



**Minutes of NIAS Trust Board held on Thursday 11 May 2023 at
10am in the Conference Room, NIAS North Division HQ, 121-125
Antrim Road, Ballymena BT42 2HD**

Present:

Mrs M Larmour	Chair
Mr W Abraham	Non Executive Director
Mr D Ashford	Non Executive Director
Mr J Dennison	Non Executive Director
Mr M Bloomfield	Chief Executive
Ms R Byrne	Director of Operations
Ms M Lemon	Director of HR & OD
Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
Dr N Ruddell	Medical Director

Apologies: Mr T Haslett Non Executive Director

In Attendance:

Ms L Charlton	Director of Quality, Safety & Improvement
Ms M Paterson	Director of Performance, Planning & Corporate Services
Mrs C Mooney	Board Secretary
Ms J Wolfe	Research & Development Lead (for agenda item 6 only)
Mr J Wilson	Boardroom Apprentice

1 Welcome, Introduction & Apologies

The Chair welcomed members to the meeting and reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The meeting was declared as quorate.

2 Previous Minutes (TB11/05/2023/01)

The minutes of the previous meeting held on 23 March 2023 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Dennison.

3 Matters Arising (TB11/05/2023/02)

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

Dr Ruddell referred to the action in relation to the Complex Case Team/British Red Cross and confirmed that the joint service was now operational with the Complex Case Team having already referred a significant number of patients to the Red Cross.

The Chair enquired whether any analysis had been carried out in terms of a corresponding reduction in the number of frequent callers to the EAC.

Responding, Dr Ruddell explained that the relevant statistics were produced by the Complex Case Team regionally. He advised that, due to the relatively small size of the Team, the Team had only been able to provide services to those patients who called the service most frequently. Dr Ruddell reminded colleagues that the Trust monitored those patients who called 999 on a frequent basis and said that, before engaging with the Red Cross, there had been a 50% reduction in calls from frequent callers.

The Chair sought further information on the partner agencies involved in this work.

Dr Ruddell indicated that the PSNI were directly involved in this work and said that, at the launch of the Complex Case Team/British Red Cross project, there had been some discussion around the role of the PSNI in this area. He added that it was unusual for ambulance services and police to share information in this manner but an agreement had now been reached between the two organisations with NIAS making the referrals to the Red Cross. Dr Ruddell advised that the Complex Case Team would meet regularly with local support hubs involving representatives from the PSNI, social care, housing and primary care for example.

Mr Bloomfield indicated that the work done by the Trust's Complex Case Team was excellent and was of the view that the involvement of the British Red Cross would only increase the efficacy of the project. He believed that, with much better sharing of information and collaborative working, there was real potential to roll this approach out across the public sector.

Mr Bloomfield said that he was attempting to raise this issue through the Public Sector Forum to identify ways in which to achieve maximum benefit from this work.

The Chair welcomed this work and commended its preventative approach. She enquired as to how the Board would be kept informed of progress.

In response, Dr Ruddell said that the Team would monitor the referrals and, in due course, would present these to the Board. He acknowledged that it could be six months before meaningful data was available.

Mr Bloomfield suggested that an update could be brought to the Board in late autumn.

Mr Bloomfield referred to the presentation which had been given by Mr Karl Bloomer on Patient Care Pathways (PCPs) and advised that there had been a useful discussion at the recent Performance and Transformation Executive Board meeting around the potential to expand PCPs.

4 **Chair's Update**

Commencing her update, the Chair said she was delighted to take on the role of NIAS Chair. She added that she saw this as a privilege and would endeavour to represent the Trust as effectively as possible. The Chair indicated that, in her first month as Chair, she had taken the opportunity to meet a range of individuals including Non-Executive Directors and Directors, and she expressed her thanks to all involved.

The Chair advised she had also met with the outgoing Chair and had found this to be a useful and informative handover. She said that, as she continued her meetings, she was gathering and seeking further documentation which would assist in her induction period.

Continuing, the Chair advised that she had recently met with Trust Chairs and pointed out that five of the six Trust Chairs had only recently taken up post. She said there was a commitment to meet on a regular basis with an emphasis on working collaboratively. The Chair indicated that the Permanent Secretary had met with Chair, and wider HSC Chairs, and intended to do so regularly.

The Chair reported that the Chairs had also met with Mr Hugh McPoland who had been appointed to carry out a review of Senior Executive Pay and said that she had been offered a 1:1 with Mr McPoland to discuss some of the more unique issues affecting NIAS. The Chair confirmed that she and Mr Bloomfield had subsequently met with Mr McPoland to discuss the NIAS position at length.

Continuing her report, the Chair alluded to the budget which had been announced by the Secretary of State. She said she had attended an informative meeting convened by Mr Neil Gibson, Permanent Secretary, Department of Finance, which had focussed on the detail of the budget and the challenges which would lie ahead. The Chair added that Mr Bloomfield and Mr Nicholson would no doubt refer to these challenges later in the meeting.

The Chair noted that her induction to the Trust continued and said she intended to meet now with Assistant Directors as well as undertaking operational ride-alongs and meeting staff at EDs. She welcomed any input from colleagues as to other areas to be covered during her induction.

The Chair said she was conscious that the terms of office for Mr Abraham and Mr Haslett had been extended to mid-August and that the Board currently had one NED vacancy. She acknowledged the work done by the former Chair with the DoH and other Trust Chairs around the criteria for NED appointments and confirmed that this had been shared with her.

She suggested it would be helpful to ensure that, at a time when fundamental transformation was required across the HSC, those involved and leading change would be aware of the human resource implications and the interdependencies across the Trust. The Chair advised that Dr Tom Frawley, WHSCT Chair, and Ms

Anne O'Reilly, NHSCT Chair, would be participating in the recruitment process and hoped to have this finalised by September.

The Chair advised that she had a 1:1 meeting scheduled with the Permanent Secretary towards the end of May and undertook to keep members apprised.

She noted that arrangements to support newly appointed Chairs had been put in place and she would be supported and 'buddied' by Ms Julie Erskine, BSO Chair.

The Chair invited questions from members on her update.

Mr Ashford referred to the review of Senior Executive Pay and asked if the Chair was aware of the timescale for completion of the review.

The Chair said her understanding was that Mr McPoland was keen to have the review completed as soon as possible.

Mr Bloomfield said that, in a subsequent meeting with Trust Chief Executives, Mr McPoland had advised of his intention to complete the review by the end of June. However, he said that next steps would be important.

Ms Lemon advised that Mr McPoland had also met with Directors of HR on a regional basis. She pointed out that, given the level of change needed, there was potential to require Ministerial approval.

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

5 **Chief Executive's Update**

Commencing his update, Mr Bloomfield welcomed the Chair to her first NIAS Board meeting. He noted that the Chair had spent her first few weeks meeting with NEDs and Directors as well as spending some time in the EAC and said that this had been very much appreciated by those in EAC. He said that he looked forward to working with the Chair in making the necessary changes to allow staff provide the best possible service to patients.

Mr Bloomfield commented that the time since the May Trust Board meeting had been heavily dominated by the financial position. He

said that, until recently, the focus had largely been around the uncertainty and lack of a budget for the 2023-24 year which made planning difficult.

Mr Bloomfield said that, at the last Trust Board meeting, given the level of risk, it was thought prudent to proceed to secure additional capacity from Independent Ambulance Services (IAS) and fund overtime. He added that these had been funded non-recurrently over the last number of years and noted that, in February 2023, there was an indication that no further funding would be available.

Mr Bloomfield said that this required the Trust to develop a number of scenarios to deliver savings dependent on the budget outcome and these scenarios had been produced on indicative estimates from the Northern Ireland Office.

Continuing, Mr Bloomfield indicated that, towards the end of April, the Secretary of State announced a budget for Northern Ireland and said that the Trust's focus since then had been on understanding the implications of this with DoH colleagues. Mr Bloomfield said that members would be aware of the significant impact this budget was expected to have across public services although the health element was being protected to a certain extent in that the health sector was not required to deliver savings to the same extent as other departments. He said that one should not underestimate the challenges ahead.

Mr Bloomfield emphasised that the Trust was in a flat cash position and said there was, for example, no provision for transformation or demographic growth which reflected the increase in the population nor any provision for a pay award. He said the DoH had advised of a budget of £7.2 billion against a requirement of just over £8 billion which would allow the system to 'stand still'. Therefore, he noted, there was a gap of approx. £800 million.

Mr Bloomfield said it was his understanding that the DoH expected to reduce this gap to £260 million through the implementation of low and medium impact savings. He reminded the meeting that £375 million within the £800 million gap accounted for the pay award funding and no provision had been made for this.

Mr Bloomfield explained that the DoH intended to address the difference of £76 million by asking Trusts to identify high impact

savings but not yet implement these. He added that the DoH was hopeful that it would be able to address the £76 million without the Trusts having to implement their suggested high impact savings.

Mr Bloomfield said that Trusts had welcomed this approach as it would be necessary to consult on the impact high impact savings would have on the population and this could cause huge damage to public confidence. Mr Bloomfield said that the residual savings of £60 million had been distributed across Trusts to deliver. He added that Mr Nicholson would provide further detail in his finance report and in the In Committee session.

Continuing, Mr Bloomfield advised that the Trust had now received its indicative recurrent allocation but acknowledged the potential that this might change.

Mr Bloomfield said of particular concern as a result of the budget position was the absence of a pay award and the fact that no provision had been made for an award. He suggested it was likely that the pay award would remain an issue for an incoming Minister to resolve. Mr Bloomfield noted that industrial action had not taken place since March, however, he said that, in the absence of a pay award, there was now an increased risk of further industrial action. He pointed out that Northern Ireland was the only UK country without a pay award nor any indication of timescale for one to be implemented.

Mr Bloomfield indicated that, as well as the likelihood of increased industrial action, the absence of a pay award did not send a positive message to staff in terms of how they were valued. He said that managing industrial action caused a significant distraction for managers when they should be focussing on delivering efficiencies and transformation but most importantly delivering quality services to patients.

Mr Bloomfield referred to the recent visit to Northern Ireland by the USA President. He explained that, in order to ensure NIAS was still able to provide a specialist HART response to the NI population during the President's visit, the Trust requested, through the DoH, mutual aid from services in England. Mr Bloomfield alluded to the significant planning which had taken place and thanked everyone involved in preparation for and during the visit.

Concluding his report, Mr Bloomfield said he had been honoured to represent the Trust at the King and Queen's Coronation at Westminster Abbey. He added that he had been delighted that the significant contribution made by NIAS staff had been recognised by receiving an invitation.

Mr Ashford welcomed the fact that no further industrial action had been identified at this stage but acknowledged the likelihood that this might change in the coming weeks given the budget outcome. He sought clarification on the current relationships with Trade Unions and referred to recent social media activity.

Mr Bloomfield confirmed that Trade Unions continued to be in the position of Action Short of Strike (ASoS) and that limitations, for example, around overtime and staff travelling in their own vehicles to travel between stations continued. He said that there had not been any escalation in relation to the pay issue but this had potential to change as pay awards were implemented elsewhere in the UK.

Mr Bloomfield acknowledged that the context of ASoS resulted in challenges in maintaining strong relationships with Trade Union colleagues. He explained that the Trust had not been able to engage with Trade Unions in the normal way as the Trade Unions had adopted a position of engaging with management only on matters agreed under ASoS guidance. Mr Bloomfield said that there were issues which the Trust had been unable to progress as a result of the approach adopted by Trade Unions.

He referred to communications issued by Trade Unions over the bank holiday weekend relating to changes which the Trust needed to make and said that he and Ms Lemon had since had a constructive meeting with Trade Union colleagues to clarify the Trust position. He acknowledged that there were certain issues which the Trust would always need to progress at speed and timely consultation with Trade Unions was not always possible.

Mr Bloomfield said there was a clear commitment on both sides to continue in a partnership approach moving forward.

Mr Abraham referred to previous pay award dispute which had continued for a number of years. He was of the view that there was significant risk associated with fact that funding had not been

identified to cover the current pay award and sought clarification on how this would be reflected in any risk analysis moving forward.

Mr Bloomfield said that he had raised the issue of a pay award at a recent meeting with the Permanent Secretary and there had been a strong view that the pay award would be settled in the current year. He reminded those present that Trade Unions in England had settled for a 5% pay award but that Northern Ireland had not been part of those negotiations. He clarified that the previous pay award dispute had been specifically between NIAS and the Trade Unions and had not impacted on the rest of the HSC system. However, the current pay award dispute was HSC-wide and was having a significant impact. Mr Bloomfield said that all Trusts, including NIAS, had made it clear to the DoH that they did not have any funding to contribute towards the pay award.

Mr Abraham said that he had alluded to the difficult financial climate on a number of occasions at Trust Board meetings and asked what impact this would have on the CRM business case and the associated increase in staffing.

Mr Bloomfield acknowledged that delay in approval to and implementation of the CRM business case had impacted upon the Trust significantly.

He reminded the meeting that funding was not available to invest in service developments to take account of advances in drugs and the ageing population. However, he was of the view that it was important for the HSC to consider how it might release funding to invest in those areas which would have the greatest impact. Mr Bloomfield confirmed that no additional funding had been identified for CRM and he suggested that it would be important to consider reprioritising funding from elsewhere to allow key investments.

Continuing, Mr Bloomfield advised that he, Dr Ruddell and Ms Byrne had recently met with DoH colleagues undertaking work in relation to service reconfiguration of hospital services. He said NIAS representation at the meeting had made it clear that any changes to service configuration required resourcing of the ambulance service. Mr Bloomfield said that this was evidenced by the surgical changes within the South West Acute Hospital (SWAH) and the need to convey patients to Altnagelvin from SWAH. He explained that this often involved 3-4 hour return journeys from the

Fermanagh area, leaving the population there without a NIAS resource.

Mr Bloomfield indicated that, to do this on a larger scale without the necessary investment in the ambulance services, would have a significant detrimental impact on services and such changes to service configuration would be undermined. He pointed out that the ambulance service was at the centre of any planned service transformation.

Mr Abraham referred to the need for the Trust to make savings and pointed out that over 20% of NIAS capacity had been lost waiting to handover at EDS. He alluded to the increasing pressures experienced by other Trusts and the fact that, they too, were required to make savings and asked what mechanisms could be put in place by NIAS to ensure that these pressures were not 'pushed out' to NIAS and result in increased NIAS capacity being lost at EDs.

Mr Bloomfield explained that Trusts had only been asked by the DoH to implement the low and medium impact savings but acknowledged that there were some savings proposals around domiciliary care, for example, which would be considered high impact.

Mr Abraham asked whether it might be possible for other Trusts' low and medium impact savings to impact upon NIAS.

Responding, Mr Bloomfield advised that that should not occur and said that the Trust would be monitoring the position very closely. He reminded members that the DoH had advised the Trust of a £11 million non-recurrent allocation which would assist the Trust in purchasing capacity from the IAS and said that this was very much linked to the delayed handover issue, the impact of which on NIAS had been recognised by the DoH.

Mr Bloomfield said that NIAS had been backfilling the capacity lost at EDs through the IAS and added that, if this ceases, the Trust would not be able to identify the funding required from within its current resources.

Mr Abraham suggested that the Trust should consider this as a risk to be closely monitored and establish a mechanism to assess

whether any of the savings proposals put in place by other Trusts had an impact on NIAS services.

Mr Bloomfield explained that a mechanism in terms of monitoring was in place through delayed handovers. He said that the associated risk was reflected through various discussions with Director colleagues in other Trusts and NIAS Directors had made it clear that low impact savings proposals could have implications for NIAS.

The Chair explained that, as well as monthly HSC Chairs' meetings, there were bi-monthly meetings with the Permanent Secretary and she was of the view that this regularity of contact ensured a system-wide approach. She agreed with the points made by Mr Abraham and said it was in order to elevate any risks and interdependencies between Trusts.

The Chair said that NIAS staff were spending long periods of time waiting outside EDs and she again encouraged NEDs to take the opportunity to meet with staff. She alluded to the continuing disputes in relation to the pay award which were demoralising for staff and believed this was fundamentally a critical time for staff to feel valued.

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

6 NIAS Research & Development (R&D) Strategy 2023-2026 & Update (TB11/05/2023/03)

The Chair welcomed Ms Julia Wolfe, Research and Development Lead, to the meeting. At the Chair's invitation, Ms Wolfe presented an overview of her first 15 months in post and sought the Board's approval to the R&D Strategy for 2023-2026.

The Chair commended Ms Wolfe on the significant amount of work she had undertaken since her appointment to the post.

Mr Dennison said that Ms Wolfe had provided members with a comprehensive overview and asked Ms Wolfe how she decided and prioritised her areas of work. He also enquired as to how work would be progressed should Ms Wolfe be absent for a period of time.

Responding, Ms Wolfe explained that she would seek views from key stakeholders as to the prioritisation of projects. She advised that one key priority was the work around cardiac arrests and acknowledged that current R&D work tended to focus on those projects which had the potential to be successful and could be completed quickly.

Ms Wolfe further acknowledged that she currently was the only member of staff on the R&D team and said she was hopeful that funding would be available from an external body to fund a post of a research paramedic.

Mr Bloomfield said the Trust was in the early stages of developing its R&D function and acknowledged that it would not be possible to focus the Trust's R&D efforts on one individual. He said it was clear from the initial work undertaken by Ms Wolfe the benefits of a R&D approach would assist the Trust in working in a different way.

Mr Abraham alluded to potential funding opportunities available from external organisations. He welcomed the early results of the R&D work carried out to date which had resulted in better outcomes for individuals. He was of the view that the R&D work would be an integral element of the culture transformation being progressed by the Trust.

The Chair indicated the importance of the point made by Ms Wolfe around having an evidence-base and professionalising the service.

Mr Ashford referred to the Strategy and said that NIAS was very much dependent on the Southern HSC Trust in the initial stages as the host R&D Trust. He asked whether this might be tenuous given the current financial climate and the potential for any R&D budgets to be reduced.

Mr Bloomfield said he did not believe this would be the case.

Ms Wolfe said that the Southern Trust had been and continued to be very supportive as well as expressing an interest to learn more about the ambulance service.

The Chair sought clarification on how the Trust's R&D function linked with those students currently participating in the BSc.

Responding, Ms Wolfe advised that she was currently assisting a number of students with their dissertations. She explained that she was alerted to any requests from students requesting data from the Information Governance team and was able to forward such requests to the relevant NIAS individuals. For example, if a dissertation focussed on quality improvement, the request for data would be directed to the Quality Improvement Leads for consideration. Likewise, any requests for data around R&D projects were directed to Ms Wolfe. She said that this approach provided an element of governance.

The Chair asked if there were any opportunities on the actual degree course which might be afforded to Ms Wolfe in terms of discussing the importance of R&D within the ambulance service.

Ms Wolfe alluded to her ongoing relationship with the Ulster University and said she had provided a list of potential topics and the data which would be available from the Trust should a student wish to focus on R&D. She said that a number of staff had progressed to undertaking a Masters through Cumbria, Limerick, Queens and the Ulster University and added that the Trust had good working relationships with these Universities.

Responding to a further question from the Chair on availability of R&D information on the Trust's website, Ms Wolfe advised that R&D information was available on the internal Sharepoint which was not available to the general public but was accessible by all NIAS staff.

Following discussion, Mr Ashford proposed the approval of the NIAS R&D Strategy 2023-2026. This proposal was seconded by Dr Ruddell and **APPROVED** by the Board.

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

7 Draft NIAS Corporate Plan 2023-24 (TB11/05/2023/04)

Introducing this agenda item, Ms Paterson advised that the Corporate Plan set out how the Trust intended to continue to implement the 'Strategy to Transform' in 2023-24 as well as explaining how it intended to address the issues and challenges

faced by the Trust in terms of patient flow across the unscheduled care system as a whole.

Ms Paterson acknowledged that the Plan did not reflect the totality of everything the Trust did but highlighted key priorities for the year ahead. She referred to the seven key themes which aligned with a range of high level objectives and actions assigned to each Directorate. Ms Paterson explained that each Directorate had submitted their input based on progress from last year and any new emerging issues or risks. She added that these issues and risks should align with Risk Registers and any Internal Audit recommendations.

Continuing, Ms Paterson advised that a schedule of performance and accountability meetings with each Directorate had been established and these would focus on measuring delivery against the objectives set out in the Corporate Plan. She added that updates would be provided to Trust Board on the progress achieved.

Ms Paterson indicated that, while the challenges in delivering the Trust's Corporate Plan had been well documented, the Trust continued to deliver between 60-70% of its objectives each year. She said the continued impact on the Trust's ability to transform and the current financial situation had exacerbated the position across the HSC and NIAS in terms of CRM and the related increase in staff numbers to support transformation and improvement across Trust Directorates.

Ms Paterson indicated that, while the challenges in delivering the Trust's Corporate Plan had been well documented, the Trust continued to deliver between 60-70% of its objectives each year.

The Chair sought clarification on why detail was being brought to the Board on the 60-70% of the actions which had been delivered and asked if any review had taken place on the remaining 30% which had not been delivered and whether in fact these could be delivered.

Ms Paterson explained that a report showing the mid-year position on the actions delivered from the Corporate Plan 2022-23 had been presented to the December Trust Board.

Ms Paterson advised that a number of actions had been rolled over from previous years and she acknowledged that some actions had changed because they were no longer relevant. She said that, where this was the case, Directors had supplemented or replaced the objective.

Mr Bloomfield explained that the purpose in bringing the draft Plan today's meeting was to gain any feedback from members with a view to bringing a final draft to the June Trust Board for consideration.

The Chair said that, in reading the draft Plan, it was not clear if a review had been undertaken of those actions not delivered and believed that this was important in terms of accountability and governance.

Ms Paterson suggested that it would be possible to draft a supplementary paper for the June meeting to articulate which actions had been rolled over and provide the current position on each.

Mr Bloomfield suggested there was a need to be more explicit in terms of whether the objective had been rolled forward; whether it was a new objective or whether it had been removed altogether.

The Chair welcomed this approach and suggested that, as clarity around the financial position became clearer, the three key areas for focus would be efficiency, productivity and transformation.

She said the continued impact on the Trust's ability to transform and the current financial situation had exacerbated the position across the HSC and NIAS in terms of CRM and the related increase in staff numbers to support transformation and improvement across Trust Directorates.

Ms Paterson advised that there had been some attempts over the last number of years to establish a formal planning process and she said this had been previously endorsed by the Board but that there had not been any opportunity to implement this as yet. However, the pandemic and the subsequent system and internal Trust pressures had limited the opportunity for a wider range of stakeholders to participate.

She said that, in moving out of pandemic arrangements, she welcomed the opportunity to put this plan and process into place. She believed that this would help in terms of governance and allow the process to start earlier in the year.

The Chair indicated that she had discussed with Mr Bloomfield the importance of a baselining model and how that might work in terms of engaging with various stakeholders.

Mr Bloomfield pointed out that the Trust had proceeded based on its own Strategic Plan and taking account of any DoH strategies. He welcomed the intention to commence this process earlier in the year and have a Plan approved by the Trust Board in March each year.

The Chair suggested that a Board workshop would be organised for October to undertake a high level review of the Trust's strategic plan as well as using the opportunity to look ahead to the Corporate Plan for the 2024-25 year. She said it was likely that new Non-Executive Directors would be in place by that time and this opportunity could also be used as part of their induction process.

Mr Bloomfield agreed with the Chair's suggestion. He noted that the Strategy To Transform was dated 2020-2026 and said it would be important to review the overall progress to date in terms of the direction of travel and whether this needed to be revised or refined.

The Chair noted that annual funding had a particular impact on the strategic and long-term priorities for the Board.

Mr Abraham referred to page 4 of the Corporate Plan and suggested the inclusion of a bullet relating to the delay in approval of the CRM business case. He pointed out that the Trust had not achieved its objectives due to the shortfall in staffing.

Mr Bloomfield agreed and said additional investment was required through CRM as well as recouping the lost capacity through delayed handovers and sickness absence. He acknowledged that some objectives within the Corporate Plan, for example the recruitment of community paramedics was predicated on the approval of the CRM.

Mr Ashford welcomed the inclusion of Emergency Preparedness, Resilience and Recovery (EPRR) and asked whether this should also be included on the list of significant risks and issues.

Responding, Mr Bloomfield explained that this constituted a different risk. The risks referred to within the Plan were those risks which might impact on the delivery of the Plan. He confirmed that EPRR had been included on the Trust's Corporate Risk Register.

Mr Dennison said it would be difficult to disagree with the objectives as outlined. However, he questioned what success might look like. He alluded to the key outcomes within the Plan and believed that these represented more of a strategic alignment than an outcome. He asked whether there would be further consideration of these in order that they might be tracked.

In response, Ms Paterson explained that the Trust had come through a period of attempting to meet the data and process measures within the Trust. She cited the examples of the HR data reporting which had been developed over time for presentation to the Trust's PFOD Committee. She said work was continuing to develop Directorate dashboards and said the HR dashboard would look similar to the information being presented at the PFOD Committee. However, each of the transformation programme and data available would assist with this work.

Mr Dennison asked if members would be able to see any of the intended matrices or outcomes in subsequent iterations of the Plan.

Ms Paterson said that, while this would not be possible before June, it was her intention that these would be available towards the end of the year.

The Chair said that increasingly Trust Committees and members would be looking to see the outcomes in terms of what different individuals projects/work would make to patients and staff in terms of their health and wellbeing. She suggested that Directors might wish to discuss this point within their respective teams so all staff would be aware of the priority being given to this.

The Chair referred to page 11 of the Plan, 'Digital Enablers' and, while she appreciated the objectives were set out at a high level, asked whether there was a need to include more information, referring in particular to REACH/EPCR and asked where these projects sat in relation to the objectives.

Ms Paterson explained that the REACH project straddled all Directorates and alluded to the detail underneath the objectives. However, she acknowledged that, as the Computer Aided Despatch (CAD) project had been included, work around the Integrated Command and Control System (ICCS) and the HCP could also be included.

The Chair believed there was a need within the Plan to identify those digital enablers which the Trust intended to put in place. She explained that this would then allow the risks, if appropriate, to be articulated on the risk register. She suggested there needed to be greater clarity around the ambition to ensure REACH was implemented by the end of the financial year as well as ensuring EPCR was available in most Trusts.

Ms Paterson acknowledged that a few digital programmes had been set aside in March due to funding issues and added that she hoped the REACH project would be completed in the current year.

Mr Bloomfield explained that, although REACH was available to all staff, its usage was low. He advised that it was hoped that there would be increased usage through the provision of Toughbooks on every vehicle. He said he would be wary of using the term 'full implementation' in terms of the other projects and agreed this should be considered further.

The Chair referred to page 12, 'Infrastructure and Finance' and suggested there was some duplication with the objective around Organisational Development in terms of the need to stabilise and strengthen Directorate management structures.

The Chair alluded to the intention to develop a Sustainability Strategy for the Trust. She referred to discussions she had had with Mr Wilson, Boardroom Apprentice, around his suggestions on how the Trust might approach this area of work.

Mr Nicholson explained that this would be the first Strategy of its kind for the Trust and said that it would take the totality of the Trust into account. He pointed out that the Strategy would look at areas of fleet and the need to reduce omissions as well as medical gases in use within the Medical Directorate and the frontline. Mr Nicholson indicated the Trust was ensuring that all new vehicles had solar panels fitted on them.

Mr Wilson gave a brief overview of his experience in this field and said he had had discussions with Mr Bloomfield and Mr Nicholson in terms of the risks to the Trust around the Government's intention to do away with diesel vehicles by 2030 and how this might impact on the NIAS fleet.

The Chair suggested that it would be beneficial for Mr Wilson to give a short presentation on the opportunities and challenges in taking forward the sustainability agenda and asked Mrs Mooney to make the necessary arrangements.

Mr Bloomfield said he would welcome this opportunity. He noted the lack of progress from within the DoH in promoting this agenda and suggested there was a need for a clear lead. He referred to the recently establishment of a DoH Sustainability Working Group and said that Mr Nicholson was the NIAS representative on this forum. Continuing, Mr Bloomfield also noted the lack of resources to support this agenda and clarified that the Trust was currently not required to provide any updates to the DoH in terms of a sustainability plan.

The Chair noted that the Plan referred to the development of Health and Wellbeing and Communications Strategies and noted that these had been approved by the Board in August 2022 and March 2023 respectively and as such should now be removed from the Plan.

Ms Paterson welcomed any further comments from members to allow a final draft to be developed and presented to the June Board.

Following this discussion, the Board **NOTED** the draft Corporate Plan 2023-24.

8 **Performance Report (April 2023) (TB11/05/2023/05)**

Introducing this report, Ms Paterson explained that, over the last year, Directorates had been working towards the development of an Integrated Quality and Performance Report which would collate many of the strands of work and processes carried out throughout the Trust to provide assurance.

She said that these would be the key measures which would indicate the health and performance of the Trust and would benchmark against other UK ambulance services.

Ms Paterson explained that Directorate and corporate scorecards would replace the current performance report and would transfer the ownership of performance to respective Directorates to progress with their teams. She pointed out that, although decisions had been taken on the data required, the Trust was currently only in a position to provide around 60% of this. However, she said it was still the intention to present the integrated quality and performance report with gaps so members could clearly see the totality in terms of knowledge and capability.

Mr Bloomfield referred to the ongoing challenges faced by the Trust in achieving its response times in Cat 1-3 due to the absence of CRM funding. He said that it was always worth highlighting that NIAS remained in a better position compared to other UK ambulance services in Cat 2 and 3.

Ms Paterson said there were limited levers within NIAS' gift to be able to continue to influence but, due to the variation, NIAS should be able to take action in order to demonstrate to the system that the Trust was doing everything possible.

Responding to a request from the Chair for further information, Ms Paterson explained that, within NIAS, the Trust was looking at how best to use staff as well as working rotas and the booking on procedure. She said that it was important to examine these individual process measures over which the Trust had some influence to ensure staff productivity was maximised.

The Chair sought confirmation that there was a clear understanding on the levers available to the Trust and that these were being maximised. She also sought information as to the timescale involved.

Ms Paterson confirmed that there was a clear understanding and emphasised that these efforts should also achieve the best outcome for both patients and staff.

Continuing, Ms Paterson indicated that it was intended that a clear plan would be developed within the next 6-8 weeks. She said that

there was now an ability within the Trust to forecast and model working patterns 6-8 weeks into the future. Using this, she said, it was possible to look at how further improvements could be delivered.

The Chair asked Ms Paterson if it would be feasible for her to present to the August Board meeting on how these NIAS levers had been utilised and how NIAS productivity had been increased as a result of their use. She said that such information could then be used to assist in performance management.

Ms Paterson agreed to look at this and referred to the recent review of NIAS despatch arrangements undertaken by the Association of Ambulance Chief Executives (AACE). She said that one of the more significant actions would be the consideration of rotas as well as looking at the number of staff on duty in each Division based on historic patterns. Ms Paterson said there was a need to look at how this could be managed more dynamically. However, she acknowledged the challenging nature of the discussions required with Trade Union colleagues around shift patterns and said it would be important to manage expectations.

The Chair said it would be important to be aware of and understand at Board levels the levers which the Trust had at its disposal thus allowing members to scrutinise from accountability and governance perspectives. She believed that this then allowed the Trust to shape its negotiation and influence with other key stakeholders. The Chair said that one of the key levers was that of sickness absence and said that 14% sickness rate within the Trust was a significant concern for her.

Ms Byrne cited the example of handover at EDs and explained that the standard was 30 minutes. She explained that the digital handover should assist in improving the NIAS' clearing time and was a lever to which the Trust had access and could influence.

Mr Abraham noted that the Trust had already availed of what he described as 'low hanging fruit' and was of the view that there was very little return for the significant work undertaken by the Trust. Mr Abraham believed that the two most significant issues facing the Trust were those of sickness absence and delayed handovers. He acknowledged previous comments by the Chief Executive in relation to the Trust clearly demonstrating that it was doing everything to

address these issues and showing improvements on those areas where the Trust was weak.

Mr Bloomfield acknowledged the challenges in encouraging staff to shave off seconds on despatch times when they were then frequently delayed for hours at EDs.

The Chair accepted Mr Bloomfield's point but said that it would be important for the Trust to continue to demonstrate it was doing everything possible to improve whilst maintaining pressure at senior levels.

Ms Lemon acknowledged the concerning level of sickness absence within the Trust and she assured the Board of a step-change in the Trust approach in addressing this. She reminded members of the project approach which had been taken in relation to sickness absence and said the first meeting of the Project Board would take place in the coming weeks. Ms Lemon emphasised the need to understand the causation factors for sickness and said that progress would be reported through to the PFOD Committee. She said there was a need to consider the improvement trajectory in order to be able to focus on an incremental approach and the associated actions required.

Ms Lemon said she would be bringing a proposal around the mental health element of the Health and Wellbeing Strategy to next week's Senior Management Team for consideration.

The Chair agreed that this work was a critical priority for the Trust.

Ms Charlton referred to page 14 of the report which provided high level detail in relation to safeguarding. She noted that the annual Safeguarding Position report would be presented to the June Trust Board for consideration. She indicated that it was clear from the information and data available that the Trust had a marked variance in terms of referral percentages per contact in comparison to other UK ambulance services. Ms Charlton said that, whilst work was ongoing to ensure there was clarity around the operational referral definition, she noted that such variance in referral rates could be indicative of failure to recognise the need to refer and said further work was required to better understand the position. Ms Charlton pointed out that referral rates in other ambulance services could be between 2-3% whereas NIAS was 0.25%.

Continuing, Ms Charlton pointed out that the Trust was not using contemporaneous electronic referral system but used phones to refer which was challenging for staff. She said that discussions were ongoing with SPPG colleagues to ensure a more straightforward pathway for onward referral and said it was clear that improvements in this regard and implementation of REACH would assist staff. Ms Charlton said that other Trusts had expressed concern about the potential for increased referral numbers.

Ms Charlton pointed out that there was also an unwarranted Divisional variation as well as a variation between staff groupings and work was ongoing to better understand these variations.

Ms Charlton referred to the challenges of delivering on the Trust's safeguarding education and training strategy due to not having dedicated safeguarding staff. She advised that NIAS was currently delivering Level 2 training through e-learning while other UK ambulance services had moved to deliver Level 3 on a face-to-face basis. Ms Charlton added that such training should be delivered by a Subject Matter Expert and said that reference to this would be made within the Safeguarding Position report.

Ms Charlton advised that the Trust had invited colleagues from the Welsh and London Ambulance Services to undertake a peer review of the NIAS safeguarding function. She said that, subsequent to the review, the Trust continued to engage with DoH/SPPG colleagues around the commissioning of safeguarding services and had been advised that, if the Trust considered this to be a significant risk, it should address this from within its existing funding. Ms Charlton confirmed that the Trust had recently decided to proceed with two safeguarding posts at risk.

Mr Abraham explained that, as the NED with responsibility for safeguarding, he had attended an interview with the peer review team who had expressed deep concern at the current position of safeguarding within the Trust. He said they had acknowledged the extent of the work which had been undertaken since the appointment of the Head of Safeguarding. Mr Abraham suggested that this was an issue which the Trust Board should examine in further detail.

Mr Ashford noted that the long-term sickness absence appeared to be increasing and enquired as to the number of vacancies within the Trust.

Ms Lemon explained that, on occasions, percentages slightly skewed the real picture and said she had advised the PFOD Committee that, as part of the Attendance Management work, focus would now be on long-term absences.

Ms Lemon advised that she currently did not have the detail in terms of the number of vacant posts but undertook to share this with members. She acknowledged that concern had been expressed by the Operations teams in terms of the number of secondments and said that work was being undertaken to clarify the definitive position.

The Chair expressed her thanks to all involved. She said she very much appreciated the level of data being provided and added that this allowed for evidence-based decisions to be made and for the Trust to grow in maturity as the data increased in parallel.

The Performance Report was **NOTED** by members.

9 **Finance Report (Month 12) (TB11/05/2023/06)**

Mr Nicholson drew members' attention to the Month 12 end year report and caveated its presentation by advising that all information therein was subject to the completion of the final accounts process and review by the External Auditors which was currently ongoing.

He reminded the meeting that the report provided information on the Revenue Resource Limit, the Capital Resource Limit and the prompt payment target.

Continuing, Mr Nicholson reported that the draft annual report and final accounts had been prepared and submitted on 5 May. He explained that these were now subject to the audit process and would be presented to the June meetings of the ARAC and Trust Board. He commended the documentation to members and said there was a real breadth and depth of information.

Mr Nicholson said that the Chief Executive had already provided a detailed overview of the financial position across the HSC and how this affected NIAS earlier in the meeting. He added that further

detail would be presented at the various forthcoming Committees and Trust Board as further detail became clearer.

Mr Abraham commended all involved in ensuring the Trust achieved its prompt payment target and said the work to achieve this should not be underestimated.

Mr Ashford also conveyed his congratulations in being successful in phasing out the Covid-19 Rapid Response Payments.

Mr Bloomfield reminded the meeting of the background to these payments and said it had been intended that the Scheme would cease in May 2022. However, the DoH had indicated at that time that, if Trusts wished to continue with the Scheme, they would have to fund it from within existing budgets. Mr Bloomfield pointed out that, by August, NIAS was paying more through the Covid-19 Rapid Response Payments Scheme than through normal overtime. However, the Trust put plans in place to phase out the Scheme by Q4 of the 2022-23 financial year.

Mr Bloomfield paid particular thanks to all those involved, particularly those individuals within Operations, for managing the cessation of the Scheme within the Trust. He indicated that the Scheme was now one of the measures being considered as a potential area for savings towards the £60 million.

The Chair echoed Mr Ashford's congratulations in phasing out the Scheme.

Mr Dennison commended the Finance report and acknowledged that there would be further discussion around the financial position in the In Committee session.

The Board **NOTED** the Finance Report as presented by Mr Nicholson.

10 **Committee Business:**

- **People, Finance & Organisational Development Committee – minutes of meeting on 24 November 2022 & report of meeting on 20 April 2023**
- **Audit & Risk Assurance Committee – minutes of meeting on 19 January 2023 & report from meeting on 30 March 2023 (TB11/05/2023/07)**

Mr Dennison alluded to the significant efforts being made to reduce the Trust's absence levels and said that this had now become a major focus on the PFOD Committee's work.

He acknowledged that the Committee had not had sight of the supporting information to the HR scorecard and asked for this to be distributed to members.

Ms Lemon expressed her disappointment that the single HR Improvement Plan had not been presented to the PFOD Committee and undertook to bring that to the next meeting.

Referring to the ARAC minutes, Mr Abraham advised of the change in relation to the holiday pay issue and said this should result in the Trust having unqualified accounts for the 2022-23 year.

He alluded to the work taken forward by Ms Paterson in relation to Risk 357 (Delayed Handovers) and how this was being considered in other Trusts as well as confirming if there was a direct correlation from other Trust Risk Registers to the DoH Risk Register. He said that work had also been progressed in gaining a better understanding of the escalation point.

Mr Abraham alluded to the significant work which had been done in relation to the PCS audit and the fact that the audit opinion was approaching satisfactory. He said that one should not underestimate the work involved at a time when Covid-19 had remained prevalent.

Ms Byrne explained that a significant improvement project had been established to take forward this work. She added that two of the audit findings had been downgraded and said that Internal Audit had planned to visit in August. Ms Byrne said she was confident that any outstanding actions would be addressed by that time.

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

11 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 22 June 2023 at 2pm. Venue to be confirmed.

12 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 1.15PM.

M. Lammour

SIGNED: _____

DATE: 22 June 2023