



**Minutes of NIAS Trust Board held on Thursday 9 May 2024 at
10.30am in the Conference Room, NIAS North Division HQ,
121-125 Antrim Road, Ballymena BT42 2HD**

Present:	Mrs M Larmour	Chair
	Mr D Ashford	Non-Executive Director
	Mr J Dennison	Non-Executive Director
	Mr P Quinn	Non-Executive Director
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Ms M Lemon	Director of Human Resources & Organisational Development (HR & OD)
	Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
	Dr N Ruddell	Medical Director

In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement (QSI)
	Ms M Paterson	Director of Planning, Performance & Corporate Services
	Mr N Sinclair	Chief Paramedic Officer
	Mrs C Mooney	Board Secretary
	Mr N Gillan	Co-production Lead (for agenda item 6 only)

Apologies:	Mr P Corrigan	Non-Executive Director
	Dr P Graham	Non-Executive Director

1 Welcome, Apologies & Declarations of Conflict

The Chair 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 (TB09/05/2024/01)**

The minutes of the previous meeting held on 28 March 2024 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Dennison subject to an amendment on page 2 where 'Mr Quinn' should read 'Dr Graham'.

3 **Matters Arising (TB09/05/2024/02)**

Members **NOTED** the Matters Arising.

Referring to the action plan arising from the Getting It Right First Time (GIRFT) report, Ms Paterson stressed the importance of Trusts being held accountable through the extant governance framework. She alluded to the amount of work which had been involved in the plans around unscheduled care and associated key actions. One of which was to reduce handover delays outside EDs and increase patient flow. She advised that she was scheduled to attend a meeting the following day to manage the actions.

The Chair stressed the need for oversight to ensure all actions were addressed and suggested it might be helpful to develop a matrix for this purpose. She further suggested that this would be shared with the Board.

Responding, Ms Paterson advised that this was one of the tasks for completion at the meeting.

Ms Paterson advised that a review of the Corporate Risk Register was underway and said she intended to meet with the Chair of ARAC to take him through the detail and approach to ensure it met with his approval.

The Chair confirmed that she had recently met with the Trust's Independent Advisers who had indicated they were content to continue in their respective roles for the 2024-25 financial year on the understanding that the Board was now at its full capacity and responsibility would now transition to Committee members. The Chair said that the Advisers were keen to meet with any members who wished to discuss their role.

The Chair advised that she and Ms Lemon would be meeting in the coming weeks to discuss the Trust's approach to equality and

diversity with a view to determining what information should be presented to the Board.

The Chair reminded colleagues of the discussion at the March meeting in relation to the Partnership Agreement and the queries raised during discussion. She informed the meeting that she had arranged to meet with Mr Wilkinson to discuss these further and undertook to keep members apprised.

4 **Chair's Update**

The Chair noted that she had now completed her first year as Chair and remained enthusiastic and committed to the role.

The Chair reported on her attendance at the launch of the Centre of Learning, an innovation conference with Professor Tony Young. The Chair said it had been inspirational to listen to the level of innovation from young individuals in the world of medicine exploring the benefits of Artificial Intelligence (AI), data, research and evidence.

The Chair reminded colleagues that the Prince of Wales RCN Cadet Scheme had been launched in October in Northern Ireland and said she had been delighted to attend an event on 27 April 2024 to mark its completion. She said it had been great to hear of the number of students who had expressed an interest in becoming paramedics. The Chair said that the young people had had a positive experience when they spent time with NIAS and that experience had potentially informed their career choices.

Continuing, the Chair said the real highlight for her over the past number of weeks had been the Leadership Conference. She believed that the content, format, speakers and themes/content had been inspiring and motivating. The Chair said that the feedback on the day had been extremely positive and she commended all involved in the planning for the day.

The Chair reported that she had attended a NHS Confederation Chairs' meeting and she alluded to the Deloitte report 'State of the State' which had been circulated to members. The Chair believed it was important to note the context of the public sector and the challenges it will face moving forward.

The Chair referred to the work being taken forward by the Task & Finish Narrative Group and advised that a further meeting would be held on 22 May 2024.

The Chair welcomed the intention of the NI Audit Office to undertake a study of ambulance handovers towards the latter part of the year and said she had advised other Trust Chairs of this.

The Chair advised that she had been in contact with members around the completion of their appraisal forms and her intention to meet with members on an individual basis to discuss. She explained that, while Mr Ashford and Mr Dennison were required to complete the DoH appraisal, she had asked the recently appointed members to complete a mid-year appraisal. The Chair said she looked forward to these meetings.

Concluding her report, the Chair wished to place on record the professionalism of NIAS staff in responding to an incident which had taken place during the recent Belfast marathon. She said the way they had worked in partnership with PSNI colleagues to respond and provide immediate care to the individual was exemplary.

Mr Bloomfield suggested that it would be possible to identify the responding crew and, as with all compliments, share the compliment with them. He noted that media coverage at the time had reported that the nearest defibrillator had not been registered with NIAS and therefore it had not been possible to direct first responders to the equipment. Mr Bloomfield thanked Dr Ruddell for undertaking some media interviews in this regard and he stressed the need for groups to register defibrillators with the Trust so they could be used at times of emergency.

The Chair's update was **NOTED** by members.

5 **Chief Executive's Update**

Commencing his update, Mr Bloomfield conveyed his thanks to all involved in organising the Leadership Conference. He said that, as already mentioned by the Chair, the feedback on the day and subsequent to the event had been very positive. He acknowledged that the Conference had not taken place for several years and stressed the need to ensure that it was now an annual event. Mr

Bloomfield undertook to share his slides with members for their information.

Mr Bloomfield referred to the RCN Cadet Scheme which was now in place across the four UK nations. He explained that Northern Ireland had been the last to join and NIAS, as well as the Southern Regional College, had been asked to partner with the RCN in the inaugural Scheme in Northern Ireland. He welcomed the Trust's involvement in the Scheme and repeated the Chair's earlier comment that many of the young people involved had expressed an interest in becoming paramedics.

Mr Bloomfield said he expected future cohorts of the Scheme to be rolled-out to other providers. He highlighted the need for the Trust to maintain a link with the Scheme and believed it provided an opportunity to raise the profile of careers in the ambulance sector.

Turning to service delivery issues and pressures facing the service, Mr Bloomfield said he was pleased to report a further improvement in absence figures since the last Trust Board. He alluded to the good cover levels and was of the view that this was directly linked to the progress on addressing absence. He noted that the stack of calls waiting was now often on a much more manageable level and that had eased pressures on staff within the Emergency Ambulance Control (EAC) and in Operations. Mr Bloomfield added that having the Integrated Clinical Hub (ICH) in place had also helped. He indicated that, while ambulance handover delays remained challenging, the Trust had not recently experienced the very long delays it had previously. Mr Bloomfield said that this provided welcome relief for those staff delivering the service both in the EAC and on the frontline. However, he pointed out that significant improvement was still required in the context of handover delays.

Continuing his update, Mr Bloomfield advised that he had met with Ms Michelle Tennyson who had recently take up post of Chief Allied Health Professions Officer. He said that Ms Tennyson was keen to work with the Trust and to ensure paramedics were in discussions around wider AHP issues. He explained that paramedicine had been a recent addition to the AHP grouping. Mr Bloomfield said that Ms Tennyson would work with Mr Sinclair in his role as the Trust's Chief Paramedic Officer/Lead AHP Officer in the development of the profession and workforce review.

Mr Bloomfield advised that he had met with Mr Colin McGrath, SDLP Health Spokesperson at Stormont and said that Mr McGrath continued to be very supportive of the Trust. He said that he had taken the opportunity to update Mr McGrath on the pressures facing the Trust and also the Trust's plans to develop the service.

Mr Bloomfield reported that Mr Wilkinson and Mr Toogood, DoH Deputy Secretaries, had met with the Senior Management Team in April 2024. He said the meeting had discussed a range of issues including how the Trust intended to take forward service investment and ensuring there was absolutely clarity around the approach adopted. Mr Bloomfield added that the Trust had also raised the need for greater regulation of Independent Ambulance Service providers with Mr Wilkinson and Mr Toogood as well as the opportunity and need for eligibility criteria for Patient Care Services if the Trust was to target capacity where it was most needed and reduce demand. Discussion also touched on Emergency Planning, Preparedness and Response in terms of the ongoing risks, the progress being made by the Trust as well as the ongoing discussions with counterparts in the Republic of Ireland. Mr Bloomfield said the Trust sought DoH support in addressing cross-border regulation of paramedics and said that this issue applied to both sides of the border.

A further issue discussed related to the significant issue of how the Trust responded to patients with mental health needs and how this would change particularly in light of the PSNI moving to implement the policy 'Right Care, Right Person'. Mr Bloomfield advised that this policy had been implemented in most police services across the UK and said that the PSNI's intention to implement the policy locally had the potential to impact on NIAS.

Mr Bloomfield said it had been a constructive discussion with Mr Wilkinson and Mr Toogood and had culminated with a visit to the ICH.

Continuing, Mr Bloomfield reported that he and Ms Paterson had met with PSNI Assistant Chief Constable Henderson to discuss the policy 'Right Care, Right Person' and to hear of the PSNI's plan for implementation of the policy in Northern Ireland. He said it was clear that the PSNI was keen to work in partnership to understand the potential impact on the Trust and were mindful that there were vulnerable people in society for whom care needed to be provided.

Mr Bloomfield said it was his understanding that the PSNI intended to introduce the policy in a phased approach. He added that Ms Paterson, with PSNI colleagues, would review the data to understand the potential impact in terms of need and that this work would be progressed under the auspices of a group established by the DoH. Mr Bloomfield explained that there were two groups – Dr Ruddell was involved in one group which focussed on the progression of recommendations from a recent Coroner’s Inquiry while Mr Sinclair participated in the other group looking at ‘Right Care, Right Person’.

Mr Bloomfield advised that he had recently attend an Association of Ambulance Chief Executives (AACE) Council meeting which comprised of Chairs and Chief Executives of all UK ambulance Trusts. He explained that the meeting discussed a range of issues, including a significant discussion on culture within the ambulance sector following the publication of the report published in February around culture in the English ambulance sector. However, Mr Bloomfield said that, while the report had focussed on the English sector, the issues identified applied to all regions, particularly the issue of sexual safety.

Mr Bloomfield explained that the meeting had received a presentation from Ms Bron Biddle who was currently seconded from the Welsh Ambulance Service to AACE to work specifically on sexual safety. He said that Ms Biddle had asked to meet with Trust Boards over the next year to outline the issues she planned to take forward with a view to identifying issues that Trust Boards should be exploring. Mr Bloomfield confirmed that Ms Lemon had already engaged with Ms Biddle in this regard. He added that another significant area of discussion had been the experience of implementation of ‘Right Care, Right Person’ in England.

Continuing his update, Mr Bloomfield advised that members would be aware of the St John Ambulance pilot around responding to falls for non-injured patients. He explained that there had been a significant amount of work involved in developing and putting the necessary arrangements in place towards the end of 2023. Mr Bloomfield indicated that, although numbers were small, the pilot had proved to be successful for those patients to whom St John Ambulance had responded.

However, he advised that St John Ambulance had struggled to identify staff to cover the rotas and, for this reason, the pilot had now been paused. Mr Bloomfield said that he and Ms Charlton had recently met with St John Ambulance representatives to review progress to date and discuss the way forward. He said both parties were keen to find a way to continue the pilot but acknowledged that it would be necessary to make amendments to the operating arrangements. Mr Bloomfield said that discussions were underway and he would keep members updated.

Mr Bloomfield reported that the Trust's Senior Management Team had met with representatives of GIRFT who were progressing work to review efficiency and productivity across the HSC and assist with opportunities to identify savings. Mr Bloomfield explained that GIRFT usually undertook reviews in the context of clinical matters, for example, the review in relation to urgent emergency care. He said that NIAS had provided the GIRFT with information they had requested and added that he had found the engagement to be positive. Mr Bloomfield said that the Trust had taken the opportunity to inform the team of several measures put in place by the Trust over the last couple of years in the context of efficiency and productivity. He indicated that the Trust would continue to engage with the team and looked forward to any suggestions put forward by them in terms of improving efficiency and productivity.

Mr Bloomfield advised that the NI Public Sector Ombudsman, Ms Margaret Kelly, was progressing a review of the health service complaints process on behalf of the DoH. He explained that meetings had been held with all Trust Chief Executives and lead Directors in advance of several regional workshops to gather views on the current complaints process. Mr Bloomfield said he had been reassured that the Ombudsman was keen, as was NIAS, to ensure the focus was on the quality of investigation and the response to the complainant and not just on timescales. He said it was his understanding that this will be referenced in some of the changes the Ombudsman may wish to consider. Mr Bloomfield said the Ombudsman had commented on the few complaints which progressed to them from NIAS and added he believed this was a direct result of the significant efforts made by the Trust to ensure a quality response to complainants.

Ms Lemon commented on the organisational arrangements in respect of the RCN Cadet Scheme and the Leadership Conference

and referred to the cross-Directorate working groups which had been established to take forward arrangements for both. She commended the close partnership approach of the Southern Regional College, the RCN and NIAS in relation to the Cadet Scheme. She expressed her gratitude to colleagues for allowing staff to be released to assist in designing such an inclusive event. Ms Lemon highlighted in particular the contributions made by Ms Seainin Watters and Mr Paul Corns in relation to the RCN Cadet Scheme.

The Chair said it was clear that staff had ownership of the Leadership Conference and had been very much involved in shaping the day.

Ms Charlton said the Trust had engaged with representatives of the Regulation and Quality Improvement Authority (RQIA) to discuss the RQIA workplan which provided the opportunity to review extant regulation with a view to identifying any potential gaps.

Ms Charlton also alluded to the meeting with Mr Wilkinson and Mr Toogood and said this had provided an opportunity to discuss the DoH approach.

Mr Quinn highlighted the regulatory gap and the public protection issues and believed it would prove helpful to reinforce these.

The Chair expressed her disappointment that the Falls Pilot with St John Ambulance had been paused.

Ms Charlton explained that, historically, St John Ambulance had been a provider on the non-emergency framework across Northern Ireland and had provided services through the governance arrangements of the framework. She indicated that, at Christmas, the organisation had engaged with NIAS around some of the Trust's most challenging times and were delivering much more in the context of the non-emergency framework. Ms Charlton said it appeared that less St John Ambulance individuals were available to deliver the falls response. She advised that there were two St John Ambulance staff crewed together and added that these individuals would have to be available throughout the shift to respond to falls. Ms Charlton acknowledged that the difficulty was the geography involved and the number of falls which met the criteria of being a

non-emergency fall. She indicated that, as already mentioned, the numbers of patients within the scope of the project were small.

Continuing, Ms Charlton said that, in discussions with the organisation, the Trust had asked if they would be interested in considering sole responder which would mean the individual would only respond to a call when contacted and would be able to go about their own business. However, the St John Ambulance Board of Trustees would need to consider this model and discussions were ongoing. Ms Charlton acknowledged that options were limited and said that most of the volunteers were in full-time employment. She reported that close to 100% of patients who had fallen had received a response within 45 minutes and were lower acuity calls.

Mr Bloomfield confirmed that St John Ambulance was keen to find a solution.

The Chair noted the fact that the DoH had asked an external body, ie GIRFT, to undertake a review of efficiency and productivity across the HSC. She said it was interesting that the DoH had chosen to engage an external organisation to seek efficiencies within the NI HSC. She noted the efforts made by the Trust to reach its current financial position and the challenges and difficulties in doing so.

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

6 **Orla's Story (TB09/05/2024/03)**

The Chair welcomed Mr Neil Gillan to the meeting and asked him to introduce the 'Orla's Story' video.

Mr Gillan said that the Trust had committed to providing opportunities for service users, carers and members of the public to share their stories directly with leaders and decision-makers across the Trust. He thanked Mr McPoland and Ms Robin from the Trust's Communications Department for their assistance in this project. Mr Gillan said he hoped Orla's story would be used to bring changes across the Trust.

Members then watched the video.

The Chair believed that it was brave and courageous of Orla to share her story and said it clearly resonated with members. She enquired as to next steps.

Ms Charlton said that Orla's experience was very moving and acknowledged this was the position that had come about as a result of Orla having to make decisions in the best interest of her son in the absence of an ambulance response. She pointed out that the call had been categorised as requiring a Cat 3 response initially and highlighted Cat 3 responses were often protracted. Ms Charlton said that many of the general public were not aware that a response time 90th centile standard to Cat 3 calls was 120 minutes. She indicated that the Trust was currently undertaking work to raise the public's awareness of national standards for ambulance response times as the public perception was there would be an immediate response to all 999 calls.

Ms Charlton said that Orla had explained her reason for agreeing to share her story by video was for it to be shared with senior decision-makers to make them aware of the impact on families and those waiting for ambulances. She advised that Orla did not wish her story to be shared via social media.

Ms Byrne agreed that Orla's story was very impactful. She indicated that the work to raise public awareness around response times was important.

Mr Ashford echoed the comments made and said it would be difficult not to be moved by Orla's story.

Ms Charlton alluded to a recent Chief Nursing Officer's business meeting she had attended where an individual had shared the story of a young child in England. She said it was clear that stories from service users were more powerful when shared by the service user or their family directly. Ms Charlton suggested that it would be helpful to share Orla's story at various meetings and further suggested it may be necessary to reduce the duration of the video whilst retaining key messages in recognition of the ambitious agendas at regional meetings.

Mr Bloomfield stressed the importance of adhering to Orla's wishes not to share the video on social media but agreed that it would be important to identify a way to share the video appropriately. He

agreed that having the video shown at various fora, for example the Chief Nursing Officer's business meeting, would be helpful in terms of highlighting the patient experience, the quality and impact on those waiting for an ambulance response in the community. He agreed that it would be helpful if the length of the video could be reduced.

Ms Paterson referred to the introduction of the ICH in the context of the timescale of the incident and wondered whether the outcome would have been any different.

Ms Charlton said that Orla's biggest concern was that she may have done something which could have contributed to a deterioration in her son's condition.

The Chair asked whether any of the improvement measures being put in place by the Trust might have impacted on this particular incident. She also alluded to cohorting as a means of ensuring crews were released to respond to other calls.

Responding, Mr Bloomfield explained that cohorting had taken place prior to the Covid-19 pandemic but that that practice had ceased during the pandemic. He commented on the actions arising from the 'No More Silos' report when the DoH asked Trusts to create ambulance handover zones which did not materialise. Mr Bloomfield said that, as part of the wider planning, SPPG had issued new guidance around cohorting which required Trusts to identify areas which would permit cohorting to take place. However, he added that this was an escalation measure as opposed to normal business. Mr Bloomfield said that, on a number of occasions, the Regional Co-ordination Centre (RCC) had tried to implement this and had followed up with Trusts around the identification of a cohorting area. However, Trusts had indicated that they did not have the physical space to do so and this had continued to be the position.

Continuing, Mr Bloomfield said that NIAS had highlighted this issue in ongoing discussions around actions to be taken.

Mr Dennison expressed concern at the suggestion that the video showing Orla's story might be reduced in length and said he hoped leaders and decision-makers could take 15 minutes to view it in its

entirety. He suggested that it would also be helpful to share the video with political leaders.

Ms Charlton agreed and undertook to explore this further. She reiterated the need to adhere to Orla's wishes and to seek her permission.

Mr Quinn agreed with Mr Dennison's suggestion and supported sharing the video with local politicians as well as the Health Committee.

The Chair thanked everyone for their comments and emphasised that the focus should remain on the experience of service users, carers and the public and not on the figures. She described the work around determining who best to share the video with in terms of undertaking a stakeholder analysis but ensuring this was done in line with Orla's wishes.

Mr Bloomfield agreed with the Chair's comments and also suggested that the video could be shared with the NI Audit Office as they commenced their audit on ambulance handover delays.

7 HSC Trusts Equality and Disability Action Plans (TB09/05/2024/04)

Ms Lemon explained that the papers represented the Trust's corporate equality responsibilities under Section 75 of the NI Act including the disability elements around delivering Disability Action Plans. She clarified that these were separate to the wider specific employment legislation. Ms Lemon explained that the papers applied to the six HSC Trusts which had worked together to develop, consult on and publish updated Equality and Disability Action Plans in line with legal responsibilities. She advised that the Trusts would work together on the implementation of these and the ongoing engagement of stakeholders in this regard, including service users as well as representative groups of Section 75 bodies.

She highlighted the feedback received through the consultation report and explained that this was across a range of areas including access to services, LGBT issues and reference to specific employment issues for example. Ms Lemon commented on the specific reference to NIAS in terms of whether the Trust was aware of the App which could be used for sign language interpreting. Ms

Lemon confirmed that, while the Trust was aware of the App, it was not using it but a scoping exercise was being undertaken in this regard. She advised that the Trust did have access to a text service facilitated by the PSNI on behalf of all emergency services.

Continuing, Ms Lemon reminded the meeting that the Plans before the Board had been developed across all Trusts. She said NIAS would extract those elements which pertained to NIAS and incorporate these within the NIAS wider equality and diversity workplan to be progressed over the next year. She pointed out that there would be other elements of the Plans which would also pertain to the Trust, for example sexual safety. Ms Lemon said the Trust had a legal responsibility to have both Equality and Disability Action Plans in place and report on progress against these on an annual basis to the Equality Commission. She added that she would bring further reports through the PFOD Committee and Trust Board as appropriate.

Ms Lemon said the Trust would continue to work in partnership with the other Trusts. She indicated that engagement with service users and Section 75 groups was not limited to these reports. She acknowledged that some of the issues around employment, for example flexible working, would prove more challenging for the Trust.

Continuing, Ms Lemon advised that NIAS staff were able to access training which was developed in partnership on a regional basis. She pointed out that equality and diversity was an element within the Trust's mandatory training and was available through e-learning. She acknowledged that, while the provision of training on a e-learning basis was helpful, the Trust's recent work around culture would indicate the need for a more bespoke approach.

Ms Lemon explained that the documentation was being presented to all Trust Boards in April and May and she commended the Plans to the Board as an appropriate approach moving forward to implement the Trust's duties.

Mr Quinn commented on the irony associated with the Plans given the current challenging context for health and social care in Northern Ireland. He referred specifically to the reports provided by Ms Charlton in relation to delayed handovers and the nature of those patients waiting in the back of ambulances. Mr Quinn noted,

under Section 75 age and disability were specific categories, however despite continued attempts by the Trust to address ambulance handover delays, these groups continued to be disadvantaged. He said that, from a human rights perspective, it might be helpful for the Trust to profile those patients being disadvantaged by current circumstances in order that they could be included in the monitoring report in this context.

Ms Lemon agreed that this was a helpful suggestion for inclusion in equality screening. She alluded to the earlier reference in the meeting around the need for eligibility criteria to access PCS and suggested that this would impact on individuals with chronic conditions and she highlighted the need to equality screen this.

Ms Paterson was of the view that the need for equality screening would apply to a number of aspects of work being progressed across the Trust. She referred to the PCS eligibility criteria and the need to consider equality in the context of the Trust's intention to bring additionality into the Trust and the need to address response times within the community. Ms Paterson pointed out that, as well as the impact on frail elderly patients, rural patients might also benefit from additional resources not least because of the reconfiguration of services outside of NIAS' control but also the fact that the Trust's performance in terms of response times was the most protracted in the South Down/South Armagh area, for example. She said it would be important to make decisions based on such information.

Ms Charlton noted that the Ombudsman had referred to equality and diversity considerations in the context of complaints. She added that the Trust did not hold the relevant data in the context of complaints. However, in terms of frail elderly patients, there was a disproportionate number of individuals aged over 80-90 years waiting outside EDs for long periods of time. Ms Charlton said there was discussion at DoH level in relation to this. She acknowledged the equality issues in terms of the age profile of patients and pointed out that there was work to be taken forward around hard of hearing patients and patients with a disability contacting the service.

Mr Quinn said he had been struck by the evidence base and the fact that the RQIA review in 2011 had informed it.

The Chair alluded to the importance of the NIAS workplan emanating from the Plans and the associated risks that could be identified when the data became available.

Following this discussion, the Board **APPROVED** the HSC Trusts Equality and Disability Action Plans.

8 **Trust Performance Corporate Scorecard (April 2024)**
(TB09/05/2024/05)

At the Chair's invitation, Ms Paterson highlighted the salient points of the Performance Report. She advised that, compared to the same period in 2022-23, call answering demand in the EAC had increased by 2%; call responses had remained static; hospital conveyance had decreased by 3%; Cat 2 response times had deteriorated by 21 minutes from Quarter 1 to Quarter 3 and had remained high at 51 minutes for March 2024.

Moving to Clinical Hear & Treat and See & Treat, Ms Paterson reported that the Hear & Treat rate continued to improve and had increased to 6.5% for March 2024 which represented a further increase of 1.5% from February 2024 and a 2% increase in Quarter 4. The Trust's See & Treat performance also increased to 13.5%. She alluded to the improvement trajectory to increase both elements by 1.5% in this month.

The Chair noted the increase in Hear & Treat performance and the minimal increase in See & Treat.

Responding, Mr Sinclair explained that historically, when there was an increase in one area, the other area tended to remain static. He informed members that a 'flow desk' had been trialled in the EAC on Tuesday past with a view to reviewing calls to determine whether they would be appropriate to refer to an alternative pathway and what pathways would be available and could accept a referral. Mr Sinclair advised that the See & Treat performance had increased by approximately 4-5% for the eight hour duration of the trial.

The Chair welcomed the trial and believed it provided real potential to increase performance in both areas.

Ms Byrne explained that there had also been additionality in the EAC as part of the Trust's bank holiday recovery position. She said

that, when the Trust compared Tuesday 7 May when the 'flow desk' was in operation to Tuesday 30 April, there were an additional 22 patients not conveyed to hospital.

Mr Sinclair alluded to Orla's story shown earlier in the meeting and believed that, with the structures now in place, the incident would have been picked up when reviewing calls.

Ms Charlton pointed out that, in respect of Cat 3 calls, the current safety netting procedure was that CSD made welfare calls at 120 minutes.

Ms Paterson indicated that handover delays over two hours impacted performance and noted that 62 patients were impacted on a daily basis as a result of delayed ambulance handovers.

The Chair referred to the fact that only 36% of patients conveyed by PCS were making their appointments on time.

In response, Ms Charlton pointed out that the Key Performance Indicator (KPI) was based on getting a patient to an appointment one hour prior to the appointment. She advised that the improvement team were currently considering the validity of this KPI. She advised that there was ongoing data analysis to understand the disaggregation of the compliance data and acknowledged the need to understand whether the service was conveying the patient to their appointment 30-40 minutes prior to the appointment or whether the patient had missed their appointment time.

Mr Bloomfield sought clarification that arriving 45 minutes prior to the appointment would be considered as not meeting the KPI.

Ms Charlton confirmed she understood the importance of clarity around what was being measured. She believed that this position provided an opportunity to look at whether the KPIs being measured were the correct KPIs and said she intended to engage with service users through the Patient Voices Forum.

Mr Quinn noted, in a previous discussion, it had been clarified that if a patient conveyed via PCS arrived late for an appointment, the patient would usually still be seen.

The Chair noted that the Trust had received 27 complaints and 32 compliments in March and alluded to the trajectory around complaints as pressures within the HSC increase.

Mr Bloomfield welcomed the improvement which had been made around absence management and noted that March had been the best performing month to date. However, he acknowledged that further work was needed in terms of improvement and said the focus on absence management was permeating throughout the Trust. He pointed out that the level of staff absent on a daily basis had reduced and the cover levels had improved.

Continuing, Mr Bloomfield said that he intended to retain this work in a project space with enhanced accountability. He said the Trust had achieved good traction in relation to redeployments and noted that, in the last month, 67% of staff on the redeployment list had been redeployed or allocated to alternative duties with plans in place for the remaining staff. Mr Bloomfield said that he continued to have regular escalation meetings with Ms Byrne and Ms Lemon and advised that Ms Charlton now joined these meetings given her temporary responsibility for PCS. He acknowledged that the challenges around the provision of Occupational Health Services (OHS) continued but said the Trust had an interim plan in place currently which allowed the Trust to fast-track some referrals. Mr Bloomfield added that regional work was being progressed around OHS. He indicated that, supported by the HR Advisers, managers were now having the supportive discussions with staff and added that having KPIs at local station level was important to allow the Trust to have that hot-spot information about absence and ensure the actions being taken were having an impact.

The Chair said she would like to take this opportunity at year end to acknowledge the significant effort that had been made and commended all involved. She said that general feedback had been that the more focussed approach had been welcomed by staff. She noted that a reduction at the scale seen within the Trust had not been easily achieved and said absence management remained a focus both for the Trust Board and the DoH.

Mr Bloomfield highlighted that absence levels had fallen each month since November 2023 and he thanked everyone for their huge efforts in reaching this point. However, he pointed out that it was likely the Trust would not now see further reductions continue at the

current level of between 1-2.5% each month. Mr Bloomfield stressed that the focus was now on achieving a steady improvement and reducing the cumulative figure.

Mr Quinn said that, as a new NED to the Trust, he had been struck by the success of the ICH and the potential for the organisation to move forward professionally.

The Chair pointed out that it was nearly the end of the financial year and noted that the Trust had achieved completion of the Electronic Care Record (ECR) and a significant reduction in absence levels as well as an improved performance around clinical See & Treat and clinical Hear & Treat levels. She believed that this left the Trust in a better position to have discussions around productivity and efficiency whilst delivering a service which met the public's needs.

Mr Bloomfield noted that the Trust reported its See & Treat and Hear & Treat performance on a monthly basis to the DoH and advised that this information was then included within the full-year report presented to the Performance and Transformation Executive Board (PTEB). He acknowledged that the trajectory for clinical Hear & Treat had fallen slightly behind until January 2024 when the ICH was fully operational. Mr Bloomfield said that SPPG colleagues had commended the improvements made and which were linked to the ICH.

Members **NOTED** the Report.

9 **Finance Report (Month 12) (TB09/05/2024/06)**

Mr Nicholson reminded the meeting that the figures within the report were subject to a number of assumptions, the completion of final accounts and review by External Audit. He noted that the Trust had met the deadline of 3 May 2024 to submit the annual reports and accounts.

Mr Nicholson reported that the Trust had achieved its statutory financial targets in respect of managing within its Revenue Resource Limit (RRL); managing within its Capital Resource Limit (CRL) and prompt payment performance. He advised that the DoH had adjusted allocations across a range of capital schemes to ensure the system achieved a balanced position.

Mr Nicholson noted the ARAC meeting scheduled for 16 May 2024 and said the Trust's draft, unaudited, uncertified accounts would be presented to that meeting. He explained that the annual report covered the Trust's achievements throughout the year and commended the entire document to members for their consideration.

Mr Nicholson advised that the draft, audited, uncertified annual report and accounts would be considered by the ARAC again at its meeting on 27 June and by the Board at its meeting later that afternoon on 27 June 2024.

Mr Ashford commended Mr Nicholson and the finance team on achieving a breakeven position.

Mr Nicholson noted the collective efforts of everyone involved.

The Chair thanked Mr Nicholson for his regular briefings to Trust Board and the Finance Report (Month 12) was **NOTED** by the Board.

10 **Committee Business:**

- **PFOD Committee – minutes of meeting on 29 February 2024 & report of meeting on 18 April 2024;**
- **Safety Cttee – minutes of meeting on 25 January 2024 & report of meeting on 25 April 2024 (TB09/05/2024/07)**

Members **NOTED** the Committee minutes and report of the meeting.

Mr Ashford provided a brief overview of discussion at the Safety Committee meeting on 25 April. He advised that Ms Charlton had advised the Committee of the identification of potential risks around the deterioration in responses to Cat 2 calls and the linkages to ASOS. He said that the Committee agreed to look at this in more detail and revisit the matter.

Ms Charlton said, while there were potential linkages to ASOS, she had also briefed the Committee on the actions implemented by the Trust to mitigate against late finishes and compensatory rest.

Mr Ashford advised that the Committee had also received a presentation from Mr O'Rorke in relation to the HEMS Annual

Report 2023-24 and Mr Corns had presented the implementation plan for the introduction of the Occupational Road Risk Policy.

The Chair commented on the number of areas covered by the Safety Committee and thanked Mr Ashford for his contribution.

Mr Quinn said that, while the HEMS Annual Report had been interesting, Mr O'Rorke's presentation had been excellent. He added that the Committee had suggested that future reports should reflect the service's vision for the future.

Ms Charlton noted that Mr O'Rorke's presentation at the Committee had reflected comments made at the SMT meeting.

The Chair noted that the HEMS had received a limited level of assurance in a recent Internal Audit report.

Mr Bloomfield confirmed that this had been the case. However, he said work had already commenced to address the recommendations, one of which had been to update the Memorandum of Understanding which had been in place between the Air Ambulance NI charity and NIAS since the service was established seven years previously.

Moving to the PFOD Committee, Mr Dennison explained that he had been unable to attend the last meeting on 18 April which had been chaired by Mr Quinn.

Mr Quinn said that one of the highlights of the meeting on 18 April had been the presentation and update from the Peer Support & Health and Wellbeing support teams. He commended those involved in the presentation and added that the Board would need to give consideration to identifying a NED for Health Guardian.

Mr Quinn said that the meeting had had a further discussion on organisational culture developed and had referred to the national report recently published on organisation culture. He advised that he had met with Ms Lemon to discuss the specific workstream on organisational culture and acknowledged that there was a need for further work around general workplace culture.

The Chair thanked Mr Quinn for agreeing to act as the NED to champion workplace culture and the associated work.

Mr Quinn noted that the Committee meeting on 3 July would receive an update in relation to the Operations Management Structure Review.

13 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 27 June 2024 at 1.30pm in the Boardroom, NIAS HQ.

14 **Any Other Business**

Mr Bloomfield made colleagues aware of Mr Nicholson's plans to take early retirement in the coming months. He said arrangements would be put in place to mark Mr Nicholson's significant contribution to the Trust.

The Chair said that it would be remiss of her not to mention how much she had appreciated Mr Nicholson's friendship and support since assuming her role as Trust Chair in April 2023.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 12.55PM.

SIGNED: _____

M. Lammour

DATE: 27 June 2024