Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 25 August 2022 at 10am 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 (left the meeting at 1pm)
	Mr T Haslett	Non Executive Director (left the meeting at 12.20pm)
	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
	Mr B McNeill	Programme Director - Clinical Response Model (CRM)
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Mrs C Mooney	Board Secretary
	Mr J Wilson	Boardroom Apprentice
	Ms J Smylie	Complex Case Team (for agenda item 6 only)
	Mr A McDonnell	Complex Case Team (for agenda item 6 only)
	Ms C Hallowell	Complex Case Team (for agenda item 6 only)
	Ms P Powell	British Red Cross (for agenda item 6 only)
	Ms A M McStocker	Health and Wellbeing Project Manager (for agenda item 7 only)
	Mr C Thompson	Head of Transformation (for agenda item 10 only)
Apologies:	Mr J Dennison	Non Executive Director
	Ms R Byrne	Director of Operations
	Mr C Carlin	Boardroom Apprentice

1 Welcome, Introduction & Apologies

The Chair welcomed members to the meeting and extended a particular welcome to Jamie Wilson who would officially commence as Boardroom Apprentice on 1 September. She thanked Mr Ashford for agreeing to act as Mr Wilson's mentor during his placement with the Trust and said she would be meeting with Mr Wilson in the coming weeks.

The Chair noted that apologies had been received from Ms Byrne, Mr Dennison and Mr Carlin. She said she would like to take this opportunity to extend the sympathies of the Board to Mr Nicholson on the recent loss of his brother, Alan, and to Mr Carlin on the loss of his sister.

She reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The Chair said that she would like to declare an interest as Chief Commissioner of the Charity Commission NI in relation to agenda item 6.

The meeting was declared as quorate.

2 Previous Minutes (TB25/08/2022/01)

The minutes of the previous meeting held on 23 June 2022 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Nicholson.

3 Matters Arising (TB25/08/2022/02)

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

The Chair advised that the work to identify priorities for the Civil Service was ongoing and she would update the meeting as appropriate.

The Board noted that NI launch for the Prince of Wales Nursing Cadet Scheme had been postponed to 2023.

4 **Chair's Update**

The Chair reminded members that Mr Carlin had offered his apologies to today's meeting due to a family bereavement and she shared with members a letter which Mr Carlin had written to the Board. She said that she would be in touch with Mr Carlin over the coming days and conveyed the Board's sympathies to him on his loss.

The Chair advised that she and Mr Bloomfield had met with Department of Health (DoH) colleagues at the end of July to update on a number of sponsorship issues as well as discussing issues relating to the work being progressed around handover delays. The Chair said that the development of the improvement trajectories would provide a clear focus in the coming months and added that Ms Paterson had been working closely with Strategic Planning and Performance Group (SPPG) colleagues to ensure there was a real focus on hospital handover delays and to understand clearly what role the other hospital Trusts had to play in improving handover delays for the benefits of patients.

Continuing, the Chair said she had been encouraged to hear of this work and said that members would be very aware from briefings from Mr Bloomfield and Ms Byrne of the risk, not just to the system, but to patients. The Chair indicated that the Audit and Risk Assurance Committee, chaired by Mr Abraham, had considered the risk to the system and she said that a number of Trust and DoH workstreams had focussed on ensuring that handover delays were at the forefront of the DoH's considerations.

The Chair reported that the Clinical Response Model (CRM) business case had also been discussed at the meeting with DoH colleagues and she noted that she had had the opportunity to update members individually. She acknowledged the incredible frustration which must be felt by Mr McNeill and said that regrettably the Trust Board had been advised of a further delay in progress. The Chair said that senior DoH officials acknowledged that, despite NIAS having submitted the business case to the DoH in December 2021 and having received numerous assurances that a response was imminent, these had not been forthcoming. The Trust had now been advised that it would have to resubmit the business case.

The Chair said that, from her perspective, it was regrettable and hugely frustrating in terms of the potential negative impact on the Trust and its ability to roll-out CRM and have it resourced appropriately.

The Chair said she was minded to write to the DoH to advise that the Board would monitor the timely resubmission of the business case as well as seeking confirmation from the DoH around the timescales for consideration. She added that she wished to ensure there was DoH focus in expediting the business case response once it had been submitted and also seek clarification on what support the DoH could offer to ensure the business case was resubmitted in a timely manner. The Chair said she knew that Mr McNeill was keen to commence this work as soon as possible.

The Chair sought colleagues' views.

Mr Abraham said that he would endorse the Chair's intention to write to the DoH in a way which would help in progressing what was a critically important issue for the Trust. He referred to the significant work which had been undertaken by Mr McNeill over the last number of years in developing the various stages of the business case process required by the DoH. Mr Abraham agreed that it would be helpful to clarify the timeframes involved, both from the DoH and the Trust perspectives, and suggested that any deviances from this timeframe should be raised by the Chair in the first instance with a view to further discussion by both parties. He expressed his frustration that there had not been any progress in a critical area for the Trust.

Mr Ashford commended the measured responses from the Chair and Mr Abraham and he expressed his deep disappointment. He endorsed the Chair's intention to write to the DoH to put on record the Trust Board's frustration and disappointment. Mr Ashford emphasised the importance of this issue and agreed that, whatever deviances might occur, this position should not arise again. He referred to the significant amount of work already undertaken and asked whether there had been any indication from the DoH as to the reason why the business case had to be resubmitted.

Mr McNeill updated members on recent discussions with DoH colleagues and said that the Trust had not yet received an explanation as to why it was now necessary to resubmit the

business case nor any indication of when the Trust might expect to receive comments on the business case which had already submitted. Mr McNeill said he was pleased that the Chair intended to write to the DoH to seek clarity around timescales. He also said he would find this helpful to have some feedback from the DoH before any further work was undertaken.

The Chair felt it would be important for the Trust to clarify the timescales involved with the DoH.

Mr Bloomfield acknowledged that, while his initial reaction had been one of frustration, his view now was to ensure the position was addressed. Mr Bloomfield reminded the meeting that the Outline Business Case had been submitted in September 2021 and had been followed by engagement with DoH colleagues. He indicated that, in response to requests from the DoH around the need for additional evidence in certain areas, the business case had increased in size but that this had been done in partnership with the DoH. Mr Bloomfield said that, while he had no difficulty with the DoH indicating that the business case was too long, he did have difficulty with the fact that it had taken eight months to get to this point with the Trust not receiving any meaningful feedback in the interim.

Mr Bloomfield referred to the repeated assurances that DoH comments would be forthcoming and yet the Trust had not received any feedback to date. He said that the focus now needed to be on the Trust receiving the DoH comments as to what they wanted to see in the revised business case and having a process in place to ensure this reached a satisfactory conclusion.

Continuing, Mr Bloomfield advised that the SPPG, another branch of the DoH, had advised of its strong support for the business case. He further advised that the SPPG had confirmed it intended to prioritise the CRM programme for funding from future budget allocations.

Mr Bloomfield was of the view that the letter being proposed by the Chair could only assist in confirming timescales and obtaining DoH commitment to progressing this matter and noted that, to date, there had only been verbal assurances.

Mr Haslett acknowledged Mr McNeill's calm response and expressed his support for the comments made by the Chair and Mr Bloomfield and referred to the apparent frustration felt by the Trust Board. He referred to the fact that the Board recently had discussed the benefits of receiving funding over a three or five year period and members had been of the view that funding over a five year period would be beneficial.

Mr Abraham pointed out that the CRM business case was the largest business case in NIAS' history and suggested that the Chair's letter should also make reference to the fact that members had asked for feedback on the DoH response. Mr Abraham further suggested that the Board should receive regular updates and he referred to the significant impact further delay would have on patients' lives.

Dr Ruddell thanked members for their concern around the impact on patients. He acknowledged the frustration and anger felt, not just by patients and frontline staff but also by Director colleagues. He reflected on their experience as they continued to deal with the impact of pressures on the service. Dr Ruddell said that as the pressures on the service continued, the Trust also continued to receive demands from the DoH, the SPPG, the public and elected representatives as to why the ambulance service was not performing and yet it appeared that the potential for assistance through the CRM business case had now been delayed.

Dr Ruddell advised that ultimately patients were coming to harm because of the current situation and yet scrutiny on the Trust's performance continued when there were many factors outside of the Trust's control. He indicated that the Trust had received significant challenge from the Health Committee and MLAs as to why the business case had not progressed and suggested that the record of the Board meeting would be helpful in demonstrating how the Trust strived to deliver the service the public deserved.

Mr Bloomfield suggested that the Trust's narrative around working closely with DoH colleagues to progress the business case would be increasingly difficult to maintain due to the delay and lack of progress.

Mr Ashford suggested that it would be helpful for members to be clear about what escalation measures might be available to the

Trust should it experience further delays and noted that the Board was keen to move on this issue as quickly as possible.

The Chair agreed that this was an important issue and undertook to discuss this further with Mr Bloomfield at their next update.

The Chair thanked everyone for their input and noted that this discussion had covered item 12 on the agenda.

Continuing with her report, the Chair reported that she had attended two graduation ceremonies at the end of June and she congratulated those students who had graduated following what had been a challenging time for the service.

The Chair referred to the need to reschedule the October Trust Board meeting from 20 October and said she was proposing Tuesday 11 October as the alternative date. She asked members to advise Mrs Mooney of their availability as soon as possible.

Concluding her report, the Chair conveyed her thanks to Mr Abraham for acting as mentor to Mr Carlin during his time with the Trust as Boardroom Apprentice. She also thanked Mr Carlin for his contribution in developing a new induction pack for members.

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

5 Chief Executive's Update

Commencing his update to the Board, Mr Bloomfield alluded to discussion at the previous meeting when members noted that performance in NI had deteriorated to a lesser extent compared to the national position. He said that members had been advised of the risk which would exist over the summer months as staff took their annual leave and were less keen to work overtime at this time. Mr Bloomfield said that this had been the case and reported that the Trust had experienced a very challenging few months, particularly over the July bank holiday period. He advised that the Trust had put in place all the necessary escalation measures and had explored a number of other measures including seeking support from the National Ambulance Service (NAS) in the Republic of Ireland. He added that NAS had been unable to assist on that occasion. Other measures included redirecting staff, where possible, to support frontline work as well as pausing the

Foundation Degree paramedic course for one week. Mr Bloomfield said that the impact of doing this had been minimal and students were returned to their course at the end of the week.

Mr Bloomfield indicated that, as restrictions had eased, he had taken the opportunity to engage more with staff. He advised that, at the end of June, he had spent a day shift with a crew from the South East Division. He said he had found it very useful to see at first hand the challenges faced by staff over what turned out to be a 14-hour shift rather than the planned 12-hour shift. Mr Bloomfield said that this was not unusual for staff and added that the crew only had one break during the 14-hour shift which was nine hours after the shift had commenced. He advised that the crew had only responded to three calls during their shift with most of the shift having been spent waiting outside EDs.

Mr Bloomfield acknowledged that, while this was extremely frustrating for the crew involved, it had provided him with the opportunity to speak to other crews. He said he had found the experience interesting and had been able to identify some learning from it.

Continuing, Mr Bloomfield said that, along with Dr Ruddell and Mr Sinclair, he had spent the evening of 11 July with crews at a number of EDs in the greater Belfast areas and said that, at one stage, there were 12 crews waiting at one ED to handover patients. He said that he had then spent the early hours of the morning in the Emergency Ambulance Control (EAC) and added that staff morale appeared to be positive with staff recognising the efforts being made to address the challenges they faced.

Mr Bloomfield acknowledged the pressures felt by staff in the EAC when, despite repeated calls, they were unable to send a response to patients in the community and their awareness of the risks posed to those patients waiting for a response. He said that he and Ms Paterson had met with a group of EAC staff to hear their views and suggestions. Mr Bloomfield said that they had agreed an ongoing process of engagement.

Mr Bloomfield reported that he had also met with the 14th cohort of EMTs being trained at Coleraine and said they were a very positive group of staff who looked forward to undertaking operational duties in October.

Mr Bloomfield advised of a number of changes in staffing at the DoH and said that NIAS officers had met with a number of senior DoH staff over the last few weeks. He reported that Mr Jakobsen had joined the NIAS Senior Management Team (SMT) meeting in July at which Mr Jakobsen acknowledged the role played by NIAS in the transformation agenda. Mr Bloomfield said that the Trust's SMT had been encouraged by the support shown by their DoH colleagues.

Continuing, Mr Bloomfield reported that Ms Gallagher, Deputy Secretary of the SPPG, had visited the EAC at the start of August and had spent some time engaging with staff to understand the challenges and pressures within the room.   He said that Ms Gallagher had restated her commitment to working with the Trust to address some of the challenges staff had identified.

In addition to Ms Gallagher's visit, Mr Bloomfield advised that Ms McWilliams, Director of Performance Management, SPPG, had visited NIAS HQ to meet with him and Ms Paterson to discuss a number of issues, including the improvement trajectories the DoH required Trusts to deliver. Mr Bloomfield explained that the meeting had provided an opportunity to discuss in greater detail how the improvement trajectories would work particularly around handover delays where it was largely the responsibility of other Trusts to achieve.

Mr Bloomfield reported that these meetings had been open and transparent and it was clear that Ms Gallagher and Ms McWilliams clearly understood the challenges faced by the Trust and were particularly concerned at the safety and quality issues associated with handover delays as well as patients in the community and those waiting in the back of ambulances at EDs.

Mr Bloomfield said he was increasingly aware of a growing recognition that the situation needed to improve and added that he hoped the introduction of the improvement trajectories which would be progressed over the coming months would assist in this regard.

Mr Bloomfield reported that, since the June Board meeting, he had also met with Mr Andy Hearn, the Interim Chief Fire Officer and said Mr Hearn indicated his commitment to working in partnership with NIAS on areas of collaboration. He said that he had agreed with Mr

Hearn that it would be important to identify and focus on those areas which could be delivered and he undertook to keep members apprised.

Mr Bloomfield advised that he had recently attended a workshop hosted by the DoH to look at the new Partnership Agreement which would replace the Management Statement Financial Memorandum (MSFM). Mr Bloomfield explained that the DoH Sponsorship Branch would now work with ALBs to transition from the MSFM to the new Partnership Agreement which would be specific to each ALB.

Mr Bloomfield reported that the Minister had recently visited Enniskillen station to meet with staff and he thanked Dr Ruddell for overseeing the arrangements for the visit.

Mr Bloomfield explained that it was planned to run a campaign called 'Shoctober' during October to promote awareness of the use of defibrillators in the community and said he would share further information with members when it became available.

Concluding his update, Mr Bloomfield advised that Belfast City Council had awarded the freedom of the city to the health service and other key workers some time ago and a concert would be held at the Waterfront Hall later that evening to mark this occasion. Mr Bloomfield said that a number of NIAS staff would be attending as well as key workers from other organisations.

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

6 Collaborative Project between the Complex Case Team and British Red Cross (TB25/08/2022/03)

The Chair welcomed Ms Joanna Smylie, Mr Aidan McDonnell, Ms Claire Hallowell and Ms Paula Powell, to the meeting and invited them to present on the collaborative project between the Trust's Complex Case Team and the British Red Cross.

The Chair commented that the project would not only benefit patients but also organisations in terms of freeing up those individuals involved in the call.

Ms Charlton commended the work and the success of the team in securing financial support from the NHS Charities Together and referred to the challenges in measuring isolation.

Ms Powell explained that the project would use the UCLA Loneliness Scale to assess how often a person feels disconnected from others. She added that this scale would also allow the measurement of isolation and mental health to show the impact.

Mr Abraham commended the project and was of the view that if the project was able to deal with the issues causing the demand, there would be a correlating effect on the impact.

Responding to a question from Mr Abraham around the intention to establish NIAS as a charity, Mr Nicholson explained that this related to the registration of the Trust's Charitable Trust fund with the Charity Commission NI. It was agreed that he and Mr Abraham would discuss further offline.

Mr Ashford welcomed the project. He referred to the timescale of approximately one year and asked whether it would be possible to put arrangements in place to retain the workforce. Mr Ashford also alluded to the intention for the project to focus on providing assistance to 150 individuals and asked if this would be sufficient numbers

Ms Powell noted that the British Red Cross' focus was on sustainability. She said that the hope would be that funding would be secured, following proof of concept, thereby securing the workforce.

In response to Mr Ashford's question re the numbers involved, Ms Smylie explained that it had been important to conduct a realistic pilot focussing on the appropriate grouping of individuals. She advised that a similar project had been rolled out in Wales with an initial focus on ED attendances and reducing the numbers of frequent callers. However, Ms Smylie said, it had transpired that the individuals chosen were not appropriate for the project and therefore the data collated from the project had not been helpful.

Ms Smylie advised that she had engaged with the DoH, the Trust and the PSNI and explained that only referrals for appropriate individuals to participate in the pilot would be accepted. She added

that the data collated would then enable her to approach the commissioners with a view to securing regional funding to extend the project.

Responding to comment from Mr Ashford, Ms Smylie confirmed that the project would also link with the NI Fire and Rescue Service.

Mr Bloomfield welcomed the project and commended all involved in securing the necessary funding. He referred to the range of other projects attempting to wrap services around vulnerable people and said there was a need to improve in this area.

Mr Bloomfield said that he had mentioned the project at the Public Sector Forum and believed there was a real opportunity over the next 6-12 months to demonstrate the improvements evidenced elsewhere. He alluded to the involvement of the South Eastern and Belfast HSC Trusts and believed that if these Trusts could see reductions in the numbers of individual presenting repeatedly, this would demonstrate the validity and benefits of the project. Mr Bloomfield said he was confident that the project could be rolled out across the region if funding was secured.

Mr Haslett commended the team on their work and believed their enthusiasm was clear. He referred to slide 10 which set out the benefits to NIAS and the wider HSC, in particular the 40% reduction in the number of emergency calls and a 40% reduction in the number of conveyances to hospital, and said that the realisation of this would demonstrate the project had been worthwhile. Mr Haslett indicated his agreement with Ms Charlton's point around mental health around the fact it was not until an individual decided to seek assistance that many background issues were identified.

Ms Paterson said that the project represented a valuable piece of work. She referred to the linkages with unscheduled care and explained that the focus of the Unscheduled Care Group was on the pre-hospital environment and domiciliary care. She believed that the project needed to be profiled at regional meetings with a view to measuring the benefits which could potentially be included in the wider work linked to unscheduled care.

Mr Nicholson noted that the project required the Direct Award Contract to be approved by the Permanent Secretary.

The Chair thanked the team for attending the meeting and said that the Board looked forward to seeing the evaluation. She commended the team's enthusiasm about what could be done for individuals if they were provided with the care they needed. The Chair highlighted that the primary focus was on the impact on the individuals involved and she wished the team well over the duration of the project.

The team withdrew from the meeting.

7 NIAS Health and Wellbeing Strategy (TB25/08/2022/04)

Introducing this agenda item, the Chair noted that those members who attended the People, Finance & Organisational Development (PFOD) Committee would be aware of the significant work which had gone into the Strategy and she conveyed particular thanks to Ms McStocker who had joined the meeting for this discussion.

Ms Lemon explained that the Strategy had been considered by the PFOD Committee on a number of occasions to ensure that it had incorporated members' comments. She advised that further work had been carried out to ensure the Strategy was more outcome focussed and she too commended Ms McStocker on her contribution.

Continuing, Ms Lemon pointed out that the Strategy was evidence-based and based on information available within the service. She alluded in particular to the sickness levels within the performance report and said she hoped the board would take some assurance from the systematic approach to that area of work.

Ms McStocker reiterated that the Strategy was based on research. She said that, while the society had faced one of its most challenging times recently, experiences had brought about a plethora of evidence and research into staff health and wellbeing while at the same time acknowledging that performance, patient care and outcomes for the organisation were linked to the health and wellbeing of colleagues and how they performed. Ms McStocker highlighted the aims and objectives of the Strategy.

Ms Lemon referred to the linkages between the Strategy and the work being progressed around culture. She noted that results from the staff survey referred to staff not feeling looked after or cared for

and referred to the linkages between this and the Strategy. Ms Lemon advised that there was a strong implementation plan which would be worked through in partnership with Trade Union colleagues looking at the infrastructure and resources required to demonstrate that the Strategy was being delivered in a real way. Ms Lemon indicated that progress would be reported through the PFOD Committee.

The Chair said that, when reviewing the Strategy in advance of today's Board meeting, she had again been struck by its clarity, the direction of travel and the clear linkages to the culture work. The Chair explained that it had been hoped to bring the Culture Programme to today's Board meeting as the two areas of work were closely linked. However, she had considered the significance of the Health and Wellbeing Strategy and her preference had been for the Strategy to be considered by the Board in the first instance.

Continuing, the Chair said that the Strategy underpinned many issues which had already been presented to the Board, for example, the impact on sickness absence levels and on the care provided to patients. She stressed the importance of caring for staff and in turn ensuring that staff provided the optimum care for patients.

Mr Abraham referred to earlier discussion around the CRM, in particular the recruitment of additional staff, and commented that, unless there was real and fast progress in this area, the pressures on staff would continue. He referred to Aim 2 of the Strategy around maintaining and developing psychological, emotional and social health and wellbeing, to improve mental health outcomes and sought further detail around the 'moral distress' within 3.2.10 'Research and develop support tools on impact of COVID including Moral distress, fatigue and burnout'.

Ms McStocker explained that this reference came from the psychology comment and originated from veterans returning from war. She described the link between moral distress and the need for an individual to take action because of current circumstances which otherwise would traditionally be against an individual's moral stance. Ms McStocker added that this distress could lead to moral injury and was also linked to Post Traumatic Stress Disorder (PTSD).

Ms McStocker said that some work had been done with EAC colleagues around moral distress and added that presenting the theory of moral distress had provided the opportunity to link to what colleagues were experiencing. She said that colleagues had found that being able to identify experiences had proved helpful and they had been given coping techniques.

Mr Abraham referred to Aim 3 'Maintain and develop physical health' and asked how the development of a musculoskeletal pathway linked to transformation and budgets.

Responding, Ms Lemon explained that the Health and Wellbeing Strategy represented the strategic vision on how the Trust intended to address health and wellbeing and said that the implementation plan would be the delivery of that. Ms Lemon said that some examples had already been provided to members, for example, the work with EAC colleagues around moral distress and added that this was designed to deliver the strategic aims within the Strategy.

Mr Abraham suggested that a spreadsheet setting out the aims, associated timescales and budget allocations might be helpful.

The Chair pointed out that she would expect such detail to come to the PFOD Committee and said she had been encouraged to learn of the implementation plan underpinning the Strategy.

Mr Haslett confirmed that the Strategy had been considered at the PFOD Committee on a number of occasions and the Committee very supportive of its content. He added that the Committee's view had been that the Strategy represented a significantly important piece of work which underpinned other initiatives ongoing within the Trust to support the health and wellbeing of staff.

Ms Lemon acknowledged that there was a real awareness of the critical need to have a robust implementation plan with associated Key Performance Indicators (KPIs) in place and advised that these would be reported through to the PFOD Committee. She added that the balanced scorecard and single improvement plan across the HR programme would also form part of the delivery.

Mr McNeill welcomed the Strategy. He referred to the work to be done around the revision of the CRM business case and explained that this would require a description of the non-monetary benefits realisation and said the Strategy would prove helpful in this regard.

Ms McStocker said that it was her intention that the Strategy would become embedded and considered in everyday work that the implementation plan would be no longer required. However, she acknowledged that support would be required in terms of ensuring progress was maintained.

Ms Charlton thanked Ms McStocker for her outstanding leadership on this work and described the evidence base within the Strategy as impressive. Ms Charlton welcomed the inclusion of the Institute for Healthcare Improvement (IHI) principles around 'Joy in Work'. She said it was clear from the Chief Executive's recent engagements with staff that many enjoy being at work and added that it would be as equally important to have measures to reflect the positive experiences within the Strategy and to learn from these also. Ms Charlton pointed out that the number of compliments received by the Trust outweighed number of complaints and proved that the service was valued by the public it served. She acknowledged that further work was needed to ensure the Trust focused and celebrated what was good also.

Mr Nicholson welcomed the Strategy and was of the view that, while the Trust had previously made efforts around staff health and wellbeing, this area of work had been brought into sharp focus by the pandemic.

Ms Lemon referred to the fact that sickness levels had been endemic in the Trust which led to reduced numbers in frontline capacity and other workplace factors which impacted on staff. She stressed the importance of psychological safety and physical wellbeing. Ms Lemon noted that traditionally the Board had received papers describing work being undertaken at operational level to address these issues. She said that the Strategy would now provide members with assurance around the long-term systematic and evidence-based approach to be taken forward within the Trust.

Ms Lemon said it would be important to mention that the NIAS had secured support from the Belfast HSC Trust through the Occupational Health contract as well as the assistance of Dr Sarah Meekin, Head of Psychology Services at the Belfast HSCT Trust, to work with NIAS on the Trust's approach to psychology. She added that this would enable the Trust to have a robust plan specifically directed at mental health wellbeing.

Following this discussion, the Health and Wellbeing Strategy was **APPROVED** on a proposal from Mr Haslett which was seconded by Mr Ashford.

Concluding the discussion, the Chair said she looked forward to seeing the implementation plan coming to a future PFOD Committee. She added that she was keen to see how this linked with the cultural work and the impact on staff.

The Chair thanked Ms McStocker for her attendance and she withdrew from the meeting.

8 Annual Progress Report to the Equality Commission (TB25/08/2022/05)

Members **NOTED** the Annual Progress Report in advance of its submission to the Equality Commission.

9 Violence Prevention & Reduction Programme – Body Worn Video (BWV) Highlight Report (TB25/08/2022/06)

Introducing the update, Ms Paterson commended the efforts and the significant contribution made by Ms Keating and Mr Cochrane in reaching this point and she highlighted key points from the report.

Mr Ashford welcomed the fact that funding was available for Project Support. He sought clarification around the release of BWV footage.

Responding, Ms Paterson explained that the Trust had developed policies and had benchmarked these against other Trusts and users of this type of data and video footage in terms of when it would be appropriate to share information.

She assured members that the Trust had very much focussed on the position of the Information Commissioner's Office (ICO) and the Human Right Commission (HRC) in relation to public privacy and said she believed there were no gaps in the Trust's approach. She advised that there was guidance for crews around the circumstances in which the BWV should be used and said that the Trust would not review the footage unless an assault had been recorded.

Ms Lemon reminded the meeting that a public consultation had been conducted around the use of the video footage and that, within this, it was clear when the footage would be examined.

Mr Abraham pointed out that, in circumstances when a crime had been committed against staff and the Trust was providing evidence to the PSNI, the Trust would in fact be disclosing it. However, should the PSNI need the footage, they would follow the necessary process to request it.

Dr Ruddell confirmed that the Trust would disclose footage as evidence for the prosecution of serious crime.

Ms Lemon indicated that the Trust would share recordings of 999 calls through due process.

Members **NOTED** the update on the BWV programme.

10 Transformation Portfolio Delivery Report – July 2022 (TB25/08/2022/07)

The Chair welcomed Mr Charlie Thompson to the meeting and invited him to highlight the salient points of the Portfolio Delivery Report.

Mr Thompson explained that the Trust Board Portfolio Report was transitioning to a new style of portfolio reporting and provided a detailed update in relation to a number of programmes including the Strategic Review of Education; HR Transformation; Patient Care Services (PCS) Improvement; Computer Aided Dispatch (CAD) Replacement Project; Telephony Integrated Control and Command System (ICCS) and Regional Electronic Ambulance Communications Hub (REACH).

Mr Thompson referred to the corporate roadmap and explained that three programmes, ie CRM, Operations Review and Strategic Workforce Planning, would be removed from the Trust Board Portfolio reporting process and managed in line with the new corporate roadmap evolving programme.

In response to a question from Mr Ashford, Mr Thompson confirmed that, while the three programmes would be removed from the Portfolio report, they would now form part of the roadmap reporting.

Ms Paterson explained that it would be important to surface those strategic issues which Trust Board would focus on moving forward. She assured members that the detail would remain but the overall presentation would be at a higher level.

The Chair welcomed a more streamlined approach and agreed it would be important that Trust Board was aware of the detail.

Mr Abraham agreed with the Chair's comments and stressed the need for appropriate detail to be presented at Trust Board level as the Committees would oversee the operational elements.

Ms Lemon referred to the HR Transformation Programme and explained that elements had been streamlined to the single improvement plan being overseen by the PFOD Committee.

Ms Charlton welcomed this approach and believed that there were a number of important areas of work which sat outside of the transformation plan which the proposal would see included in Trust Board reporting to allow insight in a less complex way with Committees overseeing the detail.

Mr Thompson said the interdependencies between programmes would become clearer moving forward.

Continuing, Mr Thompson reminded Trust Board of its request at the December 2021 meeting for an update on the REACH programme in the summer and he drew the Board's attention to the specific update on REACH included within the papers.

Mr Thompson explained that the REACH programme management had transferred to the Strategic Transformation Team in mid-July 2022, following the resignation of the previous Programme Manager. He advised that the original plan for completion of implementation had been the end of August, however some delays had been experienced in the rollout and it was likely that this would now be early 2023.

Mr Thompson explained that the Trust had experienced operating issues with the tablets which had to be recalled to be re-imaged. He said that usage remained low and reported that a number of hospitals had live ePCR and MobiMed systems installed and ready

for use. He explained that further issues affecting the roll-out included operational pressures; the impact of Covid-19; technical installation compatibility as well as estate and logistics issues. Mr Thompson advised that, while over 697 emergency ambulance staff had been trained, approximately 80 staff still required training.

The Chair noted that the Board had had a number of presentations on the progress of the REACH programme over the last few years and she expressed her concern at the difficulties which had now been identified. She said it had been her understanding that the roll-out of the REACH programme had been successful and expressed concern that this now appeared not to be the case. The Chair indicated that the Board would be keen to monitor progress and requested an update at the October meeting.

Mr Nicholson acknowledged that the REACH programme had been significantly impacted by Covid-19 and reminded the meeting that the programme had been paused at the onset of the pandemic until quite recently.

Mr Bloomfield reminded members that all transformation projects had been delayed to some extent as a result of the pandemic and due to the fact that staff could not be released from frontline duties to undertake training. He explained that, once the roll-out had recommenced, the issues pertaining to the tablets had been identified. However Mr Bloomfield indicated that the devices had been successfully re-imaged.

The Chair acknowledged the comments made by Mr Bloomfield and Mr Nicholson and indicated that the challenges outlined by Mr Thompson could potentially impact on the further roll-out of the programme. She said that she would be keen to give Mr Thompson the opportunity to examine the issues in more detail and asked him to provide an update to the Board.

The Transformation Portfolio Delivery Report, including the update on the REACH programme, was **NOTED** by members.

The Chair thanked Mr Thompson for his attendance and he withdrew from the meeting.

11 Performance Report (TB25/08/2022/08)

At the Chair's invitation, Ms Charlton referred to call demand and explained that some of these were duplicate calls. She believed that this clearly demonstrated the impact of delayed responses in the community resulting in duplicate calls to the EAC. Ms Charlton suggested that it would be helpful to identify the duplicate calls separately in the next performance report

In terms of the national performance comparison, Ms Charlton pointed out that the demand profile being experienced by NIAS was closely aligned to that being experienced by Trusts in England. She acknowledged that, while NIAS did not have the same significant challenge in terms of the 90th centile response in Cats 2 and 3, NIAS continued to be significantly below the standard it would wish to achieve.

Continuing, Ms Charlton advised that the Cat 2 mean response was reported at 39 minutes compared to the national position at 59 minutes. She reported that, in a three month period, 1,200 patients in NI had waited more than 80 minutes for a Cat 2 response and stressed that behind each incident was a patient.

Ms Charlton indicated that Cat 3 responses remained challenging for the Trust. She advised that, in May 2022, there had been 11,227 lost operational hours which was the equivalent of 30 shifts per day.

Ms Charlton referred to Serious Adverse Incidents reported to the SPPG during the reporting period. She acknowledged that there could be instances of potential harm identified at hospitalisation stage of which NIAS would not be aware.

Referring to Covid-19 abstractions, Ms Charlton reported that this had reduced to 13. She indicated that, while the public advice had changed in relation to Covid-19, the change did not apply to healthcare workers and staff continued to be asked to test themselves when symptomatic.

Ms Lemon referred to the earlier discussion around the Health and Wellbeing Strategy and advised that she intended to bring an update on how the Trust intended to address absence management to the next meeting of the PFOD Committee.

Ms Paterson alluded to the improvement trajectories which the Trust had submitted to the SPPG and described these as a ‘natural transition’ from the recovery work. She explained that the trajectories had fed into the more enhanced NIAS profile in the Unscheduled Care Group which was meeting on a fortnightly basis.

Ms Paterson acknowledged the importance of a regional approach and said that it had been agreed that the various aspects of this work would be brought together in one plan to support the work around improvement trajectories.

She noted that an Early Alert had been submitted to the DoH in December 2019 in relation to an ambulance waiting outside an ED for a considerable period of time.

Ms Charlton said that there were now a number of SAIs where a patient had died following a cardiac arrest in the back of an ambulance outside an ED and acknowledged that these incidents were being reported by NIAS and by colleagues in other Trusts to the SPPG.

The Chair accepted that this was an important point on which to reflect. She referred to discussions around increased waiting times and the relevant statistics and said that, as Trust Chair, she wished again to acknowledge the reality that patients were coming to serious harm waiting in the back of ambulances outside EDs.

Ms Charlton referred to a recent FOI request seeking details on those patients who had died while waiting for an ambulance response. She acknowledged the resulting impact for the families involved in such tragic circumstances and also referred to the recognised direct moral impact on staff.

Mr Abraham indicated that this underpinned the earlier discussion in relation to the lack of progress around the CRM business case and suggested that the Chair should make reference to the serious risk posed to patients in the back of ambulances.

The Chair thanked members for their comments on the Performance Report which was **NOTED** by the Board.

12 **Clinical Response Model – verbal update (TB25/08/2022/09)**

Discussion at agenda item 4 also refers.

13 **Finance Report – verbal update**

Mr Nicholson referred to the recent Finance, Procurement and Logistics (FPL) system outage which resulted in the financial systems for health and social care across Northern Ireland being unavailable. He explained that the issue had resulted in no access to the finance systems for ordering of stock, logistics, payment to suppliers and financial reporting.

The Chair acknowledged the additional work which was created during the FPL outage and she extended her thanks to Mr Nicholson in particular and others for their contributions during this time.

Mr Nicholson advised that, in light of this inability to access the systems, it had been agreed regionally with the DoH and the SPPG that reporting of the financial position at Month 4 (July) would not be possible. He indicated that access to the systems had since been restored on 15 August and normal financial reporting arrangements would resume for Month 5 (August).

Mr Nicholson said that the Trust was currently returning to business as usual and addressing a number of recovery actions from the business continuity arrangements which were enacted during the outage.

He reported that the Trust continued to forecast a breakeven position at year end and noted that there was a number of significant assumptions within this. He said that the Trust Board would be aware from previous Committee meetings that training, Covid-19 and inflation remained significant issues and that this position was further compounded by the current political and budgetary position.

With regard to the capital position, Mr Nicholson reported that the Trust continued to plan over-programme with delivery being subject to additional bids. He referred to the prompt payment of invoices and warned that there was potential that the recent FPL outage would impact on payment of invoices. However he advised that the

Trust did take steps to make payments to suppliers as part of its contingency arrangements.

The Chair acknowledged the particularly difficult time for budget, not only within NIAS but also within the wider HSC, and said that the Minister had made his Executive colleagues aware of the potential impact of delivering services within the HSC.

Mr Abraham said it would be a shame if the FPL outage impacted on prompt payments and acknowledged the time it had taken the Trust to achieve the target.

Mr Bloomfield referred to the Minister's recent statement of the £400 million shortfall for health and social care and said, unlike previous years, the DoH did not appear to be adopting an approach whereby Trusts were expected to identify major savings proposals to address this shortfall. Rather, Mr Bloomfield said, his understanding was that Trusts might be asked to identify additional savings plans.

The Chair advised that she had been approached by colleagues across the Public Sector Chairs' Forum to ascertain the approach being taken by NIAS in relation to the potential development of savings plans. The Chair said she took some comfort from the fact that this issue was greater than NIAS and presumed that the £400 million shortfall was across the entire health and social care system. She indicated that she had hoped to reschedule her meeting with the new Comptroller and Auditor General in the coming weeks to discuss this further.

Mr Bloomfield pointed out that the only potential areas for savings for the Trust were to cease overtime and the provision of voluntary/ private ambulances. He indicated that other assumptions on breakeven were in areas such as pay awards being fully funded and energy costs being paid in full.

Mr Nicholson commented that the Ministerial statement had been stark in terms of the implications of the £400 million shortfall not being realised.

The Chair acknowledged that the Trust Board would revisit this when asked to do so. She said it was her intention to speak with other Chairs around the clarity needed between now and the end of

the financial year. The Chair noted that as time progressed, there would be less opportunity to implement any savings plan.

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

14 **NIAS Annual Report and Final Accounts for the year ended 31 March 2022 (TB25/08/2022/09)**

Mr Nicholson drew the Board's attention to the final, audited, certified, approved Annual Accounts and Reports for Public for the year ended 31 March 2022. He noted that this represented the first presentation of these documents in the public domain and said they would subsequently be published on the Trust website.

Members **NOTED** the Annual Report and Accounts.

15 **Committee Business:**
- **Audit & Risk Assurance Committee – minutes of meeting on 12 May 2022 and report of meeting on 23 June 2022;**
- **People, Finance & Organisational Development Committee – report of meeting on 30 June 2022 (TB25/08/2022/10)**

Members **NOTED** the various Committee minutes and reports of meeting.

Mr Abraham advised that he was scheduled to meet with Ms McKeown on 20 September to discuss the current position regarding the outstanding IA recommendations. He pointed out that the Committee had agreed to hold an additional meeting on 8 December to consider the IA recommendations and he added that, if this was no longer required, the meeting could be used to look at handover times.

16 **Date of Next Meeting**

The Chair advised that it had become necessary to reschedule the October Trust Board meeting. She proposed Tuesday 11 October as the alternative date and said that Mrs Mooney would contact members to confirm.

It was agreed that Trust Board meetings should be held face-to-face with Zoom only to be used in exceptional circumstances.

Ms Charlton noted that this would be important as the intention was to invite service users, families and carers to present patient stories to the Board.

17 **Any Other Business**

(i) **Delays in supply chain**

Mr McNeill advised that the Trust had been approached by the Executive Officer to ascertain if it had experienced any delays in the supply chain. He confirmed that, while he expected delays in the normal pattern of delivery, no significant issues had been identified for the Trust at this time and said he would keep a watching brief and keep members updated accordingly.

(ii) **Corporate Plan 2022-23**

The Chair reminded those present that the draft Corporate Plan for 2022-23 had been discussed at the June meeting and members had requested the inclusion of those objectives rolled forward from the previous year. The Chair indicated that the draft Plan had subsequently been shared by e-mail for approval and she sought a proposer and seconder.

The draft Corporate Plan for 2022-23 was **APPROVED** on a proposal from Mr Abraham and seconded by Ms Lemon.

(iii) **Best Wishes**

The Chair extended the Board's best wishes to Ms Charlton on her forthcoming surgery and wished her a speedy recovery.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 2.00 PM.

SIGNED:

DATE: 11 October 2022