



**Minutes of NIAS Trust Board held on Thursday 6 May 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 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
Apologies:	Mr J Dennison	Non Executive 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
	Ms A Quirk	Boardroom Apprentice
	Mrs C Mooney	Board Secretary
	Mr M Cochrane	Area Manager (for agenda item 6 only)
	Ms K Keating	Risk Manager (for agenda item 6 only)

1 Welcome, Introduction & Apologies

The Chair noted that Mr Dennison had offered his apologies for today's meeting and reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

2 **Previous Minutes (TB06/05/2021/01)**

The minutes of the previous meeting held on 4 March 2021 were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Ashford.

3 **Matters Arising (TB05/05/2021/02)**

The Chair drew members' attention to the action list from the March Trust Board meeting.

She advised that she would be contacting Non-Executive Director (NED) colleagues with a view to discussing a number of NED Champion roles and undertook to provide an update at the June meeting.

Ms Paterson confirmed that she was taking forward work in relation to the development of a NIAS Policy Schedule.

4 **Chair's Update**

The Chair thanked those involved in producing the Trust's Final Accounts and Annual Report and conveyed her particular thanks to Mr Haslett who had written the Non-Executive Director report. She said that the Non-Executive Report was very personal and reflected well the work undertaken over the past year. The Chair added that it was her intention to ask each Non-Executive Director to write the report.

The Chair referred to the Financial Management Workshop which had been held on 20 April and she thanked Mr Nicholson for his contribution in developing the workshop programme at a busy time of year for the Finance Directorate. She reminded Non-Executive Director colleagues that Mr Nicholson would be keen to know as soon as possible what they would like to see included within finance reports so the necessary arrangements could be made in advance of the June Board meeting. She added that she had asked Mrs Mooney to capture any suggestions made by members at today's meeting.

Continuing, the Chair said that Mrs Mooney would be in touch with members regarding a date for the Assurance/Risk Management workshop.

She welcomed the fact that a significant proportion of the Trust's work had returned to normal working and said she looked forward to exploring the possibility of holding face-to-face meetings when permitted.

The Chair referred to the Ambulance Leaders' Forum (ALF) virtual conference being held on 18 May 2021 and asked members to contact Mrs Mooney should they wish to attend.

She explained that the Association of Ambulance Chief Executives (AACE) usually took the opportunity at the ALF conference to present a range of national awards. However the Chair said that this year she was delighted to join the Chief Executive last week in presenting Ms Gillian Furniss, Station Officer in Omagh, with the national award for 'Exceptional Paramedic Manager'. The Chair said that Ms Furniss had only been appointed as Station Officer last year and had made an outstanding contribution since her appointment. The Chair welcomed the increase in the number of females who had been recognised on a national basis and congratulated Ms Furniss on behalf of the Trust Board.

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

5 **Chief Executive's Update**

Commencing his update, Mr Bloomfield referred to the improving position in relation to Covid-19 and said that the impact of the vaccination programme was now being evidenced with the health and social care system under less pressure than it had been. He added that fewer staff had been unavailable for work due to Covid-19 related reasons and said that operational cover had been as good as it had been for some time.

Mr Bloomfield explained that the increased operational cover had allowed the Trust to focus on returning to normal business following a year of managing daily operations during the pandemic. He said that he continued to participate in weekly meetings with the DoH and Trusts as well as attending meetings of the Rebuilding Management Board which had guided the service through the last year while also considering the rebuilding and transformation agendas.

Mr Bloomfield reminded members that he had mentioned at the March Board meeting that Directors would be commencing a programme of visits to all stations and offices. He said that he had been pleased to recently visit Altnagelvin station and the Non-Emergency Ambulance Centre (NEAC) where he had met with staff who had raised a range of issues with him.

Mr Bloomfield said that the virtual staff engagement sessions continued and added that the focus now was on having specific themes for discussion at these sessions, including around organisational culture and the development of that work by Ms Lemon. He indicated that one recent session had focussed on how the Trust communicated with staff and said it had been positively received.

Continuing, Mr Bloomfield reported that, since the March Board meeting, he and Ms Byrne had met with Newry, Mourne and Down District Council on 22 March to update them on how the Trust managed services through the pandemic and the efforts being made to improve response times in that area. Mr Bloomfield said that he and Ms Byrne had also held a positive meeting with representatives of Mid Ulster Council on 23 April when they had offered the Trust their support in a number of areas including encouraging Council residents in rural areas to make their home addresses more prominent.

Mr Bloomfield advised that the Trust had continued to welcome new staff and said he had met with over 50 staff in the third cohort of paramedic students on 22 March as well as meeting with eight qualified paramedics on 19 April who joined the Trust from across the UK and also as far as Australia and New Zealand.

Mr Bloomfield reported that an event was held at the end of April to mark the successful graduation of the second cohort of paramedics when the Chair and he had presented awards to the top two students. He reminded the meeting that the second cohort of paramedics had experienced disruptions in their training which had been severely impacted by the pandemic and said that arrangements would be made to mark the event in a more meaningful way when Covid-19 restrictions permit.

Mr Bloomfield referred to the award presentation to Ms Furniss and explained that it was even more pleasing as nominations for the

award had been put forward by colleagues. He said that Ms Furniss represented the behaviours and qualities the organisation was trying to encourage and had also been recognised for the support she had provided to staff within Omagh over the past year by attending calls with them and ensuring they were supported in their development.

Mr Bloomfield reported that he, and a number of other Directors, had met with representatives from the Department of Health (DoH) and the Health and Social Care Board (HSCB) to discuss the outcome of the financial position for this year and in particular funding for paramedic education to enable the foundation degree and associated backfill programme to continue. Mr Bloomfield reminded the meeting that the Trust had received £5 million from transformation funds in each of the previous two years and would continue to need that level of funding to maintain its training programme. He pointed out that the Trust had been advised that there was no specific funding currently available for training and that the Trust had been asked to develop a proposal for June monitoring. The Trust had also been advised that only £2.5 million would be available on a non-recurrent basis to support the CRM programme.

He drew the Board's attention to correspondence which had been provided to members and which he had sent to the HSCB describing the impact this would have on the supply of paramedics until paramedics graduated from the BSc course in June 2024. Mr Bloomfield said that, in his correspondence, he had explained that the Trust intended to continue the third cohort of Foundation Degree and make permanent appointments thereby creating a recurrent commitment in the next financial year and beyond. He indicated that DoH and HSCB colleagues were supportive of the Trust and recognised the need for funding.

Mr Bloomfield advised that he had also copied his letter to the Permanent Secretary and to Ms Gallagher, HSCB to highlight the risks associated with the current funding position.

Mr Bloomfield indicated that subsequent discussions with Ms Gallagher had been positive and there was a recognition of the need to fund the training. He said that to cease the training would be unthinkable and, on the basis of the discussions with HSCB colleagues, he was content that the training should continue in the

knowledge that to do so would be at financial risk. Mr Bloomfield said that the position would be closely monitored and he undertook to keep members apprised.

The Chair thanked the Chief Executive for his update which was **NOTED** by members.

6 Violence Prevention & Reduction Strategy (TB06/05/2021/03)

The Chair welcomed Mr Mark Cochrane, Area Manager, and Ms Katrina Keating, Risk Manager, to the meeting.

Members received a detailed presentation from Mr Cochrane and Ms Keating in relation to the Violence Prevention & Reduction Strategy. A video portraying violence against staff was also shared with members.

Mr Cochrane advised the meeting that 601 assaults against staff had been recorded in the year 2020-21, with 207 of these being physical assaults. He indicated that this figure had increased compared to the previous year and was the highest for some time. Mr Cochrane said that it was important to see this figure in the context of reduced call activity in that year and work was ongoing to explore this further. He pointed out that the average number of assaults on NIAS staff per week had increased from nine in 2019-20 to 11.5 in 2020-21.

Continuing, Mr Cochrane referred to legislation introduced in 2016 around assaults on emergency workers. He explained that the existence of this particular piece of legislation had not been widely known and had been discovered during the work of the group. He explained that, under this legislation, sanctions would be the same as for common assault. However the actual offence of assaulting an ambulance worker would carry more gravity within the court setting with sentences being more significant. Mr Cochrane said that work was ongoing to promote that legislation amongst NIAS staff with a view to encouraging staff to use it when it came to prosecution.

Ms Keating advised that the Strategy had been in development for the last 12-18 month period and had largely been based on the NHS England Violence Prevention and Reduction Strategy as well

as the Welsh Strategy. She added that more practical elements such as logos and straplines had already been progressed.

In terms of raising awareness, Ms Keating shared a short video with members and explained that actors had been used so as not to retraumatise any staff. She added that the video would form part of the media campaign moving forward. She thanked Mr McPoland for his contribution in working with the media to encourage awareness.

Ms Keating advised the meeting that Mr Cochrane had been interviewed in relation to violence and aggression against NIAS staff and three members of staff were willing to speak about their own experiences. However Ms Keating emphasised the importance of ensuring staff were not retraumatised when doing so and said it was very powerful to listen to staff personal experiences.

Continuing, Ms Keating updated the meeting in relation to the project being progressed in parallel with other national ambulance services in relation to body-worn cameras and armour.

She believed that it would be important for the Trust to better respond to incidents and said that the Strategy would assist in this. Ms Keating also noted that there was a need to ensure line managers were clear on what was required in cases of staff assault.

The meeting noted that it was intended to launch the Strategy in early June with a media campaign and Ms Keating sought members' assistance in publicising the campaign through social media.

The Chair thanked Mr Cochrane and Ms Keating for their presentation and said she had found the video very effective. She referred to the fact that Mr Cochrane and Ms Keating had sought Trust Board support and commitment to the Strategy. The Chair emphasised that there would be unequivocal support and also commitment from Trust Board. She acknowledged that consideration should be given as to the Committee reporting arrangements.

Continuing, the Chair said that she had been encouraged to see that a number of actions had already been concluded, some were underway and others in the planning stage. She indicated that she

looked forward to seeing the outworkings of these actions in terms of a positive impact on reducing the number of assaults on staff.

The Chair alluded to whether the correct action was being taken when such incidents occur and said that, from a legal background, she had been interested in the Justice (NI) Act 2016. She acknowledged that, while the maximum penalties may be similar, it was important for courts to be aware of the legislation effecting those working to help others.

The Chair referred to the fact that she would be approaching NED colleagues around a number of champion areas and noted that this area of work had been included within health and safety.

Mr Abraham welcomed the Strategy and said that he had had personal experience of workplace violence. He emphasised the importance of staff safety and assured Mr Cochrane and Ms Keating that they had the support of the Board and Non-Executive Director colleagues in this work.

Mr Ashford asked whether the Trust had been successful in bringing prosecutions. He said that he very much supported the use of body-worn cameras and asked if there was a view that the incidence of assaults on staff might have been reduced or mitigated through the wearing of body armour and body-worn cameras. He suggested that body-worn cameras might also be useful in other areas such as overseeing clinical activity.

Mr Ashford indicated that he was keen on 'near miss' reporting and asked if such reporting existed in relation to assaults on staff. Concluding his comments, he welcomed the Strategy which he said was well written.

Ms Byrne also welcomed the Strategy. She noted that, as Director of Operations, she received notifications of any verbal or physical assaults on staff and to allow her to contact individuals directly. She said that she was aware that such contact was appreciated by staff and she recognised the importance of peer support in such circumstances.

Mr Haslett was of the view that the types of assaults referred to in the Strategy made for difficult reading and said that details of the abuse on staff were appalling. He stressed the importance of

raising public awareness of the issue, both in relation to the number of assaults on staff but also the types of assault. He reminded NED colleagues that Mr Cardwell, former NED, had shown a particular interest in this area. Mr Haslett referred to the planned media launch in early June and suggested that, where possible, all social media outlets should be used to promote the message of zero tolerance against staff.

Ms Lemon commented that the content of the Strategy was powerful and said that the video was moving. She was of the view that the way in which these issues were managed, ie phoning staff who had been assaulted and the provision of peer support, were already part of the cultural change taking place within the organisation. Ms Lemon commended Mr Cochrane and Ms Keating on their work to date and said their passion and drive in progressing this work was clearly evident. She indicated that the work was being taken forward in partnership with Trade Unions who were fully on board and have been fully involved in this work.

Referring to the points made by Mr Ashford in relation to body armour, Ms Keating said that the Trust was running a pilot in its use. She explained that assaults on staff were recorded on Datix. She indicated that there was considerable data in relation to instances of staff being kicked and punched and questioned whether such data could be considered as 'near miss' reporting. She said that the Trust encouraged staff to report as many incidents as possible.

Ms Keating indicated her agreement with Mr Ashford's comments in relation to body-worn cameras and cited a reduction of 30% in PSNI complaints towards staff through its introduction. She pointed out that careful consideration was required around privacy and the reasons for which such equipment was being used but said that this was being worked through.

In terms of numbers of prosecutions, Mr Cochrane advised that it had been difficult to confirm figures as prosecutions had to be progressed by individual members of staff rather than by the Trust.

He suggested that this was something that could be encouraged through canvassing public representatives. Mr Cochrane also suggested that the Management of Aggression Working Group was of the view that alternatives to prosecution should be further explored and said that feedback from staff was that many of them

were reluctant to prosecute for a number of reasons. He said that the service was working with the PSNI on restorative justice which might prove to be more effective in prevention. Mr Cochrane welcomed Mr Haslett's belief that the media campaign was key. He said he would very much welcome members' support of the campaign through social media.

Referring to the video, Mr Cochrane pointed out that it conveyed the reality that assaults on staff did not just effect those on the frontline but other staff, in particular those in the Control Room.

The Chair asked Mr Cochrane and Ms Keating to give some consideration as to what other support the Board could provide moving forward. She asked those members on social media to support the campaign when launched and to use their contacts to publicise it more widely. The Chair indicated her wish to do whatever was necessary to support the Strategy.

Ms Charlton said that she would like to recognise the leadership from Mr Cochrane and Ms Keating. She commended the Quality Improvement methodology used, particularly in the context of the pandemic, and said that what had been achieved during the last year had been incredible.

Mr Bloomfield advised that Mr McPoland was working with Mr Cochrane and Ms Keating on the media campaign and welcomed Mr Haslett's offer of support.

The Violence Prevention & Reduction Strategy was **APPROVED** on a proposal from Mr Abraham and seconded by Mr Ashford and Mr Haslett.

The Chair confirmed that there had been a sound endorsement of the Strategy from the Board said that she and members looked forward to receiving updates on the Strategy's implementation and impact. She encouraged Mr Cochrane and Ms Keating to consider how the Board could assist further.

The Chair thanked Mr Cochrane and Ms Keating for their attendance and they withdrew from the meeting.

7 **Programme Plan for the delivery of the Education Programme within the Medical Directorate (TB06/05/2021/04)**

At the Chair's invitation, Dr Ruddell said it was timely to reflect on how far ambulance services had come over the years. He explained that paramedics had only been recognised as professional cadre since 1985 and had moved from a role of providing transport to operating as professional staff forming an integral part of the health and social care system, assessing, managing patients in a holistic way and determining the most appropriate care. He added that this was not always through an Emergency Department but increasingly involved referral to specific services.

Dr Ruddell explained that early ambulance training had been based on clearly defined protocols in order to respond to a range of specific clinical conditions which were very often considered in isolation. He said that the new approach to training was to provide staff at all levels with the opportunity to provide the most appropriate response to all patients based on a firm foundation of a uniformly high standard of modern immediate medical treatment coupled with compassionate and considered care in all situations.

Continuing, Dr Ruddell said that to do so would require careful attention to developing a supportive culture across the organisation. He referred in particular to the manner in which the Trust's newest recruits were educated and supported and believed that this would set the future tone for all staff and patient interactions, recognising that the compassion shown to those being cared for was as important as maintaining a high standard of clinical skills.

Dr Ruddell referred to the programme plan, in particular the Foreword which, he explained, reflected the ethos and the wider drivers for transformation including the formal recognition of paramedics as Allied Health Professionals and the move from a traditional vocational training scheme to the introduction of the BSc in Paramedic Science delivered by the Ulster University. Dr Ruddell said that such a move would require the complete revision of how the Trust supported paramedics in training and during their early years of autonomous practice with a structure which promoted a safe environment for learning and a just culture throughout the organisation.

Continuing, Dr Ruddell indicated that of equal importance was the protection of dedicated time and space for the provision of regular clinical updates for frontline staff at all levels in order to provide assurance around the standard of care provided by the Trust. He acknowledged that operational and financial challenges in maintaining this would require novel approaches, with enhanced use of digital technologies in order to make education more accessible at times and in formats that encourage staff engagement.

Dr Ruddell pointed out that NIAS had seen significant clinical development across all tiers in recent years aimed at improving patient assessment and safety and the Trust would continue to build on this to raise the standard of patient care while making all staff feel valued and assured of their role in contributing to this aim.

The Chair thanked Dr Ruddell for his summation. She believed it was an exciting time for the Trust and was of the view that the development of training would underpin the work already taking place through the foundation degree moving into the BSc in Paramedic Science. She welcomed the work around the development of care pathways for staff. The Chair suggested that the Safety Committee would be the appropriate forum to monitor progress being made and sought clarification around this.

In response, Dr Ruddell agreed with the Chair's suggestion and said that regular updates could be provided to the Safety Committee and onwards to Trust Board. He indicated that there would be a need to examine the current structures within the education/training team and highlighted the potential need for resources to support the team in the interim. Dr Ruddell reminded members that he had previously highlighted the inability to comprehensively monitor clinical performance to feedback to staff at Trust Board meetings.

Ms Paterson referred to fact that the Education Review would be the first programme to report under the auspices of the Strategic Implementation Group. She advised that it was her intention to report on the risks associated with the delivery of outputs to the relevant Committee or oversight group.

The Chair sought further detail on the timeframe for this work to be completed. She acknowledged that there would be a need to liaise with the University of Ulster in terms of their expectations around

the provision of placements as well as the provision of support for new paramedics coming into the service. She suggested it would be helpful for Trust Board to apply a degree of scrutiny to the review and to be made aware of any challenges experienced.

Mr Bloomfield endorsed Dr Ruddell's comments in relation to the drivers for the review as to the rationale for carrying out the review as well as, amongst others, examining course content; ensuring the appropriate number of post proficiency courses were provided; looking at the impact of the introduction of the degree course.

Continuing, Mr Bloomfield acknowledged that, as well as these drivers, equally important was the experience of students who entered the training programme whether it was for a two-day or 12-month course. He believed that the experience of the student would impact on how they conducted themselves for the rest of their career. He pointed out that it would also be important to take on board the views of staff who have received such interventions. Mr Bloomfield said that it would be important to move to a position where experienced paramedics were supported in maintaining their professional practice.

Mr Ashford said that the education review was a complex programme with a direct correlation to cultural issues. He believed that it was not possible to conduct the education review without having an impact on the organisational culture. He asked whether consideration had been given to ensuring Trade Union representation and sought clarification around the assurance to be provided by the Associate Consultant from the HSC Leadership Centre.

Referring to the programme deliverables, Mr Ashford suggested that, when these were considered by the Trust Committee, it would be helpful to refine these and include some measurable outputs. He welcomed the review. Mr Ashford referred to the earlier discussion around body-worn cameras and the potential for these to assist with overseeing clinical activity and suggested that there were linkages between that and using such technology as a tool to review clinical performance.

Dr Ruddell thanked Ms Paterson for her input in terms of project management support and was of the view that this level of organisation and oversight would be key.

Referring to representation on the project board, Dr Ruddell advised that the membership had scope for student training representation in terms of students who had recently completed or were undergoing training. He explained that the process had commenced by seeking the views through a survey of those students who had completed training. Dr Ruddell indicated that the results of the survey had been anonymised and students had been encouraged to offer their views freely. He said that he had been encouraged by the results to date.

Dr Ruddell said that issues identified by students such as the way in which the Trust delivered training; the training facilities and resources of the training school would be some of the issues examined by the review.

Dr Ruddell explained that Mrs Margaret Sowney's background with the University of Ulster was primarily in education and student management and he believed her experience with the University programme was vital to taking forward the review. Dr Ruddell believed that students recognised the value of close and effective support. Referring to the deliverables, Dr Ruddell commented that there would be further detail as the review progressed.

Ms Paterson explained that she would support the review moving forward to ensure it was line with delivering strategic outcomes and she welcomed the independent scrutiny to support the review's direction of travel. She advised that the review's terms of reference, as well as the representation on the group, were currently being finalised. Ms Paterson said that it would be important to identify a baseline to ensure a clear understanding of the targets and outcomes which would be used to confirm the review was delivering the desired outcome and its impact on the organisation. She referred to the intention to hold a benefits workshop once the baseline had been confirmed to ensure that the review would have impact and effect change.

Mr Haslett commented on the costs involved and referred in particular to earlier briefings from the Chief Executive in which he had advised that the Trust would not receive any additional financial support from the DoH for paramedic training.

In response, Mr Bloomfield explained that the costs submitted to the DoH by the Trust related to the delivery of training programmes planned by the Trust in the current year and said the Trust was confident that these costs would be met. He indicated that the costs around the review were separate.

Ms Byrne commented that the newly qualified paramedics she and Mr Bloomfield had recently met were keen to be involved in the review.

Dr Ruddell explained that, as increased training and clinical support were viewed as being an integral part of the operational frontline, there was scope in using some CRM funding to progress the review.

Continuing, Dr Ruddell advised that a review of the clinical education team structure was already underway and added that the intention to deliver training content digitally would assist significantly in reducing travel time for example. He pointed out that the training team could only deliver the quantity and quality of education for which it was resourced and said the team was continually exploring innovative ways to provide this.

Mr Nicholson offered the continued support of the Finance Directorate in progressing the review. He commended the Trust's infrastructure around training and clinical training which had benefitted from significant additional resources over the last number of years. He reassured members that funding had not impacted on the delivery of post proficiency training but rather it was the ability of the Trust to release staff to undertake training.

The Chair referred to the fact that the Trust had been able to use the funding associated with the non-delivery of post proficiency training towards its overall cash efficiency target and suggested that further discussion on this would be appropriate for Committee level. She alluded in particular to the overall financial support for developing the education structure within the Trust and welcomed the fact that finance was not a barrier to this.

Thanking Dr Ruddell for his update, the Chair said that she looked forward to receiving updates from the Strategic Implementation Group to the Safety Committee on the progress of the review with periodic updates provided to Trust Board.

The Trust Board **NOTED** the updated provided by Dr Ruddell in relation to the Programme Plan for the delivery of the Education Programme within the Medical Directorate.

8 **Finance Report (Month 12) (TB06/05/2021/05)**

Mr Nicholson pointed out that the Trust Board financial position was at the end of March 2021 or month 12 representing the complete 2020-21 financial year.

He indicated that all the figures within the report were subject to the completion of the Final Accounts, review by External Audit, consideration by Audit Committee, approval by Trust Board and certification by the Northern Ireland Audit Office. He further explained that this was the start of a process as the Trust prepared for the submission of the draft Annual Report and Accounts by 7 May 2021.

Mr Nicholson said that, however, subject to all documentation being delivered on time and to plan, he was today reporting draft, unaudited figures that showed across all of the financial duties placed upon the Trust the most successful year for many years. He reported that the draft surplus of £14,000 represented the achievement of the requirement placed upon the Trust to breakeven. He indicated that, within this position, the Trust had received significant additional income during the year and this would be covered in detail later in the report. Mr Nicholson pointed out that some of the expenditure could not be concluded by 31 March and he cited the example of the staff recognition payment recently announced by the Minister. He explained that, in such instances, estimates had been agreed regionally and income matched by corresponding expenditure had been included in these figures and would be reflected in the accounts.

Continuing, Mr Nicholson explained that the financial position included in the report had been drawn from the detailed Trust Monitoring Returns that were submitted each month to HSCB/DoH. He advised that these would normally have included staff costs and other expenditure would have been non-pay costs. He added that the increased strictly ringfenced funds were now classified as other expenditure, therefore the £51,000,000 in March and the figures throughout the year on other expenditure included non-pay

expenditure and also the expenditure on ring-fenced schemes such as Training and Covid-19 costs. He indicated that the presentation of these reports would develop over the coming year.

Referring to page 78 of the papers, Mr Nicholson reported that expenditure on VAS/PAS for the year was £10.1 million. He drew members' attention to the graph and said that, while the levels of expenditure in this were variable, they followed the trend of the pandemic surges and the periods of peak pressure over the year. Mr Nicholson referred to discussion at the March Trust Board meeting when it had been asked whether the costs of VAS/PAS could be subsumed into the overall Covid-19 costs. He explained that, although it could, in the current year the Trust had estimated the costs of Covid-19 as a combination of VAS/PAS and also NIAS resources. He commented that it had proved challenging for the Trust to identify the specific costs of Covid-19 in many areas due to the fact that, unlike other Trusts, NIAS did not have specific Covid-19 schemes such as a Nightingale Ward or a vaccination centre.

However, he said that what had been clear was that the funds provided to cover Covid-19 were specifically ringfenced, not just for Covid-19, but for each element within the Covid-19 response, meaning that, for example, resources provided for workforce could not be used for service delivery.

Mr Nicholson indicated that there was a detailed report on Covid-19 expenditure of £16.8 million and he pointed out that this expenditure had been matched by income from DoH/HSCB. He noted that some further changes were expected to this position as the accounts were finalised. He added that, while these figures were subject to audit, there was a small underspend of £4,000 against a capital programme approaching £4.7 million.

Mr Nicholson reported that the Trust had achieved the targets in respect of prompt pay performance for the first time in many years. He again reminded the meeting that, while the position he had reported was subject to audit, he was nevertheless reporting the achievement of the three financial duties during what had been the most exceptional of years.

Mr Nicholson acknowledged that further work would be required with many areas requiring a focus. However he believed that this should not detract from the Trust's overall financial performance and

the achievements and the efforts of staff across all functions throughout the year.

He indicated that he would be happy to take any questions on the 2020-21 year before providing members with a look-forward to the 2021-22 year.

On behalf of the Trust Board, the Chair said that she very much acknowledged and recognised the significant pressures placed on the Finance Directorate since March 2020 in terms of managing expenditure when costs had increased exponentially. She also said that it would be remiss of her not to make reference to the fact that, during that time, there was uncertainty around whether expenditure relating to Covid-19 would be covered by the DoH and believed it was easy to forget this uncertainty. She congratulated Mr Nicholson and the Finance Directorate for their success in achieving a breakeven position for the Trust.

Mr Haslett said that he would like to echo the Chair's comments. He sought clarification around references within the report to expenditure of £6.5 million relating to service delivery and expenditure of £10.1 million for VAS/PAS services. He commented that the Trust's RRL for the 2021-22 year was £87 million while figures would show that the Trust spent £115 million in the 2020-21 year. Mr Haslett noted that, when one removed the Covid-19 expenditure, there might be insufficient resources to cover the VAS/PAS spend in the current financial year.

In response, Mr Nicholson explained that the Trust had received £6.5 million of Covid-19 funding to cover £10.1 million expenditure. He reminded members of the strict ringfencing of funds and said that it had been necessary to take this into account at the time. Mr Nicholson acknowledged that such expenditure would not be at previous levels seen by the Trust in the 2020-21 and pointed out that the Trust continued to incur Covid-19 expenditure at a level of approximately £1 million per month. He further acknowledged that a significant proportion of the variation between the Trust's expenditure of £115 million in 2020-21 and its opening RRL of £87 million in 2021-22 related to Covid-19 and training. However he said that this would form part of the ongoing discussions with the HSCB.

Mr Bloomfield acknowledged that an element of this related to the £5 million which the Trust had previously received on a non-recurrent basis over the last two years in addition to its RRL. He pointed out that, as advised earlier in the meeting, the Trust continued to spend these resources in relation to training.

Mr Abraham congratulated the Finance Directorate on achieving the prompt payment target which he described as being elusive over the last number of years. He welcomed the opportunity for members to comment on what they would like to see included within future reports.

The Chair welcomed the reduction in VAS/PAS expenditure and referred to the fact that expenditure had followed the course of the pandemic. She alluded to Mr Haslett's comments and expressed her concern that, while the Trust had received funding of £6.5 million to contribute towards expenditure of £10.1 million on VAS/PAS, the remaining difference had to be identified from existing funds. The Chair alluded to the trajectory spend on VAS/PAS and indicated that this might be in the region of £500,000 per month at a time when there was not the same Covid-19 pressures, resulting in an annual expenditure of approximately £6 million. She indicated that Trust Board would monitor VAS/PAS expenditure closely over the coming months and welcomed the intention to reduce VAS/PAS expenditure whilst ensuring it was appropriate, affordable and was delivering the service the Trust was seeking to provide.

Mr Nicholson indicated that he had shared suggested expenditure of £6 million on VAS/PAS with the HSCB. He referred to the linkages between VAS/PAS usage and operational pressures and said that the graph within the finance report reflects the severity at the time. He said that he had previously recorded at Trust Board his thanks to the voluntary and private ambulance providers for their contribution during the pandemic. Mr Nicholson also undertook to pass on the Board's congratulations on achieving breakeven and the prompt payment target.

Continuing his report and referring to looking forward, Mr Nicholson advised that the Trust continued to engage with the HSCB/DoH over the financial position for 2021-22 including requests for funds under monitoring rounds both for revenue and capital resources where appropriate. He acknowledged that an element of this

process had been referred to by the Chief Executive earlier in the meeting and he said that this had particular implications for the Trust in terms of Training and CRM and also Fleet Replacement.

Mr Nicholson highlighted a number of key dates to the meeting including the submission of the Draft, Unaudited, Uncertified Accounts to the NIAO on 7 May and to Audit Committee on 13 May. He said that, following consideration, the Audit Committee would meet again on 24 June to consider the Draft, Audited, Uncertified Accounts with a view to consideration at Trust Board on same day. Mr Nicholson reminded the meeting that, at this stage, the Accounts would become Approved, Audited Uncertified Accounts and would be signed and dated by Chair and Chief Executive. Mr Nicholson advised that, at the end of June/beginning of July, the NIAO would certify accounts with a view to laying them before the NI Assembly. He indicated that it was at this point that the Trust would be required to identify any issues which may have arisen since the Trust Board approval.

The Chair thanked Mr Nicholson for his report covering the 12-month period which was **NOTED** by members.

9 **Performance Report (TB06/05/2021/06)**

At the Chair's request, Ms Paterson introduced the Covid-19 Highlight and Performance Report which concluded the 2020-21 year and said that the Trust Board would receive the new format of reporting at future meetings. She indicated that it would be important for information to be captured which would support assurance around existing performance indicators whilst, at the same time, including those quality indicators which would come into operation as they became available to the Trust.

Following Ms Byrne's detailed presentation of the report, the Chair invited questions and comments from those present.

Ms Charlton reminded the meeting of the regional SAI in relation to FIT Testing and the fact that its investigation had been paused due to Covid-19 context and travel restrictions. She indicated that the investigation had now recommenced and NIAS staff would engage with the investigation at the end of May. She undertook to keep members apprised.

With reference to staff testing, Ms Charlton commented that the community prevalence of Covid-19 in the Derry City and Strabane District Council areas was concerning and said that, while she welcomed the vaccination programme in the Republic of Ireland, the position would be monitored.

The Chair said that the Trust Board would be keen to be updated should the position change.

Mr Haslett referred to pages 101/102 of the papers which focussed on the emergency call response and conveyance rate and commented that it appeared there had been a reduction in the number of calls to EAC. He suggested that these figures provided insight into the general public's social habits and their reluctance to call 999 during the pandemic.

Agreeing with Mr Haslett's comments, Ms Byrne also emphasised the importance of the Clinical Support Desk (CSD) in sifting calls and using alternative patient pathways to avoid despatching an emergency response when appropriate, thereby avoiding conveying patients unnecessarily to Emergency Departments and improving their experience.

The Chair sought an update on the work around alternative care pathways relating to CSD.

Ms Byrne acknowledged there was a need to revisit this work to better understand the uptake for alternative care pathways and whether the Trust was maximising this potential. She undertook to look at bringing an update to the Safety Committee.

Dr Ruddell explained that the Trust relied very heavily on other Trusts providing direct access to services, for example mental health crisis response and acknowledged that, while NIAS had direct access to mental health crisis services in a number of Trusts, it would be important to encourage all Trusts to provide similar access. He commented that it was unfortunate that during the Covid-19 pandemic, a number of alternative care pathways, in particular direct admission medical units, had been paused. Dr Ruddell said that NIAS continued to explore new ways to make referrals to avoid unnecessary conveyance to Emergency Departments and ensure patients received the right service at the right time.

The Chair said it would be helpful for Trust Board to receive a briefing on the alternative care pathways available and the barriers to their increase so as to allow the Board to monitor the position.

Ms Paterson pointed out that there were also patients who should have contacted 999 but did not.

The Chair requested that future performance reports would contain data showing outlying calls waiting over two minutes as well as calls waiting more than five minutes. Ms Byrne agreed to action this.

Following this discussion, the Trust Board **NOTED** the Covid-19 Highlight and Performance Report for the year-end.

10 **DoH correspondence re NIAS Clinical Response Model: Strategic Outline Case (TB06/05/2021/07)**

Mr McNeill drew members' attention to the DoH correspondence dated 24 April 2021 approving the Trust's Strategic Outline Case and advising that the Trust could now proceed to the Outline Business Case (OBC) stage subject to having established the likely affordability position with regards to both revenue and capital.

Mr McNeill advised that he would be meeting with DoH colleagues in the coming weeks to discuss further and added that work had commenced and would continue to progress the OBC.

The Chair said that the Board would continue to monitor the situation. She expressed frustration in relation to the slow progress being made and said the Trust would not be in a position to progress any transformation without the necessary financial support. She pointed out that the Trust was dependent on such support to complete the transformation process in a timely manner. The Chair asked that the minutes record the Board's frustration at the continued delays in the approval process.

Mr Bloomfield said that he took some encouragement from the correspondence and indicated that the clinical response model was key to the overall transformation of health and social care. He referred in particular to the request within the correspondence for the Trust '...to engage with relevant Directorates within the DoH to establish the likely affordability position...' and said that the

Permanent Secretary had written to the Trust in August 2019 giving approval to the clinical response model.

Mr Nicholson said that, while he welcomed reaching this stage, he would highlight the risk of any further delays potentially resulting in increased costs as well as any demand/capacity work becoming outdated.

The Chair commented that the Trust Board also shared these concerns.

The Board **NOTED** the DoH correspondence.

11 **NIAS Rebuilding Services Plan: April-June 2021**
(TB06/05/2021/08)

The Chair reminded colleagues that the Trust Board had noted previous Rebuilding Plans and pointed out that this Plan covered the period April – June 2021.

At the Chair's invitation, Ms Paterson highlighted the salient points of the Plan, advising that all Trust Plans had been developed in conjunction with the DoH and other Trusts. She explained that the process of rebuild for all Trusts, including NIAS, would be guided by a number of principles which were detailed within the Plan.

Ms Paterson indicated that the Trust had one key service, Patient Care Services (PCS), which had not yet returned to normal operations as PCS staff continued to be re-deployed to support Emergency Ambulance Services. She said that the Trust's Gold Commander had assessed the likelihood of returning staff to their PCS core roles but that this was not yet possible with the current level of abstractions. Ms Paterson added that the position was monitored on a weekly basis.

Ms Byrne pointed out that the PCS support to A&E had allowed crews to respond to higher acuity calls. She explained that a number of core services, such as transport for renal dialysis and red flag cancer patients, had been prioritised. Ms Byrne indicated that the Trust was receiving an increasing number of queries in relation to individual patients who would have normally been transported for outpatient appointments using PCS and said that, while each case

was being assessed on an individual basis, there was currently no capacity to support every request.

Members **NOTED** the Rebuilding Plan for April – June 2021.

12 **Health, Safety and Fire Safety Annual Report 2020-21**
(TB06/05/2021/09)

Ms Paterson explained that the purpose of the Report was to provide a summary of the improvements in health, safety and fire safety management arrangements, activities, compliance and performance for the year 1 April 2020 to 31 March 2021 as well as highlighting current key priorities for the Risk Management Team going forward.

She said that the report also provided assurance to the Board that there were adequate policies, systems and procedures in place for the management of health and safety and fire safety across the organisation. Ms Paterson explained that the fire elements of this report were intended to provide assurance in relation to the Trust's statutory responsibilities with regards to compliance with the Management of Health and Safety at Work (NI) Regulations 2000 and the Fire Safety Regulations (NI) 2010 and HSC Security requirements.

Ms Paterson highlighted a number of salient points within the report covering safety legislation, governance and assurance; supporting the organisation; incident reporting and management; policies and procedures and training. She also pointed out that the Trust had not received any regulatory or improvement notices during this period.

Ms Paterson advised that, during the year, Ms Charlton, Dr Ruddell and Ms Lemon had worked closely with the team to develop a number of policies and procedures which the team had excelled in delivering and she added that this work continued. She indicated that consideration was also being given to the governance arrangements around health and safety as well as quality and professional standards and where these would fit within the overall structure.

Mr Ashford welcomed the positive assessment from the NIFRS and commented that the requirements for reporting under RIDDOR

appeared to be quite onerous. Mr Ashford noted that there was no reference within the report to 'near miss' reporting and encouraged its inclusion.

Ms Charlton commented that some of the incident data would include 'near miss' incidents as staff were encouraged to report potential risks. She acknowledged that further work was required in this area in order to ensure there was learning from near misses in a more robust way.

The Chair agreed with the point made by Mr Ashford and reminded the meeting that this issue was examined some years previously. She welcomed the comprehensive and helpful report.

Mr Ashford commented that he had found it strange to have information around assaults on staff included within the report but acknowledged that the focus of the report was very much on health and safety.

Following this discussion, the Board **NOTED** the Health, Safety and Fire Safety Annual Report 2020-21.

13 **Application of the Trust Board Seal**

At the Chair's request, Mr Nicholson advised Trust Board that the Trust Seal had been applied on 29 April 2021 in respect of the lease renewal for Bridge End Ambulance Station which would now run to 2025.

Members **NOTED** this update.

14 **NIAS Policies:** **- RIDDOR** **- Skin Care (TB06/05/2021/11)**

Dr Ruddell explained that both the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and the Skin Care Policies had been updated to bring the Trust into line with

services across the UK. He advised that the RIDDOR legislation in Northern Ireland differed slightly to the rest of the UK in that there was a different approach to the reporting of cases when staff suffered exposure at work.

Dr Ruddell explained that skin care had become a particular issue as a result of staff wearing PPE for long periods of time and he welcomed the development of the policy.

The Board **NOTED** the RIDDOR and Skin Care Policies.

15 **Sponsorship, Governance and Commissioning (TB06/05/2021/12)**

Mr Bloomfield reminded the meeting that the sponsorship, governance and commissioning responsibilities of both the Department of Health (DoH) and the Health and Social Care Board (HSCB) had been impacted by Covid-19 and paused in a number of areas. He drew members' attention to the DoH and HSCB correspondence which outlined the current position.

Members **NOTED** the DoH and HSCB correspondence.

16 **Committee Business:**

- **Audit Committee Minutes – report and minutes – 18/3/21**
- **Safety, Quality, Patient Experience & Performance Committee – report – 25/3/21**
- **People, Finance and Organisational Development Committee – report and minutes of 2 December 2020 and report of 22 April 2021 (TB06/05/2021/13)**

Mr Abraham drew members' attention to the summary report of the March Audit Committee meeting and said he intended the report to cover what he would have previously reported verbally to the Committee.

The Chair welcomed members' feedback on the summary reports

Mr Ashford commented that the November agenda for the Safety Committee had been extensive and said he was aware that work was ongoing to map what should come to Committees for consideration.



TRUST BOARD – 6 MAY 2021

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	Update to be provided to June Board meeting on NED Champion roles	NL	To be advised under Matters Arising at June meeting
2	NEDs to suggest what information they would like to see included within finance reports	NEDs	Ongoing
3	NEDs to contact Mrs Mooney if they wish to attend the ALF virtual conference on 18/5/21	NEDs	Actioned
4	Funding for training – members to be kept apprised of position	MB	Update emailed to members on 4/6/21 and further update to be provided at June Board meeting
5	Updates on Education Review to be provided through the Strategic Implementation Group (SIG) to the Safety Cttee and periodic updates to be provided to Trust Board	NR/MP	First meeting of SIG confirmed for 22/6/21
6	Trust Board to continue to monitor VAS/PAS expenditure	TRUST BOARD	Ongoing
7	Report of review of business continuity across the Trust to be shared with SMT and Trust Board	RB	Plan for June SMT agenda and Trust Board thereafter
8	Members to be kept apprised in relation to the SAI FIT Testing	LC	Ongoing

9	Trust Board to be kept apprised of position in Derry City & Strabane District Council areas re Covid-19 levels and impact on relevant stations	LC	Ongoing
10	Consideration to be given to the inclusion of 'near miss' reporting within the Health, Safety and Fire Safety Annual Report	KK	A 'near miss' section has been added to DATIX. Action will be taken to ensure full utilisation
11	Update on alternative care pathways work to be brought to future Safety Committee	RB	Information Team requested to provide baseline data to understand the current uptake of alternative care pathways. Date for Safety Cttee presentation tbc
12	Trust Board to receive a briefing on available alternative care pathways and the barriers to their increase so as to allow the Board to monitor the position	RB	Listed for future Trust Board meeting
13	Future performance reports to contain data showing outlying calls waiting over two minutes as well as calls waiting more than five minutes	MP/RB	This has been shared for action