



Minutes of Trust Board held at 10.30am on
Thursday 12 December 2024 in the Boardroom, NIAS HQ, Knockbracken
Healthcare Park, Saintfield Road, Belfast BT8 8SG

Minutes

1	Welcome, Apologies & Declarations of Conflict of Interest	
<p>Present:</p> <ul style="list-style-type: none"> • Michele Larmour, Chair • Dale Ashford, Non-Executive Director • Paul Corrigan, Non-Executive Director • Phillip Graham, Non-Executive Director • Phelim Quinn, Non-Executive Director • Michael Bloomfield, Chief Executive • Michelle Lemon, Director of Human Resources & Organisational Development (HR & OD) • Rosie Byrne, Director of Operations • Dr Nigel Ruddell, Medical Director <p>In Attendance:</p> <ul style="list-style-type: none"> • Maxine Paterson, Deputy Chief Executive & Director of Planning, Performance and Corporate Services • Lynne Charlton, Director of Quality, Safety & Improvement • Neil Sinclair, Chief Paramedic Officer • Simon Christie Interim Director of Finance • Nick Henry, Assistant Director of Governance, Risk and Assurance • Andoni Arandia, Assistant Director of Planning, Performance and Strategic Transformation <p>Apologies: Jim Dennison Non Executive Director</p> <p>Conflicts of Interest: No conflicts of interest were declared.</p>		
2	Minutes of the previous meeting of the Trust Board held on 24 October 2024 For Approval	TB12/12/2024/01
The minutes were proposed and seconded.		
3	Matters Arising	TB12/12/2024/02
<p>Ms Paterson confirmed that the accountability meetings held with Directors did not reduce assurance around ability to deliver expected plans by the end of the year.</p> <p>The Chair highlighted the importance of the NEDs to complete their mandatory training. Due to the interim secretarial support, the Chair has asked the NEDs to take on the responsibility to contact the office and ensure they are booked into and complete any outstanding training.</p>		
4	Chair's Update For Noting	No paper



The Chair provided an update on her recent engagement activities, including visits to frontline staff out on the road and situated within Emergency Departments. She noted that staff were appreciative of her presence and the opportunity to share their experiences directly was welcomed.

As part of this, the Chair acknowledged that frontline staff generally have good ideas on how to make improvements and to that end the Chair sought to understand how staff surface ideas and contribute to organisational improvements. In response, Ms. Charlton outlined the staff engagement initiatives led by the QSI department. These include informal lunches and curry nights, which provide opportunities for open discussions on innovation and service improvements. To supplement that Ms. Charlton also introduced the concept of GRATIX, an initiative designed to capture and implement innovative ideas from staff. She noted that similar systems have been successfully implemented elsewhere, and the team has been exploring how this could be adapted for NIAS. The Chair welcomed the initiative and emphasised the importance of encouraging staff to take the lead in driving innovation.

To enhance transparency and engagement, the Chair proposed inviting some NIAS staff to attend and shadow certain Board meetings. This initiative aims to build confidence and awareness among staff regarding Board-level decision-making. Mr. Graham confirmed his support for the proposal, and the Chair requested that a formal procedure or structure be developed, leveraging Mr. Graham's expertise.

The Chair followed by expressing significant praise for the service she had observed on her visits, commending staff for their compassion and dedication in delivering patient care. However, she acknowledged the ongoing challenges associated with late handovers and provided assurance to those she talked with in regard to the many discussions had taken place to address these issues.

The Chair advised that the Mid-Year Reviews for Directors had concluded, and the Board noted and accepted the outcome from the exercise. Additionally, the Chair updated members on discussions she had with the HR Director and the Permanent Secretary regarding senior executive pay and the expected process and timeline for the same.

The Board acknowledged these updates and supported the next steps outlined.

5	Chief Executive's Update For Noting	No paper
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Mr Bloomfield provided an update on the following key issues and activities since the last meeting:

- Following discussion with the Permanent Secretary and Trust Chief Executives in relation to the need to release NIAS staff at the end of their shifts to avoid late finishes, there has been considerable work facilitated by the RCC to develop plans to introduce a targeted approach from 19 November 2024. An update on this is provided later on the agenda.
- Mr Bloomfield welcomed 41 newly qualified paramedics to NIAS at the end of October, including those who graduated from the first BSc in Paramedic Practice at UU. They are currently undergoing training and will start operational duties before Christmas. He will be attending their graduation ceremony on 17 December 2024.
- He was also pleased to report that 24 EMTs also completed their training in November 2024 and would provide further operational resilience for the Winter period.
- In addition, 24 new ACAs will complete their training next week.



- Mr Bloomfield reported that he attended the monthly PTEB meeting accompanied by Ms Paterson and Mr Sinclair to present the NIAS Clinical Strategy. A presentation highlighted progress with alternatives to ED, including the mental health pilot in the Control Room, and outlined the further potential of the ambulance service to support transformation. He advised that the presentation was positively received by PTEB members and there was agreement to extend alternative care pathways, to roll out the Mental Health pilot (subject to funding) and to explore the potential for paramedics to support GP practices. It was agreed that all Paramedics who work in the HSC system will be employed by NIAS.
- Mr Bloomfield represented NIAS at the Festival of Remembrance on 2 November at which NIAS staff participated for the second year in the muster. He advised that he hoped by next year staff will have a dress uniform to attend such events.
- Mr Bloomfield advised that he attended the Health Committee on 21 November along with the other Trust Chief Executives. The meeting focused on winter planning, Children’s Services and the financial position. Mr Bloomfield outlined the range of areas Committee members asked about in relation to NIAS.
- He attended a reception at Hillsborough Castle on 28 November 2024 for the NI Honorary Consul to Ukraine attended by the Secretary of State. He advised that NIAS is due to donate a second decommissioned ambulance to the Ukrainians in NI Charity.
- Mr Bloomfield reported on a successful go-live of the new CAD system on 26 November and commended everyone involved for the excellent planning and implementation.
- Mr Bloomfield and Ms Paterson had a first meeting with SPPG under the new Support and Intervention arrangements. He explained the five levels of escalation and advised that SPPG has assessed NIAS as level 2 for two areas of performance. Further meetings are planned every 6 weeks, also to be attended by the Chair or another non-executive Director The Chair advised that she will attend the first meeting to understand the process and consider future representation thereafter.
- Mr Bloomfield advised that he had met with the NIAO in relation to their study on delayed ambulance handovers. He expects to receive a final draft in the next week to provide any further comments. He understands the report is due to be published in February.
- The Minister had visited the RCC the previous day and observed the daily call with Trusts on what was a particularly busy day with considerable delays. He indicated that he was impressed by the role of RCC and saw it as a good example of the system working together. He also visited NIAS Control Room and heard about the pressures facing the service.
- Finally, Mr Bloomfield reported that he had represented NIAS at a number of Carol Services, including the first one organised by AANI which was attended by patients and families who have used the service.

6	Trust Corporate Scorecard & Performance Report (October 2024) For Noting	TB12/12/2024/03
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Ms Paterson took members through the NIAS Trust Performance Report for November 2024 indicating that the report continues to evolve to enhance transparency and drive improvement efforts across the organisation.

Ms Paterson spoke to some key highlights and started with operational performance in which demand saw a year-on-year decrease in call and incident demand (reducing -5% and -13%, respectively).



In regards to response times: Category 2 response times remain critically high at 58 minutes, which is an increase in 51 minutes from last year, driven by hospital handover delays, ASOS, and shift management protocols.

In regards to Clinical Performance, Ms Paterson spoke to a number of metrics including Hear & Treat rates which decreased to 5.4%, and See & Treat which fell to 13.5% and reminded members, this performance can be influenced by demand and the opportunity of calls to be triaged.

There are notable improvements in Out-of-Hospital Cardiac Arrest (OHCA) survival rates, with ROSC for shockable rhythms improving from 34.7% to 50% and 30-day survival increasing from 5% to 6.8%.

Ms Paterson then spoke to system Performance & Handover Delays, which saw over 11,600 hours lost in October due to delays exceeding 15 minutes, reflecting a 2% month-on-month increase, furthermore 20% of patients waited over 2 hours at EDs despite NIAS conveying fewer patients than in previous years.

Ms Paterson emphasized we have seen a quarter-on-quarter deterioration in long handover times, impacting service capacity.

In respect of Non-Emergency & Independent Ambulance Performance, we have seen Non-emergency activity has reaching its highest level since COVID and the service is on track to meet its 10% improvement target in Patient Care Services (PCS) journeys, with over 5,100 additional patient journeys completed year-to-date.

Ms Paterson then touched on service Quality & Workforce Considerations, focusing on Serious Adverse Incidents – citing 14 reviewed, with 4 formally reported. Timeliness for complaints remains an issue, with an average response time of 55 days, and the reasons for this have been rehearsed.

There has and remains a marked improvement in sickness absence rates from 14.65% in October 2023 to 10.05% in October 2024, though mental health-related absences remain the predominant issue and finally there has been a 28% increase in safeguarding referrals which correlates with enhanced Level 3 safeguarding training for frontline staff.

While progress is evident in some areas, significant challenges persist in response times, handover delays, and staff well-being.

Strategic interventions around workforce planning, operational efficiency, and system-wide collaboration will be critical in achieving improvement.

Ms Paterson then welcomed direct questions and invited fellow Directors to comment on areas pertaining to their responsibility.

Ms Lemon referred members to the improved position of sickness absence and 10.68% which represented a significant improvement on the same period the previous year. She advised that mental health related absence remained the highest contributor to absence levels and described associated work to support staff through the Critical Incident Stress Management (CISM) tool and newly established Health and Wellbeing Team.

Mrs Larmour indicated that it was important for the board to recognised that significant



improvement had been achieved however remarked that the level sickness absence remained comparably high. Ms Lemon acknowledged this and advised that Maximising Attendance remained in a project context. She explained that this involved continuing escalated performance management arrangements and dedicated focus on continuing to embed improvements achieved and to seek to continue to progress these.

7	Finance Report (Month 7) For Noting	TB12/12/2024/04
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Mr Christie presented the finance report for month 7 to 31 October 2025.

- The Trust is reporting year-to-date (YTD) expenditure of £68.7m with an underspend of £1m against reprofiled budgets.
- Easements in pay budgets are expected to continue to the end of the year. This is due to the recruitment of staff not happening as quickly as originally anticipated.
- Plans are being made to utilise these funds fully, in consultation with SPPG.
- A savings plan to deliver the full £2.475m has been developed and is included in the report. This plan will not impact on service delivery.
- In summary, the Trust continues to forecast a break-even position at year end.
- The capital budget is under significant pressure with a forecast pressure of £1m. The Trust has bid to the DoH for additional funding.
- In the absence of additional funding the Trust has made plans to with within its current Capital Resource Limit (CRL).

8	Update on Late Finishes For Noting	TB12/12/2024/05
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The Chair welcomed Dean Sullivan, Programme Director of RCC to the meeting to provide an update on the work to address Late Finishes, in particular the recent focus on processes at shift end / start times to assist in addressing the impact late finishes were having on staff welfare.

Background and context provided in this regard, including the potential for Trade Unions to escalate existing ASOS in the absence of demonstrable improvement also noted, and that TUs had agreed to pause additional actions pending measures to be introduced to reduce late finishes.

Following engagement with all Trusts and DoH it was agreed that RCC would develop a new approach with particular focus on shift end times in the first instance.

Following preparatory meetings which included x3 specific asks of NIAS :

- Action to address hospital destination for HCP patients and other 'patient / family choice' decisions to be determined by NIAS
- HALO capacity at larger EDs to be reviewed and enhanced where possible
- Ambulance support for discharges to be enhanced

The above 3 actions for NIAS delivered, and RCC had also asked other geographical Trusts to put in place a range of measures to support this process.

New arrangements were introduced on Monday 18 November (soft launch) with go-live from Tuesday 19 November 2024. Ongoing sharing of daily monitoring data introduced as well as weekly regional review meetings.

Analysis of consideration of impact included ambulance handover delays over time shift completion delays over time and compensatory rest over time.



Whilst it was noted general USC performance had been particularly challenged in recent weeks at the time of Trust Board RCC noted that it was very early following establishment of new arrangements to reach a firm view on their effectiveness and impact. Further analysis would be required of data.

DS advised that there were some 'green shoots' of impact and changes to / escalation of the existing arrangements will need to be considered in the future.

P Corrigan gave an example of his personal experience whilst out on a 'ride along' in the Northern Division, and his view of the engagement with and understanding of the process by some ED staff.

Discussion continued with TB members seeking to better understand some of the limiting factors in realising significant impact.

Next Steps: It was agreed that given that the project was in the early stages, further monitoring would be required and brought back to the relevant meetings and committees, to determine effectiveness, next steps and potential for further escalation if no improvement made.

9	Incident Response Plan For Noting	TB12/12/2024/06
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Incident Response Plan was noted.

10	Presentation on Research and Development at NIAS For Noting	TB12/12/2024/07
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Ms. Julia Wolfe, Research & Development Lead, presented an overview of NIAS's R&D strategy, highlighting its importance in improving patient outcomes, organisational performance, and staff satisfaction. She outlined key milestones, including governance structures, the establishment of the R&D Oversight Group, and the introduction of Research Paramedics. Ms. Wolfe also discussed future plans to expand research capacity through Research Assistants, Fellows, and Clinical Academic Research Careers (CARC), alongside opportunities for PhD-level research and clinical/commercial studies. Mr. Graham expressed strong support for the R&D work, emphasizing the importance of academic recognition and how this should be reflected in career progression and salary structures for research-active staff. Mr. Corrigan praised the progress made and sought clarity on the next steps, particularly around implementation and securing funding. He stressed the need for funding to be prioritised from the outset rather than as a secondary consideration. Mr. Sinclair commended Ms. Wolfe's dedication, stating that her determination has been instrumental in advancing the R&D agenda. He acknowledged that further discussions would be necessary to maintain momentum. Mr. Quinn reinforced the importance of sustaining research capacity and capability within NIAS. He highlighted the potential for collaboration with the Shared Island initiative potentially, stressing that it would be a significant loss if the organisation could not continue building on its achievements in this area. The Chair inquired whether NIAS had ever needed to turn away research opportunities due to capacity constraints. Ms. Wolfe responded that they work hard to avoid saying no, keeping doors open with potential stakeholders. She noted that research prioritisation is an ongoing, self-assessed exercise and emphasised the desire to continue expanding NIAS's research scope. The Chair also questioned whether NIAS's research priorities were effectively aligned with the broader Planning and Performance Strategy. Ms. Paterson acknowledged that research integration within the organisation was still maturing



and that ongoing resource development would be required to enhance both short- and long-term research capacity. The Chair suggested exploring the feasibility of an Innovation Hub to support NIAS's research ambitions, providing a structured environment for research and innovation. Mr. Graham and Mr. Quinn offered their support in developing this concept further.

Board members reaffirmed their support for Ms. Wolfe and the R&D team in progressing these initiatives.

11	Committee Business:	TB12/12/2024/09
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Safety Committee

Mr Ashford provided a brief synopsis of the committee as articulated in the minutes presented within the papers. Mr Ashford noted progress in controlled drugs management, with nearly all recommendations implemented. In regards to EOC, training accreditation had been a positive development and recruitment efforts are ongoing to strengthen the EPRR team, with a focus on HART expansion and cross-border collaboration.

Independent Ambulance Services governance remains a concern, and discussions are underway with the Department of Health regarding potential regulatory oversight although a number of subsequent conversations on who can take ownership of this will determine next steps.

Members noted the update.

PFOD Committee

Mr Corrigan and Mr Quinn spoke to some of the focus of the committee, the Ops Management Restructure review noted recruitment for key roles is progressing, and a high-level implementation summary will be shared and has been at a subsequent committee in November.

Discussions at PFOD also focused on the Trust maintaining its break-even position, with a £1 million savings plan still under review.

Furthermore, a welcome update on HR on maximising attendance, and addressing long-standing absence cases. A cultural improvement plan is in development, and the committee reinforced its focus on sexual safety. The committee welcomed that HR audit recommendations are mostly complete, with internal audit satisfaction noted.

Members noted its update.

12	Date and venue of next meeting: 20 February 2025 at 09.30am in the Boardroom, NIAS HQ	
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13	Any Other Business	
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Ms Paterson advised they have been involved and supporting the DoH consultation process on the reconfiguration of hospital services. This is a DoH consultation and it was important that NIAS attend as an opportunity to hear feedback from patients and especially the challenges for the rural community. Ultimately NIAS support the approach as it involves 'planning' rather than the reactive situation NIAS has found themselves in from other unplanned changes. Ms Paterson will embark on visits on each Trust locations. Ms Paterson and Ms Byrne will attend the first visit next week in Omagh.



The Chair shared she will meet with Save our Acute Services. Representatives. A number of invitations had been sent and the Chair advised that she is aware the group have met with Mr Bloomfield and Dr Ruddell. Mr Bloomfield conveyed to the Board the intention behind the group and outcomes of the meetings he had undertaken. had met with them. However, a second invitation has now been received for a meeting with the Chair however details of the request they have sent is yet to be considered.

A handwritten signature in black ink, appearing to be 'Dale Ashford'.

SIGNED: _____

Dale Ashford (Chaired in Michele Larmour's absence)

DATE: 20 February 2025