



**Minutes of NIAS Trust Board held on Thursday 5 May 2022 at 10am  
via Zoom (due to Covid-19)**

<b>Present:</b>	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
<b>In Attendance:</b>	Ms L Charlton	Director of Quality, Safety & Improvement
	Mrs C Mooney	Board Secretary
	Mr C Carlin	Boardroom Apprentice (joined the meeting at 11.45am)
	Mr N Walker	Interim Asst Director of Planning & Performance (for agenda item 6 only)
	Mr M Flaherty	Association of Ambulance Chief Executives (AACE) (for agenda item 6 only)
	Ms K Keating	Risk Manager (for agenda item 7 only)
	Mr M Cochrane	Area Manager (for agenda item 7 only)
	Mr J Kearney	Asst Director Human Resources (for agenda item 7 only)
<b>Apologies:</b>	Mr B McNeill	Programme Director - Clinical Response Model (CRM)
	Ms M Paterson	Director of Performance, Planning & Corporate Services

## 1 **Welcome, Introduction & Apologies**

The Chair noted that apologies had been received from Ms Paterson and Mr McNeill and reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The meeting was declared as quorate.

The Chair advised that she was aware of discussions ongoing throughout the HSC as to when it might be appropriate to resume face-to-face meetings and said she looked forward to the outcome of these discussions.

## 2 **Previous Minutes (TB05/05/2022/01)**

The minutes of the previous meeting held on 24 March 2022 were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Dennison.

## 3 **Matters Arising (TB05/05/2022/02)**

Members **NOTED** the updates against the Matters Arising.

The Chair invited Ms Charlton to provide an update around the rate of Covid-19 re-infection amongst staff.

Ms Charlton advised that, between August 2020 – April 2022, 1,037 NIAS staff had tested positive with 105 of these staff having been re-infected – therefore approximately 10%. She indicated that corresponding figures published by the DoH referred to a re-infection rate of approximately 6.2%. Ms Charlton pointed out that 8.3% of 20-39 years olds had been re-infected and 5.6% of 40-59 years olds had been re-infected.

However Ms Charlton cautioned against not taking assurances from such figures and pointed out that, in the reporting period, the general public was no longer required to take a PCR test and therefore it would be inappropriate to arrive at conclusions regarding comparisons in this context.

The Chair thanked Ms Charlton for her update.

In response to a question from Mr Ashford around the Joint Health and Safety Policy Statement, Mrs Mooney clarified that the Joint Statement had been approved by the Audit and Risk Assurance Committee (ARAC) at its meeting on 3 February 2022. She explained that it was the intention to bring further papers to the June ARAC setting out roles and responsibilities.

#### 4 **Chair's Update**

Commencing her update, the Chair reflected on the fact that, due to the pandemic, the Trust had held its first virtual Staff Recognition Awards on 1 April. She explained that she had been unable to attend due to illness but hoped that the plans to hold a further face-to-face event later in the year would come to fruition.

The Chair conveyed her congratulations to all award recipients and said she was looking forward to meeting later this month with Mr Eddie Murphy who had received the Chair's Award.

The Chair advised that she had finally had the opportunity to meet with Mr Alan Cardwell, former Non-Executive Director, who had retired from his position in February 2021. She said that Mr Caldwell had asked her to pass on his best wishes to the Trust Board and staff at this challenging time.

Continuing, the Chair reported that, along with other Trust Chairs, she had had the opportunity to meet with Mr Peter May, who had recently been appointed as DoH Permanent Secretary. She said she was aware that Mr May had met with Trust representatives soon after his appointment and said that she looked forward to further engagement with him.

The Chair advised that she had attended a strategic planning event in her capacity as Chair of the Public Sector Chairs' Forum to look at ways in which Arms' Length Bodies (ALBs) could support the Head of the Civil Service as she brought forward a programme of work to address issues arising from the pandemic but also to ensure Northern Ireland moved forward as a region.

The Chair alluded to her series of meetings with Non-Executive Directors and Directors and asked for any Director yet to have a meeting to contact her office to arrange.

The Chair said that she wished to conclude her update by acknowledging the significant pressures facing the Trust over the last two years and in particular the recent media attention on the Trust following a number of tragic incidents. She acknowledged the deep impact not only on patients but on staff and said that the media had reported on the root causes and had alluded to the fact that these would not be resolved overnight.

The Chair was of the view that it had been important for the Trust, as a public service and accountable to the public, to respond to queries raised and she thanked those staff who had undertaken media interviews.

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

## 5 **Chief Executive's Update**

The Chief Executive indicated that the previous few weeks had been difficult for the Trust, with a high level of media attention on the service for several weeks following a number of distressing cases. He said that such circumstances were difficult to listen to and accepted that the service on occasions was not one which the Trust and its staff wished to provide and he offered his apologies to anyone who had not received a timely service.

Mr Bloomfield explained that the Trust received requests from the media on a regular basis to comment on individual cases and the Trust statements highlighted the main reasons for delayed responses which alluded to the underlying shortfall in capacity which existed before the pandemic and the Trust efforts to address this through the Clinical Response Model (CRM) business case; the number of staff not available due to Covid-19 and most significantly the amount of time lost due to delays in handing over patients to EDs.

He explained that the Trust had agreed that, rather than put forward a similar response to each media request received, it would do an in-depth interview with the BBC Nolan show where the Trust could explain more fully the issues in detail, the actions being taken and the further actions required.

Mr Bloomfield said that he and Dr Ruddell had attended for this interview with the Nolan Show on 6 April and spent considerable time setting out the position in detail. He said that he believed both he and Dr Ruddell had been very open in describing the challenges faced by the Trust and the impact on patients as well as describing what needed to happen. He added that feedback to date had been positive.

Continuing, Mr Bloomfield explained that this initial interview had led to further media interviews on specific issues, in particular about the risk to patients and the number of deaths where a delayed response may have been a contributory factor. He said that individual cases continued to be reported, some of which were historic and he added that, while very regrettable, it had not been clear why some of the historic cases were being reported at this time.

Mr Bloomfield referred to the tragic death of Ms Jody Keenan in Newry in the early hours of 10 April. He explained that he would not normally refer to individual cases either in the media or at a Board meeting but he felt that, given the extent of the media coverage about the case, it had been necessary to do so at the time. He advised that Dr Ruddell had provided initial details about the reason for a delayed response and confirmed that the Trust had commenced a Serious Adverse Incident (SAI) review.

Mr Bloomfield reported that he and Dr Ruddell had also met with the Minister and DoH colleagues on 11 April to brief them on the circumstances that had led to the Trust's reduced cover in the Newry area that evening and the need for an ambulance to be dispatched from Belfast. He advised that the Trust had been in contact with Ms Keenan's family and said he would elaborate on this further during the In Committee session.

Continuing, Mr Bloomfield pointed out that this tragic incident had occurred the week before Easter. He said it was recognised that bank holiday weekends presented particular challenges both in relation to NIAS cover as staff were less keen to work overtime and due to the pressures across the wider system that led to even longer handover delays at EDs.

He commended those involved in planning for the Easter period and each weekend since, including the May Day bank holiday when NIAS operational cover had been good and importantly the level of

senior manager oversight throughout the weekend had allowed the service to respond very effectively and in a timely way to any drops in cover and other challenges that occurred out-of-hours.

Mr Bloomfield acknowledged that such arrangements continued to require the co-operation and goodwill of staff to work alternative patterns until such time as the investment to implement CRM was secured to enable the Trust to move to proper 24/7 management arrangements.

Mr Bloomfield advised that he had recently written to the Deputy Secretary of the Strategic Planning and Performance Group (SPPG) within the Department, formerly the Chief Executive of the Health and Social Care Board (HSCB), regarding the continued problem of delayed ambulance handovers, the risk to patients and the lack of progress on implementing Ambulance Handover Zones. He said that he had asked for a renewed focus on this issue and for regional discussions on how it could be addressed collectively. Mr Bloomfield said that he had also taken the opportunity in the correspondence to advise of the grave concerns which had been expressed at Trust Board and Committees and he asked Mrs Mooney to share the correspondence with members.

Mr Bloomfield advised that UTV had recently spent the day filming in NIAS HQ and explained that UTV intended to use the material over a three-day period the following week. He said that he hoped the articles would demonstrate the good work carried out by staff on a daily basis. Mr Bloomfield explained that the recent constant media attention risked damaging public confidence in the service as well as impacting on staff who did their best each day in difficult circumstances.

Continuing, Mr Bloomfield reported that the new Permanent Secretary, Mr Peter May, had visited NIAS HQ on 12 April to meet with the Trust's Senior Management Team. He said the Team had outlined some of the current challenges, including delayed patient handovers, as well as highlighting some of the positive developments in recent years and planned developments from which the whole system would benefit. Mr Bloomfield said that the Team also stressed the need for an early decision about CRM investment so as to improve response times and enable wider system transformation to take place. He added that the Trust

looked forward to further engagement with him in the months ahead.

Mr Bloomfield said that, as had been alluded to by the Chair in her report, a highlight of the month had been the Staff Recognition Awards on 1 April. He explained that these awards had been postponed from 2020 and, while it had been hoped to be able to have a physical event, it had been decided to proceed with a virtual award ceremony to recognise the excellent work done by NIAS staff on a daily basis. He conveyed his thanks to those Board members who had been able to join the event and said it was very much hoped to be able to have a 2022 event in-person later in the year.

Continuing, Mr Bloomfield reported that the NIAS Service Delivery Plan covering the period April-June 2022 had been submitted to the DoH and said Mrs Mooney would circulate a copy to members.

He explained that the Plan set out how the Trust was rebuilding health and social care across all its services whilst managing the ongoing impact of Covid-19 with the purpose of the Plan being to show how the Trust would balance the on-going needs of people and communities affected during the pandemic and address the impact on all its services, particularly unscheduled care.

Concluding his report, Mr Bloomfield said that he was pleased to advise the Board that the Head of Internal Audit had confirmed an overall satisfactory audit opinion after two years of a limited opinion. He indicated that this was largely due to the progress made on the prior year Audit recommendations and he conveyed his thanks to colleagues and their teams who maintained a focus on these and delivered real progress during what had been a most challenging period.

Mr Bloomfield said that further work continued to be required to fully implement some recommendations and to keep up-to-date with new recommendations. He thanked Board members, and in particular the Audit and Risk Assurance Committee, for their support in the approach taken to identifying and addressing risks within the organisation and in helping maintain the necessary focus on making progress.

The Chair thanked Mr Bloomfield for his report and acknowledged the challenges around service delivery.

She welcomed the satisfactory level of assurance from Internal Audit and said, as Chair, she wished to convey her thanks to all involved for their efforts at a time when the Trust was also trying to deliver services. The Chair thanked members of the ARAC for their focus on this area of work.

Mr Ashford echoed the Chair's comments and congratulated all involved on achieving the satisfactory level of assurance. He stressed the need to maintain the focus on addressing the recommendations.

Mr Haslett reiterated the comments already made and commended all involved.

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

## 6 **Association of Ambulance Chief Executives (AACE) Proposed Workplan 2022-23 (TB05/05/2022/03)**

The Chair welcomed Mr Martin Flaherty, Association of Ambulance Chief Executives (AACE), to the meeting. At the Chair's invitation, Mr Flaherty provided a context and overview of the support given by AACE to NIAS in 2021-22 as well as outlining the proposed support in 2022-23.

The Chair acknowledged the support given by AACE and welcomed the fact that, despite the challenges, NIAS had made significant improvements in call answering in EAC.

Mr Abraham was of the view that the Trust's collaboration with AACE had proved to be extremely valuable in allowing the Trust to build internal capability.

Agreeing with Mr Abraham's comment, Mr Flaherty said that that had been the focus of AACE support over the last few years and added it was clear that the Trust had improved its internal capabilities with EAC being a clear example of such improvement. He pointed out that NIAS had performed much better than many English ambulance Trusts over the last year in terms of call answering but acknowledged that there was further work to do

which would be linked to the review of the Operational Management Structure.

Mr Flaherty said that the Trust had transformed its structures in a number of areas and said he was confident that it would continue to improve. He alluded to the work to be progressed around the review of the Operational Management Structure and the transformational work around HR and said that AACE would continue to work with the Director of Operations and the Interim Director of HR in this regard.

Mr Flaherty advised that, while he expected the AACE support to the Trust to reduce in the coming year, AACE would be willing to support the Trust where needed.

Mr Abraham said that he had been encouraged by Mr Flaherty's comments. He referred to the issue of handover delays and his request that this risk was strengthened on the Corporate Risk Register. He commented that the Chief Executive had suggested that the Trust should liaise with other ambulance Trusts' Audit Committees with a view to articulating the risk in the context of other services.

Mr Flaherty advised that AACE had been the first organisation to publish a report into the harm associated with handover delays resulting in subsequent poor performance in the community and pointed out that said that the situation in Northern Ireland was no different to anywhere else in the UK. However he did point out that the report had not contained NIAS data.

Mr Flaherty advised that AACE was able to provide comprehensive data collated from ambulance Trusts throughout the UK on hospital handover delays and associated harm and said that Mr Walker had been liaising with AACE in terms of benchmarking NIAS against other ambulance Trusts.

Mr Ashford said it was encouraging to see the positive work ongoing. He alluded to Mr Flaherty's offer of support from AACE around the NIAS CAD replacement and he sought further detail around the timeline for the replacement and whether the system needed to be compatible with other systems in use across the UK.

Responding, Mr Flaherty clarified that Ms Paterson was managing the CAD replacement. He advised that there were 3-4 common CADs in use across other UK systems which were all compatible with the mutual aid arrangements in place. He added that there was a need for the NIAS CAD system to be compliant with that used by the National Ambulance Service in the RoI.

In terms of AACE support, Mr Flaherty said that AACE had extensive knowledge and experience around the replacement of CAD systems and the significant planning required in the lead-up and said that such experience was not available within NIAS.

Responding to Mr Ashford's question around the timescales involved, Mr Bloomfield said it was his understanding that the Trust was seeking to procure the new CAD system towards the end of the year with a view to its implementation in 2023. He stressed the importance of ensuring the effective implementation of the new system and said it would be therefore appropriate for NIAS to avail of the AACE expertise.

Mr Haslett welcomed the support from AACE and asked how the Trust would ensure it received value for money.

Mr Bloomfield referred to the AACE benchmarking report which clearly demonstrated the functions for which NIAS did not have the required workforce. Mr Bloomfield explained that AACE had supported the Trust in developing its long-term strategic plan and had provided staff substitution as the Trust worked to increase its internal capability and capacity. He said that AACE was now transitioning to a supportive and advisory role.

Mr Bloomfield said that the Trust would demonstrate value for money based on the outcomes achieved by the Trust. He alluded to the process of revisiting the areas in which AACE provided support in the previous year as well as being able to identify those areas where AACE support had ceased and therefore the Trust did not incur any charges. Mr Bloomfield said that he was content that he could demonstrate that the support provided by AACE provided value for money.

Continuing, Mr Bloomfield noted that AACE had been providing support to the Trust for a number of years now and believed that 2022-23 would likely be the final year for this level of support. He

pointed out that all ambulance Trusts would engage AACE for specific areas of work in order to avail of their knowledge and expertise. Mr Bloomfield alluded to the benchmarking report completed by AACE a number of years previously and said that, while considerable work had been completed since then, the Trust was close to completing its restructuring of the Trust's corporate services functions as had been recommended by AACE.

Mr Bloomfield said that he wished to take this opportunity to thank Mr Flaherty and his team for the support and advice provided to him as Chief Executive over the last number of years.

The Chair said that she had noted the reducing spend in 2022-23 and welcomed the fact that the Trust was now reaping the benefits of AACE input over the last few years.

Referring to the CAD replacement, Ms Byrne confirmed that the Trust would be linking with AACE on this work. She advised that a commitment to this work had been received from the commissioners and the Outline Business Case had been signed off by the DHCNI and submitted to the DoH for consideration. Ms Byrne indicated that she expected the replacement CAD to be installed in the autumn of 2023.

Ms Byrne extended her thanks to Mr Flaherty and colleagues for their invaluable support and assistance. She said that, due to recent operational pressures, she had been unable to progress the review of the Operational Management Structure as she had wished and she welcomed the support from AACE to progress this in 2022-23.

Responding to a comment from Mr Nicholson, Mr Flaherty explained that he intended to stand down from his role as Managing Director in March 2023 but would remain involved in AACE.

Mr Dennison said that Northern Ireland tended to be quite insular and he emphasised the importance of working with AACE to ensure the Trust was provided with best practice examples as well as the ability to benchmark against other services. He suggested it would be important not to place emphasis on moving away from AACE but an emphasis in looking beyond AACE.

The Chair believed it had been helpful for the Board to receive this update. She acknowledged that Board members might wish to examine certain areas of work in more detail at various Trust Committees.

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

## 7 **Body Worn Video Project:**

- **Public Consultation Phase 2 – Proposed Deployment Plan**
- **Summary of Staff & Trade Union Consultation (TB05/05/2022/04)**

The Chair welcomed Ms Keating, Mr Cochrane and Mr Kearney to the meeting and said that this was an important issue for the Trust

At the Chair's invitation, Ms Keating reiterated the background to this and updated members on the current position in relation to the consultation. She referred to the presentation made to the Trust Board in March and reported that the numbers of assaults on NIAS staff had increased since that time with an average of 13 staff being assaulted each month. Ms Keating clarified that no cameras were currently on the ground. However, she sought the Board's approval to conduct a BWV pilot in the Belfast area.

Ms Keating extended an invitation to members to take the opportunity to view the equipment and speak to any members of the team if this would help in their understanding.

The Chair said she would be very interested in doing so and asked members to contact Mrs Mooney if they wished to avail of Ms Keating's offer.

The Chair said she had been concerned that only one member of staff had responded to the consultation but said it was clear from the papers before the Board that a huge level of consultation had taken place. She extended her thanks to Ms Keating and colleagues for their significant contribution to this work to date.

Ms Lemon, agreeing with the Chair's comments, pointed out that ongoing engagement and involvement were key steps in the development of a final formal consultation document.

The Chair noted that Ms Paterson had given an undertaking to provide an update on progress on the BWV pilot in the summer.

Ms Charlton commended Ms Keating and Mr Cochrane on their leadership on this project and said their contribution had been impressive despite other competing demands. She referred to the appointment of Mr Neil Gillan as the Trust's Co-Production Partnership Lead, and said Mr Gillan's contribution in terms of the consultation and Public and Patient Involvement (PPI) elements would be important. Ms Charlton alluded to the recent publication by the PPI Forum around the PPI elements of consultation exercises and said that Mr Gillan would be working closely with Ms Keating, Mr Cochrane and Mr Kearney on how best to involve appropriate service users and those hard to reach groups. She said that she was delighted to have this support within the Trust to ensure the Trust met its statutory obligations around involvement.

Ms Lemon referred to the difficult working environments in which staff operated and said it was important to have Board support which would be a strong indicator to staff that the violence and aggression they faced on a daily basis was not acceptable. Ms Lemon acknowledged the complexity of the consultation process and reminded members that it was for this reason that the Trust had decided to adopt a phased approach to the consultation. She commended this approach and believed it had enabled the consultation to be accessible to stakeholders. Ms Lemon added that Mr Kearney had made considerable efforts to ensure statutory compliance.

Mr Ashford welcomed the progress which had been made. He alluded to the fact that most English ambulance services had had BWV for some time and he asked if they had reported reductions in sickness absence.

Responding, Ms Keating advised that one ambulance service had reported a 25% reduction in violent incidents and said that, as yet, the linkages to sickness absence had not been reported. She added that four prosecutions were being taken forward by an ambulance service as a result of BWV footage. Ms Keating undertook to share the report, when available, from the National Ambulance Security Group co-ordinating the outcomes of BWV in services.

Mr Ashford welcomed the statistics. He acknowledged that dealing with prosecutions tended to increase stress in the short-term and he asked whether staff had experienced difficulties in this regard. He queried whether there was a danger that the Trust could potentially become involved in other incidents as a result of the availability of dashcam footage. Mr Ashford further queried whether this should be identified as a potential risk.

Ms Keating explained that the information flow was clear and advised that the Trust would be subject to the normal Subject Access Request procedures for data being held. She added that such requests were dealt with by the Information Governance Team.

Mr Haslett thanked Ms Keating for her update presentation. He referred to the fact that UTV had been filming in NIAS HQ and asked whether the Trust had taken the opportunity to refer to the increased incidence of violence and aggression against NIAS staff.

Responding, Mr Bloomfield explained he had advised UTV that, in 2016-17, the total number of incidents against staff was 451 and that this had increased to 688 in 2021-22. He said he was unsure to what extent UTV might reflect this information in their reports.

He reminded the meeting that he and Ms Byrne had met with the paramedics who had been seriously assaulted around Christmas time and had only recently returned to work. He said that they very much supported the introduction of the BWV.

Mr Haslett expressed his concern at the impact and level of violent assaults on staff that they would need months to recover from such attacks. He said he hoped that the UTV coverage would convey the seriousness of the situation and added that the BWV equipment needed to be introduced as quickly as possible.

Mr Kearney agreed that 'function creep' could be identified as a potential risk but said that it would be a managed and manageable risk. He suggested that this was an area where the Trust Board might wish to scrutinise as the project developed over the coming years. Mr Kearney indicated that part of the rationale for adopting a phased approach to the consultation, engagement and compliance

with equality and HR duties was to allow sufficient time between each phase for consideration of issues.

Continuing, Mr Kearney acknowledged that the Trust could be approached by Court Order or Survey Order for access to particular information it held. However, he said that this would not happen suddenly but would be on the basis of reasonable suspicion. He suggested that it would be important to keep this under ongoing scrutiny.

Mr Kearney acknowledged the dynamic nature of the procedures, policies, protocols and the deployment application and advised that these would be managed operationally with regular reports to the Senior Management Team.

Ms Lemon referred to the fact that the incidence of violence and aggression against staff was increasing and said that the introduction of the BWV would hopefully act as a deterrent to perpetrators. She alluded to the 25% reduction in violence against staff experienced by an English ambulance service and said that this would equate to four NIAS members of staff out of the 13, who were on average assaulted each month, not having been assaulted. She thanked the Board for its support and said she looked forward to BWV becoming operational very soon.

The Chair said that she would like this issue to remain on the Board's agenda. She added that she looked forward to hearing of a corresponding reduction in staff assaults as a result of the use of BWV as well as an increase in prosecutions following the deployment of BWV.

Following this discussion, the Board **APPROVED** the proposed Deployment Plan and **NOTED** the summary of staff and Trade Union consultation

The Chair thanked Ms Keating, Mr Cochrane and Mr Keating for their attendance and they withdrew from the meeting.

## 8 **Interim Draft Corporate Plan 2022-23 (TB05/05/2022/05)**

At the Chair's invitation, Mr Walker explained that the interim draft Corporate Plan had been shared with members to provide an opportunity to seek their feedback and views prior to producing the

final Corporate Plan to be implemented in 2022-23 and which would come to the June Trust Board for consideration.

Mr Walker advised that the final version to be presented on 23 June 2022 would incorporate those strategic and operational priorities coupled with any mitigating and remedial actions required to manage service and corporate risks and issues that had been identified.

He explained that, over the coming weeks, work would be undertaken to extract and develop the milestones from the strategic implementation plans, eg HR Transformation Programme, as well as seeking feedback from Board members to ensure the totality of the Plan remains in line with leadership expectations. Mr Walker added that the Plan would include specific additional actions as agreed between the Chief Executive and each Director as part of setting their objectives for the year.

Continuing, Mr Walker advised that the Corporate Plan would be monitored in 2022-23 as in previous years with milestones and dates assessed for progress and a RAG status applied for ease of scrutiny by Trust Board.

Mr Walker referred to an action arising from the March Trust Board meeting around the rolling forward of objectives from previous years. He confirmed that, within the 2022-23 Plan, there were 15 objectives which had been rolled forward from the 2020-21 financial year. He advised that, moving forward, most of these would be addressed within the ongoing improvement programmes.

The Chair invited members to consider the Plan and to provide any comments to Mr Walker. She asked Mr Walker to highlight the 15 objectives which had been rolled-forward at the June meeting and said that this would be helpful as the Trust Board monitored progress.

The Chair reminded the meeting that Directors based their personal objectives for the year on those within the Corporate Plan.

Mr Bloomfield agreed with the Chair's comment and said that it was hoped that the timing would be more streamlined in 2023-24.

The Chair acknowledged the current pressures and said she appreciated the interim draft Plan being brought to the Board in quarter one of the new financial year.

The Chair thanked Mr Walker for his presentation and members **NOTED** the draft interim Corporate Plan for 2022-23.

## 9 **Performance Report & Covid-19 Update (TB05/05/2022/06)**

At the Chair's invitation, Mr Walker highlighted the key points of the year-end Performance Report.

He referred to page 100 of the Board papers and reported that, in March 2022, the Trust had seen the highest level of call demand experienced in the past three years with an increase of 26% on March 2021. He indicated that this demand had been mirrored in other ambulance Trusts across the UK.

Continuing, Mr Walker reported that the Trust had experienced less of a deterioration in its Category 2 target in comparison to the English Trusts. He added that NIAS performance had improved since August 2021 and continued into 2022. However he said that further work was required in this area.

Ms Lemon referred to the fact that the report reflected the year-end position. However she clarified that the HR figures could change slightly due to receipt of information pertaining to the 2021-22 year being received in the first quarter of 2022-23.

Ms Lemon commented that the information within the Performance Report was high level and she referred to discussion at the April People Committee around the need for secondary indicators with a performance management approach to better understand the detail. She indicated that mental health and musculoskeletal remained the two main reasons for staff abstraction and she highlighted some work ongoing to address these issues.

Continuing, Ms Lemon said it would be important to consider other issues which impacted on staff wellbeing such as issues around the working environment and added that Trade Union colleagues would refer to issues such as late finishes, rest periods, inability to take annual leave, increased exposure to trauma. She said she intended

to bring more detail to the People Committee in relation to secondary level reporting.

Ms Byrne referred to page 98 and reminded the meeting that the Trust had largely been in REAP 4 since July 2021, with the exception of a number of short periods in REAP 3. She added that this sustained period of REAP 4 had been reflective of a number of other ambulance Trusts across the UK. She explained that the REAP level was influenced by abstraction levels and said that work was ongoing with the Resource Management Centre (RMC) to look at the levels of abstraction.

Ms Byrne alluded to the Clinical Safety Plan and assured the Board that the Plan was now embedded in Trust operations and would be used in situations of excessive call volume or reduction in staff numbers enabling the Trust to respond in a timely and appropriate manner to increased service pressure, enabling a NIAS-wide response as soon as identified triggers are met.

Ms Byrne indicated that the Area Managers continued to work an alternative rota on a pilot basis and had given a commitment to support at weekends when at REAP 4. She commented that their contribution had been invaluable.

Continuing, Ms Byrne advised that the Trust continued to avail of the Covid-19 Rapid Response Payment Scheme and alluded to the earlier discussion around the cessation of the scheme.

Dr Ruddell advised that he had been reporting on the progress of the Strategic Review of Clinical Education at Safety Committee. He commented that, in terms of recruitment, the Trust had received a significant number of applications from paramedics who had qualified elsewhere in the UK but wished to return to work in Northern Ireland. This was now being progressed through the normal HR processes.

Dr Ruddell reported that the Trust was interviewing EMTs this week who wished to secure a place on the BSc programme at the Ulster University. He reminded the meeting that successful candidates would join the second year of the degree programme.

Continuing, Dr Ruddell alluded to the challenges of hosting the large number of paramedic students. He explained that NIAS would

receive a larger allocation of students than other Trusts and said that the Trust was working hard to address this issue with the University and to resolve the associated funding issues.

The Chair referred to applications to join NIAS from newly qualified paramedics and sought clarification on how many the Trust would be able to recruit with a view to workforce provision for the future.

In response, Dr Ruddell explained that there were a number of limiting factors. He advised that it would be important to consider the number of vacancies against the Trust's ability to support the newly qualified staff. He said that the Trust had developed a programme where there was increased merit in meeting with support officers on a regular basis to build confidence through the early days of the paramedic's career. Dr Ruddell advised that the Trust had received 36 applications but was only able to employ six additional newly qualified paramedics currently. He reminded the meeting that, running in parallel to this recruitment exercise, the Trust was supporting newly qualified staff and students through the foundation degree and BSc programmes.

Dr Ruddell clarified that there was a different process in respect of qualified paramedics wishing to join NIAS and said that these staff were required to undertake a familiarisation course. He pointed out that, once again, the Trust's ability to do this was limited by the availability of Clinical Support Officers who had been diverted to support frontline operations.

The Chair welcomed the update from Dr Ruddell and sought clarification that the Trust would be able to recruit to the vacancies as required under CRM once the necessary investment was received from the DoH. She also commented that it was important for the Trust Board to understand the Trust's ability to take advantage of opportunities to fill vacancies while acknowledging the challenges of the availability of Clinical Support Officers.

Mr Bloomfield clarified that the Trust had to include the need for an emergency driving qualification due to the fact that there were challenges in providing this for staff already employed by NIAS. He indicated that if it became necessary for the Trust to put in place additional resources to ensure the necessary training was provided, then it would do so. Mr Bloomfield agreed that the Trust would be able to backfill with staff on overtime and from the IAS. However he

clarified that the Trust could not fund this beyond its funded establishment.

Continuing, Mr Bloomfield explained that, if funding were available, the Trust could explore the potential for international recruitment.

The Chair sought clarification that the DoH was aware that bringing in trained staff would prove to be more cost effective than the Trust using VAS/PAS services.

Agreeing with the Chair's comments, Mr Bloomfield explained that this was less of an issue for NIAS as the Trust did not employ frontline staff through an agency while other Trusts had to employ nurses through agencies. He noted that a significant proportion of these staff were funded through the availability of non-recurrent Covid-19 monies.

Mr Bloomfield alluded to the earlier reference to the Trust's performance in Cat 2 calls and acknowledged that, while further improvements were undoubtedly necessary, the improvement made should be commended. He advised that he had highlighted national comparisons in responses to elected representatives to highlight that the difficulties being experienced by NIAS were similar to those being experienced by other ambulance services.

The Chair said she wished to comment on the significant increase in the level of call demand. She noted that call demand reduced as a result of the pandemic but had been struck by the fact that the Trust was now experiencing its highest level of call demand in three years. The Chair expressed her concern that this could represent the start of an upward trend.

Ms Charlton referred to the number of duplicate calls being received and clarified that these may not necessarily represent additional demand but represented additional calls within the Emergency Ambulance Control (EAC). She explained that the EAC received duplicate calls from patients/families enquiring about the estimated time of arrival of the ambulance, for example, or from callers reporting a deteriorating condition. Ms Charlton said it would be important for members to recognise that such duplicate calls were not further 999 calls.

Following this discussion, members **NOTED** the Performance Report and Covid-19 Update.

10 **Finance Report (Month 12) (TB05/05/2022/07)**

At the Chair's invitation, Mr Nicholson drew members' attention to the Finance Report which outlined the position at year end and added that he had provided an update to the recent meeting of the People Committee on 28 April while the next ARAC meeting on 12 May would receive the first set of the unaudited, uncertified Trust accounts.

Mr Nicholson referred to page 117 of the Board papers which advised that the Trust was reporting a small surplus of £50,000 or 0.04% of turnout at the year end. He indicated that the Trust had an underspend of £177,000 (1.9%) with expenditure of £9.278 million against a Capital Resource Limit of £9.455 million which included Fleet and Estate, ICT and Backlog Maintenance. Mr Nicholson reported that, in respect of prompt payment of invoices, the Trust's cumulative performance stood at 97.2% for the year ended 31 March 2022. He added that this was the second consecutive year in which the Trust had achieved this and he commended all involved. He reminded members that prompt payment had resulted in the Trust not incurring any interest charges but more importantly had resulted in suppliers receiving prompt payment which was particularly crucial in present times.

Mr Ashford congratulated Mr Nicholson on reporting a surplus at the end of what had been a very challenging year.

The Chair said it would remiss of her not to note the achievement of the prompt payment of invoices and echoed Mr Nicholson's comments in terms of commending those involved. She reiterated that prompt payment ensured that there was no direct impact on local suppliers.

Mr Haslett referred to the underspend of 1.9% on the Capital Resource Limit and suggested that this would not be considered material by audit. He congratulated Mr Nicholson and the Finance team on the positive outcome.

Referring to page 119 of the papers, Mr Nicholson reminded the meeting that the Trust relied significantly on the use of overtime for the provision of services, mainly for ambulance cover and advised that the overtime expenditure remained consistent at £6 million per year.

He alluded to the Covid-19 Rapid Response Payment Scheme and reminded members that this had been in operation for approximately eight months. He pointed out that these costs had been included in the overtime graph within the papers.

Continuing, Mr Nicholson drew members' attention to page 121 and the Revenue Resource Limit and said, as reported earlier, the Trust was currently reporting a small surplus of £50,000 (0.04% of turnover) for the year end. He explained that this was subject to a number of assumptions, the completion of Final Accounts and review by External Audit. Mr Nicholson further explained that one of the contributing factors to this underspend in capital related to Body Worn Video equipment and the fact that some equipment could not be procured in-year despite the Trust having the funds to do so.

Mr Nicholson advised that planning for the current financial year continued and said that meetings with the Strategic Planning and Performance Group (SPPG), formerly the Health and Social Care Board, were taking place. He indicated that, while the Trust expected an opening allocation at this point, there remained considerable uncertainty in relation to the 2022-23 budget position. Mr Nicholson pointed out that, as the financial planning process continued, the main messages were that increases in spending over and above existing commitments should not take place unless a source of funding has been clearly identified; Trusts would need to put forward proposals to balance deficits over the three year period and, in respect of capital, it was unlikely that all costs deemed inescapable would be met.

Mr Nicholson said that, as the Trust received clarity around the financial position, he would provide further updates to the Committee and Trust Board in due course.

The Chair drew the Board's attention to the fact that the continuance of the Covid-19 Rapid Response Payment Scheme and Band 8 overtime were being considered on a regional basis. She asked for a view on how likely it would be that this Rapid

Response Payment Scheme would continue and noted that the Scheme had assisted the Trust in providing the overtime necessary to deliver the service.

Responding to the Chair's query, Mr Bloomfield advised that the issue relating to the Rapid Response Payment Scheme was currently under discussion by the Directors of Human Resources. He explained that all Trusts had highlighted their concerns to the DoH at the possibility of the cessation of this scheme. Mr Bloomfield said that the DoH had advised that it would continue to cover the cost of payment for the May Day Bank Holiday as well as the Platinum Jubilee holiday. He added that clarification was being sought from the DoH but it was his understanding that, while Trusts would be free to continue to pay, the DoH would not cover the costs other than for the holidays to which he had referred. Mr Bloomfield further added that such expenditure would not be considered as irregular spend.

Mr Bloomfield said that, at the recent Rebuilding Management Board meeting with Trust Chief Executives and DoH colleagues, he had taken the opportunity to highlight the pressures that the summer would bring, given that travel restrictions had now eased. He reminded the meeting that the summer period had always proved challenging for NIAS in terms of encouraging staff to work overtime and reverting from a Covid-19 enhanced payment to normal overtime payment would not encourage the required uptake of overtime.

He said that the Trust was already discerning in terms of the application of the Covid-19 Rapid Response Payment Scheme and reminded members that NIAS, unlike other Trusts, could not use agency staff as it tended to be more expensive using agency staff than paying NIAS staff enhanced rates. Mr Bloomfield clarified that, in using the independent sector, the Trust was not receiving 'like for like' in that the independent sector could only be dispatched to certain calls.

The Chair indicated that this would be an issue which the Trust Board would be keen to monitor in terms of the Trust's ability to deliver the service. She said that it had been an exceptionally difficult year and the Trust would undoubtedly face more challenges as the year progressed.

The Chair thanked Mr Nicholson for the Finance Report (Month 12) which was **NOTED** by members.

11 **Application of Trust Board Seal (TB24/03/2022/07)**

Members **NOTED** that the Trust Board Seal had been affixed to documentation relating a contract variation in respect of Units 4, 5 and 7 of Newmills Road, Coleraine.

12 **Committee Business:**

- **People, Finance & Organisational Development Committee**
  - o **minutes of 17 February 2022 & report of meeting on 28 April 2022;**
- **Audit & Risk Assurance Committee – minutes of meeting on 3 February 2022 and report of meeting on 14 April 2022;**
- **Safety, Quality, Patient Experience and Performance Committee**
  - o **Report of meeting on 7 April 2022 (TB05/05/2022/08)**

People Committee

Mr Dennison reported that the PFOD meeting on 28 April had been very productive and members had discussed how the Committee intended to monitor and report to Trust Board around the HR Strategic Plan and performance reporting.

Mr Haslett advised that Mr McNeill had given a useful update on the current position in relation to CRM and had indicated that, when considering the business case, the Department of Finance would examine investment on a three-year and five-year basis. Mr Haslett said that, from his experience, it was likely that, if funding were available, the Department might choose the three-year option.

Mr Bloomfield said he agreed with Mr Haslett's conclusion and acknowledged that the two scenarios clearly showed there was marginal benefit between the three-year and five-year investment. However he pointed out that the Trust had been asked to submit the business case for consideration and had not been asked, at this stage, to indicate its preferred option.

ARAC

Mr Abraham advised that the April meeting was the first meeting of the Committee where risk had been incorporated. He advised that he had requested a review of Risk 357 around handover delays with a view to determining how best to address this risk which was outside NIAS' control.

Mr Abraham welcomed the overall satisfactory level of assurance from Internal Audit and conveyed his thanks to all concerned for the significant efforts made in addressing outstanding Internal Audit recommendations.

Mr Abraham reminded the meeting that, last year, the Trust accounts received a qualified audit opinion from the Comptroller and Auditor General relating to a holiday pay liability issue. He said that, as there had been no change in status, it was likely that the accounts for 2021-22 would also receive a qualified audit opinion.

#### Safety Committee

Mr Ashford drew the Board's attention to the Committee report and in particular the issue of Placement Co-ordinator posts. He explained the background to the issue and advised that this presented a risk to the Trust in that other Trusts had received funding for these posts but NIAS had not despite the NIAS' dependence on the posts.

The Chair thanked the Committee Chairs for their comments and the Board **NOTED** the Committee reports and minutes.

#### 13 **Date of Next Meeting**

The next Trust Board meeting will take place on Thursday 23 June 2022 at 2pm. Arrangements to be confirmed.

#### 14 **Any Other Business**

There were no items of Any Other Business.

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 1.00PM.**

**SIGNED:** Niveda Cepni

**DATE:** 23 June 2022