



Northern Ireland Ambulance Service Health and Social Care Trust



Minutes of NIAS Trust Board held on Thursday 27 August 2020 at 10.00am via Zoom (due to Covid-19)

Present:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director (joined the meeting at 10.10am)

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 M Paterson	Director of Performance, Planning & Corporate Services
	Ms S Sellars	Board Apprentice
	Mrs C Mooney	Board Secretary
	Mr C McCracken	Graduate Management Trainee
	Ms A Quirk	Board Apprentice
	Ms S Williamson	Programme & Change Manager (for agenda item 6 only)

Apologies:	Mr D Ashford	Non Executive Director
	Mr A Cardwell	Non Executive Director
	Ms M Lemon	Interim Director of HR
	Mr R Sowney	Interim Director of Operations

1 Welcome, Introduction & Apologies

The Chair welcomed members and thanked them for facilitating today's meeting. She confirmed that there were no conflicts of interest in any items to be discussed.

In Mr Sowney's absence, the Chair noted that today would be his last Board meeting as Interim Director of Operation following the appointment of Ms Rosie Byrne to the post. The Chair said that she wished to record the Trust's sincere appreciation for the significant contribution made by Mr Sowney. She added that the Trust had greatly benefited from his experience and expertise over the last 18 months and said she would speak to Mr Sowney to convey the Trust's thanks.

2 **Previous Minutes (TB27/08/2020/01)**

The minutes of the previous Trust Board meeting held on 18 June 2020 were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Dennison.

3 **Matters Arising**

There were no Matters Arising.

4 **Chair's Update**

Commencing her update, the Chair referred to the visit to Trust HQ by the Primary Minister, Mr Boris Johnston, the Secretary of State for NI, Mr Brandon Lewis, and the Minister for Health, Mr Robin Swann, on 13 August.

The Chair advised that it was her understanding that NIAS HQ had been identified by the Secretary of State as a potential location for the visit by the Prime Minister. She believed that this was following the previous visit made by the Secretary of State and the Minister when they had met members of staff and had spoken to them about their experiences during Covid-19. The Chair said that the value placed by the Secretary of State and the Minister on those delivering public services had been very clear. She commended all involved in the arrangements for the visit which had been a hugely positive experience.

The Chair reported that, since the last Board meeting, she had attended the EMT graduation ceremony. She explained that training for this group of students had been stood down to allow the Trust respond to Covid-19 which had made this a particularly challenging programme. Training had since been reinstated to

ensure the Trust had a continuous flow of frontline staff. She said that she had had the pleasure of joining students at Magee University and had the opportunity to express her thanks to the Trust Training Officers who had found innovative ways to deliver training courses.

The Chair advised that she had also visited Derriaghy Station and had given blood as part of the Covid-19 Antibody Seroprevalence Study to determine whether individuals have been exposed to the virus. She said that she had been very impressed by the facility and had seen at first hand the donning/doffing station and the processes which had been put in place around Covid-19. The Chair advised that no-one in the station had tested Covid-19 positive and believed that this demonstrated the effective processes put in place to keep staff safe.

Continuing her report, the Chair advised that she and other HSC Chairs had met with the Minister via Zoom. She said that the Minister had heard how Chairs might assist on the co-production and co-design work being taken forward by the Rebuilding Programme Management Board.

The Chair said that members would be aware of Care Opinion which was formally launched on 1 August 2020 and she welcomed the fact that families and patients had an opportunity to feedback on their experiences in real time.

The Chair also advised that a publication, 'HSC Promoting Equality, Good Relations and Human Rights' targeted at HSC organisations had recently been launched. She explained that the document had been designed to assist Board members to understand how they ensured equality, good relations and human rights were promoted within the organisation. The Chair commented that she had had an opportunity to have some input to the document before it had been finalised and she referred in particular to the section setting out responsibilities for Board member around Section 75 for example. She said that copies/web link would be distributed to members for their attention and added that she had asked for a presentation to be made to a future Board meeting.

Concluding her report, the Chair reminded members that a Board workshop would be held on 3 September to look at assurance in further detail.

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

5 **Chief Executive's Update**

At the Chair's request, Mr Bloomfield commenced his report. He advised that, over the summer months, focus continued across the HSC on the rebuilding programme. He indicated that, along with other Trusts, NIAS published its Phase 2 plan and said that this had been included in the Board papers for today's meeting. He advised that work was now underway to develop a rolling six month plan with a particular focus on the next three months.

Mr Bloomfield reminded the meeting that the Rebuilding Management Board (RMB), which met weekly, had been established by the Minister to oversee this work. He explained that the initial focus had been around the resumption of services such as elective care, orthopaedics and urgent and emergency care. He said that the Trust had been asked to provide an update on the CRM programme to the RMB meeting at the end of September and emphasised the importance of progressing this work through the rebuilding agenda. Mr Bloomfield added that it was likely that any issues attracting significant funding would be progressed through the rebuilding programme.

Continuing, Mr Bloomfield indicated that the RMB had recently established a Winter Pressure Subgroup to plan for challenges this winter in the context of Covid-19 and a potential second surge. He added that the Subgroup also met on a weekly basis and explained that the main focus of that work to date had been on the flu vaccination programme. Mr Bloomfield indicated that the vaccination programme was more important than ever in terms of ensuring health care workers were vaccinated to protect themselves, their colleagues, families and patients.

Mr Bloomfield advised that the DoH had set a target of 75% to be achieved by all HSC organisations. He indicated that the regional performance last year was 42% with NIAS achieving an uptake rate of 67% and said that this excellent outcome had been as a result of the significant contribution made by Ms Laura Coulter, Area Manager (West) who led on the Trust's vaccination programme. Mr Bloomfield explained that the DoH had requested Trust Flu Plans to be submitted by 4 September and he said that discussions were

ongoing with other Trusts to determine how NIAS could provide support to them through the expansion of the mobile vaccination team led by Ms Coulter.

Mr Bloomfield said that members will have had sight of the media reporting around the levels of cover and associated response times in South Down and Newry and Mourne areas. He explained that it had been inaccurately reported that areas had been left without cover because individual stations did not have crews operating out of these stations. Mr Bloomfield advised that, during the night in question, there were eight out of ten crews in the Southern Division on duty. He pointed out that this level of cover was not unusual.

Continuing, Mr Bloomfield said that this has attracted media coverage and criticism from some elected representatives. He indicated that he and Mr Sowney attended a meeting with the local MP and party colleagues and had met virtually with the Newry and Mourne District Council.

Mr Bloomfield acknowledged that, while cover had improved, challenges remained as a result of a number of staff not being available for frontline duties due to Covid-19. He explained that the Trust had staff who had taken very little leave during the pandemic and it was now important for them to do so for their own wellbeing. He further acknowledged that staff were not as willing to work additional overtime as had been the case during the height of the pandemic.

Mr Bloomfield said that the Trust recognised the challenges associated with cover. He said that the Minister had mentioned these during the Prime Minister's visit and fully understood the circumstances and the way in which the service was managed as a regional service. Mr Bloomfield stressed the fact that, while there were no crews working out of a particular station, this did not mean there was no cover. He added that the main reason for reduced cover at any time of the year related to the need to increase staffing. Mr Bloomfield indicated that the Trust had ongoing staffing issues due to vacancies and staff off on long-term sick leave.

Mr Bloomfield welcomed the fact that the recently graduated EMTs had now joined the operational service and he said that the 8th and 9th cohorts of EMTs who graduated from the recent programme demonstrated the extent of training provided by the Trust. He

indicated that these EMTs immediately commenced operational service and two further programmes had started at the beginning of August with a view to these individuals graduating in December and further strengthening the NIAS workforce. Mr Bloomfield reported that, at the start of August, he had met with ten qualified paramedics and EMTs who had joined NIAS from other services. He advised that the Paramedic Foundation Degree would resume at the start of September with 48 students, who had been back in service and working operationally as EMTs, returning to full-time education.

Mr Bloomfield advised that the Trust had recently received an additional allocation of £5 million from the June monitoring round in respect of paramedic education and said that this allowed the Trust to plan for the third cohort of students. He said that, at the previous Board meeting, he had expressed disappointment that the Trust had been unsuccessful in its bid for transformation funding and had submitted a subsequent bid to the June monitoring round.

Mr Bloomfield said that the Chair had mentioned visiting Derriaghy Station and said that Directors had been unable to undertake visits more recently in the context of Covid-19. However, he reported that he had been able to spend some time visiting staff in Newry and Craigavon Stations. He said that he always found it useful to meet with staff and get feedback on how they felt the Trust supported them during Covid-19.

Mr Bloomfield advised that he had also continued with the virtual staff engagement sessions with the focus now on thematic sessions.

Referring to the fact that this was Mr Sowney's last Board meeting, Mr Bloomfield took the opportunity to convey his thanks and appreciation for the contribution made by Mr Sowney.

He acknowledged the fact that it had been important for the Trust to appoint a substantive Director of Operations and said that there had been a good response to the recruitment advertisement, both locally and from outside NI. Mr Bloomfield said that interviews had been held on 26 August and the panel had offered the post to Ms Rosie Byrne. He said that Ms Byrne had a wide range of experience and was most recently the Assistant Director of Unscheduled Care in the HSCB.

He reminded the meeting that the Trust had also welcomed Mr Neil Sinclair as Assistant Clinical Director for Paramedicine at the start of August and said that Mr Sinclair would work within Dr Ruddell's team.

Concluding his report, Mr Bloomfield referred to the 'Muckamore Abbey Hospital - Report of the Independent Leadership and Governance Review', a copy of which had been shared with members, and said that he has asked Ms Charlton to review the report's findings and recommendations with a view to bringing back an assessment to a future Board workshop or future Board meeting for discussion. Mr Bloomfield encouraged Non-Executive and Executive Directors to familiarise themselves with the detail of the report.

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

6 NIAS Strategy Implementation Methodology (TB27/08/2020/02)

The Chair welcomed Ms Sarah Williamson, Programme and Change Manager, to the meeting.

By way of introduction, Ms Paterson explained that the paper proposed a high level methodology for delivery of the NIAS' Strategy to Transform 2020-2026 'Caring Today, Planning for Tomorrow' and she advised that the approach agreed with the Senior Management Team had been to include staff, service users and stakeholders.

Ms Williamson thanked Ms Sellars for proof-reading the documentation. In terms of the development of the paper, Ms Williamson advised that she and Ms Charlton had met with PHA colleagues to seek their advice in relation to service user involvement as well as discussing with other ambulance services to ascertain how they had progressed similar work.

Ms Williamson highlighted key points within the document. The first related to the fact that the methodology proposed the establishment of a Strategy Implementation Board with service users and staff involvement. She acknowledged that there would be staff involvement across all workstreams.

Ms Williamson indicated that the document explained the work of the Implementation Board and the co-production methodology which sought to include service users and staff throughout the work to deliver on the Strategy. She welcomed members' feedback and thoughts on this.

Ms Williamson then drew members' attention to the governance section of the paper which proposed a programme methodology with a view to establishing a Programme Management office with programme managers supporting this in terms of performance managing and monitoring KPIs. Ms Williamson sought members' views on the frequency of reports to Trust Board.

With regard to the Terms of Reference for the Strategy Implementation Board, Ms Williamson advised that Directors had held workshops with their teams and, with support from herself and AACE, had populated the spreadsheets at Appendix A. Ms Williamson explained that Appendix A represented the objectives over the next two year period and that Ms Paterson had been designated as the Senior Responsible Officer.

Mr Dennison said that the paper was comprehensive and said that he had been struck by the additional work to be taken forward. He stressed the importance of pulling this work together in a co-ordinated way. Mr Dennison questioned the naming of the 'Strategy Implementation Board' and emphasised the need to ensure the Terms of Reference connected with the work of the Strategy Board. He welcomed this as a mechanism to provide the Trust Board with updates as work progressed.

The Chair suggested that it might be more appropriate for reports to be received at Committee level in the first instance with a high-level report being submitted to the Trust Board.

Mr Bloomfield reminded the meeting that the Strategic Plan had been launched nearly six months' previously. He expressed frustration that, for obvious reasons, there had been a hiatus where it had not been possible to progress the Plan in the way which had been envisaged. However he very much welcomed the progress which is now being made. Mr Bloomfield said that, during the staff engagement sessions, the Chair and he had made a commitment that the Plan would be taken forward and he welcomed the fact that

the paper before the Board provided a framework within which to progress the Plan.

The Chair described the Plan as comprehensive and believed that it clearly set out the work to be taken forward.

Responding to Mr Dennison's comment, Ms Paterson suggested that, rather than Implementation Board, the name of the overarching body should be Strategy Implementation Group.

The Chair said that SMT had not expressed concern in relation to the workload associated with the implementation methodology and on that basis, she sought a proposer from members.

On a proposal from Mr Bloomfield, which was seconded by Mr Dennison, the Board **APPROVED** the NIAS Strategy Implementation Methodology.

The Chair thanked Ms Williamson for her attendance and her input to the document and she withdrew from the meeting.

7 Proposal for a NIAS Rebuilding Management Board Working Group (TB27/08/2020/03)

At the Chair's request, Ms Paterson introduced this agenda item by explaining that the proposal for a NIAS Rebuilding Management Board Working Group had come around in response to Covid-19 and legacy issues which prevented the reconfiguration of HSC services. She reminded members that the DoH had published a new strategic framework setting out areas for priority action. In order to support this work, the DoH had established the Rebuilding Management Board with the aim of restoring the optimising service delivery in the context of Covid-19, embedding learning, implementing service models and planning for the future. Ms Paterson indicated that NIAS, and other Trusts, had been asked to establish a local implementation structure with key membership and responsibilities.

Ms Paterson acknowledged the challenges in establishing such structures due to the capacity within the senior management structure within the Trust.

She drew members' attention to diagram 1 which set out the proposed structure for local implementation of the Rebuilding Programme. Ms Paterson reminded the meeting that there were 28 workstreams within the Rebuilding Management Board and acknowledged that the Trust would be challenged in ensuring adequate representation. She stressed that the aim would be to ensure NIAS was represented with one voice and acknowledged that the proposed structure would evolve as the workstreams developed and as NIAS understood the scale of the work required for implementation.

Mr Abraham sought further clarification around the context of the sub-groups and whether the ultimate aim was to restore services to their original state prior to the pandemic or to re-envisage the HSC.

In response, Ms Paterson referred to the establishment of the Rebuilding Management Board by the DoH. She explained that this Management Board had identified 28 priority workstreams to be progressed through the HSC in terms of the reorganisation of service and restoration of work that had been lost during the pandemic.

Mr Bloomfield pointed out that the Minister and Permanent Secretary were on record as having stressed that it was not the aim to restore HSC services to December 2019 status but to build on the changes which had taken place and to ensure transformation was recommenced by accelerating some of the changes which had already been introduced.

Continuing, Mr Bloomfield acknowledged the magnitude of work to be undertaken across the 28 workstreams and recognised that some had limited impact on NIAS. However, he said, changes to acute services, for example provision of services in different hospitals, required input from NIAS. Mr Bloomfield said that it would be important for the Trust to be involved in such discussions and explained that the NIAS Rebuilding Management Working Group enabled the Trust to participate in these groups.

Mr Abraham acknowledged the importance of the Board being engaged in this work and sought clarification on how this would be done.

Ms Paterson explained that the proposal was to establish a Working Group which could be dynamic and flexible and ensure representation on each of the working groups as well as presenting a consistent voice moving forward. She added that the Working Group would provide assurance to SMT and Trust Board around the decisions which had been taken in a planned and responsible manner.

The Chair reminded the meeting that the Trust had liaised closely with DoH around the launch of the Trust's Strategic Plan in March and the direction of travel therein. She said that, as Chair, she would not be concerned at the Trust being presented with any unexpected issues. However the Chair said it would be important to clarify that this did not mean that, as services were reconfigured across Northern Ireland, there would not be any impact upon how the Trust delivered its core services and she re-emphasised the importance of the Trust having full participation in such discussions.

Stressing the gravity of this work, Mr Abraham said that he would like to see the linkages to the existing governance matrix framework in order to ensure monitoring as work progressed.

The Chair recognised this as a valid point and said it would be important to ensure that, while the Trust Board still retained accountability for the delivery of the service, there was documentation in relation to decisions taken. She was of the view that the proposed structure would ensure that the appropriate linkages were in place and that Trust Board would have oversight of work being undertaken. The Chair suggested that there would be opportunities for members to express any concerns they may have as work was progressed.

Mr Bloomfield, agreeing with the points made by the Chair, said that in recent meetings with elected representatives, his views had been sought on the decision taken by the Southern Trust to close the Daisyhill ED and the resultant impact on NIAS. Mr Bloomfield explained that, because the Trust had been fully involved in discussions with Southern Trust colleagues, he had been able to assure the elected representatives of NIAS' involvement in these deliberations.

Continuing, Mr Bloomfield referred to the 'No More Silos' action plan which was currently awaiting Ministerial approval but which had

been reported in the media. He referred in particular to the proposals to establish telephone triage in Trusts so that patients could telephone ED prior to arrival; to have ambulance only EDs and to have ambulance receiving areas which would help address the issue of ambulances queueing at EDs. He explained that each Trust had been asked to produce plans to take forward the actions proposed within 'No More Silos', subject to Ministerial approval.

Mr Bloomfield emphasised that it would be for these reasons to ensure NIAS' involvement in discussions with other Trusts as to their plans around the 'No More Silos' action plan and to be clear around the potential impact on ambulance services. Therefore, he said, it would be important to have the structure as proposed within the paper in place to ensure a consistent approach and to ensure that NIAS could support other services.

Mr Haslett expressed concern at the amount of work being progressed by DoH and the capacity of the Trust to deliver this. He referred to the composition of the Working Group and said that, had it not been for the recent recruitment of senior staff, there would have been a significant workload placed on existing SMT members for example.

Mr Haslett asked whether it would be possible to map the various Working Groups and the initiatives being taken forward as well as those individuals participating on them. He suggested that it would also be important to include within the mapping the priorities which had been set over the last 2-3 years and believed the considerable workload involved would become clear through the mapping.

The Chair pointed out that, not only was this work being DoH driven, it was also being driven by the Minister and she stressed the importance of the Trust Board ensuring that Ministerial priorities and policies were reinforced. The Chair said that she was of the view that this particular direction of travel did not differ significantly from the direction of travel adopted by the Trust in its Strategic Plan which had been endorsed by the Minister. She pointed out that the Trust had been asked to establish local implementation groups and the proposal before the Board set out how it intended to do so.

Mr Bloomfield acknowledged Mr Haslett's comments in relation to volume of work needing to be progressed. He indicated that the Trust had been requested to produce a number of plans, for

example, a Winter Pressures Plan, Surge Plan, Flu Plan and acknowledged that, while such plans might have been produced in different formats and to different timescales, they would have been produced by the Trust. Mr Bloomfield accepted that the Trust was now in a better position to progress these given the recent recruitment of senior staff.

Mr Abraham stressed the importance of clearly understanding the gravity of the plans under development with a focus on key linkages. He was of the view that, while SMT would receive regular updates, it would be imperative that the Trust Board received updates in a more systemic manner and suggested that consideration should be given to making this a Standing Item on Trust Board agenda if appropriate. It was his view that, in doing so, this would strengthen its importance.

Ms Paterson suggested that the newly established People, Finance & OD Committee could link with Trust Board and Mr Dennison, as Chair of the Committee, indicated his support for this proposal.

The Chair thanked everyone for their comments and said that work would now be taken forward to ensure Trust Board had a key role in ensuring a more obvious oversight to this work.

On a proposal from Mr Abraham which was seconded by Mr Haslett, the Board **APPROVED** the NIAS Rebuilding Management Working Group.

8 **Performance Report (TB27/08/2020/03)**

The Chair advised that an element of the Performance Report had been omitted from members' papers and apologised for this oversight.

Ms Paterson explained that the Emergency Ambulance Control had three designations of call covered by the Automatic Call Distribution (ACD) system which managed all incoming Emergency, Routine and Urgent/HCP calls.

She reported that, in respect of Emergency Call (999) activity in July, 17,763 emergency calls had been received, ie approx. 570 calls per day. Ms Paterson indicated that, as well as taking calls

from the general public, NIAS also received calls from hospitals, GPs and other health care professionals.

Referring to the 999 Call Answer Times which was a Key Performance Indicator, Ms Paterson advised that the EAC currently aimed to answer calls as quickly as possible with a target of 90% of all emergency calls being answered within five seconds. She added that it was envisaged that this target would change to a mean target in 2020 in line with other UK Ambulance Services.

Ms Paterson reported that call answer performance was over 90% for April, May, June and July 2020 and that, compared to the same month last year, the number of calls received each month had been lower but the difference narrowed from 11% less in April to 3% less in July.

The Chair referred to the update which Ms McNamara had given to the June Trust Board meeting on the work being taken forward to improve call answering and suggested that it would be helpful for Trust Board to receive information on outlier calls, ie number/nature of those calls being answered outside the five seconds.

Ms Paterson agreed to speak to Mr Sowney in relation to this.

She reported that ambulance turnaround times averaged 40 minutes over the period April – June and while attendances were at hospital were lower, reconfiguration due to Covid-19 arrangements had resulted in lengthened clearing times.

Ms Paterson drew members' attention to section 3 of the paper which captured information relating to Cat 1 improvement, for example the workplan, monthly performance figures through to the various acuity levels. She added that demand had generally been lower between April-June for all categories. Ms Paterson pointed out that, as demand increased, and in line with last year's demand, the Trust was now starting to see performance slip.

Mr Bloomfield reminded the meeting that work was being taken forward to improve Cat 1 response times and acknowledged that the Trust was below the performance standard. He highlighted Cat 2 performance which had been strong and which had only recently deteriorated when demand had increased.

Ms Paterson reported that an Early Alert had been submitted to the DoH in respect of the turnaround times. She added that a regional meeting had taken place to understand how best to resolve the challenges presented and said that Trusts were committed to supporting and finding out how resources could be unlocked from EDs to allow crews get back onto the road. She advised that the Trust had supplemented the Clinical Support Desk (CSD) with additional resources to ensure that appropriate alternative care was provided wherever possible so that conveyance to hospital could be reduced.

Expanding on this point, Dr Ruddell advised that the Trust was currently recruiting staff to CSD to ensure appropriate capacity was reinstated to assist in determining those calls which were suitable for alternative emergency support. He added that, during Covid-19, the Trust had been reliant on Clinical Support Officers to fill these roles.

Ms Paterson referred to the HR section of the performance report and acknowledged that there were currently some discrepancies on the data in relation to staff sickness levels. She explained that there were variations on how such data was collated and advised that currently information was collated by RMC and by managers through HRPTS. Ms Paterson cited the example of a member of staff who had been undertaking light duties and not available to participate on a rota but who had not been sick. She added that HRPTS also recorded those members of staff off on short/long term absence and said that there were variations in how such information was recorded. Ms Paterson said that such discrepancies would be addressed through the progression of performance reporting.

She reported that there had been a reduction in hours lost during May and June. She advised that a number of staff on long-term sickness absence had returned to work while a number of staff on short-term sickness absence had returned to assist with the Trust's response to Covid-19.

The Chair was of the view that it would be particularly helpful for Committee Chairs to have access to the breadth of information available. She explained to Ms Quirk that Ms Paterson was progressing a review of performance information being presented to the Board.

Continuing, Ms Paterson reminded the meeting that a number of HR activities had been stood down in the context of Covid-19 and cited the example of formal attendance management processes which had been suspended in line with regional activity. She said that the Trust continued to adopt a partnership approach with Trade Unions and said that there was a considerable challenge to the Trust in terms of sickness. Ms Paterson pointed out that approximately 160 staff were absent from the rota, either due to light duties or Covid-19 absences and said that Trade Unions continued to work with HR colleagues to resolve these issues and to support staff to return to work.

Mr Haslett referred to section 3 of the report and was of the view that there had been improvement since the introduction of the new clinical response categories and acknowledged the deterioration in relation to hospital turnaround times. He sought further detail in relation to what arrangements had been put in place to address these.

In Mr Sowney's absence, Mr Bloomfield said that he recognised the deterioration in turnaround times and acknowledged that this was as a result of the arrangements which had been put in place because of Covid-19. He cited an example of the reduction in physical capacity within EDs because of social distancing, thereby resulting in crews being unable to transfer patients into the care of EDs and having to care for them in ambulances outside ED.

Mr Bloomfield referred to the earlier discussion around the action plan 'No More Silos' which focussed on unscheduled care. He reminded members that a proposal within this action plan was the introduction of ambulance receiving areas which would assist in turnaround times with appropriate escalation measures in place. Mr Bloomfield said that two particular issues of concern had been highlighted by the DoH, namely delays in ambulance turnaround times and the discharge of complex patients from hospital.

However, Mr Bloomfield said, while the action plan put forward proposals to address such issues, it would be necessary to take forward work in relation to improving in-hospital flow. He said that the Trust continued to raise these issues on a regional basis. He reminded members of the Early Alert which had been raised with the DoH and which had resulted in discussions at operational level as well as Dr Ruddell discussing the issues with his Medical

Director colleagues. Mr Bloomfield acknowledged the risk to patients and said it would be important for the Trust to maintain a focus on this.

Agreeing with the points made by Mr Bloomfield, Dr Ruddell commented that, while there had previously been delays in terms of ambulance turnaround times, Covid-19 had certainly exacerbated the issue. He was of the view that there was an increased risk to patients caused by delays and turnaround times whether that had come about as a result of not being able to identify resources to respond to the most urgent cases in the community or as a result of patients having to be cared for in the back of ambulances outside EDs for considerable lengths of time.

Dr Ruddell confirmed that he had raised his concerns with Medical Director colleagues and acknowledged that a number of Trusts were making every effort to facilitate a quick turnaround for ambulance crews. However he further acknowledged that more work was required.

The Chair thanked members for their comments on the performance report which was **NOTED** by members.

9 **Corporate Plan Progress Summary Report – as at September 2020 (TB27/08/2020/04)**

Introducing this agenda item, Ms Paterson extended her thanks to Mr McCracken who had provided support in the collation of detail around the actions.

She explained that the Summary Report represented the mechanism to report on the delivery of Year 1 of the Trust's Corporate Plan and clarified that the priority actions had been taken from the Trust's Strategic Plan. Ms Paterson advised that progress would be reported through the Strategic Implementation Group but she thought it would be useful for members to receive the initial progress report at today's meeting.

Ms Paterson said that the Chief Executive was keen to ensure that Covid-19 did not prevent progress on implementing the Plan. She advised that the RAG status attributed to progress demonstrated that 48% of the actions intended to be delivered by December were either on track or would be completed by then. Ms Paterson

clarified that this did not mean that 44% would not be delivered in part or in full. She indicated that it would be important for members to recognise that some of the work intended for Year 1 would be partially completed due to DoH plans having to be progressed by the Trust.

Ms Paterson pointed out that the actions for delivery by December 2020 were very much linked to the Corporate Plan agreed by the Trust Board and said that the Summary Report also provided comments pertaining to specific actions.

The Chair thanked Mr McCracken for his input to this work and said that she had found it to be a helpful and encouraging document. She acknowledged the significant work undertaken to achieve 48% of actions either completed or on track for completion and commended the ongoing focus which all concerned have given to ensuring delivery of corporate objectives.

Ms Sellars sought clarification around the term 'culture dashboard'.

By way of explanation, Ms Paterson advised that the HR Directorate would like to see a series of matrices developed to understand some success criteria around, for example, benchmarking, culture, organisational behaviour, staff services, engagement with staff and understanding how the Trust can capture such data to demonstrate progress made in that area.

The Chair thanked Ms Paterson for her report which was **NOTED** by members.

10 NIAS Annual Report and Final Accounts for the year ended 31 March 2020 (TB27/08/2020/06)

The Chair commented that the Trust Board had had sight of the Annual Report and Final Accounts now on a number of occasions with a number of iterations being made before being submitted to the Comptroller and Auditor General for consideration.

Before passing to Mr Nicholson, the Chair declared an interest in this agenda item in relation to her role of Chief Commissioner with the Charity Commission.

The Chair reported that the documentation had now been certified by the Comptroller and Auditor General and laid before the Assembly. The Chair commended Mr Nicholson and all involved in the production of the Annual Report and Final Accounts and said that, given the context of Covid-19, it was, in her view, a huge achievement to have produced such comprehensive documentation.

Mr Nicholson thanked the Chair for her comments and said he would pass these on to all concerned. He went on to advise that the majority of the papers for Trust Board comprised the NIAS Annual Report and Accounts for the year ended 31 March 2020 and also the NIAS Charitable Trust Funds Accounts and Trustees Annual Report for the same year. Mr Nicholson pointed out that today's meeting represented the formal publication of these documents and said that this was the last stage in the extended process of production, audit, approval and certification.

Continuing, Mr Nicholson indicated that there was significant information contained within the documents and acknowledged that it would be difficult to highlight one particular area over another. However, in summary, he said that the documents outlined a year of change and challenge for the Trust as well as outlining a range of performance measures, service delivery and successes along with challenges faced through the year, not least culminating in the global pandemic towards the end of the period covered by the documents. Mr Nicholson was of the view that, while many of these challenges had continued into the new financial year, the work and efforts to date put NIAS in a strong position to deliver and improve in the future.

The Chair thanked Mr Nicholson for his comments and the NIAS Annual Report and Final Accounts for the year ended 31 March 2020 were **NOTED** by members.

11 **Rebuilding HSC Services Phase 2 (TB27/08/2020/07)**

The Chair reminded members that Phase 1 of the Rebuilding HSC Services covering the month of June had been discussed at the Trust Board meeting on 27 May. She added that the DoH had taken the lead in developing the Phase 2 Plans which covered July – September. The Chair indicated that, while the Phase 2 plan had

been shared with members via e-mail at the end of June, the Plan was here today for noting.

Ms Paterson confirmed that the Phase 2 plans had been published by the DoH on 10 July and work was now underway to develop the Phase 3 plan which would cover October-December with a focus on a six-month rolling plan. She added that the Phase 3 was to be submitted to the DoH by 23 September and undertook to share the plan with members prior to submission.

Continuing, Ms Paterson said that it was important to ensure that the Trust's Phase 3 plan was in line with other Trust organisations in delivering the recovery plans. She pointed out that the only NIAS activity which had not been restored to pre-Covid-19 levels was the Community First Responder Scheme and she said that this would now be the focus of the Phase 3 plan.

Ms Paterson advised that, coupled with the development of the Phase 3 plan, the Trust had been asked to develop six-month surge and winter resilience plans to accompany the Phase 3 plan. She pointed out that the DoH was currently giving consideration to allowing these plans, along with the Trust's Financial Plan, to be considered as the Trust Delivery Plan for 2020-21.

The Chair suggested that Ms Paterson's comments might address some of the concerns expressed earlier by Mr Abraham in relation to the work being proposed and the direction of travel.

Members **NOTED** the NIAS Rebuilding HSC Services Phase 2 plan.

12 **Policy for the Recording of Early Alerts to the DoH (TB27/08/2020/08)**

Introducing this agenda item, the Chair commented that, when revising the Trust Standing Orders, consideration would be given to whether policies need to be approved by Trust Board.

Dr Ruddell explained that the policy aimed to promote and provide a unified regional and organisational wide system for the reporting, recording, review and analysis of all Early Alerts.

Dr Ruddell explained that the policy had already been brought to the attention of the Trust's Assurance Committee and comments made

there had been incorporated into the version before members. He advised that the reporting of Early Alerts was the system through which the DoH was notified of any issues which were likely to create significant public interest. Dr Ruddell indicated that the Policy incorporated updated guidance received from the DoH around their expectations and he referred members to Appendix 1 of the policy which set out the criteria for reporting an incident as an Early Alert.

He clarified that there was some detail which was specific to NIAS in terms of accountability.

Mr Dennison said that, in reading the policy, there was no reference to the importance of making Non-Executive Directors aware of any issues which were likely to create significant public interest and he suggested that this should be included.

The Chair said that, while she understood and agreed with the point being made by Mr Dennison, as it was a regional policy, the Trust was limited in terms of what amendments could be made.

Dr Ruddell acknowledged Mr Dennison's comment. He reminded the meeting that, as the Early Alert Policy was a regional policy, he suggested that the procedure should be amended to include this point.

Ms Charlton indicated that notification to Chairs and Non-Executive Directors was a recommendation within the IHRD, specifically the Clinical and Social Care Governance group.

The Chair welcomed the fact that the procedure would be amended to include reference to the need to notify the Trust Chair and Non-Executive Directors.

Following this discussion, the Chair proposed that the Board **APPROVE** the adoption of the regional policy as it has been adapted for use within NIAS. This proposal was seconded by Mr Abraham.

13 **Committee Minutes (TB27/08/2020/09)**

The Chair drew members' attention to the Committee minutes and proposed that each Committee Chair would bring a brief report on the work of their respective Committee to the Board meeting. She

suggested that the report would be very much based on the minutes allowing each Committee Chair to decide what should be highlighted to the Board. The Chair said that members of other Committees could then seek clarification or further information upon reading the report.

The Chair also suggested the establishment of a repository where all Committee minutes and papers would be available to all members to read at their convenience.

Mr Abraham endorsed the Chair's suggestion and said it would be important to avoid duplication.

The Chair asked Mrs Mooney to e-mail members to seek their views.

14 **Date of next meeting**

The next Trust Board meeting will take place on Thursday 1 October 2020. Arrangements to be confirmed.

15 **Any Other Business**

15.1 **Boardroom Apprentice**

Ms Quirk thanked the Board for the opportunity to join the meeting and said she looked forward to working with them into the future.

15.2 **Assurance to Trust Board**

Ms Charlton said that members would be aware from media reports in relation to colleagues in Craigavon ED and PSNI having to self-isolate as a result of positive staff testing.

She said that she wanted to take the opportunity to assure the Board that work was continuing under the auspices of the Recovery Cell and through Trust Directorates to ensure all necessary preventative measures were in place such as the installation of perspex screens; removal of chairs and desks and ensuring surgical face masks were worn by frontline staff. She acknowledged the challenges for staff of wearing PPE when caring for patients and added staff were now

required to wear masks when not caring for patients. Ms Charlton said that communications highlighting the risk and potential impact on service delivery were being continuously reinforced to staff.

The Chair thanked Ms Charlton for her comments and said the Trust Board would be happy to assist in reinforcing the messaging around social distancing. She commented that, while everyone was aware of the need to do so, it was easy to lapse back into routine behaviour.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 12.15PM.

SIGNED: 

DATE: 1/10/2020

