Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 9 February 2023 at 11am in the Lagan Room, The Mount Conference Centre, 2 Woodstock Link, Belfast BT6 8DD

Present:	Mrs N Lappin	Chair
	Mr D Ashford	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:	Mr W Abraham	Non Executive Director
	Mr J Dennison	Non Executive Director
	Ms M Lemon	Director of HR & OD
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Ms M Paterson	Director of Performance, Planning & Corporate Services (left the meeting at 12.15pm)
	Mrs C Mooney	Board Secretary
	Mr A Arandia	Asst Director Performance, Planning & Corporate Services (rep Ms Paterson)
	Mr N Walker	Head of Performance (for agenda item 6 only)
	Mr J Wilson	Boardroom Apprentice

1 Welcome, Introduction & Apologies

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

The meeting was declared as quorate.

2 Previous Minutes (TB09/02/2023/01)

The minutes of the previous meeting held on 15 December 2022 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Haslett.

3 Matters Arising (TB09/02/2023/02)

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

Mr Nicholson advised that he had provided the ARAC with an update in relation to the holiday pay issue and confirmed that formal correspondence had now been received from the DoH. He said that he was now working through the process, including the accounting treatment and figures within the accounts. Mr Nicholson said that the issue would remain for some time before it was fully resolved.

4 Chair's Update

The Chair alluded to an action from the previous meeting in which she had undertaken to report back on discussions at the HSC Chairs' Forum in relation to the budget. She advised that, when HSC Chairs had met, it had been clear that the system would breakeven. The Chair indicated that discussions had focussed on workforce and the fact that that workforce had come through the Covid-19 pandemic and continued to try to deliver services in increasingly challenging circumstances. The Chair noted that a further meeting of HSC Chairs was scheduled to take place in March when she expected the discussions to focus on actions to be taken in the 2023-24 year.

Continuing, the Chair advised that, in discussions with the DoH Public Appointments Unit, she had raised the fact that two Non-Executive Directors were approaching the end of their second term of office in mid-May. She said that the DoH was minded to offer extensions to Mr Haslett and Mr Abraham and would likely be in touch in the coming days.

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

5 Chief Executive's Update

At the Chair's invitation, Mr Bloomfield commenced his Chief Executive's report by noting that the period since the December Board meeting had been one of the most challenging periods for the service and added that the pressures had been at levels that had not been seen previously.

Mr Bloomfield said that, regrettably during this period, there had been a number of deaths where there had been a delay in getting an ambulance response to patients. He indicated that there had been media coverage in relation to this at the start of January and said that Ms Charlton would go into further detail on this later in the meeting. He stressed that the deaths were not necessarily as a direct result of the delays, but it was appropriate to review these as Serious Adverse Incidents.

Continuing, Mr Bloomfield said that, since the December Board meeting, a considerable amount of his and colleagues' time had been taken up with very focussed discussions across the system to try to put in place measures to alleviate pressures including a particular focus on ambulance handovers.

Mr Bloomfield alluded to the range of measures which had been announced before Christmas including a three-hour maximum handover backstop. He said members had discussed this in detail at the workshop held on 1 February and in discussions earlier that morning with the Permanent Secretary. Mr Bloomfield welcomed the improvements made since early January and said these had made a difference to staff, and importantly patients, in terms of knowing they would not spend longer than three hours waiting outside an ED and that staff would have more capacity to respond to calls in the community.

Mr Bloomfield pointed out that, not only had the long waits outside EDs been reduced, but average handover times had also reduced. He added that the challenge now was to maintain and improve upon this position. Mr Bloomfield said that Trust Chief Executives had recently agreed to further reduce the three-hour maximum handover to two hours from the start of March.

Continuing, Mr Bloomfield said that, given the extent of pressures between Christmas and the New Year, a number of virtual staff engagement sessions had been held during January to explain in more detail the actions being taken across the HSC. He

acknowledged that there had been some confusion amongst staff around the three-hour maximum backstop and he had thought it important to meet with staff to explain the role NIAS had played in reaching these decisions. Mr Bloomfield said that the engagement sessions also provided staff with the opportunity to raise any concerns they may have had and for Directors to listen to the experiences and challenges faced by staff as well as any suggestions around service improvement.

Mr Bloomfield said that, as a result of the media attention on the Trust, he had received a number of requests from elected representatives to meet with him, Dr Ruddell and Ms Byrne. He confirmed that they had recently met with a Sinn Fein delegation and were scheduled to meet with DUP representatives in the coming weeks. He added that he would also speak at the forthcoming Alliance Party conference.

Mr Bloomfield said that such engagements provided the Trust with the opportunities to ensure there was an understanding of the pressures facing the service.

Mr Bloomfield reported that members would be aware of the further strike action which took place on 26 January. He said that this had proved more challenging than the initial strike on 12 December because all Trade Unions had participated on this occasion and there had been fewer agreed derogations. Mr Bloomfield said that there had been potential for considerable disruption. However the significant planning in the weeks leading up to 26 January and positive working relationships with Trade Union colleagues had ensured that everything had gone as smooth as possible.

Mr Bloomfield acknowledged that, whilst there had been some reduction in activity, the Trust's performance on 26 January had been effective. He indicated that a number of Directors had visited staff on picket lines as well as in the Emergency Ambulance Control (EAC) to show their support for the action staff felt necessary to take and added that there had been a positive atmosphere. He pointed out that the staff's dispute was against the Government's pay policy and not the Trust.

Mr Bloomfield paid tribute to Ms Byrne who had led the Trust's preparations as Gold Commander and to the Tactical Cell which had been in operation for the 24-hour period as well as other staff

across the Trust who had supported the arrangements. Mr Bloomfield said that the significant preparations put in place would assist in future as more strikes were inevitable until the pay dispute was resolved.

Mr Ashford sought further detail around the derogation list.

Responding, Mr Bloomfield cited the example that crews would not respond to calls from health care settings, including nursing homes.

Ms Byrne said that the derogations impacted on hospital flow and those waiting outside EDs. She reiterated that engagement with Trade Union colleagues had been positive and colleagues across the Trust had been assured that everything was being managed well through the Tactical Cell. Ms Byrne highlighted the collaborative approach across Directorates and the significant input from Emergency Planning colleagues.

Mr Bloomfield said it was possible that Trade Unions would reduce the derogation list further in the event of further industrial action. He pointed out that on the day of strike action, an arrangement was in place whereby calls could be upgraded which were not derogated. He added that there had been Trade Union presence in the EAC to monitor this which had worked well.

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

6 **Approach to productivity and efficiency (TB09/02/2023/03)**

At the Chair's invitation, Ms Paterson explained that performance improvement across the Trust was a key enabler to improve services and deliver on the Trust's strategic plan and said the Trust was currently exploring various areas to increase productivity and efficiency.

Mr Arandia advised that the Trust had delivered several performance improvement, operational efficiency and productivity projects across different team as well as focusing on delivering improvements in patient safety. He pointed out that, given the expected financial climate, it was important to continue to focus on driving improved productivity and efficiency within the Trust.

Through the presentation, Mr Walker and Mr Arandia took members through the detail of a number of examples to showcase the work currently underway within the Trust. These examples included PCS – Non-Emergency Patient Transport; Timesheet Automation; Self-Service Business Insights; Handover and Alternative Care Pathways.

Mr Arandia said that further details would be shared with members in the coming months, including deep dives into specific areas.

Ms Paterson explained that the automation of timesheets had allowed the removal of interfaces which did not add value and she added that Station Officers could now focus on other work.

Mr Bloomfield indicated that this was an issue which had been identified in his regular meetings with Station Officers. He said that, while important from the perspective of ensuring staff were paid, it was critical to consider how such duties could be removed from Station Officers and completed in another manner.

Continuing, Mr Arandia referred to the Self-Service Business Insights which had developed tools to allow staff make data driven decisions across the organisation.

Mr Walker said that this work had helped improve planning around the Trust's operational cover and currently the Trust could see operational cover into April. He explained that the system updated every 30 minutes and that any changes on the Global Rostering System were reflected. Mr Walker said that the project allowed oversight of those staff on core shift and overtime reliance on any day, thereby allowing managers to see gaps in cover, particularly at critical times, for example at times of industrial action. He added that the development of this tool allowed the Resource Management Centre (RMC) to focus on their core business.

Ms Byrne confirmed that the project had been welcomed by Operations staff and said that the tool was now used on a daily basis and was working well. She added that the tool was also used for the planning of annual leave.

Ms Charlton commented that the impact of BI solutions should not be underestimated and highlighted their importance when Director on-call. She alluded to recommendations from Serious Adverse

Incidents around the need for increased awareness of operational cover and said the BI solution had assisted in this regard. Ms Charlton said that the tool had proved very helpful in recent staff engagement sessions and its use had been highlighted in terms of the Trust becoming more sophisticated and targeting overtime where it was needed.

Mr Bloomfield referred to the slide shown by Mr Walker which gave an overview of planned cover and pointed out that, of a total of 20 shifts, only three were showing as amber. He said that this allowed the Trust to focus in on the need to provide cover for those particular shifts. Mr Bloomfield pointed out that cover was not currently the issue in terms of the challenges being experienced in relation to response times. He said the Trust was providing the level cover for which it was commissioned and hoped this provided assurance to Trust board.

Mr Arandia advised that, while the tool allowed a more data focused, decision-making approach, it also delivered the benefits of collaborative working at all levels throughout the Trust.

Mr Walker referred to the project around Alternative Care Pathways and explained that the BI solution allowed the Trust to target where resources were sent to, ensuring that the right resource was dispatched to the right patient. He said that this had been made possible through the collaborative efforts of the Clinical Service Desk (CSD) and the clinical team. Mr Walker advised that the system allowed the Trust to drill down into the granular level which in turn assisted with education and training. He indicated that the tool would be invaluable as CSD had been significant in terms of managing risk at times of industrial action, for example.

Dr Ruddell commented that the Trust continued to measure performance relating to response times etc and he would welcome the opportunity to use the same business intelligence tools to provide up-to-date analysis of clinical outcomes. He added that the REACH system was a key part in delivering this and the information it provided was a necessity for many of the clinical projects that the Trust was trying to deliver.

The Chair welcomed the work that had been carried out to date and said she looked forward to seeing how this developed in other

areas. She pointed out that the patients would benefit as the service became more effective.

Referring to the earlier meeting with the Permanent Secretary, Mr Bloomfield said it was clear that the DoH did not intend to allocate funding to inefficient systems. He alluded to the recent industrial action and advised that the Trust had had five individuals on the CSD who liaised directly with Trust medical/nursing colleagues to challenge a number of requests for inter-facility transfers, for example those requests for a Cat 2 response and for which it was appropriate and satisfactory to use an Intermediate Care Vehicle.

Mr Bloomfield said that this approach should be used consistently to ensure resources were utilised more effectively.

Mr Walker alluded to the handover improvement work which had been progressed in conjunction with colleagues across other Trusts. He said that the project had aimed to produce a single source position on hospital handover times across NI. He explained that the project had enabled the use of data intelligence to agree a timestamp in EDs in respect of handovers, thereby improving outcomes at operational and clinical levels.

Ms Paterson pointed out that this initiative had been agreed at the Unscheduled Care Summit held in October 2022 and said it was appropriate that all Trusts were using the same baseline for timestamping handovers. She commended the Operational team and said they had done great work in ensuring the tool was utilised within each ED.

Ms Byrne indicated that, from an operational perspective, the tool, which was used in real time, allowed for planning in terms of where efficiencies could made and allowed Station Officers and Hospital Liaison Ambulance Officers (HALOs) to see where crews were experiencing delays. She said that further work was ongoing to determine why handover times might be longer than expected and the potential reasons for this.

Mr Bloomfield agreed that this tool would help to drill down further into the data and believed that the introduction of an agreed baseline across Trusts in terms of when handovers took place negated any discrepancies that might arise.

Mr Walker said that the data allowed the Trust to see potential variations in practice and what referral pathways were in place. He confirmed that work was ongoing across Trusts to determine where efforts might be focused to maximise efforts. Mr Walker said the focus was on becoming more data rich and applying the data available to the challenges which had been identified.

Mr Ashford referred to the figure quoted which demonstrated that 31% more patients were arriving on time for appointments. He welcomed the work carried out and commended all involved. Mr Ashford sought further detail around the tools used and asked if they had been procured by the Trust from an external source.

Responding, Ms Paterson explained that NIAS staff had been provided with the necessary training to develop their capabilities and were now able to provide valuable and powerful information. She added that the team had been empowered and engaged and were a valuable resource within the Trust.

Mr Haslett echoed Mr Ashford's comments in relation to more patients arriving on time. He referred to the Hazardous Area Response Team (HART) and the low number of calls responded to by the team.

Dr Ruddell clarified that this did not accurately reflect the full volume of work undertaken by HART who were often dispatched as a secondary resource to complex calls. He explained that the team also undertook other duties which were their primary roles, eg fulfilling the need for regular specialist training. Dr Ruddell indicated that HART also supported crews responding to high category calls as well as deploying to calls in the Belfast area when there were not engaged on HART-specific incidents. As a result, the team had developed considerable experience in responding to cardiac arrests and the Medical Directorate was considering the potential for cross-links with the HEMS team.

Mr Walker pointed out that HART would respond to cardiac arrest calls as first responders but that the conveyance of such patients would be attributed to the crew so as to avoid multiple coding.

Dr Ruddell acknowledged the high volume of training undertaken by HART personnel and confirmed that the team would support operational frontline staff, particularly in cardiac arrest calls.

Mr Bloomfield said it would be important to strike a balance in terms of ensuring the team was able to respond to high category calls and those calls for which it would be appropriate to dispatch a HART response.

The Chair thanked Mr Arandia and Mr Walker for their presentation and said she looked forward to further updates when available.

Mr Walker withdrew from the meeting at this point.

7 **Overview of Manchester Arena Inquiry Report and Recommendations (TB09/02/2023/04)**

The Chair reminded members of the circumstances surrounding the terrorist attack on the Manchester Arena in May 2017 which resulted in the tragic death of 22 innocent victims who had attended a pop concert. She advised that the Manchester Arena Inquiry had been established in October 2019 and was an independent public inquiry to investigate the deaths of the victims of the attack. Volume Two of the Inquiry Report examined the emergency response following the attack.

The Chair asked that an element of the discussion at today's Board meeting would inevitably focus on how the recommendations might be taken forward and the monitoring/reporting arrangements to be put in place.

Dr Ruddell acknowledged that the report made for difficult reading and said the Coroner had identified that the delayed response of the emergency service had resulted in casualties dying from survivable injuries.

Dr Ruddell advised that the Inquiry Report made a total of 149 recommendations which had been divided into those which should be addressed at a local or national level. He indicated that a number of recommendations were specifically aimed at ambulance services across the UK with a number having indirect implications for individual ambulance Trusts.

Continuing, Dr Ruddell advised that he was engaged through the Association of Ambulance Chief Executives (AACE), the National Ambulance Resilience Unit (NARU) and the National Ambulance

Service Medical Directors forum (NASMED) to discuss the implications. He pointed out that some recommendations had already been implemented as a result of developing clinical practice while others were being progressed.

Dr Ruddell indicated that there would be changes to emergency planning within the Trust and said that these changes would be taken forward by the Emergency Preparedness, Resilience and Response Team which was itself going through a review. He commented on the implications for clinical practice, training, operational response and in particular the 24/7 management support.

Dr Ruddell drew members' attention to the spreadsheet which identified the recommendations and which agency would be responsible for the monitoring/reporting of the recommendation as well as those recommendations which would impact on NIAS.

Dr Ruddell indicated that, as yet, there had been no contact from the DoH and he emphasised that a number of the recommendations did not apply solely to English ambulance services but ambulance services throughout UK. He clarified that, while the representative bodies were based in England, they would produce guidelines and best practice for implementation.

The Chair referred to the fact that the Inquiry Report had been published in late 2022 and expressed concern that the DoH had not yet been in contact with the Trust. She was of the view that the DoH needed to be fully aware of the recommendations and how these translated to the NI context.

Mr Bloomfield pointed out that, as well as the NI DoH, it would be important for the Civil Contingencies Group NI to be aware of the detail of the recommendations and their implications for NI. He advised the meeting that he, Ms Byrne and Ms Paterson had met recently with the newly established Blue Light Forum representing the three blue light agencies, ie the PSNI, the NIFRS and the NIAS. Mr Bloomfield said that the Inquiry Report had been the single agenda item for discussion at the Forum's first meeting when members considered those recommendations which cut across the three organisations.

Dr Ruddell pointed out that one of the themes of the Inquiry Report had been that of 'mutual aid' where other ambulance Trusts would assist in such circumstances. He highlighted that the NIAS did not have that option in Northern Ireland and would call upon the National Ambulance Service in the Republic of Ireland for assistance if required. Dr Ruddell said he had made the point for the need to share risk assessment information with colleagues in the Republic of Ireland. He added that the Home Office was currently giving this consideration.

Mr Haslett said he had been struck by the number of recommendations which had been put forward post incident and queried how much of the report was aimed at preventing such an incident.

Dr Ruddell explained that the Inquiry Report had been divided into two Volumes – the first focused on the intelligence services, counter terrorism and security arrangements.

Mr Ashford expressed his concern that the DoH had not yet contacted the Trust to discuss the Report and he suggested that the Trust should engage with DoH colleagues.

Dr Ruddell advised that there were a number of recommendations within the report with which NASMED and AACE did not necessarily agree. He said it was likely that the organisations would respond clarifying why they disagreed with certain recommendations and pointed out that the recommendations were not requirements.

Continuing, Dr Ruddell said that another theme of the Report was the importance of communications which were often chaotic in the first few minutes of a major incident. He said it was fortunate in NI to have single Police, Fire and Rescue and Ambulance Services who already undertook joint JESIP training. He explained that JESIP models and standards set out a standard approach to multi-agency working, along with training and awareness for responding organisations to train staff. Dr Ruddell emphasised the importance of all individuals involved to understand their role.

Dr Ruddell acknowledged that a number of the recommendations required resourcing in terms of requiring additional equipment as well as the training and development of staff. However he accepted

that the most important issue would be the resourcing of 24/7 management cover.

Dr Ruddell reminded the meeting of the Trust's request in early 2022 for AACE to review its internal emergency planning arrangements and he acknowledged that a key issue would be to ensure staff received refresher training and clearly understood their individual roles and on-call arrangements. He added that further challenges would be presenting in ensuring staff were released to undertake the necessary training.

Ms Byrne pointed out that this included training for senior on-call and Director on-call so there was absolute clarity around roles and responsibilities.

Mr Ashford referred to the need for multi-agency training also.

Mr Bloomfield said he had omitted, in his earlier update to Trust Board, to report on his and the Chair's attendance at the Accountability Review meeting with the Permanent Secretary on 21 December 2022. He said that he had taken the opportunity at that meeting to brief the Permanent Secretary on the AACE review commissioned by the Trust into its internal emergency planning arrangements. Mr Bloomfield said he had advised the Permanent Secretary that it was likely the review would identify significant issues, particularly the challenges presented by not having 24/7 operational management support and the need to provide refresher training. He pointed out that there would be associated financial implications.

Continuing, Mr Bloomfield clarified that the 24/7 operational management cover was included within the CRM business case and he suggested that there might be a strong case for removing this from the CRM business case with a view to ensuring it was within a separate emergency planning business case. However, he said it would be important for the Trust to consider the AACE review when finalised as well as the financial implications. Mr Bloomfield referred to the Manchester Arena Inquiry Report and suggested it was not possible to fully implement learning from such tragic incidents without incurring costs.

Dr Ruddell advised that, from a NIAS perspective, consideration and responding to the Report's recommendations would require a

cross-Directorate approach. He suggested that, in the knowledge that there were gaps to be considered by the various representative organisations, the Trust should proceed with its consideration of the relevant recommendations, linking with the Blue Light Forum where necessary.

The Chair referred to those recommendations to be progressed by the NIAS and sought clarification on whether there was an immediacy to any. She suggested it would be appropriate for the Trust's Safety Committee to oversee the Trust's response to the recommendations and queried whether it was Dr Ruddell's intention to brief the Committee on the interim actions to be taken.

Responding, Dr Ruddell confirmed that a number of actions had already been implemented and advised that the NIAS was the first service to have begun training on new triage techniques. He pointed out that it would be important, as well as ensuring staff were clear on their roles and responsibilities in the event of a major incident, that staff knew how to manage a critical situation. Dr Ruddell suggested it would be key to provide relevant training for on-call officers and confirmed that NARU had facilitated such training to the Trust's Emergency Planning Officers who would in turn cascade the training to other staff.

The Chair acknowledged that Dr Ruddell's comments would provide assurance to the Committee but she believed it would be helpful for the Committee to consider an action plan with defined timescales for completion of actions.

Mr Bloomfield said that he and Dr Ruddell would consider how best to ensure DoH colleagues were involved in this work. He said it would be important to ensure the NI context was represented and taken into account at national level while being cognisant of potential financial implications.

Dr Ruddell clarified that the NASMED would consider those recommendations which were specifically clinical in nature and consider the need to update national clinical guidelines if necessary.

The Chair asked for consideration to be given as to the appropriate overview arrangements by the Safety Committee. She thanked Dr Ruddell for providing an overview to the Board.

Members **NOTED** the overview of the Manchester Arena Inquiry Report and Recommendations.

8 Overview of Serious Adverse Incidents (TB09/02/2023/05)

At the Chair's invitation, Ms Charlton presented an overview of Serious Adverse Incidents (SAIs) and advised that the Trust had notified the Strategic Planning and Performance Group (SPPG) of nine SAIs where there had been a delayed response and the patient outcome had been death. She said it was not immediately clear if the delayed response in each incident had directly attributed to the patient outcome and a review of causal factors in each case would be undertaken. She added that a further SAIs had been notified to the SPPG in mid-January. Ms Charlton highlighted the increased number of incidents noted in December 2022.

Ms Charlton reminded members that the purpose of a SAI was to learn from those incidences where things went wrong and reiterated that the focus was on learning and prevention of recurrence. She alluded to the number of incidents received by the Trust and pointed out that only a small number of these were notified as SAIs. Ms Charlton referred to the importance of family involvement in a SAI review and accepted that it was, on occasions, understandably difficult for the families involved to understand that the focus was on learning and she highlighted the importance of meaningful and sensitive engagement in this regard. Ms Charlton said that, as well as the impact on the families involved, it was important to acknowledge the impact on staff.

Ms Charlton referred to the category of calls and the duration of delayed response and acknowledged how difficult this would have been for families and friends who were with the patient during this wait.

Continuing, Ms Charlton referred to the Rapid Review Group (RRG) which met on a weekly basis to consider incidents and, on occasions, complaints which might be categorised as SAIs. She outlined the attendance at the RRG meetings and clarified that not all incidents discussed at the RRG met the criteria for SAI notification.

Ms Charlton reiterated the importance of learning from SAIs and ensuring that the sharing of learning was disseminated throughout

the organisation and regionally as appropriate. She highlighted the need for support for staff and the need to demonstrate the just culture approach.

The Chair thanked Ms Charlton for presenting her overview and believed that this had been done sensitively.

Mr Bloomfield acknowledged the emotional impact on families and staff. He highlighted that it was not possible to determine if the delayed response had contributed to the patient outcome. He expressed his appreciation to Dr Ruddell for undertaking a number of media interviews.

Dr Ruddell referred to the experience of patients and their families waiting for an ambulance and said this impact should not be underestimated.

Ms Charlton explained that the Trust would advise the Coroner of any SAIs and said that consideration would be given to whether a serious risk had been presented by the delayed response to the patient. She also explained that, in the context of a delayed response, it was understandable that those calling for help felt it necessary to make multiple calls to query the estimated time of arrival of the ambulance. Staff in the Control Room had experienced the moral impact of knowing that they did not have the capacity to respond to the call and this could result in additional pressure on the occasions when the callers' fear, anxiety and frustration had the potential to come across as aggression.

The Chair said that this was another sensitive and difficult aspect of an already challenging job. She added that the Trust Board had previously expressed its gratitude to those officers who met with families who had been traumatised by the loss of a loved one.

The Chair said she wished to put on record again the Board's appreciation to those officers who took the time to meet with families. She also acknowledged the impact on staff and said the Board very often did not see this nor the impact on the call takers in the Emergency Ambulance Control.

Members **NOTED** the overview of SAIs as presented by Ms Charlton.

9 **Draft Equality Action Plan and Disability Action Plan 2023-28 (TB09/02/2023/06)**

In Ms Lemon's absence, Mr Bloomfield explained that Board approval was sought to the draft Equality Action Plan and Disability Action Plan 2023-28.

He advised that Section 75 of the Northern Ireland Act 1998 placed duties on all public authorities, including NIAS, to promote equality and good relations between people in different groups. Mr Bloomfield indicated that the Action Plans followed on from previous Plans and set out the steps Trusts would take during the five-year period from April 2023 to meet the duties. He said that staff from the Trust's Equality Team had worked collaboratively with other HSC Trust colleagues to develop the Action Plans, including holding listening events with the public.

Mr Bloomfield advised that, once respective Trust Boards in each Trust had approved the Action Plans, they would be issued for a period of public consultation and, subject to the outcome of this, would be agreed and published.

The Board **APPROVED** the Action Plans on a proposal from Mr Ashford. This proposal was seconded by Mr Haslett.

10 **Review of NIAS Standing Orders (TB09/02/2023/07)**

The Chair advised that the Standing Orders had last been reviewed in October 2021. She explained that the proposed revisions were minor in nature and had been reviewed by the ARAC at its meeting on 19 January 2023 and recommended for approval by the Board.

The Board **APPROVED** the revisions to the Standing Orders on a proposal from Mr Ashford. This proposal was seconded by Mr Haslett.

11 **Board Governance Self-Assessment Tool (TB09/02/2023/08)**

The Chair drew the Board's attention to the Board Governance Self-Assessment Tool for 2021-22 which had been discussed by the

ARAC at its meeting on 19 January 2023 and recommended for approval by the Board.

She referred to Section 1.2, GP4 and explained her rationale in wishing to have a Non-Executive Director with an understanding and knowledge of clinical matters to ensure that was informed independent scrutiny of NIAS clinical matters. The Chair advised that she had been discussing this issue with DoH colleagues who were considering how they could address this in the current recruitment exercise for Non-Executive Directors.

Dr Ruddell said that he would very much welcome clinical challenge from a Non-Executive Director colleague and referred to the expertise provided to the Safety Committee through the engagement of the current Clinical Adviser. He encouraged the Chair to continue to pursue this with the DoH.

Ms Charlton agreed with Dr Ruddell's comments. She thanked the Chair for raising this point with the DoH and said it would be important for Directors to continue to be challenged at Board level.

The Chair alluded to the Management Statement Financial Memorandum (MSFM), in particular paragraph 2.1.1 which stated that 'The approved overall aims for the Trust are as follows: To improve health and social well-being outcomes, through a reduction in preventable disease and ill-health, by providing effective, high quality, equitable and efficient health and social care...' and believed that the Trust did not have a Non-Executive Director with a background specific to the work of the Trust.

Members agreed that a red RAG rating should be attributed to GP4.

Subject to this amendment, the Board **APPROVED** the Board Governance Self-Assessment Tool for 2021-22 on a proposal from Mr Ashford. This proposal was seconded by Dr Ruddell.

12 **Performance Report (TB09/02/2023/09)**

Members **NOTED** the Performance Report as at January 2023.

Mr Haslett welcomed the improvement in Cat 2 response times and acknowledged that further improvements were required.

The Chair pointed out that, for the past number of Board meetings, the practice had been to report on the Performance Report by exception. However she suggested that it would be helpful to discuss the report in detail at the March meeting.

Mr Ashford agreed and believed that the report provided a comprehensive overview. He commended all involved in its development.

Mr Bloomfield said that the response times for Cat 2 and 3 on pages 5 and 6 respectively clearly showed the challenges experienced by the Trust in December and said this had been supported by Ms Charlton's earlier presentation in relation to Serious Adverse Incidents.

13 **Finance Report (Month 9) (TB09/02/2023/10)**

Mr Nicholson commenced his report by advising that the Trust was reporting a breakeven position for the nine months ending December 2022 and was forecasting a breakeven position at year end. He said that the Trust was currently awaiting a number of allocations, including the pay award which, while not yet agreed, would be paid to staff in March.

Mr Nicholson said it was clear that there would be a constrained financial envelope across the public sector in 2023-24 and alluded to the earlier presentation on productivity and efficiency which, he added, would become even more important.

Continuing, Mr Nicholson reported that there had been some reduction in the Trust's use of voluntary and private ambulance services over the last three months. However, he said, there had been significant additional costs in relation to the provision of patient taxis during that period.

In terms of overtime expenditure, Mr Nicholson advised that, while there had been a reduction on the reliance of the Covid-19 Rapid Response Payment Scheme (CRRPS), overtime remained at a significant level and was higher than it had been in previous years. He reminded members that previously overtime had remained consistent averaging approx. £6 million per annum.

Mr Nicholson reported that the Trust was now in the last two months of its current Capital Resource Limit (CRL) and said the Trust had received assurances from suppliers that many elements of the capital programme would be completed by 31 March 2023. He acknowledged that, in an effort to manage the traditional and exceptional risks, there was an element of over-programming on the current capital programme which would be managed through additional bids and funding or the deferral of schemes into the 2023-24 year. Mr Nicholson indicated that the Trust had been successful in a recent bid to the DoH for £0.5 million towards the estates programme.

Mr Nicholson reported that the Trust's prompt payment of invoices remained strong and said he was hopeful that the Trust would again meet its target to pay 95% of invoices within 30 calendar days. He advised that a regional target to pay 70% of invoices within 10 working days had recently been increased from 60%.

Mr Haslett referred to the increase in overtime and to Mr Arandia's earlier presentation on productivity and efficiency and said he hoped that further monitoring would assist in reducing expenditure further in this area. He commented on the fact that the Trust was nearing the end of the financial year and there had been minimal expenditure on the capital programme. However, he acknowledged that the Trust had managed to remain within budget each year.

The Chair was of the view that it was unlikely that the 'J-curve', referred to by Mr Haslett on previous occasions, would be addressed. She acknowledged that some contracts lended themselves to expenditure being spread throughout the year and said that the majority of suppliers would be 'end year loaded'. She suggested that one would see less of a 'J-curve' moving into the 2023-24 year.

Mr Nicholson agreed with the Chair's assessment and commented that he had never before seen such a sharp increase. He added that his preference would be to have the majority of expenditure incurred by Christmas each year.

The Chair suggested it might be helpful for the PFOD Committee to understand the reason why the profile had been so sharp and the actions being taken by the Trust to mitigate this.

Mr Bloomfield drew the Board's attention to page 8 of the Finance Report, in particular the Trust's expenditure on CRRPS. He said it was encouraging to see the steady reduction on CRPPS payments since August and said the decision by the Senior Management Team to make these payments available only in extenuating circumstances had been correct.

The Chair thanked Mr Nicholson for presenting the Finance Report (Month 7) which was **NOTED** by the Board.

14 **Committee Business:**

- **Safety, Quality, Experience & Performance Committee – report from meeting on 12 December 2022;**
- **Audit & Risk Assurance Committee – minutes of meeting on 8 December 2022 and report of meeting on 19 January 2023 (TB09/02/2023/11)**

Mr Ashford referred to Ms Leckey's presentation on the work of the Community Resuscitation Team to the December Safety Committee and said members had been extremely impressed by those individuals who had trained to become Community First Responders.

Mr Bloomfield paid tribute to the small Team and pointed out that the provision of training and ongoing support to Community First Responders represented a small but very important element of the Team's work. He said that the Team also visited schools to teach CPR.

Dr Ruddell alluded to the fact that Ms Leckey's presentation had mentioned a number of new developments, including the GoodSam initiative. He explained that, from 7 February, a much larger number of individuals registered with GoodSam may be alerted to cardiac arrests in Northern Ireland.

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

15 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 23 March 2023 at 10am. Venue to be confirmed.

16 **Any Other Business**

(i) Launch of children's ambulance

Mr Nicholson advised the Board that he had recently attended the launch of the children's ambulance which had been developed from a partnership between the Children's Heartbeat Trust, Northern Ireland Specialist Transport and Retrieval (NISTAR) and NIAS.

(ii) Disaster Response Team

Ms Byrne advised that the Trust had supported a member of staff in being deployed to Turkey to work as a member of the disaster response team.

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

SIGNED: 

DATE: 23 March 2023