



**Minutes of NIAS Trust Board held on Thursday 15 December 2022
at 10am via Zoom**

Present:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director (joined the meeting at 11.30am)
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations (left the meeting at 10.55am)
	Ms M Lemon	Director of HR & OD
	Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
	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 N Sinclair	Asst Clinical Director (for agenda item 7 only)
	Mr J Wilson	Boardroom Apprentice

1 Welcome, Introduction & Apologies

The Chair welcomed members to the meeting and explained that, due to the industrial action, she had agreed to today's meeting being held virtually thereby allowing Directors to focus on planning and managing the NIAS response. She acknowledged that, while today's industrial action was being taken by the RCN, there could be potential impact on NIAS staff.

The Chair welcomed back Ms Charlton and Ms Byrne on their return to work following an extended period of absence and noted that Ms Byrne would have to leave the meeting at 11am to join a meeting with other Trusts regarding industrial action.

The Chair acknowledged that today would be Mr McNeill's last Trust Board meeting and said she would return to this point at the end of the meeting.

Referring to today's agenda, the Chair noted that, as papers had been made available to members in advance of the meeting, she intended to allow discussion on a 'by exception' basis. However, she acknowledged there were a number of items on the agenda which may require more detailed discussion.

The Chair 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 (TB15/12/2022/01)**

The minutes of the previous meeting held on 11 October 2022 were **APPROVED** on a proposal from Mr Dennison and seconded by Mr Bloomfield.

3 **Matters Arising (TB15/12/2022/02)**

Members **NOTED** that the actions arising from the previous meeting had been actioned.

4 **Chair's Update**

The Chair reminded members that, at the October meeting, she had referred to the fact that she would be requesting a meeting with the Permanent Secretary to discuss the CRM business case and the delays in its progression. She reported that she and Mr Bloomfield had since met with the Permanent Secretary and other DoH colleagues where they acknowledged the delays and the frustrations felt by Board members.

Continuing, the Chair said she had impressed upon them the need to progress the business case with some timeliness as well as

seeking a clear timeline as to when the Trust might expect further correspondence from the DoH. She added that she was given an assurance that the Trust would be kept informed. The Chair said that colleagues would be aware that the first section of the business case was re-submitted to the DoH at the end of November and added it was her understanding that the Trust was on track to submit the remaining sections when feedback on the first section was received from the DoH. The Chair noted that she had confirmed her understanding in writing to the Permanent Secretary.

Mr McNeill advised that he had not yet received feedback from the DoH and suggested it would be prudent to await the feedback on section one of the strategic case which might influence the remaining sections. He confirmed that work had commenced on the economic and commercial case.

The Chair sought clarification on whether it was Mr McNeill's intention to submit the subsequent sections regardless of whether feedback had been received.

In response, Mr McNeill said it had been made clear that no further sections were to be submitted until feedback had been provided. He assured members that the Trust would be ready to address any comments received and amend section one accordingly.

The Chair agreed to share a draft of her intended e-mail to the DoH with Mr McNeill for his comments.

Continuing her update, the Chair advised that Trust Chairs and Chief Executives recently met to discuss various issues arising out of the major incident which had been declared by the NHSCT at Antrim Hospital. She said that a further meeting of HSC Chairs was also being scheduled to discuss issues such as funding and the absence of a Minister and she undertook to update members at the February Board meeting.

The Chair noted that the Permanent Secretary intended to join members at the February Board meeting and said arrangements were currently being finalised for Mr May's attendance.

The Chair reported that she had attended the launch and associated discussion at a joint event hosted by the Chief Executives Forum and Public Sector Chairs Forum of the NOUS

Group reports entitled 'The Chair in Government – profiling the Chair of an Arm's Length Body'. She commended the report both to Non-Executive and Executive Directors as well as Director colleagues and said that discussion around the report 'The CEO in Government – Leading ALBs well' had also taken place.

Continuing, the Chair reported that she had recently attended a meeting to discuss how work on the Partnership Agreement could be recommenced. She acknowledged that lack of progress and said that other parts of the public sector had Partnership Agreements in draft format. The Chair advised the working group proposed to take the recommendations to the NI Civil Service Board with a view to ensuring that momentum was garnered to develop partnership working.

The Chair advised that the competition for her successor closed on Friday 9 December with a view to holding interviews in February.

Concluding her update, the Chair advised that she had recently met with Mr Wilson, Boardroom Apprentice, to discuss areas where he might make a contribution, as previous Apprentices had done, to the work of the Trust.

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

5 **Chief Executive's Update**

Mr Bloomfield said that he intended to focus on three current significant issues.

The first related to industrial action which the Chair had alluded to in her opening remarks and he noted that Ms Lemon had updated members via e-mail. Mr Bloomfield noted that, from 5 December, three Trade Unions were taking continuous action short of strike action. However, on 12 December Trade Unions had taken strike action over a 24-hour period.

Mr Bloomfield advised that huge effort had gone into the planning in the weeks leading up to the strike and the Trust had worked constructively with Trade Union colleagues. He acknowledged that their focus had been on what needed to be done to facilitate their members to take strike action but also protect services. Mr

Bloomfield said it had been clear that their dispute was not with the NIAS as an employer but against the Government's pay policy.

Continuing, Mr Bloomfield explained that the Trust and Trade Unions had agreed derogations involving those staff taking strike action with Trade Union colleagues ensuring that all Cat 1 and 2 calls were responded to as normal. He added that those Cat 3 and 4 calls which had been assessed as being time critical were also responded to and he explained the Trade Unions had a member of staff in the Control Room to oversee this assessment.

Mr Bloomfield advised that, in terms of Patient Care Services, derogations had been agreed for cancer, renal and paediatric transfers. However, it had been necessary to cancel 66 patient journeys which had been booked for Monday 12 December. He pointed out that, from an operational perspective, approximately half of the operational staff did not take strike action while those staff who did strike followed the agreed derogations and responded to calls from the picket lines.

Mr Bloomfield said that there had been a number of checkpoints throughout the day with Trade Union colleagues and he commended all involved. He referred to the excellent work by Tactical Command Group which had been established in the weeks leading up to the planned strike action. Mr Bloomfield extended his thanks to Ms Byrne as Gold Commander for leading the Tactical Command Group and believed the Trust's proactive approach and working together with Trade Union colleagues had benefitted all concerned.

Mr Bloomfield confirmed that the action short of strike had continued and said that the Trust had subsequently planned for the RCN day of action taking place today. He acknowledged that, while none of the NIAS staff were directly involved in the RCN strike, the Trust expected a significant impact on its service delivery as the rest of the HSC system came under pressure in terms of flow through the hospitals being effected and thereby impacting on hospital handovers.

He advised that the Tactical Command Group had been re-established and Ms Byrne would attend the first regional meeting later that morning to ensure any impact on the NIAS was reflected and fed back.

Mr Bloomfield clarified that NI Trade Unions were not participating in the further ambulance strikes planned for 21 and 28 December in England and Wales. He said that if no resolution was forthcoming, he would envisage further industrial action being planned for the New Year.

Moving to the second issue, Mr Bloomfield referred to delayed handovers and said there had been significant focus on this issue since the October Board meeting as well as considerable discussion at the December ARAC meeting.

He said that delayed ambulance handovers had been the focus of discussion at the recent unscheduled care summit which had taken place on 9 November. He added that NIAS officers had presented figures in terms of the lost capacity, SAIs as well as highlighting the cases of patients who had come to harm as a result of the lack of resources available to NIAS and there had been discussion around the actions needed to address this.

Mr Bloomfield said that the subsequent correspondence dated 11 November 2022 from the Permanent Secretary had asked all Trusts to agree how to address this and to consider whether corridor cohorting of ambulance patients could commence at the start of December. Mr Bloomfield said it was unfortunate that, as at 30 November, no Trusts had confirmed the commencement of corridor cohorting due to the lack of physical space at EDs.

Mr Bloomfield advised that there had been detailed discussion at the Performance Transformation Executive Board, following which the Permanent Secretary wrote to Trusts to requesting focused discussion on what could be done before Christmas regarding handover delays and hospital flow and asking Trusts to commit to a maximum three hour ambulance handover. Mr Bloomfield reminded that the correspondence and associated e-mail from the Permanent Secretary had been shared with members.

Continuing, Mr Bloomfield advised that there had been a mixed reaction from Trusts with some Trusts indicating they would be unable to commit to a three hour handover until other issues within the system were resolved which would improve flow and hospital discharge.

Mr Bloomfield acknowledged that there were some initial concerns about the risk of unintended consequences and noted that the three hour maximum handover would only benefit individual patients and crews. He pointed out that approximately 10% of the NIAS' lost operational hours were accounted for by handovers in excess of three hours. He also acknowledged the concern that if the focus was on a three hour handover that this may be considered acceptable. Mr Bloomfield stressed that the handover standard remained 15 minutes and the three hour handover was an interim backstop in an effort to reduce from the regular 10-12 hour delayed handovers.

Mr Bloomfield said that the NIAS was willing to commit to the three hours' handover provided there were robust monitoring arrangements. He referred to meetings which he had attended with Dr Ruddell, Ms Charlton and Ms Byrne to discuss the detail and acknowledged that Trusts had expressed concern not in relation to the implementation of the three hour handover but in relation to the associated risks. Mr Bloomfield said that agreement had been reached and all Trusts had committed to the three hour handover which would commence on 19 December. He stressed again that this was an initial backstop and further efforts would be needed to reduce handovers further once the impact of the three hour handover was understood as well as the arrangements required to ensure the current handover times did not deteriorate any further. Monitoring would be undertaken by the SPPG.

Continuing, Mr Bloomfield advised that the SPPG would visit all EDs to identify where areas might be used to corridor cohort patients. He added that the other actions to be taken were around stabilising risk across the system and pointed out that the overall approach of trying to do the best for the most was to address the greatest risk, ie those patients in the community waiting for an emergency response.

Mr Bloomfield referred to a meeting being held the following day involving DoH and Trust professional officers to agree principles to give Trust staff reassurance that the actions were being taken as part of a system-wide risk.

Mr Bloomfield indicated that the Permanent Secretary was taking a keen interest in this matter and was supportive of the overall approach agreed amongst Trusts. He said that it was recognised that there may not immediate improvement from 19 December as it

would take some time to embed the new practice as well as recognising the industrial action being taken. Mr Bloomfield said that the NIAS teams would work to explore the impact from an operational perspective and ensure there were smooth handovers at EDs. He said that the arrangements would require daily monitoring and escalation if progress was not evident. He said that the Chair and he would take the opportunity at the Trust's Accountability Review meeting to raise any concerns as well as stress the need for continued improvement.

Continuing his update, Mr Bloomfield advised that the Manchester Arena Inquiry Report had been published at the start of December. He said that Trust officers were reviewing the report to identify any learning and a more detailed update would be provided to a future Board meeting.

Mr Bloomfield said that the Trust's internal focus would be on those specific findings and recommendations relating to ambulance services. He referred to the work currently being undertaken by the Association of Ambulance Chief Executives (AACE) to review the Trust's emergency planning arrangements. Mr Bloomfield acknowledged that a number of recommendations within the Inquiry Report focussed on working across emergency services and the importance of effective co-ordination between them. He said that he had recently met with colleagues from the NIFRS and PSNI under the auspices of the Blue Light Forum where it had been agreed that, using existing emergency planning structures, a gap analysis would be undertaken of the multi-agency issues identified in the Inquiry Report. Mr Bloomfield said he would keep Board members apprised of the outcomes in due course.

Ms Lemon advised that the Trust was currently awaiting the most recent pay circulars. She indicated that recommendations of the NHS Pay Review Body had been implemented in England and Wales and she reminded the meeting that the recommendations had not been implemented in NI due to the political situation. Ms Lemon said that, following the move by the UK government to bring in a draft budget for NI, there would be an uplift to salaries in NI. She acknowledged the view from Trade Unions that the uplift had fallen short of what they had asked for and would not resolve the dispute.

Mr Ashford said it appeared that industrial action would continue and asked whether Directors had any sense of whether there would be a potential escalation to actions being taken. He alluded in particular to the derogation list and said he expected to see this reduce. Mr Ashford asked whether, from a legal perspective, ambulance crews were permitted to strike and whether there was potential for the army to be used as had been the case in England.

Continuing, Mr Ashford said that, while he welcomed the focus on handover delays, he was unsure as to what the outcome would be. He acknowledged the introduction of the three hour handover but believed that very little had changed. He questioned why corridor cohorting could not be implemented immediately and asked what steps were being taken which would make a difference. Mr Ashford said he shared the concerns expressed that the three hour handover would become the norm and agreed that continued monitoring of the situation would be important.

Responding to Mr Ashford's queries, Mr Bloomfield acknowledged that the continuation of industrial action could result in a reduced derogation list. He said that, following consideration, the Trust had indicated that it did not need to employ the use of the army at this time. Mr Bloomfield indicated that Trade Union colleagues had been keen to protect services as much as possible and he expected this to continue. However, he acknowledged that the position would be kept under review.

Mr Bloomfield stressed that it was legal for all health care workers to take strike action and said the last strike action in 2019 had been successful and believed that much of this had been down to the Trust's wish to facilitate the strike action whilst ensuring services were protected.

Ms Lemon reiterated that the strike action was legal and said that members would be aware of the potential for the UK government to review this in terms of the responsibilities under legislation to ensure the preservation of life. She explained that, in NI, negotiations had taken place as to what that meant in practice in terms of what calls would be responded to and what services would be protected. Ms Lemon said that this differed to practice on the mainland. She referred in particular to the RCN strike and the decision to derogate to Christmas day cover levels.

Ms Lemon said that, while the Trust had not yet been advised if action would escalate, further action was expected in January and Trust officers would meet with Trade Union colleagues to negotiate and agree the derogation list.

Ms Byrne advised that she had joined the National Directors of Operations teleconference the previous day and noted that colleagues in England were still working through derogations. She commended the positive relationship between the NIAS and Trade Union colleagues.

In relation to ambulance handovers, Mr Bloomfield said the DoH's approach had not been to mandate particular actions but to pass the issue to Trusts to secure an agreement. He said that, on 14 December, there had been 50 delayed handovers of over three hours with the longest being between 9-10 hours, meaning that crews and, most importantly, patients had been detained in ambulances outside EDs in cold weather. Mr Bloomfield said that he hoped the three hour handover would be implemented with a view to reducing this even further to 1-2 hours handover while, at the same time, progressing discussions around corridor cohorting as a result of SPPG colleagues undertaking visits to EDs. He said that the SPPG would monitor the implementation of the three hour handover and added SPPG colleagues had already been in contact with the Trust's Planning & Performance Directorate to get access to the contemporaneous data around handovers. Mr Bloomfield advised that the SPPG will intervene if there was any significant drift towards the three hours.

Mr Bloomfield emphasised that this was only a first step and said that the Trust remained impacted by lost hours due to delayed handovers. He said that the NIAS needed the DoH and SPPG's support to ensure that what had been agreed was delivered and that continued progress was made.

Mr Ashford said that, while he appreciated the huge contribution by Directors, he was not clear what was happening differently as a result. He believed this was evidenced in the fact if a patient had to wait over three hours, nothing had changed.

Mr Bloomfield confirmed that correspondence had been issued to all Trusts advising that, from 19 December, no handover should take longer than three hours. He explained that this was one action in a

suite of measures being taken and added that it was likely that there would be public announcements that individuals would have to leave hospital if deemed medically fit to do so. Mr Bloomfield said that another measure related to transferring patients from ED even if there was no bed for them in order to decongest EDs.

Mr Abraham commended the huge efforts being made and commented that there did not appear to be any meaningful progress from other Trusts. He reiterated his previous comments in relation to the NIAS being used as the safety valve for the HSC system.

Mr Abraham highlighted the current inflation rate. He was of the view that there would be significant challenges in 2023 and said this was in the context of Trusts trying to ensure a breakeven position at year-end. Mr Abraham suggested that, as the risk was monitored, efforts should be made to consider alternatives 'outside of the box' as to how the issue could be addressed.

The Chair said she had discussed with the Chief Executive the potential for a workshop to consider views on what alternative solutions they might suggest. She added that she had also spent some time revisiting Board minutes and acknowledged the huge efforts made and continuing to be made by Directors to address this issue and to ensure other Trusts viewed delayed handovers as HSC-wide rather than solely a NIAS issue.

Continuing, the Chair said she welcomed action being taken if Trusts did not meet the three hour handover threshold and assured members that there were a number of steps which could be taken. She acknowledged that it might be premature to have evidence of the impact of the three hour handover at the Trust's Accountability Review meeting on 21 December but said that she intended to raise the issue with the Permanent Secretary. The Chair also reminded members that the Permanent Secretary would attend the Board meeting on 9 February but reassured NED colleagues that Directors would highlight the issue at every available opportunity in the interim. She welcomed Mr Bloomfield's comments around working to reduce the handover threshold even further and said it was not acceptable that patients continued to wait in the back of ambulances.

The Chair referred to the position in England where handover delays were considerably longer than in NI. However, she said that,

while this was of little comfort to those patients waiting, she acknowledged that the three hour timeframe was an interim measure. The Chair said she would give some thought to convening a workshop and revert to colleagues in due course.

Ms Byrne acknowledged the frustrations felt by NED colleagues and said that the Trust's Senior Management Team shared that frustration. She said that Mr Bloomfield had underplayed the influence he had brought to bear on discussions and referred to the regular discussions with other Trusts; the Regulation and Quality Improvement Authority (RQIA) and professional officers from both the DoH and Trusts to see what changes the hospital structure could make in terms of consideration of nursing/care homes; SPPG colleagues in terms of having discussions with Trusts around escalated beds in wards and the identification of corridor cohort areas. Ms Byrne reminded that the NIAS was one of six Trusts and, therefore as such, was accountable to the DoH.

The Chair suggested that it might be helpful to have a pre-meeting to consider the areas for discussions when the Permanent Secretary joined the February Trust Board. She acknowledged the continuing frustration around the table and said she wanted to assure members of the ongoing focus on this issue. However, she said it would be important to manage the expectations of the Trust Board in terms of what could be achieved.

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

6 Culture Programme (TB15/12/2022/03)

At the Chair's invitation, Ms Lemon presented the Culture Programme to members. She assured the meeting that, since initial discussion at the People, Finance & Organisational Development Committee in 2021, work had been progressed in the interim. Ms Lemon said that she would be keen to have endorsement from the Board as to the direction of travel and the overall approach adopted. She added that she would also like to bring some assurance to the Board that the issues of concern which had been previously highlighted, for example through the staff survey results, were being addressed. Ms Lemon noted the documentation which had been shared with members in advance of the meeting and said she intended to highlight a number of issues.

Ms Lemon highlighted the work which had been progressed, for example reviewing the staff survey results; employment cases; best practice in other ambulance services; sickness levels and engagement with staff. She explained that this had allowed a sense check to be carried out and the findings had confirmed the culture within the Trust.

Ms Lemon said that members may recall that one finding from the staff survey related to bullying and that staff would not necessarily recommend the Trust for others to work in as well as a reluctance to have any pride in working for the organisation. She said that, as a result, the plan 'Proud to work for NIAS' was developed around actions to be taken to improve the culture. Ms Lemon explained that a number of the actions had been progressed, including leadership development for example. She advised that this involved a slightly different approach than before with less emphasis on training but elements of approach to certain employment issues and more focus on reflection and value-based engagement with leaders and setting out expectations on how leaders could be better supported to provide the leadership culture expected within the Trust, for example through coaching and mentoring. Ms Lemon said that managers would not have had any exposure to that manner of support and added that Directors had indicated a willingness to act as mentors and participate in the programme.

Ms Lemon said the focus was on ensuring managers were exposed to reflective practice and invited Non-Executive Director colleagues to contact her if they would be interested in assisting.

Continuing, Ms Lemon pointed out that another indicator around culture related to that of employment processes and she said work had started around looking at what a 'just culture' meant in practice. She alluded to the reporting to the People Committee through the use of a balanced scorecard and emphasised the importance of the detail behind each of the figures presented on the scorecard in terms of understanding where the issues originated from. Ms Lemon said that work was ongoing to consider how to best apply alternative approaches where appropriate, for example, a leadership approach which had not always been prevalent in terms of robust leadership discussions where the tendency had been to invoke formal processes.

Ms Lemon referred to the implementation of the Trust's Health and Wellbeing Strategy which had been approved by the Board in August 2022 and said there was an inextricable link between organisations where staff felt valued and where their health and wellbeing was valued and looked after.

Ms Lemon said the Trust intended to hold a leadership conference in early 2023 to explore how to recognise strong leadership and what form that might take.

She pointed out that changing the culture in the organisation would take time and referred to the indicators which would signify a change in culture. Ms Lemon suggested that these indicators would include, for example, a reduction in the number of grievances and disciplinary cases; maximising attendance through a long-term plan to reduce absence. However, she said it would be important to be realistic in terms of a number of issues and she cited the examples of staff finishing shifts late; working in pressurised environments and exposure to trauma. Ms Lemon said it was important that staff started to see the Trust's focus on culture and the Trust addressing the issues identified including identifying the values that were expected of staff and which staff expected to see within the organisation.

Continuing, Ms Lemon said it was intended to undertake further staff surveys and engagement with staff to test how the culture work was progressing. She assured members that the work that could be progressed in the interim had been progressed and she hoped that the Board could endorse the approach taken.

The Chair acknowledged the elements of work which had been progressed and which had not required Board approval and explained that Ms Lemon was seeking Board endorsement to the direction of travel.

Mr Abraham commended the work which had been undertaken and Ms Lemon's verbal update on the work to date. He referred to the low figure of staff who would recommend the NIAS as a place to work and said he looked forward to seeing this figure materially increase over time.

The Chair welcomed reference to the intention to undertake further 'pulse' surveys which would be short and snappy as opposed to

traditional surveys which tended to be long and perhaps not conducted as frequently as pulse surveys would. She queried whether it was intended to carry out pulse surveys.

Responding, Ms Lemon acknowledged that there was a mixed economy on surveys and engagement sessions and said consideration was being given to mainstreaming ongoing satisfaction levels. She acknowledged Mr Abraham's point around being proud to work for NIAS. She believed this was a key indicator and a strong thread which ran through the entire culture programme and one which the Trust was keen to embed. She agreed that the frequency of staff surveys was important and said that if a survey was only conducted every three years, for example, the opportunity for staff to express their views would be limited. Therefore, she said ongoing pulse surveys and engagement became more important.

Mr Abraham referred to the statistic within the survey that 14% of staff felt they were working in an environment of bullying/harassment. He was of the view that this figure appeared high given that the Trust would not tolerate such behaviour and he invited Ms Lemon to comment on this.

Ms Lemon said it was clear from feedback following the staff survey that staff did not feel confident raising issues of concern and making complaints. She said that this had now formed the baseline and added that the Trust was progressing key work in this area. Ms Lemon said it would be important to look beyond the formal complaints and better understand the statistics and the culture of leadership.

She alluded to the leadership development programme referred to earlier and explained that this would focus on what good leadership looked like. She added that, while there was no doubt that the leadership approach of 'command and control' had its place at incident scenes for example, it was important that this was not mainstreamed as the Trust's leadership approach.

Ms Lemon pointed out that the maximising attendance project also looked at management of absence and how that was being conducted. She indicated that the Trust had introduced a KPI relating to bullying and harassment. Ms Lemon stressed the critical nature of the leadership development work and said it was easy, at times of extreme pressure, for managers' focus to be on responding

at times of pressure. She said that she had liaised with managers to ensure managers were released and able to dedicate time to their development.

Responding to a query from the Chair, Ms Lemon confirmed that it remained her intention to have the awards ceremony in March.

Following this discussion, the Culture Programme was **APPROVED** on a proposal from Mr Ashford. This proposal was seconded by Mr Dennison.

The Chair said that her preference would have been to discuss this important work in person and said she looked forward to seeing the Trust transform over the coming months and years.

7 **Clinical Plan/Strategy Development & Implementation - presentation (TB15/12/2022/04)**

The Chair welcomed Mr Neil Sinclair to the meeting and invited him to update members on the Medical Directorate's Clinical Plan/Strategy Development implementation.

Members noted that there had been tangible progress in the delivery of the Clinical Strategy with a key deliverable being having the team in place to ensure the clinical developments were made. Mr Sinclair highlighted the twelve areas emanating from the Clinical Strategy for progression and said that the clinical governance structure would act as the driver to allow the team to push forward with improvements and developments.

Referring to the work around the cardiac arrest project, Mr Sinclair confirmed that the staff were in place to lead the improvements and he advised that suspected cardiac arrest accounted for the majority of calls reviewed in the last month. He explained that the Education Team were developing a syllabus to roll-out a regional cardiac arrest programme to all staff and said this would be supported by developments around the use of the GoodSam app.

Mr Sinclair alluded to the work around research and development and commended Ms Julia Wolfe and team on the article published in the Journal of Paramedic Practice. He said that he and other members of the Education Team continued to liaise with colleagues from Ulster University around various courses.

The Chair acknowledged the progress made and welcomed the development of the profession, particularly with regard to populating the team. She thanked Mr Sinclair and his team for their work and said she looked forward to further updates.

Mr Sinclair withdrew from the meeting at this point.

8 **NIAS Gifts and Hospitality Policy (TB15/12/2022/05)**

At the Chair's invitation, Mr Nicholson drew the NIAS Gifts and Hospitality Policy to the attention of the Board. He explained that the policy was intended to provide advice to Trust staff who, in the course of their day to day work or as a result of their employment, either received offers of gifts and hospitality or provided gifts and hospitality to others on behalf of the Trust.

Mr Nicholson advised that the ARAC had considered the draft policy at its meeting on 8 December and had asked for the wording in relation to gifts to be amended to read '...apparent value of over £50...'. He said that the updated policy brought the Trust into line with other Trusts.

Mr Nicholson indicated that, in line with the Trust's Scheme of Delegation, the policy required Board approval.

The NIAS Gifts and Hospitality Policy was **APPROVED** on a proposal from Mr Ashford. This proposal was seconded by Dr Ruddell.

9 **NIAS Corporate Plan – Mid-Year Review (TB15/12/2022/06)**

Ms Paterson referred the meeting to the summary on page 3 of the paper and explained that, while a high percentage of actions remained on track, one should not underestimate the impact of system wide and winter pressures, coupled with industrial action, on the ability to deliver these actions in-year. She also referred to the objectives within the update report which had been rolled forward from previous years.

Continuing, Ms Paterson said that there was significant potential for financial constraints in the coming months which may impact the Trust's ability to obtain funding for specific programmes and

improvement work, thereby reducing its ability to release staff for training and participation in focused transformation.

Ms Paterson stressed the importance of continued monitoring and said it was a useful tool, coupled with the Trust's governance processes, to enable SMT to illustrate and escalate risks and issues to Committees and Trust Board as appropriate.

The Chair welcomed the fact that the mid-year review included the percentage of objectives not yet completed or on track to be completed. She referred to the update and asked whether a further review would be presented to Trust Board before year end.

Responding, Ms Paterson said it would be her intention to provide a further update before the year end if the timing allowed. She advised that the planning stage for next year's Corporate Plan had commenced. She alluded to the challenges facing the Trust in the coming months and estimated that the final achievement of objectives could be around 70% even though targets were showing higher.

The Chair agreed that it would be important to manage expectations and be mindful of the difficult months ahead. She believed that the mid-year review had been positive. The Chair said it was important not to lose sight of those objectives which had been rolled forward from previous years.

The Board **NOTED** the Mid-Year Review of the Corporate Plan.

10 **NIAS Corporate Risk Register (TB15/12/2022/07)**

Ms Paterson drew the Board's attention to the Corporate Risk Register and explained that, in line with the Trust's Risk Management Strategy, the Register was to be presented to the Board on an annual basis. She highlighted the addition of a new risk relating to 'Independent Ambulance Sector – Medicines Administration' and said this had been discussed in detail at the recent ARAC meeting.

Mr Ashford referred to recent media reports around pharmacy shortages of certain drugs and asked if this might impact on NIAS.

Responding, Dr Ruddell advised that, unlike hospital settings where more unusual drugs were used, for example, for advanced cancer treatments, EU Exit and the protocol had not impacted on the NIAS. However, he referred to a drug being used on a pilot basis by the Trust which had previously been available in injection form but was now being trialled in the form of a nasal spray. He advised that, due to the packaging and labelling of this drug, it was no longer possible to transfer the drugs from GB to Northern Ireland and said that the Trust was now exploring the possibility of sourcing it from the Republic of Ireland. He mentioned the recent increase in the incidence of Strep A and scarlet fever and advised that the penicillin requirement for treatment of this condition was only used by NIAS staff in the form of an injection and supplies were not being adversely affected.

Mr Bloomfield alluded to a meeting he and Dr Ruddell had had with the Chief Pharmaceutical Officer and colleagues from the DoH Pharmacy Branch and said they had been very supportive of the work being taken forward by Ms Catherine Hanna, NIAS Pharmacist. He highlighted to members that this was one example of an area of work which, until recently there had been no dedicated expertise. Mr Bloomfield said it was to be expected that, when an individual with the necessary expertise took up post, he/she would identify a programme of work to be taken forward. He said the Trust would need to seek support from the DoH to address the very significant governance risks associated with areas such as pharmacy and safeguarding.

Mr Bloomfield referred to correspondence received from the Medicines Regulator and said the Trust had put in place measures to address the Regulator's concerns.

Members **NOTED** the Corporate Risk Register.

11 **Performance Report (November 2022) & Winter Plan (TB15/12/2022/08)**

Ms Paterson advised that most of the actions being taken to address current pressures and support staff were being progressed by the Operational Improvement Group.

She referred to the particular focus on HSC productivity and efficiency. She reminded members that the development of the performance report was an iterative process and said her intention was to fully develop Directorate scorecards so as to demonstrate the Trust's focus on performance.

Continuing, Ms Paterson said that, in the interests of time, it had not been possible today to present to members some of the work ongoing around performance, efficiency and quality improvement. However, she suggested it would be important for members to receive a presentation to allow them to see the detail.

The Chair said she would welcome such a presentation and suggested that this might coincide with the Permanent Secretary's meeting with Trust Board on 9 February. She noted the improvements in performance in terms of call answering and said the Trust could clearly demonstrate its continued focus on productivity and efficiency.

Mr Bloomfield was of the view that the Trust could demonstrate a number of areas where there had been quality improvement, productivity and efficiency and said his preference would be to share details with members in advance of February.

The Performance Report (November 2022) was **NOTED** by the Board.

12 **Finance Report (Month 7) (TB15/12/2022/09)**

Mr Nicholson advised that the Trust was reporting a breakeven position for the seven month period ending 31 October 2022 as well as forecasting a breakeven position at the year end. He explained that this was subject to a number of assumptions, particularly in respect of assumed income, Covid-19 costs and efficiency savings. Mr Nicholson advised that the Trust was planning for the 2023-24 financial year in the knowledge that much of the funding had been made available on a non-recurrent basis with some resources not being guaranteed beyond 31 March 2023.

He further advised that the Trust was currently experiencing some pressures in relation to the capital programme and said this would

be the subject of further discussions at SMT over the coming weeks.

Mr Nicholson referred to the issue of holiday pay which had progressed and said he would provide an update to the ARAC and Trust Board in due course.

Continuing, Mr Nicholson reported that the use of the enhanced rates offered under the Covid-19 Rapid Response Shift Payment Scheme (CRRPS) had reduced since it had peaked in August. He pointed out that the CRRPS had not been offered recently in any area of the service and said he hoped that this would continue.

Mr Ashford welcomed the reduction in the use of the CRRPS.

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

13 **NIAS Charitable Trust Fund – Trustees’ Annual Report & Accounts for the year ended 31 March 2022 (TB15/12/2022/10)**

The Board **NOTED** the final, audited, certified, approved Charitable Trust Fund Trustees’ Annual Report and Accounts for the year ended 31 March 2022 which had been published on the Trust website.

14 **Committee Business:**

- **Safety, Quality, Experience & Performance Committee – report and minutes from meeting on 8 September 2022;**
- **People, Finance & Organisational Development Committee – minutes of meeting on 15 September 2022 and report of meeting on 24 November 2022;**
- **Audit & Risk Assurance Committee – minutes of meeting on 6 October 2022 and report of meeting on 8 December 2022 (TB15/12/2022/11)**

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

Mr Abraham thanked those involved in the additional ARAC meeting on 8 December to consider the progress in addressing outstanding IA recommendations. He welcomed in particular the positive movement against a number of historic recommendations.

Mr Abraham referred to the progress made but acknowledged that this was subject to review by Internal Audit colleagues.

15 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 9 February 2023 at 10am. Venue to be confirmed.

16 **Any Other Business**

(i) Trust Seal

Mr Nicholson advised the Board that the Trust Seal had been applied on three occasions, namely:

- Emergency Services Design Team Framework for the provision of professional building/facility design; management, construction and supervision services;
- Downpatrick Cricket Club temporary decant location while Downpatrick Ambulance Station modular building was being replaced;
- Renewal of lease for Newcastle Ambulance Station, 18 Castlewellan Road.

(ii) Mr Brian McNeill

Concluding the meeting, the Chair said she wished to pay tribute to Mr McNeill who would retire from the NIAS at the end of January after many years' service.

She referred to the various posts Mr McNeill had held during his time in the NIAS and in which he had made significant contributions, most recently the development of the CRM business case. The Chair said that Mr McNeill's experience and expertise would be sorely missed and she wished him a long, healthy and happy retirement.

Mr McNeill noted that he had worked in the Trust for 39 years in various roles in PCS, paramedic, middle and senior management, training and Director posts.

Both Directors and Non-Executive Directors congratulated Mr McNeill on his impending retirement and wished him well.

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

SIGNED: 

DATE: 9 February 2023