



**Minutes of NIAS Trust Board held on Thursday 21 January 2021 at
10.00am via Zoom (due to Covid-19)**

Present:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	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 A Quirk	Board Apprentice
	Mrs C Mooney	Board Secretary
Apologies:	Mr A Cardwell	Non Executive Director
	Ms M Paterson	Director of Performance, Planning & Corporate Services

1 Welcome, Introduction & Apologies

The Chair welcomed those present to the meeting and noted apologies from Mr Cardwell and Ms Paterson.

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

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

The minutes of the previous Trust Board meeting held on 26 November 2020 were **APPROVED** on a proposal from Mr Dennison and seconded by Mr Ashford.

3 **Matters Arising (TB21/01/2021/02)**

The Chair noted that, due to current circumstances, a number of Committees had been postponed and would be rescheduled in the coming weeks. It was noted that the Remuneration Committee would now take place on 4 February 2021 to allow her update members on Senior Executive pay.

4 **Chair's Update**

The Chair commenced her update by asking that her appreciation and thanks to all NIAS staff for their efforts be recorded. She said it was very clear from the updates she had received and media reports of the current pressures facing the service and yet staff continued to strive to ensure that ambulance services were delivered to the public.

The Chair said that one of the most important recent developments was the vaccination programme and added that the Trust was working hard to ensure there was a good uptake of the vaccine amongst staff. The Chair said she wished to record her thanks to other Trusts for their assistance in offering the vaccine to NIAS staff. She indicated that the vaccine was important to Trust staff as well as individuals frontline staff would meet when carrying out their day-to-day duties.

The Chair advised that she had made contact with the DoH Public Appointments Unit and said that she had had some high-level discussions as to how vacant Non-Executive Director positions in general might be filled. The Chair also made reference to the DoH requirement for Non-Executive Director appraisals to be completed and said that this work was ongoing.

The Chair said that the Board/Committee schedule for 2021/22 was currently being finalised and would be shared with members in the near future.

The Chair mentioned that she had asked Mrs Mooney to explore the potential for a digital platform for Board/Committee papers moving forward.

Concluding her report, the Chair advised that the December meeting between the Minister and Trust Chairs had been cancelled but that a further meeting had been scheduled for 3 February. She believed that this would provide an opportunity for Chairs to indicate to the Minister their support at a time of unprecedented challenge.

There were no questions from members and the Chair's report was **NOTED**.

5 **Chief Executive's Update**

Mr Bloomfield said that it had been an extremely challenging period since the last Trust Board meeting in November. He pointed out that projections indicated that the peak of the third surge had been forecast to take place during this week and efforts had been focussed on this. Mr Bloomfield advised that, while the number of community transmissions had plateaued over the last week, there would be a delay in seeing this in hospital admission and ICU numbers.

Continuing, Mr Bloomfield indicated that the pressures across health and social care had been well documented and added that the focus of today's Board meeting was to provide members with an update on the challenges and actions which the Trust had and continued to take to focus on service delivery. He expressed his appreciation to members for their understanding and support with regard to the need to postpone a number of Committee meetings over the coming weeks.

Mr Bloomfield said the Trust was operating in business continuity mode and that everyone's efforts should be focussed on supporting operational service delivery and patient care. He acknowledged that the experience of some patients around having to wait for extended periods of time in the back of ambulances or waiting for ambulance responses in the community would not be in line with the

high quality service the Trust aimed to provide. The Chief Executive said there was no doubt that this increased the risk to patients and believed the Senior Management Team was confident that the Trust was providing the best service it could with the resources available in the current circumstances.

Mr Bloomfield said that he wished to pay tribute to the significant efforts of Trust staff since the start of the pandemic to ensure the Trust provided the best care to patients despite being exhausted. He pointed out that this applied not only to frontline operational staff but to those staff in the Control Room, support staff and Directors and their teams.

Continuing, the Chief Executive reported that, on 10 December, he, Ms Byrne and Dr Ruddell appeared before the Health Committee to brief members on the Trust response to the pandemic. He said that, on 15 December, pressures on the health and social care system were particularly evident with media images of ambulances queued outside Emergency Departments. Mr Bloomfield believed that this had focussed attention on the seriousness of the situation and led to considerable media attention including on the support received from the National Ambulance Service. He extended his appreciation to Dr Ruddell for undertaking a number of media interviews at this time.

Mr Bloomfield reported that on 18 December he had been pleased to meet with a group of EMTs who had concluded their training as well as a group of qualified paramedics who joined NIAS from other ambulance services. He said that the contribution of these staff would be very welcome in the current pandemic.

Concluding his remarks, Mr Bloomfield reported that the Chair and other Directors had taken the opportunity to visit stations in the run-up to Christmas to thank staff for their work. He acknowledged that the brief visits had been conducted adhering to the current guidelines around social distancing.

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

6 **NIAS Covid-19 Response Assurance Report (TB21/01/2021/03)**

The Chair drew members' attention to the NIAS Covid-19 Response Assurance Report and said that she very much welcomed and appreciated the level of detail provided to the Trust Board at this time. She believed that the report provided members with the necessary assurances around the work being progressed to underpin NIAS' response to the challenges presented by Covid-19. However, she said that, more importantly, the report provided her as a Non-Executive Director, with an insight into the significant amount of unseen work currently underway within the Trust.

The Chair referred to the tremendous work being taken forward, despite the challenges presented by Covid-19, to ensure the organisation moved forward as planned in its 'Strategy to Transform' and she explained that, as the Assurance Report supported the presentation at agenda item 7, she suggested that discussion should take place during the presentation.

Mr Bloomfield thanked Ms Paterson for co-ordinating the report with input and assistance from Ms Sharpe and Ms Williamson. He said that Directors had been of the view that a paper setting out the overall Trust response would be more beneficial to members than a series of individual papers.

Continuing, Mr Bloomfield explained that the paper set out how the Trust managed the pandemic from the outset and how learning had been identified and applied through subsequent surges.

Members **NOTED** the Covid-19 Response Assurance Report.

The Chair invited the Chief Executive and Directors to proceed with the presentation.

7 **Covid-19 Update (TB21/01/2021/04)**

Introducing the presentation which supported the Covid-19 Response Assurance Report, Mr Bloomfield explained that it was intended to update members on the challenges faced by the Trust. He advised that the Trust was currently at REAP Level 3 which determined the service was under extreme pressure. Mr Bloomfield pointed out that this was an improvement on the REAP Level over the last number of weeks which had been at the Level 4 – the

highest level of escalation. He noted that the improvement in REAP Level had been because of improved cover due to the actions taken by the Trust. Mr Bloomfield also welcomed the fact that there had been a slight reduction in the number of staff unable to work due to Covid-19 reasons.

The Chair invited questions from members following the presentation which covered areas such as current organisational pressures; learning from previous Covid-19 waves; key business continuity decisions taken in January 2021; NIAS organisational response; supporting staff health and welfare; governance and assurance and HSCNI Covid-19 response.

Mr Haslett acknowledged that, despite the challenges faced by the Trust, performance had been much better than he had expected. He said that, speaking as a Non-Executive Director, he would like to thank all frontline and support staff for their commitment. He said that he had been particularly impressed by the welfare arrangements put in place.

Mr Ashford echoed Mr Haslett's comments and said that it was reassuring to see the extent of the work ongoing and the degree of success in difficult circumstances. He welcomed the fact that the command and control structure had changed as a result of learning from the first wave and that the current structure was fit for purpose. He sought confirmation that learning continued to be captured.

In response, Ms Byrne explained that the action taken during the first wave of Covid-19 and the subsequent learning changed the Trust's thought processes on how to approach further Covid-19 waves. She said that Silver Command now had the authority and autonomy to make decisions.

Continuing, Ms Byrne explained that, in the first phase, many issues had been escalated to NIAS Gold but having undertaken training, it was now expected that Silver Command would manage such issues.

She pointed out that the Trust would look back at the current phase and determine how it responded to current pressures. Ms Byrne advised that, given the challenges faced by the Trust in the last number of weeks in relation to transferring patients across the

region, extended Silver Command arrangements were put into place with hours of operation between 7am – 11pm.

Mr Ashford referred to the comparison between infection rates in England compared to NI and asked whether it was likely NI would experience a more intense period in the coming weeks.

Mr Bloomfield acknowledged that the projections and modelling being used by HSCNI had indicated the peak as being this week. He stressed that this was modelling and, as such, would be largely influenced by behaviours. He pointed out that the number of hospital admissions were slightly lower than the modelling had projected.

Agreeing with the points made by Mr Bloomfield, Dr Ruddell advised that he held weekly discussions with the Medical Directors of other services whose activity levels were significantly higher. He was of the view that NI's approach to putting early restrictions in place had yielded positive results. He acknowledged that the rest of the UK was seeing a sharp rise which was most likely associated with the easing of restrictions over the Christmas and New Year periods.

Dr Ruddell explained that the greatest pressure in NI had now moved to the hospital setting, and in particular those patients requiring ICU care and high level respiratory support over the coming weeks. He welcomed the vaccination programme in terms of NIAS staff and the wider public being able to receive the vaccine and said that NI was progressing well in terms of numbers being vaccinated.

The Chair said that she had been impressed by the Trust performance in relation to call answering and believed that this was an area which could be easily overlooked in the context of the other pressures facing the Trust. The Chair said that members would be aware of the work underway to ensure calls were answered in line with the five-second target and she commended all involved in these efforts. She noted that the maximum delay in answering a call had been 21 seconds and believed that this would go some way to alleviating public concern that patients would not be conveyed to hospital because of a perception of a focus on Covid-19.

Alluding to the actions taken to support Operations, Mr Bloomfield referred to the decision taken by the Senior Management Team

(SMT) in October to reduce the call handler course from twelve to five weeks. He explained that this decision had not been taken lightly and SMT at the time had stressed the importance of taking the views of the staff involved as well. Mr Bloomfield said that Dr Ruddell had advised on which elements of the truncated course should remain to ensure that those staff answering 999 calls had the necessary skillsets to do so safely. He advised that this had resulted in 20 additional call handlers being in post before Christmas which had proved essential given the outbreak in the Control Room from Boxing Day resulting in up to 30 members of staff having to self-isolate.

Dr Ruddell also pointed out that in addition to the recent action points, there had been many occasions over the past year on which the Trust had released staff from training and postponed training to allow staff provide operational support.

Ms Byrne referred to the assistance given by the PSNI and the NIFRS. She said that, following familiarisation training and receiving their vaccinations, the PSNI officers had commenced shifts in mid-January and, to date, had responded to 25 calls ranging from myocardial infarctions to a road traffic collisions. Ms Byrne reported that the NIFRS staff had recently completed their familiarisation training and had been vaccinated with a view to undertaking shifts in the near future. She acknowledged that, while assistance might not be required immediately, the necessary actions and arrangements had been put in place to support operational staff.

Dr Ruddell welcomed the fact that a significant number of nurses had applied for posts within CSD during the most recent recruitment.

Mr McNeill advised that, in November 2020, a number of PCS crews had volunteered to provide support to emergency response, working shift patterns as opposed to Monday-Friday. He said that, as recently as this week, further discussions had been held with Trade Union colleagues to determine whether it would be possible to increase that further in anticipation of further demand.

Mr Haslett said that, in reading the report, he had been struck by how beneficial the work previously carried out in relation to IPC had been to the Trust and he commended all involved. He paid

particular tribute to the cleaning operatives who were instrumental in ensuring a quick turnaround of vehicles to get back on the road.

Ms Charlton agreed with the comments made by Mr Haslett and mentioned the contribution made by Ms Finn in particular. She acknowledged that there was further work to be done around IPC but agreed that the foundations were now in place to build upon.

Ms Quirk referred to the arrangements which had been put in place for staff welfare and support and asked whether consideration had been given to continuing these beyond Covid-19.

Ms Lemon acknowledged that the area of health and wellbeing was important for staff and she said that up until now there had been limited resources to support this. She acknowledged that, while it was hoped to be able to continue with a number of practical arrangements on a long-term basis, the need for the development of peer support was clear when one took into account the increase in peer support activity during the pandemic. She added that peer supporters now described Covid-19 as a mental health pressure. Ms Lemon described the arrangements in place with Inspire and the potential need for psychological support for staff.

Mr Abraham referred to recent studies carried out in France which focussed on the links between Vitamin D deficiency and the likelihood of contracting Covid-19. He queried whether the Trust was doing any work around immuno-support and commented that it would be beneficial to support staff as much as possible

Ms Lemon said that, while she was not aware of anything being progressed within the service, it was her understanding that work around this was being led by the Chief Medical Officer and the Clinical Advisory Group. She indicated that any issues around the vaccine, occupational health support which related to individuals categorised as Clinically Extremely Vulnerable were being progressed on a regional basis. However she agreed to raise this issue in regional discussions.

Ms Charlton reported on the vaccination programme and advised that, up to 11 January 2021, 739 staff had booked their vaccinations. She explained that an online booking system had subsequently been introduced and it was not yet possible to

ascertain the numbers of NIAS staff who had used this to book their vaccination appointments.

Ms Charlton advised that 280 NIAS staff had tested positive and she acknowledged that there had been a large increase in staff testing positive in December and to date. She added that this was unique to NIAS and replicated patterns across other ambulance services.

Mr Haslett asked whether the DoH had given consideration to the timeframe for the production of the Trust's annual accounts.

Responding, Mr Nicholson indicated that the Trusts had sought clarification from the DoH around the production of Annual Reports and Accounts. He acknowledged that it would be helpful if the DoH adopted a similar pragmatic approach as they had in 2019-20 financial year.

Concluding discussion, the Chair thanked Directors for their input to the detail of the Assurance Report and said she had found it helpful having the presentation in advance of the meeting.

8 **Update on EU Exit (TB21/01/2021/05)**

The Chair reminded members that the Trust Board had received a verbal update from Mr Billy Newton, Emergency Planning Officer, at its November meeting. She drew members' attention to the paper before them and invited Dr Ruddell to highlight any salient points.

Dr Ruddell advised that the implementation of EU exit on 31 December 2020 had had no tangible impact on NIAS operations. However he indicated that the situation with regard to supply chains and cross-border working of registered healthcare professionals would remain under review in partnership with DoH.

Members **NOTED** the update on EU Exit.

9 **Finance Report (TB21/01/2021/06)**

At the Chair's invitation, Mr Nicholson presented the Trust Board Finance Report as at the end of November 2020.

Mr Nicholson reported that the Trust was forecasting a breakeven position at the end of 2020-21, subject to a number of assumptions which had been made in the Trust Financial Plan, around Agenda for Change, investment, Covid-19 costs and efficiency savings. He explained that, with the exception of Covid-19 costs, these issues had largely been resolved and the Trust continued to work with HSCB and other stakeholders to highlight emerging cost pressures and service changes with a view to achieving objectives and seeking to deliver financial balance.

Referring to capital expenditure, Mr Nicholson pointed out that the finance report to the November meeting had identified risks to a number of schemes and the Trust's ability to ensure appropriate business case approval, procurement and delivery by 31 March 2021. Mr Nicholson advised that, following a review of capital schemes, the Trust had surrendered £2.2 million of capital to the DoH. He added that £1.5 million of this related to fleet replacement which had been surrendered following advice from the DoH that it would not be able to consider the Fleet Replacement Business Case within a timescale necessary to allow procurements and delivery before 31 March 2021.

However, Mr Nicholson said the Trust had now been advised that the business case would likely be approved and he added Finance staff were now examining how vehicle chassis could be procured and resourced in the current year.

Concluding his report, Mr Nicholson drew members' attention to the detail covering Trust performance against prompt payment of invoices and advised that the Trust had achieved performance of 96.1% to date against a target of 95%.

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

Mr Haslett acknowledged that, while the Trust had projected its spend in relation to Covid-19 to the end of the year, he did not get any sense from the report of the extent of the Trust's financial exposure. He said that, while he accepted the DoH would cover Covid-19 costs, the Trust was still expected to achieve savings of £2.6 million. Mr Haslett referred to capital

spend and was of the view that this was a significant amount of resources to commit within the last three months of the financial year.

In response, Mr Nicholson reported that the cost to the Trust in terms of the financial impact of Covid-19 would be a full-year effect of approximately £13 million. He acknowledged the fluidity and magnitude of these costs and pointed out that the Trust had received £2 million to date. Mr Nicholson said that the Trust continued to work with colleagues from the DoH, other Trust and the HSCB to unlock the mechanisms to release funding.

Continuing, Mr Nicholson explained that the Trust was also exploring other programmes to access further resources around Covid-19. He emphasised that the Trust had not been driven by the financial aspect of Covid-19 ensuring that the appropriate arrangements were put in place in the first instance.

Mr Nicholson agreed with Mr Haslett's point around the allocation of capital resources late in the financial year. He explained that the Trust had developed the business case in relation to fleet replacement and it was upon advice from the DoH/DF that they would not be able to review the business case within appropriate timeframes which had led the Trust to surrendering £1.5 million to the DoH. Mr Nicholson pointed out that the business case covered a five-year period and said the Trust would use the opportunity to revisit its expenditure profile. He indicated that the Trust would look at bringing forward the fleet replacement to ensure the twelve month profile between vehicles.

Mr Haslett suggested that it would be helpful to provide details of expenditure around consumables and PPE on a monthly basis to allow members gauge whether expenditure was on target and identify any trends.

Mr Nicholson said that work was ongoing to develop these areas for consideration by the Trust's People, Finance & Organisational Development Committee. He acknowledged that the presentation of the financial information presented to the Trust Board was in the format required by the DoH and the

HSCB and referred to staff and non-staff costs. He added that other expenditure largely fell within non-staff costs.

The Chair undertook to discuss with Mr Dennison the presentation of financial information to the People Committee and how this might feed into the Trust Board.

Mr Nicholson referred to earlier discussion around the maintenance and sustainability of a number of programmes implemented throughout the year. He acknowledged that many would continue and believed that the implications of the current year would be felt for many years to come. Mr Nicholson said that Dr Ruddell had alluded to the impact on training and indicated that he would refer to the impact of staff being unable to take annual leave during the year. He advised that work was ongoing at a regional level to assess the implications of that and how that might be managed moving forward.

Mr Nicholson reminded the meeting that the Trust operated within an annual planning cycle and that on 1 April 2021, the Trust would be required to achieve savings of £2.6 million as well as following the process to secure income for the new financial year.

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

10 **Date of next meeting**

The next Trust Board meeting will take place on Thursday 4 March 2021. Arrangements to be confirmed. The Chair indicated that she would be keen for the Board to meet on a face-to-face basis but only when it was safe to do so.

11 **Any Other Business**

There were no items of Any Other Business.

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE
PUBLIC MEETING AT 11.45AM.**

SIGNED: 

(electronically signed due to Covid-19)

DATE: 4 March 2021