



A meeting of Trust Board to be held at 10am on
Thursday 26 November 2020 via Zoom (due to Covid-19)

AGENDA

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| 2 | Minutes of the previous meeting of the Trust Board held on 1 October 2020
For Approval | TB26/11/2020/01 |
| 3 | Matters Arising | TB26/11/2020/02 |
| 4 | Chair's Update
For Noting | |
| 5 | Chief Executive's Update
For Noting | |
| 6 | College of Paramedics 2020 John Hinds Scholarship Award – presentation by Ms Orla Morrow, Student Paramedic & recipient of Award
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| 7 | Covid-19 – update
For Noting | TB26/11/2020/04 |
| 8 | EU Exit – verbal update
For Noting | TB26/11/2020/05 |
| 9 | Committee business:
- Safety Committee Terms of Reference
- People Committee membership
For Approval | TB26/11/2020/06 |
| 10 | Finance Report
For Noting | TB26/11/2020/07 |



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| 11 | Performance Report
For Noting | TB26/11/2020/08 |
| 12 | Report from Committee:
- Safety Committee – 17 September 2020
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| 13 | DoH letter re: Covid-19 - Further Pause to
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| 14 | Date & venue of next meeting:
10am on Thursday 21 January 2021
Arrangements to be confirmed | |
| 15 | Any Other Business | |



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

A meeting of Trust Board to be held at 10am on
Thursday 26 November 2020 via Zoom (*due to Covid-19*)

TB/26/11/2020/01



**Minutes of NIAS Trust Board held on Thursday 1 October 2020 at
10.00am via Zoom (due to Covid-19)**

Present:

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

In

Attendance:

Ms L Charlton	Director of Quality, Safety & Improvement
Mr B McNeill	Clinical Response Model (CRM) Programme Director
Ms R O'Hara	Programme Director – Strategic Workforce Planning
Ms A Quirk	Board Apprentice
Mrs C Mooney	Board Secretary
Ms M Johnston	REACH Project Manager (for agenda item 6 only)
Mr W White	REACH Project Paramedic (for agenda item 6 only)
Mr G Lomba	REACH Project IT (for agenda item 6 only)
Ms L Coulter	Area Manager (West) (for agenda item 7 only)
Mr C McCracken	Graduate Management Trainee (for agenda item 10 only)

Apologies:

Mr A Cardwell	Non Executive Director
Ms M Paterson	Director of Performance, Planning & Corporate Services

1 **Welcome, Introduction & Apologies**

The Chair welcomed Ms Byrne to her first Trust Board meeting following her recent appointment as Trust Director of Operations and said, on behalf of the Board, she looked forward to working with her.

The Chair also extended a warm welcome to Ms Anne Quirk who had formally taken up her Board Apprenticeship on 1 September and said that the Board looked forward to working with Ms Quirk over the coming year.

The Chair confirmed that there were no conflicts of interest in any items to be discussed.

2 **Previous Minutes (TB01/10/2020/01)**

The minutes of the previous Trust Board meeting held on 27 August 2020 were **APPROVED** on a proposal from Mr Abraham and seconded by Mr Haslett.

3 **Matters Arising**

The Chair advised that there were no Matters Arising.

4 **Chair's Update**

The Chair drew members' attention to the NICON Conference taking place on 8-9 October via a virtual platform and said that she had participated in a number of successful virtual conferences over the last few weeks. She acknowledged that, while virtual platforms did not in any way replace face-to-face meetings, it was likely that conferences would be held via such platforms into the future. The Chair asked NEDs to contact Mrs Mooney if they were interested in attending.

The Chair took the opportunity to refer to Mr Sowney stepping down as Interim Director of Operations and said she was delighted that he had agreed to act as Clinical Adviser to the Safety Committee and to the wider Trust Board. The Chair said that Mr Sowney would engage with frontline staff in Divisions and provide the Safety Committee with a sense of the impact on frontline staff of decisions taken at Senior Management Team/Trust Board level. She said that

she very much looked forward to working with Mr Sowney in this regard and hearing how the role of Clinical Adviser would develop over the coming months.

The Chair reported that she and Mr Bloomfield had met with Mr Mervyn Storey, at his request, to discuss a number of general issues. She expressed frustration that, due to Covid-19, meetings with elected representatives had not been taking place as often as she would have liked. The Chair said that a visit by the MP for Upper Bann around Craigavon Station had been postponed indefinitely and a planned visit by the Chair to Enniskillen Station had also been postponed.

The Chair advised that meetings between HSC Chairs and the Minister had continued via Zoom with the next one scheduled to take place on 15 October 2020.

Dr Ruddell said that he very much welcomed Mr Sowney assuming the role of Clinical Adviser to the Safety Committee, in particular the degree of appropriate challenge this would bring to clinical decisions being made and to the information being presented to the Committee.

Agreeing with the point made by Dr Ruddell, the Chair said that the role performed by Mr Sowney in providing linkages with staff and the Trust Board would strengthen the organisation's governance arrangements.

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

5 **Chief Executive's Update**

Mr Bloomfield said that it had been a particularly challenging month since the last Board meeting, particularly in relation to Operations. He reported that, throughout the summer months, the Trust had seen demand continuing to increase after reduced demand between March – June. He said that this, combined with more than 20% of Operational staff being unavailable for frontline duties at any time, had presented real challenges in providing satisfactory levels of cover. Mr Bloomfield acknowledged that the Trust had experienced difficulties in response times and said that Ms Byrne would cover this in more detail during the Performance Report. He added that

the lower cover available impacted on different areas at different times.

Mr Bloomfield indicated that, in July, the shortfall has been most notable in the Southern Division – Newry and Mourne, with more recent challenges being experienced in the Belfast Division. He said that this reduced cover, on some occasions cover had reduced by as much as 50%, had also led to media attention. Mr Bloomfield said that he had also met with elected representatives from across all political parties to discuss the issues. He indicated that the Trust remained concerned and said it was likely that such levels would continue over the coming months as a result of the challenges presented by staff off work due to Covid-19 whether that was because staff had tested positive or they had been advised to remain off work because family members were symptomatic. Mr Bloomfield advised that the Trust also had a number of staff off work due to underlying health conditions. He said that the Trust was working with these staff in terms of what could be done to accelerate their return to work.

Mr Bloomfield referred to the outbreak at Craigavon Station and said that, at a point in time, 16 staff members had not been able to come to work as a result of that outbreak. However he said it was important to stress that there had been no patient contact and therefore no increased risk to patients as a result. He thanked Dr Ruddell for liaising with the media. Mr Bloomfield said that Ms Charlton would update members further later in the meeting.

Continuing, Mr Bloomfield said that it was important to be mindful that staff, like everyone else but particularly given the past six months, needed some downtime and relaxation. However, he said, the incident reminded everyone of the need to observe the precautions at all times. He said that reminders had been issued to staff emphasising the importance of doing so. Mr Bloomfield said that the potential impact on the delivery of services was clear and he added that the Trust would continue to issue reminders to its staff.

Mr Bloomfield advised that there had also been an outbreak in Altnagelvin which clearly demonstrated the challenging context in which the service was operating.

Mr Bloomfield advised that, given the increasing transmission of Covid-19 in the community and the projections for the coming months, the Trust had re-established its command and control structure. He reminded members that, whilst the structure had physically been in place from March to late May, it was currently in a virtual form and would oversee service delivery. He reported that Ms Byrne had assumed the role of Gold Commander and a Silver command structure had been established to support that.

Mr Bloomfield pointed out that the Trust was once again in business continuity mode and would remain so for the foreseeable future. He explained that this would increasingly mean that issues would be progressed differently and, in some areas it would be necessary to pause work. He added that it was likely that staff would be redeployed from other roles to minimise risk and manage service delivery. Mr Bloomfield said that recruitment of staff in the Control Room had also been accelerated to ensure the Trust provided the best possible service over the winter period.

Continuing his update, Mr Bloomfield advised that, at the request of the Rebuilding Management Board, the Trust had provided an update on CRM to the meeting on 30 September. He said that the Board had confirmed its commitment to the CRM programme and the Permanent Secretary restated that NIAS was central to the transformation and rebuilding programme. Mr Bloomfield indicated that there was DoH approval to the CRM programme subject to the business case process being led by Mr McNeill.

Mr Bloomfield said that he had been pleased to represent the Trust during the Duke of Cambridge's visit on 9 September to mark national 999 memorial day when the contributions of the emergency services were recognised.

Concluding his update, Mr Bloomfield suggested that, in order to keep members updated, it might be useful for them to have access to the weekly SMT minutes. He explained that the minutes, which were operational, may be helpful to members in identifying the issues which the SMT considered on a weekly basis.

The Chair explained that she would welcome comments from members around other ways they might be supported. She referred to the fact that the Trust had now held a number of meetings via Zoom and she invited comments from members around their

experience to date and whether they had any learning from other organisations which might prove helpful.

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

6 Regional Electronic Ambulance Communication Hub (REACH) Project Update

The Chair welcomed Ms Marianne Johnson, REACH Project Manager, Mr W White, REACH Project Paramedic, and Mr G Lomba REACH Project IT, to the meeting.

Introducing the presentation, Dr Ruddell explained that the REACH project was not only focussed on the introduction of an electronic Patient Report Form but would contribute much wider to service delivery in terms of communicating in a way that had not previously been possible and providing live clinical performance and audit data.

By way of a presentation, Ms Johnston updated members on the REACH project and explained that REACH Go Live would take place at Bangor and Ards stations in the coming weeks. Following the presentation, Mr White and Mr Lomba provided a demonstration on how REACH would work in reality.

The Chair commended all involved in reaching this point in the context of Covid-19. She described it as a 'game changer' not only for staff but for patients and said that it had been fascinating to watch the demonstration and see how beneficial the system would be for staff on the ground.

Mr Ashford said that it was certainly an exciting development. He suggested that any training requirements might be significant and asked Ms Johnston whether she had any concerns in relation to this. Mr Ashford also enquired as to the rollout timetable and what would happen if a vehicle had to be put off the road and be replaced by an older model. Referring to the sensitive information held on the tablet, he sought assurance on the security around this and whether staff working some way from the vehicle would still be able to use the system.

Ms Johnston agreed that there would be significant training implications and acknowledged that further work was required in his regard. She explained that difficulties were being experienced in having crews released to undertake training due to the current operational pressures. Ms Johnston advised that routine training would involve bringing staff together, training trainers and cascading that training throughout the organisation. She said that this may now not be possible as a result of the restrictions under which the service was currently operating. She said that the team examined the training required and developed a suite of online 'bite-size' training modules and added that there were ten modules in total. Ms Johnston said that there was a requirement for staff to be released for a minimum of two hours to be in a specific location for elements of practical training. However she indicated that there was an expectation that staff would complete the e-learning modules and four hours had been allocated to do this. She explained that, once staff had completed training, they would upload their records to the system and these would be monitored by the team. Ms Johnston indicated that some staff had completed the first tranche of training through overtime and further discussions with Operations would be required to ensure all relevant staff completed the necessary training.

With regard to the rollout timetable, Ms Johnston said the plan was for the system to go live on 3 November at the Ulster Hospital in conjunction with Ards and Bangor stations in the first instance. She indicated that it was intended to implement the system with those staff who had been trained, currently 50% of staff in the South East Division had been trained, and work progressively to train the remainder of the staff. Ms Johnston added that monitoring arrangements would be in place.

Responding to Mr Ashford's point re the potential for vehicles to be off the road, Ms Johnston advised that the Trust had replaced all its fleet infrastructure, with WiFi and mobile data systems having been installed in all 327 vehicles, including RRVs, emergency and non-emergency vehicles. She pointed out that the systems had not been installed in any vehicles older than five years and said that these vehicles would be decommissioned.

Ms Johnston said that all staff would be issued with a personal issued device which would be locked down and only accessible on

the NIAS network. She added that it would not be possible for a device to be accessed by a member of the public.

Mr Lomba, agreeing with this point, advised that there were three levels of security after the initial log-in had taken place.

Mr Dennison welcomed the project and conveyed his congratulations to all involved in reaching this stage, taking into account the experiences of the past few months with Covid-19. He sought clarification on what would happen if a patient had serious injuries and required immediate transport to hospital.

Ms Johnston emphasised that the priority for staff would always be the wellbeing of the patient. She explained that, in circumstances when staff were treating a patient with serious injuries prior to the introduction of this system, the priority would be to treat the patient rather than ensure a PRF was completed. Likewise, she said, with the introduction of the system, the online details could be completed retrospectively on the device. She added that the device was capable of managing multiple patients at one time should there be 2-3 patients involved in a road traffic accident for example. Ms Johnston indicated that the device also permitted the transfer of the patient to another clinician at scene.

Dr Ruddell explained that, in some respects, this difficulty already existed with the current paperwork. He said that it could be difficult for crews to recall all clinical observations but the current monitor device could assist by printing out a retrospective summary of all observations. Dr Ruddell indicated that the ePRF system would now update automatically with clinical observations pulled from the Corpuls monitor.

Ms Charlton paid tribute to the amount of work done by the team in such a short timeframe. She said that the system would assist with other areas of work, for example safeguarding, where there were currently challenges around the timeliness of reporting and paper records.

Mr Haslett congratulated the team and endorsed the comments made by colleagues. He described the system as a 'world beating' and said that he had never seen a similar system in use.

Members **NOTED** the update on the REACH Project.

Concluding the discussion, the Chair thanked Ms Johnston, Mr White and Mr Lomba for their attendance and wished the team success with the rollout. The team withdrew from the meeting.

7 **2020/21 Seasonal Flu Vaccination Programme**
(TB01/10/2020/02)

The Chair welcomed Ms Laura Coulter, Area Manager (West) and Flu Lead, to the meeting and stressed the importance of staff being vaccinated.

Ms Coulter advised that, while the plan had been to launch the 2020/21 Flu Campaign programme on 29 September, the vaccine had arrived early and the Trust had been able to commence the programme. She said that, to date, 70 peer vaccinators had been recruited and trained, having completed an online course. Ms Coulter indicated that a list of clinics had been disseminated to all staff and had been posted on the Trust intranet site.

Ms Coulter pointed out that there were now five liveried flu vehicles on the road and said that the livery had also been added to PCS vehicles. Promotional material, eg pens, car stickers, was also available. She explained that, as well as receiving the vaccine through the Trust, staff could also access vaccinations at community pharmacies and Occupational Health locations and she added that this information had been shared with staff. Ms Coulter advised that the data management system was also operational.

To date, 32% of NIAS frontline staff had been vaccinated and Ms Coulter reminded the meeting that the Trust was also vaccinating staff from other Trusts, St Johns' Ambulance and private providers.

The Chair congratulated Ms Coulter on what had been achieved to date.

Mr Bloomfield said that Ms Coulter's experience and personal commitment to the programme should not be underestimated. He reminded the meeting that last year's target was 50% of staff to be vaccinated, NIAS had achieved 62%. He added that, while this year's target had been set at 75%, he would like to see all staff being vaccinated. Mr Bloomfield emphasised the duty of care for all health and social care staff to be vaccinated and he acknowledged

that there were challenges in encouraging staff to get the vaccination.

Mr Bloomfield said that there had been discussions with the DoH and other Trusts on what could be learned from the peer vaccinator model. He said that NIAS was also trying to support other Trusts by vaccinating staff in those areas where it is easier for NIAS to access. He thanked Ms Coulter for her commitment to this work.

Mr Haslett commended Ms Coulter on the work to date and, at his request, Mrs Mooney undertook to circulate details of flu clinics to members.

The Chair explained that the Flu Plan required Board approval. Mr Ashford proposed the **APPROVAL** of the Flu Plan. This was seconded by Mr Dennison.

The Chair wished Ms Coulter success with the Flu Programme and said she looked forward to receiving updates. She thanked Ms Coulter for her attendance and Ms Coulter withdrew from the meeting.

8 The Management of Infection Prevention and Control Incidents and Outbreaks Policy (TB01/10/2020/03)

The Chair welcomed Ms Ruth Finn, IPC Lead Nurse, to the meeting for discussion on this agenda item and invited Ms Charlton to highlight the salient points of the policy.

Ms Charlton said she would like to take this opportunity to thank Ms Finn for the exceptional clinical leadership she has shown since the outset of the pandemic in March.

Ms Finn said that the policy had been developed to provide guidance on the management of any incident/outbreak of infection. She advised that this would be achieved through the identification, risk assessment and management of an Infection Prevention and Control (IPC) incident or outbreak.

Continuing, Ms Finn explained that the priority in the management of an IPC incident/outbreak was to protect health by promptly identifying the source, implementing necessary measures to prevent further spread or recurrence, ensuring appropriate medical attention

for those infected and communicating with patients/clients, staff and the public.

Ms Finn explained that the policy also broke down the roles and responsibilities specific to the Chief Executive and Trust Board.

She indicated that incident/outbreak management processes could also help to inform learning and contribute towards the future management of IPC incidents and outbreaks.

Ms Charlton said that reference had been made to the IPC team and said she was pleased to advise that interviews for two IPC practitioners to join herself and Ms Finn in the IPC team would take place in the coming weeks. She indicated that these posts would be very much on the ground providing advice and support to staff. Ms Charlton also advised that the Trust was appointing an Environmental Cleanliness lead and added that recurrent funding for these posts had been approved through the IPC business case.

Ms Charlton said that approach adopted by the Trust to the management of incidents/outbreaks had been very much a collective and cross-Directorate approach and she thanked all involved for their support.

The Chair referred to the dissemination of the policy by Directors and Assistant Directors to all staff and sought further detail on how this would be done. She commented that the policy required Trust Board endorsement not least because of recent experiences of the IPC team but also in the context of Covid-19.

In response, Ms Finn explained that ultimately the policy would be disseminated to all staff but in the first instance certainly to Station Officer level. She suggested that it would also be helpful to have the policy available on Sharepoint where it could be accessed by staff.

Ms Finn referred to the outbreak in Craigavon station and said that the draft of the policy had been used at recent Outbreak meetings as well as sharing it throughout the organisation to collate feedback and ensure it was 'doable'. She indicated that the feedback had been incorporated in the policy before the Board for approval. Ms Finn said that, if approved today, the policy would be disseminated to staff through the usual channels.

The Chair suggested that it might be helpful for the Safety Committee to receive a brief report on how the policy had been cascaded throughout the organisation and added that the Board would also be keen to receive a report on its implementation.

Following a proposal from Mr Haslett which was seconded by Mr Ashford, the Board **APPROVED** the Management of Infection Prevention and Control Incidents and Outbreaks Policy.

The Chair thanked Ms Finn for her attendance and invited her to remain for the agenda item 'Update on Covid-19'.

9 **Update on Covid-19**

At the Chair's request, Ms Charlton presented an update in relation to Covid-19 and outlined the arrangements which had been put in place by the Trust to adhere to the Working Safely in Covid-19 documentation. She highlighted the following steps which had been taken:

- Social Distancing within stations and non-clinical areas;
- Safety Checkpoints;
- Increased frequency handwashing & surface cleaning;
- Home working encouraged;
- Surgical facemasks if cannot maintain 2m distancing;
- Marking out 2m to raise awareness;
- Local risk assessment/action plan

Ms Charlton said that Covid-19, like many other viruses, grew exponentially and she explained that fixed rate exponential growth meant that the number of cases doubled in a defined amount of time. Ms Charlton advised that the 'doubling' time was dynamic and informed of the impact, or lack of impact, of interventions on epidemic growth. She indicated that, when reference was made to 'flattening the curve', what was actually meant was lengthening the doubling period. Ms Charlton emphasised that slowing the rate of growth of new infections was crucial to the maintenance of capacity in the health sector.

Mr Abraham referred to the statistics and suggested that the increase in infections may not relate to the doubling rate but actually

refer to the increase in testing. He asked how this correlated to the auditing carried out and the interrogation of statistics. He cited the example of the USA where there had been a dramatic increase in the number of cases but that this had been borne out by a parallel increase in testing.

Responding, Ms Charlton explained that the DoH used the doubling rate as an indication of prevalence over the coming weeks and added that the Trust would use this to determine what arrangements it needed to put in place and how it would progress issues differently to allow it to respond to the surge. She reminded the meeting that the Trust had moved to business continuity mode and had recently re-established its command and control structures.

Mr Abraham was of the view that testing more of the population would result in more accurate statistics. He said that, while he appreciated the death rate would provide accurate statistics, it could be 4-6 weeks before any statistics of this nature would be available.

Dr Ruddell acknowledged that, although knowledge of the virus had increased significantly since the initial surge, there were still unknowns. He said that the impact of the outbreak in the North West would not be fully known until 2-3 weeks' time and added that the clear focus of the Trust was to protect its staff and patients.

The Chair thanked Ms Charlton for her presentation and said that, as time progressed, she hoped that the data would become easier to understand. She said that, as a Trust Board, it would be important to demonstrate that staff have been given all necessary support to enable them carry out the appropriate activities to make their working environment Covid-19 secure. The Chair referred to the outbreak at Craigavon station and assured members that actions were being taken to reinforce the messages to staff. She said that, as the data continued to improve, members' understanding of the data would improve in parallel.

The Chair said that it would also be important to acknowledge the human cost, whether that was directly from the infection or the need to self-isolate.

Ms Finn referred to ED figures which she said members might find helpful. She explained that, at the peak of the pandemic in March/April, there had been 51 ICU admissions as a result of Covid-

19. She indicated that, as of today, there had been ten ICU admissions which illustrated a real sense of the increase of the infection.

The Chair said that the Trust had used the information to inform its response to the pandemic, not only to safeguard staff but to protect patients.

Members **NOTED** the update on Covid-19.

She thanked Ms Charlton and Ms Finn and Ms Finn withdrew from the meeting.

10 **Report on NIAS Learning from Covid-19 (TB01/10/2020/04)**

The Chair welcomed Mr Conor McCracken, Graduate Management Trainee, to the meeting.

Ms Charlton said that she had been impressed by the work done by Mr McCracken and explained that the 'Report on NIAS Learning from Covid'19' had been compiled by Mr McCracken following interviews, group discussion, learning tools with considerable feedback from across the organisation on NIAS' response to Covid-19.

Mr McCracken highlighted the key points from the report and said the report offered the Trust a unique opportunity to learn from experience.

The Chair commented that, in May, the Board had expressed an interest and desire to learn from staff experiences of Covid-19. She said that, as well as identifying the positive elements, it had also been important to identify what had not gone so well and take the necessary steps to rectify this for future use.

Mr Bloomfield thanked Mr McCracken for a thorough piece of work.

The Chair believed that the report was comprehensive and would assist in informing the Trust response to future surges.

The Board **NOTED** the Report on NIAS Learning from Covid-19.

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

11 **Performance Report (TB01/10/2020/05)**

Mr Bloomfield reminded members that Ms Paterson had recently commenced the development of an integrated performance report replacing the previous individual Directorate reports. He acknowledged that a comprehensive report had been presented to the August meeting and commented that, due to other priorities in the intervening month and the short timescale between the two meetings, it had not been possible to update all performance areas. However he said he hoped that work would recommence to further develop the report to include wider performance indicators around HR and quality and safety for example.

Mr Bloomfield acknowledged that the report before the Board focussed largely on Operations and said that Ms Byrne would highlight the salient points of the report as well as refer to the deterioration in Cat 2 and 3 responses.

Ms Byrne reminded the meeting that the target compliance of answering 999 calls within five seconds was 90% and said that, while performance had reached between 96-98%, there were periods of time when call answering performance had deteriorated to mid-80%. She acknowledged that there was significant variation.

Ms Byrne explained that the Control Room monitored call answering performance on an hourly basis each day and additional Operational support had been implemented in the Control Room to improve performance. Ms Byrne indicated that there were challenges associated with repetitive call-backs due to the delays in the Trust being able to provide crews to respond. She added that the number of calls being received was increasing and said that, between June-July, the Trust had received 2,360 more calls compared to April-June when the Trust had only received 1,500 more calls. This increase in calls had contributed to the challenges being experienced in the Control Room.

Continuing, Ms Byrne referred to the deterioration in Cat 2 and 3 performance. She said that Mr Bloomfield had referred earlier to DoH support for the CRM model which would protect life-threatening calls. Ms Byrne said that it would be critical to recruit

additional staff. She explained that the impact of the CRM model had meant that crews were not necessarily available to respond to the lower acuity calls and said that this was being reflected in Cat 3 performance currently.

Ms Byrne reported that ambulance turnaround times continued to present challenges with crews at a number of EDs unable to access EDs and patients having to wait in the back of ambulances. Ms Byrne explained that some of these delays related directly to Covid-19 and the measures put in place by EDs around Covid-19/non-Covid-19 sections and the need to ensure social distancing arrangements were in place.

Ms Byrne advised that the Trust's Resource Escalation Action Plan (REAP) plan was updated on a weekly basis in line with the Trust's escalation measures. She said that this had resulted in the Trust submitting a number of Early Alerts to the DoH expressing clinical concerns at the delay in patients being able to access EDs and being kept in the back of ambulances.

Continuing, Ms Byrne advised that an action to be taken forward related to the HSCB facilitating a regional discussion to determine what mitigating actions provider Trusts could take to support the quick turnaround of ambulances. She indicated that last year the HSCB had introduced daily teleconferences across hospital provider control rooms to share information and identify when it might be necessary to put in place escalation measures. Ms Byrne said that previously NIAS had not been heavily involved in these discussions but confirmed that the Trust was very much involved currently. She added that the Trust had seen early escalation actions being taken by EDs particularly at handover times.

Ms Byrne drew members' attention to absence management and said that Mr Bloomfield had earlier referred to the fact that up to 20% of Operational staff were not available for duty. Ms Byrne said that she and Ms Lemon were due to meet with the Business Support Manager to develop a plan to provide support to project work around Operations sickness/absence management to get staff returned to work.

Ms Lemon advised that work had been taken forward in this regard. She welcomed the establishment of the People, OD and Finance Committee and said she intended to provide a report to the

Committee around the plans in place to support those staff members with underlying health conditions off work due to Covid-19 and the associated risk assessment processes in place. Ms Lemon said that further detail would also be included in the November performance report to Trust Board.

The Chair referred to the fact that preparations for EU Exit had been paused for some months and she sought an update from Dr Ruddell on the current position.

Dr Ruddell acknowledged that Departmental meetings had been postponed during the response to Covid-19. However he said that reconsideration to EU Exit arrangements had recently recommenced. He reminded the meeting that initial work had examined issues such as cross-border workers and travel, both personal and work-related, as well as fuel supply and he was of the view that no change had been made in this regard.

Dr Ruddell pointed out that a concern at the time had related to supplies for health and social care organisations in terms of consumable equipment, specifically drugs and he indicated that the DoH was leading this work. This had been complicated by issues relating to the GB-NI border. He said that NIAS was scheduled to attend a meeting in the next week to discuss this further and he undertook to keep members apprised.

The Chair sought further clarification around data transfer and asked whether the Trust anticipated any particular difficulties if no agreement was reached between the UK and the EU.

Dr Ruddell advised that, at the request of the DoH, the Information Governance team had completed a return relating to databases.

Mr Nicholson acknowledged that, while uncertainty still remained, the Trust was confident that it could manage any issues in relation to data. He added that there had been detailed planning around the supply of medical equipment.

Members **NOTED** the Performance Report.

12 **Application of the Trust Board Seal**

Mr Nicholson advised the Board that the Trust Seal had been applied on two occasions, both relating to the conveyance of land.

He explained that the first application was in relation to a small triangle of land on a footpath at Tyrone County Hospital in Omagh and advised that the transfer of land was from NIAS to the Western Trust, thereby correcting an historic error in the mapping of the area.

Mr Nicholson indicated that the second application of the Seal related to the transfer of land at Site 5 on the Knockbracken Healthcare Park from the Belfast Trust to NIAS, giving NIAS title to the ground linked to the new Contingency Control Room.

Members **NOTED** Mr Nicholson's report.

13 **NIAS Future Surge and Winter Resilience Plan (TB01/10/2020/06)**

Mr Bloomfield drew members' attention to the NIAS Future Surge and Winter Resilience Plan and advised that the plan had been requested by the DoH for submission last week. He said that minor amendments had been made to the plan following receipt of comments from the DoH and he added that Mrs Mooney would issue the revised plan to members for their information.

Mr Bloomfield advised that all Trust plans, including those of NIAS, had been endorsed at the Rebuilding Management Board for submission to the Minister.

Mr Bloomfield pointed out that, as the incidence of Covid-19 increased and winter approached, there was a balance to be struck between rebuilding and managing future surge and winter pressures and said that the plan sought to achieve that balance. However, he said, the Trust would keep that under continual review in the weeks ahead.

Members **NOTED** the NIAS Future Surge/Winter Resilience Plan.

14 **Rebuilding HSC Services Phase 3 (TB01/10/2020/07)**

Mr Bloomfield reminded the meeting that Trusts had been asked to develop Rebuilding HSC Services Plans. The first phase had covered June 2020, while the second phase had covered July – September. The Phase 3 plan covered a six month period with a particular focus on October.

15 **Date of next meeting**

The next Trust Board meeting will take place on Thursday 26 November 2020. Arrangements to be confirmed.

16 **Any Other Business**

There were no items of Any Other Business.

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE
PUBLIC MEETING AT 1.20PM.**

SIGNED: _____

DATE: _____

TB/26/11/2020/02



TRUST BOARD – 1 OCTOBER 2020

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	Members' view to be sought on experience of Zoom meetings and whether any steps can be taken to improve this practice	CM	E-mailed 9/10/20
2	Flu clinics – details to be shared with members	CM	E-mailed 1/10/20
3	Management of Infection Prevention and Control Incidents and Outbreaks Policy: <ul style="list-style-type: none"> - Safety Committee to receive a brief report on how the policy had been cascaded throughout the organisation; - Board to receive a report on its implementation. 	LC/CM	Listed for Cttee agenda 19/11/20 To be given as Matters Arising
4	Absence management: <ul style="list-style-type: none"> - report to the Board and People, OD and Finance Committee on plans to tackle absence management 	ML/CM	Ongoing
5	EU Exit – further update to be provided to members at November Trust Board	NR	Listed for Nov Trust Board
6	NIAS Future Surge and Winter Resilience Plan – updated version to be shared with members	CM	E-mailed 1/10/20

TB/26/11/2020/03



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	26 November 2020
Title of paper:	College of Paramedics 2020 John Hinds Scholarship Award
Brief summary:	Ms Orla Morrow, who recently received the College of Paramedics 2020 John Hinds Scholarship Award, will speak to members on how the Award Scheme works; her plans around receiving the Award and how she will be applying it in her current role.
Recommendation:	For Approval <input type="checkbox"/> For Information <input checked="" type="checkbox"/>
Previous forum:	n/a
Prepared and presented by:	Dr Nigel Ruddell, Medical Director
Date:	19 November 2020

TB/26/11/2020/04



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	26 November 2020
Title of paper:	Covid-19 Update – presentation
Brief summary:	<p>Ms Charlton and Ms Byrne will lead on the presentation which will cover the following areas:</p> <ul style="list-style-type: none">• Update on current Covid-19 outbreaks• Operational aspects, including the impact of Covid-19 abstractions and ambulance handover delays• Challenges facing the Trust• What the Trust is doing to support staff
Recommendation:	For Approval <input type="checkbox"/> For Information <input checked="" type="checkbox"/>
Previous forum:	n/a
Prepared and presented by:	Ms R Byrne, Director of Operations Ms L Charlton, Director of Quality, Safety & Improvement
Date:	19 November 2020

TB/26/11/2020/05



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	26 November 2020
Title of paper:	EU Exit Update
Brief summary:	As the implementation date of 1 January 2021 approaches, members will receive a verbal update on the steps taken by the Trust and the Department to prepare for anticipated changes as well as highlighting any remaining potential issues.
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	n/a
Prepared and presented by: Date:	Billy Newton, Assistant Director Emergency Planning 19 November 2020

TB/26/11/2020/06



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	26 November 2020
Title of paper:	<p>Committee business:</p> <ul style="list-style-type: none"> - Safety, Quality, Patient Experience & Performance Committee Terms of Reference - People, Finance & OD Committee membership
Brief summary:	<p>NIAS Standing Order 4.1.1 states that '<i>The Trust shall determine the membership and Terms of Reference of Committees.....</i>' and Standing Order 4.6.1 states that '<i>The Board shall approve the appointments to each of the Committees which it has formally constituted...</i>'</p> <p>Trust Board approval is sought to the Safety Committee's Terms of Reference and to the membership of the People Committee.</p>
Recommendation:	<p>For Approval <input checked="" type="checkbox"/> For Noting <input type="checkbox"/></p>
Previous forum:	ToR - Safety Committee – 19/11/20
Prepared and presented by:	<p>Carol Mooney, Board Secretary Nicole Lappin, Chair</p>
Date:	19 November 2020

**SAFETY, QUALITY, PATIENT EXPERIENCE AND PERFORMANCE COMMITTEE -
TERMS OF REFERENCE**

1 CONSTITUTION

- 1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Safety, Quality, Patient Experience and Performance Committee (The Committee).
- 1.2 The Committee is a non-executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.
- 1.3 All procedural matters in respect of conduct of meetings of the Committee shall be in accordance with the Trust's Standing Orders.

2 MEMBERSHIP OF THE COMMITTEE

- 2.1 Trust Non-Executive Directors that are to be included as members of this Committee will be nominated by the Trust Board Chair.
- 2.2 A Non-Executive Member of the Committee will be appointed Chair of the Committee by the Trust Board Chair.
- 2.3 The Trust Board Chair shall not be a member of the Committee, but may attend meetings in an ex-officio capacity.
- 2.4 In the absence of the Committee Chair, another Non-Executive Member may be temporarily appointed to that role by agreement of the Non-Executive Directors.
- 2.5 One member of the Committee shall be the Chair of the Audit Committee.
- 2.6 Where practicable, one member of the Committee should have a clinical background.
- 2.7 A quorum shall be two Non-Executive members including the Chair.

3 ATTENDANCE AT MEETINGS

- 3.1 All Directors shall normally attend meetings (subject to the issues to be considered on the agenda).
- 3.2 The Trust Board Chair, Chief Executive and other Officers of the Trust may attend, and will be particularly expected to do so when the Committee is discussing areas of risk or operation that are the responsibility of that Officer.

- 3.3 The Board Secretary shall attend to the minutes of the meeting and provide appropriate support to the Committee Chair and Committee members.

4 FREQUENCY OF MEETINGS

- 4.1 Meetings shall be held not less than three times a year, and where necessary can be conducted remotely using such as teleconference/video conferencing.

5 AUTHORITY

- 5.1 The Committee will be responsible for assuring the NIAS Board that effective and regularly reviewed arrangements are in place to support the implementation, maintenance and development of Governance (clinical and non-clinical) and risk management and that such matters are properly considered and communicated to the Board.
- 5.2 The Board will always retain responsibility for such control and will act after taking account of the recommendations and assurances of the Committee. However, the Committee does have the delegated authority of the Board, through sufficient membership, authority and resources to perform its role independently and effectively.
- 5.3 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.
- 5.4 The Committee is authorised by the Board to obtain external legal, clinical or other independent professional advice and to secure the attendance of individuals with relevant experience and expertise if it considers this necessary. In particular, the Committee must be satisfied that it is able to provide appropriate clinical assurance.

6 DUTIES

- 6.1 The duties of the Committee can be categorised as follows:
- 6.2 Governance, Risk Management, Internal Control, Safety, Quality, Patient Experience and Performance - The Committee shall contribute to the establishment, review and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the

achievement of the organisation's objectives with a particular focus on safety, quality, patient experience and performance.

6.3 In particular the Committee will:

6.3.1 Provide assurance that adequate systems and processes are in place to support the achievement of the organisation's objectives and strategically manage clinical and non-clinical risks.

6.3.2 Provide assurance that adequate systems and processes are in place for the delivery of high quality patient care that is safe, effective and patient focused through the review and monitoring of:

- clinical and operational activities;
- operational performance;
- safeguarding;
- professional self-regulation;
- development and implementation of national standards of care and practice;
- clinical audit activity;
- professional and clinical performance standards;
- continuing professional development for all staff;
- adverse incidents and complaints with a clinical component;
- infection prevention and control arrangements;
- clinical research and development activity;
- Personal and Public Involvement (PPI) arrangements and activities;
- corporate social responsibility;
- emergency planning and business continuity;
- information governance;
- compliance with the relevant DoH Controls Assurance Standards and associated action plans.

6.3.3 Review the Trust's Assurance Framework and the Trust's Risk Register and to make recommendations to Trust Board for action as required to ensure

high quality patient care. In reporting to the Trust Board the committee will seek to reach consensus in any decisions made. Where consensus cannot be reached, the issue will be referred to the Trust Board for further discussion and if necessary a decision.

6.3.4 Report and review the outcome of Serious Adverse Incidents (SAI) including Serious Clinical Adverse Incidents in line with DoH guidance and to ensure that appropriate remedial action has been taken including measures to prevent recurrence.

6.3.5 Receive reports from other Committees and Working Groups in relation to areas of risk and governance.

6.3.6 Provide Trust Board with regular reports on the management of risk and quality of patient care, an annual report on clinical governance and an annual quality report.

6.4 ¹In carrying out its work, the Committee will utilise the work of Internal Audit, External Audit, and other assurance functions where appropriate, but will not be limited to these functions. It will also seek reports and assurances from other Trust Committees through their respective Chairs, Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

6.5 This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

6.6 Other Assurance Functions - The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

6.7 These may include, but will not be limited to, any reports issued by the Comptroller and Auditor General or Public Accounts Committee, reviews by DoH commissioned bodies, the Regulation and Quality Improvement Authority (RQIA) or professional and regulatory bodies with responsibility for the performance of staff or functions (e.g. Joint Royal Colleges Ambulance Liaison Committee (JRCALC), Health and Care Professions Council (HCPC), Royal Colleges, accreditation bodies, etc.).

¹ Safety First – A framework for sustainable Improvement in the HPSS (March 2006)

² Procedure for reporting and follow up of SAI (April 2010)

- 6.8 Governance Statement - The Committee shall review the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.

7 REPORTING

- 7.1 The Minutes of Committee meetings shall be formally recorded. After each meeting, the Chair of the Committee shall present a written report to the next Trust Board meeting. At any point, the Chair shall also draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.
- 7.2 The Committee will report to the Board annually on its work in support of the Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Quality Standards and Controls Assurance Standards.

8 OTHER MATTERS

- 8.1 The Agenda will be sent to members at least five working days before the meeting and supporting papers, wherever possible, shall accompany the agenda, but will be dispatched no later than three working days before the meeting, save in an emergency.
- 8.2 An explanatory cover note will be provided for each agenda item.



People, Finance & OD Committee

Proposed membership:

Mr Jim Dennison – Committee Chair

Mr Alan Cardwell – Member

Ms Nicole Lappin - Member

NB: The Terms of Reference for the People Committee will come to the January Trust Board meeting for approval.

TB/26/11/2020/07

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD FINANCE REPORT

Interim Director of Finance
September 2020 (Month 6)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a draft deficit of £500k for the month ending 30 September 2020 (Month 6), subject to key risks and assumptions. In particular, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the full legitimate costs of Agenda for Change for NIAS will be funded. The reported deficit relates completely to the non achievement of the required level of cash releasing savings targets.

Financial position at the end of September 2020 (Month 6)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs			14,828	19,907	23,759	28,801						
Other Expenditure			10,590	13,489	17,464	20,183						
Expenditure Total			25,418	33,396	41,223	48,984						
Income			200	259	318	336						
Net Expenditure			25,218	33,137	40,905	48,648						
Net Resource Outturn			25,218	33,137	40,905	48,648						
Revenue Resource Limit (RRL)			24,968	32,804	40,489	48,148						
Surplus/(Deficit) against RRL			(250)	(333)	(416)	(500)	0	0	0	0	0	0

Forecast financial position at the end of March 2021

The Trust is also currently forecasting a deficit of £1m at the end of 2020-21, subject to a number of assumptions particularly in respect of Agenda for Change, investment, Covid-19 costs and efficiency savings. The Trust is required to identify savings proposals to address a forecast £2.6m savings requirement in 2020-21. Currently plans totalling only £1.6m from a range of non-recurrent measures have been identified.

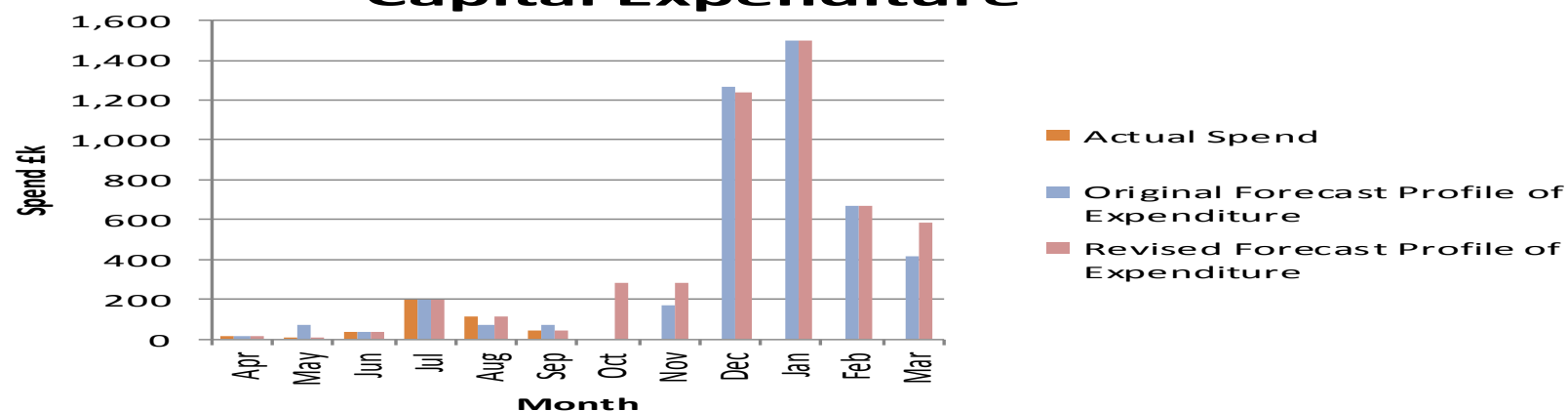
The Trust continues to work with HSCB and other stakeholders to highlight emerging cost pressures and service changes with a view to achieving objectives and seeking to deliver financial balance.

Capital Spend

The Trust has received a Capital Resource Limit (CRL) allocation of £4.974m (previously £4.487m). Subject to business case approval and lead times, this will allow the Trust to continue with planned cyclical fleet replacement. Within this allocation, £0.331m has been earmarked for specific ICT schemes and £0.340m for backlog maintenance. There are a number of significant risks to delivery of this full programme of expenditure in the current year. These risks are currently being reviewed.

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Fleet & Estate	14	6	38	197	113	39							407
ICT Schemes	0	0	0	0	0	7							7
Backlog Maintenance	0	0	0	0	0	0							0
Actual Spend	14	6	38	197	113	46	0	0	0	0	0	0	414
Original Forecast Profile of Expenditure	14	72	38	197	73	73	0	170	1,265	1,500	670	414	4,487
Revised Forecast Profile of Expenditure	14	6	38	197	113	46	284	284	1,240	1,500	670	582	4,974

Capital Expenditure



Prompt Payment of Invoices

The Trust is required to pay non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% (increased from 60%) of invoices within 10 working days (14 calendar days) has also been set.

Performance by number of invoices paid for each of these measures is shown below. A range of plans are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Cum	Target
Total bills paid	2,396	2,580	3,354	2,648	2,521	2,457							15,956	
Total bills paid within 30 calendar days of receipt of undisputed invoice	2,320	2,480	3,212	2,601	2,446	2,398							15,457	
% bills paid on time 30 days	96.8%	96.1%	95.8%	98.2%	97.0%	97.6%							96.9%	>95%
Total bills paid within 10 working days (14 calendar days)	2,093	2,165	2,635	2,277	2,257	2,190							13,617	
% bills paid on time 10 days	87.4%	83.9%	78.6%	86.0%	89.5%	89.1%							85.3%	>70%

TB/26/11/2020/09



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	26 November 2020
Title of paper:	Report from Safety Committee – 17 September 2020
Brief summary:	<p>The Committee ToR were approved by the Committee at its meeting on 19 November and make reference to the Board receiving a written report from the Committee on business transacted.</p> <p>The report from the meeting on 17 September is now attached for members' information.</p> <p>The Committee Chair will respond to any questions members may have.</p>
Recommendation:	For Approval <input type="checkbox"/> For Information <input checked="" type="checkbox"/>
Previous forum:	n/a
Prepared and presented by: Date:	Carol Mooney, Board Secretary Dale Ashford, Chair – Safety Committee 19 November 2020



'SAFETY' COMMITTEE REPORT TO TRUST BOARD 26/11/20

The Safety, Quality, Patient Experience and Performance Committee met on Thursday 17 September 2020. Issues discussed included:

1 Risk Management Progress report including the Corporate Risk Register

- 18 corporate risks with 134 risks identified across Trust;
- Directorate risk registers updated and reviewed monthly;
- Four risks de-escalated/closed, namely:
 - EAC ICT System Failures;
 - Supply of PPE & Consumables during COVID-19;
 - Infection, Prevention & Control;
 - Financial Stability - Achieving Financial Balance 2019/20;
- New risks added, namely:
 - Training Activities during COVID-19;
 - Staffing Levels - Clinical Support Desk (CSD);
 - Management of Independent Sector Resources;
 - Financial Stability - Achieving Financial Balance 2020/21

2 Regional AHP Professional Assurance Framework – introductory overview

- Accreditation of Paramedics as AHPs in August 2018;
- DoH Framework document (Sept 2011) – set out roles, responsibilities and structures and also recognises accountability of Trust to DoH;
- Complements Trust Assurance Framework;
- Completion of bi-annual assurance template required which would also identify the work to be taken forward by the Trust;
- Expectation from PHA that there would be clear improvements around Trust arrangements;
- Mr Neil Sinclair, Assistant Clinical Director of Paramedicine, to act as Trust's Lead AHP;
- AHP status also offers staff potential opportunities, eg ability to access regional education commissioning budgets.

3 SAI FIT testing

- Committee received an update in relation to a regional SAI review on FIT testing;
- Two tests undertaken when a testing machine had not been calibrated to required UK standards;
- No harm had come to staff concerned and they had subsequently been retested to the correct protocol;
- Trust undertook a validation and audit exercise of all FIT tests to provide assurance;
- Regional learning would be important.



4 Controlled Drug Licences

- Regional renewal of Controlled Drugs Licences every three years – allows Trust to retain and administer controlled drugs;
- Range of drugs available had been extended;
- Range of drugs available to HEMS had also been extended;
- EMTs permitted to administer certain drugs after undertaking online training. Only allowed to administer drugs if crewed with a paramedic.

5 Clinical Performance Indicators

- Committee received audit information on:
 - Acute Coronary Syndrome;
 - Cardiac Arrest;
 - Hypoglycaemia;
 - Stroke
- Number of audits had decreased as a result of COVID. However Committee noted that there had been an increase in June/July;
- Increase of Clinical Safety Officers would hopefully result in increased audits to provide information on the quality of care across the service.

6 Update on Covid-19 Outbreaks

- Committee received an update in relation to the COVID outbreak at Craigavon Station resulting in an Early Alert being submitted to the DoH;

7 SAI/Incidents – Learning Outcomes and Position

- Focus of SAs on learning from the reviewing incidents;
- Significant increase in SAs being reported to HSCB;
- 2019/20 Internal Audit report confirmed that improvements had been made in managing SAs but acknowledged further work was necessary;
- Key actions taken outlined to Committee;
- Programme of awareness raising continuing throughout Trust – over 60 staff trained;
- Establishment of Rapid Review Group (meets weekly) to consider SAs & complaints;
- Themes emanating from SAs focus on Control and Operations;
- Weekly SAI report received by SMT.

8 Complaints – Learning Outcomes and Position

- Internal Audit report confirmed improvements had been made in managing complaints;
- More complaints received by the Trust in August 2020 than in the previous two years;
- Cumulative number of open complaints – 117;
- Number of complaints remain open from 2018 and 2019 - plan in place to address backlog
- Weekly complaints report received by SMT.

TB/26/11/2020/10



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	26 November 2020
Title of paper:	DoH correspondence re: Covid-19 - Further Pause to Sponsorship and Governance activities
Brief summary:	<p>Members will recall that the DoH issued previous correspondence dated 20 April 2020 in relation to pausing Sponsorship/Governance activities. This was noted at the Trust Board meeting on 7 May 2020.</p> <p>Further correspondence dated 14 October 2020 has now been received and is attached for members' information.</p>
Recommendation:	For Approval <input type="checkbox"/> For Information <input checked="" type="checkbox"/>
Previous forum:	n/a
Prepared and presented by: Date:	Carol Mooney, Board Secretary Michael Bloomfield, Chief Executive 19 November 2020

From the Director of Corporate Management
La'Verne Montgomery



To: ALB Chairs
ALB Chief Executives

Castle Buildings
Upper Newtownards Road
BELFAST
BT4 3SQ

Tel: 028 9052 0501

Email: laverne.montgomery@health-ni.gov.uk

Date: 14 October 2020

Dear Colleagues,

COVID-19 – Further Pause to Sponsorship and Governance Activities

I previously wrote to you on 20 April 2020 explaining the need to pause a range of Sponsorship and Governance activities to allow the Department and ALB colleagues to concentrate resources on the initial COVID-19 response.

Most of these arrangements have slowly been reinstated and my colleague Gillian Seeds wrote to Accounting Officers on 10 September 2020 advising ALB's to submit their mid-year Assurance Statements to the Department by the end of October. Ground clearing and mid-year accountability meetings will also have been arranged by Sponsor Branches and ALB colleagues.

However, as the pandemic continues to develop and the Department and ALB colleagues once again prepare to prioritise work and focus on maintaining critical business and HSC services, we must again pause our routine Sponsorship and Governance activities. The following list is not exhaustive, but identifies the key activities that are to be paused to allow colleagues to fully focus on COVID-19:

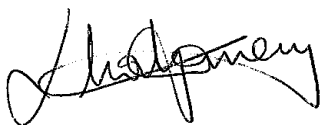
- ALB Mid-Year Ground Clearing and Accountability Meetings will not proceed until further notice;
- ALB Mid-year Assurance Statements (originally due with DoH 30 October 2020) will not be required until further notice;
- ALB Corporate & Business Plans beyond 2020-21. The Department will not require any new or updated draft plans for review until further notice;
- The completion of Sponsor Branch Checklists will not be required until further notice;
- Replacement of Management Statements / Financial Memorandums (MSFMs) with ALB Partnership Agreements. This work will not be progressed until further notice; and
- Department of Finance (DoF) Review of Arm's Length Bodies. The Department and its ALBs are unlikely to be in a position to take forward any further work in support of the DoF review until further notice.

These arrangements should facilitate everyone to focus resources as required. Where other important governance work is already in train or cannot be paused, the Department and individual Sponsor Branches will work closely with ALB colleagues to minimise the impacts where possible.

Accounting Officer responsibilities remain unchanged; I trust that you will again understand the practical steps being taken in the circumstances and the need to maintain a sensible and pragmatic approach to governance and accountability throughout these challenging times. Non-Executives should continue to provide both support and constructive challenge to their executive colleagues as necessary.

If you have any further queries about these arrangements, please contact your usual Sponsor Branch contact in the first instance.

Yours sincerely,



LA'VERNE MONTGOMERY

cc: Permanent Secretary
DoH Board Members
ALB Governance Leads
DoH Sponsor Branches
DoH Governance Unit
DoH Press Office



Northern Ireland Ambulance Service Health and Social Care Trust

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