



**Minutes of NIAS Trust Board held on Thursday 21 October 2021 at
10am via Zoom (due to Covid-19)**

Present:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
Apologies:	Dr N Ruddell	Medical Director
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr B McNeill	Programme Director - Clinical Response Model (CRM)
	Ms R O'Hara	Programme Director – Strategic Workforce Planning
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Mr Sinclair	Assistant Clinical Director (rep Dr Ruddell)
	Mrs C Mooney	Board Secretary
	Mr C Carlin	Boardroom Apprentice
	Mr D Charles	Internal Audit, BSO

1 Welcome, Introduction & Apologies

The Chair noted that apologies had been received from Dr Ruddell and reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The Chair said that she would like to declare a conflict of interest in relation to agenda item 12, as she was currently Chief

Commissioner of the Charity Commission. She also declared the meeting as quorate.

The Chair welcomed Mr Christopher Carlin who had officially taken up his position Boardroom Apprentice on 1 September and extended a welcome to Mr David Charles, Internal Audit, who had asked to observe the Board meeting as part of the Board Effectiveness audit.

2 Previous Minutes (TB21/10/2021/01)

The minutes of the previous meeting held on 19 August 2021 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Haslett.

3 Matters Arising (TB21/10/2021/02)

The Chair advised that, given the current pressures, it would not be possible to accommodate additional meetings of the People Committee in the current Board/Committee schedule. However she had asked that the 2022-23 schedule take into account the need to increase the frequency from six to eight. She said that it would be for Directors to determine if additional meetings of the People Committee were necessary and added that this would be kept under review.

4 Chair's Update

Commencing her report, the Chair referred to the forthcoming Public Sector Chairs' Forum briefing on 24 November in relation to the report into the circumstances surrounding the resignation of Board members from RQIA. She said that she, and Mr Ashford, had attended an initial briefing session in August and she encouraged members to join the briefing in November. The Chair noted that, when there was capacity to do so, she intended for members to look at the report to determine whether there were any implications for the Trust.

The Chair said that she hoped it would be possible for the December Trust Board meeting to be held face-to-face taking account of social distancing guidelines. She suggested that it would be an opportune time to reschedule the Assurance Workshop to take place following the Board meeting, followed by the scheduled

Remuneration Committee. The Chair said that she had also suggested that the workshop could also touch upon relevant recommendations emanating from the recent independent report surrounding the circumstances of Board member resignations in the RQIA. She said that Board members would be kept informed of arrangements.

The Chair advised that she had been appointed as Chair of the Public Sector Chairs' Forum and would arrange to update her Declaration of Interests accordingly.

The Chair alluded to the recent NICON conference which had been held virtually over two days. She said it was her understanding that those who had been unable to attend would be able to access recordings of the various sessions and she commended these to members.

The Chair reported that she had hosted a meeting of Trust Chairs at NIAS HQ on 21 September and said it was the intention to hold these meetings on a quarterly basis.

She advised that HSC Chairs had met with the Minister on 22 September and had used the opportunity to highlight a number of concerns and challenges.

The Chair thanked Non-Executive Directors for taking the time to meet with her to discuss their appraisals which had now been submitted to the DoH.

The Chair alluded to an event which had been held at Stranmillis and which had been attended by the Ministers for Health and Education to mark the commencement of CPR training to undergraduate teachers in schools. She said that members would be aware that Ms Stephanie Leckey was leading on this work and added that she looked forward to hearing about progress.

The Chair advised the meeting that this week had been designated as International Control Week and said that the Chief Executive and other Director colleagues had visited the Emergency Ambulance Control (EAC) on a number of occasions. She explained that she and the Chief Executive were currently in Altnagelvin Station where they would meet with staff from the Non-Emergency Ambulance Control (NEAC) following the Board meeting.

Concluding her remarks, the Chair advised that Mrs Stacey Beggs had recently taken up post as the Office Manager for the Chair and Chief Executive's Office.

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

5 **Chief Executive's Update**

Mr Bloomfield thanked the Chair for referencing the NICON conference in her report. He alluded to the excellent programme and said he would commend, in particular, the address given by Professor Sir Michael Marmot on health inequalities and how these had been exacerbated because of the Covid-19 pandemic.

Continuing, Mr Bloomfield reported that the Trust had experienced its most challenging period of the pandemic during July-September in terms of the difficulties involved in ensuring the necessary level of cover was provided. He said that this had resulted in an impact on response times and the continued deterioration in turnaround times. Mr Bloomfield indicated that other ambulance services across the UK were experiencing similar pressures and these pressures had attracted an increasing amount of media attention.

Mr Bloomfield said that the Minister had recently alluded to the extreme pressures being experienced across the NI HSC and had warned of the very significant impact on services during the winter months, including the potential for no ambulances being available to respond to calls. Mr Bloomfield said that this was a very real possibility.

Mr Bloomfield thanked members for their understanding in terms of reducing Board and Committee agendas to a minimum to allow focus on supporting Operational service delivery.

Mr Bloomfield indicated that, given the extent of pressures across the system, the Minister and Permanent Secretary had been undertaking a series of low-key visits to Trusts to meet with staff. He said that their wish had been to meet with frontline staff to hear at first-hand the pressures they were facing. Mr Bloomfield advised that the Permanent Secretary had visited NIAS on 8 October, meeting with staff in the EAC and had discussed with them at length the pressures and their concerns about those patients to whom

ambulances had not been despatched. He added that Mr Duncan, Area Manager Western Division, had then taken the Permanent Secretary around a number of Emergency Departments where he met with those staff impacted by handover delays. Mr Bloomfield welcomed the fact that staff had spoken very openly with the Permanent Secretary and said his visit had been positively received by staff.

Continuing, Mr Bloomfield explained that Ms Byrne and he had had the opportunity to meet with the Permanent Secretary at the start of his visit and said he remained committed to supporting the Trust in terms of investment to ensure the Trust maximised the Paramedic Foundation Degree.

Mr Bloomfield reported that the first Paramedic BSc to take place in Northern Ireland commenced in September at the Ulster University Magee. He indicated that he had attended the Magee campus with Ms Byrne, Dr Ruddell and Mr Sinclair to speak to the students and indicated that there had been over 600 applicants for the 40 places on the course. He said that he had been encouraged by the students' commitment and many of them had had a long interest in joining the ambulance service and becoming a paramedic.

Mr Bloomfield advised that he had met recently with the new Chief Fire Officer, Mr Peter O'Reilly, to discuss areas of collaboration between the two services.

Mr Bloomfield reported that the Regional Electronic Ambulance Communication Hub (REACH) initiative had recently gone live in the Western area in the first instance with a view to rolling it out across the region. He commended all involved particularly as its implementation had taken place during a time when many projects had been stood down because of the pandemic. He said that the initiative had enhanced the level of information collated from calls which would improve patient care and also inform service improvement.

Continuing, Mr Bloomfield said that the Chair had already referred to the event held in Stranmillis and said that the event had followed the recent announcement by the Minister for Education that CPR training would be included on the school curriculum. He said that Ms Leckey had been instrumental in progressing this and added that the Trust would be responsible for providing the training.

Mr Bloomfield alluded to International Control Week and the fact that he and the Chair were both in the Altnagelvin Station to recognise the importance of the work carried out by the NEAC. He acknowledged that, at times, the work of Patient Care Services could be overlooked and stressed the importance of recognising the work carried out. Mr Bloomfield reported that, during the same week, the Trust launched its implementation of the new process for handling Inter-Facility Transfer/Health Care Professional (IFT/HCP) calls. He explained that these calls were mainly received from GPs and acknowledged that, at times of pressures, there was a risk that calls from HCPs not being received on the 999 line were disadvantaged. Mr Bloomfield advised that the new process would ensure that such calls were handled in a consistent manner and would receive an appropriate response.

Mr Bloomfield briefed members on the planned implementation of a new development in relation to a function within the GoodSam app whereby live streaming can be used to allow the Helicopter Emergency Medical Services (HEMS) air desk to use the camera on a caller's phone to see and diagnose a patient at scene. He said that the intention would be, once initial use had been evaluated, to roll this out to the Clinical Support Desks (CSD).

Concluding his remarks, Mr Bloomfield acknowledged that, given the recent extreme pressures and challenges, he wished to take the opportunity to thank all staff for their efforts over the last number of months. He pointed out that it was likely that there would not be any respite for staff as the pressures and challenges would continue over the winter months.

He said that there had been numerous references to staff being 'burnt out' and acknowledged that this was the reality. Mr Bloomfield indicated that, whilst the attention had understandably been on Operational staff, the pressures had also been felt by those staff working in the Trust support functions. He said that he recognised this and thanked all staff.

Mr Bloomfield assured the Trust Board that the Trust continued to make staff welfare and wellbeing a priority and said that the services could only be provided to the public if there was a workforce able to do so.

Alluding to the final point made by the Chief Executive, the Chair believed that it would be timely to note at Trust Board the impact of the additional challenge and pressures which Covid-19 had had on staff. She encouraged those members on social media to post positive messages of support to staff and said this would not go unnoticed.

Mr Abraham said that he would like to echo the comments made by the Chair and Chief Executive in relation to the commitment of staff and said it was incumbent upon the Trust Board to ensure that it moved forward to ensure the necessary changes in staffing were made. Mr Abraham emphasised his support and that of his fellow Non-Executive Directors for the BSc programme and was of the view that this complemented the professionalism within the Trust. He said that he too had been encouraged by the 600 applicants for a 40-place course and believed this to be a testament to the quality of the course.

Mr Ashford thanked the Chief Executive for his report and noted the number of positive initiatives referenced. He too echoed his support for the comments made around the contribution made by staff and the need to ensure the continuation of work around staff welfare and wellbeing.

Referring to the IFT/HCP work, Mr Ashford said that this had been a significant project and he commended that implementation had been completed during a time when pressures had been so great.

Mr Bloomfield acknowledged that this project had been delayed on a number of occasions but it had reached the point where it had been necessary to ensure it was completed and implemented.

Ms Byrne explained that it had become necessary to delay the initial implementation date of August due to a number of reasons. She said that it had proved and would have continued to prove difficult to identify an opportune time to complete this work, hence the decision was taken to proceed.

She said that additional resources had been put into the EAC to ensure calls were taken and monitored and added that the process had worked well to date with the process starting to feel well embedded within the normal Operations.

Mr Ashford said he hoped that the concept in terms of improving efficiency around transfers would reduce pressure within the EAC.

Ms Byrne indicated that the number of responses for requests within one-hour had reduced while the number of four-hour requests had increased. She welcomed the fact that the number of calls deemed suitable for ICP/PCS had increased.

Mr Bloomfield alluded to the BSc programme at Magee, particularly the mock-up facilities to replicate the inside of an ambulance, and suggested that members might find it interesting to visit. He asked Mrs Mooney to look at making the necessary arrangements.

Mr Haslett agreed with the comments made by colleagues and was of the view that more could be done by the NI Executive to support the health and social care sector, for example by introducing a Covid vaccination passport.

The Chair advised that, at the recent meeting with the Minister, HSC Chairs had indicated their willingness to assist with any messaging to the public and said they were awaiting advice from the DoH.

Mr Abraham was of the view that greater discussion was required and he expressed concern about a Covid vaccination passport and also the risks associated with providing the vaccine to younger age groups.

The Chair assured members that should any such discussion require the Trust's input on an official capacity, that discussion would take place at Trust Board level.

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

6 Patient Stories (TB21/10/2021/03)

At the Chair's invitation, Ms Charlton referred to the staff experiences during Covid-19 shared by Ms Hallissey and Mr Donnelly at the August Trust Board and believed such experiences were testament to the power of the story being delivered by the individual.

She said that it was a huge privilege being able to share Care Opinion stories in order that members could get a sense of what

patients and staff experience on a day-to-day basis. Ms Charlton acknowledged the contributions made by Ms Demi McKay, Mr Jarlath Kearney and Ms Amanda Sweetlove who had worked on introducing Care Opinion to the Trust.

Ms Charlton advised that Care Opinion was regularly discussed by the Safety Committee and the Senior Management Team and said today's presentation would focus on those patient experiences submitted through Care Opinion.

Continuing, Ms Charlton emphasised the importance of patient experiences in terms of quality and safety in an organisation and the key learning that can be gained.

Through her presentation, Ms Charlton made reference to a number of key enquiries such as the 'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry'; 'A promise to learn – a commitment to act'; 'The Right Time, the Right Place' (Donaldson Report); 'Systems, Not Structures' (Bengoa Report). She stressed the importance of taking on board the learning from such reports and commended these reports to members.

Referring to the patient experiences submitted through Care Opinion, Ms Charlton clarified that, while some patient stories referred to NIAS, there was also reference to other health and social care services.

She reminded the meeting that the vision of Care Opinion was 'to enable impactful engagement with patients and the public in a fully open and transparent way that supports meaningful engagement and drive sustainable, measureable quality improvements'. Ms Charlton said that the Trust Senior Management Team was committed to visible and compassionate leadership. She acknowledged the challenges in changing the culture of the organisation to try to promote positive messages as well as identifying and understanding where improvements were needed.

Ms Charlton then shared a number of Care Opinion stories with members. She explained that the stories were not always detailed as they were posted on a public website but the stories clearly provided a sense of how valued NIAS staff were by patients and their families. Ms Charlton pointed out that work was undertaken to

try to identify the staff member from the story and the Chief Executive wrote to each staff member to acknowledge their actions.

Ms Charlton alluded to a number of negative stories in relation to NIAS and pointed out that these were mainly in relation to delayed responses as well as staff attitude. She said that members would be aware of the increase in waits for ambulance response and said that this had been discussed at length at the Safety Committee in terms of the increased number of complaints received. Ms Charlton said that the Trust was taking forward work to try to improve the response to patients, particularly those calls where patients have fallen.

The Chair thanked Ms Charlton for her comprehensive presentation and advised that Ms Mooney would share the presentation with members as well as links to the various reports referenced within the presentation.

Ms Lemon referred to the powerful impact of the patient stories and experiences.

Mr Ashford welcomed the fact that Trust Board had heard from patients and staff. He emphasised the importance of taking account of the negative experiences. He referred to the negative experiences word cloud used by Ms Charlton and asked whether the reduced number of words, compared to the positive experiences word cloud, was directly related to the fact that patients' negative experiences had focussed on delayed responses.

Responding, Ms Charlton explained that there had been less negative experiences submitted to Care Opinion and she confirmed that any references to patients' hospital experiences had been removed.

In response to a further question from Mr Ashford around Serious Adverse Incidents, Ms Charlton advised that officers would engage with the individual wishing to post the story to explain that such was the seriousness of the issues raised that it met the criteria of a Serious Adverse Incident and would be investigated as such. She said that this then allowed for much more effective family engagement through the SAI process.

The Chair emphasised the importance of visible and compassionate leadership and was of the view that, focussing on this, would ensure the Trust delivered services to meet the needs of patients. She said that for patients to take the time to acknowledge the care they had clearly demonstrated the esteem in which NIAS was held.

The Chair said that she hoped the process of hearing both patient and staff experiences at Trust Board would continue and she looked forward to hearing directly from patients at some stage.

Members **NOTED** the presentation on Patient Stories given by Ms Charlton.

7 Performance Report & Covid-19 Update (TB21/10/2021/04)

Ms Paterson introduced the Performance Report and advised members of the appointment of Mr Neil Walker as the Trust Head of Performance. She noted that, as it evolved, the performance report would include an increased contribution from the Quality, Safety & Improvement Directorate in terms of patient outcome data.

Ms Byrne advised that, while the REAP level had recently been de-escalated to REAP 3, the Trust continued to experience significant pressure. She indicated that, over recent weeks, cover had been 95% and said that it had taken significant effort to achieve this. Continuing, Ms Byrne advised that the Trust was using critical shift payments in keeping with other Trusts and said that, for the period 3 September to 8 October the critical shift payments were used for 732 shifts. She added that these were mainly A&E shifts with a few shifts within the EAC.

Continuing, Ms Byrne referred to the increased demand in call handling. She said that reference had been made at the August Trust Board to duplicate calls and the potential for BT to put arrangements in place to reduce duplicate calls. Ms Byrne said that there had been discussion at national level in relation to this and reminded members that the increase in duplicate calls had impacted on delay in call answering which in turn created significant clinical risk for patients. Ms Byrne advised that all English ambulance Trusts had advised of their intention to participate in the proposed process while services in the devolved nations would link directly with BT. She described the new process to members and said that it should reduce the impact of duplicate calls and pressure within

the EAC. Ms Byrne added that it was likely to be introduced in the coming weeks and said that monitoring the process would be critical.

Ms Byrne referred to calls received since the August Trust Board meeting and reported that NIAS had received 65,000 contacts over the three-month period.

Ms Lemon described the progress which had been made around improving absenteeism and attendance management. She acknowledged the challenges which had presented over the summer months and said these were reflective of pressures across the system as well as absence levels across Trusts both regionally and nationally. She said that Ms Byrne had made earlier reference to critical shift payments and explained that these payments had been introduced due to high levels of abstraction and as part of the efforts to increase levels of cover across the region.

Ms Lemon alluded to discussions at a recent People Committee when the Committee had received an update around work being taken forward to improve the Occupational Health Services provided. She reported that there had been significant improvements with the availability to the Trust of a dedicated Lead Nurse, Clinical Psychologist and Physiotherapist.

Continuing, Ms Lemon said that, in addition to the support measures being put in place, it would be important to understand the factors which had contributed to the absence. She indicated that work was being progressed, for example, around ensuring staff finished their shift on time and received rest periods.

In relation to staff testing, Ms Charlton reported that more staff had been tested in the last two-week period than at peaks in the pandemic with the trend of staff being tested reflecting the number of positive cases in NI. She indicated that the majority of staff were being tested because of contacts with positive cases as opposed to displaying Covid-19 symptoms. However the proportion of staff testing positive was low in relation to the number being tested.

Mr Ashford referred to the potential performance challenges and sought clarification around returning staff to work.

Ms Byrne acknowledged that performance had been a particular challenge and had led to the introduction of the critical shift payment in an effort to increase cover.

Ms Charlton indicated that there had been concerns that staff had become complacent in relation to the wearing of PPE and said that these concerns had been shared by other ambulance services. She said she was happy to report that PPE compliance was now improving and added that the Trust would look to ensure increased compliance levels before it would consider returning those staff isolating due to contacts to work. However she pointed out that, while there had been 92 members of staff isolating on 20 October, in line with CMO guidance, only 23 of those staff would be suitable for consideration to return to work.

Referring to the introduction of the critical shift payment, Ms Lemon said that the fact that such a measure had been introduced demonstrated the unprecedented nature of the pandemic and the ability of the service to function without a radical initiative. She pointed out that critical shift payments were only to be used when the Trust had identified a shift and cover levels as critical.

Mr Haslett asked whether there was anything further the Trust could do to improve handover times.

Ms Byrne acknowledged the significant and detrimental impact waiting outside EDs had on the service both in terms of the ability to free up crews to respond to calls as well as the impact on both patients and staff. She described the work ongoing with Trusts to ensure a collaborative and proactive approach to this issue.

In terms of hours lost to the service, Ms Byrne reported that, over a month, the Trust lost 580 12-hour shifts or 20 12-hour shifts per day. She said that these figures were shared with the Permanent Secretary when he visited the Trust on 8 October.

Mr Dennison referred to the learning from SAls and sought further detail as to how the Trust ensured learning was disseminated and implemented across the Trust.

Ms Charlton indicated that approximately 40% of SAls related to delayed responses and said it would be important to ensure that the learning incorporated actions which would make a difference, for

example procedures and training. She explained that learning was shared with staff via different modalities. Ms Charlton acknowledged that, while learning was identified and shared, there unfortunately were occasions when it did recur. She said that the challenge of embedding learning was an issue which had been identified by RQIA in its review of regional SAls.

Mr Dennison thanked Ms Charlton for her response which he believed demonstrated the seriousness of how the Trust approached this area of work. He was of the view that the fact the Trust had attempted to use different methods of communication with staff to ensure learning was disseminated was commendable.

Ms Lemon indicated that, although the Trust was focussing on immediate pressures, work in relation to compassionate leadership and culture continued and she advised that the Trust planned to launch its culture programme in the coming weeks. She added that the Chief Executive was also keen to recommence the staff engagement sessions.

Mr Sinclair referred to the challenges in clinical performance, in particular the fact that the Clinical Support Officers traditionally involved in clinical audit had been realigned to support the frontline. He reported that, as had been referred to earlier by the Chief Executive, the REACH project had gone live in September in the Western Division with a view to rolling out the project to other Divisions.

The Chair thanked everyone for their input to the discussion and the Performance Report & Covid-19 Update was **NOTED** by members.

8 Finance Report (Month 5) (TB21/10/2021/05)

Commencing his presentation of the Finance Report, Mr Nicholson thanked members for their time and contributions to the development of the report which provided an executive summary of the three statutory financial performance targets across the areas of revenue, capital and prompt payment as well as providing some additional detail in specific areas.

Mr Nicholson reported that, in terms of revenue, the Trust was reporting a breakeven position at the end of August 2021 (Month 5) and was also forecasting a breakeven position at year end. He

explained that there were a number of assumptions underlying this position which had been detailed within the report. Mr Nicholson advised that the areas of CRM and Training had largely been resolved since the last report in that the Trust had received an allocation of £6 million and added that the issue of funding for Cohort 4 of Paramedic training remained under discussion. He indicated that the training which would commence in the current year had significant costs running into 2022-23 which were yet to be formally agreed. However, he referred to the positive discussions and correspondence in relation to securing the funds required.

Continuing, Mr Nicholson indicated that, while he was confident around the detail contained within the assumed income levels, some of them were subject to in-year monitoring rounds for which the results were not yet known and cited the example of the 2021-22 pay award. He said that the Trust had also received positive indications around support for Covid-19 but noted that some of these were only being released to Trusts on a quarterly basis.

Mr Nicholson referred to the respective Directorates financial position and advised that he had included figures of actual expenditure in this report. He acknowledged that the Directorate budget position was particularly complicated this year with levels of absence and expenditure on overtime and VAS/PAS skewing the financial performance in each area. He indicated that the Directorate reports to Trust Board would develop over the coming months and into next year.

Mr Nicholson reported that expenditure on VAS/PAS remained high but was forecast to be slightly below levels of expenditure in 2020-21. He explained that the vast majority of this expenditure was funded from additional non-recurrent Covid-19 allocations.

Continuing, Mr Nicholson advised that overtime expenditure remained significant even as vacancies were filled. He indicated that this was likely to remain the case with the impact of Covid-19 and subsequently additional hours of cover through the introduction of the Clinical Response Model. He pointed out that the vast majority of expenditure was in relation to frontline services and added that there were additional factors in play this year including a premium Covid-19 Rapid Response Shift Payment as well as the payment of overtime to staff in Band 8 and above AfC payscales.

Mr Nicholson reported that capital expenditure remained on track but there were additional risks in the current year in terms of supply.

In relation to Prompt Payment, Mr Nicholson advised that performance remained strong with a slight reduction in July. He indicated that this area remained a focus for the Trust and explained that a delay in the payment of a small number of invoices could impact significantly on cumulative performance and make the achievement of the overall target impossible.

The Chair thanked members for putting forward their suggestions as to the content of the revised Finance Report.

Mr Bloomfield referred to the overall forecasted breakeven position and agreed with Mr Nicholson's highlighting of those areas for which funding had not yet been received and the Trust's expectation in relation to these. He acknowledged that the discussions around finance in which he had been involved had given him a high degree of confidence that expected allocations would be made.

Mr Haslett extended his thanks to Mr Nicholson for turning around the revised Finance Report in the short time since the People Committee. He acknowledged that, while there was likely to be iterations of the report, the revised format before members had provided the information Non-Executive Directors had asked to see around VAS/PAS and overtime expenditure.

Mr Abraham noted the technical accrual accounting issue in the Trust's accounts and cautioned that there could be a similar outturn in the 2021-22 year. He reminded the meeting that the issue had arisen very close to the end of the financial year and he asked to be kept apprised on a regular basis as to the regional discussions.

Responding to the point made by Mr Abraham, Mr Nicholson noted that one of the assumptions within the forecasted breakeven position was the accounting treatments. He advised that the Trust was engaging on a regional basis with DoH colleagues as to how the accounting treatment for a number of elements of expenditure would be treated in the 2021-22 financial year.

Mr Dennison agreed with the comments made by Mr Haslett and described the report as 'clear and concise'.

Mr Ashford commended the format of the revised report. He referred to the fact that the proposal around St Johns' Ambulance providing assistance with hospital handovers had not come to fruition. He also alluded to the increasing reliance on VAS/PAS and asked what the Trust's long-term plan was in this area.

Mr Nicholson advised that there had been a slight reduction in the Trust's reliance on VAS/PAS from previous years. He explained that a significant number of Independent Sector (IS) providers had returned to 'business as normal' in terms of providing support at events which had decreased their ability to meet NIAS' demands and the demand across the rest of the HSC. Mr Nicholson said that it was the Trust's intention to increase its own staffing levels through the Clinical Response Model in order to reduce the reliance on VAS/PAS. He expressed concern in relation to the potential impact on services should the Trust not receive the necessary funding.

The Chair reminded the meeting that there had been discussion at the start of the financial year around Trust Board's expectation that VAS/PAS expenditure would reduce but, due to Operational pressures, this had not been possible. She advised that the People Committee would examine VAS/PAS expenditure in detail.

The Chair thanked Mr Nicholson for his report and acknowledged that there may be further iterations, in particular around the area of Directorate budgets.

The report was **NOTED** by members.

9 **Review of NIAS Standing Orders (TB21/10/2021/06)**

The Chair introduced this agenda item, took the opportunity to pay tribute to the work of Ms Anne Quirk, former Boardroom Apprentice, who had ensured that the Committee Terms of Reference were consistent, and fed into to the Standing Orders.

Ms Paterson referred to the comprehensive review of the Trust's structures and the workshop which had taken place in July 2020. She pointed to the transfer of corporate risk and governance from the Safety Committee to the Audit Committee which it was proposed should be known as the Audit and Risk Assurance Committee.

Mrs Mooney advised that the Trust's Standing Orders were last reviewed in 2019. She drew members' attention to document before them and explained that the majority of changes made provided further clarification to the Standing Orders. She advised that one major change related to the approval of policies and procedures which, if approved, would result in approval of policies now resting with the relevant Committee. The Trust Board would be advised of the policy approval through the regular updates brought forward by the Committee Chairs.

Mrs Mooney explained that the approval of procedures had also been taken into account during the review and advised that procedures relating to policies deemed relevant by a Director would also, where necessary, be presented with its associated policy. However the Senior Management Team would have previously considered the procedures.

She indicated that, in order to provide further assurance, it had been proposed that the Trust Board would be presented with a register on an annual basis detailing the policies, and including such information as review dates and monitoring information, including scrutiny at Committee level. However, in exceptional circumstances, a Committee Chair, which had been included at Mr Ashford's request following discussion at the Audit Committee, or the Trust's Senior Management Team may take a view that the significance of the policy and its impact on the organisation was such that it merited direct consideration by the Trust Board. This would be agreed by the Chief Executive in consultation with the Chair. Mrs Mooney pointed out that there may also be regional policies which the Trust Board would be required to adopt and these would be considered at Trust Board.

Mrs Mooney stressed that the Standing Orders remained a live document and further changes may be necessary as the new Committee structure continued to embed. She extended her thanks to the Chair, Non-Executive Directors and Directors for their assistance in reviewing the Standing Orders and acknowledged that, while a number of areas had been highlighted for further development and consideration, none of these areas would result in material changes to the document before the Board.

Mr Dennison questioned the Trust's statutory duty to breakeven.

The Chair indicated that Trust Directors of Finance worked to the statutory duty to breakeven and acknowledged that there had been difficulty in identifying the NI legislation which required them to do so. She indicated that it was the long-standing position of the NIAS Trust, as well as other Trusts, to adhere to the convention of a statutory duty to breakeven.

The NIAS Standing Orders were **APPROVED** on a proposal from Mr Dennison and seconded by Mr Bloomfield.

10 **Medical Devices Policy (TB21/10/2021/07)**

Mr Sinclair explained that the Medical Devices Policy provided an up-to-date, comprehensive, Trust-wide strategy for the management of Medical Devices, from inception to disposal.

Mr Ashford advised that the policy had been considered in detail by the Safety Committee. He commended the decision taken by the Trust to ensure the Committee was provided with clinical advice and said that Mr Sowney's role as Clinical Adviser to the Committee had been invaluable. Referring to the policy, Mr Ashford acknowledged its importance and complexity and said the Committee had been reassured by those presenting the policy.

Mr Dennison suggested that, when considering policies, it might be helpful to have a cover paper accompanying each policy detailing how the policy had changed from previous versions and why the changes were necessary.

The Chair agreed with the importance of ensuring a house-style for policies. She referred to the earlier discussion on Standing Orders and the intention to bring to Trust Board on an annual basis a policy register detailing information such as review dates and how the policy had been disseminated and monitored. She reiterated the fact that, while policies would now be approved at Committee level, the Committee Chair or the Senior Management Team could deem the policy of such significance or impact on the organisation and seek to bring it to Trust Board.

The Medical Devices Policy was **APPROVED** on a proposal from Mr Ashford and seconded by Mr Haslett.

11 **DoH letter re: Further Pause in Sponsorship and Governance Activities (TB21/10/2021/08)**

Members **NOTED** the most recent correspondence from the DoH advising of a pause in sponsorship and governance activities.

Mr Bloomfield advised that it remained the Trust's intention to produce a Corporate Plan for 2022-23.

The Chair welcomed this and was of the view that the Corporate Plan assisted Non-Executive Directors in focussing on the work to be taken forward by the Trust and to assist in monitoring the delivery of the Strategic Plan.

12 **NIAS Charitable Trust Fund – Trustees' Annual Report & Accounts for the year ended 31 March 2021 (TB21/10/2021/09)**

The Chair advised that, following approval by the Trust's Audit Committee and Trust Board, the Charitable Trust Funds were now being presented in public for the first time. She added that, as there was no intention to discuss these Accounts, she would not absent herself from the meeting.

Mr Nicholson explained that these accounts had previously been approved by Trust Board and subsequently certified by the NIAO. He wished to place on record at Trust Board his appreciation of the kindness and generosity of individuals, groups, organisations and businesses to the Trust during what had been a most difficult year.

Members **NOTED** the NIAS Charitable Trust Fund - Trustees' Annual Report & Accounts for the year ended 31 March 2021.

- 13 **Committee Business:**
- **Safety, Quality, Patient Experience and Performance Committee**
 - **report & minutes of 16 September 2021**
 - **People, Finance & Organisational Development Committee**
 - **minutes of 8 July 2021 & report of 30 September 2021**
 - **Audit Committee**
 - **report & minutes of 7 October 2021**

The Chair asked the respective Committee Chairs to highlight any salient points.

Mr Ashford said that the clinical advice provided by Mr Sowney to the Committee had been invaluable and he was of the view that it had improved the quality of the work undertaken. He referred to the September meeting which had considered policies on Medical Devices and the Management of Medicines and said that he had asked for the latter to be revisited when the Trust appointed a pharmacist.

Mr Haslett advised that the report of People Committee on 30 September highlighted the main points of the discussion. He acknowledged the Committee's intention to use alternative meetings to examine issues relating to HR and Finance and stressed the importance of ensuring the People Committee did not stray into Audit Committee business.

Agreeing with the point made by Mr Haslett, the Chair said it was incumbent upon Committee members to ensure this did not happen and explained that the People Committee would examine in more detail the issues within the Finance Report presented to the Board earlier.

Mr Abraham referred to the revised Standing Orders and said it would be important, as the new Committee structure embedded, to ensure that nothing was omitted from Committee consideration. He indicated his support for the Chair/Committee Chairs' meetings and said he had found these helpful.

Members **NOTED** the Committee reports and minutes.

14 **Date of Next Meeting**

The next Trust Board meeting will take place on Thursday 16 December 2021 at 10am. Arrangements to be confirmed.

15 **Any Other Business**

(i) Update on Clinical Response Model Business Case

Mr McNeill briefed members on recent discussions he had had with DoH colleagues in relation to the CRM Business Case in relation to the affordability of the business case.

At the Chair's request, Mr McNeill agreed to keep members apprised of developments.

(ii) Audit and Risk Assurance Committee

The Chair explained that, as risk assurance would transition from the Safety Committee to the Audit Committee, it had been suggested that the Audit Committee should now be known as the Audit and Risk Assurance Committee.

Mr Abraham proposed the renaming of the Committee to the Audit and Risk Assurance Committee. This proposal was seconded by Mr Ashford.

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE
PUBLIC MEETING AT 1.00PM.**

SIGNED: 

(electronically signed due to Covid-19)

DATE: 16 December 2021



TRUST BOARD – 21 OCTOBER 2021

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	Cover paper to accompany policies detailing the changes from any previous versions and the reasons why changes have been made	MP	Arrangements will be put in place to action this.
2	Board members to be kept informed of arrangements around December Trust Board/ workshop	CM	E-mail 3/12/21 confirming that meetings will be held via Zoom
3	Arrangements to be made for members to visit Magee facility for BSc programme	CM	Postponed until further notice
4	Trust accounts 2021-22 – Mr Abraham to be kept apprised of regional discussions around the technical accounting issue	PN	To be discussed at the ARAC Committee
5	Patient Stories – share presentation and links to the reports referenced in the presentation	CM	Actioned 25/10/21