Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 22 June 2023 at 10am in the Conference Room, NIAS North Division HQ, 121-125 Antrim Road, Ballymena BT42 2HD

Present:	Mrs M Larmour	Chair
	Mr D Ashford	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms M Lemon	Director of HR & OD
	Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
	Dr N Ruddell	Medical Director
Apologies:	Mr W Abraham	Non Executive Director
	Mr J Dennison	Non Executive Director
	Ms R Byrne	Director of Operations
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Mrs C Mooney	Board Secretary
	Mr M Cochrane	Assistant Director Operations (rep Ms Byrne)
	Ms A M McStocker	Health & Wellbeing Lead (for agenda item 6 only)
	Mr D Flanagan	Head of Safeguarding (for agenda item 10 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 (TB22/06/2023/01)**

The minutes of the previous meeting held on 11 May 2023 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Bloomfield.

3 **Matters Arising (TB22/06/2023/02)**

Ms Lemon referred to the action around updating the Board in relation to vacant posts and confirmed that specific information would be shared with members today.

She alluded to succession planning and advised that the Trust took account of turnover and age profile of staff as well as the outturn of students from the BSc programme. Ms Lemon indicated that she intended to raise the risks of not funding paramedic recruitment with the Workforce Policy Branch in the DoH and reminded colleagues that the DoH funded the BSc programme.

Members **NOTED** the Matters Arising.

4 **Chair's Update**

Commencing her update, the Chair advised that she had had further engagement with the Permanent Secretary as part of her induction. She said that their discussions had covered the budget and the challenges associated with achieving efficiencies; the importance of collaborative working across Trusts with a view to ensuring one part of the system did not disadvantage another.

The Chair indicated that the current terms of office for two Trust NEDs were due to cease on 17 August. She pointed out that the current NED recruitment exercise would close on 30 June and added that it would be unrealistic to expect new NEDs to take up post any earlier than September. With this in mind, she said she had suggested that the current terms of office should be extended by three months to ensure continuity of governance and accountability arrangements. The Chair said that, in her discussions with the Permanent Secretary, she had stressed the vulnerability of the Trust should extensions not be given.

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She added that she had also taken the opportunity to raise the CRM business case and the need for DoH approval to the business case should transformational funding become available.

Continuing, the Chair said she was very conscious of the continuing challenges in terms of delayed handovers outside EDs. She said she had had the opportunity to meet with Mr J Patton, Chair of the SEHSCT, and had taken the opportunity to discuss with him the increasing delays at the Ulster Hospital. The Chair said Mr Patton was committed to working collaboratively with NIAS to identify potential solutions.

The Chair said that, following this meeting, she had spent some time with NIAS crews outside the Ulster Hospital which she had found insightful and helpful. She added that many of the issues raised by staff had also been raised by Directors in briefings. The Chair said she had briefed the Chief Executive on a number of the issues and added that she intended to visit other EDs to meet with staff.

Continuing her update, the Chair reported that she had attended the Public Sector Chairs' Forum as a Committee member and alluded to an event focussing on protecting services in a challenging fiscal environment.

The Chair said that, having just been appointed as Chair, she had been given the opportunity to 'buddy' with Ms Erskine, Chair of the BSO, and would meet her on a regular basis.

She advised that she had completed Accountability and Governance training as well as attending meetings of the Trust's Safety and Audit and Risk Assurance Committees. The Chair said she had found these helpful as part of her induction programme.

The Chair noted that she had recently attended the NHS Confederation Conference and had taken the opportunity to meet with Ms Pillin and Ms Parry from the Association of Ambulance Chief Executives (AACE).

The Chair advised that she had attended the second meeting of HSC Chairs with the Permanent Secretary where discussions had focussed on the need to live within financial envelopes whilst ensuring quality of care as well as recent service reconfigurations.

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The Chair said she had made the point that such reconfigurations had a significant impact on NIAS when one took account of the impact of the 25% capacity lost at EDs. She said Chairs had also received a briefing from Mr Wilkinson on the reconfiguration plan and strong assurances around the key role played by NIAS and their involvement in discussions.

Continuing, the Chair said that there had been a request for a regional workforce approach but that this had been countered by the Permanent Secretary who put forward the view that the focus should be utilising the current workforce more effectively.

Concluding her report, the Chair conveyed her deepest sympathies and those of the Board to Mr Bloomfield on the recent loss of his Father.

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

5 **Chief Executive's Update**

Mr Bloomfield reported that he had met with the Head of the National Ambulance Service in the Republic of Ireland at the end of May to explore potential areas of collaboration, with a particular focus on specialist response services. He reminded the meeting of the key role the NIAS HART had played in the Creeslough tragedy in terms of the recovery of individuals from the explosion and administering life-saving treatment.

Mr Bloomfield said that, given the infrequency of such incidents, both services were exploring the potential to have an all-Ireland response where specialist teams from both sides of the border could be deployed to incidents. He noted that a possible source of funding had been identified but that it would be important to explore all areas in the first instance.

Continuing, Mr Bloomfield advised that, at the end of May, SMT had met with two DoH Deputy Secretaries, Mr Toogood and Mr Wilkinson, as part of a series of visits being undertaken by the DoH colleagues to gain a better understanding of the challenges facing Trusts. He said NIAS had presented a number of transformation initiatives including the work of the Complex Case Team and initiatives aimed to increase the level of non-conveyance to hospital

through enhanced skills and access to patient care pathways. Mr Bloomfield added that Mr Toogood and Mr Wilkinson had also met with EAC staff and heard at first hand of the challenges they face in their day-to-day work.

During the discussion, Mr Bloomfield said that SMT had raised issues relating to the CRM business case which had been resubmitted to the DoH in February 2023 as well as delayed handovers and the fact that these were now increasing. He said that Directors had taken the opportunity to highlight Trust concerns around Emergency Planning, Resilience and Response and he reminded the meeting that these had been raised in late 2022 when he and the former Trust Chair had met with the Permanent Secretary. Mr Bloomfield explained that these issues would also be discussed at the Ground Clearing meeting attended by Directors and senior DoH colleagues ahead of the formal Accountability Review meeting with the Permanent Secretary in early autumn.

Moving on, Mr Bloomfield reminded colleagues that some issues around relationships with Trade Unions had been highlighted at the previous Board meeting. He advised that he and Ms Lemon had met with Trade Union colleagues to discuss how working relationships might be more effective and, at the meeting, had confirmed the Trust's commitment to partnership working as well as discussing areas of shared interest. It had also been agreed that regular meetings would be held moving forward.

Mr Bloomfield said the Chair had alluded to service reconfiguration in her remarks and he referred to the recent media coverage of meetings between the SHSCT and community and elected representatives following reductions in consultant staffing which had put a range of services under pressure. Mr Bloomfield pointed out that, while efforts continued to stabilise services at Daisy Hill Hospital, with effect from 31 May stroke services had been suspended on that site and NIAS had to put in place bypass arrangements. Mr Bloomfield explained that this bypass now necessitated NIAS conveying approximately one patient per day to Craigavon and he indicated that this meant that one emergency vehicle was out of area while the transfer was taking place. He said that there could be greater impact on NIAS as further service reconfigurations take place. Mr Bloomfield explained to members that it was the cumulative nature of such reconfigurations which impacted on NIAS and said he appreciated the Chair discussing this

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point with the Permanent Secretary. He advised members that Trust officers were involved in ongoing discussions with the Southern Trust and others about how the situation might be stabilised and had continually made the point that, in order to mitigate against these changes, there must be appropriate investment in NIAS to increase capacity. Mr Bloomfield said he would keep members informed.

The Chair alluded to recent discussions Ms Paterson had had with Dr O'Kane, Chief Executive, SHSCT, around paramedic recruitment.

Ms Paterson clarified that, in her discussions, Dr O'Kane had alluded to the potential for the SHSCT to invest in paramedic workforce in-house. However, Ms Paterson said that she had pointed out that such a move had the potential to de-stabilise the paramedic workforce and had emphasised that the preferred option would be for the SHSCT to invest in NIAS to allow NIAS to increase its capacity.

Mr Bloomfield said that he would agree with the approach suggested by Ms Paterson and said it would be inevitable that any recruitment by the SHSCT for paramedics would attract NIAS staff. He advised that the focus of discussion at Trust Chief Executive meetings had been on the need to ensure consultant cover and agreed that stabilisation of services was important but should be done in partnership with NIAS. Mr Bloomfield said he would discuss this point further with Dr O'Kane.

Dr Ruddell said he would also discuss the issue with Dr Austin, his counterpart in the SHSCT. He emphasised the role played by NIAS not just around hospital service reconfiguration but also in the community and he said it would be important that the potential repercussions of any actions on another part of the system were understood.

Mr Bloomfield reminded the meeting that the response times within the Southern area were already well below the expected standard and said this had been raised on many occasions by elected representatives in the area. He said he was aware that the SHSCT had given consideration to using independent ambulance providers to undertake onward private transfers to relieve the pressure on NIAS. Mr Bloomfield said that he welcomed this proposal.

Mr Nicholson indicated that the financial elements related to service reconfiguration had been included in the Trust's Financial Plan. He alluded to the service changes in the South West Acute Hospital (SWAH) and said the NIAS estimation had been that NIAS would need to provide an additional two 24/7 emergency vehicles and said this was not an insignificant requirement. Mr Nicholson said he was mindful of discussions at the Trust's Audit and Risk Assurance Committee in relation to handover delays as well as lost capacity and the unintended consequences of these delays. He explained that currently around three 24/7 emergency vehicles operated in the area, and to provide an additional two 24/7 emergency vehicles was a significant additional requirement. Mr Nicholson also referred to the impact on staff and their health and wellbeing in terms of their availability for cover and noted that a number of service reconfigurations had potential to have a greater financial impact than others.

Mr Bloomfield agreed that having only three ambulances in the area each day to convey patients to other hospitals for periods of three hours would have a significant impact on the Trust's ability to respond to calls in the community. He referred to the unplanned nature of the service changes and said investment in additional capacity in response to these had not yet been made available.

The Chair suggested that it would be important, in her discussions with the Permanent Secretary and other HSC Chairs, to widen the discussion and narrative and make clear the cumulative impact on NIAS was around the 25% lost capacity at EDs as well as the knock-on effect of service reconfigurations and the level of overtime required to facilitate these.

Ms Lemon noted that Ms McStocker would join the meeting later to present an update on the Health and Wellbeing Strategy and said the challenges of introducing a Strategy which focussed on health and wellbeing at this time should not be underestimated. She pointed out that staff were not finishing their shifts on time due to extended waits at EDs and, as a result, other staff were busier in terms of responding to calls in the community and had a higher level of proportionate exposure to trauma. Ms Lemon pointed out that, while the Trust would make every effort to address absence management, it was clear that there were other causation factors to absence.

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The Chair emphasised the nature of the cumulative impact and said she would find it helpful to have some narrative to inform ongoing discussions.

Continuing his report, Mr Bloomfield advised that, in the first King's Birthday Honours, Mr Brian Maguire, RRV paramedic received the King's Ambulance Medal, while Mr Johnny McArthur received the MBE for his contribution towards the planning of the King's visits to NI.

The Chair congratulated Mr Maguire and Mr McArthur on behalf of the Board and suggested they should be invited to meet with members ahead of a Board meeting to mark their awards.

Mr Bloomfield concluded his report by reminding the meeting that the graduation ceremony for the 4th and final cohort of NIAS trained paramedics would take place on 28 June in the Ulster University, York Street. He pointed out that future cohorts of paramedics would be trained through the BSc route in the University.

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

6 **'Healthy People, Healthy Place' update on year one of the Health and Wellbeing Strategy (TB22/06/2023/03)**

The Chair welcomed Ms Ann Marie McStocker, Health and Wellbeing Lead, to the meeting and invited her to update members on the first year of the Health and Wellbeing Strategy as well as the developments in the model of delivery for Critical Incident Stress Management/Peer Support.

Responding to a comment from Mr Ashford around the costs of procuring supervision, Ms McStocker advised that supervision arrangements were currently in place for the three individuals who delivered debriefs. She explained that debriefs after any major incident took place on a face-to-face basis and usually within five days of the incident.

Ms Lemon indicated that these were supplementary arrangements and said the Trust also received support from Inspire and the PSNI support services. She explained that, prior to the introduction of the

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Strategy and the peer support model, staff would have received a phone number to contact when experiencing difficulties. Ms Lemon said that there had been a marked improvement in the approach and ethos of supporting staff.

In terms of how the model worked, Ms Lemon explained that there were a number of pathways around peer support. However, the Critical Incident Stress Management (CISM) model helped identify where further pathways might be necessary, including access to a clinical psychologist to provide supervision and oversee the delivery of the model. She said the model allowed the Trust to adopt a proactive approach and added that the data from Inspire would evidence a huge increase in work.

Ms Lemon was of the view that a huge proportion of peer support related to legacy issues and explained that there were staff who had never had exposure to peer support previously. She advised that there could be occasions, for example the anniversary of an event, which may cause retrospective trauma and staff having to seek peer support for the first time.

The Chair agreed with the point made by Ms Lemon in relation to how anniversaries of legacy incidents could potentially act as a trigger for individuals. She invited views from Mr Cochrane as to the difference being experienced by operational staff because of the peer support service.

Mr Cochrane acknowledged that the service had initially been viewed with a certain degree of suspicion by staff. However, the peer support service had since become integral to everyone's thinking and part of 'normal service'. He alluded to the fact that peer support officers very often spent time with staff in the Emergency Control Room (EAC) as staff here were the first point of contact for traumatic and stressful calls.

Ms McStocker explained that a different approach was adopted in terms of the provision of peer support services to staff within the EAC in that peer support services were in the room with staff when receiving calls. She advised that this approach was in line with other UK ambulance services and said it was important for support to be available at the time of the call. However, Ms McStocker indicated that, in terms of operational staff on the road, it was advisable that peer support was provided following the call.

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Ms Lemon said there was a need for a more detailed understanding of the high absence figures within EAC and whether there were any trends or patterns evident from the peer support referrals, for example a high incidence of exposure to trauma or culture within the room. She advised that Inspire would also be present within the room on a regular basis and said charitable funds had been used to provide a hub for staff to be able to leave the room to decompress.

Mr Cochrane enquired whether this support would also be available to colleagues who had been exposed to trauma, for example through a Serious Adverse Incident.

Ms Charlton advised that there had been discussion at the national Quality Improvement, Governance and Risk Directors group (QIGARD) around staff in non-patient facing roles who might require intervention because they were continually exposed to adverse incidents. She added that this would apply to those staff looking after SAIs, complaints and safeguarding. Ms Charlton said there was a recognition of the need for frameworks and support and consideration was being given to this issue on a national basis and internally.

Ms Lemon said it was clear that there were variations in the levels of exposure to trauma by different staff groups. However, she pointed out that exposure was not always about a major traumatic incident but the impact on a member of staff could have come about as a result of cumulative exposure to trauma.

The Chair queried whether there was a different approach to deal with staff who presented with cumulative exposure to trauma.

Ms McStocker explained that a trauma informed approach was a general progression of moving from critical incident and clinical psychology support towards being genuinely trauma informed. She said that training in stress management and incident stress management had been provided and aimed to produce better outcomes for organisations responding to trauma from different levels. Ms McStocker added that a number of pilots were currently underway advocating this approach.

She said that Inspire had confirmed that a high proportion of its referrals had related to cumulative trauma and Inspire had also

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advised that NIAS was in line with other organisations who had opened up referral pathways. She added that, when there was improved accessibility, it was likely that the Trust would see an increase in referrals due to cumulative exposure which individuals had managed for long periods of time.

Continuing, Ms McStocker said that it would be important to increase accessibility and acknowledged that there was still a level of fear and stigma amongst staff.

The Chair agreed that huge stigma remained around having to seek support and suggested that, on occasions, organisational culture was to blame. She queried whether a referral had to be made through an individual's line manager.

Ms McStocker confirmed that a member of staff could self-refer. She advised that 78% of staff coming through the process had made changes and experienced significant improvements which meant that individuals were now well. She said that staff had been able to develop skills which could be used at times of pressure.

Ms McStocker said this represented investment in an evidence-based approach which would ultimately increase resilience and allow staff to develop skills which they could employ throughout life.

Ms McStocker referred to the NIAS/UNISON survey which had been conducted in 2017-18 and said that, in terms of how staff cope, only 9% of staff had indicated they would approach their line manager. She said that she would like to see this figure increase.

The Chair said that now the data was available, it would be important for the Trust to challenge itself and query what mechanisms could be put in place to improve the position for staff. She referred to the late finishes and acknowledged that this had remained an issue for staff for some time. The Chair said there was real tension in terms of experiences of staff at the frontline and asked what measures there would be within the Trust's influence to alleviate these issues.

Mr Bloomfield accepted that late finishes remained the single biggest issue for staff. He alluded to the use of crew relief teams to allow those staff waiting for extended periods of time at EDs to finish on time. However, he said there were not enough crew relief

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teams to allow all staff delayed at EDs to finish their shift on time and accepted further improvement was required.

Mr Bloomfield said there continued to be positive feedback from staff in relation to peer support and added that it would be important to build on this.

Ms Charlton alluded to late finishes and said that the impact was not only on the individual member of staff but potentially on relationships with partners and children. She referred to the narrative of DATIX reports submitted by staff around late finishes and suggested that the Trust Board would find such reports powerful.

Mr Haslett thanked Ms McStocker for her presentation and said she was clearly very passionate about progressing the Strategy and further embedding the peer support model. He referred to the earlier comment from Ms McStocker that 78% of staff had experienced significant changes as a result of peer support input and queried the remaining 22% which potentially had not benefited from support. He asked if there were any trends in terms of gender access.

Ms McStocker advised that there was research and evidence to support the linkages between quality of life, gender and how individuals manage in terms of connections with other people. She said that, in speaking with those staff who had experienced delayed handovers at EDs, they had indicated they felt better coming to work as other colleagues had gone through similar experiences.

The Chair thanked Ms McStocker for her presentation and said her passion for the subject had provided reassurance to members.

The Board **NOTED** the ‘Healthy People, Healthy Place’ update on year one of the Health and Wellbeing Strategy’.

Ms McStocker withdrew from the meeting at this point.

7 Draft NIAS Corporate Plan 2023-24 (TB22/06/2023/04)

Ms Paterson reminded the meeting that an early draft had been discussed at the May Trust Board and members’ comments had been taken on board. She explained that the Trust would use the

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Corporate Plan to assess delivery of the Trust Strategy 'Our Strategy to Transform 2020-2026' and said that the Plan set out a summary of key objectives for public information.

Ms Paterson indicated that the objectives within the Plan were very much underpinned by specific Directorate objectives which would be reported on via the internal accountability meetings. This reporting would be supplemented by scrutiny through the Trust Committee structure.

In terms of the process followed, Ms Paterson explained that Directors had reviewed their respective actions as a number of them had appeared in previous Corporate Plans to either re-prioritise them or confirm that the action would be completed in-year.

Ms Paterson advised that the Board would receive an update on progress once the first round of internal accountability meetings had taken place. The update would include a summary of those actions deemed at risk for delivery and the corresponding mitigations Directors would put in place. She pointed out that, in addition to these meetings, an enhanced assurance framework would be implemented for monitoring purposes to ensure the Board had a complete view of all actions being progressed by Directors.

Mr Haslett welcomed the latest iteration of the Corporate Plan and said it was concise and clear.

Mr Ashford agreed with these comments.

The Chair acknowledged that, although Ms Lemon was leading on the work in relation to absence management, the responsibility for absence lay with all Directors.

Ms Lemon confirmed that this was the case and acknowledged that, while the vast majority of staff were within the Operations Directorate, she and Ms Byrne had agreed that delivering on attendance management would be a priority.

The Board **APPROVED** the NIAS Corporate Plan 2023-24.

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8 NIAS Quality Strategy (TB22/06/2023/05)

The Chair said she was conscious that there had been detailed discussion re the Strategy at the recent Safety Committee meeting on 8 June and she invited Mr Ashford, as Committee Chair to comment.

Mr Ashford said the Committee had received the Strategy and said he was content that it had been discussed in detail.

Ms Charlton pointed out that the Trust, in its 'Strategy To Transform 2020-26' had committed to the development of a new Quality Strategy which would reaffirm the Trust's commitment to quality improvement (QI) and collate all Trust activities aimed at improving the quality and safety of the care it delivered.

She explained that the purpose of the Strategy was to set out the quality improvement goals and measures for NIAS in providing high quality urgent and emergency care and treatment as well as scheduled, non-emergency patient transport services over the next three years. Ms Charlton advised that, in line with other UK ambulance services, the definition and framework for quality had been based on the regulatory model used by the Care Quality Commission (CQC) which includes five key quality domains:

i. Safe
ii. Effective
iii. Compassionate
iv. Well led
v. Responsive

Ms Charlton advised that, for each of the five domains, key priorities/aims for improvement had been identified and key projects/areas of work included.

The Chair said she very much appreciated the work which went into developing the Strategy and thanked those involved.

The NIAS Quality Strategy was **APPROVED** on a proposal from Mr Haslett and seconded by Mr Ashford.

9 NIAS Involvement & Co-Production Strategy 2023-26 (TB22/06/2023/06)

As with the Quality Strategy, the Chair noted that the Involvement and Co-production Strategy had been discussed in detail at the Safety Committee.

She commented on the relatively small number of people who had contributed to the development of this Strategy and asked what plans were in place to increase this participation.

Responding, Ms Charlton explained that, within the Strategy itself, there were actions to be progressed with one immediate action relating to establishing a NIAS Service User Forum. She confirmed that the Trust had held service user engagements in shopping centres and had had some success with these. However, Ms Charlton said that Mr Gillan had been in post as Head of Co-production for a year and added that members would now begin to see a demonstrable increase in the number of service user engagements.

She stressed the importance of having service users involved in the work of the Trust and said there were plans to ensure the involvement of service users progressed through the spectrum of co-production to co-design.

The NIAS Involvement and Co-Production Strategy 2023-26 was **APPROVED** on a proposal from Mr Haslett and seconded by Mr Ashford.

10 NIAS Safeguarding Trust Position Report (TB22/06/2023/07)

The Chair welcomed Mr Des Flannagan, Head of Safeguarding, to the meeting and invited him to present the NIAS Safeguarding Trust Position report.

Mr Flannagan advised that, during the reporting period 2022-23, substantial work had been undertaken to raise the profile of safeguarding, both within NIAS and with key partner agencies. He said that this focus was consistent with the principle that safeguarding was everybody's responsibility, necessitating a commitment from all Directorates in NIAS to develop a culture of continuous learning and improvement to promote the safety and

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welfare of adults and children at risk of harm and in need of protection.

Mr Flannagan reported that NIAS requested and supported a peer review into the NIAS Safeguarding Service undertaken in March 2023 by the Head of Safeguarding from London Ambulance Service (LAS) and the Welsh Ambulance Service (WAS). He indicated that this review reinforced a number of the areas for improvement identified in previous position reports, including resourcing of the safeguarding service, staff training, and risks associated with the pathways for making safeguarding and welfare referrals to HSC Trusts.

Continuing, Mr Flannagan reported that there had been specific focus on agreeing a standardised approach to reporting safeguarding referrals from NIAS. In particular, he said that significant efforts had been made to seek HSC Trust engagement in improving NIAS welfare referral pathways across the region. Mr Flannagan acknowledged that this work had been ongoing for a number of years without having reached a resolved position.

Mr Flannagan reported that the Trust had continued to progress collaborative working with SPPG and HSC Trusts and had engaged with DoH colleagues regarding safeguarding within NIAS with the aim of achieving the improvements required.

He advised that a welfare referral pathway pilot had commenced with the BHSCT in March 2023 with the pilot following quality improvement methodology and said that the Trust's Quality and Service Improvement Lead was currently providing support to the pilot which was expected to run to July 2023.

Mr Flannagan pointed out that a key objective for the coming year would be the development of a NIAS Safeguarding Allegations Policy which would sit alongside safe recruitment procedures. He believed that it was likely this work would increase into specific areas of safeguarding for staff and patients including Sexual Safety Charter for staff and students in the workforce, a NIAS Domestic Abuse Policy and a Chaperone policy.

Ms Charlton alluded to the RQIA Improvement Plan in place from December 2019 which specifically referred to welfare pathways for out-of-hours referrals. She acknowledged the importance of making

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referral pathways as straight forward as possible for staff to navigate and said there had been some resistance from other Trusts for direct welfare referrals which was, she believed, a testament to how overwhelmed other services were currently and potentially the need for assurance re thresholding within NIAS.

Continuing, Ms Charlton pointed out that NIAS was a significant outlier when compared with other ambulance Trusts' referral rates, with the current referral rate within NIAS approximately 0.25% compared to other ambulance Trusts' referral rates of between 2.5-3%.

Ms Charlton said she had expressed concern at the lack of progress in terms of welfare pathways and the failure to reach a resolved position. She added that NIAS was due to meet again with SPPG/DoH and Trust colleagues in August and, if no resolved position was forthcoming, NIAS may have to unilaterally determine the way forward. She explained that currently NIAS staff had to finish their shift and return to station to make a DATIX referral. Ms Charlton believed that the absence of a clear process had potentially contributed to under-reporting and said there was a need to improve the process for staff and make it easier for them to make referrals. She added that the full implementation of REACH would assist staff in making electronic referrals but these needed to be supported by other Trusts.

Mr Bloomfield expressed his agreement for the approach described by Ms Charlton and commented that it was necessary to demonstrate a greater level of collaborative working.

Ms Charlton was of the view that lack of clear processes would discourage staff from making referrals and acknowledged that this was one factor contributing towards the Trust's low referral rate.

The Chair suggested that the public would not be supportive of a potential defence by Trusts that they were under pressure should it transpire that a safeguarding issue had been identified and not progressed.

Ms Charlton said that NIAS could not continue to accept this position either and added that the Trust was keen to see a definitive resolution to this issue in partnership with other Trusts. She advised that Mr Flannagan had been instrumental in designing a

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module for the REACH programme which aimed to assist staff in making the right decision around the threshold to make a referral. Ms Charlton indicated that she intended to raise the issue of safeguarding at the DoH Ground Clearing meeting on 27 June with senior SPPG/DoH officials.

Mr Flannagan acknowledged that there were risks relating to staff training and explained that some staff who had been in the service for a long time had had very little or no face-to-face safeguarding training. He said that, when one considered the referral profiles of staff, it was usually younger staff coming into the service who tended to refer onwards. Mr Flannagan said one could also see areas of excellent practice amongst staff.

The Chair asked whether safeguarding was engrained in staff practice or whether staff felt uncomfortable about making a referral.

Responding, Mr Cochrane pointed out that there was evidence to show that safeguarding was not fully understood by staff and he acknowledged the need to increase awareness using whatever means possible. He referred to REACH and said there had been some issues in relation to the reliability of the system.

Ms Paterson accepted that there had been reliability issues with the REACH devices a number of years ago but said that the project had since been supplemented with additional devices. She said that uptake and completion of ePCR remained low and believed that this had been due to training having been provided some time ago and it was now necessary to provide further training.

Continuing, Ms Paterson advised that there had been discussion at SMT around mandating the use of ePCRs and said that the issue of mandating its use focussed more on encouraging staff to identify the need for further training. She added that the Health and Care Professions Council (HCPC) had also mandated the use of ePCRs. Ms Paterson said it would be important for frontline staff to identify any issues as the full implementation of REACH was being rolled out across the region. She pointed out that the supplementary devices were also available in vehicles and these were currently being piloted in Belfast and the West as well as in a number of RRV vehicles. Ms Paterson agreed to bring a further update to Trust Board.

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Ms Charlton agreed that mandating the use of ePCRs would encourage staff to access the necessary training. However, she believed that there were also some human factors which needed to be taken into consideration when providing support to staff.

Mr Bloomfield agreed that it would be important to ensure staff received the necessary support in the use of ePCRs and said that the decision to mandate the use of ePCRs would be helpful in this regard.

The Chair said that, from her perspective, she had observed that the Trust was lagging behind somewhat in the use of technology and added that it would be important for progress to be made and to bring staff along on that journey. She said she agreed with the decision to have a definitive date for the use of ePCRs and believed the use of REACH to be an investment by the Trust in its staff and one which the Trust would support and train staff in its use.

Mr Cochrane said that the Trust had been proactive in terms of offering training to staff but agreed that a cut-off date for the use of ePCRs would be helpful.

The Chair queried the level of safeguarding training provided to staff and said that other Trusts appeared to have attained Level 3.

Mr Flannagan said that some other ambulance Trusts had indicated they had achieved Level 3 training and added that the Intercollegiate Documents for Safeguarding Roles and Competencies for Health Care Staff (2018) stated that paramedics should be trained to Level 3. He indicated that the target was to have all paramedic staff trained to Level 3 but this would involve at least a half day face-to-face training while Level 2 could be provided virtually. He clarified that if staff undertook Level 3 training in the first instance, it would not be necessary to achieve Level 2.

Ms Charlton said there was a recognition in the Trust that, unlike other ambulance services, safeguarding had never been mandated in NIAS. She reminded the meeting that the Safeguarding Strategy had been written prior to the appointment of a Head of Safeguarding. Ms Charlton pointed out that the Training and Education Strategy had alluded to starting at Level 2 training in recognition that the Intercollegiate Documents asked for Level 3 and the Trust had anticipated moving to Level 3 in 2022. She indicated

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that, in 2022, clinical staff had been released for REACH training only. However, Mr Flannagan was providing Level 3 training to the BSc and AAP students.

Ms Charlton pointed out that NIAS staff responded to medical emergencies as their priority while, at the same time, had to take cognisance of the potential need for safeguarding.

Continuing, Ms Charlton referred to the peer review undertaken by the LAS and the WAS and said that those undertaking the review had identified a number of concerns and the fact that the Trust was not meeting its training KPIs as well as identifying that some staff had not undertaken any training in safeguarding at all. She said that she was currently liaising with Dr Ruddell to ensure that Mr Flannagan was assured of a training slot on any education days for which operational staff were released.

Ms Lemon commented that it was easy to focus on what needed to be done and said that, since Mr Flannagan's appointment, the Trust had made significant progress. She said she appreciated that there was more to do but said it would be important to acknowledge the progress which had been made.

Mr Flannagan explained that an issue which had concerned him related to the management of allegations within the Trust and he said that he had alluded to this in the Position Report in terms of recent reports from the ambulance service and the Metropolitan Police. He said that the development of procedures and processes was a priority for the Trust in terms of how allegations would be handled and understood around perpetrator behaviour. Mr Flannagan was of the view that there were key elements of information threaded throughout the reports and that these should be taken into account.

Mr Wilson referred to page 6 of the Position Report and Mr Flannagan undertook to revisit the graphs.

Following this discussion, the Safeguarding Position Report was **APPROVED** on a proposal from Mr Ashford. This proposal was seconded by Mr Haslett.

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

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11 Performance Report (June 2023) (TB22/06/2023/08)

The Chair asked Directors to highlight the salient points from the Performance Report.

Ms Lemon advised that work was ongoing to review the available HR information and how it might be best reported to Trust Board. She indicated that the first meeting of the Attendance Management Project Board had been held on 20 June and discussion had taken place about the importance of drilling down into the information to determine the 'hot spots'. Ms Lemon pointed out that there would be a particular focus on the Southern Division and EAC where there were high absence levels and said there would be some dedicated resource to supporting managers in those areas.

She alluded to the earlier presentation by Ms McStocker around mental health and acknowledged that another area of concern was that of musculo-skeletal (MSK) injuries which was a contributory factor to staff absence. Ms Lemon said that members of the Trust's Safety Committee had been briefed on the inability of the Trust to provide certain training and she cited the example of Manual Handling training.

Continuing, Ms Lemon confirmed that the new redeployment process was now in place and said that work had been carried out to reinforce the key role of line managers in the management of absence and provide support to enable them to have a leadership approach.

Ms Lemon acknowledged the complexity of managers' workloads but said it would be important to ensure that staff leadership was key. She undertook to bring further information to PFOD Committee around the targeted actions being taken forward.

The Chair believed that the PFOD Committee would welcome this reassurance.

Mr Cochrane commented that, as an Operational team, it was clearly understood that this was a top priority. He added that in the last quarter, the Operations Directorate had released managers to attend a workshop around improving attendance management.

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The Chair noted that a number of performance areas clearly sat within the remit of the Operations Directorate and asked how the Directorate was managing the capacity and demand issues in terms of staff waiting outside EDs and whether there were any apparent trends in relation to handover delays.

Responding, Mr Cochrane acknowledged that initially the backstop agreed by all Trusts had been effective but that waiting times outside EDs had now started to increase. He noted that EDs had been reporting higher number of walk-ins and said that this still impacted on NIAS staff waiting outside EDs.

Ms Paterson referred to the Operational Improvement Plan and said that there was a number of regional and internal actions underway to try to address any levers around efficiency and productivity. She added that progress would be reported at Trust Board with regard to the assurance framework.

Mr Bloomfield reminded colleagues that, in the recent past, the NIAS performance in Cat 2 and Cat 3 performance was significantly better than the English average. However, he acknowledged that this gap had since narrowed. He pointed out that the NIAS Cat 2 mean response was 31 minutes against an English average of 32 minutes. Mr Bloomfield advised that response times for Cat 3 were similar when compared against the target of two hours. He reported that NIAS Cat 3 mean response was three hours 16 minutes against an English average of four hours 12 minutes and said it was clear that actions taken in England had improved their performance. However, Mr Bloomfield said it was still encouraging to see that NIAS was not an outlier compared to English Trusts as had been the case prior to the pandemic.

Mr Haslett referred to the variation in waiting times at hospitals throughout the region.

Mr Bloomfield pointed out that the Ulster Hospital remained an outlier in terms of its handover times and would regularly be longer than three hours.

Mr Cochrane pointed out that the Ulster Hospital was transferring to a new ED facility which had less capacity and said this was concerning as the Trust had reduced beds in the ED.

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Ms Charlton indicated that the standard response target was 18 minutes for Cat 2 calls and said that a significant number of patients waiting in the back of ambulances outside EDs were Cat 2 patients. She expressed disappointment that NIAS staff were striving to achieve the standard response time of 18 minutes only to have to wait outside EDs for protracted periods. Ms Charlton said that the Trust was undertaking some analysis around the types of patients waiting outside EDs to gain further understanding regarding the patient safety risk.

The Chair said there was clarity around where the pressures were in the system and believed that everyone had a responsibility to make a difference where possible and work with colleagues.

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

12 Finance Report – verbal report

Mr Nicholson commenced his update by advising that the Trust had recently received formal notification from the SPPG of its allocation and drew members' attention to the correspondence from Ms Gallagher dated 14 June 2023.

Continuing, Mr Nicholson took members through the detail of the allocation letter and explained that the Trust allocation had been divided into sections which would aid members' understanding. He pointed out that the prior year savings targets had been removed and reminded the meeting that the Trust was now required to save £1.975 million which was its share of the overall £60 million to be saved by Trusts. He indicated that £1.975 million had been retracted from the baseline recurrently.

Mr Nicholson said that the Trusts had been directed by the DoH to implement their low and medium impact savings plans. He explained that NIAS hoped to be able to deliver £1 million through continuing slippage on non-frontline and non-clinical vacancies and said there was a need to explore how the Trust might deliver the balance of the £1.975 million required.

Mr Nicholson pointed out that savings described as high impact were not being requested by the DoH at this point.

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Referring to the allocation, Mr Nicholson reported that the Trust had received significant support for general non-pay inflation as well as a specific increase in funding to cover heat, light and power. He added that a significant cost pressure for NIAS was the cost of fuel and he confirmed that the Trust had received an allocation in this respect on the understanding that, should costs not increase as expected, the resource will be returned to the DoH.

Mr Nicholson welcomed the significant allocation of £7 million in respect of Covid-19 support and reminded the meeting that early indications had been that no additional support would be available to support Covid-19.

Mr Nicholson said that the Trust continued to experience significant pressures, most notably in respect of the lost hours of operational cover. He indicated that the allocation letter acknowledged this pressure and an allocation of £4 million had been provided. Mr Nicholson confirmed that, within the Trust's Financial Plan, it would be important to reference the extended ED turnaround times.

He added that the Financial Plan would also allude to the wider HSC service reconfigurations and for which NIAS was required to provide additional cover on a 24/7 basis to address the pressures and ensure ambulance cover was maintained.

Mr Nicholson advised that the SPPG would have a real focus on the reduction of agency spend and sickness absence and said members would be aware of the Trust's efforts in this regard.

Continuing, Mr Nicholson welcomed the improved position compared to the start of the calendar year. He said that Trust staff would now work to develop the Financial Plan with a view to seeking Trust Board approval ahead of its submission to the SPPG by 30 June.

Mr Bloomfield said it would be important to alert Trust Board that it was highly unlikely that the Trust would be in a position to forecast a breakeven position for the year. He reminded members of the DoH's instruction to Trusts to proceed to implement low and medium impact savings proposals. He pointed out that it would not be straightforward to implement these proposals and suggested that for some service users, low impact proposals could potentially have a detrimental effect.

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Mr Bloomfield said it would be difficult for the Trust to forecast a breakeven position without having to implement its high impact savings proposals. However, he appreciated that such decisions would ultimately be made by the Trust Board and assured members that Trust officers would make every effort to identify sufficient savings to avoid the implementation of any high impact proposals.

The Chair suggested that an extraordinary Trust Board should be convened before 30 June to allow members to consider the draft Financial Plan. She referred to the potential for withdrawal of services and the need to take account of Section 75 statutory responsibilities in terms of any adverse impacts on population groupings.

Ms Paterson clarified that the Circular around the withdrawal of services allowed for progressing the implementation of low and medium impact savings proposals at the same time as any consultations around change in services.

Ms Charlton was of the view that, from a public perspective, such an approach would be disingenuous and not in keeping with the Trust's statutory responsibilities.

Mr Haslett queried why the £4 million allocation had been referred to in the covering letter from Ms Gallagher and not in the accompanying table.

Mr Nicholson said he believed the allocation would be included at a later date.

The Chair welcomed the clarity of the in-year budget. However, she alluded to the uncertainty around the additional allocation of £4 million for service delivery and the fact that it had not been included in the table setting out the Trust's overall allocation.

Continuing, the Chair indicated that the requirement upon the Trust to deliver approximately £2 million of savings would prove extremely challenging despite the positive budget outcome. She noted that most of the efficiencies she had been briefed on related to savings which could be made without impacting on patients and care.

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She said that, as a Board, she was uncomfortable with being advised it was unlikely that the Trust would be able to meet its statutory responsibility to achieve a breakeven position. She alluded to the need to take account of the requirement for public consultation, the potential impact on individuals who needed the Trust's services and on the safety and quality of the services and believed that the Board had a shared responsibility to take what would be potentially difficult decisions.

The Chair welcomed the candour of the discussion and assured Directors that the Board considered this issue to be of the utmost importance. She commented that the extraordinary Board meeting would provide the opportunity for members to clearly understand the risks involved and the measures that may have to be considered in order to balance the statutory responsibility of ensuring a breakeven position.

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

13 **Committee Business:**

- **Audit & Risk Assurance Committee – minutes of meeting on 30 March 2023 & report from meeting on 18 May 2023;**
- **Safety Committee – minutes of meeting on 28 February 2023 & report from meeting on 8 June 2023 (TB22/06/2023/09)**

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

14 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 24 August 2023 at 2pm. Venue to be confirmed.

15 **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.

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SIGNED: M. Larmour

DATE: 24 August 2023

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