



**Minutes of NIAS Trust Board held on Thursday 24 June 2021 at 2pm
via Zoom (due to Covid-19)**

Present:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr J Dennison	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 D Ashford	Non Executive Director
	Mr T Haslett	Non Executive Director
	Ms R O'Hara	Programme Director – Strategic Workforce Planning
	Ms M Paterson	Director of Performance, Planning & Corporate Services
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr B McNeill	Programme Director - Clinical Response Model (CRM)
	Ms A Quirk	Boardroom Apprentice (joined the meeting at 2.15pm)
	Mrs C Mooney	Board Secretary
	Mr A Arandia	Assistant Director of Planning, Performance & Strategic Transformation (rep Ms Paterson)
	Ms R Finn	IPC Lead

1 Welcome, Introduction & Apologies

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

2 **Previous Minutes (TB24/06/2021/01)**

The minutes of the previous meeting held on 6 May 2021 were **APPROVED** on a proposal from Mr Abraham and seconded by Mr Bloomfield.

3 **Matters Arising (TB24/06/2021/02)**

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

Referring to the presentation of the finance report, the Chair asked Non-Executives to forward any suggestions to her.

Mr Bloomfield alluded to the action around funding for training and the update he had given to the previous meeting around the risks and challenges associated with the funding. He said that Mr Nicholson would cover this in further detail in the Financial Plan agenda item. Mr Bloomfield welcomed the favourable outcome in relation to funding of £3.5 million which had been allocated to the Trust to continue the current cohort of trainees (cohort 3) on the Foundation degree programme. He added that the HSCB would continue to seek to secure funding to start cohort 4.

Mr Nicholson referred to the action in relation to monitoring the expenditure around VAS/PAS and reported that the preliminary figures for April and May was expenditure of £1.3 million.

4 **Chair's Update**

The Chair commenced her update by thanking her colleague NEDs for agreeing to assume the following NED Champion roles:

- Safeguarding and Management of Aggression – Mr Abraham
- Public and Personal Involvement – Mr Haslett
- Health and Safety – Mr Ashford
- Health and Wellbeing – Mr Dennison
- Whistleblowing and Speaking Out – Ms Lappin

The Chair advised that she had forwarded colleagues the initial information provided by Directors and asked the relevant Directors to make contact with the individual Champions to ensure clarity around the respective roles.

The Chair reported that she had met with Committee Chairs and Ms Quirk to discuss the work being taken forward by Ms Quirk in relation to the Standing Orders and Committee Terms of Reference. She indicated that it had been agreed that the number of People, Finance and Organisational Development Committee meetings would increase from six to eight to ensure the business outlined within the Committee's Terms of Reference was transacted. The Chair also pointed out that Mr Dennison and Mr Haslett had agreed to co-chair the Committee and would consider the People/Organisational Development and Finance elements respectively. It was intended that the Committee would consider these discrete areas at alternate meetings with the July meeting focussing on staff health and wellbeing.

The Chair commended the very successful social media campaign around 'Stop the Abuse' and asked for her thanks to all involved to be recorded, in particular those elected representatives and local sports personalities who had appeared on social media. She stressed the importance of building on the work that had been done and encouraged members to take the opportunity to continue to emphasise the 'Stop the Abuse' message.

Continuing her report, the Chair referred to the recent visit to NIAS HQ by Mr Michael Gove, Minister for the Cabinet Office and Chancellor of the Duchy of Lancaster. She said that Mr Gove had taken the time to hear directly from the Chief Executive, Ms Byrne and Ms Lemon on the challenges presented by the pandemic and how these had been overcome. The Chair said that Mr Gove had also taken considerable time to speak to staff about their experiences and said that such visits were welcomed by staff as a recognition of their efforts over the last year.

The Chair reported that she had met with Ms Paula McGeown, Public Appointments Unit, in relation to the NED vacancy within the Trust. She indicated that she did not expect the vacancy to be recruited quickly because the Public Appointments Unit was addressing a backlog of vacancies. However, she said, the Unit was open to discussing a number of interim measures and was currently awaiting the appointment of the new Commissioner for Public Appointments in the first instance. The Chair said she hoped this would be the first of a number of meetings over the coming months.

The Chair advised that she had also met with Mr Jim Wilkinson, Deputy Secretary, Department of Health (DoH), who had recently been appointed to replace Mr Jackie Johnson. She explained that she had taken the opportunity to seek further clarity around the Permanent Secretary's correspondence in relation to Senior Executive Pay and his intention to ask Korn Ferry to undertake a 'sense check'. The Chair confirmed that she had written to Mr Wilkinson to ask if Non-Executive Directors could have any input to this exercise.

The Chair referred to the recent increase in Non-Executive Director remuneration and indicated that Ms Lemon would be happy to clarify any issues which members may have.

The Chair extended her thanks to Mrs Mooney for completion of the Board Governance Self-Assessment Tool to which members' approval would be sought later in the meeting.

The Chair advised that she had recently met with the new Boardroom Apprentice, Christopher Carlin, who would join the Trust in September and she asked Non-Executive Director colleagues to contact her if any would be interested in undertaking the role of mentor to the incoming Apprentice.

The Chair advised that the Assurance Workshop which had been scheduled for 29 June had been postponed.

The Chair alluded to the meeting with the Minister scheduled for 17 August and asked Non-Executive Directors to give consideration to those areas they might wish to see covered during the discussion. She also suggested that it might also be helpful for Non-Executives to meet during the previous week in advance.

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

5 **Chief Executive's Update**

Mr Bloomfield said that, despite the recent increase in community transmission due to the Delta variant, the position was generally improving in terms of impact on the service and in particular hospital pressures with no patients in ICU currently as a result of Covid-19. He indicated that, despite this position however, the overall system

had been under as significant pressure over the last number of weeks as it had at any point over the last year. Mr Bloomfield said that colleagues in GB Ambulance Services were reporting similar pressures with response times the highest they had been in some time.

He said that such pressures were the result of a combination of reasons such as the increasing use of health services, not only for planned services but greater attendance at Emergency Departments (EDs) had resulted in challenges of ensuring social distancing, thereby bringing about longer waiting times for patients and ambulance handovers.

Mr Bloomfield pointed out that the Trust had been at REAP level 3 now for a number of weeks. He explained that this had meant that the Trust was experiencing longer response times to respond to calls as well as a reduction in the Trust's call answering performance and an increase in call demand. Mr Bloomfield said that increasingly late finishing times for staff had resulted in concerns of staff around their willingness to work overtime. He referred to the increasing number of complaints received over the last number of weeks associated with long response times.

Mr Bloomfield said that, despite these challenges, cover remained good with 100% of the planned cover available on average across the week. He alluded to the challenges associated with delayed handover times at EDs and said that the Trust had experienced the some of the longest times, particularly on Mondays and Tuesdays, over the last few weeks.

Mr Bloomfield advised that, as summer approached and with staff needing to take leave, the Trust would continue to experience challenging periods.

He reported that he too had met with Mr Jim Wilkinson, DoH, and had taken the opportunity to outline a number of challenges facing the Trust as well as touching upon the opportunities which existed and the contribution which could be made by NIAS to health service reform. He was of the view that the meeting had been positive and was confident that there would be a constructive relationship.

Continuing his report, Mr Bloomfield advised that he had also recently met with the Chief Fire Officer to explore some areas for

collaboration, in particular a number of areas where the NI Fire and Rescue Service could potentially assist in responding to calls. He undertook to provide further information to members when discussions had developed.

Mr Bloomfield reported that he had also met with Ms Pamela McCready, recently appointed as Chief Operating Officer for the PSNI. He said that it was clear that Ms McCready would be keen to undertake joint work on areas of mutual interest to the PSNI and NIAS. He added that he would be attending a tripartite meeting in the coming days to explore joint working further.

Mr Bloomfield advised that he had met with Mr Robert Morton, the new interim Director of Ambulance Services in the Republic of Ireland. He explained that Mr Morton had recently taken up post following the retirement of Mr Martin Dunne. Mr Bloomfield said that he wished to place on record his thanks and appreciation to Mr Dunne for his support, both personally and to NIAS. He reminded the meeting that Mr Dunne had offered help and support to NIAS at times of extreme pressure by providing additional crews and said he had been very grateful for this assistance. Mr Bloomfield said that he would be meeting with Mr Morton on a regular basis to discuss areas of joint working and planning together.

Mr Bloomfield said that the Chair had already referred to the visit by Mr Gove. He reminded colleagues that visits to NIAS HQ over the last year had included the Prime Minister, the NI Secretary of State and the Health Minister who had visited the Trust on two occasions. He referred to the positive impact such visits had on staff who had welcomed the level of support shown.

Mr Bloomfield alluded to the successful 'Stop the Abuse' campaign. He indicated that, following the campaign which ran for a week, the Health Committee had sought further information in relation to assaults on staff and the actions being taken by the Trust. Mr Bloomfield said that, as well as the campaign, members would recall approving the 'Violence Prevention & Reduction Strategy' and added that he was pleased to be in a position to provide a comprehensive report of the actions which had been taken to support staff. He said that, in addition to the thanks expressed by the Chair, he would like to thank Mr Mark Cochrane, Ms Katrina Keating and Mr John McPoland for their significant contributions and work in this area.

The Chair commented that she had mentioned to Mr McPoland that Mr Abraham would assume the role of Management of Aggression Champion and suggested the potential for Mr McPoland and Mr Abraham to work together on a short video to be shared with staff. The Chair thanked the Chief Executive for his update which was **NOTED** by members.

6 **Integrated Quality & Performance Report (TB24/06/2021/03)**

Introducing the Integrated Quality & Performance Report, the Chair commented that the data had been presented in a new format and said that colleagues' views would be welcome on how helpful they found the information and layout. She added that the presentation of the report would be an iterative process and members could expect to see further developments.

At the Chair's request, Mr Arandia gave a brief overview of the contents of the report. He explained that the title of the report was in keeping with other UK ambulance services and acknowledged that further work was required around the development of the ambulance quality indicators (QIs) as the Trust migrated to new reporting tools. Mr Arandia indicated that, over the coming months, further information would be included within the report which would be structured to focus on key areas.

Mr Arandia reported that work was ongoing to develop an organisational scorecard which would align NIAS to how the rest of the UK ambulance services recorded their performance and allow the Trust to benchmark its performance against other organisations. He indicated that this will allow members to focus on a particular set of QIs at each Board meeting. Mr Arandia explained that, for the purposes of today's meeting, the focus would be on call answering performance and Complaints and Serious Adverse Incidents (SAIs).

Ms Byrne said that the Chief Executive had given a high level overview of the challenges faced by the service in terms of performance over the last few weeks. She reported that call performance remained strong despite increases in call demand and call volume associated with the relaxation of Covid-19 regulations. Ms Byrne advised that call volume was increasing, particularly at night and at weekends and said that the increase in hospital handover times was contributing to longer response times. She

added that this in turn had resulted in an increase in duplicate 999 calls requesting an estimated time of arrival.

Ms Byrne said that it would be important to note that, while call volumes were increasing, the rate of call delays remained relatively low in comparison.

Ms Byrne reported that the maximum call answer delay in April was 3 minutes 11 seconds and 3 minutes 48 seconds in May. She advised that there had been exceptional call demand over the bank holiday weekend and indicated that ambulance services across the UK had experienced similar pressures.

She referred to the Chair's interest in those 999 calls over two minutes and said that the total reported delays of over two minutes for May was 49 delays recorded on just 12 days with 30 delays reported over the late May bank holiday weekend.

Ms Byrne reported that the increase in operational demand in May 2021 when compared to April 2021 was significant and was most notable in Category 1 & 2 higher acuity calls. She added that Category 3 activity reduced across the last quarter of 2020-21 and remained fairly static. Ms Byrne said that it would be important for the Trust to monitor any reduction in Category 3 activity against correlated increase in Category 2 activity which may be attributed to delayed response times contributing to up-triage of call categorisation.

Ms Byrne said that members would be aware of the work carried out by the Category 1 Improvement Group and said that the remit of the Group had now been extended to look at Categories 1 & 2 improvement.

Ms Byrne said that the Trust was able to drill down into the granular operational detail of calls which assisted the Control Room in identifying learning.

She said that she would appreciate members' comments on whether they found the layout of the information helpful in terms of the narrative accompanying charts by way of explanation.

The Chair thanked Ms Byrne for her report and said she had been struck by how much information was within the report. She

suggested that it might be helpful to have a workshop to discuss how best to analyse the information provided within the report and, more importantly, how that information was used to improve services.

At the Chair's invitation, Ms Charlton highlighted a number of key points in relation to Complaints and SAIs. She reminded the meeting of the BSO Internal Audit finding around the time to notifying the HSCB of a SAI and said that members would be aware of the difficulties the Trust had experienced in meeting the 72-hour timeframe from the incident occurring to SAI notification to the HSCB. Ms Charlton advised that, following discussions with the HSCB and the PHA, it had been accepted that, in some circumstances, the 'discovery' date of the SAI may be later than the actual date on which the incident occurred. She indicated that, moving forward, the decision to notify an incident will take place when all of the pertinent information has been gathered from the relevant areas and reviewed by the Rapid Review Group. NIAS would put arrangements in place measure the 72 hours from this date. She said that she would be meeting with BSO Internal Audit to discuss how this impacted upon the outstanding Internal Audit recommendations.

Moving to Complaints, Ms Charlton acknowledged the challenges around historic complaints. She explained that the KPI was that complaints should be responded to within 20 working days and said that the Trust had not been meeting this target. Ms Charlton acknowledged that there had been significant improvement in closing complaints and she noted that, at the end of May, 100 complaints had been closed since January 2021. She indicated that a Complaints Quality Improvement Plan had been in place since January 2021 and she commended the cross-Directorate support for the plan and the efforts from all involved to achieve an improved position.

Ms Charlton indicated that she had included an objective in her personal Director objectives to have all complaints from 2019 and 2020 closed by the end of September 2021.

Continuing, Ms Charlton said she was conscious that she had presented the Committee with the numbers of complaints and SAIs and emphasised that patients and service users were behind each number. She explained that each complaint and SAI was examined

in detail to determine the learning and how to improve services as a result.

Ms Charlton said that there had been an increasing number of complaints since May 2020, a significant proportion of which focussed on delayed response as well as staff attitude and behaviour. She said that Ms Byrne had referred earlier to the pressures within the entire HSC system and added that such pressures undoubtedly had led to patients having a poor experience.

The Chair thanked Ms Charlton for her report and invited questions/ comments from members.

Mr Dennison said he appreciated the fact that development of the Integrated Quality and Performance report would be an iterative process and acknowledged the efforts being made to provide members with better quality information. He welcomed the reduction in the complaints backlog as well as the agreement reached around the timescale to notify the HSCB of SAIs.

He suggested that it might be helpful to include some information around the nature of SAIs; what the Trust learned and how such learning was disseminated across the Trust.

Ms Charlton said that it would be important to understand the levels of information brought to Committee and Trust Board. She said that the recent meeting of the Safety Committee had considered a detailed report on Complaints and SAIs and explained that that report had been presented in line with the HSC Members' Handbook which lent itself to the themes of learning; how that learning was taken forward; family engagement; staff experience. Ms Charlton explained that the Handbook assisted in identifying pertinent questions which mostly focussed on patient/staff outcomes.

Continuing, Ms Charlton referred to the Learning Outcomes meeting which met on quarterly basis and looked at themes and actions arising from complaints and SAIs. She assured the meeting that the Safety Committee considered complaints and SAIs in detail.

Mr Dennison thanked Ms Charlton for her comments and suggested that an overarching commentary when presenting the information at

Trust Board level would be helpful as well as some visibility in the Committee report brought by the Committee Chair.

Mr Abraham indicated that the previous Assurance Committee would have received anonymised details of complaints which had been helpful. He suggested that it also might be helpful in Trust Board having sight of an anonymised summary of SAIs.

Ms Charlton explained that the paper considered by the Safety Committee would have that detail. However she agreed that it might be helpful bringing a summarised SAI report to Trust Board

The Chair suggested that this could be explored more offline and emphasised the need to consider issues at Committee level rather than bringing all information to Trust Board. She also referred to the digitisation of Board papers and said that this would assist members in being able to access papers considered by all Committees.

The Chair thanked Ms Byrne and Ms Charlton for their reports and members for their comments. The Integrated Quality & Performance Report was **NOTED** by members.

7 **NIAS Financial Plan (TB24/06/2021/04)**

At the Chair's invitation, Mr Nicholson drew members' attention to the NIAS Financial Plan for 2021-22. He explained that the final format and timetable for Financial Plans and Monthly Monitoring had not yet been issued by HSCB. However, he said the Trust was currently working to the assumption that the requirements for 2021-22 will be similar as those required in 2020-21. He added that it was for this reason that some of the elements within the financial proforma still referred to 2020-21 and apologised as they should read 2021-22.

Continuing, Mr Nicholson highlighted a number of areas within the report such as the Trust's requirement to produce and approve a Financial Plan each year; the revenue recurrent baseline; indicative and assumed allocations and the non-recurrent nature of many of these allocations.

Mr Nicholson welcomed the early positive indications of financial allocations. He reminded the meeting that the Trust had been advised that it would not receive the £5 million required each year

for the current cohort of paramedics in the training school. However, he said, following representations to the HSCB and the DoH, the Trust had received confirmation of £3.5 million which would allow training to continue. The HSCB and DoH were exploring potential funding avenues for funding to allow cohort 4 training commence.

Mr Nicholson said that members would be aware of the significant and unpredictable nature of Covid-19 expenditure. He indicated that the majority of Covid-19 costs continued for the Trust with no significant downturn in 'business as usual' costs for NIAS compared to other Trusts. He pointed out that the current estimate for Covid-19 expenditure in 2021-22 was in the region of £12.6 million. Mr Nicholson welcomed an indicative allocation of £6.1 million for part of the year and said there was an assumption that, should these cost pressure remain for the rest of the year, the HSCB would meet the costs.

Referring to Trust savings, Mr Nicholson reminded members the Trust was required to achieve cash releasing efficiency savings of £2.6 million and he highlighted the fact the current Financial Plan reflected that NIAS would only achieve £1 million, resulting in a deficit of £1.6 million at the end of the year. He added that the potential was that this requirement would then be reduced to £1.6 million but that NIAS would be expected to deliver this full amount and said it was likely that this would be partly achieved non-recurrently through non-frontline savings.

Turning to capital resources, Mr Nicholson advised that the Trust welcomed confirmation of capital funding of £7.6 million. He acknowledged that the challenges to delivery were significant and were articulated in the report. Mr Nicholson pointed out that Covid-19 remained a risk to projects across the Trust for the immediate and foreseeable future.

Mr Nicholson advised that the plan would be refined and updated through the year and reported as normal. He said that, recognising all of the risks and assumptions within the Plan, specifically in relation to breakeven and the normal expectation that only a balanced financial plan would be accepted by HSCB/DoH, he would seek members' approval to the Financial Plan.

The Financial Plan 2021-22 was **APPROVED** on a proposal from Mr Bloomfield and seconded by Mr Abraham.

The Chair thanked Mr Nicholson for his presentation of the Financial Plan 2021-22.

8 **NIAS Corporate Plan 2021-22 (TB24/06/2021/05)**

Mr Bloomfield reminded the meeting that Ms Paterson had led on this work to date and he thanked Mr Arandia for his considerable input.

Mr Bloomfield advised members that the Corporate Plan was not intended to reflect all activity within the Trust but identified key priorities for the year which in turn flowed from the overarching Strategic Plan 'Our Strategy to Transform: 2020-2026'. Mr Bloomfield explained that the Strategic Plan had identified a number of actions to be implemented within the first year. He indicated that, despite the significant impact of the pandemic, the Trust had implemented approximately 60% of these actions with the remaining actions carried forward to the current year.

Mr Bloomfield commended all involved for being able to progress the actions in such a difficult year.

Mr Bloomfield reminded the meeting that there were several key transformation work streams supporting the implementation of the NIAS Strategy and explained that the Corporate Plan had also been grouped in line with these work streams. He pointed out that a number of Internal Audit recommendations had also been included within the Corporate Plan.

Mr Bloomfield further explained that key objectives were included within each work stream as well as identifying the lead person, milestones and the timescale for implementation.

Mr Bloomfield acknowledged that further work was required around the sequencing of Trust Board consideration of the Plan. He indicated that the Corporate Plan should be considered initially, allowing Directors to form their personal objectives and, over time, staff objectives. He said that such sequencing would clearly show

the linkages between the Corporate Plan and Director/staff objectives.

Mr Bloomfield said that he did not intend to focus on individual work streams/objectives as they were all equally important but welcomed any comments members may have.

Mr Dennison indicated that his personal preference would be to see plans which were more outcome focussed and said that he had raised this point at the recent Remuneration Committee meeting.

Mr Bloomfield agreed that further work was required to ensure objectives were outcome-focussed and said that they would be refined over time to become more explicit.

The Corporate Plan was **APPROVED** on a proposal from Mr Abraham and seconded by Mr Dennison.

9 **Association of Ambulance Chief Executives (AACE) Support 2021-22 (TB24/06/2021/06)**

Mr Bloomfield reminded the meeting that the Trust had received advice and support from the Association of Ambulance Chief Executives (AACE) over the last number of years. He acknowledged that the first year had been more of an ad hoc nature while subsequent years had adopted a more structured approach.

Mr Bloomfield reminded those present that AACE had provided significant support in 2019-20 around preparations for the implementation of the new Clinical Response Model (CRM) and codeset changes. He also referred to the key pieces of work around benchmarking and the review of corporate support functions which formed a significant element of the CRM work.

Continuing, Mr Bloomfield referred to AACE support in 2020-21 and said that this had not materialised as planned due to the challenges presented by Covid-19. However support had been readily available through the year in areas such as Control, call answering and dispatching ambulance and input from AACE colleagues, Dan Gore, Paul Woodrow and Tracey Garcia, had proved very beneficial to the Trust.

Mr Bloomfield described the areas which had been identified for support in 2021-22 at a cost of approximately £250,000 and explained that the Trust's intention was to build its own capacity and have less reliance on AACE moving forward. Mr Bloomfield said that the focus would be on a more strategic approach on how the role was developed.

The Chair believed that it was important to note the significant support initially required by the organisation but welcomed the fact that the Trust was now relying less on AACE moving forward. She emphasised the intention of the Trust to increase its own capacity and capability in a range of areas and was of the view that the Board would welcome this.

The Chair said she wished to place on record her thanks to AACE for their support and advice over the last number of years as well as thanking NIAS staff for the manner in which they had engaged with AACE personnel.

Mr Abraham commented on the fact that he had been a Non-Executive Director at the time the Trust had initially engaged with AACE. He complimented the work which had been undertaken with the Senior Management Team and was of the view that it had provided a sound platform from which to progress.

The Chair thanked Mr Bloomfield for this update which was **NOTED** by members.

10 **NIAS Safeguarding Annual Position Report (TB24/06/2021/07)**

At the Chair's invitation, Ms Charlton drew members' attention to the NIAS Safeguarding Annual Position Report. She reminded the meeting that the RQIA Safeguarding Quality Improvement Plan issued in December 2019 had detailed the requirement to report to Trust Board and provide assurance of the overall management of safeguarding referrals. She advised that it was also a HSCB requirement that each organisation should complete an annual Adult Safeguarding Champion Position Report to meet the governance requirements set out in the regional Adult Safeguarding: Prevention and Protection in Partnership (July 2015) Policy.

Ms Charlton explained that the Annual Safeguarding Position Report was considered an important overview and governance tool for all organisations and groups supporting adults at risk or in need of protection. She said that, as such, it contained significant information for an organisation's Senior Management Team and Trust Board. Ms Charlton said that there was an expectation that the Position Report should be made available for any external audit purposes.

Ms Charlton indicated that the Position Report was key in demonstrating that the organisation was complying with the requirements of the regional policy. She added that the position with Children's Safeguarding referrals had also been reflected in the report before members.

Ms Charlton highlighted a number of key points within the report. She advised that the establishment of the NIAS Safeguarding Team had resulted in more robust systems to monitor, audit, investigate and report on adherence to the safeguarding referral process. She indicated that, since May 2020, safeguarding and welfare referral rates had increased 108% from previous year. She indicated that it was her view that this increase had come about as a result of awareness raising. Ms Charlton advised that a number of the Safeguarding Team were Operational staff who were currently on non-patient facing duties and who were ideally placed to provide feedback to colleagues.

Continuing, Ms Charlton advised that the information sharing processes and relationships with the Regional Emergency Social Work Service and other Trusts had been strengthened and draft Policies and Procedures were now in line with current regional requirements and were currently out for consultation. She pointed out that NIAS safeguarding practices were now more in line with other UK Ambulance Trusts and face-to-face safeguarding training had been delivered throughout the year to ACA and EMT staff, thus increasing staff awareness.

Ms Charlton acknowledged that further work was required in order to achieve compliance with Regional Policy and Procedures and RQIA Quality Improvement Plan. She advised that Mr Des Flannigan had recently been appointed as the Head of Safeguarding (Adult Safeguarding Champion) and would take up

post on 28 June. Ms Charlton pointed out that the Trust's Safeguarding Policy was currently out to consultation as well as the revised Procedure & approved Safeguarding Education and Training Strategy and work would be taken forward around their implementation. She indicated that work was also needed around agreement in terms of regional welfare pathways with other HSC Trusts and around Safeguarding Clinical Audit with a view to focussing on possible under reporting.

Mr Bloomfield commended the work which had been carried out and welcomed the fact that there would now be a dedicated team to focus on this important area of work for the Trust.

The Chair said that she had been reassured by Ms Charlton's update and position report. She acknowledged that this was very much an area of work in progress but commended the work which had been done to date.

The NIAS Safeguarding Annual Position Report was **APPROVED** on a proposal from Mr Dennison and seconded by Mr Bloomfield.

11 **Board Governance Self-Assessment Tool (TB24/06/2021/08)**

The Chair drew members' attention to the Board Governance Self-Assessment Tool and advised that no suggested amendments had been received prior to the Board meeting.

She reminded the meeting that the Self-Assessment Tool had not been completed for a number of years and assured members that, moving forward, it would now be completed on an annual basis. The Chair highlighted the fact that a number of actions had been identified and she would progress these with Mrs Mooney over the coming months. She commented that she had raised the matter of the Self-Assessment Tool with the Public Appointments Unit in a recent meeting with a view to introducing a more meaningful tool.

The Board Governance Self-Assessment Tool was **APPROVED** on a proposal from Mr Nicholson which was seconded by Dr Ruddell.

12 **NIAS Policies:**

- **Hand Hygiene**
- **Non-Aseptic Touch Technique (TB24/06/2021/09)**

The Chair commented that, in reading through the Hand Hygiene (HH) Policy, she had found some useful information for home as well as work.

She reminded the meeting that the Standing Orders dictated that policies should come to Trust Board for approval and had been considered by the Safety, Quality, Patient Experience and Performance Committee.

Ms Charlton clarified that NIAS was the only ambulance Trust in the UK which did not operate a Bare Below the Elbow policy.

At Ms Charlton's invitation, Ms Finn clarified that the Hand Hygiene Policy related to all staff within NIAS but specifically those staff who provided hands on care to patients. She explained that, if approved, it would be issued, rolled out and implemented across the Trust. She advised that the IPC Team would monitor the implementation of the policy through independent hand hygiene audits.

Ms Finn commented that the draft policy had been shared with Directors, Area Managers, Station Officers, Station Supervisors, RATC and Trade Union colleagues for comment and their comments had been incorporated into the version before members.

Ms Finn described a number of key points within this policy as being:

- Technical; procedure for undertaking HH, methods of HH, opportunities for HH;
- Policy statement in respect of being bare below the elbow;
- Roles and responsibilities in relation to HH
- Processes for audit of HH and
- Governance, assurance and accountability processes related to HH.

Ms Finn acknowledged that there would be challenges associated with the introduction of the concept of 'Bare Below the Elbow' and

emphasised that this was a core IPC standard which would be regularly monitored for assurance purposes. Ms Finn indicated that monitoring had already commenced and had shown varying scores throughout the Trust. She acknowledged that further work would be carried out in this area but believed that the introduction of the HH policy would provide a focus.

The Chair suggested that the Safety Committee would be keen to monitor the implementation of 'Bare Below the Elbow'. She reiterated her view from previous meetings around the importance of monitoring the dissemination of policies and assurance around its implementation.

Following this discussion, the Hand Hygiene Policy was **APPROVED** on a proposal from Mr Nicholson and seconded by Mr Abraham.

Referring to the Aseptic Non-Touch Technique (ANTT) Policy, Ms Finn advised that, if approved, the policy would be issued, rolled out and implemented across the organisation in line with the agreement in the NIAS Training and Education Strategy, Jan 2020 V0.3. She indicated that the draft policy had been considered by the IPC and Environmental Cleanliness Group as well as Clinical Support and Training Officers and their comments reflected in the final version before the Board. Ms Finn clarified that the policy only related to those staff who undertook clinical procedures such as cannulation and wound dressing.

She highlighted a number of key point within this paper as being:

- Clarification of frequency of ANTT training - face to face training and competency checking would be required once every two years for all staff who undertake aseptic procedures;
- Clarification that all ANTT Assessors require update training and competence checking once every year;
- Technical; procedure for undertaking ANTT;
- Roles and responsibilities in relation to training development and delivery and
- Governance, assurance and accountability processes related to ANTT.

Ms Finn acknowledged that the policy would require further cascade and awareness raising throughout the organisation.

The Aseptic Non-Touch Technique Policy was **APPROVED** on a proposal from Dr Ruddell and seconded by Mr Dennison.

13 **Committee Business (TB24/06/2021/10)**

- Audit Committee – report & minutes of 13 May 2021
- Safety, Quality, Patient Experience & Performance Committee – minutes of 25 March 2021

The Board **NOTED** the Committee minutes and report.

14 **Date of Next Meeting**

The next Trust Board meeting will take place on Thursday 19 August 2021 at 10am. Arrangements to be confirmed.

15 **Any Other Business**

(i) **ICT Policies**

Mr Abraham referred to the Audit Committee meeting earlier that morning at which approval had been sought to a number of updated and standardised Information Security policies. He explained that these policies had been drafted by a regional working group and brought to the Regional HSC Cyber Programme Board in April 2021 where they had been approved for submission to each Trust with a view to Trusts adopting these by 30 June 2021.

Mr Abraham explained that, until the Standing Orders and delegation to Committees had been finalised, he was of the view that it would be prudent to bring these policies to Trust Board for consideration. He acknowledged that the policies represented best practice and supported the implementation of several regional and local Internal Audit recommendations on Network Security.

It was agreed that, as not all members were present at today's meeting, the policies would be shared by e-mail with a view to seeking approval at the August Trust Board meeting.

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE
PUBLIC MEETING AT 3.45PM.**

SIGNED: *Nicole Capri*
(electronically signed due to Covid-19)

DATE: 19 August 2021