Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 5 March 2020 at 10.00am in the Conference Room, NIAS Northern Divisional Headquarters, 120-130 Antrim Road, Ballymena BT42 2HD

PRESENT:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr A Cardwell	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
	Mr R Sowney	Interim Director of Operations
IN ATTENDANCE:	Mr B McNeill	Clinical Response Model (CRM) Programme Director
	Ms L Charlton	Director of Safety & Quality Improvement
	Ms S Sellars	Board Apprentice
	Mrs C Mooney	Board Secretary
	Ms E Hallissey	Peer Support
	Ms R Leonard	Peer Support
APOLOGIES:	Ms R O'Hara	Director of HR & Corporate Services

1 Welcome, Introduction & Apologies

The Chair welcomed those present to the meeting, in particular those in the public gallery, and advised that apologies had been received from Ms O'Hara.

The Chair said that she was delighted to be in the Northern Divisional HQ for the Trust Board meeting which would be followed

by the launch of the NIAS Strategic Plan. She confirmed that no conflicts of interest had been declared.

2 Previous Minutes (TB05/03/2020/01)

The minutes of the previous meeting held on 30 January 2020 were **APPROVED** on a proposal from Mr Sowney and seconded by Mr Cardwell subject to the following amendment requested by Mr Dennison:

Page 15, 2nd paragraph should read 'Responding to a question from the Chair as to whether he was suggesting a leaflet for staff and a separate leaflet for stakeholders, Mr Dennison said that it would be important to distil what the Trust was pledging to do through its Strategic Plan…'

3 Matters Arising

3.1 Directors' Performance Reports Human Resources (TB 05/12/2019/07)

In relation to Mr Cardwell's query in relation to the reference in the December 2019 minutes regarding absence levels, Ms Lemon clarified that figures had returned to a downward trajectory reflective of some of those seen in 2018/19.

3.2 MOTs

Mr Dennison asked if there was an update in relation to MOTs following the recent difficulties experienced in MOT centres.

Mr McNeill said that he was not aware of any issues being identified but undertook to keep members apprised.

3.3 Action List arising from December Board meeting

The Chair took members through the detail of the action list arising from the January Board meeting.

4 **Chair's Update**

Commencing her update, the Chair thanked those who presented and attended the workshop held on 24 February. She advised that members had received a detailed overview of Serious Adverse Incidents (SAIs) given by Ms Lynne Charlton and Katrina Keating, Risk Manager. Mrs Lappin added that the workshop had also received a presentation from Mr John Wright in relation to Patient Care Services and from Ms Charlton, Ms Linda Craig and Ms Thelma Swann on Care Opinion, the Online User Feedback system.

The Chair advised that, on 17 February, she and Mr Bloomfield attended the NICON lunch to mark the retirement of Dr Tony Stevens, Chief Executive of the Northern Trust. She said that a workshop had then focussed on the future role of NICON as an umbrella organisation, particularly in the context of having a NI Assembly back in place.

The Chair mentioned that she had attended cyber security training provided by the Northern Ireland Cyber Security Centre which had recently been established and which had links to similar Centres in England and Wales. She encouraged members, both Non Executive and Executive to avail of any opportunities for training in this area. Mrs Lappin said that members of the Audit Committee would be aware that the 2018 Audit Committee Handbook highlighted two particular areas which Committees should be aware of – one related to Whistleblowing and the other to cyber security. She believed that there should be continued focus on these issues both at Committee and Board level.

Continuing, the Chair reported that she had recently attended the Public Sector Chairs' Forum finance briefing provided by the Department of Finance. She explained that a two-week consultation period had taken place with stakeholders given that the budget was imminent. The Chair pointed out that the briefing had not just focused on the single budget for 2020/21 but made it clear that consideration was being given to multi-year budgets from 2021/22 with work to commence in the summer.

The Chair indicated that, to mark International Women's Day, she would be hosting a coffee morning on Friday 6 March to celebrate the contribution which women make to the delivery of ambulance services in Northern Ireland in particular. She added that she had

invited Clodagh Dunlop to speak at the event and said that she would share her own personal experience as to how she became the Chair of NIAS and would encourage others to share their own stories.

The Chair advised that the ALF Conference scheduled to take place in mid-March had now been cancelled due to coronavirus.

She referred to the DoH workshop scheduled to take place on 30 March for DoH colleagues to engage with Chairs and Chief Executives in relation to the Partnership Agreement. The Chair said that she was unable to attend and thanked Mr Abraham for representing her on this occasion. She added that she had intended to share with the workshop some of her experiences to date in working with the Department of Communities around the Partnership Agreement which set out a different approach from the previous MSFM. The Chair explained that it had been the intention to have the Partnership Agreements in place by 1 April. However she said that the DoH was keen to see an iterative process in place through 2020/21 and was making arrangements to have the Agreements in place as soon as possible.

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

5 **Chief Executive's Update**

Mr Bloomfield reported that the ongoing and fast moving management of Covid-19 (Coronavirus) had been taking up an increasing amount of time over the last month. He indicated that the Health Silver arrangements which had been stood down in mid-January in relation to Industrial Action, had quickly been re-established to deal with Covid-19.

He advised that, while Ms Charlton would provide a comprehensive update later in the meeting, this had developed considerably since Trust Board papers had been issued. Mr Bloomfield acknowledged that much of the work involved was in the planning stage and added that the Trust was now dealing with a number of calls about suspected cases on a daily basis. He believed that this would become the priority issue over the coming months, with other work being impacted.

Continuing his report, the Chief Executive referred to the Mid-Year Accountability Review meeting which he attended with the Chair on 4 February. He advised that the Permanent Secretary had been unable to attend so the meeting was led by the Deputy Secretary, Mr Jackie Johnston. Mr Bloomfield reported that, during the meeting, issues relating to the Trust's financial position; the continuation of transformation funded initiatives; Paramedic Education; CRM programme; challenges around hospital turnaround times had been discussed. However no issues of concern had been identified.

Mr Bloomfield said that DoH colleagues had taken the opportunity to seek assurance on the actions being taken to address the Head of Internal Audit's Limited Assurance assessment last year and said that he had been pleased to report some progress in this regard with action plans in place to address recent audits, in particular learning from incidents. Mr Bloomfield said that he had acknowledged at the meeting that it would take some time to resolve the many challenges that existed and he added that this was acknowledged by DoH colleagues.

Continuing, Mr Bloomfield explained that these meetings were also used to provide an update on IPC under the special measures arrangement which continued while we have an Improvement Notice in place. He said that Ms Charlton and Dr Ruddell had joined the meeting to provide an update on the progress being made, in particular around IPC training. Mr Bloomfield reported that the Department indicated they were content with progress being made and he referred to the fact that Ms Charlton would provide a detailed update later in today's meeting.

Mr Bloomfield said that he was pleased to report that the first HEMS test flight to the helipad on top of RVH took place on 18 February. He explained that this had been a major step forward in the development of trauma care and would avoid the need for secondary transfer by road ambulance from Musgrave Park Hospital. He said that this development had been long awaited by the HEMS team and had necessitated the resolution of a number of important estates and fire safety issues. Mr Bloomfield said that the Minister had also attended the event which had received considerable media interest.

Continuing his report, Mr Bloomfield said that, accompanied by Mr Neil Duncan, Area Manager, South East Division, he had attended a meeting of the Ards and North Down Council on 26 February to discuss response times in the Council area. Mr Bloomfield said that he and Mr Duncan had taken the opportunity to highlight the response times pre- and post- CRM, the level of resources available as well as discussing the challenges and developments taking place and plans for the future, subject to funding.

Mr Bloomfield said that, while Council members very appreciative of service provided, they raised some concerns about response times in more rural areas and turnaround times at Ulster ED. Mr Bloomfield thanked Mr Duncan for his excellent contribution at this event.

Mr Bloomfield conveyed his congratulations to the NIAS Complex Case Team (frequent callers) who won an award yesterday at the HSC Quality Improvement (QI) Awards in the category 'Integrating Care Across Boundaries'.

He reminded members that they had received presentations in the past about this excellent programme led by Ms Joanna Smylie and which ensured that services more appropriately met the needs of service users and protected NIAS resources and EDs for those who needed them.

Mr Bloomfield commented that he had attended with Ms Charlton who had supported Ms Smylie in her QI work and said it was positive to see NIAS now being recognised at such regional events.

Concluding his report, Mr Bloomfield advised that Ms O'Hara would be returning next week after her absence. He explained that, given the volume of work associated with HR, he had agreed that Ms O'Hara would lead an interim Programme Director role developing the Trust's strategic workforce planning, including issues such as multi-disciplinary working and enhanced opportunities for flexible working, and leading an organisational change programme to ensure the smooth and effective implementation of Trust restructuring/transfer of functions.

He indicated that Ms Lemon would continue as Interim HR Director leading on the day to day HR functions as well as Health and Wellbeing/culture.

The Chair thanked Mr Bloomfield for his report and invited any questions from members.

Mr Haslett referred to Mr Bloomfield and Mr Duncan's attendance at the Council meeting and asked if NIAS representatives attended Council meetings on a regular basis. He added that, when one took into account the number of Councils in Northern Ireland and the potential to be invited to several Council meetings, this could become a time-consuming commitment. Mr Haslett further commented that Council meetings were very often public meetings attended by the media and could result in media coverage.

Mr Bloomfield acknowledged that, while not all Councils requested attendance by NIAS representatives at Council meetings, a few Councils requested attendance on a regular basis. He believed it was important for the Trust to attend such meetings when requested to respond to any concerns expressed by Council members and to provide assurance that actions were being taken by the Trust to improve response times.

Mr Abraham commended Ms Smylie and her team on their recent award.

Mr Bloomfield advised that the team would be presenting to the Trust Board meeting on 7 May. He said that he had been highly impressed at the team's presentation at the awards which focussed on the impact of their work on service users. He added that what was clear was the impact the work of the team had made to lives of individuals and he indicated that the team's work had reduced the number of frequent callers by 65% with a similar reduction in the number of frequent callers being conveyed to hospital.

Ms Charlton agreed with Mr Bloomfield's comments and said that the impact on the lives of the individuals' families should not be underestimated. Likewise, she said, the challenge of ensuring a multi-disciplinary team approach should not be underestimated.

Mr Ashford referred to the change in Directorate and Committee structures and said he welcomed the intention to hold a workshop in the near future to discuss further.

Mr Bloomfield reminded the meeting that Ms Charlton had been appointed as Director of Safety and Quality Improvement in November 2019 and that Ms Maxine Paterson would take up post as Director of Performance, Planning and Corporate Services at the beginning of April. He explained that consideration was also being given to a clear delineation between Directorates and he said it would be important that this was properly managed and taken forward accordingly.

Ms Lemon agreed with the points made by Mr Bloomfield and accepted that the Board would wish to be clear on the process moving forward.

The Chair acknowledged that this was an ongoing process and made reference to the new Committee to be established under the chairmanship of Mr Dennison to examine finance, Human Resources etc. She added that it was her intention to review the operation of all Committees after approximately six months' to ensure that the roles and responsibilities of the Committees were clear and well defined.

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

6 **Peer Support - presentation**

The Chair welcomed Ms Emma Hallissey and Ms Ruth Leonard, Peer Support, to the meeting and invited them to make their presentation.

Commencing, Ms Hallissey explained that peer support was available to all NIAS staff. She outlined the legal and regulatory framework governing peer support and said the Trust had a responsibility to try to stop the development of PTSD.

Ms Leonard drew members' attention to the 'HSC Values – Staff Code' and said that openness, honesty and compassion were crucial to the provision of peer support. She said that it was important for individuals to know that they were in a safe place and being supported through traumatic incidents.

Ms Hallissey described the training which she and Ms Leonard had undertaken and indicated that they were not qualified counsellors

but provided peer support. She also provided some detail as to the benchmarking against other services. She indicated that the NIAS peer support service had undertaken engagement with other peer support services, including attendance at the Global Peer Support Conference and critical engagement with the PSNI. Ms Hallissey added that NIAS peer supporters had been invited to PSNI with whom there was a productive ongoing relationship.

Continuing Ms Hallissey indicated that peer support was the first line of intervention and involved all those NIAS staff involved in the incident, for example HEMs, control room staff, frontline staff. She described in detail a peer support debrief. She emphasised that a debrief was very time sensitive and was not an operational debrief but one which focussed on an individual's emotional wellbeing. She further emphasised that it was important that those staff attending debrief were aware of this fact. Ms Hallissey explained that, on average, a debrief could last between 2-4 hours and took place on non-Trust property.

Ms Leonard explained that the development of a peer support service had been discussed for some time within the Trust. She advised that, following a number of staff engagement sessions in 2017/18, approval was given to a pilot project with nine members of staff being trained. Following this, it was agreed that there was a need for expansion of the peer support service throughout the Trust and, in August 2019, two staff members were seconded to further develop the service.

Ms Leonard indicated that key to the development of service was the 'buy in' of staff and managers. She said that, to date, there were now 30 peer supporters from all tiers of staff within NIAS with every member of NIAS staff having access to the service if they so wished.

Ms Leonard explained that peer supporters had the ability to signpost staff to other services if required. She cited the example of Inspire which provided counselling and specialist trauma counselling as well as Recovery Colleges – one available in each Trust.

In terms of future planning, Ms Leonard advised that work was being taken forward to examine the potential of using independent Clinical Psychologists and specialist therapies. She added that

consideration was also being given to the possible employment of a Clinical Psychologist for assessment and appropriate referral.

She drew members' attention to the breakdown of calls to peer support between 1 August 2019 until 29 February 2020 and said that the majority of these had focussed on fatal road traffic collisions; paediatric resuscitation and assault. She pointed out that these figures also included the Community First Responders which were a vital part of the service and who had availed of the service.

Ms Leonard pointed out that the peer support service had engaged with 534 members of staff in the same period and said this was a significant number when one took into account the overall staffing figures. She acknowledged that some figures may be duplicates in that individuals may have sought peer support for a number of incidents.

Concluding their presentation, Ms Leonard and Ms Hallissey thanked the Chair, Chief Executive, Directors and Board members for their vision and support.

The Chair thanked both for their presentation. She commented that she had spoken to Ms Leonard and Ms Hallissey previously about their work and had been struck by the extent of staff engagement. She mentioned that she had spoken to a colleague in the Northern Trust who had expressed interest in the service and its impact and added that Ms Hallissey/Ms Leonard may be contacted to provide further information.

Ms Lemon commended both Ms Leonard and Ms Hallissey on what they have achieved to date and said the success of the service was very much due to the approach they had adopted as well as the personal commitment of both officers. She acknowledged that, while the service had had a huge impact on those who had used it, there was potential for it to be limited given the current infrastructure. Ms Lemon welcomed the ability for the service to signpost onwards and believed it was important that the service did not become the responsibility of those providing it.

Ms Lemon referred to work being taken forward around the establishment of a Health and Wellness Framework, working in partnership with Trade Unions. She referred to earlier discussion in

relation to sickness levels and believed that this work very much focussed on what staff faced on a daily basis.

Mr Ashford commended the officers on their presentation and on the development of service. He welcomed the fact that so many staff had been willing to engage with the service. Mr Ashford said that, while the nature of the ambulance service meant that those incidents responded to were undoubtedly traumatic, he was disappointed to see that 21% had related to assaults and suggested that further work was undertaken in the area of prevention.

Referring to the nature of the debrief, Mr Ashford sought further detail on who and how it was determined whether the debrief should be carried out on a group basis.

Ms Hallissey explained that the CISM model used by the NIAS peer support service had ten criteria relating to paediatric resuscitation; death of a colleague; death by suicide; death of a young person. She pointed out that peer support was not necessarily always provided in group sessions but could be provided on a 1:1 basis. However she added a 'normal' sized group would tend to be between 5-8 individuals.

Ms Leonard explained that normally two volunteers would be involved the debrief when 5-8 individuals were involved. She said that it was important to strike a balance and ensure that those attending were able to have a voice.

Mr Cardwell also commended the service and asked if any members of staff have had to leave the service because of pressures experienced. He suggested that perhaps consideration should be given to the service screening applicants in relation to their ability to cope.

In response, Ms Hallissey confirmed that individuals had left the service because of stress and advised that, while NIAS did not, some English services undertook psychometric testing.

Ms Lemon reminded the meeting that the service ultimately employed human beings who all had different ways of coping with trauma. She said that it would be important to provide staff with the means of coping with trauma and referred to the foundation degree

model around resilience to prepare staff for the trauma they would face in their daily duties as well as in their personal lives.

Mr Bloomfield confirmed that he had spoken to a number of staff who had left the service because of stress and emphasised that the need for the peer support service was apparent. He said that, in the past, staff were very much expected to continue with their duties and added that there was a recognition that 'it's okay not to be okay'.

Continuing, Mr Bloomfield said the level of sickness absence had reduced and he said it was possible that this was partly due to the availability of the peer support programme. Mr Bloomfield said that he would be keen to see the programme developed in the coming months for the benefit of all staff.

Mr Dennison referred to the fact that those providing peer support had undergone significant training but were not trained counsellors and he asked what skills were necessary to work with individuals who had experienced trauma.

Ms Hallissey explained that the PSNI Clinical Psychologist had agreed to supervise the NIAS peer supporters. She acknowledged that the peer supporters undoubtedly absorbed a great deal of the trauma being experienced by those using the service and further acknowledged the difficulties associated with this.

Ms Leonard said that, by arranging a debriefing, peer supporters were making every effort to help individuals process whatever trauma they had witnessed. She indicated that clinical supervision was key to the continuation of that and referred to Ms Hallissey's earlier comment regarding the possibility of recruiting a Clinical Psychologist. Ms Leonard reminded the meeting that those individuals providing peer support volunteered from within the organisation. She said that they worked shifts and were often exposed to trauma. Ms Leonard reminded the meeting that the service was available to everyone, ie EMDs, control room managers, frontline staff and staff within HQ.

Ms Hallissey pointed out that peer support did not offer advice but was able to signpost staff on to other services. She referred to the peer support training within NIAS provided by Professor Stephen Regel, Nottinghamshire NHS Trust and University of Nottingham,

and said that this was an accredited course which was used by the UN in conflict situations. In terms of timing, Ms Hallissey advised that debriefs did not take place until 36-72 hours after the incident and would take between 7-14 days.

Ms Leonard indicated that she and Ms Hallissey were due to undertake the train the trainer course with CISM to help equip staff within the service. She said that it would be important for officers, such as Station Managers, to be aware of how to defuse situations properly and how to talk/treat those involved in incidents.

Mr Sowney expressed his thanks to Ms Hallissey and Ms Leonard for their presentation. He believed that the impact of their work was evident and that it was important to invest further in these services. Referring to Mr Cardwell's earlier suggestion about screening individuals prior to entering the service, Mr Sowney said that it was his personal view that, in order to deliver the types of services provided by NIAS, the Trust required individuals who were competent, emotionally intelligent and therefore the very type of person likely to be affected by such incidents they might witness. He stressed that the way the Trust should deal with this was by ensuring support was available and provided to staff when required.

Ms Hallissey commented that there was a core team of ten peer supporters who provided lived experiences.

Concluding the discussions, the Chair thanked Ms Hallissey and Ms Leonard for their work and said that it was very much appreciated by members. She said that it was clear from the discussion that members fully supported the work delivered by peer supporters.

Ms Hallissey and Ms Leonard withdrew from the meeting.

7 Update on Coronavirus (TB05/03/2020/02)

Ms Charlton shared with members the detail of the update on Coronavirus which was at 27 February 2020. She cautioned that this was a rapidly evolving situation and elements of the detail within the update had changed since that date.

Dr Ruddell explained that, due to the relatively small numbers in Northern Ireland, the outbreak would be managed on a case by

case basis by HART advisers. He described the steps which were required to be taken by crews in the event of attending a suspected coronavirus case and added that each conveyance involved a lengthy period of time. Dr Ruddell said that, to date, the service had conveyed around fifty suspected cases to hospital for testing. He said that it was likely that, with an increase in cases, consideration would have to be given to expanding the team to oversee such cases.

He emphasised that coronavirus was a relatively low risk disease and said that those most at risk were individuals who were immunocompromised and had other complex medical histories.

Ms Charlton indicated that the programme of FIT testing was continuing and acknowledged the anxiety felt by staff in terms of exposure to the virus.

Responding to a question from Mr Ashford as to whether an individual could be infected twice, Dr Ruddell acknowledged that this was not yet clear. He explained that with most viruses, individuals developed immunity, however it was too early to determine. He indicated that Northern Ireland now had access to the 111 advice line.

Dr Ruddell said that a significant concern was the impact on other emergency calls and added that there had been a 60% increase in the number of calls due to concern around coronavirus. He pointed out that, with the increase in calls, there was a risk that other emergency calls were being missed.

Mr Haslett acknowledged the anxiety felt by staff in relation to coming into contact inadvertently with suspected coronavirus cases and the possibility of having delayed symptoms.

In response, Ms Charlton emphasised the importance of providing guidance and support to staff about presenting for duty.

Mr Haslett referred to the fact that, before the advent of coronavirus, hospitals were at full capacity. He sought clarification around the availability of hospital beds to deal with the likely increase in cases as well as the routine conveyance of patients through EDs.

Ms Charlton explained that there were only 16 infectious disease beds on the UK mainland and said that the initial plan had been for any cases to be transferred to the infectious disease unit in Newcastle. However, with the potential increase in cases, the situation was constantly evolving and it was likely that this would change.

Continuing, Ms Charlton confirmed that the Trust participated in daily Health Silver calls with the PHA and the HSCB. She added that sub-groups had been established to examine ICU capacity and it may well be that ICU beds would be required into the future. Ms Charlton indicated that many individuals who had confirmed coronavirus were not clinically unwell and she said that Health Silver was currently examining capacity for beds within Northern Ireland.

Mr Sowney commended Ms Charlton and Dr Ruddell on their work to date and acknowledged that preparing and co-ordinating the Trust's response to coronavirus was carried out in addition to their other roles and responsibilities.

The Chair thanked Ms Charlton and Dr Ruddell for their significant contribution to date.

8 **Infection Prevention Control (TB30/01/2020/03)**

At the Chair's invitation, Ms Charlton provided an update on progress in relation to the NIAS RQIA Improvement Notice and the meeting held between the Trust and RQIA at the end of February to discuss the same.

Ms Charlton drew members' attention to the Improvement Plan which had been provided to members and which identified five key areas for improvement, namely:

- **IPC training programme** – Ms Charlton advised that all key actions for improvement had been implemented with the exception of IT solutions to facilitate e-learning in all NIAS stations. She explained that the roll-out of REACH personal electronic devices, which would commence in April, would facilitate this action point to be achieved.

- **Competency based assessment tools** – Ms Charlton indicated that all key actions for improvement in relation to this had been implemented and associated expected outcomes achieved.

- **Delivery of training and competency based assessment** – Ms Charlton advised that a review of Clinical Training Officer (CTO) and Clinical Support Officer (CSO) capacity to deliver IPC training and carry out observations of practice in relation to IPC had been undertaken. She indicated that six additional CTOs took up post between October and November 2019 and added that recruitment for CSOs had been progressed to appointment stage, with 38 candidates successful at interview. Sixteen CSOs would be immediately appointed following this tranche of recruitment with a waiting list also being created.

Continuing, Ms Charlton advised that the IPC Lead took up post at the start of November 2019 and job descriptions, which had been forwarded for evaluation, had been agreed for the posts of IPC Practitioner, IPC Support Worker, Environmental Cleanliness Lead, Vehicle Cleaning Supervisor and Vehicle Cleaning Operatives.

Ms Charlton indicated that the Education and Training Strategy and associated plan for delivery of IPC education had been agreed and was being implemented with Levels 1 and 2 IPC e-learning available for all staff. Ms Charlton said that approximately one third of all staff required to undertake this training had done so to date and she added that efforts continued to ensure staff were undertaking this training as required.

Ms Charlton reported that face-to-face IPC training, including competency based assessment of Aseptic Non-Touch Technique (ANTT), commenced in September 2019 and would continue as per frequency outlined in training plan and strategy. She said that, to date, 260 staff had been ANTT competency assessed since September 2019.

Ms Charlton reported that clearly defined systems and processes had been developed and were being implemented for formal sharing of outcomes of hand hygiene audits and ANTT competence assessments with line management staff. The meeting noted that all IPC related training records were now recorded on HRPTS which enabled contemporaneous access for all line managers. Ms

Charlton said that work continued across the organisation in relation to the implementation of the agreed processes.

- **Key Performance Indicators (KPIs)** – Ms Charlton advised that KPIs related to IPC training and competency would be reported to Assurance Committee in March 2020 and routinely thereafter.

- **IPC training Strategy**- Ms Charlton indicated that an IPC training Strategy had been developed and was being implemented across the organisation. She added that hand hygiene auditing had been introduced following development of a NIAS specific hand hygiene auditing tool and all key actions for improvement related to this action were in progress with the aim of demonstrating minimal compliance by March end 2020.

The Chair thanked Ms Charlton for her update and the work undertaken to date.

Ms Charlton referred to the IPC Education and Training Strategy and said that the Trust would be able to demonstrate that it was implementing various aspects of the Strategy. She said that she hoped that RQIA would feel that the actions being taken by the Trust were sufficient to lift the Improvement Notice at the end of March.

Mr Bloomfield reminded the meeting that the Trust had been put on a special measure in relation to IPC. He said that recent meetings with RQIA had been positive and RQIA had recognised the significant work carried out by the Trust.

This update was **NOTED** by members.

9 **HR Review – verbal update**

At the Chair's invitation, Ms Lemon updated members on the HR review recommended in the Association of Ambulance Chief Executives (AACE) Benchmarking Report.

She reported that the review had commenced and would be undertaken by Mr Tony Crabtree and Ms Karen Hitchen from AACE. Ms Lemon advised that Mr Crabtree had arranged to meet with Directors as part of the initial scoping work this week, with members of the team and key stakeholders to ascertain the pressures and

demands on the team as well as expectations from stakeholders. She added that Board members also had an important part to play and would have an opportunity to make a contribution to the process.

Ms Lemon explained that a key factor would be the model of delivery and associated recommendations in terms of the functions, ultimate model and structure. She said that, while no definitive timeframe had been identified for the work to be completed, she had made it clear that she wished to be in a position to demonstrate clear progress at the next Trust Board meeting.

Ms Lemon acknowledged that the AACE Benchmarking Report had also made reference to pressures within and the impact on the team. She explained that a parallel process had also been put in place whereby Inspire would provide support to the team in the interim and work would be taken forward to look at bringing in additional capacity through the Leadership Centre and agency until such times as a revised structure was in place.

The Chair thanked Ms Lemon for her update which was **NOTED** by members.

10 **Directors' Performance Reports (TB05/03/2020/04)**

The Chair invited each relevant Director to provide an update by exception on their respective area.

10.1 **Finance**

Mr Nicholson advised that the Trust was currently reporting a breakeven position for the ten month period ending 31 January 2020, subject to key risks and assumptions in respect of Agenda for Change, investment and efficiency savings and added that a breakeven position was forecast for the Trust at the year end.

In terms of prompt payment, Mr Nicholson reminded members that the target was to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever was the latter and indicated that it was unlikely that the Trust would achieve this target for the full year. He said that this was a disappointing outcome

because of the significant efforts made by staff to achieve this statutory target.

With regard to the 2019/20 pay award, Mr Nicholson indicated that BSO Shared Services Centre was making every effort to effect the pay award within the March pay period.

He said that members had been advised earlier in the meeting of the immediate impact of Covid 19 and added that this was now impacting on Trust expenditure. Mr Nicholson said that the Trust had received some support from the HSCB and DoH in this regard. He said that the Trust had been asked to submit a report to the HSCB identifying other potential impacts and additional pressures as a result of Covid 19 experienced in the current year and into the immediate future.

Continuing, Mr Nicholson referred to the availability of products within the market place and from suppliers as a result of direct and non-direct consequences of Covid 19 and he added that the availability of equipment may impact upon decisions taken by the Trust.

Mr Nicholson referred members to page 72 of their papers which reported on IT systems and referred in particular to the cyber security incident which had taken place in January 2020. He said that he would provide a more detailed report on this in the In Committee section.

Mr Abraham commented that, while there was no direct evidence to support this view, he believed the number of legal enquiries was increasing as there was a perception that solicitors could be perceived as negligent unless they made legal enquiries. He suggested that this trend should be monitored.

Ms Sellars asked if the Trust profiled the requests received in relation to whether they related to an actual claim being investigated, an investigation instigated by the Trust or whether it was a routine query from a solicitor.

Mr Dennison commented that the capital spend was £8.345 million in-year and asked if these funds had all been committed. He sought clarification around the £4.3 million referred to within the financial report.

In response, Mr Nicholson confirmed that the Trust's capital spend was £8.345 million and that £4.345 million had been earmarked for specific ICT schemes and contingency control room arrangements. He advised that the Trust was forecasting full expenditure of these resources.

Mr Nicholson acknowledged the current uncertainty around supplies and said that, on a number of occasions, suppliers had been unable to give a commitment as to when products would be delivered. He said that the Trust continued to liaise with the DoH and the HSCB to highlight these challenges and said that this was an indirect consequence between the manufacturer and delivery to effected areas.

Mr Haslett commented on the information relating to the Trust's capital spend contained within the financial report and said that he would like to see more detail.

Mr Nicholson undertook to revisit this for future Trust Board reports and said he would be happy to meet with Mr Haslett offline to go through the detail. He advised that, in terms of capital expenditure, the Trust was finalising the business case for fleet replacement and added that the sluice programme was nearing completion.

The Chair believed that this highlighted the need for a new Committee to discuss issues such as finance. She added that a workshop was being organised to look at what information was required by Board members

Mr Bloomfield reminded members that the performance report would be revised when Ms Paterson took up post as the Director of Performance, Planning and Corporate Services. He said that previous Trust Board performance reports had been lengthy and, while some work had been carried out to reduce the length, further work was required to streamline the reports and ensure the appropriate balance had been achieved.

Mr Abraham questioned whether the challenges with the supply chain should be considered as a risk.

Mr Dennison suggested that it might be helpful to take some time at a future meeting to discuss what members wish to see in terms of information coming to Trust Board meetings, in particular financial information.

Mr Nicholson said that he and the finance team would be happy to work with members to determine the optimum level of information to be provided.

The Chair commented that it was important for the detail to be dealt with at Committee rather than Board level.

The Chair thanked Mr Nicholson for his report.

10.2 **Operations**

Mr Sowney reported that the Trust continued to experience challenges in terms of turnaround times. He explained that the emergency divert protocol put in place in January by the HSCB had now been suspended and said that the Trust continued to work with other Trusts to address the difficulties.

Mr Sowney advised that a number of issues had been identified in relation to call answering. He explained that following the introduction of new arrangements, the position had improved. However he added that this would be closely monitored moving forward.

Continuing, Mr Sowney indicated that the Trust was working with the PHA to identify a solution to managing its on-call system. He said that there had been improvements on welfare call-backs to reduce the need for patients and carers to call seeking updates.

Mr Sowney advised that having an Emergency Medical Dispatcher (EMD) undertaking a performance management role had had an immediate impact. He added that a working group had been established and would be led by the Assistant Director of Operations (Control and

Communications), supported by AACE, to focus on longer-term strategic improvements. He undertook to bring an update on this work to a future Board meeting.

Concluding his report, Mr Sowney highlighted the high level of flu vaccination achieved in the Trusts and advised that the Trust was assisting other Trusts with their flu campaigns.

The Chair thanked Mr Sowney for his report and noted that there was a number of positive elements. She referred to response times and said that these appeared to be improving. The Chair also made reference to winter pressures which, she added, appeared to show no abatement during the year.

Mr Sowney believed that, while there were some improvements, the full implementation of CRM, in particular investment into the service, would result in significant improvements. He said the service was trying to make as much improvement as it could without the required investment.

The Chief Executive commented that AACE had advised that NIAS response times were now comparable to most other UK ambulance services. However he acknowledged that, while there had been improvements in Cat 3 and 4, there were fluctuations in performance.

Mr Sowney referred to turnaround times and said that, although these remained a challenge for the Trust, members should note that ambulance clearing times had improved.

Agreeing with the points made by Mr Sowney, Mr McNeill emphasised the importance of the Trust being fully resourced to see the benefits of CRM. He pointed out that, prior to November 2019 and the introduction of the new code set, the average response time to a Cat A call was 14 minutes. He advised that this had since reduced to 10 minutes.

The Chair welcomed the improvements in clearing times and the Cat A response times.

Mr Haslett said that he wished to endorse that and welcomed the progress made which represented a 15% improvement.

Mr Bloomfield said that, at a recent meeting with Trust Chief Executives to discuss turnaround times, he had shared a detailed breakdown which showed that in most Trusts there had been a deterioration in handover times while ambulance clearing times had improved. He said that, as Mr Sowney had indicated, work continued to address these challenges.

The Chair thanked Mr Sowney for his report.

10.3 **Medical**

Dr Ruddell said that, as per Mr Bloomfield's report, the helipad was now operational and receiving outpatients. He referred to clinical education and training and said that the Trust was awaiting information on the degree course. Dr Ruddell added that the course was on target within the next two months to recruit the third cohort of paramedics to be trained.

Dr Ruddell drew members' attention to page 108 of their papers, in particular the Hypoglycaemia Quality Improvement Compliance and said that he wished to caveat this performance. He explained that, while the performance appeared excellent, these had been based on a small number of case reviews. Dr Ruddell explained that these reviews were usually carried out by Clinical Support Officers (CSOs) and said that, at the moment, CSOs' priority was not on reviewing these charts.

Continuing, Dr Ruddell explained that a recent recruitment exercise had been successful in recruiting a further 15 CSOs which would bring the overall team back up to full complement. He believed that this would ensure that there was now renewed focus on reviewing charts in order to maintain and continue the quality of care. Dr Ruddell believed that the REACH programme would help significantly in this regard.

Responding to a question from Mr Ashford, Dr Ruddell acknowledged that approximately between 60-70 of acute cases should be reviewed at each point.

The Chair thanked Dr Ruddell for his report.

10.4 **Human Resources/Corporate Services**

Ms Lemon alluded to the earlier reference under Matters Arising to downward trajectory in absence figures and said that it was likely to take some time before this impact was evident on cumulative figures.

Referring to page 117 of the papers, Ms Lemon acknowledged that the reasons identified for sickness absence were very much based on what was stated on individuals' Statements for Fitness to Work and on HRPTS.

Ms Lemon referred to the earlier presentation on peer support and said that efforts were being made to interrogate these figures. She indicated that a high proportion of Statements for Fitness to Work related to general debility and acknowledged that some staff were uncomfortable with Statements identifying mental health issues.

Ms Lemon said that liaison with Trade Unions continued. She indicated that a Health and Wellness Steering Group had been established to examine the figures in greater detail and to identify the work factors which impacted on individuals' health and which could potentially be addressed at a systemic level while managing attendance at an individual level.

The Chair thanked Ms Lemon for her report.

10.5 **Clinical Response Model Programme – verbal report**

Mr McNeill reported that the Clinical Response Model Strategic Outline Case had been submitted to the DoH at the end of February for consideration. He explained that the case set out the case to support the implementation of five-year programme for the delivery of the clinical response model to achieve the indicators and standards proposed in

the consultation carried out in March 2019. Mr McNeill said that the costs of £31.4 million attached to the SOC were primarily revenue with some capital costs identified to take account of the additional staff required and estate. He added that the SOC also included a request for funding for 51 additional vehicles to support the increase in planned hours.

Mr Haslett sought clarification on the original costs proposed for the implementation of CRM.

In response, Mr McNeill confirmed that initial costs had been more than this. However, he said that discussions with DoH colleagues had confirmed the revenue requirement of £31.4 million. He said that the CRM SOC would be discussed in greater detail during the In Committee session of the Board.

The Chair thanked Mr McNeill for his update.

10.6 **Safety & Quality – verbal report**

Ms Charlton confirmed that, other than those items already covered on the agenda, she had no other business to report.

Members **NOTED** the Directors' Performance Reports.

11 **Forum for Questions**

Members noted that no questions had been submitted.

12 **Date of next meeting**

The next Trust Board meeting will take place on Thursday 7 May 2020 in the Boardroom, NIAS HQ, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG.

13 **Any Other Business**

There were no items of Any Other Business.

SIGNED: Nicole Lupini

DATE: 14/5/2020