Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Tuesday 24 October 2023 at 10am in the Conference Room, NIAS North Division HQ, 121-125 Antrim Road, Ballymena BT42 2HD

Present:	Mrs M Larmour	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director (left the meeting at 11.40am)
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	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
	Ms M Paterson	Director of Planning, Performance & Corporate Services
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr N Sinclair	Chief Paramedic Officer
	Mr A Arandia	Assistant Director, Planning, Performance & Corporate Services (rep Ms Paterson) (left the meeting at 1pm)
	Ms V Cochrane	Assistant Director HR (rep Ms Lemon)
	Mrs C Mooney	Board Secretary
	Mr B Allen	St Johns Ambulance (for agenda item 6 only)
	Mr C Clarke	Clinical Service Improvement Lead (Urgent Care) (for agenda item 6 only)

1 Welcome, Introduction & Apologies

Welcoming those present to the meeting, the Chair noted the apologies and paid a particular welcome to Mr Neil Sinclair, Chief

Paramedic Officer, who would now attend Board and relevant Committee meetings.

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 (TB24/10/2023/01)

The minutes of the previous meeting held on 24 August 2023 were **APPROVED** on a proposal from Mr Abraham and seconded by Mr Haslett, subject to an amendment on page 14, fourth paragraph which should read: '*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….'*

3 Matters Arising (TB24/10/2023/02)

Members **NOTED** the Matters Arising.

Referring to the presentation of the NIAS Estates Strategy to the Trust Board, Mr Bloomfield described the complexities in developing the Strategy, for example, the fact that NIAS only owned 25% of its estate as well as the need to factor in the CRM business case and the new approach to how this would be progressed. Mr Bloomfield added that the work undertaken recently by the Reconfiguration Blueprint Group would also have to be considered.
He assured the Board that the development of a Strategy was very much work in progress and would also require input from other stakeholders as the Strategy could not be produced in isolation by the Trust's Estates Department.

The Chair pointed to the need for members to be kept appraised of the direction of travel such as whether the move from Broadway to the NIFRS site on Boucher Road was still being considered.
Mr Nicholson explained that such a move would have significant revenue consequences for the Trust and these were currently unaffordable. However, he said that he remained in discussion with NIFRS.

Responding to a question from the Chair as to the timescale for the completion of the Reconfiguration Blueprint work, Mr Bloomfield said he understood that most of the groups' work was now nearing completion with a view to producing reports by the end of November.

Mr Bloomfield noted that arrangements around the establishment of the Regional Co-ordination Centre (RCC) had moved at pace and he described in detail the structure that had been put in place. He reminded members that this initiative was being led by the six Trusts in partnership and would manage and co-ordinate unscheduled care pressures in such a way that would equalise pressures across the system over the winter period with a view to determining whether such an approach could be applied to other areas in due course.

In response to a question from Mr Haslett, Mr Bloomfield advised that the RCC would be sited at the HSC Leadership Centre. He clarified that the costs associated with the RCC would be borne by the six Trusts.

Mr Abraham advised that he had recently attended the ARAC Chairs' Forum at the DoH and said it was clear that discussions were very much hospital-focussed. However, he said he had taken the opportunity to highlight the challenges presented by delayed handovers and asked how it was envisaged the RCC could assist in this regard.

Mr Bloomfield reiterated the role of the RCC in equalising unscheduled care pressures across the HSC system and this could include a focus on reducing ambulance handover delays. He alluded to the correspondence issued by Mr Ashford, as Chair of the Trust's Safety Committee, to his counterparts in other Trusts. He acknowledged that this had been an unusual step for a Committee Chair to take and said that Mr Ashford's correspondence had raised awareness amongst Trusts of the impact delayed handovers was having on patients, particularly those frail elderly patients.

Mr Bloomfield said that, in terms of the RCC, no one Trust would have overall control and no Trust would challenge any decisions taken by the RCC. He said the focus would be on patients and patient safety rather than hospitals.

Ms Byrne advised that she sat on the RCC Project Board and was confident that it would have traction. She indicated that the Memorandum Of Understanding (MOU) had been written which would ensure the RCC had the authority and autonomy to mediate with Trusts if necessary.

Mr Ashford welcomed the ongoing work around governance and asked whether the current legislation supported the MOU.
Mr Bloomfield was of the view that any RCC interventions would not cut across any legislative requirements but would very much be focussed on operational matters. He said the RCC would look across the system and challenge Trusts to ensure everything possible was being done to relieve pressure.

Mr Nicholson acknowledged that NIAS would incur expenditure relating to posts in the first instance and said that the PFOD Committee would see an increase in the costs associated with Leadership Associates. However, these costs would be covered by additional income from the other five Trusts. He noted that it involved a significant piece of work and the Trust's involvement in terms of facilitating the RCC was significant.

Responding to a question from the Chair, Mr Nicholson confirmed that NIAS would be responsible for recharging the other Trusts.
Mr Bloomfield assured the Board that the six Trust Chief Executives were fully supportive of the RCC and said that he would act as the lead Chief Executive.

The Chair welcomed the whole system approach and said it was reflective of the Permanent Secretary's wish to see more collaborative working across the six Trusts. She said she hoped that the outworkings of the RCC would be positive but acknowledged the interdependencies. The Chair said the RCC would ultimately be concerned with patient care, staff and safety and was of the view that the RCC's authority and autonomy were fundamental to its success. She said that, while Mr Bloomfield had provided assurance around the governance arrangements in place, she sought further clarity in relation to the individuals within the RCC, their level of responsibility to work collaboratively with the Trust Chief Executives. She sought clarification on who would act as the ultimate 'decision maker'.

Responding, Mr Bloomfield explained that the RCC lead would make any necessary decisions and Trust Chief Executives had agreed that they would not challenge any decisions made. He said that, after a period of time, should it be determined that the RCC was not operating as had been originally envisaged, Trust Chief Executives would revisit the initiative.

The Chair welcomed this position and suggested that regular reviews would be put in place. However, she said that if the RCC operated as envisaged, there was potential to roll the model out to other areas.

4 **Chair's Update**

The Chair reported that, since the last Board meeting, she and the Chief Executive had had their Accountability Review meeting with the Permanent Secretary and she thanked those involved in preparing the briefing papers. She felt it had been a positive meeting and had covered a range of areas, including governance, finance and performance. The Chair said there had also been a focus on delayed handovers and the interdependencies with the other five Trusts as well as how the Trust intended to address staff absence. The Chair said that the Permanent Secretary had indicated his intention to keep the impact of handovers on future agendas.

Continuing her report, the Chair said she wished to acknowledge the significant work ongoing around the management of staff absence. She advised that she had met separately with Non-Executive Directors to discuss this important issue with a subsequent meeting held with the Chair of the People Committee, Chief Executive and Director of HR & OD to discuss the Trust approach in more detail. The Chair advised that an action plan would be developed to address the concerns at Board level in relation to managing absence and that this would be considered by the People Committee in the first instance. She added that Mr Dennison had attended the ARAC meeting on 5 October to provide an update and would continue to brief the Committee as and when required.

The Chair outlined a number of stakeholder engagement events she had attended representing NIAS, including meetings with the Chairs and Chief Executives of the Belfast and Northern Trusts. She

added that she would be meeting with the Chair and Chief Executive of the SHSCT in the coming weeks.

The Chair advised that she and the Chief Executive had recently met with their counterparts in the Regulation and Quality and Improvement Authority (RQIA) to discuss the Authority's strategic plan which was out for consultation. She said that the meeting had also touched upon the importance of ensuring flow through hospitals and the availability of beds, particularly in care homes and whether the data reflected more beds in the care home sector than were available. The Chair indicated that the RQIA Chair and Chief Executive had been very supportive of NIAS.

Continuing, she advised that she had attended a briefing on the Encompass roll-out which would commence in the SEHSCT on 9 November and subsequently rolled out to other Trusts. The Chair acknowledged that she had not previously been aware of the enormity of this project in terms of the numbers of staff involved and the impact of implementation. She said that Ms Coulter, SEHSCT Chief Executive, had been leading on the implementation of Encompass within the Trust and explained that Encompass represented one of the largest transformational IT programmes to be implemented across the HSC.

The Chair reported that she had attended a workshop, facilitated by Mr Mike Farrar and other Trust Chairs to explore further opportunities to undertake more collaborative transformational work. The Chair said she had found it to be a useful session and there was an appetite amongst attendees to identify a small number of priority areas to be taken forward through a consistent approach. The Chair said the intention was to meet again before Christmas to continue the discussion. She added that the focus was also on relationship building as well as providing an opportunity to discuss pressure points and how these might be addressed collaboratively.

The Chair reported that she had attended the Ambulance Leaders' Forum (ALF) Conference and had found it insightful to meet with Chairs from other UK ambulance Trusts and said that their focus had been on opportunities to link into best practice.

The Chair advised that she had also attended the DoH's winter planning summit where they had been briefed on cross sector plans and the establishment of the Regional Co-ordination Centre.

Continuing, the Chair said she had visited a number of stations and EDs where she had met with staff and discussed a number of issues impacting on them such as annual leave, delayed handovers, compensatory rest. She said she welcomed the opportunity to meet with staff and encouraged other Non-Executive Director colleagues to do likewise.

The Chair advised of a number of other events and meetings she had attended including meetings with the NIAS Education Team and EAC staff as well as representing the NIAS Board at the launch of the NIAS Research Public Involvement Committee. She had also attended the NICON conference where the Permanent Secretary had spoken about the current position in terms of health and social care and what Non-Executive Directors could add to discussions.

Concluding her report, the Chair said she was delighted that the Trust was very much involved in the first initiative of the Prince of Wales RCN Nursing Cadet Scheme in NI.

Mr Haslett referred to the discussions at the Accountability Review with the Permanent Secretary, particularly around absence levels within NIAS. He asked whether other Trusts had experienced similar challenges in relation to absence.

The Chair said she imagined other Trusts' agendas for their Accountability Reviews would have been similar to the NIAS agenda. However, she acknowledged that NIAS was an outlier in relation to absence levels.

Mr Bloomfield indicated that absence had increased across other organisations and agreed that NIAS was an outlier at 14.25% absence levels in comparison to other Trusts. He believed that this was as a result of the impact of pressures on the system and the challenging circumstances in which staff were working. He reminded members that, as of October 2022, Covid-19 absence was now recorded as normal sickness absence.

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

5 **Chief Executive's Update**

Mr Bloomfield reminded members that the staff engagement sessions had started following the August Board meeting when he and other members of the Senior Management Team had visited EDs to meet with staff. He said he had welcomed the opportunity to meet with staff and added that similar issues such as late finishes, delayed handovers, late or missed rest periods and difficulties in getting annual leave, had been raised at the sessions. Mr Bloomfield indicated that Ms Charlton's Directorate was leading on a quality improvement initiative to consider late finishes and he welcomed the approach involving staff to find potential solutions.

The Chair commented that the Board welcomed such an approach.

Referring to the Accountability Review meeting, Mr Bloomfield said the Permanent Secretary had acknowledged the Trust's comparatively stronger performance as reported to PTEB monthly and had a keen interest in what actions the Trust was taking to reduce conveyance as well as in the See and Treat initiatives being led by Mr Sinclair.

Mr Bloomfield indicated that the DoH had set the absence reduction targets at 92.5% of the previous year's figure and said that, while he had advised the Permanent Secretary that the Trust would not be able to achieve this target, he had explained the approach adopted by the Trust and the oversight of the process by the Trust's People Committee. Mr Bloomfield said that the Permanent Secretary had been interested to know whether the Trust's approach to culture and performance had been embedded and understood across the Trust. Mr Bloomfield said that he had acknowledged the challenges in ensuring a consistent approach and said the Trust continued to make every effort.

Continuing, Mr Bloomfield alluded to the significant preparations involved in respect of the industrial action which had taken place on 21 and 22 September. He advised that the Trust had established a Tactical Cell to oversee the planning and management of services across the two-day period.

Mr Bloomfield indicated that the Trust had put arrangements in place to ensure additional clinical input in EAC during the industrial action and that, as a result, conveyance to hospital had reduced by

approximately 53%. He explained that the clinicians had taken difficult decisions about patients who needed to be conveyed to hospital by ambulance and advising patients to make their own way to hospital. Mr Bloomfield said that this initiative had attracted significant interest from SPPG colleagues. He indicated that the SPPG had provided some funding to allow the Trust to explore the potential of this particular model.

Mr Bloomfield pointed out that Action Short of Strike (ASOS) continued and was becoming more impactful and difficult. He believed that, while the reason for industrial action was related to Government pay policy, action was now also being taken linked to staff not being able to finish their shifts on time. He said the Trust continued to explore how it could address this situation and had agreed that staff who had a late finish would have a 12-hour break before they commenced their next shift. Mr Bloomfield said that the provision of this additional hour was not without risk and added that it continued to be challenging.

Mr Bloomfield advised that he had recently attended an awards ceremony to recognise the Control Room staff who had recently been accredited by the IAED as a centre of excellence. He explained the detailed process involved in achieving this accreditation and the high standards that the Control Room had to maintain. He indicated that it had been considered such an achievement that the President of the IAED had visited NIAS to present the certification as well as taking the opportunity to present awards to individual members of staff to mark high compliance in certain categories, for example successful cardiac arrests, delivery of babies. Mr Bloomfield advised that the Trust had organised two different sessions so many EAC staff could attend.

Continuing his report, Mr Bloomfield advised that a few Directors had met with the BSc students who had started their course in September to talk to them about some of the developments being taken forward by the Trust. In addition to this, a further meeting took place with those students who had commenced their final year of study and who would graduate in the summer of 2024. Mr Bloomfield said he had been delighted to be able to confirm to the students that the Trust had secured funding from the DoH to employ 48 newly qualified paramedics should they wish to remain in Northern Ireland. He added that it had also been made clear to the

students that they would have to meet the recruitment criteria set by the Trust.

Mr Bloomfield advised that he had attended the Winter Summit convened by the DoH which included elected representatives and the media. He said that the Summit had been an information giving session with representatives from primary care, pharmacy, RQIA giving presentations on how they had prepared for the winter. Mr Bloomfield said that the DoH had provided an overview on Trusts' locality plans and within that had highlighted NIAS' intention to increase the clinical presence in the Control Room as well as working with other Trusts to have mental health professionals in the Control Room to support those in acute mental health distress. Mr Bloomfield said that these initiatives were viewed as a key aspect of the DoH's winter planning. He added that the DoH had clarified that it would be holding the system to account for ambulance handovers and discharges.

Continuing, Mr Bloomfield alluded to the constructive meeting with SEHSCT colleagues in relation to delayed handovers and the associated risk to patients waiting in the back of ambulances. He advised that Ms Charlton had led on the presentation and said he welcomed the SEHSCT's determination to address this issue and added that it had been agreed that a further meeting would be held in six weeks' time. He indicated that a similar meeting would be held with SHSCT colleagues in the coming weeks.

Mr Bloomfield said that earlier in the meeting, he had mentioned the correspondence sent by Mr Ashford as Chair of the Safety Committee, to his counterparts in other Trusts highlighting a number of issues in relation to patient safety as a result of delayed ambulance handovers.

Mr Bloomfield confirmed that a copy of the Trust Chief Executives' correspondence to the Secretary of State expressing their concern at the lack of a pay award had been shared with members. He acknowledged that this had been a highly unusual step but as such it had highlighted the deep concerns held by Trust Chief Executives about approaching the winter period without a pay award and the ongoing risk of industrial action. However, more fundamentally, Mr Bloomfield said that it was unfair that staff in Northern Ireland had not received any pay award. He said that the Secretary of State's response had clearly indicated his view that it was not his

responsibility while the DoH had indicated that it had not received any funding to be in a position to implement the pay award. Mr Bloomfield said that for the pay award to be implemented, the costings would be passed to the HSC to find in the form of further savings. He said that his view would be that this would have such an impact on services that it would not be an appropriate way to resolve the issue.

Mr Bloomfield said that, in his opening address at the NICON conference, the Permanent Secretary had been clear regarding the pay issue, commenting it was unfair that staff had not received the pay award and that its impact was unacceptable for patients and unsustainable for staff.

Referring to the Prince of Wales RCN Nursing Cadet Scheme, Mr Bloomfield explained that the Trust had been invited to participate in the scheme as it was a regional Trust and said that the RCN had been keen to demonstrate the breadth of posts across the HSC. He advised that the Southern Regional College had also been invited to participate as the education partner. Mr Bloomfield said that NIAS' role would be to provide placements for students on the scheme and he thanked those NIAS members of staff involved in ensuring the necessary arrangements were put in place.

Continuing his report, Mr Bloomfield advised that he, Dr Ruddell, Ms Charlton and Mr Sinclair had attended a meeting, facilitated by the Department of Justice, with PSNI colleagues to look at challenges across the ambulance and police services, particularly mental health. Mr Bloomfield indicated that the meeting had agreed a number of areas where both services could work more collaboratively. He said that NIAS had been assured by the PSNI that the service did not intend to adopt a similar approach announced by police services in England that they would not be responding to mental health calls.

Responding to a question from Mr Ashford re the escalation of industrial action, Mr Bloomfield acknowledged the significant challenges presented by the current action. However, he said that he would be extremely concerned if derogations reduced any further as significant harm could be caused to patients Mr Bloomfield acknowledged the good working relationships between the Trust and Trade Unions but cautioned that a further reduction of

derogations would significantly impact on patient safety and the Trust's ability to provide a safe service.

Mr Ashford referred to the potential to approach companies which could be hired to provide services. He asked whether there was an agreement that industrial action would cease in the event of a major incident and questioned whether this would be a potential solution.

Responding, Mr Bloomfield advised that NIAS would rely on the use of IAS in such circumstances and said that, during industrial action, the Trust had broadly maintained its use of IAS.

Ms Cochrane confirmed that there was an understanding that, in the event of a major incident, industrial action would be set aside. However, she said that to call a major incident as a mechanism to cease industrial action would be viewed by staff as a misuse of their right to strike.

Mr Haslett said he was sure other Non-Executive Directors would share his view that it was appalling that health staff had not received pay parity with the rest of the UK. He commended the Trust Chief Executives on their letter to the Secretary of State and complimented the RCN on its robust correspondence to the Secretary of State on the same issue.

Mr Ashford agreed with Mr Haslett's comments.

The Chair indicated that all Non-Executive Directors would share Mr Haslett's view.

Mr Dennison noted Mr Bloomfield's earlier comments in relation to the changing nature of industrial action and the decision only to respond to Cat 1 and upgraded Cat 2 calls during the last hour of their shift. He said that he very much appreciated that such action was as a result of concern for staff welfare.

Mr Bloomfield said that the Trust very much supported staff not having to experience late finishes and noted that NIAS staff were the only group of staff in the position of regularly not being able to finish on time and go home. He said that the Trust had been trying to address the issue for some time, including the decision to prioritise sending staff coming on shift to release those at the end of their shifts who were delayed at EDs.

He emphasised that staff should be able to go home on time at the end of their shift.

Mr Bloomfield indicated that Dr Ruddell had approved a derogation list of calls which could be held in such circumstances and said it would be important for the Trust to carefully manage the associated risks. He highlighted that, if staff were only responding to Cat 1 and upgraded Cat 2 calls during the last hour of shift, this would mean that an increasing number of Cat 2 and Cat 3 calls were waiting for response. Mr Bloomfield said it would be important for the Trust to find a way to manage this as safely as possible and identify solutions to ensure staff got home on time.

Ms Charlton said that, despite significant efforts, the likelihood of staff getting home on time was slim. She reminded members that, when relieved at an ED, staff had to return to station and carry out their medication checks before driving home, sometimes after a 16-hour shift. She advised that she hoped some members of staff would attend the December Trust Board meeting to share their experiences with the Board.

Ms Charlton said that, in discussions with Trade Union colleagues, it was clear that data around the contemporaneous impact of industrial action on patient safety would be helpful and added that it would be helpful for Trade Union colleagues to also be sighted on this data. She pointed out that staff who did not finish on time would incur compensatory rest and she highlighted the dynamic nature of this and the need for the Trust to manage this risk.

Ms Charlton said that the Trust's response times to patients with lower acuity was concerning and these issues would impact further.

The Chair highlighted the significant challenges presented by late finishes and believed that staff consistently not being able to finish shifts on time was extremely damaging to staff welfare and morale as well as posing a significant risk to patient safety.

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

6 **St John (SJA) and NIAS Falls Partnership (TB24/10/2023/03)**

By way of introduction, Ms Charlton reminded the meeting that the SJA/NIAS Falls Response pilot had been launched in September 2023 in the Belfast and South Eastern areas with further work being undertaken subsequently to develop a Memorandum of Understanding (MOU) between NIAS and SJA in respect of this project and service delivery.

She advised that, in advance of the launch in early September, there had been a trial period to test the systems and processes put in place for the project in August 2023 and she provided a brief overview of the learning from this.

Ms Charlton said the AACE Falls Response Governance Framework had been a helpful guide and had allowed NIAS and SJA to learn from other services' experiences. She alluded to the cross-Directorate work in the development of this work. Continuing, she referred to the organisational learning in relation to the experience of service users and their families when response to calls was protracted and, for that reason, acknowledged that the service was not expected to entail large volumes of calls, rather improve the experience and potential outcome for a smaller cohort. She pointed out that, at the outset, it was accepted that actions would be taken in the context and on the balance of risk.

Ms Charlton indicated that, as a result of the learning from the project so far, the MOU had been updated to incorporate minor process changes which had come to light during the test phase. She advised that the project had now moved to the next stage of full implementation.

Ms Charlton advised that the SJA/NIAS Falls Governance Group had been established and had developed the Terms of Reference and agenda for regular governance meetings. She explained that these meetings would ensure the strategic objectives of the project were being met and would include, risk management, call management, performance and Patient Report Form (PRF) review.

In terms of the success of the project, Ms Charlton reported that, to date, SJA had provided 16 periods of cover from 5 September 2023 up to and including 11 October 2023. She advised that, during this time, seven calls had been allocated and all had been responded to

within 45 minutes. Ms Charlton pointed out that cover was reliant on SJA volunteers matching their availability to CSD cover as CSD advice may be required at scene.

Ms Charlton advised that approximately 150 SJA staff had now been trained specifically on how to lift an individual off the floor on a Raizer chair. She reminded the meeting of the poor response times to falls calls and said the project aimed to improve upon these.

Mr Allen advised the meeting that SJA had over 2,000 volunteers with skills ranging from First Aid to emergency ambulance crews. He said that, as a charity, it would be important for SJA to use its charitable resources to meet a need that had been identified in society. He stressed that the project was a pilot but said that the experience of SJA volunteers had been positive. Mr Allen said it was important that SJA volunteers availed of opportunities to use their clinical skills. He explained that volunteers undertook two hours of training each week.

Continuing, Mr Allen indicated that, as mentioned earlier by Ms Charlton, over 150 SJA staff had now received training by NIAS to date. He added that SJA was still considering how best to roster and allocate shifts to volunteers as many also held full-time jobs. However, he acknowledged that many volunteers were also healthcare professionals who undertook shifts so some were available during the day.

He commended the NIAS staff involved in the project, particularly the leadership shown by Ms Charlton and said that, to date, the SJA experience had been an extremely positive one.

Ms Charlton referred to the need for pastoral care for SJA volunteers who might attend traumatic cardiac arrests, for example, and said that these arrangements were currently in place through SJA for their volunteers. She explained that consideration was also being given to consistency of shift because evidence showed that most calls took place in the morning when the majority of SJA volunteers were at their day job at this time. However, she said that efforts were being made to match shifts with demand. Ms Charlton said that work was also being progressed to organise the official launch of the project.

Mr Clarke acknowledged that falls were complex across the spectrum of illnesses and work had been undertaken to field out level 1 falls. He commended the work undertaken by SJA and said it was encouraging to note that the SJA was meeting the falls response Key Performance Indicators (KPI).

Mr Clarke alluded to the 'recontact rate' and confirmed that none of the patients responded to by SJA had recontacted NIAS within the following 24-hour period.

Ms Charlton highlighted the importance of this particular KPI.

Mr Clarke acknowledged that the service had referred a small number of patients to the Hospital@Home service. He highlighted that there had not been any need for these patients to be conveyed to ED and the Hospital@Home service would ensure the patients were cared for at home, resulting in the saving of bed days in hospital, increased flow in EDs and also ensuring ambulance were able to respond to calls in the community. Mr Clarke alluded to the governance and oversight provided by CSD colleagues and echoed Ms Charlton's earlier comments that the project had been positive.

Mr Haslett commended all involved and welcomed the collaborative nature of the project.

The Chair expressed her agreement and welcomed the innovative approach taken by SJA and the Trust in addressing what was a significant issue in terms of poor response times to patients who had fallen. She welcomed the potential to further consider the use of volunteers with particular skill sets.

The Chair asked Mr Allen to convey the Board's deep appreciation to all those volunteers participating in the project and indicated that the Board would be keen to see how the project could be extended to other areas of work.

Mr Allen said that SJA was always willing to engage and said he had appreciated the support of SJA England in progressing this work.

Mr Bloomfield echoed the comments made by the Chair and was of the view that this project demonstrated the real potential for rolling out similar projects at scale to other areas.

The SJA/NIAS Falls Partnership Update was **NOTED** by the Board. The Chair thanked Mr Allen for his attendance and he withdrew from the meeting.

7 Internal Audit Charter (TB24/102023/04)

Mr Nicholson explained that the Internal Audit Charter defined Internal Audit activity's purpose, authority and responsibility and said the Charter was reviewed and presented to the Trust's Senior Management and Trust's Audit and Risk Assurance Committee (ARAC) for approval every two years.

He advised that the Charter had been reviewed against Public Sector Internal Audit requirements and the Institute of Internal Audit's model Charter and, whilst there had not been any substantial changes to the content of the Charter, extended commentary had been provided in a number of sections.

Mr Nicholson pointed out that the document was consistent for all BSO Internal Audit Unit's client organisations. He advised that it had been presented to the Trust's Audit and Risk Assurance Committee (ARAC) on 5 October and the Committee had recommended the Charter to the Board for approval as required by Internal Audit.

The Chair asked what processes were in place in the event of any non-compliance of any aspect of the Charter.

Responding, Mr Nicholson explained that such issues would be raised via the Service Level Agreement (SLA) with the BSO. He advised that Internal Audit performance was measured not just by the Trust's ARAC but by the regional Internal Audit forum. Mr Nicholson added that there would be reference to such circumstances within the Committee's Terms of Reference.

Mr Abraham agreed that it would be helpful to have some detail around this and indicated that he would be content to approve the Charter in the meantime.

Mr Nicholson agreed to examine this issue further and revert to the Chair.

The Board **APPROVED** the Internal Audit Charter on a proposal from Mr Abraham. This proposal was seconded by Mr Dennison.

8 **Board Governance Self-Assessment Tool 2022-23 (TB24/10/2023/05)**

Mr Arandia drew the Board's attention to the Board Governance Self-Assessment Tool and explained that this was completed on an annual basis with a view to identifying any opportunities to enhance Board effectiveness. He advised that the documentation had been discussed at the ARAC meeting on 5 October when the Committee had recommended it to the Board for approval.

Mr Nicholson acknowledged that the Self-Assessment Tool was an extensive document which highlighted both areas for further attention as well as areas of good practice.

The Chair took the opportunity to advise that the recruitment exercise for Non-Executive Directors had now concluded and she anticipated being advised of the outcome of this by the end of the month.

Mr Haslett referred to the section on 'Balance and Calibre of Board members' and the fact that there was a red RAG rating against the prompt 'There is at least one NED with a background specific to the business of the ALB.' He hoped that the outcome of the NED recruitment exercise might assist in this regard and that this would move the RAG rating to green.

The Chair alluded to the NIAO document 'Board Effectiveness: A Good Practice Guide' and suggested this also might prove helpful in determining Board effectiveness.

The Board **APPROVED** the Board Governance Self-Assessment Tool on a proposal from Mr Abraham. This proposal was seconded by Mr Haslett.

9 **Update on Regional Electronic Ambulance Communications Hub (REACH) (TB24/10/2023/06)**

In Ms Paterson's absence, Mr Arandia drew members' attention to the schematic which provided an update on progress in implementing REACH within the Trust.

The Chair commended the use of the schematic and believed it helped members to see the progress made at a glance. She asked whether the delay in implementation in the SEHSCT had been as a result of the Trust focussing on the implementation of Encompass.

Responding, Mr Arandia acknowledged that the SEHSCT's focus and resources had been targeted on the implementation of Encompass. However, he said that SEHSCT colleagues were committed to ensuring the implementation of REACH.

The Chair sought clarification on the interface between Encompass and REACH and asked re the delay in introducing REACH in Craigavon Hospital.

Mr Arandia explained that the two systems were different but said that they would eventually interface from a patient record perspective. He advised that, while the introduction of REACH had not been a priority for the SHSCT, SHSCT colleagues were hopeful that they would soon be in a position to roll-out it out across the Trust. Mr Arandia said he remained confident that this would be achieved over the next few months.

The Chair mentioned that she would be due to meet with the SHSCT Chair in the coming weeks and undertook to discuss the issue with her.

The Chair alluded to the cultural shift amongst NIAS staff in using the REACH system and asked whether staff remained reluctant to use it. She enquired as to who was leading the implementation of REACH.

In response, Mr Arandia advised that any staff concerns in relation to using REACH had been addressed. He confirmed that staff had been trained and opportunities for refresher training had also been provided to staff. Mr Arandia believed that the focus should now be on continuing to implement the system within the Trust.

Mr Arandia confirmed that the Trust's Operations and Clinical Team were now leading on the implementation. He explained that dashboards had been developed to provide information to monitor the usage of the system.

Ms Byrne said that, from an Operations perspective, the monitoring of the usage of the REACH system would form part of the 1:1 discussions with staff. She confirmed that training had been provided to staff and, in those instances where uptake had not been sufficient, the focus would be on identifying the reasons for this and additional training provided.

Mr Sinclair agreed with the points made by Mr Arandia and Ms Byrne. He said that the dashboards would prove helpful to determine uptake on a station by station basis and the 1:1 discussions could then be used to discuss in more detail.

The Chair suggested that it would be helpful for the Board to receive an update on progress with a view to meeting the target of full REACH implementation by March 2024.

Mr Arandia advised that the Trust was moving to benefits realisation monitoring and said he was confident that the necessary technology and processes had been put in place to enable this.

The Board **NOTED** the REACH Update provided by Mr Arandia.

10 **Trust Corporate Scorecard and Performance Report (October 2023) (TB24/10/2023/07)**

Mr Arandia explained that the Performance Report set out the key measures to demonstrate the health of the organisation and added that the detail behind each measure was set out within the report. He reminded the Board that the Trust's performance monitoring and recording would continue to evolve.

Mr Dennison acknowledged the wealth of information within the report and suggested it was extremely beneficial to a reader who was close to the operational detail. He suggested it would be helpful to have some analysis in future papers, for example, highlighting areas where there were increasing risks/challenges and opportunities as well as unforeseen/unpredictable issues. He commented that he was uncertain what actions were required from the report.

The Chair noted Mr Dennison's comments and acknowledged the depth of information within the Board papers. She suggested that it

would be possible to highlight a short overview in the cover papers to Board documents.

Mr Bloomfield said it would be important to highlight NIAS' performance compared to the rest of the UK, but mainly England. He drew members' attention to slide 4 which set out the 999 response time performance which showed that NIAS had fallen behind its counterparts in terms of performance. He reminded the meeting that, over the last few years, the Trust had made considerable progress in relation to Cat 2 and 3 responses. However, this progress had now deteriorated to the point where English counterparts had improved and had also seen some progress on handover times. Mr Bloomfield acknowledged that this information did not make for satisfactory reading.

Ms Byrne advised that this information had been shared with SEHSCT and SPPG colleagues. She reminded the meeting that the SPPG had regular performance meetings with Trusts and had asked NIAS to highlight any areas of concern that should be raised.

The Chair highlighted the importance of such data being shared with Trusts to demonstrate the impact of delayed handovers on NIAS performance.

Ms Charlton said it would be important to understand that, where responses are particularly protracted, there were occasions when staff were arriving at calls when it was too late to help. She acknowledged the importance of understanding the detail but in the context of the NIAS position in comparison with improved response times in England. She noted that, between July 2022-2023, there had been circa 60% improvement nationally in waits over one hour while NIAS only saw a 18% improvement. Ms Charlton said she had taken the opportunity to share this information with other Trusts as well as at the Chief Nursing Officer's business meeting, noting that NIAS had not seen a similar improvement as its English counterparts.

Mr Haslett welcomed the evolution of the Trust's Performance Report and commented that it had transformed significantly over recent years. He said it provided a robust platform to enable Non-Executive Directors to seek additional assurance. Mr Haslett said he agreed with Mr Dennison's earlier point re providing further analysis in the cover paper.

The Chair noted that, on average, 102 patients per day were waiting more than 60 minutes outside EDs and said this needed to be highlighted. She noted that, while the volume of duplicate calls had decreased by 3% from August to September for the first time since April 2023, duplicate calls had increased by 13.5% on the same period last year. The Chair suggested that it would be important to understand whether this increase represented additional demand as well as the steps being taken by the Trust to address the increase.

Ms Charlton pointed out that approximately 40% of those waiting over two hours for handover to ED were over 80 years of age.

Referring to duplicate calls, Mr Bloomfield explained that these were largely due to callers phoning back to check on the arrival of an ambulance due to increased response times.

The Chair enquired whether the Trust was exploring the potential for any IT solutions to address the increase in duplicate calls.

Ms Byrne confirmed that the new Computer Aided Despatch system currently being procured by the Trust would have a mechanism to assist in this regard.

Ms Charlton explained that there was potential for a patient's condition to deteriorate whilst waiting for an emergency response and Standard Operating Procedures (SOPs) would require patients to be escalated to ED should this be the case. She referred to an escalation earlier that morning in Clinical Safety Plan and explained that this had resulted in the use of different scripts within EAC.

The Chair commented on the human-intensive nature of this and said it would be important to consider technology-assisted processes.

Mr Sinclair agreed with the concept of a technological solution. However, he said he believed that ensuring additional clinicians within the EAC who would proactively contact patients would reduce the incidence of patients making duplicate calls to EAC.

The Chair sought further clarification as to the timescale for this.

Mr Sinclair confirmed that the Trust had received funding from the SPPG for an additional 13 members of staff up until the end of March 2024 and added that the necessary arrangements had been made to fill these posts through an Expressions of Interest process. He added that he was hopeful that the service would be in place by the end of December.

The Chair commented that it would be beneficial to increase clinical presence within the Control Room at the same time as the Regional Co-ordination Centre became operational.

She alluded to Mr Bloomfield's reference to page 4 of the report and the deterioration in the Trust's response time performance and expressed her disappointment.

Continuing, the Chair referred to page 7 which set out the Trust's performance in respect of Clinical Hear & Treat and Clinical See & Treat. She said that the Board had previously been briefed that 15 of the 21 clinical support posts had been filled and asked if the position had changed.

Mr Sinclair explained that this tied into the previous discussion around increasing clinical presence within the Control Room.

Ms Byrne confirmed that the SPPG had provided additional funds and the Trust was undertaking a recruitment exercise.

Mr Bloomfield advised that the target for Clinical See & Treat was 15.2% and acknowledged that there had not been much movement over the last few months.

Mr Sinclair referred to the Chair's update meeting with the Clinical Education Team and the briefing around the regional work being taken forward in terms of ensuring staff had the best knowledge of pathways and frameworks within which to make the optimum decisions and to ensure they were comfortable in leaving patients at home.

The Chair noted that the equivalent of 24 shifts per day (8,748 lost hours) were lost as a result of crews having to wait outside EDs while more than 75% of lost hours occurred at four ED sites.

Ms Charlton pointed out that recent data analysis over a three-month period had shown that 60% of ambulance handover delays greater than two hours occurred at two Trusts.

The Chair referred to the report following the regional review of Urgent and Emergency Care undertaken by the Getting It Right First Time (GIRFT) Team and said members would appreciate early sight of this when it became available.

The Chair also noted the increase in absence levels from 12.3% in March 2023 to 14.64% and expressed surprise at the level of increase.

Ms Cochrane explained that 12.3% represented the cumulative figure across the previous year, not in the month of March.

The Chair thanked members for their comments and the Trust Corporate Scorecard and Performance Report (October 2023) was **NOTED** by the Board.

11 **Finance Report (September – Month 6) (TB24/10/2023/08)**

Mr Nicholson reported that the Trust had forecast a deficit of £2.2 million at year end and advised that this was in line with the Financial Plan submitted to the DoH at the start of the year. However, he reported that, following discussions with SPPG colleagues, the Trust had been informally advised of a £0.6 million allocation to support its deficit position.

Mr Nicholson explained that, following a review of indicative allocations received at the start of financial year, the Trust had been able to identify a further £1.3 million which could be used to offset the deficit. He added that Trust officers would continue to explore every opportunity to bring the Trust back into a balanced position at the end of March.

Mr Bloomfield said that, at a recent meeting with Trust Chief Executives, the Permanent Secretary had advised of some additional allocations which would reduce the overall deficit. However, he had made it clear that he would look to the HSC system to continue to make every effort towards reducing the deficit.

Mr Nicholson welcomed this updated position and said that it had been made possible through the significant efforts of staff and those involved in the Delivering Value Programme, particularly the Resource Optimisation project and the management of expenditure within funded levels. He referred to the thoughtful and focussed work being taken forward in that area through the use of overtime and VAS/PAS which, he said, was reported in further detail within the overall Finance Report.

He said that, whilst being able to deliver on the management of expenditure, the Trust had been able to release staff to take annual leave as well as releasing them to undertake continuing clinical education. He acknowledged that it would require a significant effort for the rest of the year to maintain that position and achieve the financial balance while maintaining performance and quality. Mr Nicholson indicated that the Trust was currently trialling the use of a data warehouse in terms of the uptake of overtime and noted overtime costs for October were approximately £533,000. He advised that this had only been affordable given the additional allocations received by the Trust.

Mr Nicholson alluded to the Executive Summary within the report and indicated that, due to the recently received allocations, the RAG status against achieving financial breakeven would now show as amber.

Mr Nicholson reported that the Trust's Capital Resource Limit allocation was just over £7 million with only approximately £300,000 having been spent in the first six months of the year. He explained that the Trust continued to experience global issues which impacted on the Trust's supplier capacity and therefore the ability of the Trust to deliver within the financial year. Mr Nicholson indicated that the Trust had been advised of some additional resources to replace defibrillators but said that this was dependent on the approval of the related business case.

Mr Nicholson reminded the meeting that expenditure on fleet was profiled to the end of the financial year to maintain a smooth fleet age profile.

In keeping with Mr Nicholson's comments regarding quality aspects of the service, Ms Charlton commented on the importance of ensuring quality and safety remained at the fore when looking at

cost containment exercises. She acknowledged that all these aspects were wedded to resource optimisation.

Continuing, Ms Charlton said that, in terms of the Trust's responsibility in the context of discharge and flow through hospitals, it would be essential to ensure that individuals received the right treatment, at the right time and in the right place. She was of the view that the Trust had a responsibility to ensure there was a clear focus and understanding that this was the case as well as ensuring a concerted focus on the outcome for the patient and the patient experience.

Ms Byrne alluded to the interdependencies with other aspects of the Delivering Value Programme.

Agreeing, Ms Charlton referred to the high absence levels and suggested that efforts around other aspects of the Programme would be futile unless absence was reduced.

Mr Haslett advised that the financial position had been discussed in detail at the finance-focussed People Committee on 19 October. He pointed out that there were six months of the financial year remaining with £0.8 million to yet be identified to achieve the Trust savings. He said that, while he welcomed this position, there remained a significant number of issues to be addressed.

Mr Bloomfield clarified that the forecast financial position was after the delivery of £1.975 million of savings.

The Chair thanked Mr Nicholson for the Finance Report (September – month 6) which was **NOTED** by the Board.

12 **Committee Business:**

- **Safety Committee – minutes of meeting on 8 June & report of meeting on 7 September 2023;**
- **Audit & Risk Assurance Committee – minute of meeting on 22 June ad report of meeting on 5 October 2023**
- **People, Finance & Organisational Development Committee – minutes of meeting on 4 July 2023; (TB24/10/2023/09)**

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

Mr Abraham explained that the ARAC had included a standing item on the agenda around 'Business As Usual' to ensure the Committee monitored the position. He advised that, following a recent presentation by Ms Paterson, this item had now been removed.

Mr Dennison advised that the People Committee had met on 16 October with a specific agenda item on Managing Attendance. He explained that the Committee had considered four key elements, namely information and data and how this would be used; the Delivery Plan; reporting timeline and way forward and the application of existing procedures.

Mr Dennison said that the Committee had been reassured by the level of information available to monitor attendance across the Trust and there was agreement on how this would be instilled into red zones. Continuing, he reported that the Committee had approved the Delivery Plan and said there had been some comments in terms of outcome focus and qualification of outcomes. He said that the Committee had commented on the significant number of actions against the 6-7 objectives and had asked for these to be reviewed with a view to prioritising/reordering them.

Mr Dennison said there was a commitment that the revised Delivery Plan would be brought to the December Trust Board for noting. He also noted that Ms Byrne had undertaken to ensure that all existing procedures were being robustly applied in a supportive way. Mr Dennison said that the meeting had been helpful and productive.

Mr Bloomfield said he would like to provide some further assurance around the prioritisation of this work. He advised that he, Ms Charlton, Ms Byrne and Ms Cochrane had recently met with the senior team from the Operations Directorate including Assistant Directors, Area Managers and senior EAC managers to reinforce the importance of the Managing Attendance work and ensure everything possible was being done to address this issue. He explained that Ms Charlton had attended the meeting as she had recently assumed temporary responsibility for Patient Care Services.

The Chair welcomed this reassurance. She noted that the Delivery Plan had now been approved by the People Committee and asked that Mr Dennison would continue to brief the ARAC when required

so as to avoid duplication at Committee level. She also noted that it would be helpful for the Board to receive regular updates.

The Chair acknowledged the level of work ongoing at Committee level and believed that the Board had started to clarify and prioritise those areas where, from a strategic perspective, it could support, empower and progress.

Ms Charlton referred to the AACE Safeguarding Review which had been presented to the Trust's Safety Committee and reported that this had now been finalised. She added that points of concern around the Trust's low referral rate still applied and added that the action plan had been presented to the Committee. Ms Charlton said that she intended to present this to a future meeting of the Board.

Referring to handover delays, Ms Charlton acknowledged that, when engaging with HSC Trusts recently, there had been an increased focus on the patient in the back of the ambulance. She advised that she, Mr Bloomfield and other Directors had met with the senior teams of both the Southern and South Eastern Trusts to discuss frail elderly patients in particular. Ms Charlton advised that, while 40% of patients in the back of ambulances at EDs were frail elderly, 11% of these patients were over 90 years old. She advised that there had been some regional discussion with the DoH Director of Nursing in relation to the fundamentals of care in the back of an ambulance and avoidable elements of harm.

Ms Charlton believed that this highlighted the need within winter preparedness plans for frail elderly destinations for each Trust with a view to working to bringing frail elderly patients into EDs and added that having frail elderly patients wait in the back of ambulances put them at significant risk.

13 **Date of Next Meeting**

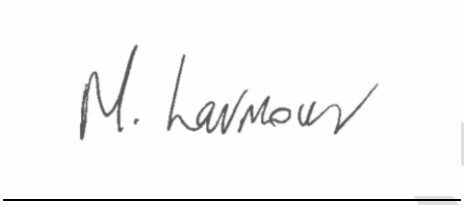
The next NIAS Trust Board will be held on Thursday 14 December 2023 at 10am in the Boardroom, NIAS HQ.

14 **Any Other Business**

(i) Visits to Stations

Concluding the meeting, the Chair encouraged NEDs to meet with staff whenever possible.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 1.40PM.



SIGNED: _____

DATE: 14 December 2023