at first hand the difficulties experienced by staff in ensuring ambulance coverage.

Mr Sowney said that, while appreciating the challenges facing EDs, it would be important at the same time to understand the pressures across the whole system. He was of the view that response times

and risks to patients in the community by not being able to send a response was greater than overcrowding in EDs where clinical staff are available should a patient deteriorate rapidly. Mr Sowney added that there was also a need to be mindful that, in relation to turnaround times, NIAS staff were missing meal breaks and finishing shifts late.

Mr McNeill commended Mr Sowney on the work he had done to address this issue and acknowledged that, even with additional resources, it was likely that NIAS staff would continue to be delayed in EDs. Mr McNeill emphasised that achieving a 30-minute handover would be important.

Mr Sowney indicated that there were a number of Ambulance Trusts which would be better resourced than NIAS and which continued to experience difficulties with turnaround times. He said that the risk associated with this should not be underestimated.

Mr Bloomfield advised that this issue was receiving continued focus and said that he had discussed the matter with the Permanent Secretary, the Chief Medical Officer and the Chief Nursing Officer as well as other Trust Chief Executives. Continuing, Mr Bloomfield advised that Mr Sowney had been asked by the DoH to provide his assessment of the impact the new ED Escalation Protocol and he believed that the fact that the DoH was requesting such an assessment so soon after its implementation showed the importance the DoH was attaching to this.

Continuing his update, Mr Sowney reported that, supported by AACE, the Trust had recently commenced a review of the operational management structure. He said that this was timely given the amount of investment needed to ensure the model going forward was fit for purpose and future proof.

Mr Haslett welcomed the improvement in response times and asked whether this momentum would continue.

Mr Bloomfield explained that there had been an improvement in November because the Trust had invested heavily in increasing staff resources to support the introduction of CRM. He reminded members that, in the summer of 2019, staffing levels were between 85-89% of planned capacity being delivered whereas in November, in order to ensure the smooth transition to the new model, the Trust

was regularly at over 100% of planned cover. Mr Bloomfield said that the Trust had also incurred a significant proportion of overtime as well as using voluntary and private ambulances.

The Chair pointed out that the additional resources used at that time gave a clear indication of what could be provided by the Trust if sufficiently resourced. However she indicated that this approach would not be sustainable without additional resources.

The Chair thanked Mr Sowney for his report.

11.3 **Medical (TB30/01/2020/07)**

Dr Ruddell reported that a final inspection of the helipad would take place on 31 January 2020. He commended the team which had been operational now for over 2½ years and said that it was now carrying blood for emergency blood transfusions.

At the Chair's request, Dr Ruddell provided an update in relation to Coronavirus. He reported that 7,783 individuals had been infected with 170 deaths – none of which had occurred outside China – resulting in a mortality rate of between 2-3%. Dr Ruddell confirmed that no cases had been confirmed within the UK and advised that neither a vaccine nor specific treatment were available. He confirmed that the Emergency Planning and Infection Prevention teams were having daily teleconference calls with PHA colleagues.

Dr Ruddell said that a regional approach, in line with the approach adopted by NHS England, had been taken. He confirmed that NIAS staff had the necessary equipment to protect themselves from infection and added that this was standard issue within ambulances. Dr Ruddell advised that FIT testing had also been updated.

Responding to a question from Ms Sellars as to how the Trust communicated with staff on the ground, Dr Ruddell advised that mechanisms were already in place to outline to staff the levels of protection required. He added that processes had been reviewed within the last year and said that CMO advice had been disseminated to staff. Dr Ruddell said that, in addition to the CMO advice, advice from the PHA and NHS England had also been disseminated and made available on the clinical app available to staff.

Ms Charlton advised that there had been learning from colleagues in Ambulance Trusts across the UK and a pragmatic operational plan in use by other Ambulance Trusts had been shared with NIAS covering issues, for example, how to ensure the cleaning of vehicles after use.

The Chair thanked Dr Ruddell for his report.

11.4 **CRM Programme – verbal report**

Referring to Mr Abraham's earlier question on the timescales for completion of the business case, Mr McNeill advised that he was planning to be in a position to submit the Strategic Outline Case to the DoH by the end of February as intended. He indicated that a significant proportion of the work required, including the Fleet Strategy, had already been completed.

Mr McNeill explained that, at the DoH's request, the Trust had been afforded the opportunity to make a submission in relation to its capital needs against the DoH 10-year year capital plan. He said that, in its submission, the Trust had promoted the make-ready concept which had previously been presented to Trust Board as well as the prioritisation of hubs in Belfast and Craigavon and the replacement of the Emergency Control Centre. Mr McNeill advised that the capital plan had subsequently been accepted by the DoH. He also pointed out that discussions were also ongoing with DoH colleagues as to the content and format of the business case.

Continuing, he said that work would now be taken forward with Finance colleagues in terms of the funding profiles. He pointed out that recruitment and training of the paramedic workforce would dictate the pace of developments and explained that the recruitment of additional staff would have an impact on fleet requirements thereby identifying further estates issues which would need to be resolved.

Referring to performance, Mr McNeill said that the DoH representative on the Capacity Review group had been keen to see what the performance trajectory would be with additional resources. He explained that, in order to do this, it had been assumed that the 30-minute handover had been accepted and incorporated into the trajectory as improvements would not be possible unless the issues of handover and the need for additional capacity were addressed.

In response to a question from Mr Haslett as to the availability of funding, Mr McNeill explained that, during the consultation process for the introduction of CRM, the Trust was clear in identifying the number of additional hours cover required to meet the standards and indicators and added that this gave the Trust an objective to work towards. However, he said, should the funding not meet the Trust's requirements, it would be important for the Trust to be clear that it would not be able to meet the targets. Mr McNeill added that additional hours recouped through improved turnaround times would also be helpful.

Mr Bloomfield, agreeing with Mr McNeill's point, emphasised that, in order for the Trust to fully deliver on its objectives, it would require the full funding. He added that there was an acceptance by the DoH that, if effective transformation was to take place across the health and social care system, the ambulance service had an important role to play and therefore needed to be appropriately resourced.

The Chair thanked Mr McNeill for his update.

11.5 Safety & Quality – verbal report

Ms Charlton reported that work was being taken forward in relation to the RQIA improvement notice relating to IPC training and education and added that the compliance date was March.

She advised that Ms Ruth Finn, IPC lead, had worked with staff across the Trust to address the actions within the improvement plan. Ms Charlton said that she hoped the plan was on track to achieve the minimum compliance with the aim then of working to strengthen arrangements in the coming months. She indicated that she would be meeting with RQIA representatives at the end of February to discuss the progress made in advance of the compliance date. She said that she would take this opportunity to highlight any concerns. Ms Charlton said that one challenge was the release of staff for face-to-face training. She commended Ms Emma Giddings who had co-ordinated post-proficiency training sessions across the Divisions. Ms Charlton also thanked Operational colleagues who ensured staff were released to undertake this training.

Ms Charlton undertook to provide Trust Board with a briefing following expected unannounced inspections in April.

Continuing her update, Ms Charlton briefed members on the introduction of the Online User Feedback system to be provided through Care Opinion. She explained that this was a DoH led initiative which would be rolled out on a regional basis from April 2020. Ms Charlton referred to the need for transparency and believed that the 'Being Open' policy complemented this initiative.

She assured members that safeguarding and moderating policies were in place within the system and any feedback to and from the Trust would be considered in line with the policies before being made public. She referred to the earlier discussion around culture and welcomed the DoH decision to introduce the initiative. Ms Charlton indicated that the roll-out was being led and supported by PHA colleagues and she advised that the Scottish Ambulance service was using the system.

Ms Charlton referred to the Regional 10,000 Voices initiative and said that feedback to Trusts had largely been positive. She believed that the Online User Feedback would be an excellent vehicle to share with staff how much the service was valued by the public. She acknowledged that inevitably issues of concern would also be identified but believed that these could be used as learning and to improve the services delivered.

She indicated that there was a regional implementation plan and highlighted that additional resources would be required to implement the system across health and social care. Ms Charlton advised that the Chief Executive of Care Opinion would attend SMT on 4 February 2020 to talk about the initiative and she undertook to keep Trust Board members apprised as well as the feedback submitted to Care Opinion. It was agreed that members should receive a further update at the February Trust Board workshop.

Concluding her update, Ms Charlton advised that the Complex Case Team led by Joanna Smylie had recently received the regional HSC QI award for implementing care across boundaries. She commended Ms Sarah Williamson for her significant contribution to quality improvement within the organisation and said that it was a great accolade for the team.

The Chair echoed Ms Charlton's comments and added her congratulations.

11.6 Human Resources/Corporate Services – verbal report

Ms Lemon said she would like to highlight that, in terms of absence, there had been a slight reduction in absence rates. She explained that the cumulative absence rate last year was 11.48% and that the DoH target was to reduce this by 5%, resulting in a target of 10.92%. Ms Lemon indicated that, in November, the cumulative figure had been 10.81%. She acknowledged that, while this was positive, challenges remained in this area.

Ms Lemon advised that a Good Attendance workshop had been scheduled for the following week to take stock of the current position in terms of progress made to date and plans for the future.

Mr Bloomfield welcomed the recent recruitment of externally qualified EMTs and paramedics and said that those recruited were a combination of individuals returning to Northern Ireland and individuals from further afield.

The Chair thanked Directors for their reports which were **NOTED** by members.

12 Committee minutes

- Audit Committee – 18/6/19

Mr Abraham referred to Ms McCue's retirement and thanked her for her years of service.

- Assurance Committee – 15/10/19

Mr Haslett referred to the presentation given by Ms Lemon earlier in the meeting. He said that it was clear that that considerable efforts, including financial investment, were being made to improve attendance and added that this was an issue highlighted at each Board meeting.

He advised that progress was being made in relation to the IPC report and said that this area would be closely monitored. Mr Haslett referred to the meeting with RQIA with regard to SAIs

and complaints and said that additional resources had been made available to address the backlog.

Ms Charlton indicated that the key elements of the discussion with RQIA related to the importance of service user, family and carer engagement. She added that this was very much in keeping with the regional 'Being Open' policy and work ongoing around IHRD.

Ms Charlton referred to a further regional policy around providing support to staff involved in incidents, complaints, claims and coroners' inquests. She alluded to Ms Lemon's earlier presentation and the importance of culture and said that how the organisation supported its staff was critical.

Mr Bloomfield said that he would like to take this opportunity to commend Ms Charlton on her commitment to improving engagement with service users, families and carers moving forward and that she had engaged directly with families in relation to some very difficult cases.

Ms Charlton acknowledged the challenges associated with progressing SAIs, in particular ensuring timely, sensitive and compassionate engagement with families who could still be grieving for loved ones, and reinforced the need to support staff with an aim to ensuring effective communication.

13 **Forum for Questions**

As no members of the public were present, no questions had been submitted.

14 **Date of next meeting**

The next Trust Board meeting will take place on Thursday 5 March 2020 in the Conference Room, NIAS Northern Divisional Headquarters, 120-130 Antrim Rd, Ballymena BT42 2HD.

15 **Any Other Business**

15.1 **MOTs**

Mr Dennison sought clarification on whether the difficulties currently being experienced in relation to MOTs would have an impact on the NIAS fleet.

Responding, Mr McNeill advised that, while no issues had been identified as yet, the position could change over time if the backlog increased significantly. He pointed out that, in the short-term, there may be an issue in relation to RRV cars but said that the position would be closely monitored.

SIGNED: Nicole Capri

DATE: 14/5/2020

