



**Minutes of NIAS Trust Board held on Thursday 4 March 2021 at 10.00am via Zoom (due to Covid-19)**

<b>Present:</b>	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director (left the meeting at 12.45am)
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director

<b>In Attendance:</b>	Ms L Charlton	Director of Quality, Safety & Improvement
	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

**1 Welcome, Introduction & Apologies**

The Chair welcomed everyone to the meeting. She reminded those present that it had been necessary to stand down a number of Committee meetings scheduled for February and advised that, while these had been rescheduled, it had not been possible to reschedule the People Committee which would next meet on 22 April.

The Chair noted that no apologies had been received for today's meeting and reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

## 2 **Previous Minutes (TB04/03/2021/01)**

The minutes of the previous meeting held on 21 January 2021 were **APPROVED** on a proposal from Mr Abraham and seconded by Mr Ashford.

## 3 **Matters Arising (TB04/03/2021/02)**

The Chair alluded to the work ongoing around the development of financial reporting to the Trust Board and the People, Finance & Organisational Development Committee. She said that Mr Dennison had discussed the issue with Mrs Lesley Mitchell, external adviser to the Audit Committee, with a view to organising a facilitated workshop with Non-Executive Directors in the first instance to consider the basic level of financial information members would like to see. The Chair stressed the importance of the relevance of the information being presented to the Board and believed that the workshop would offer an opportunity to discuss this.

She said that she would be asking Mrs Mooney to explore possible dates for the workshop with a view to it taking place within the next 4-6 weeks.

The Chair also referred to Mr Abraham's query at the January Trust Board meeting around the linkages of Vitamin D deficiency with the likelihood of contracting Covid-19 and whether this had been raised at a regional level and ascertain if there are any plans in place to explore this further.

Dr Ruddell advised that, shortly after the January Board meeting, guidance had been issued by the DoH on this specific topic. This contained no direct implications for NIAS as the Chief Medical Officer (CMO) had advised that prescribing of Vitamin D remained the remit of an individual's own GP who was best placed to identify those at risk.

Mr Abraham indicated that he did not agree with this view and undertook to provide Dr Ruddell with the statistics for his review.

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

The Chair commenced her update by referring to the Boardroom Apprentice Scheme and advised that the Trust had been asked to confirm if it would be willing to host a further Boardroom Apprentice and she outlined a number of benefits of participating in the Scheme. The Chair said that Ms Quirk had discussed with Ms Paterson and Mrs Mooney the potential to progress a discrete piece of work. The Chair indicated that it would be important that the work benefitted NIAS as well as Ms Quirk in her role as Boardroom Apprentice and said that it had been agreed that Ms Quirk would undertake work in relation to the Trust Standing Orders, Committee Terms of Reference and the Scheme of Delegation.

The Chair advised the meeting that Ms Sellars, who had undertaken her Boardroom Apprentice placement with the Trust, had recently been appointed as a Non-Executive Director with CCEA and said that Ms Sellars had regarded her time with the Trust as beneficial in providing her with the necessary skills to undertake this role. The Chair said that the Trust wished Ms Sellars well in her new role.

The Chair conveyed her thanks to Mr Haslett who was currently acting as Ms Quirk's mentor and said that Mr Haslett's contribution had given Ms Quirk real insight into the role of a Non-Executive Director.

Following this discussion, members agreed to NIAS' continued participation in the Boardroom Apprentice Scheme and, at the Chair's request, Mrs Mooney agreed to respond accordingly.

The Chair referred to the completion of a self-assessment tool and undertook to discuss further with Mr Bloomfield and Mrs Mooney.

Continuing her update, the Chair thanked Non-Executive Directors for their co-operation in the timely completion of their appraisals for submission to the DoH.

The Chair referred to the recent launch by the Minister of a badge to remind those who have been vaccinated of the ongoing need to adhere to social distancing guidelines. She said that Non-Executive and Executive Directors were being encouraged to wear their badge and to promote its message on social media where possible.

Mr Dennison referred to the recent resignation of Mr Cardwell as a Non-Executive Director and asked whether there had been any update from the DoH as to a replacement.

Responding, the Chair advised that a recent e-mail from the DoH Public Appointments Unit had confirmed that it would not be possible to prioritise the replacement of the NIAS Non-Executive Director as there were currently other organisations with a number of Non-Executive Director vacancies. She indicated that she had been involved in the development of a paper being submitted by HSC Chairs for the Minister's consideration on how Non-Executive Directors could be identified, including for NIAS.

Mr Abraham suggested that, in terms of succession planning, it might be prudent to appoint a Non-Executive Director with financial experience who might succeed him as Audit Committee Chair, thus allowing a managed transition.

The Chair welcomed this suggestion and agreed to raise the issue with the DoH and keep Non-Executive colleagues updated.

The Chair alluded to a number of workshops to be scheduled over the coming months. She reminded the meeting that Mr Sowney had recently assumed the role of Senior Clinical Adviser and had expressed a wish to meet with Non-Executive Directors to discuss his reflections on his first six months in this role. The Chair confirmed that Mrs Mooney would be in touch to determine a suitable date.

Concluding her update, the Chair advised that there was a number of areas of work which required a Non-Executive Director with a particular interest to be identified, and she cited areas such as safeguarding and whistleblowing as examples. The Chair assured colleagues that the Trust would provide support to them in this work and said she would be approaching Non-Executive Director colleagues in the coming weeks.

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

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

At the Chair's request, Mr Bloomfield commenced his report and referred to the fact that the service had experienced the peak of the third surge during the same week as the January Trust Board meeting. He advised that the position was an improving one in terms of the reducing number of community infections, hospital admissions, patients requiring intensive care treatment as well as a reduction in the number of deaths as a result of Covid-19.

Mr Bloomfield said that the Trust had also seen a reduction in the number of Covid-19 calls and in the numbers of staff absent due to Covid-19 related reasons. He indicated that Ms Lemon would provide further detail on this later in the meeting.

Mr Bloomfield welcomed these reductions and said that staff had worked relentlessly over the last year. He added that he hoped the impact of the vaccination programme and the cautious easing of restrictions would help prevent any further surges and having to ask staff to respond to further surges.

Continuing, Mr Bloomfield said that, over the last number of weeks, the focus had been very much on service delivery. He reminded the meeting that the Trust had been in business continuity mode for several months to ensure that all non-essential work had been stood down or scaled back and said that these actions had been effective in managing service delivery. Mr Bloomfield explained that January and February were traditionally the two most difficult months of the year from an operational perspective in terms of seasonal winter pressures. He said that the third surge had proved the longest and the most challenging with health and social care coming under intense pressure.

Mr Bloomfield said that the preparatory arrangements put in place by the Trust had served well in terms of staffing levels and strong levels of cover in place. He commented that cover over the last 6-8 week period had been the strongest for some time. He paid tribute to all those who had contributed to this position.

Mr Bloomfield said that feedback from staff had been positive around the efforts made to ensure that there were good levels of cover in place which made shifts more manageable. He referred to

the recent virtual staff engagement session when staff had noted their appreciation of the efforts made.

Mr Bloomfield said that he continued to welcome staff to the organisation and had recently welcomed a number of EMT and ACA students. He added that a further cohort of 50 paramedics were due to commence training on 22 March and said that this would be the third cohort of the Foundation Degree. Mr Bloomfield reminded the meeting that the second cohort had had their training interrupted during the pandemic to return to frontline duties and he added that this cohort's training would conclude in the next week. Mr Bloomfield said that it would be important to mark their graduation and added that consideration was being given as to how best to do this. He undertook to advise the Board once arrangements had been made.

Continuing, Mr Bloomfield said that the Trust would increasingly return to business as usual over the coming weeks and months. He added that work would recommence on progressing the Trust's long-term strategic plan which had been launched just prior to the pandemic in March 2020. Mr Bloomfield acknowledged the challenges the intervening year had presented and said that, while work on the plan had not been progressed to the extent he would have liked, progress had been made nevertheless. He added that Ms Paterson would provide an update to members later in the meeting.

Responding to a question from Mr Ashford in relation to the ability of staff to take annual leave, Mr Bloomfield acknowledged the challenges this had presented. He explained that, given the extreme circumstances, provision had been made for staff to be paid for unused annual leave and work was ongoing in relation to this. Mr Bloomfield stressed the importance of the Trust managing annual leave to ensure appropriate cover and service delivery.

Ms Lemon endorsed Mr Bloomfield's comments and reiterated the importance of staff getting a break after such a challenging period. She acknowledged that there had been a build-up of annual leave within the system and said that there had been some changes to Departmental circulars which allow the additional carry-over of leave as well as the ability to receive payment for unused annual leave. Ms Lemon stressed however that the statutory annual leave

entitlement by staff under the Working Time Directive had to be taken.

Mr Nicholson referred to the significant financial impact both in terms of the potential payment for annual leave and the year-end position in relation to untaken annual leave.

The Chair said that she was aware that, in organisations outside of health and social care, staff were being encouraged to continue to use their annual leave as per the pattern in previous years. Acknowledging the challenges of the pandemic, she sought clarification on whether this was the case within the Trust.

In response, Mr Bloomfield said that, while staff had been encouraged to take annual leave, it had proved challenging. He referred to the recovery plans being commissioned by the DoH and said that, at the Minister's request, these would be mindful of the need for health and social care staff to get rest before the work on rebuilding services would commence. Mr Bloomfield acknowledged that this would prove more difficult in services where demand could not be managed. However he said that efforts would continue to determine where staff could be facilitated to get a break.

Members **NOTED** the Chief Executive's update.

## 6 **Self-Service Business Intelligence (BI) Reporting Model (TB04/03/2021/03)**

The Chair welcomed Ms Tracy Avery, Head of Information, to the meeting.

By way of introduction, Ms Paterson explained that data was fundamental to evidence-based decision-making and it was therefore critical to the successful transformation and improvement of services that decision makers were able to access good quality data in a timely and robust manner.

Ms Paterson described the advantages to self-service business intelligence reporting, namely:

- more accessible for those without technical expertise;
- uniform data definitions;
- allow users to create visually engaging reports;

- more timely reports for improved evidence based decision-making;
- more efficient;
- enhances productivity;
- allows analysts to focus on higher-level priorities/complex analysis;
- surfacing descriptive analytics to decision making to support Operational and Strategic Objectives e.g. Quality Improvement and Performance

She explained that the Trust currently had an enterprise agreement with Microsoft and, as such, was able to benefit from software assurance, granting access to Power BI Reporting tool at a minimal cost. This had provided NIAS with the capability to develop near real time and real time dashboards to support evidence-based decision making and moving towards a 'Self-Service BI Reporting Model'.

Ms Avery provided members with a demonstration of the business intelligence model currently under development.

The Chair expressed her delight at the dashboard and the ability to use the data available to inform evidence-based decision-making which, in her view, was critical for any organisation.

The Chair invited questions/comments from members.

Mr Haslett said that the demonstration had been powerful and interesting. He sought further detail around how the data was populated within the system.

Responding, Ms Avery explained that the current data flows had been reconsidered as well as improving the associated data architecture. She advised that the data engineer within the Information Team reconfigured the data infrastructure to allow it to be updated each night at midnight and every thirty minutes. Ms Avery explained that previously it was labour intensive to extract data.

Mr Haslett commented that there was minimal intervention now required. He made reference to the presentation the Board had recently received on the REACH programme.

Ms Avery explained that there was now minimal intervention in terms of the development of the system. She stressed the



importance of building the intelligence and package which would produce the solution for the Trust.

Mr Ashford thanked Ms Avery for her demonstration and sought clarification on who would be able to see the dashboard. Mr Ashford also asked whether the tool could be tailored depending on the needs of the user. He referred to recent media coverage in relation to education policy and believed that this tool could be used powerfully to address prevention activity and asked if there were any plans to use it in this manner.

Mr Ashford referred to a project some years previously where Newry & Mourne Council undertook similar work around collating information on trends and asked whether this tool could aid similar work into the future.

Responding to Mr Ashford comments, Ms Avery clarified that access to the self-service business intelligence reporting system would be determined at SMT and Board level and added that she would like to see the system being accessed by all staff. Ms Avery said that she very much believed in open data and sharing it as long as it was aggregated and appropriate. She pointed out that, if required, there was an option within the dashboard to restrict access based on roles. However she said that such decisions would need to be worked through.

Ms Avery explained that the service could be accessed both internally and externally. She pointed out that the DoH used the same tool for the Covid-19 dashboard which was accessed by the general public. Ms Avery said that she fundamentally believed in predictive analysis, looking at different data sets and bringing these together in a meaningful way. She said that she had been involved in the work taken forward by the Newry and Mourne Council and this was a direction of travel to which NIAS could aspire.

Referring to predictive analysis, Ms Avery cited examples of the impact of adverse weather on travel and how to improve predictive demand on services. She explained that she had previously been involved in work around risk stratification and population health which allowed the prediction of those patients across NI who had unplanned admissions or death. Ms Avery indicated that this work was embedded in the NIECR and said that, when the Trust moved to electronic Patient Record Forms, the linkages with information

intelligence would be much greater. She believed that the system would clearly demonstrate the potential for patients and quality improvement.

Ms Byrne welcomed this work and believed it would be a powerful tool. She described the regional and national benefits of having such information to hand.

Ms Charlton described the tool as exciting and welcomed the linkages to quality improvement. She commended the team for the speed in which they transformed the information available and transferring it to an understandable format.

Mr Nicholson commended Ms Avery on the work carried out in such a brief timeframe and said it was an exciting development.

Ms Paterson alluded to Mr Ashford's earlier reference to work carried out by Newry & Mourne Council and said that, with the new planning model coming into place over the next few years, the business intelligence model would help the Trust in planning services alongside the community in terms of the new integrated care models. She echoed the comments made in relation to the work which had been done and the potential application of this tool.

Dr Ruddell welcomed the timeliness of the information and said that having access to such a system would ensure the necessary information was to hand. He added that the introduction of REACH and the rolling-out of that programme would only add to the value of the tool.

The Chair said that she very much looked forward to seeing how the Trust used the data, not only to make the service more efficient but to benefit patients. She said that she looked forward to receiving updates on its application and roll-out at future meetings.

Dr Ruddell commented that the Health Care Professional (HCP) and facility transfer work which had been postponed before Christmas would shortly recommence. He advised that he would be meeting with clinical groups from hospital settings, for example stroke, cardiac and GP forums to advise them of the process to be used by the Trust when dealing with requests for HCP ambulance calls.

Members **NOTED** the demonstration on the self-service business intelligence reporting model.

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

7 **People, Finance & Organisational Development Committee – Terms of Reference (TB04/03/2021/04)**

The Chair drew members' attention to the Terms of Reference for the People, Finance & Organisational Development Committee and invited Mr Dennison to comment.

Mr Dennison acknowledged the input from Mr Nicholson and Ms Lemon to the Terms of Reference and said that he was due to have further discussions with Ms Paterson. Therefore, he said, it was likely that the Board would see further iterations of the Terms of Reference.

Continuing, Mr Dennison drew members' attention to the duties of the Committee, in particular the reference 'to review and approve Capital Business Cases over £0.5 million (£0.250 million ICT).' He alluded to the fact that the Committee had no executive powers and suggested further consideration should be given to whether such approval sat at Committee or Board level. Mr Dennison suggested that, until this issue was considered, such approval should remain at Board level.

Ms Paterson explained that there was rigorous governance controls in place for all ICT expenditure regardless of value and added that such expenditure was considered by the Control Strategic Portfolio Board. She undertook to include this information in future briefings to the Board around cyber security.

Mr Bloomfield agreed with Mr Dennison's suggestion that this should be removed from the current Terms of Reference. He said that, while the level of consideration and scrutiny of business cases lent itself more to Committee than Board level, he would await the outcome of the work being taken forward by Ms Quirk.

Subject to this amendment, the Terms of Reference for the People, Finance & Organisational Development Committee were

**APPROVED** on a proposal from Mr Ashford and seconded by Mr Abraham.

**8 Corporate Plan Progress Report (TB04/03/2021/05)**

At the Chair's invitation, Ms Paterson explained that the purpose of this report was to provide a summary of progress to date on how well the organisation was delivering the key actions identified within the annual Corporate Plan 2020/21.

She advised that the report covered the period ending March 2021 and the anticipated Blue/Green ratings, ie 'On Track' or 'Complete', to achieve the projected in-year targets was 57%. Ms Paterson referred in particular to the telephony business case which had been categorised as red, ie a significant delay and said she was delighted to report that the business case had now been approved.

The Chair commented that there had been a significant impact on the delivery of the Plan for understandable reasons and invited questions from members.

Mr Dennison suggested that it might be helpful to take some time and review those actions categorised as red to determine whether they remained deliverable, appropriate or should be reconsidered.

Welcoming this suggestion, Ms Paterson said that reviewing those actions for which there was a significant delay would provide assurance on delivery to the Board and clarified that any actions not delivered would roll forward to the next Corporate Plan for 2021-22 and 2022-23.

The Chair stressed the importance of clearly understanding the impact on service delivery.

Mr Ashford commented that such an examination would also highlight the impact on next year's baseline and acknowledged the reasons for delays against a number of actions.

Mr Bloomfield thanked Non-Executive Directors for their understanding given the current circumstances. He said that, when the Board last reviewed the progress against the Plan, there had been some discussion around whether the Plan had been realistic in the context of Covid-19. He acknowledged that, given the extent

of the second and third Covid surges, the Plan had been too ambitious.

Mr Bloomfield reminded the meeting that the subsequent Covid-19 surges had proved extremely challenging for the Trust and its ability to progress actions within the Plan had been limited. He commended all involved for the work in ensuring the delivery of 57% of actions.

The Chair was of the view that, given the circumstances, to have an ambitious plan had been the correct decision. She said that the Trust would now revisit the Plan in light of today's discussion and the recognition that the Plan would not be delivered to the extent desired by the Trust given the context of Covid-19.

Members **NOTED** the Corporate Plan 2020-21 Progress Report.

## 9 **COVID-19 Update (TB04/03/2021/06)**

Introducing the Covid-19 Highlight and Performance Report, Ms Paterson explained that the focus of the report was to update Trust Board on the challenges the service continued to face from the impact of the surge. She said that the report also covered the measures taken by the Trust to reinstate activities since the Trust's ability to respond had improved and the impact those measures have had on performance.

Ms Paterson advised that the Trust was currently experiencing a 'moderate' level of pressure or REAP Level 2, week commencing 22 February 2021. She acknowledged that, while operational activity had been the focus, it would be necessary for the Trust to maintain a high level of vigilance to ensure resilience was maintained to manage any potential further surge and the recovery period required by hospital providers who continued to experience high levels of bed occupancy.

Ms Lemon provided the Board with a brief overview of the arrangements put in place and said that she would provide further detail on these at the People, Finance & Organisational Development Committee. She advised that, following a bid to NHS Charities Together, funding had been made available to the Trust to focus on story telling and she undertook to provide an update at the People, Finance & Organisational Development Committee.

Ms Lemon reported that Covid-19 related abstractions continued to improve, with January 2021 recording the fewest new instances of abstractions. She detailed the current measures to support the Trust's response to Covid-19 abstractions as well as addressing the Trust's sickness absence.

Ms Charlton updated the Board in relation to FIT testing; IPC; the vaccination programme and staff testing. She advised that a programme of FIT testing to the Denroy Denpro mask had commenced in mid-February with a view to utilising this mask which is produced in NI. With regard to IPC, Ms Charlton advised that assurance guidance had been produced and said that the Trust's operational IPC guidance had been updated taking account of recent PHE guidance.

In terms of outbreak management, Ms Charlton reported that the Trust had had 26 outbreaks in total and said she was pleased to be able to report that all outbreaks had now been closed as of 2 March 2021. She welcomed this position and commended all involved for their efforts.

Ms Charlton referred to staff testing and confirmed that, to date, 307 staff had tested positive, with 140 individuals testing positive in December/January alone. She indicated that 70 staff had tested positive in each month but only five staff had tested positive in February. Ms Charlton stressed the importance of maintaining social distancing and adhering to PHA guidance.

Alluding to the vaccination programme, Ms Charlton advised that work was ongoing to determine the numbers of NIAS staff who had booked their vaccinations online and she hoped to be in a position to be able to confirm this in the coming weeks.

Ms Byrne advised that there had been positive feedback from the PSNI on the collaborative work undertaken with the Trust. She indicated that 11 PSNI officers had undertaken familiarisation training, worked on 66 shifts and responded to 110 calls. She added that NIFRS personnel continued to work shifts and their involvement with the Trust had been extended to the end of February.

Continuing, Ms Byrne advised that, in the early stages of the pandemic, there had been a significant reduction in suspected Covid-19 related calls to EAC. However this number was now increasing. Ms Byrne added that NEAC activity had reduced at the peak of the pandemic but, as hospitals began to re-introduce services, the demand for these services was increasing.

Ms Byrne advised that the Trust's call answering performance within five seconds had remained strong despite the increase in calls. She indicated that the EAC, supported by the Cat 1 Improvement Group, examined calls and also focussed on individual outliers for longest waiting call answering times to agree actions to address and reduce variations.

Ms Byrne updated the meeting in relation to work being progressed within No More Silos around ambulance handover times and acknowledged that progress had been slower than wished. She said that the Trust also continued to work with the HSCB in this area and had increased HALO cover at EDs.

Ms Byrne advised that there had been a reduction in C3 activity but an increase in C2 activity and said the information provided by Ms Avery's team allowed a better understanding of whether the increase was due to the acuity of patients or upgrading of calls.

Concluding her section of the report, Ms Byrne alluded to the work ongoing with the PHA and nursing homes with a view to reducing the number of calls from nursing homes to convey patients to EDs. The work with the PHA, HSCB and homes focussed on developing and determining the most appropriate pathway for falls calls.

The Chair thanked Directors for the report and said she looked forward to hearing more detail at the People, Finance & Organisational Development Committee. She added that it would be important to give consideration how discussion at the Committee linked to the Board in order to ensure all Non-Executive Directors were briefed.

Members **NOTED** the Covid-19 Highlight and Performance Report.

## 10 **Finance Report (Month 10) (TB04/03/2021/07)**

At the Chair's invitation, Mr Nicholson reported on the Month 10 financial position and advised that the report also set out some additional detail which members had requested.

Mr Nicholson reported that the Trust continued to forecast a breakeven position at year end. He explained that the assumptions underpinning this forecast had been included as part of the Trust's financial planning and monthly monitoring and reporting to HSCB and DoH and, while the majority of these had largely been resolved, a number of issues were currently being worked through by the Trust and regionally as year-end approached. He indicated that an example of this would be the Staff Recognition Payment recently announced by DoH.

Continuing, Mr Nicholson indicated that he had provided additional narrative around the areas where the Trust had incurred additional expenditure relating to Covid-19. He reported that these costs were in the order of £13 million but would change by the end of the financial year. He added that this total did not include any costs relating to the Staff Recognition Payment as well as any final liability in respect of unused annual leave at 31 March 2021 which could only be determined at that point. Mr Nicholson advised that the Trust had received an allocation or email confirmation that the vast majority of these costs would be met by the HSCB/DoH. He said that he had commented previously on the business case approval process around costs relating to Covid-19.

Mr Nicholson reported that, included in this report for the first time, was a breakdown of the financial position of each of the Directorates within the Trust. He referred to the differences between the Staff Costs on the overall financial position report and the Payroll Costs on the Directorate report and explained that this was due to the different classification of costs required within each of the reports, most notably in respect of funds classified a ring-fenced by DoH/HSCB. Mr Nicholson said that the classification of these funds included Covid-19 and also 'New Decade New Approach', previously known as transformation schemes. He pointed out that, while there were numerous schemes across the HSC, the main categories for NIAS related mostly to paramedic training and the introduction of the Clinical Response Model. Mr Nicholson said that, notwithstanding the different classification of



costs within each report, the total expenditure at Month 10 is £89 million.

Mr Nicholson stated that, as had been outlined in the report, there were complex budgetary positions behind each Directorate report with a number of small underspends across Directorates. However, he acknowledged that, as members might expect, much of the pressure was within the Operations Directorate which accounted for approximately £72 million of the £89 million expenditure.

Mr Nicholson reported that, as a result of a number of frontline vacancies through the year, there had been a £1.1 million underspend on payroll which had been offset against a £1.3 million overspend on additional costs of overtime and also on VAS/PAS resources to maintain cover and enhance performance. He explained that these costs had been shown as non-pay and explained that, as the Training School output reduced these vacancies, the payroll underspends would reduce as should the reliance on VAS/PAS.

He alluded to Mr Bloomfield's earlier reference to the graduation of the latest cohort of paramedics who would be entering the service imminently and the latest cohort of paramedics commencing the Foundation Degree course.

Continuing, Mr Nicholson pointed out that one of the areas known with certainty was the level of cash releasing efficiency savings the Trust was required to deliver. He reminded the meeting that this had stood at £2.6 million at the start of the year. Mr Nicholson explained that £1.6 million had been identified from non-recurrent measures largely around non-frontline vacancies, thus reducing the efficiency savings target to £1 million.

Mr Nicholson explained that the balance of £1 million was achieved later in the year through a further allocation of £0.5 million from HSCB to support the financial position and a further £0.5 million became available when it became clear that staff could not be released to attend post proficiency training. He said that the Trust had therefore been able to meet its cash releasing efficiency savings of £2.6 million.

Mr Nicholson reminded the meeting that such savings were recurrent in nature and will be a requirement for the next financial

year. He indicated that the circumstances in which savings were delivered in the current year were not necessarily repeatable for the following year.

Mr Nicholson drew members' attention to page 68 of the Board papers which gave an overview of the Trust's reliance on VAS/PAS which account for approximately £9 million for the first ten months of the year. Mr Nicholson said that he would like to publicly record the Trust's thanks for the support received from VAS/PAS to allow the Trust to meet the pressures it was experiencing at that time.

Mr Nicholson explained that the finance report also included a brief forward look to 2021-22 given the recent publication of the Northern Ireland Draft Budget in January 2021. He apologised for the incorrect references within the report to the 2020-21 financial year.

Referring to the Trust's capital position, Mr Nicholson advised that there had been progress since the January Trust Board meeting. He reminded members that, of the £2.2 million of capital resource which had been returned to the DoH, £1.5 million of this had related to fleet replacement and the timing of the approval of the Fleet Replacement Business case. Mr Nicholson explained that the business case had subsequently been approved but that only approximately £1 million of fleet could be delivered by 31 March. He advised that the Trust had been allocated £0.5 million from DoH and had a further £0.5 million from slippage on a modular building on the Knockbracken site. A further allocation of £0.9 million in relation to ICT schemes had also been received.

Mr Nicholson said that these movements in year had compounded the profiling of capital expenditure at the end of the year and added that other factors influencing this position were contained within the report. He indicated that the Trust did try to keep a one year profile between the fleet and said that the Trust continually monitored this position.

Referring to the Trust's target around the prompt payment of invoices, Mr Nicholson said he was confident that the Trust would achieve this target, ie 95% of invoices by volume by the year end and added that it was the first time the Trust would have achieved this target in a number of years. He commended the significant efforts of all involved.

Mr Nicholson concluded his report by advising that the format of the finance report would develop over the coming months and he welcomed questions from members.

Mr Haslett thanked Mr Nicholson for the additional information within the report and agreed that the format of reporting would develop over time. He referred to the £13 million expenditure relating to Covid-19, and in particular to the £9 million expenditure on VAS/PAS, and asked whether this might be subsumed into the overall Covid-19 costs. He added that expenditure on VAS/PAS represented approximately 13% of the overall Operations Directorate spend which was significant.

Mr Haslett also referred to the capital budget and expressed concern at the lateness of purchasing fleet in the financial year and asked if any steps could be taken to accelerate this to earlier in the year.

Responding, Mr Nicholson acknowledged that the expenditure around VAS/PAS had increased significantly and he suggested that the total expenditure by the year end would be in the order of £11 million, £6 million of which was attributed directly to the Covid-19 response. He agreed to revisit the presentation of this information in terms of the inclusion of VAS/PAS Covid-19 costs within the overall Covid-19 expenditure.

In relation to the capital profile and fleet replacement, Mr Nicholson said that the Trust had made every effort to move to a five year fleet replacement strategy and had been assured of capital funding which would allow the Trust to plan in advance.

Mr Abraham commended the team on its progress towards achieving the target relating to the prompt payment of invoices and said that this target had always proved elusive.

Mr Bloomfield echoed Mr Abraham's congratulations. He referred to Mr Haslett's question around the VAS/PAS expenditure and whether this could be subsumed into the overall Covid-19 expenditure. He confirmed that the Trust could correlate the increase in VAS/PAS expenditure to the pandemic. Mr Bloomfield reminded the meeting that the Trust had experienced significant staffing challenges over the last year with approximately between 20-25% of staff not available to work. He indicated that, in order to

ensure maximum cover, the Trust had increased its usage of VAS/PAS. However he said that the use of VAS/PAS would now reduce as cover returned to normal levels.

The Chair acknowledged that, in recent years, the Trust had seen an expansion in the use of VAS/PAS and said she would expect the Trust Board to monitor and see a reduced spend in this area in the 2021-22 financial year. She suggested that it might be helpful to carry out a comparative study of the use of VAS/PAS over the last number of years. The Chair accepted that, whilst there would be uncertainty as to Covid-19 moving forward, the Board would be keen to see a reduction in VAS/PAS expenditure.

Mr Bloomfield assured the meeting that the Senior Management Team had discussed VAS/PAS expenditure at length on a number of occasions including what thresholds could be used as a means of identifying a need for VAS/PAS. He said that it would also be important that VAS/PAS were undertaking appropriate work for their skills and that the volume of work undertaken was also appropriate. Mr Bloomfield acknowledged that further work was required in this area and he undertook to bring its outworkings to a future Trust Board meeting.

Mr Dennison referred to funds of £1 million which had been set against fleet replacement. He queried the transfer of £0.5 million from the modular building to fleet replacement and asked whether the costs would then be moved to the next financial year.

In response, Mr Nicholson advised that the Trust would only be able to spend £1 million on fleet replacement by 31 March and explained that this £1 million comprised an DoH allocation of £0.5 million and a further £0.5 million which had been made available from a delay in progress on the implementation of the modular building on the Knockbracken site.

Mr Nicholson confirmed that the current forecast for this work was that the Trust would have completed £0.5 million of work in the current financial year with the remaining financial tail being transferred to the 2021-22 year. He added that it was his understanding that the Trust would receive capital resources to complete the works.

Referring to the cash releasing target and the ability of the Trust to release £0.5 million from staff being unable to undertake post-proficiency training, the Chair queried the detail behind the further £0.5 million identified.

Mr Nicholson explained that the HSCB had acknowledged the challenges presented to Trusts in achieving their respective cash releasing efficiency savings in the context of Covid-19 and had allocated the £0.5 million through the Trust's Revenue Resource Limit. He reminded members that the new financial year would commence on 1 April 2021 and the reporting to Trust Board will continue to develop over the next financial year.

The Chair thanked Mr Nicholson for his report and, welcoming the developments in the financial reporting, said she looked forward to further iterations.

#### 11 **Information Governance Policies and Procedures and Management Framework (TB04/03/2021/08)**

At the Chair's invitation, Ms Paterson explained that, in line with recent Internal Audit recommendations, the refreshed Policies and Procedures were being presented to the Trust Board for noting to ensure the Trust remained compliant with UK Data Protection and Information Governance Legislation. She advised that an implementation and dissemination plan to ensure all employees were aware of their roles and responsibilities and report back on progress would be taken to a subsequent Audit Committee.

Ms Paterson commented that a new Governance and Assurance Framework designed to enhance Information Governance compliance and provide assurance to SMT, the Audit Committee and Trust Board had also been included for members' consideration.

The Chair alluded to the work to be taken forward by Ms Quirk in relation to the Standing Orders, Committee Terms of Reference and the Scheme of Delegation and said it was her intention that such policies and procedures could be considered at SMT level with the Committees being advised as necessary.

The Chair explained that this in no way detracted from the importance of Trust policies but that she saw the role of the

Committees to be one of overseeing and ensuring the dissemination and implementation of policies. She suggested that it would be helpful to develop a spreadsheet of NIAS policies to include information around the policy's approval date and the dissemination/information of such as well as a review date.

Ms Paterson indicated that the policies before Trust Board had already existed within the Trust and had been refreshed. She pointed out that staff had had access to the existing policies and added that the refreshed policies would be uploaded to Sharepoint. Ms Paterson said that work would now be taken forward to identify Information Governance leads across the organisation. She advised that this work enhanced the governance arrangements around Information Governance and reiterated the fact that the Audit Committee would receive a report on this work at its May meeting.

Following this discussion, members **NOTED** the Information Governance Policies and Procedures and Management Framework.

12 **Committee Business:**

- **Audit Committee Minutes – 29 October 2020**
- **Safety, Quality, Patient Experience & Performance Committee – Report From 19 November 2020 (TB04/03/2021/09)**

At the Chair's invitation, Mr Abraham drew the Audit Committee minutes of 29 October 2020 to the Board's attention and said he would be happy to respond to any queries members may have.

Mr Ashford explained that the work would now be taken forward to map those issues to be considered by the Committee so as to develop a workplan.

Ms Charlton took this opportunity to advise the Board that, following recent interviews, the Trust had offered the Head of Safeguarding post to the successful candidate. She welcomed this development for the Trust and described it as a great step forward.

Mr Dennison advised that the first meeting of the People, Finance & Organisational Development Committee had been held on 2 December where the focus of discussion had been on the Committee Terms of Reference.

Members **NOTED** the Audit Committee minutes of 29 October 2020 and the report of the Safety Committee meeting on 19 November 2020.

13 **Date of Next Meeting**

The next Trust Board meeting will take place on Thursday 6 May 2021 at 10am via Zoom. Arrangements to be confirmed.

14 **Any Other Business**

(i) **EU Exit**

Mr Bloomfield referred to recent correspondence from the Permanent Secretary advising that all staff who may work in the Republic of Ireland would be required to have dual registration. He acknowledged that, while the correspondence referred specifically to doctors and nurses, the requirement would also relate to NIAS staff, specifically paramedics and EMTs, and could involve up to 1,000 members of NIAS staff.

Mr Bloomfield said that work was ongoing in this regard and he undertook to keep members apprised.

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 12.45PM.**

**SIGNED:** 

**(electronically signed due to Covid-19)**

**DATE:** 6 May 2021



**ACTION LIST**

**TRUST BOARD – 4 MARCH 2021**

		<b>INDIVIDUAL ACTIONING</b>	<b>UPDATE</b>
	<b>PUBLIC</b>		
1	Confirm the Trust's willingness to host a further Boardroom Apprentice	CM	Response issued 15/3/21
2	Completion of self-assessment tool – discuss further with Mr Bloomfield and Mrs Mooney	NL	Discussed and agreed that 2020-21 return will be brought to the June TB
3	NED recruitment - raise with DoH the need to consider individual with relevant financial experience and keep NEDs informed of progress	NL	Ongoing
4	Identify NEDs with particular interests for specific areas of work	NL	Ongoing
5	Meeting to be organised with R Sowney/NEDs to discuss his reflections as Senior Clinical Adviser over the past 6 months in this role	CM	Meeting took place on 20/4/21
6	Consideration to be given as to how best to mark the graduation of the second cohort of paramedics	MB/NR	Ongoing
7	Dual registration – members to be kept apprised	NR	CX wrote to Permanent Secretary confirming current position



8	Revisit presentation of VAS/PAS costs associated with Covid-19 & possibility of including these in overall Covid-19 expenditure	PN	Reference included within Finance report to TB
9	Comparative exercise to be undertaken in relation to VAS/PAS expenditure and outworkings of this to be brought to future TB for consideration	PN/RB	This work is nearing completion and will be brought to a future TB
10	Spreadsheet of NIAS policies showing, for example, approval date, dissemination/ implementation information and review date	MP	Ongoing
11	Financial information workshop – need to explore potential dates	CM	Workshop took place on 20/4/21
12	Further detail around governance processes for ICT expenditure to be provided to members	MP	Ongoing