



**Minutes of NIAS Trust Board held on Thursday 23 June 2022 at
1.45pm in the Lagan Room, the Mount Conference Centre,
2 Woodstock Link, Belfast BT6 8DD**

Present:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	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

In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Mrs C Mooney	Board Secretary
	Mr C Carlin	Boardroom Apprentice
	Mr C Thompson	Head of Transformation (for agenda item 6 only)
	Mr N Walker	Interim Asst Director of Planning & Performance (for agenda items 7 & 8 only)
	Mr N Sinclair	Asst Clinical Director (for agenda item 7 only)

Apologies:	Ms R Byrne	Director of Operations
	Mr T Haslett	Non Executive Director
	Mr B McNeill	Programme Director - Clinical Response Model (CRM)

1 Welcome, Introduction & Apologies

The Chair welcomed members to the first face-to-face meeting of the Trust Board since March 2020 and thanked members for facilitating the earlier start.

The Chair noted that apologies had been received from Ms Byrne, Mr Haslett and Mr McNeill and reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The meeting was declared as quorate.

2 **Previous Minutes (TB23/06/2022/01)**

The minutes of the previous meeting held on 5 May 2022 were **APPROVED** on a proposal from Mr Bloomfield and seconded by Mr Dennison.

3 **Matters Arising (TB23/06/2022/02)**

Members **NOTED** the updates against the Matters Arising.

The Chair referred to the action around Board members viewing the Body Worn Video equipment and asked them to let Mrs Mooney know by the end of the month when might suit to do this.

4 **Chair's Update**

Commencing her update, the Chair said that members may recall that Mr Eddie Murphy had been awarded the Chair's Award at the Staff Recognition Awards held on 1 April. She explained that she had been unable to present Mr Murphy with his award at that time and said she had had the privilege of meeting Mr Murphy at HQ a few weeks later to talk about his service. The Chair described Mr Murphy as an 'inspiration' and said she very much enjoyed hearing at first-hand about his experiences throughout his career.

The Chair advised that she had attended a very useful session hosted by the Public Sector Chairs' Forum with the Head of the Civil Service when attendees had the opportunity to identify what the priorities might be for the next year for the Civil Service. She acknowledged that, within NIAS, the Trust had identified its own priorities but explained that session had looked to introduce cross-department working on issues such as climate change for example as well as health inequalities and the resultant impact. The Chair accepted that, while ambitious, it was felt that the impact of departments working collectively would be much greater and said

she looked forward to bringing updates to the Board in the coming months.

The Chair reported that she and the Chief Executive had recently attended the ConfedExpo conference in Liverpool as members of the NICON. She explained that this was one of the largest conferences in England with over 5,000 delegates in attendance. The Chair said that she had the privilege of chairing a session on how digital innovation was assisting the NHS achieve net zero as well as having a positive impact on the economy.

Continuing, the Chair said she had had an opportunity to view one of the London Ambulance Service's electric Rapid Response Vehicles (RRV) and said that work was ongoing to examine the potential to have electric ambulances or hybrid-powered ambulances.

The Chair alluded to the Trust's achievements in the area of digital innovation and reported that she had recently had the opportunity to spend a few hours in the Emergency Ambulance Control (EAC) with colleagues as they responded to 999 calls. She said she saw at first hand the system whereby responders had remote access to further clinical advice through mobile phones. The Chair said that, while this was of benefit to patients, this digital technology was being used to divert patients away from EDs whilst ensuring they received the best care.

Continuing her report, the Chair advised that she had been asked to speak at the NI Audit Office launch of its report on 'Board Effectiveness – A Good Practice Guide'. She said that she had asked Mrs Mooney to circulate the link to the report to members and looked forward to looking at how the report might influence the operations of the Trust Board.

The Chair referred to the upcoming graduation ceremonies on 28 and 30 June and said she looked forward to celebrating the success of Cohorts 2 and 3 of the Foundation Degree in Paramedic Practice, particularly after the impact of the pandemic. The Chair said she hoped colleagues would be able to attend the events.

Concluding her update, the Chair said that, while it had not been possible to accommodate the Trust Board meeting in NIAS HQ because of the need for social distancing, she encouraged

Committee Chairs to consider resuming face-to-face meetings in HQ where the guidance permitted.

Members **NOTED** the Chair's update.

5 **Chief Executive's Update**

Mr Bloomfield reported that, since the May Trust Board meeting, intense system pressures, similar to those usually experienced in January/February, had been felt throughout the HSC, in terms of the numbers of patients waiting to be admitted to EDs. He said that members would be briefed on this further when the Board discussed the Performance Report.

However, Mr Bloomfield said the Trust had been able to reduce its escalation level to Level 3 for most of the time since the May meeting and explained that this had been largely due to the increased level of cover across the region. He acknowledged that, while cover continued to prove challenging at weekends, it was the longest period of time that the Trust had been out of REAP Level 4 in the last year. Mr Bloomfield cautioned that the Trust continued to experience significant pressures. He indicated that, as REAP Level 4 was more associated with short-term extreme levels of pressure, it had become increasingly difficult to maintain operations under sustained periods of Level 4.

Mr Bloomfield indicated that, although cover was currently good, the Trust expected the summer months to be challenging as many staff looked to take leave during this time and also they were less keen to work overtime during the summer months.

Mr Bloomfield pointed out that another factor to be taken into account and which potentially might impact on staff availability was the increase in Covid-19 infections. He advised that the Trust had seen a doubling in the number of staff absent due to Covid-19 since mid-May.

Continuing his update, Mr Bloomfield acknowledged that the issue of handover delays was discussed at most Board and Committee meetings and said that Board members were understandably very concerned about this issue. He reminded members that he had written to Ms Gallagher, Deputy Secretary of the Strategic Planning and Performance Group (formerly the Health and Social Care

Board) in April around ambulance handover delays and advised that he had recently received a response from Ms Gallagher which he asked Mrs Mooney to circulate to members for their information.

Mr Bloomfield advised that, in her response, Ms Gallagher had acknowledged that she was aware of the issue which lay outside NIAS' control and was very mindful of the efforts the Trust had taken and would continue to take. He said that the correspondence alluded to new arrangements being established to oversee work around unscheduled care and that handover delays would be a particular focus of this work. Mr Bloomfield said that he remained hopeful there would continue to be focus on this important issue.

Mr Bloomfield indicated handover delays remained an issue at a national level. He referred to the Health Service Investigation Branch report which had recently been shared with members which looked at issues around the harm caused to patients by delays across the unscheduled care pathway waiting too long in EDs for hospital beds. He said that a considerable focus of the report had been on ambulance handover delays and that this had drawn heavily on evidence from the report by the Association of Ambulance Chief Executives (AACE) into the harm to patients caused by waiting in the back of ambulances.

Mr Bloomfield reminded the meeting that he had shared the AACE report widely with Departmental and Trust colleagues to ensure there continued to be awareness of the growing evidence that harm was caused to patients waiting in the back of ambulances.

He referred to the ConfedExpo conference he had attended with the Chair and said there had been a high level of attention on ambulance response times and handover delays and that these had featured prominently in the key note address by the NHS England Chief Executive, Ms Amanda Pritchard.

Mr Bloomfield reported that he and Ms Charlton had recently met with colleagues from the Regulation and Quality Improvement Authority (RQIA) to discuss this issue and determine whether the RQIA had a role to play.

Mr Bloomfield indicated that the Department of Health (DoH) had now renewed focus on the recovery process and said the Permanent Secretary was keen that the HSC returned to pre-Covid-

19 levels of activity. He added that work was now being progressed to develop improvement trajectories and said that, through input from Ms Paterson's Directorate of Planning, Performance and Corporate Services, a trajectory to improve hospital handovers had been included. Mr Bloomfield said that he was hopeful that this would provide an opportunity to secure improvement in this important area.

Continuing, Mr Bloomfield said that the Permanent Secretary had made it clear to all organisations, including NIAS, those areas where improvement was expected, including handover delays, by September with a view to returning to pre-Covid-19 levels by March 2023. He pointed out that, prior to Covid-19, patients did not wait in the back of ambulances outside EDs and we need to return to this position.

Mr Bloomfield referred to the report from the Independent Neurology Inquiry and said that many lives had been seriously impacted by the actions of the consultant. He assured Trust Board that the Senior Management Team would consider the report with a view to identifying any potential learning. Mr Bloomfield said that Ms Charlton's team had already started to consider any learning from the report in terms of complaints. He added that it was likely that there would be further discussion at a future Safety Committee.

Mr Bloomfield reminded members that, at a previous Board meeting, he had referred to Royal College of Nursing's (RCN) intention to extend the Prince of Wales Nursing Cadet Scheme to Northern Ireland and had asked NIAS to host the first scheme. He said that the event launch planned for early July had been postponed and he undertook to e-mail members with details of the Scheme should the launch be rescheduled prior to the next Trust Board meeting.

Mr Bloomfield explained that Ms Lemon was working with the RCN in relation to the detail of the Scheme which would involve providing work experience to approximately 20 young people from disadvantaged and marginalised backgrounds. He said that he was pleased that the Trust had been chosen to be the first organisation in NI to host the Scheme.

Concluding his update, Mr Bloomfield said that he had had the honour of representing the NIAS and its staff at the Service of Thanksgiving for the Queen's Jubilee on 3 June.

He conveyed his congratulations to two members of NIAS staff who had received awards in the Queen's Birthday Honours – Mr Craig Wilson, Hospital Ambulance Liaison Officer (HALO), had received the Queen's Ambulance Medal and Mr Sean Mullan, Acting Area Manager, South Division, had received the MBE.

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

6 Transformation Portfolio Delivery Report – June 2022 **(TB23/06/2022/03)**

The Chair welcomed Mr Charlie Thompson to the meeting.

By way of introduction, Ms Paterson referred to agenda items 6, 7 and 8 and provided some context for the presentation of these items. She explained that the Portfolio Delivery report was presented at each Trust Board to highlight the progress made in the delivery of key strategic objectives and enablers as well as highlighting any risks in order to provide assurance to the Board.

Ms Paterson explained, with the initiation of the clinical plan, it was now time to integrate and consolidate all change programmes into an overarching strategic plan rather than a number of programmes and plans on which Trust Board sought assurance.

Ms Paterson referred members to the four year roadmap which encompassed all elements necessary to ensure delivery of the Strategy as well as referencing the scale and pace of that delivery which could potentially be impacted by resources, capacity and funding. Ms Paterson said that, once finalised, this report would replace the style of the current Portfolio reporting and would report on delivery against the roadmap as opposed to individual pieces of work.

Ms Paterson said it would be important to ensure the same level of assurance and provide the Board with the opportunity to scrutinise the work being taken forward within the Trust. She said that a similar approach, as used for the HR programme, had been used to

identify a programme of work for each Directorate over the short, medium and long-term.

Ms Paterson said that it was intended to bring back a range of outcome measures and key indicators to measure how effective this work had been in delivering elements within the Strategic Plan. She acknowledged that the pace of change was dependent on available resources and said that significant efforts had been made to optimise delivery of the current service within the current funding envelope.

Ms Paterson referred to page 49 of the Board papers and explained the HR Improvement Plan which had been presented at the People, Finance & Organisational Development (PFOD) Committee had been used as a template of a high level plan and could also be used to report on progress to the Board.

The Chair welcomed the amount of detail within the Portfolio Report and acknowledged that more detailed discussion and high level overview would take place at Committee level.

Mr Thompson drew the Board's attention to the report and highlighted the key issues therein. He provided a brief report on the programmes/projects within the Transformation Portfolio and outlined the risks as well as a number of issues which had been escalated.

Mr Ashford welcomed the progress being made in relation to the CAD Replacement Project. He referred to the existing CAD and asked whether there was support in place for this project. He also referred to the management structure for the Strategic Review of Clinical Education and sought clarification on progress.

Mr Thompson advised that a separate Direct Award Contract (DAC) had been put in place to ensure continuation. With regard to the Strategic Review of Clinical Education, he explained that recruitment around the enhanced management structure was currently being progressed and it was hoped that advertisements would be placed in the coming days.

Responding to a question from Mr Ashford as to the recruitment of the HR Programme Lead, Ms Lemon confirmed that the Directorate

had been able to secure permanent funding for the post which would be recruited on a permanent basis.

Ms Lemon commended the approach and methodology adopted by the Transformation Team around the HR improvement work which allowed a focus on outcomes. She conveyed her thanks and appreciation to Mr Walker, Mr Thompson and the Transformation Team for their support.

Mr Abraham commended the approach being used and felt the approach adopted assisted the Board in having a clear understanding of the work to be undertaken.

Mr Bloomfield reminded the meeting that, when developing the Strategy, the senior team and Non-Executive Directors were clear that the Strategy must drive annual workplans and that a commitment had been given to staff that it would be delivered.

Mr Bloomfield welcomed the progress which had been made and said that it represented the first outworkings of the Trust's commitment to deliver upon the Strategy. He acknowledged the support given by Ms Paterson and her team to ensuring the Strategic Plan conveyed real meaningful change.

Mr Nicholson emphasised the importance of ensuring the correct structure within the Medical Directorate. He commented that the implementation of the REACH project had been significantly impacted by Covid-19 and reminded members that the project had been on the cusp of being rolled out when the pandemic had started. Mr Nicholson noted that Ms Johnston, REACH Project Manager, would be leaving the Trust in the coming weeks to take up another post and he commended her personal contribution to this work.

The Chair acknowledged the challenges associated with encouraging paramedics to become practice educators and sought clarification that this position had not come about as a result of staff attrition.

Dr Ruddell explained that there were now two workstreams within the recently developed structure for the Education Team. The first related to the training element and the other to the quality assurance/accountability aspects. He explained that the posts

being recruited would be key players in these workstreams. Dr Ruddell advised that practice educators would be existing members of frontline staff who would act as mentors to student placements. He added that a number of Clinical Support Officers (CSOs) were currently acting as lead practice educators.

Continuing, Dr Ruddell said that the CSOs had originally been recruited to ensure the maintenance of the quality of care at the frontline and had undertaken frontline duties during the pandemic. He added that CSOs, by default, had become responsible for ensuring feedback to students on the Foundation Degree and BSc course.

Dr Ruddell said that he had previously advised Trust Board of the inability to carry out clinical audits due to the fact that CSOs had been redeployed to other duties including frontline response, IPC training and oversight, and now student oversight. He said it would be important to determine how best to address this to improve clinical audit and ensure that CSOs returned to their original roles of providing organisational assurance that patients received high quality care. He noted that Internal Audit had made a number of recommendations around this point.

Dr Ruddell advised that Mr Sinclair and others were liaising with the Ulster University to see how the model of practice educators could be done differently into the future.

Mr Bloomfield indicated that he had recorded a message encouraging staff to undertake the practice educator role, reminding them of the responsibility to develop the future workforce, as well as it being a requirement of the revised Band 6 job description. Mr Bloomfield said it would be important to find out why staff were not keen to undertake this role with a view to encouraging a greater uptake amongst staff.

The Chair queried whether the lack of practice educators constituted a risk for the Trust.

Mr Sinclair pointed out that, following Mr Bloomfield's video to staff, over 30 more staff had signed up to the role so the immediate issue had been resolved. However, he agreed with Mr Bloomfield's point in relation to finding out why staff had not been keen in undertaking the role and said it would be important to do so for future years. Mr

Sinclair extended his thanks to Mr Cochrane who had assisted in ensuring paramedics were released to attend the necessary training.

The Chair suggested that this was an area which the Trust Board would be interested in monitoring to ensure plans were in place for the future.

Mr Ashford said that he had been aware from discussions at a recent Safety Committee that the Trust had not received any funding in respect of practice placements and asked whether this position had changed.

Dr Ruddell confirmed that the Trust had had a number of discussions with DoH colleagues and advised that funding had since been made available for the role of the practice placement co-ordinator. He added that this would now allow the Trust to make a permanent recruitment to oversee practice placements and said that the Trust intended to liaise with other Trusts with a view to better co-ordination.

The Chair thanked Mr Thompson for his presentation of the Transformation Portfolio Report which was **NOTED** by members and said she looked forward to further iterations.

7 **Clinical Plan to deliver NIAS Strategy to Transform (TB23/06/2022/04)**

The Chair welcomed Mr Sinclair and Mr Walker to the meeting for this agenda item.

Mr Walker referred to the four year roadmap to achieve the Strategy to Transform and stressed the importance of delivering the Strategy, not only for NIAS but for the wider HSC system. He pointed out that the responsibility to deliver the Strategy lay across all Trust Directorates and therefore necessitated an organisational-wide approach. Mr Walker said that this approach allowed the Trust to create critical pathways over the next four years as well as building programmes of work which would lead to the development of in-year and corporate plans for delivery in a synced way.

Mr Sinclair provided a detailed overview of the Clinical Plan developed by the Medical Directorate which linked closely with the Trust's priorities contained in the Strategy to Transform.

Mr Abraham welcomed the progress which had been made and sought clarification on whether funding had been identified for the Complex Case Team. He said that the revised Medical Directorate organisational chart was encouraging and impressive.

Dr Ruddell explained that the Complex Case Team had previously been funded on a temporary basis. However, he pointed out that a Team Lead had recently been appointed on a permanent basis and a number of members of the team had been formally redeployed into the role. He acknowledged that, while the composition of the team was currently small, it had a disproportionately large operational impact.

Referring to Mr Abraham's comment about the organisational chart, Mr Sinclair explained that the structure was needed to develop and respond to the Clinical Plan.

Ms Paterson clarified that a number of posts within the Directorate were already in place.

Mr Bloomfield stressed the importance of the Complex Case Team and welcomed the fact that the Team Lead had now been appointed on a permanent basis. He advised that the team had recently been successful in securing additional funding and said Team members would be attending the August Trust Board to present on their work to date.

Continuing, Mr Bloomfield said that the approach taken by the Complex Case Team presented a model that could deliver benefits across the public sector. He explained that the same individuals being cared for by the Complex Case Team were also likely to be presenting challenges to other organisations in the public sector. Mr Bloomfield said that he had raised this point at a recent Chief Executives' Forum and felt that a more collaborative approach across the public sector would yield more results. He added that he would be keen to see if this could be progressed further over the coming years.

The Chair said that she looked forward to hearing from the Team at the next Trust Board meeting. Referring to the Clinical Plan, the Chair acknowledged the significant amount of work which had been undertaken and said the Trust Board would look forward to hearing about the outworkings of the structure in place and the impact it would have on the overall service.

The Chair thanked members for their input and the Clinical Plan was **NOTED** by the Trust Board.

Mr Sinclair withdrew from the meeting at this point.

8 **NIAS Corporate Plan 2022-23 (TB23/06/2022/05)**

At the Chair's invitation, Mr Walker reminded the meeting that the interim Corporate Plan had been presented at the May Trust Board meeting.

He advised that the Plan outlined the objectives of the Trust to be delivered by March 2023, along with the approach taken in terms of monitoring progress throughout the year. Mr Walker indicated that the Corporate Plan would be brought back to Trust Board on a three-monthly cycle to provide regular updates on progress being made against each of the objectives, giving members the opportunity to scrutinise delivery and progress being made.

The Chair alluded to discussion at the May Board meeting where reference was made to the need to ensure those objectives not completed in the 2021-22 Plan had been rolled forward for inclusion in the current Plan.

Mr Walker agreed to revise the Plan to incorporate the rolled-forward objectives and to circulate this to members for their consideration.

Mr Dennison said that he would be keen to know which rolled-forward objectives were business critical.

The Chair agreed that this would be helpful and requested that the revised Corporate Plan would be circulated for approval via e-mail.

9 **Performance Report (TB23/06/2022/06)**

Mr Walker remained for discussion on this agenda item.

Ms Paterson drew members' attention to the Performance Report up to the end of May 2022 and explained that Mr Walker would detail the additional actions and mitigations taken by the Trust.

Mr Walker advised that the Trust had established a Service Improvement Group which would focus initially on operational performance and said the intention would be to link this work with the Corporate Plan.

Ms Charlton referred members to page 118 of the Performance Report and alluded to work being taken forward by Mr McCracken and Mr Maguire, Quality Improvement Leads, around the escalation of deteriorating patients in the back of ambulances. She indicated that correspondence jointly signed by her, Ms Byrne and Dr Ruddell had been sent to Trust professional colleagues expressing concern and seeking to work collaboratively to mitigate against the associated risks. Ms Charlton said that all Trusts were keen to work collectively to agree a pathway whereby patients would be escalated if they deteriorated whilst waiting in the back of ambulances.

Continuing, Ms Charlton explained that, as it was difficult to stand down staff to undertake the necessary engagement, the Quality Leads had visited EDs to meet with NIAS staff to undertake some process mapping and identify weaknesses and any learning through discussions with staff. She pointed out that the meetings involving NIAS and other Trust colleagues would commence in July. Ms Charlton pointed out that HSC Quality Improvement colleagues had commended the approach taken by NIAS and were keen to monitor the safety aspects of this work.

The Chair welcomed this progress and alluded to the work taken forward by the Audit and Risk Assurance Committee (ARAC) around revising Risk 357 'Ambulance Turn Around Times at Emergency Departments'.

Ms Charlton pointed out that, as well as clarifying the pathway to be put in place to mitigate against the risk, NIAS continued to

emphasise to other Trusts that patients should not be waiting in the back of ambulances.

Mr Abraham described the work being undertaken by the ARAC and explained that the Committee was looking at this on two levels – one being the circumstances in which the Trust was operating and the second being the landscape in which the Trust was operating. He advised that Ms Paterson had examined this risk and had also taken the opportunity to speak with colleagues in other ambulance services to learn of their approach to similar risks. Mr Abraham said it was the Committee's intention to look at this in detail at its October meeting.

Ms Paterson advised that her discussions with other colleagues had focussed on how such risks might be treated, transferred and shared with the SPPG and DoH for example as well as examining the roles and responsibilities of other organisations in managing them. She reminded the meeting that Ms Charlton, Dr Ruddell and Ms Byrne had issued a joint letter to their Trust counterparts and planned to meet them in July to discuss further. Ms Paterson pointed out that Ms Charlton had met with colleagues from the Regulation and Quality Improvement Authority to understand the potential value in exploring such governance and risk issues.

Ms Paterson believed that those involved in this work had found it a valuable experience.

Mr Abraham suggested that, following the October ARAC meeting, it might be helpful for this issue to be discussed at a Board meeting. He said that the recent report from the Health Service Investigation Branch provided further evidence that harm was caused to those patients waiting in the back of ambulances.

The Chair welcomed the progress being made and said it was encouraging to see the practical steps being taken. She acknowledged this issue needed to be addressed across the HSC system and believed the fact that discussions were ongoing around the sharing of the risk clearly demonstrated recognition of the issue.

Ms Charlton said it would be important for staff to see the Trust efforts to address this issue having tangible results on the ground.

Mr Bloomfield believed it was reasonable to say that NIAS was leading the drive on this issue and said that the reports at this morning's meeting gave a sense of the focus and efforts being made. He said that, within the last two weeks, he had spoken with the Permanent Secretary, the Chief Medical Officer and the Deputy Secretary of the SPPG about the challenges as well as the improvements needed.

Continuing, Mr Bloomfield advised that, in 2019-20, 370 patients waited longer than three hours to be handed over to ED, while in 2021-22, this had increased to 4,152 patients. He explained that the DoH's intention was to revert to 2019-20 levels of activity and performance. Mr Bloomfield referred to the inclusion of handover delays as an improvement trajectory requiring Trusts to reverse the increase over the last three years by March 2023.

Mr Bloomfield was of the view that the approach adopted by the DoH was the most encouraging actions taken since the former Permanent Secretary's correspondence of November 2020 in relation to 'Addressing Ambulance Handover Delays'. He suggested that progress on addressing the improvement trajectory should be brought to the October ARAC for consideration.

Ms Paterson advised that, in her discussions with Trust colleagues, she had indicated that it was her understanding that the improvement trajectories would be identified by Trust to identify areas of good practice or those areas where improvement was required.

The Chair felt that the discussions to date on handover delays had been the most positive and would allow the Trust to monitor progress through the receipt of monthly data.

Mr Dennison welcomed the ambitious target and sought clarification on whether it was realistic.

In response, Mr Bloomfield stressed the importance of having clear accountability arrangements in place and believed this was an opportunity for the HSC system to address the issues.

Mr Bloomfield referred to pages 113-115 of the Board papers, in particular the comparison on the national position. He reported that, in May 2021, NIAS had been almost three minutes longer than its

English counterparts in responding to Cat 1 calls. He pointed to the improvements which had been made and said that this had now reduced to 30-35 seconds for Cat 1 calls. Mr Bloomfield advised that the national average response to Cat 2 calls was 51 minutes whereas NIAS response time was on average 28 minutes while the national average response to Cat 3 calls was two hours 38 minutes while NIAS response was one hour 11 minutes. He acknowledged that, while performance in NI was now stronger than in England, it had still deteriorated over the past year and significant improvements were required.

Responding to a question from Mr Carlin, Mr Bloomfield believed that the efforts being taken by the Trust, despite the continued challenges, had assisted the Trust in maintaining its response times. However he said that it would be necessary for handover delays to be fully resolved to further improve response times. Mr Bloomfield said that he remained unhappy with the current response times and reminded the meeting that the figures quoted were 'mean' response times, with some patients waiting much longer.

Dr Ruddell said that the consistent approach taken by the various Directorates in NIAS had helped when having discussions with colleagues in other Trusts and added that the challenges were being raised at every opportunity by NIAS staff. Dr Ruddell said that positive working relationships with colleagues had resulted in Trust clinical leads understanding and being willing to achieve a resolution. He said that Trust colleagues now better understood the real impact on patients in the community of handover delays.

Dr Ruddell emphasised it was not just about busy EDs but about a busy system at every level.

Referring to the performance report, Ms Charlton said she was mindful that the figures reflected a reduction in the number of staff testing positive for Covid-19 and the incidence of Covid-19 absences. However, she acknowledged that there had been an increase in general community infection rates following the Jubilee bank holiday weekend in line with other parts of the UK and said it was likely that members would see an increase in positive cases reflected in the Performance Report considered at the August Trust Board.

Ms Charlton advised that a 10,000 More Voices survey was launched on 10 June seeking service users, families and carers to relate their experiences of using emergency services. She added that the survey, which was being done in conjunction with the Public Health Agency (PHA), would close on 29 September and said that Mr Gillan, Co-Production Lead, was liaising with the voluntary and community sector in terms of collating comments from those hard to reach sections of the community. Ms Charlton said that members would be see reference to the survey on social media platforms.

Following this discussion, members **NOTED** the Performance Report.

10 **Committee Business:**

- **Audit & Risk Assurance Committee – minutes of meeting on 14 April 2022 and report of meeting on 12 May 2022;**
- **Safety, Quality, Patient Experience and Performance Committee - minutes of meeting on 7 April 2022 (TB23/06/2022/07)**

ARAC

Mr Abraham advised that he had asked for a standing item to be included on the ARAC agenda around 'Progress on Achieving Business as Usual/Recovery Update' which would allow the Committee to monitor progress. However he said that it was clear from discussion at the Committee earlier that morning that a return to the pre-Covid-19 status quo might not be possible. Mr Abraham said that Ms Paterson would provide an update to the October ARAC meeting.

Mr Abraham reminded colleagues that he had raised the issue of hedging at the May ARAC meeting and Mr Nicholson had provided an update.

Mr Nicholson advised that the Trust had recently submitted fuel and energy cost estimates to the DoH. There was an expectation that these increased costs would be met.

Safety

Mr Ashford drew the Board's attention to the minutes of the meeting on 7 April. He indicated that unfortunately it had been necessary to

cancel the June meeting and said that it had not been possible to identify an alternative date as yet.

The Chair thanked the Committee Chairs for their comments and the Board **NOTED** the Committee reports and minutes.

13 **Date of Next Meeting**

The next Trust Board meeting will take place on Thursday 25 August 2022 at 10am. Arrangements to be confirmed.

14 **Any Other Business**

(i) Application of Trust Board Seal

Mr Nicholson advised that the Trust Board Seal had been affixed to a 5-year lease for the Limavady Station in the former Roe Valley Hospital site. He added that this would now bring all NIAS' leases into line with DoH requirements.

(ii) Performance Trajectory

Ms Paterson advised that the SPPG had asked the Trust to forward performance trajectories for inclusion in the Trust Delivery Service Plan and she agreed to circulate this to members for their information.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 3.50PM.

SIGNED: 

DATE: 26 August 2022