Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 24 August 2023 at 10am in the Lecture Theatre, MDEC, Altnagelvin Hospital Site, Glenshane Road, Londonderry BT47 6SB

Present:	Mrs M Larmour	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr J Dennison	Non Executive Director (via Teams)
	Mr T Haslett	Non Executive Director (via Teams) (left the meeting at 12 noon)
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
	Dr N Ruddell	Medical Director
Apologies:	Ms M Lemon	Director of HR & OD
	Mr J Wilson	Boardroom Apprentice
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 V Cochrane	Assistant Director Hr (rep Ms Lemon)
	Mr G O'Rorke	HEMS Operational Lead (for agenda item 6 only)
	Ms T Avery	Head of Informatics (for agenda item 8 only)
	Ms H Orr	Senior Data Analyst (for agenda item 8 only & via Teams)
	Mr B McWilliams	Lead Performance Analyst (for agenda item 8 only & via Teams)

1 Welcome, Introduction & Apologies

Ms Larmour welcomed Dr Frawley to the Trust Board meeting and thanked him for facilitating the meeting at WHSCT HQ.

Dr Thomas Frawley, Chair of the WHSCT, welcomed members to the Trust HQ. During his welcome, Dr Frawley highlighted the need for continued collaborative working between Trusts with a view to developing a shared analysis and he referred to the service changes which had taken place at the South West Acute Hospital (SWAH) and which had impacted on NIAS.

The Chair echoed Dr Frawley's comments and thanked him for accommodating the Board meeting. Dr Frawley withdrew from the meeting at this point.

Ms Larmour noted that Mr Wilson had offered his apologies to today's meeting and said that his placement with the Trust as Boardroom Apprentice would come to an end at the end of August. She thanked him for choosing the Trust for his placement and noted that Mr Wilson would continue to do some work around sustainability in relation to the Trust's fleet and estate and would present on this in the near future.

She 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 (TB24/08/2023/01)

The minutes of the previous meeting held on 22 June 2023 were **APPROVED** on a proposal from Mr Ashford and seconded by Dr Ruddell.

3 Matters Arising (TB24/08/2023/02)

Members **NOTED** the Matters Arising.

Dr Ruddell confirmed that he had discussed the issue of paramedic recruitment with Dr Austin, Medical Director, SHSCT.

Mr Bloomfield acknowledged that he had not identified any intention from colleagues in the SHSCT that the Trust intended to address staffing challenges by recruiting from the paramedic workforce.

Ms Paterson reminded colleagues that the issue had initially been raised by Dr O'Kane at a meeting about Daisy Hill Hospital in which she had put forward the suggestion to recruit paramedic staff to support SHSCT staff. Ms Paterson added that the issue had been identified as a potential risk to NIAS staffing.

Mr Bloomfield welcomed the acknowledgement by Dr Frawley of the impact on NIAS services as a result of the service reconfiguration at the SWAH.

Alluding to the action that an update on the REACH project would be provided at today's meeting, Ms Paterson advised that the Trust was in the process of implementing its new electronic Patient Record Policy which would make the use of ePCRs mandatory. She noted that the Policy would be presented to the September Safety Committee. Ms Paterson explained that the process would involve supporting staff with training and any residual device issues.

Ms Paterson said that, at the last Trust Board meeting, she had advised that funding had been secured to supplement the Trust devices with a Toughbook which was a vehicle-based device and which offered an alternative to the personal issued Lenovo devices. She commented that the Trust had been able to secure additional funding to procure some additional devices through the DHCNI small project block resource, thereby increasing stock resilience.

Ms Paterson indicated that, while some progress was being made, a communications campaign would be undertaken to support the wider staff group. She advised that a Clinical Information Working Group had recently been established to examine the data captured to design the governance and audit process to support the improvement in clinical practice. Ms Paterson noted that approximately 10,000 records had been captured to date. She advised that the Terms of Reference for the REACH Programme Board had been reviewed and suggested that it would be timely to present the assurance and benefits realisation report on the REACH programme to the October Trust Board.

Ms Paterson acknowledged the difficulties being experienced by the South Eastern Trust in relation to the introduction of REACH within their EDs and said that NIAS IT staff were liaising with their colleagues in the SET to resolve these issues.

Mr Ashford welcomed the focus on training and advice to staff. However, he alluded to reluctance on the part of staff to utilise the new system and asked how the Trust intended to address this.

Ms Paterson commented that, at the staff engagement session in the North Division, a member of staff had acknowledged that he did not feel sufficiently confident to use the REACH device. She emphasised the need for the Trust to provide ongoing support to staff. She pointed out that there would ultimately come a point at which staff must use the REACH device and their registration was dependent on its use.

Ms Byrne agreed that training would be important. She acknowledged that there would be a small number of staff who would not feel confident or competent in using the devices and suggested that it would be important to target the training.

Ms Paterson confirmed that all staff had been trained in the use of the REACH devices. However, she suggested it would be important to ensure the device was used on an ongoing basis in order to maintain competence in its use.

The Chair acknowledged the transformational nature of the REACH device and believed that the Trust would be judged on how it approached this issue from a cultural perspective in terms of how it treated and supported staff.

Ms Paterson undertook to ensure this point would be reflected in the report. She advised that the comms campaign to encourage staff to use the device would be led by key staff, for example, Dr Ruddell and Mr Sinclair. She added that the focus was on improvement in clinical practice and patient outcomes.

The Chair believed that the focus should also be on the values of the organisation and suggested that it was linked to the transactional transformation of IT.

Referring to the action around targeted actions to address absence management, Ms Cochrane advised that a DoH target had been set for the 2023-24 year and that, associated with the target, was a delivery plan to be submitted to the DoH by the end of August. She added that the delivery plan should clearly demonstrate how the Trust intended to achieve these targets by March 2024.

Ms Cochrane explained that the draft plan had been initially considered by the Senior Management Team and would be submitted to the DoH in draft form subject to approval by the Trust's People, Finance and Organisational Development (PFOD) Committee.

Ms Cochrane advised that there were currently nine objectives within the delivery plan with associated actions against each of these covering a number of steps as to how the Trust would manage its absence.

Ms Cochrane indicated that a separate Task and Finish Group had been established to drill beneath the data with a view to determining how the data in other Trust systems might be linked. She added that other organisational data would also be explored to better understand those sickness issues relating to NIAS and allow the targeting of specific interventions to address hotspots. Ms Cochrane pointed out that the policy and procedures relating to absence management would be influenced by the region.

She said that a significant amount of work was involved in supporting managers to manage absence and said that further long-term work was required around environmental and causal factors of absence.

Mr Dennison reflected that at the meeting of the PFOD Committee in April, concern had been expressed that, despite a number of attempts and interventions, the sickness rate was increasing. Another concern which had been expressed at that time, and again at the July meeting, had related the timeliness and accuracy of data, particularly the need to use one source of data.

The Chair suggested that ensuring consideration from a holistic perspective might present potential solutions. She said it would be important to convey to the Permanent Secretary the Trust's strong

dissatisfaction with the current position around sickness rates but outline the actions being taken to address these.

Mr Haslett acknowledged that absence management continued to be a key focus of discussion at the PFOD Committee.

Mr Abraham was of the view that the pressures on the system was inextricably linked to sickness absence and subsequently staff leaving the service. He emphasised the importance of ensuring the correct staffing levels in order to provide high quality and safe services to the population.

The Chair thanked members for their comments.

4 **Chair's Update**

Commencing her update, the Chair referred to the graduation ceremony which she had attended at the Ulster University at the end of June and said it had been a tremendous occasion for those graduating. She added that she had also met with the Permanent Secretary and had taken the opportunity to discuss a number of issues with him, including the recruitment of BSc students; the CRM business case; delayed handovers and their cumulative impact and service reconfigurations and the impact of unplanned changes on NIAS services.

Ms Larmour said it was clear that, while the Permanent Secretary was very much aware of these issues, he expressed a keen interest to hear what NIAS was doing in terms of collaborative working with other Trusts to address the pressures. She said he had given an undertaking to confirm the current position around the CRM business case as well as the BSC graduate recruitment.

The Chair noted that the NHS had celebrated its 75th anniversary in July and she had been delighted to meet Mr Harold Emerson who had 45 years of service with NIAS. She added that she had given a commitment to meet with Mr Emerson when she visited Craigavon in a few weeks' time.

The Chair advised that she had visited Altnagelvin in mid-July to visit the local station as well as meeting with NEAC staff and visit the recently refurbished planning offices. Ms Larmour said it was clear that there was a need for the Trust to become more effective

and efficient in how non-emergency services were provided and the visit had provided her with a greater understanding of the challenges facing that area of service.

She welcomed the fact that the Board was meeting in the WHSCT HQ and said that this would allow members to meet with staff.

Ms Larmour said she had been deeply concerned to learn of the eleven assaults on staff in the early hours of 12 July and added that these staff had been providing care to individuals when injured. The Chair acknowledged the speed at which support had been provided and continued to be provided to staff.

Ms Larmour thanked Mr Bloomfield for his briefing and Ms Byrne for undertaking a number of media interviews. She said that the Trust strongly condemned these assaults on staff and added that she had received numerous messages of support and condemnation.

Continuing, Ms Larmour reported that she had received an invitation from the Fermanagh Trust to meet with them to discuss the changes in the South West Acute Hospital and added that representatives from Fermanagh Trust had also met with Dr Frawley to discuss their concerns. The Chair said she had taken the opportunity to speak to Dr Frawley in advance of the meeting and she conveyed her thanks to Trust officers for the detailed briefings prepared for her. She said it had been a positive meeting and she had been able to outline the impact such service reconfiguration, both planned and unplanned, had on NIAS.

In conclusion, Ms Larmour advised that the Trust's Remuneration Committee had met on 21 August 2023 and had approved the Directors' end of year objectives for 2022-23 as well as their new objectives for the 2023-24 year. She added that the Committee had also received an update on Senior Executive Pay.

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

5 **Chief Executive's Update**

Mr Bloomfield said he had been pleased to attend the BSc graduation event at the end of June and thanked the Ulster University for organising such a memorable event for graduates.

He referred to the recent visit to Northern Ireland by the Getting It Right First Time (GIRFT) team and explained that the team carried out work across the UK examining a range of specialty areas. He advised that the team had stated that ambulance handovers were currently the most significant public health risk in Northern Ireland. Mr Bloomfield noted that the GIRFT report had not yet been published and said that the data therein would be shared with relevant organisations. He said it was likely that the report would recommend the need to address ambulance handover delays.

Continuing, Mr Bloomfield commented that the Chair had already made reference to the terrible assaults on staff and said that this had been the largest number of staff assaulted during a single shift, ie eleven staff injured in three separate incidents. Mr Bloomfield expressed his shock the members of staff were injured while trying to provide care to others.

He said that he and Dr Ruddell had spent some time on the evening of 11 July visiting staff at EDs and had then visited the EAC where Ms Paterson had joined them. He explained that the Operational team had established Silver Command in the EAC to co-ordinate arrangements which had worked effectively.

Mr Bloomfield said that he had been encouraged by the proactive support provided to those staff who had been assaulted, both by those officers on-call and by the Peer Support team the next day. He said that thankfully none of the staff had required hospitalisation and pointed out that most of the staff assaulted had insisted on finishing their shift. Mr Bloomfield paid tribute to their dedication to providing care to the community.

He said that, despite the zero tolerance campaigns, the Trust continued to see an increase in violence against staff. Mr Bloomfield emphasised that this would not be tolerated and was totally unacceptable.

Continuing his update, Mr Bloomfield alluded to the work being taken forward by the DoH in relation to service reconfiguration. He explained that the purpose of this work was to support the transformation agenda in terms of what the hospital configuration should look like into the future. He reminded the meeting that the Trust was seeing unplanned service changes such as those in the Daisy Hill and South West Acute Hospitals and agreed with the

DoH's intention to focus on the transformation programme and introduce changes in a planned way.

Mr Bloomfield referred to the potential impact on NIAS of such unplanned service reconfigurations, particularly the cumulative effect. He advised that the recent changes at the South West Area Hospital had necessitated one ambulance per day going from Fermanagh to Altnagelvin or Craigavon and indicated that there were only three ambulances in the area.

Mr Bloomfield said that the project approach adopted by the DoH to this work provided the opportunity for NIAS' involvement with a Director on each workstream to influence discussions at an early stage. He said that he co-chaired the Interdependencies Workstream with Ms Karen Bailey.

Mr Bloomfield said he had been encouraged by the wider recognition of the pivotal role NIAS played and the potential significant impact on NIAS services if an optimum solution was not identified. He undertook to keep members informed of progress.

Mr Bloomfield advised that another piece of significant work being progressed related to the establishment of a System Co-ordination Centre (SCC) to manage unscheduled care pressures in advance of the winter months and said that the six Trust Chief Executives had been supportive of its establishment.

He explained that NIAS would host the SCC in terms of pay arrangements and acknowledged that there had been some concerns around the responsibilities of such an arrangement. However, Mr Bloomfield said it would be important that the SCC was independent of any one Trust. He undertook to bring back further information to the October Board outlining the implications for the Trust around hosting the SCC to ensure members were content.

Continuing, Mr Bloomfield reported that the Trust's Senior Management Team had met with colleagues from the SET to discuss ambulance handover delays. He acknowledged that the Ulster Hospital was a particular outlier in terms of handover delays and said that, while some progress had been made in the first quarter of the year, the position had since slipped. Mr Bloomfield said that the meeting had been very constructive and added that

SET colleagues agreed it was unacceptable for patients to be waiting for considerable lengths of time in the back of ambulances outside EDs.

Mr Bloomfield indicated that Ms Charlton had presented clinical data relating to Cat 2 calls waiting outside EDs for over two hours and said that the data had been powerful.

He said that a number of actions had been agreed as well as agreeing that a further meeting would be held in one month's time to revisit what further could be done in terms of support to each Trust. Mr Bloomfield acknowledged the commitment given by the South Eastern Trust to work with NIAS to improve the patient experience.

Mr Bloomfield noted that the issue of BSc students would be discussed in the In Committee meeting and said he welcomed the DoH response to the Trust's concerns. He commented that the Senior Management Team would be meeting with students towards the end of September and would be in a position to provide an update.

Mr Bloomfield reported that the Trust had recommenced staff engagement sessions. He reminded the meeting that these had been undertaken virtually during the pandemic and had been less effective. Mr Bloomfield said that the Trust had been unable to stand staff down to attend the recent sessions and therefore the Senior Management Team adopted a different approach and had met with staff at EDs. He said that this approach would be evaluated with a view to determining its use moving forward.

Concluding his update, Mr Bloomfield said he was delighted to advise that two of the Trust's Emergency Medical Dispatchers, Rachel Drysdale and Emma Campbell, had been shortlisted for the Institute of Academic Emergency Dispatchers (IAED) Award for 2023, the finals of which would be held in September. Mr Bloomfield said that the award was a deserving recognition of the exceptional work carried out by staff in EAC and said this work was sometimes overlooked despite being the first point of contact with the service and an exceptionally important and challenging role.

The Chair welcomed Ms Drysdale and Ms Campbell being shortlisted for the award and wished them well.

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

6 **‘Update on Helicopter Emergency Medical Services (HEMS) and Advanced Paramedics Critical Care (TB24/08/2023/03)**

The Chair welcomed Mr Glenn O’Rorke to the meeting and invited him to provide an update on the Helicopter Emergency Medical Services (HEMS) and Advanced Paramedics Critical Care.

Mr O’Rorke advised that HEMS was an integral part of the NIAS and explained that the advanced paramedics would be supported by HEMS staff through mentorship and work in partnership with HEMS. He added that consultant colleagues from Trusts would also provide mentorship and sign off. Mr O’Rorke indicated that HEMS staff worked alongside anaesthetic colleagues.

Dr Ruddell indicated that HEMS practice was regularly reviewed and audited to ensure compliance with national standards. He said that the skills used by the service were regularly practised

The Chair agreed that this would be important from a governance and accountability perspective as the service tended to treat seriously ill patients.

Mr O’Rorke outlined the role of the advanced paramedic and said that it encompassed urgent care as well as critical care. He advised that work was ongoing to prove the concept of an urgent care paramedic to work alongside NIAS colleagues in treating patients and negate the need to go to hospital.

Mr Ashford asked why HEMS did not operate at night.

Dr Ruddell explained that there were regulatory issues in terms of the capability of the helicopter and landing at undesignated sites which currently prevented its operation at night. He acknowledged that other medical helicopter services did not operate 24/7 across the UK and to do so would require significant investment. He advised that work had been carried out to show the distribution of calls in a 24-hour period and there was a need to amend the hours of operation from 7am – 7pm to 8am – 8pm to allow the service to respond to more calls. Dr Ruddell acknowledged that the demand for calls reduced during the night.

Mr Ashford supported the concept of the advanced paramedic role being associated with HEMS.

Mr O'Rorke explained that the advanced paramedic would also operate as a sole practitioner in a RRV to support other resources and added that another part of the role would be responding to multiple casualties with HEMS. He added that the role would be able to attend different sub-sets of patients and continue to gain clinical knowledge by working alongside consultant colleagues.

Mr Ashford asked if the advanced paramedic would operate independently from HEMS.

Responding, Mr O'Rorke explained that the advanced paramedic would also be sited in EAC triaging calls and have the ability to dispatch a HEMS response. However, for the hours of darkness, it would be possible to dispatch an advanced paramedic in a vehicle to attend a call.

Mr Abraham referred to the use of a robotic device for CPR.

Mr O'Rorke indicated that there was evidence to show that the use of such equipment did not improve survivability compared to a paramedic or individual performing CPR compressions, provided they performed quality chest compressions. He said that the automated CPR device tended to calm scene attendees and allow them to focus on airway management.

The Chair emphasised the importance of the HEMS service and thanked Mr O'Rorke for providing the Board with an insight into a high risk area of service.

Mr O'Rorke stressed that, while HEMS was itself a small team, it was very much part of a larger NIAS team. He highlighted the important role played by EAC and said that HEMS complemented the care.

Mr Bloomfield noted that the public tended to refer to the Air Ambulance rather than HEMS and he acknowledged the successful nature of that charity. He believed that Mr O'Rorke had made a significant contribution to the effectiveness of the partnership. Mr Bloomfield said that Mr O'Rorke was a powerful advocate for the

HEMS and ensuring that it was recognised that HEMS was an integral part of NIAS.

The Chair thanked Mr O'Rorke for his attendance and he withdrew from the meeting.

7 Amendment to NIAS Standing Orders (TB24/08/2023/04)

Ms Paterson noted that, at the outset of the pandemic, the Board had approved a temporary provision within the Standing Orders not to admit members of the public to Board meetings and added that this had reflected Government guidance at that time.

Ms Paterson advised that the guidance had since been removed and she sought approval to revert to admitting the public to Board meetings.

The Board **APPROVED** the amendment to the Trust's Standing Orders on a proposal from Mr Abraham which was seconded by Mr Ashford.

8 Performance Report (August 2023) (TB24/08/2023/05)

Mr Ashford said that, while he very much welcomed the initiatives to address ambulance handovers, it was clear that not much progress had been made.

Mr Bloomfield alluded to the GIRFT visit and said that the visit had been viewed as a helpful input and provided yet a further opportunity to draw attention to the issue.

Mr Ashford accepted this and said that the visit would confirm that there was a problem.

Mr Bloomfield agreed with Mr Ashford's point but suggested the focus of the visit had been more on quality and safety issues. He acknowledged that the report from the visit would prove helpful in discussions around potential risks to patients. He noted that, to a large extent, the Trust remained reliant on other Trusts making progress to address handover delays and said that they too were facing significant challenges. However, Mr Bloomfield emphasised that it was safer for the patient to be in hospital than in the back of an ambulance and said the Trust would continue to stress this point.

Mr Abraham questioned there was the risk that all parties had signalled their intention to address the issue but no one party would do so.

Mr Bloomfield accepted that this would present a risk particularly when other service areas within health were underperforming and patients remained on waiting lists for years and undoubtedly coming to harm as a result.

The Chair compared this with the position around absence management and said that the discussions she and Mr Bloomfield had been having had focussed on the need to drill down further into the data to look at outliers and hotspots for example.

Mr Abraham said that, while he wished to record the fact there had been positive developments, it would also be important to record members' ongoing dissatisfaction that no material progress had been made. Mr Abraham said members very much appreciated the significant efforts made by NIAS to address this issue and he encouraged the Trust to maintain pressure.

The Chair commented on the additional challenges which usually came about in the winter and was of the view that the establishment of the SCC would be helpful in terms of taking a different approach.

Ms Charlton referred to Slide 13 and, while she noted the fact that the Trust had not notified any Serious Adverse Incidents (SAIs) during July, reminded members of previously notified SAIs where the patient outcome had sadly been death and said that it was not yet clear whether delays in response had been a causal factor.

Ms Charlton said that the Senior Management Team had discussed the importance of balance of risk in the context of escalated pressures and also referred to consideration of additional initiatives.

The Chair alluded to minor amendments required on Slides 2 and 3. She referred to the Trust's call handling performance, particularly the staff challenges within the EAC, and asked if the Board was aware of the challenges.

Ms Paterson indicated that there was a high level of sickness absence within EAC and said that this was one of the hotspots

identified through the Maximising Attendance project. She added that a recruitment exercise was currently underway to recruit additional Emergency Medical Dispatchers (EMDs).

Ms Byrne advised that six EMD staff were due to complete their training and planning for the next course was already taking place. She said she intended to bring an EAC Workforce planning paper to the Senior Management Team for consideration in the coming weeks.

The Chair referred to Slide 7 and enquired whether the improvement trajectory to increase Hear and Treat by a further 1.5% by 31 March 2024 would be achieved. She was of the view that the Permanent Secretary would show a keen interest in these initiatives and said it would be important to demonstrate the efforts being made by NIAS to use such initiatives to avoid patient conveyance to hospital.

Ms Paterson confirmed that it was appropriate that this target had been set for March 2024 and said the focus was to ensure resilience in CSD staffing in order to reduce the risk.

Ms Byrne commented that a recent recruitment exercise had increased the posts filled from 15 to 17. She explained that, in order to make the posts more attractive to prospective applicants, the posts had been split with 50% of the postholder's time being operational and 50% on CSD duties. Ms Byrne said that this had resulted in an increase in the number of applicants and added that there were plans to look at skill mix moving forward.

Mr Bloomfield highlighted the fact that the turnover of CSD staff had been an issue and said he had met with a group of CSD staff a few months previously. He said it had been clear from discussions that the demanding nature of the CSD posts had detracted staff from applying as, at that time, approximately 80% of the postholder's time had been spent in EAC undertaking the CSD role with the remaining time spent on paramedic duties to ensure skill retention. Mr Bloomfield said that the feedback had been that a more even split of the role would encourage staff to apply and he welcomed the increase in applicants as reported by Ms Byrne. He noted the need for a higher headcount in order to provide the equivalent input of the 21 wte staff numbers.

Continuing, Mr Bloomfield advised that the Trust was in discussions with other Trusts re the potential to have mental health expertise in EAC and said that NIAS staff were not trained to deal with callers who were in acute mental health crisis.

Dr Ruddell indicated that such an approach would assist in redirecting patients to the most appropriate service. He noted that many of the calls received from patients with mental health issues were long by their nature and said that, while EMDs could spend considerable periods of time attempting to de-escalate the position, they were not necessarily trained in this area of work. Dr Ruddell said that having staff with the key skills in mental health assessment would alleviate the pressure on EAC staff as well as ensuring a better clinical outcome for the patient.

The Chair sought further detail on the Trust's plans to achieve this.

Responding, Mr Bloomfield indicated that this would be an element within the Trust's winter plan and said that discussions were taking place with Alternative Care Pathway Groups on how best to approach this. He acknowledged the significant pressures within mental health services and said that capacity to accommodate this would be challenged. Mr Bloomfield alluded to the recent meeting with colleagues from the SET where it was agreed to trial this approach to determine whether it proved an efficient way of meeting need.

Responding to a question from Mr Abraham, Ms Byrne explained that a CSD clinical would be employed to work in EAC but would undertake operational duties for 50% of their time.

Ms Byrne said that she had taken the opportunity at a meeting with SPPG colleagues to note the difficulties being experienced by the NIAS in getting traction with other Trusts around a pilot in terms of ensuring a skill mix in the EAC. She advised that the SPPG had asked the Belfast and Western Trusts to engage with NIAS to support a short-term pilot.

The Chair referred to Slide 8, 'Hospital Handover Performance', and wished to record her concern at 22 shifts per day being lost as a result of crews waiting with patients outside EDs. This, she pointed out, represented 20% of the Trust's planned capacity. The Chair further noted that, in the last twelve months, in excess of 90% of the

handovers exceeded the 15 minute target at the acute EDs, resulting in approximately 106,000 hours lost.

She expressed concern, on behalf of the Board, that the hours lost in July 2023 had increased by 9.6% compared to June 2023.

The Chair said that Slide 9 would support this information and highlighted the fact that there had been no significant improvement in handover delays since the introduction of the maximum handover delay of two hours back in March 2023.

Referring to 'Productivity Performance' on Slide 11, the Chair noted the 10% average improvement in the first four months of a year on year comparison in relation to the Key Performance Indicator (KPI) around inward journeys for Patient Care Services (PCS) arriving within the 60 minutes prior to an appointment time.

Ms Byrne clarified that there were two different elements to the patient-focused KPIs – one related on inward journeys while the second related to the outward journey.

Ms Paterson highlighted the need for caution around the information within this Slide in the context of the data and acknowledged that work was ongoing to improve the quality of the data collated.

Mr Bloomfield stressed the importance of patient experience and reminded members that the Internal Audit report had been critical of patient experience around, for example, late collection for appointments and short-notice cancellations. He welcomed the slight improvement shown.

The Chair said the Board would welcome early sight of the GIRFT report.

Continuing, she noted that there were currently seven open SAIs, all of which were Level 1 reviews and noted that this represented a 50% decrease from June 2023. Ms Larmour also noted that, in relation to the timeliness of the process for handling complaints, 60% of complaints took in excess of 40 days to close.

Ms Charlton explained that the Trust had been at REAP Level 4 for the majority of the 2022-23 year, and this, as well as competing demands experienced by operational colleagues in terms of

enabling them to be stood down to assist in responding to complaints, had contributed to a delay in responding to complainants. She reminded the meeting that the regional complaints procedure set a standard of responding within a 20-timeframe which, in her view, ambitious in the operational context in which staff were working within NIAS. She stressed the challenges in meeting this standard, for example, inability to stand staff down from operational response to reflect on complaint or if staff were on rest periods or absent through sickness.

However, Ms Charlton acknowledged that, while there had been progress over the last year in terms of timeliness of responses to complaints, further improvement was needed. She referred to the importance of the quality of the response as well as the timeliness. She explained that she was conscious of the operational focus required to progress the Delivering Value programme and operational colleagues had expressed concern at the timeframes to respond to complaints in the context of competing demands. Ms Charlton said that it was helpful to engage early with the complainant by phone to attempt, where appropriate, to consider an informal resolution of a complaint. She continued that, where there was a delay in response, the Trust routinely corresponded with complainants to advise of any delays.

Mr Bloomfield acknowledged that the Trust continued to make every effort to meet the 20-day standard. However, he too agreed that it did not provide sufficient time to investigate many complaints thoroughly. He assured the meeting that each complaint was investigated and a bespoke response drafted. Mr Bloomfield explained that he reviewed each individual response at the weekly complaints meeting before signing them off.

Ms Larmour commented that 60% remained a high number and she asked for the Board to be kept informed of progress. She asked whether staff were informed of any complaints made against them.

Ms Charlton confirmed that staff were informed of any complaints received and also of any compliments received.

The Chair moved to Slide 14, ‘Sickness/Absence’, and expressed her disappointment that the current position was 14.25%. She said she remained uncomfortable with the increase and would be keen

to be kept informed of progress on the Delivering Value programme, in particular the maximising attendance element.

Referring to Slide 15 around 'SPPG trajectories and performance', Ms Byrne commented that the EMD recruitment exercise would hopefully assist in improving the call answering performance. She noted the number of duplicate calls being received and said these very much linked to the delays in ambulance response. By means of example, Ms Byrne advised that, in the previous 24 hours, EAC had received in excess of 1200 duplicate calls and said that responding to these calls impacted on the Trust's ability to respond to new calls being received.

Ms Tracey Avery, Ms Hannah Orr and Mr Brian McWilliams joined the meeting at this point to present on the transformation of data services within the Trust and provided a short demonstration of the self-service Business Insights tool.

The Chair thanked Ms Avery, Ms Orr and Mr McWilliams for their attendance and said the demonstration had been very impressive. She stressed the need for evidence to be information-led, moving to productive analysis into the future. Ms Larmour said she had been hugely encouraged by the Trust and its investment in information and was of the view that the Trust was at the information forefront across the HSC. She said the Board would be keen to continue to support this moving forward as it could only function at the level needed by the scrutiny and accountability of the information presented.

Ms Paterson commented that the introduction of REACH and clinical outcome data would necessitate a different approach and thought processes.

The Chair alluded to the influence NIAS had as a regional service and believed that its information specialism would be fundamental and the Trust would be in a position to share information with its partners.

Mr Abraham conveyed his appreciation to SMT for allowing such progress.

The Performance Report was **NOTED** by the Board.

9 **Finance Report (TB24/08/2023/06)**

Mr Nicholson advised that the Finance Report before members was for the four month period ending July 2023. He said the Trust was reporting a deficit of £0.733 million at 31 July and forecasting a deficit of £2.2 million for the year ending 31 March 2024. Mr Nicholson indicated that this was in line with the Finance Plan considered by the Board and submitted to the Department at the end of June.

Mr Nicholson welcomed a number of positive allocations which had been identified to the Trust in the challenging financial environment. He advised that a number of specific allocations had been identified, namely £7 million for Covid-19 which would be targeted at independent ambulance services; £6 million received for workforce would be targeted at expenditure on maintaining and enhancing operational cover through the use of overtime. Mr Nicholson reminded members that a key strand of the Trust's Financial Plan had been to contain financial expenditure as well as measures to improve productivity and reduce absence. He pointed out that the Trust was required to deliver savings of £1.975 million and said that initial estimates had been that these would be challenging to deliver with specific actions having been identified behind many of the Trust's cost containment actions.

Continuing, Mr Nicholson said it would be important to note that all of the proposals identified were non-recurrent in nature and a number of them would not be repeatable.

Turning to page 5 of the report, Mr Nicholson referred to the Voluntary and Private Ambulance Services (VAS/PAS) and explained that expenditure tended to be inconsistent at the start of the financial year largely because of the focus on the final accounts. He acknowledged that, while attention was on managing the level of expenditure within this area, it would take some time before any progress became apparent.

Mr Nicholson drew members' attention to Page 6 which set out the Trust's overtime expenditure and said that levels of expenditure could vary significantly throughout the year with variations between months. He welcomed the reductions in overtime expenditure which reflected the trend seen in the last three months of 2022-23. Mr Nicholson referred to the difficulties in comparing year on year

expenditure and explained that, in the 2022-23 year, the Trust had paid overtime rates associated with the Covid-19 Rapid Response Payment Scheme as well as incurring the increase in National Insurance payments over part of the year. He said he had been pleased to note that progress was being made in terms of reducing expenditure.

Referring to the Capital Resource Limit (CRL), Mr Nicholson reported that the Trust had received a CRL allocation of £6.8 million and included allocations for Fleet and Estate of £5.7 million; ICT of £1.1 million and £26,000 for Backlog Maintenance. He welcomed the early notification of this allocation and said the allocation for Fleet and Estate would allow the Trust to maintain its fleet replacement cycle as well as looking across the Trust estate to determine what could be done to improve the estate. He pointed out that the Trust had only received £26,000 this year to address backlog maintenance compared to £250,000 in the 2022-23 year and said that the ICT allocation of £1.1 million would be used across a number of schemes, most notably the Computer Aided Dispatch (CAD) scheme. Mr Nicholson pointed out that the allocation for additional REACH devices was not yet included in this allocation.

Responding to a question from the Chair, Mr Nicholson advised that he intended to bring the Trust's Estate Strategy to the October Board for consideration.

He said that he also intended to update the PFOD Committee on a number of specific schemes being addressed within Estates through available resources. Mr Nicholson alluded to the 10-year Estates Plan and Strategy and acknowledged that there were a number of variables impacting on the Trust's ability to develop the larger schemes.

Mr Nicholson envisaged that the Trust would have in excess of £7 million in terms of available capital resources by the next report and said that the budget had been profiled towards the end of the year. He pointed out that a significant proportion of the budget had been allocated towards fleet replacement and confirmed that orders had already been placed and delivery was expected around Christmas.

Continuing, Mr Nicholson advised that only £100,000 of the capital allocation received had been spent to date.

Mr Nicholson referred to the prompt payment of invoices and acknowledged the challenges in maintaining the levels of performance. He said, while there had been a slight reduction to 95% in July 2023, the Trust had managed to maintain its cumulative performance for the first four months of year at 96.4%. He said that it had only been possible to achieve this with the support of operational management.

The Chair acknowledged that much of the detail within the report had been discussed at the special In Committee Board meeting held on 29 June 2023 and recognised the early stage of the financial year.

She said that, whilst the Trust continued to look at how best to deliver on its statutory responsibilities, maintaining and delivering high quality services would remain a priority. The Chair asked that Mr Nicholson would continue to keep members informed on developments and progress as the Trust continued to attempt to meet these priorities.

Mr Bloomfield suggested that there would be better insight into how the DoH intended to approach this matter following the Chair and Chief Executive's Accountability Review meeting with the Permanent Secretary.

The Board **NOTED** the Finance Report for the period ending 31 July 2023.

10 **NIAS Annual Report and Final Accounts for the year ended 31 March 2023 (TB24/08/2023/07)**

The Board **NOTED** the Annual Report and Final Accounts.

11 **Committee Business:**

- **People, Finance & Organisational Development Committee – minutes of meeting on 20 April 2023 & report from meeting on 4 July 2023;**
- **Audit & Risk Assurance Committee – report from meeting on 22 June 2023 (TB24/08/2023/08)**

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

Mr Dennison advised that a piece of work was being taken forward to demonstrate the linkages between the various plans being presented to the Committee and the Corporate Strategy.

Mr Abraham thanked Mr Ashford for chairing the June ARAC meeting in his absence and Mr Haslett for agreeing to become an ARAC member to ensure the Committee was quorate.

12 **Date of Next Meeting**

The next NIAS Trust Board will be held on Tuesday 24 October 2023 at 10am. Venue to be confirmed.

13 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 1.00PM.

M. Lavmour

SIGNED: _____

DATE: 24 October 2023