Northern Ireland Ambulance Service Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 10 February 2022 at 10am via Zoom (due to Covid-19)

Present:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr J Dennison	Non Executive
	Mr T Haslett	Non Executive Director (left the meeting at 11.45am)
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
In Attendance:	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
	Mrs C Mooney	Board Secretary
	Mr C Carlin	Boardroom Apprentice
	Mr C McCracken	Quality & Improvement Lead
	Mr S Maguire	Quality & Improvement Lead
	Ms R Leonard	Project Development and Implementation Manager
	Mr J McArthur	Emergency Planning (for agenda item 6 only)
	Mr N Walker	Interim Asst Director of Planning & Performance (for agenda item 8 only)
Apologies:	Ms L Charlton	Director of Quality, Safety & Improvement

1 Welcome, Introduction & Apologies

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

The meeting was declared as quorate.

The Chair welcomed Mr Sean Maguire and Mr Conor McCracken, both recently appointed as Quality & Improvement Leads within the QSI Directorate, as well as Ms Rachel Leonard who had recently taken up post as Project Development and Implementation Manager, within the PP&CS Directorate and explained that they would be observing today's meeting.

2 Previous Minutes (TB10/02/2022/01)

The minutes of the previous meeting held on 16 December 2021 were **APPROVED** on a proposal from the Chair and seconded by Mr Haslett.

3 Matters Arising (TB10/02/2022/02)

Members **NOTED** the update against the Matters Arising.

Mr Abraham referred to the wording 'staff abstractions' which often appeared in Trust documentation and suggested it might be helpful to include a definition in Trust papers.

Ms Lemon said she would be happy to take Mr Abraham's suggestion on board.

4 Chair's Update

The Chair commenced her update by thanking those Directors who had met with her to date and said she aimed to have her update meetings concluded by early March.

The Chair advised that she had had sight of a draft letter to be signed by all HSC Chairs in relation to the budget settlement and said that members may recall that the HSC Chairs issued a similar letter last year which had been well received.

Continuing, the Chair referred to the presentation later in the meeting around the NIFRS/NIAS collaboration and said she was very encouraged by developments. The Chair said that, at an appropriate time and subject to purdah restrictions, she and the NIFRS Chair intended to give a joint presentation to the Minister and the wider HSC Chairs group on the collaboration between the two organisations for the benefit of patients.

The Chair said she would very much hope that the next meeting of the Trust Board in March would be held face-to-face and explained that, following the Board meeting, Mr Nicholl would deliver On Board training to members. She asked that anyone unable to attend this training should contact Mrs Mooney.

Mr Ashford referred to recent political developments and said that, with the collapse of the Executive, it might not now prove possible to agree a budget and he sought clarification on how this would impact on the Trust. He commented that there had been some discussion around budget allocations being made on a percentage basis of the previous year's budget.

The Chair advised that the Department of Finance was scheduled to give a budget briefing to the Public Sector Chairs' Forum the following day and said cognisance would be taken of the briefing before the joint Chairs' letter on the budget was finalised.

Mr Bloomfield said that if budgets were allocated on a percentage basis as referred to by Mr Ashford, this would not allow for any uplifts nor any additionality that was planned. He said that the Trust awaited the outcome of discussions and acknowledged the difficult position this presented for the HSC.

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

5 **Chief Executive's Update**

Mr Bloomfield said that, at the December Trust Board, he had referred to the Omicron modelling which had indicated that the peak was expected around mid-January. However, he said, the peak had occurred at the end of December when there were very high community transmission levels.

Mr Bloomfield advised that the Trust had experienced an extremely challenging period from 27 December until mid-January and added that it had started to stabilise since then.

He acknowledged that the post Christmas/New Year holiday period had always proved to be a busy time for the HSC system and said that the additional pressures caused by Omicron had resulted in unprecedented pressures within the system. Mr Bloomfield said that this had impacted significantly on NIAS at a time when staff were less keen to work overtime and the additional impact of staff abstractions due to Covid-19 and Covid-19 related reasons.

Continuing, Mr Bloomfield explained that there had been a particularly difficult period around 30 December and the New Year bank holiday weekend when operational cover was low and, on one evening, the service had almost reached the point that no ambulance crews were available. He reminded members that he had updated them via e-mail on the pressures at that time.

Mr Bloomfield noted that, at that time, as a result of escalation phone calls to Trust Chief Executives and the Permanent Secretary, there had been some movement within EDs which allowed the release of crews from EDs. He said that the situation had proved how vulnerable the HSC system had become.

Mr Bloomfield said that, at the start of January, Trusts' absence rates due to Covid-19 had been reported in the media and NIAS had shown as the highest with 25% of operational staff unavailable to work. He clarified that 10% were off for normal sickness absence with 15% off for Covid-19 related reasons and said that some staff were off because they had tested positive; others because they had been deemed as close contracts and others self-isolating for a period of ten days.

Continuing, Mr Bloomfield said that, while the CMO guidance around returning staff to work had evolved rapidly, it had allowed the Trust to undertake risk assessments and bring a number of staff back to work sooner. He expressed concern at how the level of Omicron infections had been reported in the media as the focus was on how it had not translated to high number of hospitalisations and therefore had given the impression that the health service was not impacted. Mr Bloomfield said that the challenge for NIAS had been the unavailability of staff to work, impacting on the Trust's capacity

to provide a service. He said that there had been considerable media focus on the pressures being experienced by NIAS and this had contributed to an easing of demand on the service which had helped given the Trust's reduced staffing position.

Mr Bloomfield said that the absence figure had reduced to between 17-20% in mid-January as a result of reducing infections in the community and a further change in guidelines allowing more staff to return to work following risk assessment. He added that the absence figure, at this point, was broadly similar between those staff off on 'normal' sickness absence and those off as a result of Covid-19 reasons.

Mr Bloomfield explained that, from mid-January, operational cover had been good and on most occasions had been close to 100%. He acknowledged that the Trust continued to rely heavily on overtime. Mr Bloomfield said that the continued good cover had allowed the Trust to reduce its escalation level to REAP Level 3 and added that, while he welcomed this, it did mean that the Trust was experiencing major pressure.

Mr Bloomfield reminded members that, since the December meeting, the Trust had been undertaking a public consultation on the use of Body Worn Video in an effort to reduce assaults against staff. He noted that the consultation had been extended to 14 February and acknowledged that there had been low interest in attending the virtual consultation events. However he said that the responses received to date had been supportive of the proposal to introduce Body Worn Video and added that the proposal had been particularly welcomed by staff.

He said that members may have seen media coverage about serious assaults of two members of staff towards the end of December. Mr Bloomfield said that he had spoken to the members of staff after the incident and both he and Ms Byrne had recently met with them. He indicated that both had said they would feel much safer returning to work if they had Body Worn Video.

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

6 **NIFRS/NIAS Collaboration – presentation (TB10/02/2022/03)**

The Chair welcomed Mr Johnny McArthur, Emergency Planning Officer, to the meeting and explained that, in Ms Charlton's absence, he would speak to the falls work being taken forward with NIFRS.

Introducing the presentation, Mr Bloomfield alluded to the discussions which had been taken place with NIFRS colleagues on potential areas of collaboration and said he thought it would be helpful to provide an update to members. He said that the Chair had mentioned earlier her intention to provide a joint presentation to the Minister and the wider HSC Chairs Group. Mr Bloomfield said that there had been some media coverage of the potential for collaboration between NIFRS and NIAS following the tragic death of five year old Maggie Black in Glenarm on 1 December. He advised that the Black family had petitioned for NIFRS to respond to cardiac arrest calls, particularly in rural areas where ambulance response times were challenging.

Members received a detailed presentation covering the following areas:

- Estates/fleet;
- Responding to cardiac arrest calls;
- Responding to falls;
- Driving support.

Mr Dennison welcomed the collaboration being taken forward and said it was a great example of partnership working.

Mr Ashford also welcomed the progress made and expressed disappointment that the 2016 pilot had stalled following concerns from the Fire Brigade Union. He commended the concept of sharing locations and believed this was a sensible approach. Mr Ashford referred to historical issues around rental costs when sharing accommodation and asked whether these issues had since been resolved.

Continuing, Mr Ashford alluded to the number of retained fire stations across Northern Ireland and asked whether there would be additional costs to NIAS should it become necessary for retained firefighters to respond to emergency calls.

Mr Ashford welcomed the fact that NIAS would provide basic lifesaving (BLS) skills and asked whether this would create unnecessary pressures for NIAS' training team. He also referred to a comment from Mr McArthur that the collaborative work with NIFRS around responding to falls would would be delayed and asked if any issues affecting this could be resolved.

Responding to Mr Ashford's query around the sharing of locations, Mr McNeill explained that the Trust had formal contractual arrangements in the form of Memorandum of Understanding for each facility. He confirmed that there was a nominal charge for use in terms of rent but clarified that this was minimal in comparison to the potential charges should NIAS have to look for a separate deployment point in important strategic locations.

Dr Ruddell confirmed that NIFRS had given an undertaking that there would be no additional costs to NIAS either in terms of call-out fees or training. He acknowledged that the provision of BLS skills had involved additional work for the training team but he clarified that, moving forward, NIAS would not provide the training.

Mr Bloomfield reiterated Dr Ruddell's point that NIAS would not incur any additional cost. He said that he had had direct discussions with Mr O'Reilly, Chief Fire Officer, who had assured him that NIFRS would cover any costs and anything requiring additional funding would be sought from the DoH via a business case.

Mr McArthur clarified that the falls initiative had slowed slightly as a number of strategic and tactical leads were involved in both the cardiac arrest and falls work. He said that focus would be placed on bringing the work around responding to cardiac arrest calls to completion and allowing the focus then to be placed on the falls initiative.

Mr Ashford said he appreciated the responses offered and reiterated his support for the collaborative working approach shown by the two organisations.

The Chair thanked those concerned for their input to the presentation and asked that the Trust Board would be kept updated on the roll-out of this work as well as the impact on patients.

The presentation on the NIFRS/NIAS collaboration was **NOTED** by members.

7 **Performance Report & Covid-19 Update (TB10/02/2022/04)**

Introducing this agenda item, Ms Paterson explained that she would take the paper as read and invite colleagues to speak to any particular areas of concern or improvement that were outwith the Trust's service performance during Covid-19.

She advised that the report covered data captured to December 2021 and therefore reflected the Trust's prolonged period in REAP 4. Ms Paterson referred to the inclusion of benchmarking with other ambulance service providers across the UK. She explained that this contextual information had been provided to demonstrate that NIAS was facing similar challenges and conditions as other ambulance services and the NIAS indicators were broadly in line with national performance. Ms Paterson indicated that this would become a standard feature of the report moving forward.

Continuing, Ms Paterson pointed out that the QSI Directorate had incorporated detail in relation to Trust complaints and compliments. She reminded the meeting that the performance report would continue to evolve over the next financial year, with particular focus on quality and performance and added that Mr McCracken and Mr Maguire's attendance at today's meeting was timely.

Ms Paterson advised that the current pressures facing the Trust and the action taken by the Trust to address or mitigate the impact were also detailed within the report.

Ms Byrne highlighted a number of operational actions which had been taken to support pressures. These included the development of a Clinical Safety Plan (CSP) which would operationally support the REAP and which was in keeping with other Ambulance Trusts. She advised that the CSP had been designed to be both simple and dynamic to implement supporting operational response in a timely and appropriate manner, thus enabling a NIAS-wide response as soon as identified triggers had been met. Ms Byrne said that final scoping work continued to identify requirements and ensure sufficient and appropriate staff were available to embed in practice.

Ms Lemon reported that there were high levels of absence being experienced across the HSC as well as nationally and she highlighted a number of initiatives underway to address this. In terms of long-term absence, Ms Lemon referred to the introduction of a new Deployment Framework and said that the Trust had recently redeployed 17 members of staff on a long-term basis. However she pointed out that this had resulted in 17 vacancies now needing to be filled on a permanent basis. Ms Lemon said that the Trust was currently trialling this approach and working with Trade Union colleagues to formalise the Framework.

Continuing, Ms Lemon reported that Dr Sarah Meekin, Consultant Clinical Pscyhologist from Belfast Trust, was now working directly with NIAS one day per week with a view to looking specifically at mental health and mental health absence and assist NIAS in strengthening its approach to this important issue.

The Chair welcomed Dr Meekin's involvement with NIAS and said her involvement would be key for staff. She referred to the actions being taken to address the current pressures, in particular the welfare hubs at EDs, and said that it was clear from social media that the development of the hubs had been greatly appreciated by staff.

Dr Ruddell referred to the progress made in the context of clinical developments and said he intended to give a detailed presentation at a future meeting of Trust Board.

Mr Bloomfield referred to the national benchmarking, in particular between February and December 2021, of the mean Category 1 response and acknowledged that, while the national performance on Category 1 was stronger than NIAS, it had increased by 2.27 mins over the eleven month period while NIAS performance had increased by 2.43 mins. He pointed out that this showed that NIAS had performed consistently against other ambulance services.

Continuing, Mr Bloomfield acknowledged that response times continued to deteriorate but pointed out that the national response time for Category 2 calls had increased by 35 minutes whereas NIAS response had increased by 23 minutes. He referred to a number of national benchmarking statistics which clearly showed NIAS was experiencing pressures which were consistent with other UK ambulance services.

Mr Bloomfield said that concerns had been expressed at the recent Safety Committee in relation to the Trust's performance. He expressed concern at the deterioration in performance but believed it was worth highlighting NIAS' performance in respect of Category 2 and 3 responses where the deterioration had been less marked than it had been nationally.

Mr Ashford welcomed the evolving format of the Performance Report and drew the meeting's attention to the fact that, in December, over 9,000 hospital arrivals had been delayed over 15 minutes, resulting in over 7,000 hours being lost to delay outside hospitals. He commented on the significance of these figures and asked if the Trust intended to issue any communications around this.

Mr Ashford also welcomed the clinical developments referred to earlier by Dr Ruddell. He referred in particular to the REACH project which was operational in a number of Divisions and asked whether the Trust was starting to see the benefits of this technology.

The Chair commented on the format of Performance Report and reminded members that they should forward Mrs Mooney any suggestions they may have for further enhancement. With regard to the lost operational hours, the Chair was of the view that it was helpful to have this information translated to shifts/crews per day and agreed with Mr Ashford re the significance of such figures.

Ms Byrne pointed out that 18% of the Trust's planned cover had been lost on that day and clarified that this was 18% of crews who were not available to respond to calls in the community. She explained that this was very much linked to Category 2 performance and acknowledged that patients in the community were experiencing unacceptable delays in response.

Ms Byrne reiterated that the Trust was doing everything possible through engagement with other Trusts and EDs to improve the position.

Dr Ruddell alluded to similar pressures being experienced across the UK and indicated that other ambulance services had lost up to 9,000 operational hours in one week.

Ms Paterson acknowledged the deteriorating performance times and expressed concern at these but pointed out that NIAS performed better than the rest of the UK in responses to Categories 2 and 3.

Mr McNeill pointed out that, while resolving the turnaround times would help, investment would still be required to fund 4,500 additional hours per week through the CRM staffing structure.

Responding to Mr Ashford's earlier comment re progress around the REACH project, Ms Paterson advised that several hundred hand-held devices had been issued to paramedics across the region and added that a training programme was ongoing. She explained that the project had been paused just before Christmas due to surge pressures but had since recommenced.

Dr Ruddell, agreeing with the comments made by Ms Paterson, said that the REACH project would enable the collation of data to be used by the Trust in a number of ways and said that the future presentation to Trust Board would include reference to how the REACH data would be used to inform service improvement.

The Chair welcomed this and said she looked forward to how the information gathered from REACH would inform the work of the Trust Committees. She referred to the update on REACH implementation given by Ms Johnston at the December Trust Board and said it had been agreed that Ms Johnston would provide a further update once the REACH system had been embedded into operations.

Mr Abraham expressed his frustration that no progress had been made in resolving delayed handovers and suggested it would now be timely to consider a different approach to this issue. He said that having ambulances waiting for extended periods of time outside EDs was not sustainable in the long-term and was of the view that more effective action was required by Trust Chief Executives.

The Chair said she suspected that management would share Mr Abraham's frustration at the lack of progress around this issue.

Mr Bloomfield agreed with the Chair's comment and said that the issue of delayed handovers had been the subject of discussion at many meetings with Trusts, the HSCB and Department of Health.

He acknowledged that it presented a significant risk for the Trust and recognised that there had been a lack of progress.

Mr Bloomfield referred to the Rebuilding Management Board, which had been established by the Minister and chaired by the Permanent Secretary, and advised that the most recent meeting had received an update report on the No More Silos plan. He reminded the meeting that one of the ten actions to be taken forward by Trusts was the introduction of an ambulance handover zone where patients could be handed over more quickly, thereby allowing ambulance crews to leave. Mr Bloomfield said that the update report had commented on the fact that the handover zones were not showing an impact on average patient handover times. He said that he had taken the opportunity to point out that turnaround times had deteriorated significantly despite the creation of the handover zones.

Mr Bloomfield said that Ms Byrne continued to undertake site visits with the HSCB to gauge the effectiveness of the handover zones and noted that, in some sites, the zones had not yet been established. He noted that, when the NIAS had experienced extreme pressure on 30 December, Trusts had been able to release ambulances at that time when required. Mr Bloomfield said that he had discussed the situation in detail with the HSCB Chief Executive who had asked her team to look at the issue in its totality. He emphasised that this was the role of the HSCB and NIAS would continue to highlight the issue and its impact on services.

Mr Bloomfield referred to the report published by the Association of Ambulance Chief Executives in relation to the harm caused to patients waiting in the back of ambulances and said that this same issue was replicated across other UK ambulance services. He welcomed any suggestions from members as to potential solutions.

Mr Abraham explained that his sense of frustration was coming from the fact that NIAS management was doing everything within its power while other Trusts, in his view, could be doing more to resolve the matter. He reiterated his view that it would be timely to look at other innovative ways.

Mr Bloomfield reminded members of the Permanent Secretary's correspondence of November 2020 on 'Addressing Ambulance Handover Delays' which clearly stated that the issue was '… a

hospital problem that we are currently inappropriately transferring to the ambulance service…'. Mr Bloomfield was of the view that, while it would be easy for NIAS to take the approach that the issue was for other Trusts to resolve, it was important for the HSC system to work together.

Ms Byrne agreed with Mr Bloomfield's point that this was very much a system-wide issue. She reiterated the point that the creation of ambulance handover zones was only one of the ten key actions identified in No More Silos. Ms Byrne referred to the likelihood of ambulance handover zones filling up quickly with patients and emphasised the need for Trusts to improve flow through hospitals at scale and pace.

The Chair acknowledged the frustration felt by Mr Abraham and said it would be important for the Trust Board to know that management was taking every available opportunity to address the issue and could only do what was within its remit.

Mr Nicholson said that he welcomed the discussion and cautioned against raising expectations of other HSC organisations around an expectation that NIAS might resource solutions.

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

8 Late Finishes – update (TB10/02/2022/05)

The Chair welcomed Mr Neil Walker, Interim Assistant Director of Planning and Performance, to the meeting.

At the Chair's invitation, Ms Paterson introduced this agenda item by explaining that, as part of the planning and managing the impact of the Omicron variant, a Surge Cell had been established in November 2021. She advised that its key aim was to identify and implement mitigation and improvement to support service delivery and staff welfare. Ms Paterson pointed out that, while the issue of handover delays had been well documented, it had been and continued to be particularly challenging for those staff directly impacted. She said that SMT had agreed that one of Surge Cell's objectives would be implementing a solution which would limit the impact of late finishes on NIAS staff and thereby improve staff and

patient safety as well as reducing the compensatory rest directly impacting hours of cover available to deliver the service.

Ms Paterson handed over to Mr Walker who provided a detailed update on what had been achieved to date in relation to late finishes.

Mr Walker advised that work was undertaken to identify four options which were within the Trust's ability to deliver, namely:

- Morning Finishes – identifying crews to go straight to EDs to relieve colleagues;
- Evening Handover shifts – additional shifts to core to relieve evening crews;
- Crew Relief Teams - a team which is mobile in the Greater Belfast area that can utilise static or mobile vehicle infrastructure (this has evolved from the original receivers model);
- Derogation list – a list of Category 2 calls that can be held by EAC to prioritise getting crews finished at the end of shift.

He then took members through the detail of the work undertaken within each individual area.

Ms Lemon commented that, as well as the operational impact of this work, it was a very important workstream in terms of real life examples affecting staff wellbeing and demonstrated the culture of caring for staff. She indicated that these were also the workplace factors impacting on absence levels.

Ms Byrne acknowledged that the project had required considerable input and effort and said that the logistics had proved challenging. However she said that the work had proved to be valuable and had been appreciated by staff.

The Chair agreed with the comments made by Ms Byrne and said that staff clearly recognised that the focus was on their welfare. She referred to the enthusiasm and willingness to try different solutions with a view to making it work.

Mr Ashford welcomed the progress made and described it as hugely important.

Ms Lemon said that, when absence levels and absence management processes were discussed, it was important to consider the workplace factors which impact on health and wellbeing. She acknowledged that it represented a shift in organisational culture and said it had been a priority for the Trust. She agreed with Ms Byrne's comment that the work had been very much appreciated by staff and emphasised the need to focus continually on this proactive work rather than on those occasions when staff were ill.

Dr Ruddell said it would be important for Trust Board's attention to be drawn to the approach being taken in terms of actively delaying emergency responses to some calls. He pointed out that Category 1 calls were preserved. However Category 2 calls were examined with a view to identifying those calls which would have a time-critical element and ensure the response was not delayed.

Dr Ruddell explained that the Trust was permitting an active delay to some other emergency calls which may have had a planned response time of 18 minutes.

Continuing, Dr Ruddell advised that the Trust could be subject to medico-legal challenges if there were adverse outcomes in actively delaying responses to patients. He said that he was grateful for the support of the Trust's Senior Management Team in this regard and said it was a case of balancing risk against realistically having crews waiting at EDs who were already past the end of their allocated shift and the associated lost operational hours involved in ensuring crews received compensatory rest periods.

Dr Ruddell said it would be important for members to be aware of the potential implications but added that it was felt to be a necessary measure because of the overall benefit.

The Chair thanked Dr Ruddell for his explanation and agreed that it would be important for the Trust Board to be fully aware of the implications of a derogation list. She referred to the knock-on effect of keeping staff waiting at EDs beyond their shift and not being able to provide the quality of care to patients. The Chair was of the view that, in order for staff to have improvement in their health and wellbeing as well as ensuring they received appropriate rest periods, this would undoubtedly have a positive impact on patients.

Mr Haslett welcomed this work and said it was encouraging to see the progress made.

Mr Bloomfield thanked those involved in the project, in particular Mr Walker for his leadership. He said that he had previously described late finishes as the biggest single issue facing staff and that, on occasions, staff could be working shifts of up to 18 hours. Mr Bloomfield said that it was appropriate that Dr Ruddell highlighted the potential risks associated with the derogation list.

Continuing Mr Bloomfield referred to the many benefits of this work and said that, as well as addressing the immediate issue of late finishes, the work also demonstrated to staff that the Trust was determined to identify solutions to issues facing staff. He added that staff themselves had been involved in identifying the potential solutions to late finishes and said that, having local solutions had been key rather than introduce a Trust-wide solution.

Dr Ruddell indicated that every single call which had been held was examined to inform the ongoing review of the derogation list and he advised that no adverse incidents/impacts had been highlighted.

The Chair sought clarification around the monitoring of the derogation list and asked if consideration had been given to reporting this through to a Committee.

Dr Ruddell said that he would welcome this and said that the monitoring of calls would continue for the foreseeable future.

The Chair suggested that Mr Walker should liaise with Mr Ashford as Chair of the Trust's Safety Committee with a view to having a reporting line to that Committee.

Ms Paterson suggested that consideration should also be given to including this on the Corporate Risk Register and clarified that the late finishes work would represent the mitigations which had been put in place.

The Chair commended the significant amount of work which had been carried out in such a short timeframe and said members would look forward to further updates on this work.

The Late Finishes update paper was **NOTED** by the Board.

9 **Finance Report (Month 9) (TB10/02/2022/06)**

At the Chair's invitation, Mr Nicholson highlighted the salient points of the Finance Report at Month 9.

He reported that the Trust's Revenue Resource Limit (RRL) had increased by £822,000 since the last report in October which was in line with income assumptions and closed down the expected allocations for Covid-19 and demography.

Mr Nicholson explained that additional non-recurrent support had been provided to the Trust to meet pressures and savings shortfalls during the year and therefore it was not expected that any further savings would be required.

Continuing, Mr Nicholson advised that pay awards were implemented in January salaries and that resources in line with costs were expected but had yet to be formally confirmed. He said that further allocations were also expected in relation to the non-consolidated pay uplift announced by the Minister, additional outstanding annual leave and overtime entitlement during annual leave.

Mr Nicholson pointed out that the Trust remained in discussion with the DoH and HSCB in relation to the last paramedic training course, Cohort 4. He advised that the Directorate financial position remained challenging with additional expenditure and associated resources due to Covid-19. Mr Nicholson added that VAS/PAS expenditure remained significant and had shown an increase on the prior year for the last four months.

Mr Nicholson pointed out that, as mentioned earlier in the meeting, the Trust continued to rely heavily on overtime and expenditure in this area over the last four months had been significant, with additional costs being incurred through premiums for overtime agreed regionally and applied in NIAS.

Mr Nicholson noted that capital resources were £8.432 million and said the narrative should read £1.905 million expenditure at the end of December rather than £1.095 million.

Mr Nicholson reported that the Trust's performance against the prompt pay target remained strong and was on track to be achieved cumulatively at the end of the year.

He advised that planning for 2022-23 was an ongoing process but detailed work across HSC with HSCB and DoH had commenced. However he acknowledged that, while it was expected to be a challenging year in financial terms, current political events may have an impact.

Mr Nicholson was of the view that these challenges could be exacerbated as NIAS and the wider HSC started to move away from some of the response measures implemented in response to Covid-19 or secure funding if they were to continue to ensure financial stability was maintained.

The Chair thanked Mr Nicholson for his comprehensive report and said she was mindful that the People Committee would have an opportunity at its meeting next week to examine the finances in further detail. She confirmed there were no questions from members.

The Finance Report was **NOTED** by members.

10 **Surge and Winter Plan (TB10/02/2022/07)**

Ms Paterson drew members' attention to the Quarter 4 Plan which was submitted to the HSCB and DoH. She advised that the plan had been developed in collaboration with HSC Directors of Planning to provide assurance over regional and local actions being taken as well as outlining initiatives required to help respond to additional anticipated demand arising during winter 2020.

She referred to the addendum accompanying the Plan and explained that all Trusts had been asked to review and update their plans in December 2021 to reflect additional escalation actions required to support the anticipated surge resulting from Omicron as these had not been detailed in the main plan.

Members **NOTED** the Plan.

11 **Application of Trust Board Seal**

Mr Nicholson reported that the Trust Board Seal had been applied in duplicate to four property leases as follows:

- Serial no: 102 Lease Renewal – Unit 3, 7 (Garage) Newmills Industrial Estate (new term 5 years, 1 October 2020 - 30 September 2025)
- Serial no: 103 Lease Renewal – Unit 7, 7 (Bungalow) Newmills Industrial Estate (new term 5 years, October 2020 - 30 September 2025)
- Serial no: 104 Lease NEW!!! – Units 4 &5, 7 (Make Ready) Newmills Industrial Estate (start/commence date 16 April 2021 - 30 September 2025)
- Serial no: 105 Lease Renewal – Unit 39, GTU Business Park Derriaghy (new term 5 years, 1 November 2021 - 31 October 2026)

The Board **NOTED** this report.

12 **Committee Business:**

- **Audit Committee**
  - **minutes of 2 December 2021 & report of meeting on 3 February 2022**
- **Safety, Quality, Patient Experience and Performance Committee**
  - **minutes of 25 november 2021 & report of meeting on 27 January 2022;**
- **People, Finance & Organisational Development Committee**
  - **report of meeting on 9 December 2021 (TB10/02/2022/08)**

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

Mr Abraham advised that the Committee had now had its first formal meeting as the Audit and Risk Assurance Committee on 3 February and would look at how best to operate with its revised responsibilities. He said that Mrs Mitchell and Ms Paterson would provide support in relation to this. Mr Abraham said that, following discussion at the February meeting, Ms Paterson had undertaken to examine a number of issues relating to Covid-19 in terms of their impact on the risks recorded in the Risk Register.

With regard to the Safety Committee, Mr Ashford advised that the Committee had received a presentation from a number of Directors around safety concerns for patients and staff as well as the associated mitigations. He said that, from April onwards, he intended to structure the agenda to more accurately reflect the remit of the Committee.

Mr Dennison reported that the December People Committee had considered a range of issues from HR with a common thread of having clear or specific outcome focussed objectives. He advised that a workshop would be scheduled before the next Committee meeting to consider a number of HR priorities with a view to planning the Committee's workload over the coming months.

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

13 **Date of Next Meeting**

The next Trust Board meeting will take place on Thursday 24 March 2022 at 10am.

The Chair said she very much hoped that it would be possible for this to take place at the Mount Conference Centre and added that members would be kept updated. She asked members with any concerns about the face-to-face meeting to speak to her directly.

14 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 1.30PM.

SIGNED: Nicole Caper

(electronically signed due to Covid-19)

DATE: 24 March 2022