Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 27 June 2024 at 10.55am in the Boardroom, NIAS HQ, Site 30, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG

Present:	Mrs M Larmour	Chair
	Mr D Ashford	Non-Executive Director
	Mr P Corrigan	Non-Executive Director
	Mr J Dennison	Non-Executive Director
	Dr P Graham	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
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement (QSI)
	Ms M Paterson	Director of Planning, Performance & Corporate Services/Deputy Chief Executive (via Teams)
	Mr N Sinclair	Chief Paramedic Officer (left the meeting at 11.30am)
	Mrs C Mooney	Board Secretary
	Mr B Doran	Urgent and Emergency Care Policy Branch, DoH (for agenda item 6 only)
Apologies:	Dr N Ruddell	Medical 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 (TB27/06/2024/01)**

The minutes of the previous meeting held on 9 May 2024 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Quinn.

3 **Matters Arising (TB27/06/2024/02)**

Members **NOTED** the Matters Arising.

Ms Paterson advised that progress continued on the development of a matrix to track actions taken across the range of unscheduled care plans. She indicated that the intention would be to submit local plans for each Trust to the Strategic Planning and Performance Group (SPPG) by the start of September.

Mr Quinn asked whether there had been any evaluation undertaken of the Regional Co-ordination Centre (RCC) and its impact.

Responding, Mr Bloomfield reminded the meeting that the RCC, which was hosted by NIAS, had been established through a joint initiative by all six Trusts. He confirmed that a stocktake had been undertaken and explained that the initial intention had been to do an evaluation in March/April but Chief Executives had agreed that this was too early in its operation to give any sense of its impact. Mr Bloomfield said that Chief Executives had instead commissioned an independent stocktake to highlight how the RCC's operation might be improved and added that, as a result of the stocktake, the focus of the RCC had now moved to one of service improvement. He indicated that the daily calls with the RCC had been reduced from two to one call daily and there was more emphasis by RCC associates working with Trusts to make changes around hospital flow.

Mr Bloomfield said that terms of reference had been developed for a full evaluation to be completed later in the year. He noted that the view had been that the RCC had added benefit and said this view was shared with the SPPG as bringing an element of control to the system. Mr Bloomfield said that the daily calls also meant there was a greater awareness of pressures across the system and provided more timely opportunities to assist Trusts.

Continuing, Mr Bloomfield said that the Permanent Secretary had recently joined a meeting of the Trust Chief Executives and had expressed an interest in understanding the benefits of the RCC. He said that the Permanent Secretary was mindful that the RCC was a Trust initiative but was clear that it would be important to start to see evidence of its impact reasonably soon.

Mr Quinn said he would be keen to see the outcome of the evaluation. He referred to the Board's visit to the RCC and its emphasis on control and the shift to quality improvement.

Mr Bloomfield explained that initially there were two daily calls, with the option of a third if required, but feedback from Trusts had been that that arrangement was too labour intensive. He said the decision to move to one daily call was a temporary one and was being monitored.

Ms Byrne explained that the RCC had aligned its staff to assume an 'affiliate' relationship with individual Trusts and to use the information collated based on discussions through the RCC to ascertain the position regarding flow, how ambulance resources could be released early and what was taking place at the 'back door'. However, she acknowledged that the RCC focus needed to be wider.

Mr Bloomfield said it would be important to examine a broad range of evidence to determine the difference the RCC was making

Ms Paterson advised that the RCC had identified four main themes to focus on across Trusts. She advised that one of these was the levelling up of performance and said a baseline exercise was currently being undertaken which would inform the performance targets to which each Trust would adhere. These in turn would filter into the local plans due to be submitted to the SPPG in September 2024.

Mr Bloomfield confirmed that the RCC workplan from April to September 2024 had been agreed by all Trusts. He cited the example of the variation of patient pathways across Trusts and believed the RCC provided the opportunity to bring Trusts together with a view to standardising pathways and consider referral pathways and associated opening hours.

4 **Chair's Update**

The Chair commenced her update by thanking Mr Quinn for attending the Health Inequalities briefing session organised by the Association of Ambulance Chief Executives (AACE) on 5 June and for his written brief of discussions which had subsequently been shared with the Board.

The Chair alluded to the Board Leadership Programme and the potential for an individual to speak collectively to the Board around governance issues. She said she would include this on the agenda for the Chair and Non-Executive Directors' update on 15 August to discuss the benefits of this.

The Chair thanked those members who had already met with her to discuss appraisals and noted she had yet to meet with Dr Graham and Mr Quinn.

She noted that, as part of her Chair appraisal, she had asked members to complete a Chair evaluation form. The Chair thanked members for doing so and said she had reflected their feedback in her appraisal and would consider it moving forward.

Continuing, the Chair advised that the HSC Chairs wrote a joint public letter in relation to the potential consequences of the budget in terms of having to implement high impact savings plans. She added that Minister Swann at the time had referred to the letter in his subsequent rationale for not supporting the budget put forward by the NI Assembly.

The Chair advised that the HSC Chairs had recently had a positive meeting with Minister Nesbitt.

She said she had also met with DoH colleagues to discuss the Partnership Agreement and was delighted that Mr Doran would join the meeting later to discuss this issue.

The Chair indicated that the Permanent Secretary was leading on work in relation to a new commissioning approach. She explained that two areas of work had been prioritised, namely the commissioning approach and strategic narrative, and said several meetings had been held to discuss both. The Chair explained that a paper which aimed to set out a statement of intent to support

priorities and the Minister moving forward had been developed for the Minister's consideration as well as a proposal to explore the potential to establish Provider Collaborative Boards. The Chair advised that a meeting of HSC Chairs and Chief Executives with DoH colleagues had been scheduled for 1 July to discuss further.

She said it would be important to highlight what this would mean for the Board if the concept of Provider Collaborative Boards progressed. The Chair explained that there was potential for some priority areas to move to a new governance structure overseen by the Provider Collaborative Board. This would mean that the NIAS Board would be part of decisions which may not necessarily be in the interests of NIAS but would be for the benefit of the wider HSC. The Chair said there would then be an onus to ensure discussion took place at the full Board with a view to seeking influence or agreement. She acknowledged that further work was required around the governance structures and emphasised that the HSC Chairs had indicated the need for there to be a considered view amongst Chairs before further discussion would take place. She welcomed any comments from members before the meeting on 1 July.

The Chair said she continued to undertake a schedule of engagements to meet with staff throughout the Trust.

She reported that she had met with Ms Lemon on 30 May and had discussed sexual safety and equality and diversity at length. Ms Lemon advised that Ms Bron Biddle, the national lead for sexual safety, was keen to meet with individual Boards to discuss this work and added it was hoped she would attend the October Trust Board.

The Chair advised that she had met with Ms Lorraine McAteer in mid-June to discuss her Masters in person-centred care. She explained that she had initially met Ms McAteer at the leadership conference in April and had been keen to meet with her to discuss her work further. The Chair said she had commended Ms McAteer on the significant achievement of having her research placed in the library. She said she had asked Ms Charlton and Mr Sinclair to arrange to meet with Ms McAteer to hear more about her work and said she looked forward to hearing about the outcome of their discussions.

Ms Charlton referred to the linkages with the points previously made by Mr Quinn in relation to a human rights approach and learning from other jurisdictions. She alluded to the PHA-led regional work in relation to Shared Decision Making Framework which focussed on person centred care and advised that NIAS was represented on this group.

The Chair suggested that Mr Quinn might avail of the opportunity to join the meeting if he wished.

The Chair said she and Mr Corrigan had attended a session organised by the Chief Executives' and Chairs' Forum in relation to the budget with the Minister of Finance and the Permanent Secretary.

She reported that she had also attended the NHS Confederation Expo in Manchester and welcomed the opportunity to hear at first hand from other colleagues in health and social care.

Concluding her remarks, the Chair advised that she had met with colleagues from Internal Audit to receive an overview of the Board Effectiveness audit which would be commencing in the coming weeks. She alluded to the reference to 'Board Effectiveness' in the Partnership Agreement and advised that she had spoken with another Trust Chair who intended to raise the issue with the DoH.

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

5 Chief Executive's Update

Mr Bloomfield commenced his report by updating on operational pressures and advised that there had been a slightly improved position in May in terms of cover and the stack of calls waiting at any time was more manageable. He added that, while handover delays remained an issue, there were fewer extreme delays which had been experienced previously.

Mr Bloomfield said that this position had continued until the second week in June when pressures increased considerably. He indicated that the Trust was experiencing lengthy delays for responses to Cat 2 and Cat 3 calls as well as seeing a large number of calls waiting on the stack. In addition, he said the Trust had implemented its Clinical Safety Plan, escalating to levels 3 and 4 regularly. He

added that delayed handovers had also started to creep up to the hours waiting experienced previously.

Mr Bloomfield advised that, while the Trust had had some recent and short-term staffing challenges to cover, the pressures had been system-wide and not solely an issue within NIAS. He said there had been low discharge numbers from most hospitals and advised that NIAS continued to take measures it could by trying to increase capacity.

Continuing, Mr Bloomfield said that the Trust had definitely seen the benefits of the Integrated Clinical Hub (ICH) during this time and believed that, although the Hub did not resolve the issues, it provided an element of safety and reassurance as well as providing regular updates to callers in terms of maintaining contact with those callers waiting for a response. Mr Bloomfield advised that he had been impressed and reassured by the number of calls resolved by the ICH through Hear & Treat and avoiding the need to send an emergency response. He believed that if the Trust built on the performance of the ICH over the last several months, it would assist the Trust as it approached winter.

Mr Bloomfield said he had been pleased to welcome Minister Nesbitt to NIAS on 11 June 2024 when he had met with members of the Senior Management Team who briefed him on the initiatives being taken by the Trust to address the challenges facing it. He said that the Trust had taken the opportunity to highlight the significant contribution being made by the service to the wider transformation agenda – whether that was through the reconfiguration of services, providing care closer to home or alternatives to EDs, all of which would improve patient care. Mr Bloomfield said that the Minister had also taken the opportunity to visit and meet with staff in the Emergency Operations Control.

Mr Bloomfield said he had previously advised the Board that he was a member of the Road Safety Strategic Forum established by the Department of Infrastructure following an increase in road fatalities. He advised that the Forum had met at the end of May and had agreed a set of actions to be included within the wider Road Safety Strategy. He clarified that the Trust's contribution was mainly around community education and how the Trust might be able to support road safety campaigns by staff describing the traumatic experiences they have responded to. Mr Bloomfield said that,

related to this work, the Trust was participating in an event being organised by the PSNI to highlight the work of the Collision Investigation Unit. He said this was important work which the Trust would be keen to lend its full support.

Continuing his update, Mr Bloomfield advised that a number of officers met with colleagues from the NI Fire and Rescue Service (NIFRS) in mid-June to discuss further the Trust's possible use of the new NIFRS training facility at Cookstown. He added that further work was required by NIFRS in relation to costs and said that NIFRS was confident it could meet the Trust's requirements on an ongoing basis. Mr Bloomfield said that a number of Trust officers were due to visit the Cookstown facilities later in the month and he undertook to keep the Board apprised.

Mr Bloomfield reported that he had attended the NHS Confederation Expo Conference in Manchester on 12-13 June 2024. He said the Conference, which was free to attend, had over 7,000 delegates in attendance and had a number of sessions which were directly relevant to the ambulance sector. He commented that he had been encouraged by several of the keynote speakers, for example, Ms Pritchard and Mr Taylor, both of whom had referenced the ambulance sector in their speeches in terms of the central role the sector could play in the transformation of services.

Mr Bloomfield noted that the Trust Chief Executives had met with the new regional Executive Officers in the Health Service Executive (HSE) in the Republic of Ireland (RoI) on 14 June 2024. He explained that the Republic's health sector had recently been restructured and there were now six regions. He said that there had already been good collaboration through Co-operation And Working Together (CAWT) but that this had focussed on the border Trusts primarily. Mr Bloomfield said this initial meeting had agreed some areas where there was potential value in exploring wider collaboration. He indicated that the intention was to meet 3-4 times per year and he had asked for his counterpart from the National Ambulance Service (NAS) in the RoI to be included in future meetings. Mr Bloomfield noted the already positive engagement with NAS and believed it would be helpful for NAS to be involved in these meetings to consider system issues.

Mr Bloomfield referred to the concept of Provider Collaborative Boards (PCB) and noted that discussions had been ongoing in

relation to how these might operate in NI. He explained that PCBs were common in England and basically were a group of provider organisations which met to agree areas where joint working might be effective. Mr Bloomfield suggested that the RCC might be considered as an example of a PCB and, while not acting as a Collaborative Board, was a good example of collaboration. He cited a potential example as being a number of elective specialties where the waiting time could be one year in one Trust area but five years elsewhere and added that the PCB would work collaboratively to equalise the waiting time in all Trusts for example.

Mr Bloomfield advised that discussions around establishing PCBs had been ongoing for some time and he believed it was now timely to decide on whether a PCB should be established in NI. He noted that the DoH had alluded to PCBs in their revised commissioning arrangements. Mr Bloomfield said that a key issue would be the governance arrangements around the PCB. He commented that a common feature appeared to be the establishment of a Committee comprising one representative from each of the providers and that this Committee would take decisions on behalf of all organisations and report back to respective Trust Boards.

Mr Corrigan emphasised the importance of having effective accountability and governance arrangements.

The Chair alluded to the risk around handover delays and the ability to challenge other Trusts.

Mr Quinn alluded to Mr Bloomfield's reference to his meeting with colleagues from the RoI and said it was his understanding that significant resources were available for cross border collaboration, in particular from a research perspective. He cited the example of the work being taken forward by Mr Sinclair. Mr Quinn acknowledged the significant work involved in applying for such funding but noted the availability of funding.

Mr Bloomfield noted that one of the areas of work agreed by that meeting had been to identify priorities with a view to accessing such funding.

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

6 **Partnership Agreement (TB27/06/2024/03)**

The Chair welcomed Mr Doran to the meeting. Mr Doran said that he had recently assumed responsibility for NIAS policy and sponsorship within the DoH. He thanked the Chair for the opportunity to attend the meeting and said there was a real willingness within the DoH to embrace partnership working.

The Chair reminded the meeting that the Board had had an initial discussion on the Partnership Agreement at the March meeting and had identified a number of concerns. She highlighted the Board's willingness to work in partnership.

Ms Paterson summarised the concerns in relation to the presentation, clarity on meaning and the vocabulary used in the agreement. She cited specific examples which included references to outdated legislation, the need for explicit examples of codes of practice and the necessity for transparency and collaboration.

Ms Paterson advised that, since the Board had first considered the Partnership Agreement, there had been several meetings between the Chair and DoH officials and herself to discuss and agree how best to address and resolve these issues. She pointed out that clarifications and updates had been made to the Agreement to reflect current legislation, specific examples and strategic collaboration frameworks.

Mr Doran indicated that there was currently significant engagement between the Trust and DoH officials and emphasised that this would continue. He said the DoH had provided some additional resources to support the partnership role.

Mr Ashford noted that the Partnership Agreement would replace the current Management Statement Financial Memorandum (MSFM) and asked if there would be a transition period.

Responding, Mr Doran explained that there would not be a transitional period and that, once signed, the Partnership Agreement would come into operation.

Ms Paterson highlighted the importance of the Engagement Plan which would be reviewed on an annual basis.

Mr Ashford agreed that the Engagement Plan was a key element within the Agreement and it would be important to ensure its accuracy.

Mr Doran highlighted the importance of ongoing engagement.

The Chair advised that she had met with Mr Wilkinson who clarified that NIAS would continue to engage with him in his DoH role. She highlighted the need for both parties to continue to engage with each other with a view to fully understanding each other's challenges and opportunities. The Chair pointed out that the Trust had not yet had sight of the DoH Risk Register and alluded to the reference within the Agreement that there would be a 'shared understanding of the risks that may impact on each other, and these are reflected in respective Risk Registers.'

The Chair noted the work being taken forward by Dr Graham, Chair of the Trust's Audit and Risk Assurance Committee, to review the Trust's Corporate Risk Register. She said it would be the Trust's intention to progress this work and engage with the DoH at an early stage around strategic prioritisation with a view to putting the necessary mitigations in place to inform strategic priorities going forward.

Mr Corrigan commented that Partnership Agreements between the DoH and Arms' Length Bodies (ALBs) were not new and had been in place for several years. However, he pointed out that the key action was to ensure the Agreement was given life and resulted in real partnership working.

Mr Doran agreed with Mr Corrigan's comments and said there had been a very positive working relationship between the DoH and NIAS over the years and he intended that this would continue. He agreed that it was very much the behaviours of both parties as opposed to the content of the Partnership Agreement.

Mr Quinn referred to the list of relevant legislation and pointed to the omission of The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003 which focussed on the statutory duty of quality as well as describing the accountability arrangements between Trusts and the DoH.

Mr Quinn said he was conscious that quality and safety issues account for a significant amount of risk within Trusts and added he was aware of ongoing discussions around improvements in this area within the organisation. He highlighted the importance of getting to know how the Trust recognised and dealt with quality and safety risks and whether the DoH, in its work with the Trust, also recognised that.

The Chair indicated that the Trust had recognised and responded to risks in the absence of any additional funding or resources from the DoH. She believed that Mr Quinn had made a valid point and reference to the legislation should be made within the Agreement.

The Chair said she would encourage DoH involvement in Trust Committees or attendance at Trust Board meetings and would welcome any feedback for consideration.

Following this discussion, the Board **APPROVED** the Partnership Agreement for signature by the Chair.

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

7 **Draft Corporate Plan 2024-26 (TB27/06/2024/04)**

The Chair welcomed Mr Mullen to the meeting.

Ms Paterson drew members' attention to the draft Corporate Plan which covered a two-year period from 2024-26. She explained that the Plan would be executed through integrated performance management and governance frameworks with various governance structures set up to manage and scrutinise its delivery.

Ms Paterson alluded to the Delivering Value Programme Terms of Reference which would be considered later in the meeting and advised that this would effectively be the governance mechanism for consideration of the key priorities within the Plan. She indicated that Directorate plans would take forward those remaining actions articulated in the Corporate Plan.

Mr Mullen explained that he was seeking Trust Board approval to the Plan which covered a two-year timeframe from 2024-26 and aligned to the remaining timeframe for the Strategy. He alluded to

the Strategic Planning workshop which had taken place in February when members had determined the need to look at and develop refreshed narrative and identify strategic outcomes for the Trust with a view to achieving these over the next several years. Mr Mullen said that these would act as the top priorities to be achieved from the Strategic Plan and said it would be important that the Corporate Plan aligned with these priorities.

Mr Mullen alluded to Slide 5 which represented the Plan on a page. He explained that this had been used as a touchpoint to ensure that all priorities, enablers and performance management framework were integrated into the process.

Continuing, Mr Mullen referred to the six strategic outcomes which impacted on patients, partners and people, ie the Trust workforce. Mr Mullen advised that Slide 8 provided an example of what the implementation plan might look like and explained that adjustments had been made to ensure that any deliverables were connected to the relevant governance and accountability structures.

Mr Ashford highlighted the need to proof-read the document. He referred to page 8 of the draft Plan and the intention to 'establish an effective education and training strategy' and believed this had already been achieved. It was clarified that this was specifically in relation to organisational culture.

Mr Corrigan suggested that the Plan would be helpful when reviewing the Trust's Committee structure to ensure all strategic objectives dovetailed.

Mr Quinn agreed with the points made by Mr Ashford and said he had found elements of the paper difficult to understand.

With regard to Culture and Wellbeing, Mr Quinn was of the view that Staff Wellbeing could be a workstream within Culture. He believed that there should be wider discussions around culture and said it would be important to look at culture in the context of how service users, the public and partners perceived the Trust as well as taking account of their experiences. Mr Quinn alluded to the action points feeding into the wider culture element and said that one issue discussed at the Strategic Planning event had been to undertake a baseline audit or assessment of culture. He acknowledged this would be a major piece of work and the completion of this would

require a specific workstream or objective. Mr Quinn pointed out that there had been some discussion as to how that might be managed moving forward and whether it should form part of a specific workstream with a specific governance structure.

He alluded to Mr Ashford's point around education and said that, from a culture perspective, there were issues on how value-based and behavioural competencies might be incorporated. He believed that the way in which it had been captured within the Plan needed to be expanded and associated action points should reflect how this might be achieved.

Ms Lemon suggested that it might be beneficial to separate this and reflect organisational culture.

The Chair suggested that it might be helpful for Mr Quinn to engage with Mr Mullen in the interim.

Mr Dennison acknowledged the work which had been undertaken to align the draft Plan with the Strategy and suggested that the Plan should focus on outcomes rather than objectives. He asked how progress would be tracked and how the Board might know that these had been achieved. Mr Dennison said he was unsure as to how progress would be measured. He referred to the significant amount of work to be undertaken in a relatively short timeframe and asked how the Board would know that it had been successful.

Responding, Mr Bloomfield explained that the draft Plan attempted to prioritise what needed to be addressed in the remaining two years of the Strategic Plan while the Strategic Plan set out the objectives to be achieved and the rationale for doing so. He suggested that the outcomes might be measured in how the organisation would feel and behave differently when the Strategic Plan was implemented. He acknowledged that it was challenging not to describe the work to be done as a list of objectives but said there was a need to clarify linkages with the benefits and results.

Mr Quinn suggested that it might be helpful to reflect this in the staged map to ensure outcomes were brought more to the fore. He said that, when alluding to outcomes, the Trust was looking to what form these would take in two years' time.

Mr Bloomfield commented that the draft Plan would help the Trust to realise that vision.

Mr Dennison asked what priorities were and suggested that, as currently written, all objectives appeared to be priorities.

Mr Quinn alluded to Mr Bloomfield's earlier reference to pressures on staff and suggested that it might be helpful to identify priorities. He added that it would also be useful to determine the capacity of staff to achieve these. Mr Quinn added that priorities had been suggested at the Strategic Planning workshop.

Ms Paterson clarified that the draft Plan before the Board was public-facing. In terms of the implementation plan, she explained that, when one considered the Delivering Value Programme Terms of Reference, there were quantifiable benefits and Key Performance Indicators articulated against each of the measures and progress on these would ensure the delivery of the strategic outcomes.

Ms Paterson acknowledged the detail contained within Slide 5. However, she believed that the implementation plan would provide further clarity and enable members to understand the metrics and assess delivery towards each objective in the Plan.

The Chair highlighted the importance of streamlining both the Strategic and Corporate Plans with a view to focussing on the outcomes.

Dr Graham suggested that the reference to 'provide clear direction and leadership' should be removed as this should be integral to progressing work within the Trust.

Mr Corrigan believed that the implementation plan would be key.

Dr Graham agreed and said it would be helpful to consider both the draft Plan and implementation plan in parallel.

Following this discussion, the Board **APPROVED** the NIAS Corporate Plan 2024-26.

8 **NIAS Annual Safeguarding Position Report (TB27/06/2024/05)**

Ms Charlton drew members' attention to the Trust's Annual Safeguarding Position Report and explained that all Trusts were required to provide a report to their respective Trust Boards to reflect the organisation's compliance with regional adult and children's safeguarding policies. She advised that a generic template was provided to Trusts for completion and that approval was sought from the Board to the NIAS report.

Ms Charlton said that the report reflected progress against the recommendations within the Improvement Plan from the Regulation and Quality Improvement Authority as well as the recommendations from the peer review undertaken by the London and Welsh Ambulance Services under the auspices of the AACE.

Ms Charlton thanked Mr Quinn, as the Non-Executive Safeguarding Lead, for taking the time to review the report and provide comments in advance of the Safety Committee. She said she would also like to take this opportunity to acknowledge the leadership shown by Mr Flannagan.

Continuing, Ms Charlton explained that the report had been discussed in detail by the Trust's Safety Committee at its meeting on 13 June 2024 and she went on to highlight several salient points.

Continuing, Ms Charlton said that members would be aware of the challenges for staff in navigating multiple welfare referral pathways across Divisions. She indicated that, despite concerted efforts, NIAS had not been able to secure single Trust pathways across the region. However, she advised that, in order to mitigate against the risks and strengthen assurance as well as removing the challenges faced by staff, the Trust had put a new process in place whereby the Safeguarding Navigator would navigate the welfare referral to the appropriate teams within other Trusts. Ms Charlton said that this should also reduce the operational downtime required to make the referral.

Ms Charlton indicated that it was important for the Trust to have a standardised and just approach to dealing with allegations against staff and she advised of the cross-Directorate contributions to the development of policy entitled 'Managing Allegations against People Who Work With Children, Young People or Adults at Risk'. This

had been approved by the Safety Committee at its meeting on 13 June 2024. She said that work was being progressed with colleagues in Human Resources (HR) around the current vetting processes in place. Ms Charlton highlighted the importance of this policy, particularly in light of recent regional and national inquiries.

She advised that the report also made reference to working with HR colleagues to review current vetting processes to reflect any considerations in line with best practice.

Ms Charlton said she was grateful to the Senior Management Team for support to take forward improvements in the Safeguarding Team structure this year with the appointment of a Safeguarding Practitioner and approval to appoint the Safeguarding Navigator post.

She said that members would be aware from the previous position report that the Trust was a significant outlier in terms of benchmarking with other ambulance services in relation to safeguarding referrals per contact. Ms Charlton said it would be important to explore this further as it may indicate a failure to recognise. She reported an 19% increase in referrals in this reporting period compared to last year was to be welcomed, however, the Trust remained an outlier. She added that the Safeguarding Team would continue to work closely with Education colleagues to improve the referral rate and ensure improvements in referral pathways.

Ms Charlton advised that there was a three-year trajectory improvement plan to address the non-compliance in respect of training and education in line with the strategy. She conveyed her thanks to Mr Sinclair and his team for permitting the provision of safeguarding sessions on clinical education days.

The Chair referred to the 19% increase in referral rates and questioned the three-year improvement plan to achieve the provision of Level 3 to all patient-facing staff.

Ms Charlton explained that, in order to prioritise the risk, and in the context of many competing priorities to be delivered within the education programme, it was envisaged three years would be required to deliver the necessary training to all patient-facing staff.

Mr Sinclair acknowledged the challenges faced by the Education Team in terms of incorporating the safeguarding sessions into the clinical education days. However, he said the team would monitor the situation.

Ms Byrne advised that, from an Operations perspective, everything possible was being done to maximise attempting to release staff to undertake training.

Ms Charlton indicated that the Trust continued to deliver training to the AAP programme as well as the three-year programme. She advised that other ambulance sectors were experiencing similar challenges in delivering Level 3 Safeguarding face-to-face education. the programme. Ms Charlton reminded the meeting that the Trust did not have a safeguarding structure until relatively recently and she welcomed the significant progress which had been made in a short timeframe.

The Board **APPROVED** the NIAS Annual Safeguarding Position Report.

9 **Delivering Value Programme – Terms of Reference (TB27/06/2024/06)**

Ms Paterson explained that the Delivering Value Programme was the mechanism by which the Trust would performance manage the delivery of its priorities within the Strategic Plan. She noted that several targets were yet to be completed at 8.1 'Project Structures' and explained that these targets would then allow the development of Key Performance Indicators. This, she said, would be monitored and feedback provided in terms of progress against delivery of these specific areas of work.

Dr Graham commended the Terms of Reference.

Referring to the governance structures, Mr Corrigan alluded to the forthcoming review of the Trust's Committee structure and highlighted the importance of ensuring reports were shared with potentially new Committees.

Ms Lemon pointed out that the majority of work would be delivered through the AD Forum. However, she would continue to oversee absence management with Mr Cochrane.

The Board **APPROVED** the Delivering Value Programme Terms of Reference as presented by Ms Paterson.

10 **Financial Position 2024-25 – verbal update**

Mr Nicholson reminded the meeting that the NI Executive had approved the budget in April and the scale of the reductions required had been unprecedented.

He pointed out that, as the general election had been scheduled for 4 July, there had been a cessation in terms of any public discussion about budgets. However, work had continued in the background.

Mr Nicholson confirmed that, following approval by the Board in May, the Trust had submitted its Financial Plan to the SPPG and added that no formal response had yet been received. He advised that work was ongoing and said he expected there to be significant progress following the election.

Mr Nicholson advised that the Trust had submitted the Month 2 position to the SPPG and confirmed that it was reporting a breakeven position based on a number of income assumptions within the Financial Plan. He reminded the meeting that the Plan had been predicated on addressing ambulance handover times.

Mr Nicholson said that members would be aware of the recent media coverage in relation to the costs associated with community transport. He made members aware that it was likely there would be a focus on non-emergency patient transport over the coming weeks, particularly in relation to taxis and independent ambulance services.

Mr Bloomfield explained that the Trust's Financial Plan had allowed the Trust to submit a breakeven position and said the Trust did not have to consider high impact savings plans. However, he reiterated Mr Nicholson's point that the Plan had been predicated on addressing and improving handover delays. He pointed out that the Trust was now three months into the new financial year and no improvements had been made to date.

The Board **NOTED** the verbal update provided by Mr Nicholson.

11 **Trust Performance Corporate Scorecard (April 2024) (TB27/06/2024/07)**

Ms Paterson referred to the Executive Summary and acknowledged that performance had not improved greatly in several areas. She highlighted the need to consider how, at a strategic level, the Trust might be in a position to influence that and how best to share the relevant information and data with DoH and Trust colleagues. She welcomed the impact of the Integrated Clinical Hub (ICH).

Mr Quinn reiterated his comment about being impressed by the work of the ICH and noted that, indicative of its success, those working within the ICH would also be working under significant pressure. He said he was aware that Mr Sinclair through the education programme was currently progressing work around clinical supervision and felt that, as working at a distance, ICH staff should be a prioritised group for clinical supervision and support.

Ms Byrne pointed out that ICH staff continued to spend some time in the Emergency Operations Control (EOC). However, she agreed to discuss this with Mr Sinclair.

Mr Corrigan alluded to the work being led by Ms Charlton in relation to Patient Care Service (PCS).

Ms Charlton said she hoped to bring a summary of the work to date to the August Trust Board meeting.

Ms Lemon reported on the continued improvement in respect of absence management and advised that May 2024 was the lowest month for sickness absence at 9.64%. She explained that 62% of the Trust's sickness absence was within the categories of mental health; injury/fracture; miscellaneous, influenza and untoward accident. However, the largest category for sickness absence within the Trust was for mental health reasons, with stress being cited as the most common reason.

Ms Lemon alluded to the redeployment of staff and advised that significant progress had been made in this area, with a small number of staff now remaining to be redeployed.

The Chair advised that she had recently met with the new cohort of Station Officers and they had raised the issue of temporary people

in posts. She said that this linked very much to the issue of culture within the organisation. The Chair sought further detail around the Operations restructure.

In response, Ms Byrne advised that a detailed paper would be presented at the PFOD Committee on 3 July with a view to bringing the implementation plan to the Committee at its September meeting.

Mr Bloomfield indicated that it was intended to start recruiting to the new structure in the 2024-25 year.

Ms Byrne reported that there had been some challenges in respect of call answering performance and she advised that performance had reduced to 87% in May. She said there were several causal factors including work/life balance, vacancies and sickness. Ms Byrne advised that there was an active recruitment process underway to stabilise the Control Room, either through the replacement of temporary posts or recruitment of additional staff.

Continuing, Ms Byrne pointed out that the volume of duplicate calls into the Control Room had increased and believed this reflected the pressures being experienced across the HSC system. She said she would engage with Mr Sinclair to determine whether there was a correlation between duplicate call volume, time of day, time of week and the work undertaken by the ICH. Ms Byrne suggested that this might be helpful in providing further evidence as to the benefits of the ICH.

Mr Bloomfield welcomed the progress around absence management and said he was of the view that the pace of improvement would now start to plateau and said it would be important to manage expectations. Mr Bloomfield said that the focus should now be on sustaining the improvements made to date.

The Board **NOTED** the Trust Performance Corporate Scorecard (April 2024).

12 **Committee Business:**

- **Audit & Risk Assurance Committee – minutes of meeting on 1 February 2024 & report of meeting on 16 May 2024;**
- **Safety, Quality, Patient Experience & Performance Committee – minutes of meeting on 25 April 2024 & report of meeting on 13 June 2024 (TB27/06/2024/08)**

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

13 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 22 August 2024 at 10.30am in the Boardroom, NIAS HQ.

14 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 3.40PM.

M. Lavmour

SIGNED: _____

DATE: 22 August 2024