



**Minutes of NIAS Trust Board held on Thursday 26 November 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

In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr B McNeill	Programme Director - Clinical Response Model (CRM)
	Ms R O'Hara	Programme Director – Strategic Workforce Planning
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Ms A Quirk	Board Apprentice
	Mrs C Mooney	Board Secretary
	Ms O Morrow	Paramedic (for agenda item 6 only)
	Mr B Newton	Emergency Planning Officer (for agenda item 8 only)

Apologies:	Mr A Cardwell	Non Executive Director
	Dr N Ruddell	Medical Director

1 Welcome, Introduction & Apologies

The Chair welcomed those present to the meeting and noted apologies from Mr Cardwell and Dr Ruddell.

The Chair asked members to declare any conflicts of interest at the outset or as the meeting progressed.

2 **Previous Minutes (TB26/11/2020/01)**

The minutes of the previous Trust Board meeting held on 1 October 2020 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Haslett.

3 **Matters Arising (TB26/11/2020/02)**

The Chair noted that all Matters Arising had been actioned from the previous meeting.

4 **Chair's Update**

The Chair referred to the busy period since the October Board meeting and reminded members that the workshop scheduled for 10 December had been cancelled and would be rearranged in the New Year.

She pointed out that the Remuneration Committee, originally scheduled to take place later that afternoon, would also be rescheduled to look at Directors' revised objectives.

The Chair said that she had been very sorry to have received an e-mail from Mr Cardwell in which he had advised of his intention to resign from the Board. The Chair reminded the meeting that Mr Cardwell was in his second term as Non-Executive Director with the Trust and had made a significant contribution in an extremely thoughtful and measured way.

She indicated that, while there would be an opportunity for members to formally mark Mr Cardwell's leaving, she wished to take this opportunity, on behalf of the Trust, to wish Mr Cardwell well for his retirement.

The Chair said that she would speak to the DoH to clarify their intentions on whether they planned to run a full recruitment competition or might consider appointing an interim Non-Executive Director. She pointed out that it would be helpful to appoint a Non-

Executive Director as soon as possible as otherwise there would be an imbalance between Non-Executive and Executive Directors.

Members extended their best wishes to Mr Cardwell and the Chair encouraged colleagues to contact Mr Cardwell directly if they wished to do so.

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

5 **Chief Executive's Update**

At the Chair's invitation, Mr Bloomfield reported that the Trust was very much in the second wave of the pandemic and emphasised the operational challenges presented. He indicated that the focus for the last month had been on supporting service delivery. Mr Bloomfield said that the Trust had seen an increased level of demand and this, coupled with staff self-isolating and Covid-19 outbreaks at stations, had led to a challenging period for the Trust. He said that Ms Charlton and Ms Byrne would say more about this further during their update later in the meeting.

Mr Bloomfield indicated that a major factor contributing to the operational challenges related to increased handover times at EDs. He acknowledged that this was not a new issue and had been discussed at length at previous Board meetings. Mr Bloomfield said that the increased handovers had undoubtedly impacted on the Trust's performance as patients waited longer in the community for a response. He explained that, while performance had been sustained during March to May, there had been significant challenges from June to July with patients having to wait in the back of ambulances for considerable lengths of time. Mr Bloomfield highlighted that this resulted in ambulances not being available to respond to other calls.

Mr Bloomfield welcomed recent correspondence from the Permanent Secretary to all Trusts in which he had made it clear how unacceptable he viewed this, emphasising that it was a 'hospital problem being inappropriately transferred to the ambulance service.' The Permanent Secretary had also stressed that ambulance services were not an extension of hospitals and should not be used in this way. Mr Bloomfield said that it had been helpful to get this level of clarity. He acknowledged the part played by Ms Byrne in her role on the regional No More Silos group where she

had repeatedly raised this issue and had been constructive in reaching this outcome. Mr Bloomfield said that the Trust was working closely with the HSCB to monitor the handovers and he hoped to see progress moving forward.

Continuing, Mr Bloomfield pointed out that the core challenge within Operations remained that of staffing. He said that the Trust currently had approximately 20% of staff not available for work and was reliant on overtime more so now than previously. He indicated that as staffing remained a key issue for the Trust, steps were being taken to prioritising the recruitment and training of staff over the next few months.

He said that he had the pleasure of welcoming twenty Emergency Medical Dispatchers (EMDs) to the Trust in October and November and explained that these staff had undertaken a fast track training programme, allowing them to become operational before Christmas. Mr Bloomfield said that this would provide improved resilience in that function in the Control Room.

Mr Bloomfield said that he had also welcomed 25 Ambulance Care Attendants (ACAs) who would work in Patient Care Services (PCS) which was now supporting the emergency tier, providing the Trust with resilience over the winter months.

Mr Bloomfield reported that the last staff engagement session, held on 22 October, had focussed on support to staff around health and wellbeing and had sought suggestions from staff as to what more the Trust could do in this area. He said that this work was now being progressed.

Continuing, Mr Bloomfield advised that he and Ms Byrne had spent an afternoon visiting EDs to meet with staff as they arrived at EDs to hear their concerns and ideas. He acknowledged the positive views from staff and said that a number of suggestions had been put forward for consideration.

Mr Bloomfield thanked all involved in the complex work which led to the pay agreement being implemented and payments being made.

Concluding his report, Mr Bloomfield referred to correspondence from the Permanent Secretary in which he had confirmed that the DoH was content with the progress made by the Trust in relation to

Infection, Prevention and Control and that the special measure previously put in place by the DoH had been lifted. Mr Bloomfield explained that RQIA would continue their inspections as was their practice with other Trusts to ensure standards were being maintained.

Mr Bloomfield said he wished to thank all involved and he paid particular tribute to Ms Charlton's leadership.

The Chair, agreeing with Mr Bloomfield's comment, said that this had been a tremendous achievement and alluded to the significant improvements which had been made in a relatively short period of time. She said she was conscious that members had been justifiably concerned when the Trust had been put in special measure by the DoH and she thanked all involved in this work.

Mr Abraham described resolution of the pay agreement as a 'significant milestone' and congratulated all involved. He also referred to the lifting of the IPC special measures and said that those who had witnessed the massive systematic transformation of IPC within the Trust had been privileged to see the amount of work which had been undertaken. He stressed that this had not gone without notice.

Alluding to the pay agreement, Ms Lemon acknowledged that, while a significant part of the agreement was the implementation and ensuring payments were made, further work was required in relation to assimilation of job descriptions and she added that this work would now be taken forward over the coming months.

Mr Haslett reminded the meeting that the pay issue had been under negotiation for a number of years and he welcomed its resolution. He paid particular tribute to Ms Charlton for her leadership and also to Mr McNeill who had been instrumental in commencing the work towards the Trust implementing effective IPC standards.

The Chair, acknowledging that such changes did not take place immediately, believed that the change in behaviours and the willingness of staff to comply with the IPC programme was indeed testament to the huge amount of work by Ms Charlton, Mr McNeill and many others.

Mr Ashford echoed those comments already made and congratulated all involved.

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

6 College of Paramedics 2020 John Hinds Scholarship Award – Ms Orla Morrow, Paramedic, NIAS (TB26/11/2020/03)

The Chair welcomed Ms Orla Morrow, Paramedic, to the meeting and invited Mr Bloomfield to introduce this agenda item.

Mr Bloomfield explained that Dr John Hinds, who tragically died in July 2015, had been a Consultant Anaesthetist at Craigavon Area Hospital and had been regarded as an inspirational leader by paramedics, EMTs and those with an interest in pre-hospital care across Ireland. He said that Dr Hinds had been instrumental in the establishment of the Helicopter Emergency Medical Service (HEMS). Mr Bloomfield invited Ms Morrow to provide the meeting with further detail.

Ms Morrow explained that, in order to qualify for the scholarship, entrants were required to write a case study, written to protect patient confidentiality, using original text and using all appropriate references and she outlined her case study to members. Ms Morrow said that she had not been long qualified as a paramedic when she had taken the decision to apply for the Scholarship. She explained that, as this year's winner of the Scholarship, she would now take up a fully-funded place on the Anaesthesia Trauma and Critical Care course which was accepted as the most advanced trauma course available world-wide. She added that the course, which was accredited by the Royal College of Surgeons and attended by ambulance personnel, Fire & Rescue, nursing and medical staff from all over the world, would be held over a three-day period and would consider three different trauma scenarios.

On behalf of members, the Chair congratulated Ms Morrow and said that the Trust was very proud of her achievement.

Ms Byrne said that she recently had had the privilege of spending a night shift with Ms Morrow and her crewmate and had been able to see at first hand her passion and dedication in caring for patients.

She said that the award was well deserved and congratulated Ms Morrow.

Ms Lemon agreed with the comments made and, acknowledging that it was not always easy to address a Board meeting, thanked Ms Morrow for her attendance. Ms Lemon said that it was an exciting time for Trust staff when one took account of the developments available. She added that Ms Morrow had demonstrated leadership in putting herself forward for the award and acknowledged that Ms Morrow's award also reflected well on the Trust.

At the Chair's invitation, Mrs Mooney undertook to share with members the extract from the Paramedic Journal reflecting Ms Morrow's case study.

The Chair thanked Ms Morrow for her attendance and she withdrew from the meeting.

7 Covid-19 Update (TB26/11/2020/04)

Ms Charlton updated the Board on how The Management of Infection Prevention and Control Incidents and Outbreaks Policy, which had been approved at the October Trust Board meeting, had implemented and disseminated.

She also provided an update on Covid-19 outbreaks within the Trust and the actions taken.

Referring to community prevalence, Ms Charlton said that it remained important for the Trust to be aware of this information in order to remind staff to adhere to public health messages within the community and she acknowledged the linkages between community prevalence and outbreaks within the Trust.

Ms Byrne highlighted the average numbers of staff who were on sick leave or who had been abstracted from frontline duty and were isolating. She explained that the trends indicated that abstractions and sickness were increasing overall and said that this was borne out by the Trust's swabbing data. Ms Byrne added that Operations were utilising private and voluntary resources to support capacity and consideration was being given to using student resources to support crews with a further focus on the co-ordination of the safe and timely return of staff to duties to optimise capacity.

Continuing, Ms Byrne alluded to performance against the 90% compliance target for call answering in EAC within 5 seconds. She advised that there had been a deteriorating trend in performance during August, September and October 2020 and said that this correlated with a month on month increase in the volume of calls answered for that period. Ms Byrne referred to the work being taken forward within the Cat 1 Improvement Group which examined both the mean and 90th centile performance with a particular focus on outliers of performance.

Ms Byrne said that the Chief Executive had referred in his report to the recent recruitment of EMDs and said that this, in addition to ongoing training, would also support further improvement.

Ms Byrne reported that, to date in November, call answering performance was 99.67% against a compliance target of 90% and said that there was a need to understand what was different and what drove that improvement.

Ms Byrne then moved to discuss ED handover delays and alluded to the Chief Executive's earlier references to this issue. She said that the Trust had produced a set of regional minimum core standards for ambulance handover zones to assist in hospital EDs to accept ambulance borne patients to improve performance and was working closely with hospital Trusts, the Health and Social Care Board and DoH to support improvement in performance.

Concluding her report, Ms Byrne referred to the arrangements being put in place to support those staff delayed at ED. She explained that the Trust had introduced a number of welfare vehicles allowing those NIAS staff delayed at EDs some downtime to remove PPE and get refreshment. She said that she had also arranged to meet with Trust colleagues to discuss a number of welfare issues, such as toilet facilities, fluid, nutrition etc, for those patients experiencing long delays in the back of ambulances. Ms Byrne acknowledged that this was a stressful time for staff in terms of wearing PPE for long periods of time for example. She emphasised the importance of peer support and commented that there had been an increase in the number of calls to avail of this service.

The Chair thanked Ms Charlton and Ms Byrne for their update and invited questions/comments from members.

Mr Haslett commented that the reference by Ms Charlton to the correlation in NIAS Covid-19 cases with community prevalence reflected the position regarding the outbreak in Craigavon station and said that he was reassured by this.

Ms Lemon accepted that, while there had been a number of abstractions relating to Covid-19, the Trust had experienced a slight improvement in 'normal' sickness levels. She clarified that the Trust had a number of staff on sick leave as a result of Covid-19 related sickness as well as Covid-19 abstractions relating to staff who had to self-isolate.

Continuing, Ms Lemon referred to the presentation which the Trust Board had received on peer support in March and she reminded the meeting that there were two members of staff on the peer support team. However she indicated that Operations were assisting in identifying other peer support volunteers and making arrangements to have these staff released. Ms Lemon said that the peer support model had previously focussed on trauma and debriefing and she suggested that Covid-19 was now considered as the 'new trauma'. She said that the team carried out daily calls to those staff on sick leave due to Covid-19 and dealt daily with the stress and anxiety of staff around that. Ms Lemon referred to the link with Inspire and the ability for peer support to refer staff to other pathways for more intense psychological support where needed.

Mr Haslett said that he had recently noticed crews in ambulances were wearing masks and enquired if there had been a change in policy.

Ms Byrne clarified that if staff could not be 2m or more apart, then they were required to wear masks and she said that this applied to crews in the cab of vehicles.

Mr Haslett welcomed this and commented that he wished more members of the general public would adopt a similar approach.

Mr Ashford referred to possible circumstances where a Covid-19 positive patient was delayed in the back of an ambulance with crews and asked if this extended exposure increased the risk to crews. He also enquired what steps were being taken in such circumstances.

Ms Byrne said such concerns had been articulated by crews and she added that this had compounded the stress and anxiety being experienced by crews. She indicated that it was hoped that the introduction of welfare hubs would assist in alleviating this. Ms Byrne explained that crews could take turns to step outside the vehicle and remove PPE. She acknowledged that this was far from ideal and said that the Trust would continue with these arrangements until such times as handover times improved significantly and welfare hubs were no longer required.

The Chair thanked Ms Charlton and Ms Byrne for their update which was **NOTED** by the Board.

8 **EU Exit – verbal update (TB26/11/2020/05)**

The Chair welcomed Mr Billy Newton, Emergency Planning Officer, to the meeting and invited him to provide the Board with an update on EU Exit arrangements.

Mr Newton provided a detailed and comprehensive update to the meeting on the Trust's involvement in and representation at meetings relating to EU Exit as well as reporting on arrangements in relation to the supply of medical devices/consumables and pharmaceuticals; staffing and NIAS fleet and data transfer.

The Chair thanked Mr Newton for his report and invited any questions/comments from members.

In response to a question from Mr Ashford around medical devices/consumables, Mr Newton explained that two national groups were examining the supply of these goods to NI. He added that it was likely that any issues would be highlighted within the first three months of operation, allowing sufficient time for these to be addressed.

Ms Paterson commented that Mr Newton's briefing had provided a greater context around the inclusion of EU Exit on the Corporate Risk Register and a greater understanding of the links and the involvement of other organisations in terms of assurance. She said that she would be providing an assurance report to the January Trust Board meeting and would include reference to EU Exit and the additional assurances received.

The Chair agreed that this would be helpful and referred to the significant amount of work ongoing in this regard.

Mr Haslett thanked Mr Newton for his detailed update. He sought clarification from Mr Bloomfield as to whether he had been involved in any Chief Executive level discussions to plan for untoward incidents.

Mr Bloomfield advised that all discussions relating to EU Exit had taken place within the forums described by Mr Newton.

However, Mr Newton explained that there was a plan within the command and control structure for the emergency services to come together if necessary to address common issues.

The Chair referred to the issue of data transfer and whether this might be an issue for the Trust.

In response, Mr Newton explained that, as part of the Trust's contingency measures, it had put in place a total of four buddy arrangements with other ambulance services in Scotland and England whereby those services would answer calls on behalf of NIAS. He added that these arrangements would involve the transfer of data. Mr Newton said that the Trust was also in negotiation with the Irish ambulance service re a similar arrangement and commented that, while the Trust currently shared information with its Irish counterparts through a Memorandum of Understanding, there was no data transfer. He explained that advice from the EU was that the information was essential for life and therefore had no impact because its priority for life took precedence over sharing of data.

The Chair suggested that it might be important to have confirmation of this in writing. She thanked Mr Newton for his detailed report and he withdrew from the meeting.

- 9 **Committee Business:**
- **Safety, Quality, Patient Experience & Performance Committee Terms of Reference**
 - **People, Finance & Organisational Development Committee membership (TB26/11/2020/06)**

The Chair drew members' attention to the proposed Terms of Reference for the Safety, Quality, Patient Experience and Performance Committee and reminded the meeting that their development would be an iterative process over the coming months.

Mr Dennison was of the view that the Terms of Reference appeared to focus on safety and quality and suggested that there should be a greater focus on patient experience. He also commented that having a tightly defined Terms of Reference might restrict the Committee's remit and influence assessment of the Committee's performance.

Ms Charlton agreed that it was important for the Terms of Reference to reflect a strong human focus and ensure that the experience of service users was reflected. She emphasised the importance of a focus on this as opposed to trends, patterns and numbers alone.

Mr Ashford, Chair of the Committee, pointed out that the Terms of Reference were iterative and would be reviewed in six months' time. He referred to the interface between the Trust Committees and said it would be important to ensure that all Committee Terms of Reference complemented each other.

The Terms of Reference were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Abraham.

Moving to the membership of the People, Finance and Organisational Development Committee, the Chair said that consideration would be given to populating the Committee given Mr Cardwell's recent decision to resign.

The membership of the People Committee was **APPROVED** on a proposal from Mr Ashford and seconded by Mr Abraham

10 **Finance Report (TB26/11/2020/07)**

At the Chair's invitation, Mr Nicholson presented the Trust Board Finance Report as at the end of September 2020. He explained that the report covered the revenue and capital financial positions and also performance against the requirement to pay invoices promptly.

In terms of the revenue position, Mr Nicholson advised that the report identified a draft deficit of £0.5 million at Month 6 with an estimated deficit of £1 million at year end. However, he said he was pleased to inform members that, since drafting the report, the Trust had been advised of £0.5 million of additional support towards this pressure from the HSCB and had identified a further £0.5 million of non-recurrent savings that brought the forecast position into financial breakeven for the year.

Mr Nicholson said that members would also be aware that the Financial Plan approved by the Trust Board in August of this year included a significant level of assumed income, particularly in respect of Agenda for Change (AfC), transformation projects and Covid-19 pressures. He said he was delighted to advise the Board that the Trust had received confirmation in respect of AfC and transformation projects and was awaiting final formal confirmation in respect of Covid-19 pressures.

Mr Nicholson indicated that the Trust would continue to work with the HSCB and other stakeholders to progress financial plans to deliver a breakeven position at year end.

Continuing, Mr Nicholson informed the meeting that the current Capital Resource Limit (CRL), ie the maximum amount the Trust was able to spend on capital projects, was £4.974 million. He pointed out that, as had been identified in the report, there was a number of significant risks to the delivery of this full programme of expenditure in the current year. Mr Nicholson indicated that these were currently under review, but it was likely that there would be some projects that would not be delivered in-year and the associated resources would be returned to the DoH.

Mr Nicholson pointed out that the risks were in relation to Fleet and Estate and were in the areas of business case approval, procurement and supplier capacity. He added that Trust officers were working through the detail in terms of the resources to be returned to the DoH.

Referring to the final page of the report, Mr Nicholson reported that, in terms of the prompt payment when the Trust was required to pay invoices within 30 days of the receipt of a valid invoice, the Trust had been successful in paying 96.9% of invoices against a target of 95%. He indicated that non-payment of a small proportion of

invoices could have a significant impact on the overall performance and said that efforts would continue. Mr Nicholson cited the example of the centralisation of approval of invoices and believed that this had contributed towards the improvement in performance.

The Chair welcomed the additional resources received by the Trust and said that the financial position was encouraging. She thanked Mr Nicholson and the finance team for a positive outturn in what were extremely difficult circumstances.

The Finance Report was **NOTED** by the Board.

11 **Performance Report (TB26/11/2020/08)**

Ms Paterson advised that the report captured the main operational performance indicators to support closer examination of NIAS service delivery since April 2020 and in the context of Covid-19.

She said that, earlier in the meeting, Mr Bloomfield had provided members with an overview of some of the issues and the impact on the operational clinical risk, in particular ambulance turnaround times, staffing levels and Covid-19 absences. Further context was then added through the presentation given by Ms Charlton and Ms Byrne.

Ms Paterson drew members' attention to the report which set out a number of charts and graphs with analyses and narrative providing further information on the mitigating actions which had been employed. She acknowledged that she had received input from HR for inclusion in the overall report but, due to version control, this unfortunately had not been included in the version shared with members.

Ms Paterson acknowledged that the report was heavily focussed on Operations and believed that it should encompass contributions from other Trust Directorates. She advised that it was her intention that the report would be further enhanced by the inclusion of Directorate qualitative and quantitative information. Ms Paterson indicated that the report would evolve in line with the Board Assurance Framework and said she intended that it would develop significantly over the coming months.

The Chair agreed that the development of the report was very much an iterative process. She referred to the restructuring of Trust Committees and the need to ensure the correct flow of information feeding into the Committee and Trust Board. The Chair commented that she had found the narrative helpful in relation to putting a context to the information presented. She asked Non-Executive and Executive Directors to put forward any suggestions they might have on how the report could be further improved to aid understanding and facilitate questioning.

Ms Lemon agreed with the points made by Ms Paterson in terms of the evolving nature of the report. She acknowledged that, while the Board would receive a high level indication of the corporate targets met, she intended to present these with a greater focus on outcomes to the People, Finance and Organisational Development Committee going forward. Ms Lemon advised that, as the People Committee evolved, consideration would be given to the information to be presented there and to the Trust Board to identify issues, how they had been addressed and what had been achieved.

Following this discussion, the Performance Report was **NOTED** by the Board.

12 **Report from Committee: Safety, Quality, Patient Experience & Performance Committee (TB26/11/2020/09)**

The Chair reminded the meeting of her intention for the work of the Trust Committees to be given greater visibility at Board level. She drew members' attention to the report from the Safety, Quality, Patient Experience and Performance Committee on 17 September and invited Mr Ashford to highlight any salient points.

Mr Ashford said that the development of the report was an iterative process and suggested that it would be helpful to map out the workload of the Committee. He commented that the report reflected the significant discussion at the September meeting and noted that the Committee had also met on 19 November 2020. Mr Ashford thanked all involved in producing papers for the Committee.

Referring to discussion at the October Audit Committee in relation to a point raised by Mrs Mitchell, Adviser to the Audit Committee, Mr Ashford said that it would be important to consider where risk

management was best located and whether the Audit Committee should become an Audit and Risk Management Committee.

The Chair thanked Mr Ashford for the report and said she hoped members of other Trust Committees might wish to seek further information on points within the report.

The Board **NOTED** the report from the Safety, Quality, Patient Experience and Performance Committee.

13 **DoH letter re: Covid-19 – Further Pause to Sponsorship and Governance Activities (TB26/11/2020/10)**

The Board **NOTED** the DoH correspondence dated 14 October 2020 which advised of a further pause to sponsorship and governance activities.

Mr Bloomfield commented that the correspondence was an extension of previous DoH advice dated 20 April 2020 and reflected the business continuity mode in place within the HSC. He drew members' attention to the penultimate paragraph which stated that the Accounting Officer responsibilities remained unchanged and the request for Non-Executives to continue 'to provide both support and constructive challenge to their Executive colleagues as necessary'.

The Chair referred to the Governance Self-Assessment Tool and sought clarification on whether this was included within the pause in activities.

Responding, Mrs Mooney advised it was her understanding that the Self-Assessment Tool should be completed and she undertook to liaise with the Chair in this regard.


14 **Date of next meeting**

The next Trust Board meeting will take place on Thursday 21 January 2021. 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 12.30PM.**

SIGNED: 

(electronically signed due to Covid-19)

DATE: 21 January 2021