



**Minutes of NIAS Trust Board held on Thursday 19 August 2021 at  
10am 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
	Mr T Haslett	Non Executive Director (joined the meeting at 12.15pm)
	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>Apologies:</b>	Mr J Dennison	Non Executive Director
	Ms R O'Hara	Programme Director – Strategic Workforce Planning
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Ms A Quirk	Boardroom Apprentice
<b>In Attendance:</b>	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr B McNeill	Programme Director - Clinical Response Model (CRM)
	Mrs C Mooney	Board Secretary
	Mr C Carlin	Boardroom Apprentice

**1 Welcome, Introduction & Apologies**

The Chair noted that apologies had been received from Mr Dennison, Ms O'Hara, Ms Paterson and Ms Quirk and reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The Chair said that, on behalf of the Trust Board, she wished to offer her deepest condolences to Ms Paterson on her recent bereavement.

Concluding her introductory remarks, the Chair welcomed Mr Christopher Carlin who would take up position as Boardroom Apprentice on 1 September.

## 2 **Previous Minutes (TB19/08/2021/01)**

The minutes of the previous meeting held on 24 May 2021 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Abraham.

## 3 **Matters Arising (TB19/08/2021/02)**

The Chair thanked Directors for meeting with the Non-Executive Directors who had agreed to take on NED Champion roles and said she looked forward to seeing how these roles would contribute to Board meetings.

Mr Nicholson referred to the suite of Information security policies and reminded the meeting that these had been approved by Trust Board via e-mail.

## 4 **Chair's Update**

The Chair said she had been pleased to attend the graduation event for Associate Ambulance Practitioner (AAP) Cohort 12 which had taken place at Magee University in July and welcomed the fact that it had been possible to hold the ceremony outside. She advised that, due to the current level of service pressure, these newly qualified staff had immediately commenced frontline duties upon graduation. The Chair said, on behalf of Trust Board, she wished to acknowledge the willingness of these staff to commence their duties immediately.

The Chair referred to the Report of the Independent Review into the Circumstances of Board Member Resignations in the RQIA and the recent workshop organised by NICON to discuss the report and explore the wider governance implications. She said that she had

asked the Chief Executive to give some consideration as to how the Trust might work through the recommendations. The Chair added that NICON was also considering how it could provide support and training around the recommendations.

Continuing, the Chair referred to the meeting with the Minister and Trust Board on 17 August and thanked colleagues for their contributions. She said that she appreciated the engagement with the Minister and DoH colleagues around progress in relation to the CRM business case and the focus in particular on trying to ensure the appropriate resources were in place to progress this further.

The Chair reported that she had also attended a meeting with the Minister and other HSC Chairs. She advised that she had raised the issue of Non-Executive Director appointments and said she anticipated further collaboration with the Public Appointments Unit (PAU) in relation to Mr Cardwell's replacement. The Chair said that, while she did not expect the Trust to receive an immediate permanent replacement, the PAU was willing to explore various options for a temporary replacement. The Chair said that she very much appreciated the additional burden placed on Non-Executive colleagues due to the NED vacancy.

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

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

Commencing his update, the Chief Executive referred to the Performance Report/Covid-19 update and said he wished to highlight a number of key issues. He indicated that, while operational cover had been good over the winter months, it had become much more difficult in recent months. Mr Bloomfield added that the Trust was now seeing high levels of sickness as well as significant numbers of staff not able to report for work due to Covid-19 reasons, mainly the requirement to self-isolate. He clarified that the recent relaxation around self-isolation rules did not apply to health and social care workers.

Mr Bloomfield advised that this was causing considerable difficulties as the Trust worked through the main summer period when staff were less keen to work overtime at a time when demand for

services remained high. He pointed out that the Trust was facing an exceptionally difficult weekend and said that all these factors contributed to an increase in ambulance response times as well as a deterioration in call answering performance.

Mr Bloomfield said that later in the meeting Ms Charlton would highlight the increase in complaints received. He acknowledged that staff exhaustion, compounded by late finishes and difficulties in getting meal breaks on time had resulted in staff also being less likely to work overtime. He added that he had heard at first hand the impact this was having on staff. Mr Bloomfield said that he had also taken the opportunity to visit a number of Emergency Departments (EDs) recently to meet with staff, patients and their families and had heard distressing accounts of patients having to wait in the back of ambulances.

Mr Bloomfield said that, following a meeting on 9 July with Trust Chief Executives and the HSCB Chief Executive, agreement had been reached to implement 'smoothing arrangements' whereby attempts would be made to balance pressures across the system and avoid very long ambulance handover delays at an ED when there were shorter waits at others. He explained that NIAS now had the authority and autonomy to transfer patients to whichever ED they considered appropriate, taking account of clinical need. Mr Bloomfield said that NIAS staff were not to be challenged on their decisions. He added that these arrangements had negated the need for short-term diverts which NIAS was often asked to put in place for a certain number of patients for a specific period of time. He said that such diverts had proved problematic for the Control Room and advised that the new arrangements had been welcomed by the Control Room.

However, Mr Bloomfield emphasised that, while these arrangements would not address handover delays which he believed would only be resolved when patient flow improved, they had gone some way to avoiding some of the large variations in handover delays. Mr Bloomfield advised that all Trusts remained supportive of the arrangements and saw NIAS as the honest broker. He added the Trust would continue to monitor the position and would seek additional resources so the smoothing arrangements would continue.

Mr Bloomfield said that members would be aware of the significant handover delays at the Ulster Hospital. He advised that he had met with Ms Roisin Coulter, recently appointed as South Eastern Health and Social Care Trust (SEHSCT) Chief Executive, to discuss a number of issues and said that they had taken the opportunity to visit the ED and meet with ambulance crews and ED staff. Mr Bloomfield said that the visit was an important visible demonstration of the Trusts' commitment to work together on addressing these issues. He indicated that Ms Coulter was concerned at the impact on staff and patients and was committed to partnership working. Mr Bloomfield added that it had been agreed to arrange a further meeting to discuss what further actions could be agreed to improve the position.

Mr Abraham welcomed the update on ambulance waiting times and in particular the partnership working between Trusts to address the situation. He said he appreciated the need to identify more long-term measures and the Trusts' determination to continue to press for solutions.

Mr Bloomfield acknowledged the importance of balancing pressure at EDs and emphasised that the arrangements put in place would not resolve the difficulties.

The Chair commented that she had received positive feedback from the interim Chair of the SEHSCT following Mr Bloomfield's visit and added that she intended to speak to the interim Chair to reinforce the partnership working.

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

## 6 **Staff Stories (TB19/08/2021/03)**

The Chair welcomed Ms Emma Hallissey and Mr Peter Donnelly to the meeting.

Introducing this agenda item, Ms Lemon advised that the Trust was trialling a new methodology around gathering staff stories and had engaged with the Belfast Trust in doing so. She acknowledged the challenges that had been presented by Covid-19 but said that work

had progressed. Ms Lemon indicated that, while Trust Board had received reports which reflected the pressures, personal stories proved to be more powerful in terms of relaying the challenges and pressures felt by staff. Ms Lemon extended her thanks to Ms Hallissey, Ms Leonard and Mr Donnelly for their commitment and passion over the last year in terms of peer support.

During the ensuing discussion, Ms Hallissey and Mr Donnelly shared with the meeting their detailed personal experiences of work over the last 18 months.

The Chair referred to the presentation which Ms Hallissey and Ms Leonard had made to the Trust Board in March 2020 and said she had been impressed by the peer support model which had been established to help staff. She said it was important to remember that behind each referral to peer support was a member of staff.

The Chair said that no-one could have foreseen the challenges and pressures experienced by staff in the context of Covid-19 and added that it was important for members to hear at first-hand what staff had experienced and continued to experience.

The Chair said it was her understanding that the area of peer support would be considered by the Trust's People Committee.

Mr Ashford thanked Ms Hallissey and Mr Donnelly for their powerful testimonies. He sought clarification around the support available for peer support and referred to the pressures felt throughout the service and asked whether other pathways would be available to ensure that support was accessible for staff.

Ms Hallissey advised that peer supporters had recently secured supervision services which provided them with the mechanism to ensure they did not feel overwhelmed. She emphasised that peer supporters were not counsellors and were able to signpost individuals to counselling services if required. Ms Hallissey advised that, over the last 12-18 months, peer support had referred staff to Inspire as well as ensuring staff were assessed by a clinical psychologist to ensure referral to the most appropriate routes of treatment. She indicated that there had been a significant number of referrals to high intensity therapy and added that the clinical

psychologist was also able to diagnose Post Traumatic Stress Disorder (PTSD) and provide up to 20 counselling sessions.

Ms Lemon said that, while peer support played a critical role, it would be important not to have an over-reliance. She indicated that the Trust had worked to secure clinical psychology input from Belfast Trust two days a week and said that the clinical psychologist would work directly with the Trust on leading the strategy around how the Trust supported the mental health of staff. Ms Lemon said that this work would contribute to aspects of the wider cultural organisational development work underway, including the wider peer support infrastructure.

Continuing, Ms Lemon agreed with the point made by the Chair earlier in that it was important for members to hear the staff stories at first-hand. She referred to the horticultural programmes available to staff and how staff had found these to be therapeutic. Ms Lemon alluded to the importance of CRM funding and how this would enable the Trust to recruit more staff.

Dr Ruddell welcomed the fact that the peer supporters had secured supervision and said he was conscious of the relentless chain of serious experiences shared with peer supporters. He said that, from his own experience, he was grateful for the numerous follow-up calls and debriefs provided to staff by peer support and emphasised the importance of self-care.

Ms Byrne said it was clear from the experiences shared by Ms Hallissey and Mr Donnelly that they were passionate and caring about the services they offered to staff. She added that as a Trust Board member she would like to acknowledge their significant contribution in this regard and said she knew from feedback from operational staff that their work had been very positively received and was appreciated by staff.

Mr Abraham thanked Ms Hallissey and Mr Donnelly for their presentation. He stated that it was important for the Trust Board to have connections with staff on the ground and the issues facing staff. Mr Abraham believed that this was particularly important as Trust Board tried to ensure that staff had all necessary resources at their disposal to enable them to deliver high quality services. He

said that it was important for him to make every effort to leave the service in a better position when his tenure as Non-Executive Director had finished.

Mr Bloomfield also conveyed his thanks to Ms Hallissey and Mr Donnelly for their powerful and emotive stories and their experiences of staff. He said the Trust was fortunate to have a dedicated team and reminded the meeting that, while arrangements had been made for Ms Hallissey and Ms Leonard to provide substantive peer support, other peer supporters had volunteered to undertake their roles alongside their substantive duties.

Mr Bloomfield referred to the challenging weekend ahead in terms of cover as well as the poor response times. However he said it was important to ensure that staff were supported after traumatic calls, whether that was through being stood down from operational duties for a period of time or going home. Mr Bloomfield added that the Trust would be prepared to defend any impacts of such action and it was important that staff were aware of this.

Concluding the discussion, the Chair assured Ms Hallissey and Mr Donnelly of the Board's continuing support and commitment to peer support. She conveyed her thanks for taking the time to attend the meeting and sharing what were powerful and personal stories. The Chair suggested that it might be important to give some consideration as to how best to communicate the fact that Trust Board had heard the testimonies presented today and acknowledged the pressures felt by staff.

Ms Hallissey and Mr Donnelly both withdrew from the meeting.

## **7 Performance Report & Covid-19 Update (TB19/08/2021/04)**

By way of introduction, Mr Bloomfield explained that, while papers referred to performance, targets and standards, the focus was on delivering high quality services to the population. He reminded members that, as he had touched upon some of the key challenges facing the service in his report earlier in the meeting as well as alluding to this in the recent meeting with the Minister, it was not intended that members would be taken through the Performance Report & Covid-19 Update in detail

Ms Lemon acknowledged that, while there had been a significant increase in sickness absence in June, specifically long-term sickness absence, the cumulative sickness absence levels between April and June 2021 increased at a greater rate than in the same period in 2020/21, with a significant increase in monthly sickness absence levels. She advised that mental health and muscular-skeletal remained significant issues.

Continuing, Ms Lemon advised that, in order to address the pressures across the system, the Directors of HR submitted a proposal to the DoH seeking to introduce an enhancement to the Covid-19 critical shift payment. She added that the proposal was currently being considered by the Minister. Ms Lemon said that, if approved, the Trust would move to offer staff the enhanced payment which would assist in planning for weekend cover.

The Chair acknowledged the fact that this was a new development for the Trust and referred to previous discussions on whether such a payment would be possible.

Mr Ashford asked whether management was hopeful that the additional payment would encourage staff to work overtime.

In response, Mr Bloomfield said that it was not yet clear whether staff would avail of the enhanced payment. He indicated that NIAS Gold had held an extraordinary meeting to discuss what further actions could be taken to enhance cover. Mr Bloomfield clarified that the Trust did not have any discretion to move outside the Agenda for Change terms and conditions for overtime but said it was certainly helpful that this was being discussed on a regional basis.

Continuing, Mr Bloomfield pointed to the significant challenges in ensuring cover at the weekend and said that, as the Trust could not delay in ensuring arrangements were in place, the Trust was going at risk in advance of DoH approval and he added that the DoH had been made aware of this.

The Chair commented that it was helpful for Trust Board to be aware of the balance of risks.

Alluding to the sickness absence, Mr Abraham acknowledged that it was a unique scenario and was not indicative of the underlying shift in general sickness absence as a result of different factors.

Ms Lemon acknowledged that there had been a significant increase in mental health related absence. She said that it was clear from emerging patterns that this increase related to Covid-19 and more generally with the particular pressures relating to that within the system. Ms Lemon pointed to the fact that the Trust had historically high sickness levels and said it would be important to maintain a watching brief to ensure that it was a unique situation and did not revert to that position. She referred to discussions at the recent People Committee and said that members had been updated on the work ongoing to address absence levels.

The Chair asked that Board members would be kept informed if the enhanced payment to be approved by the DoH was utilised again prior to the October Trust Board meeting.

Ms Byrne indicated that the REAP was updated each Monday in advance of Tuesday's Senior Management Team meeting. She explained that an action within the REAP was to consider going outside normal arrangements to ensure cover and added that a number of additional actions had been taken to increase cover at the weekend. Such actions included cancelling training, paramedic/EMT split staffing, transfer those qualified Blue Light staff to driving and looking to the National Ambulance Service for additional support.

Ms Byrne referred to the additional information which had been shared with members and explained that, following operational discussions, the call performance monitoring was changed to report on calls answered within 30 seconds against an 80% compliance. She advised that this was in keeping with national practice should NIAS need to enact the full national loss or partial loss of telephony plan or seek national call taking support beyond the current 'buddy system' through the National Ambulance Coordination Centre (NACC). Ms Byrne indicated that NIAS had reverted to reporting against the 5 second response time against a 95% compliance standard as well as continuing to monitor the 30 second

performance against an 80% standard should the Trust consider national assistance was required in the future. She said that the work undertaken had been commendable and was attributed to the efforts of EAC.

The Chair said it was important, given the gravity of the challenges facing the Trust, to note the positive changes which had been made and she asked for her thanks to be conveyed to EAC staff.

Referring to call answering, the Chair commented that daily calls taken would be approximately 700 calls and she sought clarification on whether any of these calls would be duplicate calls.

Ms Byrne confirmed that the duplicate calls correlated to the increase in the overall volume in addition to increased demand.

The Chair asked whether, setting aside duplicate calls, it would be possible to have a sense of what the increased demand was. Ms Byrne undertook to look at this.

Ms Charlton drew members' attention to page 44 of the Board papers and referred to the increase in complaints and the nature of those complaints received. She said that members of the Safety Committee would be aware of a number of stories of delayed responses and poor experiences of those waiting for responses to falls. She welcomed the opportunity to refer to these during the meeting with the Minister and also welcomed the Trust Board's commitment to bring patient stories to future Board meetings.

Dr Ruddell said that the report clearly set out the efforts made to support operational activity. However he alluded to the important workstreams which had been paused during this period. He said that he had previously advised Trust Board of the difficulties in maintaining clinical audits when it had become necessary to divert resources to support operational activity. Dr Ruddell said that, while he completely supported the need to divert resources and ensure services were delivered, such actions inevitably had the potential to lead to challenges later in the year and said it was important that Trust Board remained sighted on this.

Dr Ruddell said that he would bring a report on the unforeseen consequences, both current and long-term, to a future meeting.

Mr Ashford alluded to the Performance Report and references made earlier in the meeting and said that these all reflected the pressures and challenges facing the Trust. He said that, as the pressures decreased, it would take some time for the Trust to return to business as usual.

Mr Bloomfield provided detail on recent correspondence received from a service user in which she had asked for her personal experience to be brought to the attention of the Trust Board. He confirmed that the service user's experiences were being handled through the HSC Complaints Procedure.

Ms Charlton confirmed that she had shared the service user's story with Safety Committee in November 2020 and added that she had spoken to the individual directly about her experience.

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 3) (TB19/08/2021/05)**

Before Mr Nicholson provided the financial report, the Chair advised that the Finance team was somewhat depleted due to a number of staff being seconded to assist with frontline duties. She reminded members to forward any suggestions they may have on the content of the Finance report to herself or Mrs Mooney. The Chair said that Mrs Mooney had e-mailed Committee Chairs with a view to arranging a further meeting in September and she asked colleagues to respond as soon as possible to allow the date to be confirmed.

The Chair alluded to the current pressures and thanked Directors for a comprehensive set of papers for today's meeting.

Mr Nicholson confirmed that, while a number of Finance staff had volunteered, many other support staff had also volunteered to assist elsewhere within the Trust and this was much appreciated.

Commencing his report, Mr Nicholson advised that the Trust was reporting a breakeven position at Month 3 and was forecasting a balanced position at year end. He indicated that, as highlighted in the report, there were a number of key assumptions within this position, particularly in relation to assumed income. Some key areas include £3.5 million for Training and £2.5 million for CRM. He said that the Trust had received indicative support for these schemes but continued to work to ensure they were realised.

Mr Nicholson pointed out that, in addition to this, some of the assumed income would be subject to successful monitoring rounds and said that the Trust was currently working with DoH/HSCB and the region to develop bids as part of this process. He indicated that the Trust would also be asked to articulate the implications of not securing resources. Mr Nicholson acknowledged that this was particularly difficult at present given the operational pressures which had been articulated in the Performance Report and by the Chief Executive.

Referring to VAS/PAS expenditure, Mr Nicholson reported that this had been £2.1 million for the first three months of the year and said that this was a key element of NIAS maintaining services at this time.

Mr Nicholson drew members' attention to page 54 of the papers and welcomed the early indication of capital resources, approaching £8 million, available to the Trust. He pointed out that, while a number of risks to delivery of the programme had been detailed within the report, he would also include risks relating to the availability of staff to both deliver and implement each element within the capital programme. Mr Nicholson indicated that reference had already been made to a number of activities which had been downturned in the context of REAP 4.

Mr Nicholson reported that the Trust's prompt payment performance remained strong and said the Trust had maintained the arrangements to support Operational managers in the authorisation of invoices. He acknowledged that this had been a challenge as staff had taken annual leave and some staff from Finance and other Directorates were supporting operations in more forward facing roles, for example call taking.

Mr Nicholson indicated that the Trust Board would be kept updated on all these issues as the financial year progressed and commented that the Trust remained in exceptional times as monitoring service delivery during the pandemic drove the organisation and its actions, not finance.

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

Acknowledging the difficulties in the Trust's ability to spend the resources within the capital programme, Mr Ashford referred to the spend profile and said it had been hoped that a significant proportion of these resources would be used in late summer/early autumn. He sought clarification on whether the Trust remained on target to do so.

Mr Nicholson said that he remained hopeful that the resources could be spent over the next few months. He pointed out that a significant element of the programme focussed on catching up on last year's fleet replacement cycle as well as undertaking significant projects such as the replacement telephony system. Mr Nicholson explained that the development, design, testing the implementation of that particular project would only be realised in Quarter 4 of the financial year. He pointed out that, should any projects slip, the Trust would be required to return the necessary resources to the DoH and would experience financial challenges in the next financial year.

In relation to VAS/PAS expenditure, Mr Bloomfield reminded members of previous discussions around the Trust's intention to reduce this expenditure. However, Mr Bloomfield clarified that the current volume and support from VAS/PAS had been less than the Trust had expected given the current context but that this was due to their availability rather than a plan to reduce expenditure. He pointed out that in July/August, the Trust would use all available VAS/PAS services and members would see this usage reflected in future finance reports.

The Chair referred to the fact that the next People Committee would consider finance reports and she asked Mr Nicholson to liaise with

Mr Haslett in relation to what information he would like to see at that meeting.

The Chair took the opportunity to advise members that a recent meeting of HSC Chairs had discussed the issue of budgets and she advised that the Minister would be keen to introduce budgets which would cover 4-5 year period. The Chair advised that the Minister was aware that Trusts did not have their full year budgets and might not be able to deliver full-year effect (FYE) savings.

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

9 **Duty of Candour – response to public consultation**  
**(TB19/08/2021/06)**

Introducing this agenda item, the Chair said that she was aware that the South Eastern Trust had encouraged its staff to respond to the Trust to help inform its own response to the consultation.

She clarified that the draft response before members was the draft Trust response but said that individuals and members of the public could respond to the consultation.

Dr Ruddell confirmed that all staff were afforded and encouraged to respond to the consultation on an individual basis and added that, as an organisation, the Trust had been asked to contribute to the consultation process directly. He emphasised that the Trust would never seek to influence the views of those individuals responding directly.

Continuing, Dr Ruddell explained that the Duty of Candour had arisen from the recommendations emanating from the Inquiry into Hyponatraemia Related Deaths and aimed to embed a culture of openness throughout Health and Social Care. Dr Ruddell said that, while there had been existing processes in place, Judge O'Hara's experience throughout the inquiry had been that these processes were not sufficiently robust and had recommended the introduction of a statutory Duty of Candour both for organisations and individuals across health and social care in Northern Ireland.

Dr Ruddell advised that the Duty of Candour had the potential to introduce criminal charges for organisations and individuals if it was felt that the duties within the legislation had not been met. He pointed out that the proposed NI legislation would differ from the rest of the UK. Dr Ruddell indicated that other Medical Directors responding to the consultation had voiced similar concerns at this differentiation. He said that, while the Trust would not support some of the recommendations, the Trust would support the principle of being open and honest and he added that this had been referenced in the draft response before members.

Dr Ruddell acknowledged that Inquiry had taken significant time to conclude and, in the interim, significant progress has already been made in the approach to SAI reviews. He said that huge efforts had been made to encourage a system whereby individuals feel comfortable to come forward and contribute to SAI reviews as well as embracing the learning culture in order to prevent a recurrence. Dr Ruddell believed that to move to criminal sanctions would be a retrospective step. He pointed out that all registered Health Care Professionals (HCPs) had a clear and professional obligation through their registering bodies to be clear and open. Dr Ruddell acknowledged that Emergency Medical Technicians (EMTs) were not technically professionally registered but the Trust expected all staff to adhere to the principles of openness and honesty.

Continuing, Dr Ruddell expressed concern that the introduction of criminal sanctions could potentially discourage individuals from reporting what might be minor issues to rectify by ensuring the necessary learning was put in place to prevent recurrence.

Dr Ruddell explained the position in England where the Care Quality Commission (CQC) had the ability to prosecute an organisation and had done so. He clarified that there was no mechanism in England whereby individuals could be prosecuted for not appearing to be open and honest. Dr Ruddell indicated that, within the recommendations, while the threshold for prosecution was 'wilful or serial withholding of information, there was no indication to how this would be determined.

Dr Ruddell indicated that the introduction of such would require a change to contracts of employment, both future and existing contracts.

The Chair commended the Trust on the progress made in encouraging staff to come forward and said that the focus was not necessarily on sanctioning them but ensuring staff learn from mistakes made to improve the delivery of service.

Mr Abraham thanked Dr Ruddell for his detailed explanation and stated that it was helpful to set out the duties of care. He emphasised the importance of providing a thorough debrief when untoward incidents occurred.

Mr Ashford commended Dr Ruddell on the draft response and said he supported the principle that the statutory duty needed to apply across the Trust and not only to registered staff. He expressed his support for SAIs to be overseen by an independent body and suggested there was merit in a body external to health and social care undertaking such a role in order to strengthen the independence.

The draft response to the Duty of Candour consultation was **APPROVED** on a proposal from Mr Ashford and seconded by Mr Bloomfield.

10 **Safeguarding:**

- **Education & Training Strategy**
- **Policy (Adults, Children & Young People)**
- **NIAS (Interim\*) Procedures and Referral Process (TB19/08/2021/07)**

At the Chair's request, Ms Charlton explained that the Safeguarding Training and Education Strategy was supported by the attached NIAS Safeguarding Policy and Interim Procedures which recognised that NIAS emergency and transport services interacted with many vulnerable patients and members of the public at risk from abuse and neglect. She emphasised the important role NIAS staff played in knowing when and how to ensure patients were safeguarded appropriately.

Ms Charlton confirmed that Mr Abraham had agreed to assume the role of NED Safeguarding Champion and said she would be meeting with Mr Abraham to discuss how best to deliver training for this role.

Continuing, Ms Charlton referred to the fact that online safeguarding training had now been mandated at level 2 for relevant staff. She acknowledged that the majority of other ambulance services had moved to level 3 but said that NIAS training was in its infancy as mandatory safeguarding training had not been in place within the Trust.

Ms Charlton referred to the Safeguarding Policy and said that, through the Trust's Assurance Framework, the Board would be provided with evidence as to the effective implementation of the policy on a twice-yearly basis.

Ms Charlton clarified the difference between the Policy and Procedures and said that it was important to be pragmatic about the ease of reference to a document while on the road. She explained that the procedure covered issues such as how to use Datix, how to process a patient referral and clarity around the threshold to refer for example. Ms Charlton indicated that it was inevitable that some of these procedures would change when REACH was introduced and said that work was ongoing to streamline the procedures when REACH became fully operational.

The Chair said that she had had the opportunity to meet with Mr Flannagan, Head of Safeguarding, and had been very encouraged by his enthusiasm.

Mr Ashford commended the documents and sought clarification on whether crews would contact the Gateway Team directly.

Responding, Ms Charlton acknowledged that this would prove challenging. She explained that, within the Policy and Procedures, there were two types of referral – safeguarding referrals for those in need of protection and welfare referrals where there was risk of harm but no immediate need of protection. Ms Charlton advised that the former should be processed through the Gateway out-of-hours. She added that the Trust was working with the HSCB to put

arrangements in place that, rather than having to call out-of-hours, an individual within the organisation would navigate the crew to the relevant team. Ms Charlton said that there were currently occasions when referrals had not been accepted and crews, having finished night duty, were called on their personal mobile because there was no other contact number available. She added that it would be important that crews were not contacted after they had finished duty. Ms Charlton said that agreement had been reached that referrals would be submitted electronically and arrangements made for a call-back to crews.

Ms Charlton acknowledged that there were a number of references within the documentation to the Trust's Assurance Committee and undertook to have these amended.

The Safeguarding Education and Training Strategy was **APPROVED** on a proposal from Mr Abraham and seconded by Mr Haslett.

The Safeguarding Policy (Adults, Children & Young People) was **APPROVED** on a proposal from Mr Ashford and seconded by Dr Ruddell.

The NIAS Safeguarding (Interim\*) Procedures and Referral Process was **APPROVED** on a proposal from Dr Ruddell and seconded by Mr Ashford.

11 **NIAS Policy:**  
**- Supporting Staff Involve in Incidents, Complaints, Claims and Coroner's Inquests (TB19/08/2021/08)**

Introducing this agenda item, Ms Charlton explained that the purpose of the policy was to set out the framework for the provision of support and advice to staff prior to, during and after their involvement in Incidents, Complaints, Claims and Inquests. She described it as an 'important and significant' policy in terms of changing the culture around learning. Ms Charlton advised that the policy had been developed as a regional template which Arms Length Bodies had been asked to adopt. She indicated that the policy had been discussed at the Trust's Safety Committee on a

number of occasions around just culture and the associated principles.

Ms Charlton referred to the content of the policy and said it covered a number of areas, namely:

- Clarifying the availability of support for staff and management, in the event of them being involved or leading on a traumatic or stressful incident, complaint, claim or investigation.
- Identifying responsibilities for staff and managers in these circumstances.
- Providing guidance for managers supporting staff in these situations.
- Providing staff with details of how to access the support available regardless of the extent of their involvement.

Ms Charlton referred in particular to paragraph 1.2 of the policy, 'Introduction', and said that the term 'superiors' would be amended. She acknowledged that the Duty of Candour had not been referenced in the policy but said that the policy could be updated as required.

The policy was **APPROVED** on a proposal by Mr Ashford and seconded by Mr Haslett.

## 12 **Annual Progress Report to the Equality Commission (TB19/08/2021/09)**

Ms Lemon explained that, due to Covid-19, the Trust had been unable to undertake a full formal public consultation as had been the practice in previous years. She added that the Trust's inability to fully discharge its role had been referenced within the report and a commitment given that the Trust would undertake a retrospective piece of work around Covid-19 and its equality obligations.

The Chair said that she appreciated the fact that the Annual Progress Report had been brought to Trust Board for consideration given the context of the pandemic.

Members **NOTED** the Annual Progress Report to the Equality Commission.

13 **NIAS Annual Report and Final Accounts for the year ended 31 March 2021 (TB19/08/2021/10)**

At this point in the meeting, the Chair declared an interest as Chief Commissioner for the Charity Commission.

The Chair advised that Trust Board was asked to note these final, audited, certified, approved Annual Accounts and Reports for Public Funds for the year ended 31 March 2021. She pointed out that the Annual Accounts and Reports for Charitable Trust Funds for the year ended 31 March 2021 had not been included within members' papers and would be circulated to members at a later date.

She explained that this was the first presentation of these documents in the public domain and they would now be published on the Trust website.

Mr Nicholson reminded the meeting that the documents had been considered on a number of occasions by the Trust's Audit Committee as well as consideration by the In Committee Trust Board meeting in June.

The Chair conveyed her thanks to the Finance team and the Audit Committee for their significant contributions over the last number of months in relation to the final accounts.

Mr Abraham echoed the Chair's comments and said he would like to pass on his thanks to the Finance staff for their work in collaboration with other stakeholders in the preparation of the final accounts. He stated that the professionalism and quality of the team was reflected in the accounts which had been prepared in difficult circumstances.

Members **NOTED** the NIAS Annual Report and Final Accounts for the year ended 31 March 2021.

14 **NIAS Corporate Plan 2021-22 (TB19/08/2021/11)**

In Ms Paterson's absence, Mr Bloomfield reminded members that the Corporate Plan for 2021-22 had been signed off by Trust Board at its meeting on 24 June 2021. He explained that a more user-friendly public version had been created and would be shared with staff and posted on the Trust website. He added that the public version maintained full alignment with the detailed Corporate Plan.

The Chair welcomed the user-friendly version and suggested this approach might be used for other Trust documents.

15 **Committee Business:**

**- Safety, Quality, Patient Experience and Performance Committee**

- **report & minutes of 10 June 2021**

**- People, Finance & Organisational Development Committee**

- **minutes of 22 April 2021 & report of 8 July 2021**

**- Audit Committee**

- **report & minutes of 24 June 2021**

- **Chair of NIAS Audit Committee Annual Report 2020-21**

**(TB19/08/2021/12)**

The Chair invited Committee Chairs to highlight any salient points from recent Committee meetings.

Mr Abraham referred to the Trust's limited audit opinion and said that he had arranged to meet with the Chief Executive and the Director of Finance on an ongoing basis to review the Trust's progress in addressing outstanding Internal Audit recommendations. He said that he had also asked to meet with the Head of Internal Audit to review progress.

Referring to the Safety Committee meeting of 10 June, Mr Ashford welcomed the change in timescales of notification of a SAI. He explained that, following a meeting with the HSCB and the PHA, it had been agreed that, as the decision to notify an incident occurred when all of the pertinent information had been gathered from the relevant areas and reviewed by the Rapid Review Group (RRG), NIAS would measure the 72 hours from the date of the RRG meeting.

In Mr Dennison's absence, Mr Haslett provided a brief synopsis of the business transacted at the July People Committee and said it was clear from discussions the extent of work being progressed.

The Chair thanked Mr Abraham, Mr Ashford and Mr Haslett for their comments. She advised of her plans to recognise the work undertaken by the Trust over the last three years at the October Trust Board meeting.

The Chair also alluded to the need to consider the schedule of the People Committee to allow an increase of meetings from six to eight.

16 **Date of Next Meeting**

The next Trust Board meeting will take place on Thursday 21 October 2021 at 10am. Arrangements to be confirmed.

17 **Any Other Business**

Mr Carlin expressed his thanks to the Chair for allowing him to join today's meeting which he had found insightful. He said that he looked forward to his year with the Trust as Boardroom Apprentice.

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 1.15PM.**

SIGNED: 

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

DATE: 21 October 2021



**TRUST BOARD – 19 AUGUST 2021**

		<b>INDIVIDUAL ACTIONING</b>	<b>UPDATE</b>
	<b>PUBLIC</b>		
1	<p>Safeguarding:</p> <ul style="list-style-type: none"> <li>• Education &amp; Training Strategy</li> <li>• Policy (Adults, Children &amp; Young People)</li> <li>• NIAS (Interim*) Procedures and Referral Process</li> </ul> <p>Ensure references to Assurance Committee are amended to read Safety Committee</p>	LC	Actioned
2	Board members to be advised if decision is taken to utilise enhanced payment again before the next Trust Board meeting	MB	Director of Operations communique dated 8/9/21 shared with NEDs 20/9/21
3	Advise members of increased call demand – not including duplicate calls	RB	To be discussed at October Trust Board.
4	A report on the unforeseen consequences, both current and long-term, of pausing workstreams to be brought to a future meeting	NR	Ongoing
5	Look at schedule of People Cttee meetings to increase frequency of meetings from 6 to 8	NL/CM	Discussed at PFOD on 30/9/21. Schedule for 2022/23 will reflect increased frequency of meetings.