Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 28 March 2024 at 10am in the Boardroom, NIAS HQ, 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 M Bloomfield	Chief Executive
	Mr P Nicholson	Director of Finance, Procurement, Fleet & Estates
	Dr N Ruddell	Medical Director
Apologies:	Mr P Quinn	Non-Executive Director
	Ms R Byrne	Director of Operations
	Ms L Charlton	Director of Quality, Safety & Improvement (QSI)
	Ms M Lemon	Director of Human Resources & Organisational Development (HR & OD)
In Attendance:	Ms M Paterson	Director of Planning, Performance & Corporate Services
	Mr N Sinclair	Chief Paramedic Officer
	Mrs C Mooney	Board Secretary
	Ms R Finn	Assistant Director QSI (obo Ms Charlton)
	Ms L Gardner	Assistant Director HR & OD (obo Ms Lemon)
	Mr M Cochrane	Assistant Director of Operations (obo Ms Byrne)

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 (TB28/03/2024/01)

The minutes of the previous meeting held on 22 February 2024 were **APPROVED** on a proposal from Mr Corrigan. This proposal was seconded by Dr Graham.

3 Matters Arising (TB28/03/20234/02)

Members **NOTED** the Matters Arising.

Mr Bloomfield referred to the domiciliary care pilot and advised, while NIAS would not be involved in this, it would see the benefits of the pilot if it improved patient flow.

Ms Paterson advised that she had attended the Getting It Right First Time (GIRFT) workshop on behalf of the Trust and had met with the Team prior to the workshop. She said that the GIRFT Team had been encouraged that the recommendations had already been incorporated within the extant workplan. Ms Paterson explained that Mr Sinclair had presented on behalf of NIAS along with colleagues from the other Trusts on the actions being taken. She said it was intended that the Trusts' plans would be submitted to the Strategic Planning and Performance Group (SPPG) by 3 June to allow performance management arrangements to be put in place. Ms Paterson said that, between now and then, work would be undertaken to ensure all Trust plans dovetailed to ensure the most effective outcome from the work.

Mr Sinclair commented that it had been a very positive meeting.

Ms Paterson advised that NIAS staff would be meeting with Regional Co-ordination Centre (RCC) affiliates to understand what mechanisms could be put in place to ensure the NIAS plan contributed effectively, understanding how reliant NIAS was on other Trusts in terms of influencing handover times.

Responding to a question from Mr Corrigan as to how other Trust plans differed from the NIAS plan, Ms Paterson explained that other Trusts were clearly focussing on the patient pathway upon admission and discharge with a recognition that more could be done around the social care aspects in the community. She acknowledged that this was outside the ability of NIAS to influence. Ms Paterson said there had been agreement in the meeting that much more focussed attention was needed on the 'here and now' in an effort to reduce some of the pressures further on in the pathway. She added that this approach had been welcomed by colleagues in unscheduled care and EDs.

Ms Paterson said she had found the unscheduled workshop useful as she had become aware of other work being taken forward, for example, the review of domiciliary care capacity, and other work which could be shared as examples of good practice. She added that there was a recognition that it would take time to see the benefits of this work.

Mr Bloomfield acknowledged he had not attended the workshop but said it was his understanding that SPPG colleagues had emphasised the priority the Minister attached to the issue of ambulance handovers.

Mr Sinclair agreed and said there was a very strong indication from the SPPG of the challenges presented to NIAS as a result of delayed handovers.

The Chair suggested it would be helpful for the Board to have sight of the plan.

Ms Paterson advised that she had met with Dr Graham, ARAC Chair, to agree a revised approach in respect of the Risk Register. She added that this would be progressed over the next 6-8 weeks with a view to providing an update at the May ARAC.

Dr Graham said he hoped the work would result in the Risk Register becoming more readable and exact. He explained that the system currently used by the Trust produced all the history associated with the risk and he hoped that it would be possible only to have current issues associated with the risk. Dr Graham said that the work would also consider how risks might be devolved to Directorate level as a significant proportion appeared operational in nature.

Mr Dennison asked whether consideration would be given to inherent or residual risk as part of the review.

Responding, Dr Graham confirmed that this had been incorporated into the review.

The Chair said it would be helpful to organise a session in the near future with members which could consider the risk appetite of the Board.

Ms Paterson agreed that this would be useful in terms of ensuring the Board had a clear understanding of the risk appetite moving forward, particularly in the context of future financial challenges.

Dr Graham explained that he intended the work would refine the risk register with the aim of identifying key areas as Board risks as opposed to operational risks.

4 **Chair's Update**

The Chair noted that she would soon be a year in post and said it remained her intention to continue to engage with staff throughout the organisation. She advised that she had met with staff from the Quality, Safety and Improvement Directorate and said this had provided her with a useful insight into ongoing work.

The Chair said she had had an opportunity to visit the Air Ambulance NI (AANI) and Helicopter Emergency Medical Service (HEMS) in mid-March and had gained an insight into how the charity maintains services with clinical support provided from NIAS. The Chair said she had also taken the opportunity at that time to meet with staff from the Hazardous Area Response Team (HART). She noted the commitment and enthusiasm shown by staff she had met throughout the organisation since her appointment as Trust Chair.

The Chair alluded to the visit made by Board members earlier that morning to the Integrated Clinical Hub at Site 5 and said she remained optimistic when she heard of the commitment from senior management in terms of increasing resources.

Continuing her report, the Chair advised that she had met separately with the Trust's Independent Advisers, Mr Sowney and Ms Mitchell, to discuss the review of their respective roles and agree a way forward. The Chair acknowledged that, with a full Non-Executive Director complement now in place, both Mr Sowney and Ms Mitchell were aware that the need for Independent Advisers would reduce over time. She recognised, however, that there would be a transitional period and agreed to keep members apprised.

The Chair reported that she had met with Mr Colin Coffey, Chair of the Public Health Agency (PHA) and added that Mr Coffey would also assume the role of Chair of Public Sector Chairs' Forum on 1 April. The Chair said that the PHA was an important stakeholder and partner in relation to population health as well as looking at work around prevention and early intervention.

The Chair said that, since the previous Board meeting, the Permanent Secretary had convened a workshop with NI HSC leaders to discuss a new commissioning approach. She indicated that, while several priorities had been identified from the workshop, three priorities had been highlighted for future working, namely commissioning approach, performance/accountability and system narrative. The Chair advised that she had been asked to join the system narrative task and finish group and had asked for the group membership to include Mr Coffey and Ms Ruth Sutherland, Chair of the Patient and Client Council, to ensure the public were at the centre of what system narrative needed to reflect.

Continuing, the Chair noted that the group had now met on a few occasions to look at what the key messages would be with a view to providing feedback to the main group convened by the Permanent Secretary. The Chair commented that the system narrative group had identified several further issues for consideration and the Permanent Secretary had asked the group to consolidate its position and provide feedback to the main group.

The Chair reported that the Equality Commission had celebrated its 25th anniversary through a number of equality and leadership events. She advised that she had attended a 'Women in NI' conference held during the same week as international women's day. She acknowledged the amount of work undertaken in the Trust to mark international women's day through telling the stories

of female leaders and encouraging other females in the workplace and recognising their contribution.

The Chair said that she would be meeting with Ms Lemon to be briefed on the work ongoing within the Trust in relation to equality and diversity, and would be keen to ensure there was a culture of encouragement in the organisation. She said she would keep members updated.

The Chair reported that she had recently joined a Teams call on gender parity and Boardroom diversity in the NHS and the HSC. She said she would welcome feedback from members on the report which had been circulated by Mrs Mooney.

The Chair advised that she had also attended the annual Leadership and Governance Conference organised by the Public Sector Chairs' Forum and the Chief Executives' Forum and said learning had been identified re shaping the future.

In her absence, the Chair congratulated Ms Charlton on completing the Transformational Leaders course and said she had been delighted to attend the graduation.

The Chair alluded to her attendance at the HSC Chairs' meeting with the Minister and said the meeting had received an update on the work around system narrative which in the future has potential to be used by the Minister when discussing the need for the public to have greater responsibility for their own health, understand the transformation required in the HSC and the associated challenges. For example, the potential for patients to have to travel to receive specialist services. The Chair noted that the Minister referred to the GIRFT report in discussions and said she had taken the opportunity to highlight NIAS' concern that so many challenges facing NIAS were dependent on outside influences.

Mr Corrigan enquired whether there was an Equality and Diversity Forum Group/Committee within the Trust.

Mr Bloomfield explained that there was a Women's Forum but acknowledged that it had not met for some time. He explained that the lead within the HR & OD Directorate for Equality and Diversity was currently on a career break and said that the changes within the Directorate would allow Ms Lemon to progress this area of work.

The Chair commented that, since her appointment as Trust Chair, she had noticed a consistent theme whereby male language is used unconsciously and acknowledged that this was not done in any way to cause offence and be exclusionary. She encouraged those around the Board table to take every opportunity to encourage learning and inclusivity. The Chair stressed the need for cultural reform and transition in the Trust and ensuring the use of inclusive terminology and language was an important step.

Ms Gardner explained that the Trust intended to commence work early in the new financial year in relation to reducing misogyny within ambulance services and improving sexual safety. She added that much of this work would be related to the promotion of raising concerns in a safe space.

Mr Corrigan commented that he was scheduled to meet with Ms Lemon on 8 April and planned to discuss wider Equality and Diversity issues with her.

Mr Bloomfield acknowledged that other ambulance services were also progressing work in relation to reducing misogyny and improving sexual safety and it was a priority for NIAS to progress this. He agreed with the Chair that, in some instances, there were generational issues at the core and said he was encouraged that the new cadre of individuals coming into the organisation were more reflective of the communities we live in.

The Chair stressed that the focus should not only be on gender but also on ensuring an inclusive workplace.

Ms Gardner commented that the work around reducing misogyny and improving sexual safety would be progressed in a phased approach and would lead to cultural reform.

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

5 **Chief Executive's Update**

Mr Bloomfield reminded colleagues that he had had to leave the February Board meeting early to attend the Health Committee with other Trust Chief Executives. He explained that the opening presentation had provided him with the opportunity to highlight the

challenges faced by NIAS, in particular the ongoing issue of handover delays which continued to show a deteriorating position despite a focus on this over the last year. Mr Bloomfield said he had also highlighted the related increases in response times and the associated risks to patients as well as taking the opportunity to highlight the contribution the Trust can make to the wider transformation agenda.

Continuing, Mr Bloomfield commented that, in the subsequent Q&A session, and given the current focus on the financial position and pressures across the HSC, he welcomed the interest shown by Committee members in the ambulance service. He said it was clear that Committee members had a clear understanding of the role played by NIAS and of the services the Trust provided and were involved in. For example, the Community First Responder Scheme and the Trust's work with the NI Fire and Rescue Service (NIFRS) and St John Ambulance. Mr Bloomfield said he was asked about the workforce challenges, including the new paramedic students due to graduate from the Ulster University later this year and about those individuals who wished to return from GB to NI and had been unable to secure posts. He said that he had been able to clarify that, unlike most other Trusts, NIAS did not have a workforce supply issue and indeed had a waiting list of individuals wishing the join the Trust. Mr Bloomfield noted that other questions included the challenges posed by increased response times; SAI process; use of Independent Ambulance Services to support the Trust and the appropriateness of that; solutions to the handover issue, both long- and short-term; potential to cohort patients within an ED setting. Mr Bloomfield said that overall he had been encouraged by the level of interest shown by Committee members.

Mr Bloomfield reported that he had attended an event organised by the Royal College of Emergency Medicine and added that the Minister and the health spokespeople of the various political parties had also been present. He said that the focus was very much on pressures within EDs and the challenges faced by emergency physicians. Mr Bloomfield said he was again encouraged by the fact that there had been several references to the impact that these pressures were having on ambulance services. He was of the view that constantly raising the issue of delayed handovers and the associated risks over the last several years had raised awareness of the impact.

Mr Bloomfield noted that, in his speech, the Minister had also referred to the impact of delayed handovers on ambulance services and had indicated that he was pleased to be able to invest funding in the ambulance services to recruit new paramedics.

Continuing his report, Mr Bloomfield said that members would be aware of the RCC which had been established in December 2023 to help the overall system manage flow and equalise pressures across the system. He added that the RCC had also brought a constructive challenge function to all Trusts and worked with them in a service improvement role. Mr Bloomfield advised that Trust Chief Executives had now agreed to extend the RCC for a further six months to allow time to demonstrate its impact. He indicated that an independent stocktake would be carried out to identify any initial learning and what had worked well. Mr Bloomfield said that Chief Executives had now met with the individual undertaking the stocktake and arrangements were being made for meetings with wider Trust teams.

Mr Bloomfield commended those involved in the Trust's social media coverage of international women's day and believed that the interviews with female leaders within the service served as positive encouragement to other females considering joining NIAS. He indicated his agreement with the Chair that there should be a constant focus on the importance of women's role in the service and not just on international women's day.

Turning to workforce, Mr Bloomfield explained that, while the Trust awaited the additional 48 newly qualified paramedics who would become available later in the summer, the Trust continued to recruit and train new staff within its existing funded establishment in order to maintain staffing levels.

Mr Bloomfield said that he had met with the latest group of staff who had just completed their 20-week Associate Ambulance Practitioner (AAP) course and who would be commencing operational duties at the start of April. Mr Bloomfield said that he also looked forward to welcoming paramedics and AAPs to the Trust who were joining from other ambulance services.

Concluding his report, Mr Bloomfield referred to the NIAS Leadership Conference which would take place on 26 April 2024 in

the Dunsilly Hotel, Antrim and said he hoped Non-Executive Directors would be able to attend.

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

6 **NIAS Partnership Agreement (TB23/03/2024/03)**

The Chair said she would welcome the opportunity to take members' views in relation to the Partnership Agreement. She explained that the Partnership Agreement set out the arrangements whereby the DoH and the Trust were engaging in a new partnership approach.

Ms Paterson advised that the Trust Directors of Planning had met to reconcile views on how to influence the narrative and had undertaken a benchmarking exercise to ensure a level of consistency. She said that, at that time, it had been felt that the document represented a positive baseline position from which to progress. Ms Paterson added that several Trusts had already signed their Agreement which had then been published on the DoH website.

Mr Ashford noted that the Management Statement Financial Memorandum (MSFM) would be replaced by the Partnership Agreement and sought clarification on whether the MSFM would be phased out. He said that he would expect to see more detail as to what appropriate autonomy might look like.

Mr Bloomfield said that much of the narrative around roles and responsibilities had reflected the content of the MSFM. However, he acknowledged that there was already a closer working relationship between the Trust and the DoH which represented a closer partnership approach than previously.

Dr Graham commented that he had had some previous experience of Partnership Agreements through his involvement with the education sector which was now working to its second Partnership Agreement and said he had found very little difference in moving from the previous arrangement.

Mr Corrigan said that, in his experience in other sectors, there were more mature Partnership Agreements. However, he acknowledged

that the Agreement represented a starting position. Mr Corrigan was of the view that, while the Agreement provided the narrative around the approach, the actions beyond that would be of more importance and he welcomed Mr Bloomfield's view that working relationships had already changed.

The Chair said she did not disagree with any of the comments made. However, she highlighted that the Trust would be held to account through the Partnership Agreement. She acknowledged that several of her queries may relate to wording in legislation and therefore could not be amended, however, she highlighted several concerns and sought clarification around these, namely:

- Page 9 - reference to 'Health and Social Services Trusts';
- Page 10 – reference to 'Chairman';
- Page 13 – Board Operating Framework – does this mean Standing Orders?;
- Page 13 – code of practice for Board members;
- Page 15, para 9.2 – 'shared understanding of the risks that may impact on each other, and these are reflected in respective Risk Registers';
- Page 17, para 11.3 – 'NIAS will work in collaboration and partnership with the Department to prepare corporate and business plans…'

The Chair questioned whether, in relation to risks, there was a shared understanding of the risks given that NIAS had consistently been highlighting the risks associated with delayed handovers and no progress had been made. She said it was her understanding that the DoH had not shared the DoH Risk Register with Trusts.

The Chair said she was not aware of a commissioning plan.

Mr Bloomfield reminded the meeting that there had not been a commissioning plan for several years and said discussions were ongoing in relation to designing a new commissioning process.

Dr Graham suggested that the corporate plan would be largely influenced by the Minister's priorities.

Mr Dennison asked if that the Chair was proposing the Trust would not yet sign off the Agreement until further clarification was

received. He was of the view that the Agreement did not represent a Partnership Agreement as such but was a behaviour agreement.

The Chair asked members if they would be comfortable signing the Agreement in the absence of this further clarification. She explained that she had requested the Agreement come before the Board for noting rather than for approval until she was assured members would be happy to sign it off.

Mr Bloomfield accepted that there could have been a greater level of partnership working in developing the Agreement, however he believed it represented a positive baseline position on which to move forward.

The Chair commented that it was clear members were not entirely comfortable with approving the Agreement in its current format. She said that, with members' approval, she would discuss the Agreement further with Mr Jakobsen and Mr Wilkinson and explain that members were supportive of engaging around the Agreement and ensuring the focus was on the document remaining live.

Mr Bloomfield suggested that clarification would be sought from the DoH on the points highlighted by the Chair with a view to ensuring an amended document was brought back to the Board for consideration.

Members agreed with this approach.

7 **Strategic Priorities 2024-25 (TB28/03/2024/04)**

Ms Paterson alluded to discussion at the Strategic Planning Away Day attended by members on 15 February and explained that she had met with the Trust's Assistant Directors' Forum to outline to them the outworkings of the Day with a view to determining the key priorities for the Trust.

Ms Finn acknowledged the discussion which had taken place at the Forum and said the general feeling had been that the strategic outcomes could be delivered. She said that discussion had touched upon governance and assurance and the importance of ensuring the work could be embedded into 'business as usual'. Ms Finn said that there had been specific reference to the language to be used and the importance of referencing quality as well as efficiency. She

said that the Forum had committed to developing the enablers into a deliverable plan for the 2024-25 year.

Ms Gardner said that the Forum welcomed the presentation and discussion with Ms Paterson and highlighted the importance of working collectively on delivery. She commented on the number of significant enablers and the importance of prioritising these to achieve the objectives.

Mr Cochrane welcomed the focus on specific workstreams and issues which were deliverable rather than have a broad range of outcomes.

Dr Graham commented that the development of the Trust's Corporate Plan provided an opportunity for 'entrepreneurship' and 'thinking outside the box' as well as adopting the approach that everything should be considered.

Mr Bloomfield highlighted a number of key priorities that the Trust had to continue to progress, for example, maintaining progress on attendance management; progression of clinical model; maximising efficiency from PCS; operational performance, including to address rest periods, late finishes and EPRR.

Mr Corrigan believed that having a renewed focus would be helpful and also examining what areas of work could cease in order to create the necessary capacity as not everything could be designated as a priority.

Mr Bloomfield agreed with Mr Corrigan's comments and was of the view that the Corporate Plan for 2024-25 would have fewer priorities. However, he said it would be important to strike a balance and ensure that the work not prioritised within the Corporate Plan would continue to be progressed through Director's and team objectives. Mr Bloomfield referred to discussion at the recent Remuneration Committee when the Committee was of the view that Directors' objectives for the 2024-25 year should be 'smarter' and not reflect work to be progressed as part of business as usual.

Dr Graham agreed with this approach and suggested that consideration of core duties and tasks would help narrow the vision with a view to determining what actually needed to be progressed.

Mr Ashford commended the paper and asked how the Trust intended to capture the clinical education programme.

Responding, Ms Paterson clarified that this would be progressed within the Clinical Strategy. She acknowledged that the paper would be further refined in terms of sequencing and having clarity around the interconnections and interdependencies of the various areas of work being progressed.

The Chair was of the view that this was achievable when there was a small number of strategic priorities included within the annual project plan. She commended the paper and believed it was a useful way of capturing the discussion.

Mr Ashford asked whether the Trust could contribute to public health campaigns.

Ms Paterson advised that she had met with the NI Statistics and Research Agency (NISRA) and had discussed how they might be able to use NIAS data from a population health perspective.

Dr Ruddell clarified that the references to clinical insights and the use of care records related to the quantity of patient pathways and transformation. He stressed the need to ensure that the Trust also delivered the highest quality of clinical care to those patients being treated. He acknowledged that data driven insights would be very useful and suggested that it would now be timely for the Trust to revert to a position of measuring how patients were treated in terms of ensuring the Trust was delivering the right care. Dr Ruddell believed that, as a clinical organisation, this point should be explicit within the strategy.

Ms Paterson advised that Mr McKenna, Assistant Director of Operations, had stressed this point at the Forum meeting and the importance of ensuring that REACH would assist in clinical audit and supervision.

Mr Sinclair agreed and pointed out that this had been incorporated into the Clinical Strategy. He agreed that REACH would assist in this regard as well as research and development around the longer term outcome data. Mr Sinclair highlighted the importance of developing an evidence base for practice.

The Chair asked whether there was an opportunity to seek views from colleagues on the ground. She acknowledged the involvement of Assistant Directors but suggested it would be important to get feedback from operational staff as to whether they felt the objectives were appropriate to the challenges they face.

Ms Paterson noted the need to consult with staff and patients and agreed that it would be helpful to discuss how this might be progressed with the Assistant Directors' Forum.

Ms Finn referred to the Partner Voice and suggested that this might offer an opportunity for consultation with service users.

The Chair suggested that there would be an increased chance of success if there was ownership.

Dr Graham agreed and said that this would also feed into the Trust's Engagement Strategy.

Referring to next steps, Ms Paterson explained that the way forward would be to get feedback from the Assistant Directors' Forum which would progress the Plan. She said that, running in parallel, there would be a focus on wording and outcomes as well as considering timeframes.

The Chair thanked all involved and said it would be important to progress the Plan as quickly as possible but at the same time ensure there was clarification and ownership around the strategic objectives.

Members **NOTED** the draft strategic priorities for 2024-25.

8 **Trust Performance Corporate Scorecard (March 2024) (TB28/03/2024/05)**

Mr Corrigan alluded to the response times and the reference to the impact of ASOS. He said it was his understanding that all Trade Unions (TUs) had accepted the pay deal and asked when the Trust expected ASOS to cease. He noted that, while ASOS would be lifted, the issues around handover delays, response times, end of shift protocol would remain.

Mr Bloomfield agreed with Mr Corrigan's comments. He reminded the meeting that, before the start of ASOS, the Trust had commenced work to hold calls towards the end of shift specifically with a view to prioritising the release of crews at EDs. He explained that, as part of ASOS, TUs had advised their members not to respond to any calls other than Cat 1 calls in the last hour of shift. Mr Bloomfield said that the Trust had been having ongoing discussions with TU colleagues to agree the best way to collectively provide the safest service to patients and meet the needs of staff.

Dr Ruddell explained that, prior to ASOS, the Trust had developed a process for end of shift whereby it had examined primarily Cat 2 calls associated with high risk conditions and identified those calls which were likely to be time critical/time sensitive, for example heart attacks, stroke. He advised that, other than the high-risk calls, calls were held to allow for the prioritisation of releasing those crews waiting long periods of time at EDs. However, Dr Ruddell commented that ASOS meant that crews were not responding to any calls, other than Cat 1 calls, in the last hour of shift and therefore patients at risk of heart attack and stroke were not receiving a timely response. Dr Ruddell stressed that the Trust could not revert to a position where crews were waiting outside EDs for up to 5-6 hours past the end of their shift. He highlighted the need to focus on staff welfare as well as ensuring staff cover was not lost due to compensatory rest.

Ms Gardner reminded the meeting that the issue of pay was only one element of the dispute and said that safe staffing had also been highlighted as an issue. She updated the meeting on the respective TU position in relation to ASOS and said that UNISON ASOS was due to cease on 1 April while NIPSA action would continue until the end of June. The position with regard to GMB and Unite was not yet clear.

In response to a question from Mr Corrigan, Ms Gardner advised that approximately 60% of Trust staff belonged to UNISON.

Mr Dennison noted that discussion on ASOS had featured quite significantly at the last PFOD Committee and said that Ms Lemon had undertaken to provide an update on TU partnership working at the April meeting.

Ms Finn commented on the position with regard to Patient Care Services and reminded the meeting that the Trust was now reverting to scheduling more patients on transport. She explained that, during the pandemic, it was usual for a single patient to be transported.

Mr Corrigan noted that two thirds of patients were not arriving to appointments on time and asked if patients were still being seen.

Responding, Ms Finn confirmed that Trusts were flexible in relation to outpatient appointments and most patients arriving late were still seen. However, she said, there was less flexibility in relation to scheduled day procedures, for example dialysis patients were receiving less time on dialysis if they arrived late for their appointment. Ms Finn stressed that this was not acceptable and advised that a bespoke piece of work was being undertaken to ensure patients were not impacted. She noted that improvement would be seen moving forward and was not referenced in the Performance Report before the Board.

Mr Ashford commended the report and believed it provided a good summary of the Trust's current performance.

Ms Gardner said she was pleased to report a reduction in the in-month absence figure for the third consecutive month. She noted the progress being made in terms of the focus being on the management of long-term bases. She indicated that, at the end of December, 230 staff were on long-term sick. This had reduced in January to 201 and to 174 in February. Ms Gardner noted that there had been a slight increase in short-term absence and said the Trust had adopted the same approach in terms of looking at those staff who had had a number of episodes of absence within a 12-month period.

Ms Gardner drew members' attention to the benchmarking information within the report and noted that the February information was not yet available. She advised that the Delivering Value Programme Board would be meeting in the coming days to undertake the end of year review and determine the structures to be put in place for the 2024-25 year in terms of the management of absence.

The Chair acknowledged the effort that had gone into the management of absence and believed that the increased focus at local level had helped to ensure NIAS was able to compare its position with that of other Trusts. She was of the view that the continued effort and scrutiny would continue to be necessary and said she had found the benchmarking information helpful.

Mr Cochrane highlighted the team effort and advised that, on the same day last year, the Trust had 181 staff absent from work and this year there had been 131 staff absent from work. He acknowledged that a number of staff had been waiting on external factors, for example AW33 outcomes.

The Chair believed that the continued effort across Directorate and working in partnership was key.

Mr Corrigan said he was aware anecdotally that staff were conscious of the increased focus on absence.

The Chair agreed that this was important and believed that this would then start to shift culture.

Mr Bloomfield commented that, from April to December, the Trust's monthly absence was over 14% and he welcomed the reduction in January to 13.6% and 12% in February. He said he hoped the figure at the end of March would also be positive and added that he would like to be in a position to see the cumulative figure starting to reduce.

The Chair highlighted the continuing deterioration in handovers from Quarter one 8.8%; Quarter two 12% and Quarter three 19% and noted that this was an 'uncomfortable position' from a governance and accountability perspective. The Chair reassured members that she and Mr Bloomfield took every opportunity to highlight the continuing deterioration.

Members **NOTED** the Report.

9 **Finance Report (Month 10) (TB28/03/2024/06)**

Mr Nicholson reported on progress against the three statutory financial performance targets, namely manage within allocated Revenue Resource Limit (RRL); manage within allocated Capital

Resource Limit (CRL) and prompt payment target of 95% of suppliers within 30 days.

He said that members would be aware the Trust had been forecasting a breakeven position. However, he noted that expenditure levels could vary significantly between months and at different times of the year. Mr Nicholson advised that the levels of expenditure had been lower than previous years and less than the forecasted amounts as part of the forecast breakeven position. He said the Trust was working through the detail and to quantify the impact of this downturn and the potential impact on breakeven.

Mr Nicholson drew the Board's attention to page 5 of the report which set out expenditure against Voluntary and Private Ambulance Services (VAS/PAS), including taxis. He advised that expenditure remained significant in both areas and varied between months and years across each area of expenditure.

Mr Nicholson said that the Board had heard of the work of the Delivering Value Programme and was of the view that the many reductions evident in the current year were as a direct result of the work being done by staff to manage expenditure in these areas. He said he would welcome early engagement with these fora as the Trust moved into the 2024-25 financial year.

Mr Nicholson referred to the Capital Resource Limit (CRL) and advised that, at the time of writing the report, the position remained the same as reported to the February Trust Board, ie expenditure at the end of January 2024 was £1.550 million against a total allocation of £6.381 million. He said a significant amount of work remained to be done around expenditure ahead of the end of the year end. Mr Nicholson explained that expenditure had traditionally been profiled towards the year end due to a number of factors, including business case approval, availability of funds, procurement timescales.

Continuing, Mr Nicholson said he had previously briefed Trust Board on the business case for replacement defibrillators and the submission made to the DoH. He said he was pleased to report that, earlier that morning, the Trust had received the final formal approval to the business case to replace defibrillators across the service.

Responding to a question from the Chair on whether this could be achieved in-year, Mr Nicholson explained that he would provide further detail in the In Committee session.

Mr Nicholson drew members' attention to the Trust's performance against the prompt payment compliance and reminded the meeting that the target was to pay 95% of invoices within 30 calendar days of receipt of a valid invoice as well as a further regional target to pay 70% of invoices within 10 working days (14 calendar days). He advised that, while performance against these targets had slightly reduced in January, it had not reduced the Trust's cumulative performance figure. Mr Nicholson said he remained confident that the cumulative performance would be achieved.

The Chair thanked Mr Nicholson for the Finance Report (January – Month 10) which was **NOTED** by the Board.

10 **Committee Business:**

- **PFOD Committee – minutes of meeting on 6 December 2023 & report of meeting on 29 February 2024;**
- **(TB28/03/2024/07)**

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

Mr Dennison gave a brief synopsis of discussions at the February PFOD Committee and welcomed the in-month reduction in absence figures and acknowledged that it would be some time before a cumulative reduction was evident.

Mr Corrigan said that he had joined the Committee for the first time at its February meeting and commented that the agenda appeared to be heavily focussed on HR elements.

The Chair thanked Mr Corrigan for his observation and reminded the meeting that members had agreed to consider reviewing the operation of the Trust Committees in the summer.

13 **Date of Next Meeting**

The next NIAS Trust Board will be held on Thursday 9 May 2024 at 10am in the Boardroom, NIAS HQ.

14 **Any Other Business**

(i) Cyber Security Awareness Training

Ms Paterson reminded members that they would receive a presentation on cyber security awareness in the In Committee meeting.

(ii) Application of the Trust Board Seal

Mr Nicholson explained that the Trust Standing Orders required that 'documents should only be sealed following a resolution by the Trust Board. In exceptional circumstances, a document shall be sealed in advance of a resolution by the Trust Board and retrospective resolution sought at the following Trust Board meeting.'

He acknowledged the urgency associated with affixing the Board Seal to the following documents:

- Lease renewal in respect of Carrickfergus Ambulance station for a further five years;
- New contract for Computer Aided Dispatch (CAD) system (seven years);
- Lease renewal in respect of Ballynahinch Ambulance station for a further five years.

The Board **APPROVED** the affixing of the Trust Board Seal to these documents.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 1.05PM.

SIGNED: M. Lavmour

DATE: 9 May 2024