



**Minutes of NIAS Trust Board held on Thursday 24 March 2022 at  
10am via Zoom (due to Covid-19)**

<b>Present:</b>	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr J Dennison	Non Executive Director (left the meeting at 11am and rejoined at 11.20am)
	Mr T Haslett	Non Executive Director (left the meeting at 12.30pm)
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
<b>In Attendance:</b>	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr B McNeill	Programme Director - Clinical Response Model (CRM)
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Mrs C Mooney	Board Secretary
	Mr C Carlin	Boardroom Apprentice
	Mr N Walker	Interim Asst Director of Planning & Performance (for agenda item 6 only)
	Mr C Thompson	Head of Strategic Transformation (for agenda item 7 only)
Mr D Flannagan	Head of Safeguarding (for agenda item 10 only)	
<b>Apologies:</b>	Mr D Ashford	Non Executive Director
	Ms M Lemon	Interim Director of HR
	Ms R O'Hara	Programme Director – Strategic Workforce Planning

## 1 **Welcome, Introduction & Apologies**

The Chair noted that apologies had been received from Mr Ashford, Ms Lemon and Ms O'Hara 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 said that she had hoped to be able to hold the Board meeting face-to-face but had decided against this given the context of the continued high incidence of Covid-19 infections.

The Chair noted that it had been two years since the Board had met on a face-to-face basis. She advised that it was her intention to meet with Committee Chairs in May and said she would welcome if Directors could make themselves available to drop into the meeting on an informal basis.

## 2 **Previous Minutes (TB24/03/2022/01)**

The minutes of the previous meeting held on 10 February 2022 were **APPROVED** on a proposal from Mr Dennison and seconded by Mr Haslett.

## 3 **Matters Arising (TB24/03/2022/02)**

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

Ms Paterson advised that consideration was currently being given to whether Late Finishes should be included on the Corporate Risk Register and added that this would be confirmed at the Audit and Risk Assurance Committee meeting scheduled for 14 April.

## 4 **Chair's Update**

The Chair reminded colleagues that Trust Board had received a presentation at the February meeting on NIAS/NIFRS collaboration. She said that she had been pleased to attend the handover of Maggie's Call Petition by the Black family at Carnlough Fire Station along with Mr Bloomfield and other NIAS staff. She added that the Minister had also been in attendance along with the Chief Fire Officer, Mr Peter O'Reilly, and senior members of his team.

Continuing, the Chair explained that, when appropriate, NIFRS would co-respond with NIAS to cardiac arrest calls and said that the first fire station to adopt this collaborative approach was Carnlough. The Chair extended her thanks to those NIAS staff who had helped train NIFRS colleagues. She acknowledged the role of the Board in supporting staff to ensure the initiatives were delivered.

The Chair said she wished to pay tribute to the Black family who had supported the development of the petition following the tragic loss of their daughter in December 2021 and who had conducted themselves with great dignity throughout this tragedy. She said the family had called for NIAS/NIFRS to work together, particularly in rural areas, but wherever appropriate to co-respond to calls.

The Chair reported that she had had the pleasure of attending the launch of the Mourne Community First Responder scheme with Ms Charlton and Dr Ruddell. She explained that a number of individuals, many of whom had had a clinical background, had come together to provide emergency response in a rural setting. The Chair paid tribute to Ms Stephanie Leckey and her team who worked with the volunteers to establish the scheme and ensure everyone involved received the necessary training.

Ms Charlton commented on the level of community support for the scheme following the tragic death of James Grant. She explained that those involved had raised a significant amount of funding in order to establish the scheme and purchase the necessary equipment as well as securing from other sources.

The Chair said she had taken the opportunity at the recent Minister and HSC Chairs' meeting to advise the Minister of the collaborative initiatives between the organisations and he had been very encouraged and supportive of the approach.

Dr Ruddell commented that NIAS had provided the necessary training to NIFRS colleagues with a view to rolling-out the initiative out across a number of NIFRS stations. He advised that, unfortunately following the Fire Brigade Union (FBU) expressing a number of concerns, progress on rolling out the initiative had paused. Dr Ruddell indicated that Carnlough station continued to co-respond when appropriate and said that NIAS remained ready and willing to resume training NIFRS staff.

Ms Byrne suggested that it would be important to reference these collaborative initiatives in the Trust's performance updates with the Health and Social Care Board in the context of NIAS proactively progressing initiatives. She explained that the Trust would report on its response times to the HSCB and acknowledged the significance of turnaround times outside EDs and the impact of these on response times.

The Chair welcomed this suggestion and believed it demonstrated that the Trust was willing to work in partnership with others to ensure it could deliver the best possible service.

The Chair reported that she had been delighted to attend the Menopause Café, an event organised as part of International Women's Day and organised by Ms Ann Marie McStocker.

Concluding her report, the Chair advised that she had recently attended the Health Summit held by the Minister to discuss and identify priorities for the HSC system as a whole.

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

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

Mr Bloomfield commenced his report by noting the service pressures across the HSC system. He explained that, by this time of year, the service would normally be emerging from a period referred to as 'winter pressures' with demand starting to ease on the HSC system. However he said that was not the case this year and added that this week saw some of the highest number of patients waiting in EDs to be admitted to hospital.

Mr Bloomfield said that the impact on NIAS services in terms of the handover delays and the response to the community was significant. He said that members would be aware of the pressures from media reports and he noted that an Early Alert had also been shared with members.

Mr Bloomfield reported that tragically on 28 February a patient died following an eight hour wait in the back of an ambulance outside the Ulster Hospital. He said that while the circumstances were

distressing for those staff involved, it was most tragic for the family of the patient and he extended his deepest sympathies to the family.

Mr Bloomfield advised that Dr Ruddell, Ms Charlton and Ms Byrne, and representatives of the South Eastern Trust, had met with the patient's family to discuss how the Trusts would jointly conduct a Serious Adverse Incident review into the circumstances of the patient's death and identifying any learning.

Continuing his report, Mr Bloomfield said that the Chair had already mentioned NIAS' work with NIFRS around co-responding to cardiac arrest calls. He noted the courage shown by the Black family at the handover of the petition as well as in the days following their daughter's death. Mr Bloomfield indicated that the Minister had announced the collaborative initiative on 25 February and NIAS had commenced the training of NIFRS colleagues on 26 February. However he said that, very soon after the announcement, the FBU had expressed some concerns and the initiative had been paused until these had been resolved.

Mr Bloomfield said that NIAS and NIFRS had put in place plans to train firefighters in four stations within a few weeks and he expressed disappointment that the initiative had paused so early in its operation. He noted that the firefighters in Carnlough had continued with the initiative and were willing to respond to calls when appropriate. Mr Bloomfield said that he had contacted Mrs Black to reassure her of the Trust's commitment and that NIAS was ready to resume training when the issues raised by the FBU had been resolved. Mr Bloomfield advised that the Chief Fire Officer who had been very supportive of the initiative had recently tendered his resignation but he understood would remain in post until the end of June.

Mr Bloomfield reminded the meeting that the other area of work that the Trust had been keen to progress had been around responding to falls and said he was disappointed that this too was now likely to be paused. However he undertook to keep the Board updated on progress.

Mr Bloomfield reported that he had recently welcomed a new group of Emergency Medical Dispatchers (EMDs) to work in the Control Room as well as meeting with the latest group of Emergency Medical Technicians (EMTs) and Ambulance Care Attendants

(ACAs) to complete their training. He referred to the enthusiasm of the groups of staff and said they had been complementary of the training experience provided by the Trust. Mr Bloomfield added that these groups of staff had recently commenced operational duties.

Continuing, Mr Bloomfield advised that he had also met with the fourth and final cohort of Foundation Degree paramedic students to be trained by NIAS, bringing an end to 33 years of paramedic training by the Trust. He explained that, following completion of this training, students would then be trained entirely through the BSc provided by Ulster University. He said that it was fitting that the Minister had also met with the students during their first week. Mr Bloomfield said that he would like to place on record his thanks and appreciation to all those involved in paramedic training over the years. He pointed out that over 120 paramedics had been trained through the Foundation Degree programme in the last three years.

Mr Bloomfield reminded the meeting that the last graduation ceremony for the first cohort of Foundation Degree students had been held in December 2019 with the pandemic impacting on subsequent ceremonies. He advised that discussions were ongoing with Ulster University to have a formal ceremony over the summer months for a number of cohorts and he undertook to keep the Board apprised.

Mr Bloomfield advised that the Trust had been asked to host the first Prince of Wales Nursing Cadet Scheme in Northern Ireland. He explained that the Scheme, which operated in the rest of the UK, helped young people who are marginalised or disadvantaged in society. Mr Bloomfield indicated that the Scheme was being operated by the Royal College of Nursing (RCN) on behalf of the Prince of Wales and he added that the RCN would provide support to those young people taking part in the Scheme and cover the associated costs. He said that the Trust was asked to provide 20 hours of work experience over a period of a few weeks and advised that NIAS was the first organisation in Northern Ireland to be asked to participate in the Scheme. Mr Bloomfield said that details were currently being finalised and he would arrange to bring a more detailed presentation to a future Board meeting.

Mr Bloomfield advised that the Trust had received correspondence dated 4 March from the Permanent Secretary in relation to '2021/22 End Year Governance and Accountability Arrangements and

Restart of ALB Sponsorship/Governance Activities from 2022/23'. He explained that this followed on from correspondence on the same subject received in December 2021. Mr Bloomfield advised that the correspondence sets out the required end of year processes for 2021-22 and referred to the fact that normal ALB Sponsorship and Governance arrangements would be reinstated from 1 April 2022.

At the Chief Executive's request, Mrs Mooney undertook to share a copy of the correspondence with members.

Mr Bloomfield advised that Mr Peter May would assume the position of Permanent Secretary for Health and said he would look forward to welcoming him to NIAS. He indicated that, after almost eight years as Permanent Secretary, Mr Richard Pengelly was moving to a new role at the Department of Justice.

Concluding his report, Mr Bloomfield advised that virtual Staff Recognition Awards would be held on Friday 1 April. He said that members would recall that the Trust had held its first Award ceremony in 2019 and had received positive feedback from staff. Mr Bloomfield explained that the Awards had to be cancelled over the last two years due to the pandemic and it was felt important to proceed with them this year.

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

## **6 Update on the implementation of the NIAS Corporate Plan 2022-23 (TB24/03/2022/03)**

The Chair welcomed Mr Neil Walker, Head of Performance, to the meeting and invited Ms Paterson to introduce this agenda item.

Ms Paterson drew members' attention to the paper which set out the Trust's progress against the corporate objectives agreed for delivery in 2021-22.

She explained that this year had seen the Trust implement review processes at Directorate level and she added that this introduced a level of accountability and support for the Senior Management Team in delivery of their plans.

Continuing, Ms Paterson advised that there were plans to capture important milestones in conjunction with the transformation agenda. She explained that, when the Trust published its Corporate Plan in 2021-2022, the strategic transformation approach and infrastructure had not been in place to align with the Corporate Plan.

Mr Walker highlighted the salient points of the update to members which provided detail up to 28 February. He referred to the fact that, since preparing the paper for Trust Board, further progress had been made and the Trust was now approaching 50% completion of the objectives identified for delivery throughout 2021-22 with a number of deliverables still being targeted for the end of the financial year. He added that the Trust was projecting completion of more than 50% by end year with around 40% of objectives having to be transferred to the following year.

Mr Walker explained that, of the 40%, a number of HR and PCS objectives had been transferred to established improvement programmes with a view to having plans in place for their delivery in the next financial year. He indicated that those objectives which had not been completed would be subject to the same assurance framework.

Referring to the approach for the next financial year, Mr Walker alluded to the need to incorporate the work of the Transformation Team and seek assurance across Directorates in a co-ordinated manner. He explained that the vision for corporate assurance and the Corporate Plan was to introduce a planning cycle. Mr Walker proposed that, in the autumn, the Transformation Team would engage with Trust Board with a view to understanding its objectives and what the Board would like to achieve in 2022-23 as well as having a clear understanding of organisational objectives. He said that the introducing of a planning cycle would allow for a more proactive approach and early identification of objectives for delivery.

The Chair thanked Mr Walker for his update. She acknowledged the progress which had been made despite the challenges faced by the organisation and the long periods of time spent at REAP level 4.

Mr Dennison sought clarification on why those objectives not yet commenced had been coded as white.



In response, Ms Paterson acknowledged that they could be coded as red but clarified that she did not wish to confuse them with those objectives which had been started but were experiencing significant delay. She suggested that it might be helpful to include a summary or the traffic light key near the start of the update.

Ms Byrne commented on the intention to evaluate the progress against objectives on a six-weekly basis and acknowledged that this was a short timescale. However, she clarified that objectives would be assessed on a trajectory basis.

Mr Walker noted that, as part of the HR improvement programme, work was being taken forward to baseline against all sickness data. He said that, while the Trust was clear on the sickness data in the current climate, further work was required to examine this in detail.

Referring to this point, Ms Paterson explained that it was possible to extract local abstraction data through HRPTS and said there was a statutory requirement to submit this to the DoH. However, she explained that there were other sources of data from a time perspective which could influence the interpretation of that data. She said the work being taken forward would focus on ensuring that the sources of data were in line.

Mr Haslett reiterated the Chair's comments around the achievement of objectives despite the challenges faced by the Trust and welcomed the fact that 46% of objectives had been achieved and 25% were on track to be achieved at 28 February. He acknowledged the delays in progressing objectives due to Covid-19.

The Chair alluded to the fact that around 40% of objectives would be carried forward and plans for their implementation were in development. She noted that approximately 50% of objectives had been rolled forward from the 2019-20 year and sought clarification on how many had been rolled over again as it would be important from the Board's perspective to be aware of any objectives which were significantly outstanding. The Chair commended the progress which had been made but said that it would also be important to consider those objectives which had not been achieved.

Mr Walker acknowledged that work was required to identify those 'double roll-over' objectives.

The Chair welcomed this and suggested it would be helpful to see the correlation to ensure no objectives from 2019-20 remained outstanding.

Ms Paterson indicated that a reconciliation exercise would be straightforward in terms of advising on the current position as well as identifying where objectives were sited in the transformation programme. She welcomed this as an additional layer of focus and said if an objective was not incorporated into the work of the transformation team, consideration should be given to how best to address it. Ms Paterson undertook to provide an update to a future Board meeting.

The Chair referred to the objective within the Finance element of the Corporate Plan around ensuring the 'effective management and oversight arrangements of delegated budgets to deliver breakeven position in support of overall organisational financial responsibilities' and sought an update on the current position. She alluded to discussions at Trust Board and People Committee meetings in relation to Directorate budgets and was of the view that members would expect to see Directors managing their own budgets supported by the Finance Team.

Mr Nicholson advised that Directorates did have delegated budgets and acknowledged that further work was required in the 2022-23 year to progress this. He said that he would hope to be in a position to present on this to a future People Committee.

Dr Ruddell confirmed that the Finance Directorate had provided access to and training on his specific area of budget responsibility but agreed that further development would make this more user-friendly.

The Chair said that, as a member of the People Committee, she would expect Directors to report regularly to the Committee on the management of their respective budgets as well as briefing the Committee on pressures within their Directorates. She said she very much appreciated the collaborative approach between the Finance and other Directorates to ensure a breakeven position but that the focus must also be on Directors' control over their own budgets.

Mr Bloomfield acknowledged that, while the Trust Board finance report showed expenditure by Directorate, further clarity was required in relation to budgets.

Mr Dennison asked if there was a scale of delegated responsibility in terms of budget control within Directorates for planned or unplanned expenditure and sought clarification on whether these lay with Directors or Finance.

Responding, Mr Nicholson confirmed that there was a range of delegated expenditure limits. He explained that, through engagement with budget holders, budgets were developed at the start of the year. He added that the budget allowed for approximately 6% for sickness absence and indicated that budgets had been completely altered this year as a result of Covid-19. He acknowledged that the vast majority of the Trust's expenditure was on staff and further acknowledged that it would be useful for the People Committee to be aware of how budgets were built up throughout the year.

The Chair said she would welcome this approach and believed that it would be helpful for members of the People Committee to be aware of the detail.

Following this discussion, members **NOTED** the Update on the implementation of the NIAS Corporate Plan 2022-23.

The Chair thanked Mr Walker for his presentation and noted that he would remain for the next agenda item.

**7 Transformation Team Portfolio Delivery Report – February 2022 (TB24/03/2022/04)**

Ms Paterson introduced this agenda item by advising that the Portfolio Delivery Report provided a comprehensive overview of the eight programmes currently in train as well as their status and main risk and issues reported via the Strategic Implementation Group (SIG). Ms Paterson advised that the SIG group met to explore the interdependencies across the programmes whilst ensuring strategic priorities were agreed and solutions proposed to manage any potential challenges or delays.

At Ms Paterson's invitation, Mr Thompson took members through the detail of the report, providing the current status on each project. He explained that the red RAG status against the Telephony ICCS Replacement Project had been as a result of a technical hardware issue around a delay in delivery of key components of the build. Mr Thompson also pointed out that an update against the Strategic Workforce Planning Programme would be provided to the next Board meeting. He invited questions from members.

The Chair welcomed the update and said she had found it reassuring.

Mr Bloomfield acknowledged the importance of all the programmes and referred in particular to the strategic review of clinical education and the Patient Care Services (PCS) review which had been priorities for the Trust over the last few years. He said it was encouraging to see the progress made and the benefits of this approach. Mr Bloomfield said that Mr Thompson had highlighted that over 700 comments had been received in relation to the review of clinical education and added that it was exceptional to have that level of feedback. Mr Bloomfield accepted that issues had been identified for further examination as well as receiving comments from students on the support they had received during their training.

Mr Bloomfield said it was clear that progress was now being made on the PCS review. He reminded the meeting that there had been some concerns about the efficiency of the service and he had requested Internal Audit to undertake an audit of PCS. He acknowledged that there was now a much better understanding of what needed to be done to improve the service and said that a member of the London Ambulance Service with experience in this area of work was assisting in the Trust's review.

The Chair commended the 'sprint agile' approach being used and welcomed the progress being made.

Ms Paterson referred to the forthcoming HR Transformation workshop being held at the end of March and said this approach would assist her Directorate in better understanding how it could support the HR Directorate in moving forward.

Mr Dennison alluded to discussions at the People Committee on various elements of the HR function, for example health and

wellbeing, culture and recruitment and selection. He was of the view that there were two important issues to consider – the first relating to the linkages between these elements and their progression and second, how members would know if implementation had been successful. Mr Dennison alluded to the forthcoming workshop and said he had met with Mr Walker, Mr Thompson and Ms Cochrane to discuss the approach to the workshop. He added that Mr Thompson intended to have a ‘plan on a page’ demonstrating how the various elements were linked and provide a strategic overview.

Ms Paterson referred to the recent appointments within the Quality, Safety and Improvement Directorate of the Quality Improvement Leads and the Co-Production Partnership Lead and was of the view that these appointments would enhance and dovetail with the transformation programme.

The Chair welcomed these appointments and said she hoped the Trust Board would begin to see an increase in the delivery of some objectives which had stalled over recent months.

Mr Thompson stressed the importance of working in partnership and said there was a real recognition across the Trust of the need to adopt this approach.

Agreeing with the point made by Mr Thompson, the Chair alluded to this work cross-cutting across Directorates and welcomed the collaborative working evident throughout the Trust.

Ms Byrne agreed with the importance of collaborative working and the need to be agile and flexible. She said that she would like to place on record her appreciation for the support for bringing forward the PCS improvement plan.

The Chair said it was clear that a significant amount of work had been carried out and she believed the Trust Board could take assurance from the structure in place to deliver.

Members **NOTED** Transformation Team Portfolio Delivery Report – February 2022.

The Chair thanked Mr Thompson for his attendance and he and Mr Walker withdrew from the meeting.

## 8 **Performance Report & Covid-19 Update (TB24/03/2022/05)**

Ms Paterson indicated that the report covered data captured to February 2022 and reflected the Trust's prolonged period in REAP 4.

She drew members' attention to page 81 and the data which clearly demonstrated the correlation between handover times and the direct causal link and impact to response times within the community. Ms Paterson pointed out that it was indisputable from the correlation modelling that the longer NIAS resources were delayed at EDs, the longer patients would wait in the community for a response. She indicated that the strongest correlation was evident in Category 2 response times.

Ms Paterson explained that there was a weaker correlation in Category 1 response times and believed that this provided some assurance that the stand-by for ambulance release protocols with EDs was working when necessary. However, she stressed that the Trust's focus remained on reducing this to zero.

Ms Paterson advised that this information had been provided to the HSCB in recent performance management meetings and said HSCB colleagues had agreed to reflect this in their performance management meetings with other Trusts in order to focus attention on turnaround times across the HSC as well as flagging the risk for patients in the community.

Ms Charlton referred to staff absence and reported that the Trust continued to experience significant numbers of staff testing positive with up to 50 staff testing positive each week. She added that over 930 Trust staff had now tested positive for Covid-19 and said that members would appreciate the impact this had had on service delivery. Ms Charlton indicated that processes remained in place for risk assessments to be carried out to determine if safeguards could be met to return staff safely to work. However she acknowledged that this was not the case for all staff.

Continuing, Ms Charlton drew members' attention to page 82 of the report which set out a summary of SAIs. She reminded members that they continued to receive notifications of SAIs associated with

death and said that family/service user engagement continued. She acknowledged the very difficult and traumatic circumstance for families and carers and also the sensitivities and understanding required during family engagement. Ms Charlton said that she would continue to report SAIs to members and intended to provide an overview to the next Safety Committee with a focus on the human impact.

Mr Nicholson referred to the figure quoted earlier by Ms Charlton around 50 staff testing positive each week and explained that this translated to approximately 100 staff being unavailable for work at any one time. Ms Charlton clarified that the overall figure of approximately 100 staff included those required to self-isolate as close contacts as well as those testing positive themselves.

The Chair asked whether the monitoring of these figures identified those members of staff who had had multiple absences due to Covid-19 and whether this information was informing other work being undertaken by the Trust.

Ms Charlton referred to the internal contact tracing central database to monitor the figures involved and acknowledged that the incidence of staff with multiple absences as a result of testing positive for Covid-19 was relatively small. She confirmed that if a member of staff had tested positive less than 90 days previously, it would be important that arrangements would be made to look at this in detail to understand the circumstances. She reminded the meeting that regional guidance no longer required a PCR test to confirm a positive LFT test. Ms Charlton undertook to bring figures to the next Trust Board meeting showing the rate of re-infection amongst staff and benchmarking this against national figures.

The Chair said she would welcome this and added it would be helpful to be advised of the approach taken in such circumstances.

Ms Charlton pointed out that staff were also unavailable for work because they had been identified as close contacts and advised that a number of staff had multiple absences as a result of this. She said that the Trust's ability to confirm this was challenging. Ms Charlton added that the Senior Management Team was aware of the need for local management discussions to understand individual circumstances.

Mr Bloomfield indicated that the guidance had focussed on the fact that staff should self-isolate if there was any potential risk and he acknowledged the challenges in managing this. Continuing, Mr Bloomfield drew members' attention to page 76 of the report which referred to call answering performance. He said that members would be aware of the Trust's poor performance in this area and indicated that, a number of years ago, the Trust had had more calls waiting longer than two minutes than any other UK ambulance service. Mr Bloomfield said that the Trust's performance had improved month on month between July 2021 and February 2022 and it now benchmarked favourably against other ambulance services.

The Chair welcomed this and commended all involved.

Ms Byrne referred members to page 81 of the report which set out detail around the impact of handover times. She briefed members on the positive meeting with HSCB colleagues and said that they would be using the data presented by NIAS in subsequent performance meetings with other Trusts to highlight the impact of waiting times on NIAS' response to patients in the community. She advised that she and Mr Bloomfield took every opportunity, when meeting with counterparts, to stress the impact on the community.

Mr Haslett asked whether the handover times experienced by NIAS were comparable to elsewhere in the UK.

Responding, Ms Byrne confirmed that it was a national problem and said it was her understanding that other UK ambulance services were actually experiencing even longer handover delays. She stressed the need to address the delays using a HSC system-wide approach.

Mr Bloomfield expressed his agreement with Ms Byrne's comments and said it was clear from his attendance at national meetings with colleagues that handover delays were the biggest challenges facing health and social care.

He advised the meeting that he had been surprised at NHS England's recent decision to increase the handover standard from 30 minutes to one hour despite opposition from the ambulance sector. Mr Bloomfield referred to the clear frustration expressed by Trust Board at the lack of progress in resolving this matter and



advised that he would be writing to the HSCB Chief Executive to express concern at the lack of progress in addressing handover delays.

Mr Bloomfield assured the Board that, in his first meeting with the new Permanent Secretary, Mr Peter May, he intended to raise this issue with him and the real potential for patients to come to harm.

Dr Ruddell expressed his concern at the change in the handover standard in England and believed that doing so would not address the fundamental issue of handover delays. He explained that in England temporary modular buildings had been erected to act as handover zones but that there was an expectation that these would be staffed by ambulance crews. Dr Ruddell advised that significant concerns had been expressed by the Ambulance Medical Directors and had been of the view that there was no clear clinical rationale for the change in standard.

Mr Abraham said he very much appreciated that the Trust was making every effort to resolve the matter. He was of the view that risks never addressed by networks or institutions became institutionalised and believed that the Trust had become the 'overdraft' of the system. Mr Abraham said that the HSC system continued to put people's lives at risk by not addressing the issue. He suggested that the Trust Board's frustration should be brought to the attention of the DoH and the DoH requested to approach the matter differently.

The Chair agreed that it would be important for Trust Board to express its concern at the increasing risk to patients and said it was unacceptable from a quality of care perspective. She said that she had been encouraged by Ms Byrne's report of meeting with HSCB colleagues and the change in emphasis, particularly within Northern Ireland, to recognise that this was very much a system-wide challenge. The Chair said that she would look forward to hearing updates in the coming months and to a recognition that focus should move from NIAS to the whole HSC system.

The Chair said that Director colleagues would consider Mr Abraham's comment in relation to adopting a different approach and determine whether there were other actions which might be taken. She said that Mr Abraham was correct to emphasise the risk to patients and the impact on families and staff.

Mr Bloomfield said that the Trust would have no alternative but to consider what might be viewed as unpalatable solutions. He indicated his agreement with Dr Ruddell's view that erecting modular buildings would not go any way to resolving the issue and would ensure that the challenge remained with NIAS as opposed to system-wide. He said that patients waiting in the back of ambulances had only come about in July 2020. Mr Bloomfield pointed out that it was no longer possible to socially distance in EDs and said there was a need to revisit with other Trusts whether NIAS crews could return to queuing in EDs again.

Ms Byrne referred to the report published by the Association of Ambulance Chief Executives about the harm caused to patients while waiting in the back of ambulances outside EDs. She reminded members that, while NIAS had not contributed to the report, the circumstances were similar in Northern Ireland. Ms Byrne reiterated the fact that HSCB colleagues would reflect the impact of handover delays on patients, staff and those patients waiting in the community for a response and said that there was now a clear recognition that a regional direction of travel was needed to resolve the matter.

Following this discussion, members **NOTED** the Performance Report and Covid-19 Update.

## 9 **Finance Report (Month 10) (TB24/03/2022/06)**

Commencing his report, Mr Nicholson reported that the Trust was currently reporting a breakeven position for the ten months ending 31 January 2022 (Month 10), and also at the end of 2021-22 and said that this would be subject to a number of key risks and assumptions particularly in respect of Agenda for Change, investment, Covid-19 costs and efficiency savings.

Mr Nicholson advised that the Trust's Revenue Resource Limit (RRL) had increased to £113 million and noted that £87 million was recurrent. He pointed out that the majority of the increase had been made in respect of the final agreement in relation to Agenda for Change that was implemented in January.

Mr Nicholson reported that the current forecast for Covid-19 costs was £12.8 million and he advised that Covid-19 costs would be fully

funded across areas such as workforce, service delivery, equipment and supply and corporate cleaning.

Referring to overtime expenditure for January, Mr Nicholson reminded members that the Trust relied heavily on the use of overtime for the provision of services. He explained that the figures provided in the report in respect of overtime also included Covid-19 Rapid Response Payment Scheme payments as well as routine overtime. He said that, while he very much welcomed the additional resources for the Rapid Response Payment Scheme, the implementation of the Scheme had been challenging.

Mr Nicholson said that, like other HSC organisations, the Trust was considering areas which should now be reduced, for example the provision of food and said it was likely that arrangements put in place during Covid-19 would run into the 2022-23 financial year.

He advised that, as the Trust approached the end of the financial year, the Trust continued to work through a process of review with DoH/HSCB colleagues to finalise the position in relation to the year end.

Referring to page 98 of the papers, Mr Nicholson reminded members that expenditure had traditionally been profiled towards the end of the financial year due to a number of factors, including business case approval, the availability of funds, procurement timescales, supplier capacity, internal capacity, project risks and lead times. He pointed out that expenditure on fleet was profiled to the end of the financial year to maintain a smooth fleet age profile.

Mr Nicholson advised that the Trust continually reviewed its capital schemes to understand and mitigate against risks such as EU exit, the global movement of goods, the global availability of raw materials and also associated costs of materials, production and delivery. He explained that, in an effort to bring forward expenditure from the end of the financial year, the Trust had recently entered into tenders for A&E vehicles beyond the traditional one year cycle. He added that this option was also being explored for other vehicle procurements and should allow orders to be placed earlier in the annual replacement cycle as well as providing some certainty in relation to pricing.

Mr Nicholson reported that provisional figures for capital expenditure at January 2022 (Month 10) was £2 million against the allocation of £9 million. However he said the Trust currently forecasted full spend against the CRL allocation at year end.

Mr Abraham sought clarification around the final audit opinion on the Trust accounts and was of the view that necessary interactions were now on record to assist the Audit and Risk Assurance Committee.

Responding, Mr Nicholson advised that it was likely that the Trust would experience the same issue as last year in terms of the qualification of its accounts.

Mr Haslett thanked Mr Nicholson for his report and referred to the additional financial pressures as a result of increased energy and fuel costs and asked whether these were being met by the DoH. He asked whether the Trust expected any industrial action to be taken by Unite members calling for an increase in pay.

Mr Nicholson said that it was the Trust's assumption that the DoH would meet the additional costs of increased fuel and energy costs and acknowledged that these were in the region of £1 million per year for NIAS. He advised that the Trust had received queries from VCS drivers as to whether the Trust would increase its mileage allowance to take account of the increase in fuel prices. Referring to the potential for industrial action, Mr Nicholson confirmed that he was not aware of any specific issues within the Trust.

Mr Bloomfield confirmed that the Trust did have staff who were members of the Unite union and he clarified that the action being taken was across the public sector and not just constrained to the civil service. However he did not expect there to be any action taken with NIAS as the pay increase for this year had been agreed and implemented for NIAS staff.

The Chair asked whether there were any particular concerns around the increase in energy costs and said it was her understanding that the Northern Ireland Audit Office (NIAO) intended to speak to organisations about the risks posed to them at a time of tightening budgets and increasing prices.

Mr Nicholson pointed out that the Trust was concerned about the general increase in costs. He indicated that the Trust's current energy costs were in the region of £300,000 with the potential to increase to £400,000 and to £600,000 in a worst case scenario. However he pointed out that, while all Trusts would do everything to reduce energy costs, such increases would be taken account of on a HSC-wide basis.

Mr Abraham noted that he had previously raised concerns around the risk of fuel price fluctuation and its impact on budgets. He said that, at that time, he had suggested that the Trust hedge fuel prices in order to have a static price for the entire budget period. Continuing, Mr Abraham said that he had been advised that this would not be an issue for the Trust as the risk would be covered by additional resources. He asked for a further update to be provided to him if this position had changed.

The Chair asked Mr Nicholson to liaise with Mr Abraham through ARAC on this point and the potential implications for the Trust.

The Chair thanked Mr Nicholson for the Finance Report (Month 10) which was **NOTED** by members.

10 **Annual NIAS Safeguarding Position Report 2021-22**  
**(TB24/03/2022/07)**

The Chair welcomed Mr Des Flannagan, Head of Safeguarding, to the meeting. At the Chair's invitation, Mr Flannagan presented the Annual NIAS Safeguarding Position Report.

The Chair commented on the sobering nature of safeguarding and commended Mr Flannagan on the dissemination of good practice throughout the Trust to ensure staff were aware of their responsibilities and roles.

Mr Dennison sought further information in relation to training and asked how often training was provided to staff on adult and children safeguarding. He also referred to record keeping.

Responding, Mr Flannagan acknowledged that he had recognised there was a need for a review of current safeguarding training and advised that he had recently revisited the training provided to staff with a view to moving away from practice based training.

Mr Flannagan indicated that, while there had been a considerable increase in referrals (108% in 2020-2021), he was of the view that there was under-reporting and confirmed that the overall number of safeguarding referrals within NIAS remained low compared to other ambulance Trusts. He suggested that, although there had been an increase in referrals, this may have originated from a baseline reflective of under-reporting safeguarding concerns. He believed that key to increasing the incidence of reporting was the development of an effective communications strategy as well as a robust training strategy. Mr Flannagan advised that a NIAS Safeguarding Education and Training Strategy had been introduced in August 2021.

Ms Charlton stressed the need to have training which resonated with staff and the context in which they work. She explained that, when dealing with a medical emergency, staff very often had to demonstrate professional curiosity around the patient's home to identify any potential safeguarding concerns and she acknowledged the difficulty in this. Ms Charlton advised that it was for this reason that Mr Flannagan recognised the benefit of conducting safeguarding training on a face-to-face basis to enhance online training so there was the opportunity to share scenarios which would resonate with staff. She also referred to the importance of having a safeguarding infrastructure across the organisation which could support raising awareness with all staff in keeping with the direction of safeguarding being everyone's responsibility. She advised members that this was currently being considered.

With regard to record keeping, Ms Charlton confirmed that the current safeguarding e-learning for staff delivering direct patient care was Level 2 as opposed to Level 3 as suggested by national intercollegiate guidance. She added that a number of other UK ambulance services were also at Level 2 with the majority delivering Level 3 for this staff group. She advised that work was ongoing to develop a robust e-learning package and she emphasised the need for this training package to be meaningful to staff.

Mr Abraham commended Mr Flannagan on his presentation and referred to the valuable and critical nature of safeguarding. He reminded colleagues that he was the Lead Non-Executive Director, for this area of work and expressed his full support to Ms Charlton and Mr Flannagan.

The Chair agreed with Mr Abraham's comments and said that as improvements were made around monitoring going forward, she expected to see an increase in the referral rates.

Mr Bloomfield agreed with the Chair's point and thanked Mr Flannagan for his work on this difficult area.

Ms Paterson alluded to the very challenging and complex area of safeguarding and commended the progress made and acknowledged the value in the appointment of Mr Flannagan as the Head of Safeguarding within NIAS as well as the complexity and challenging nature of safeguarding.

Ms Byrne said that the Position Report very clearly and concisely demonstrated the challenges within the area of safeguarding. She commended Mr Flannagan's commitment to progress the challenges and acknowledged that he needed support.

Members **APPROVED** the Annual NIAS Safeguarding Position Report 2021-22.

The Chair thanked Mr Flannagan for his attendance and he withdrew from the meeting.

11 **Outcome of the consultation on Body Worn Video (BWV) (TB24/03/2022/08)**

At the Chair's request, Ms Paterson updated the meeting in relation to the outcome of the consultation on Body Worn Video (BWV). She said that Trust Board had been supportive of and was familiar with the context and background to the work progressed by the Violence Prevention and Reduction Group over the last year with the priority and important focus on staff safety in the consideration of a body worn video.

Ms Paterson reminded members that the Trust had conducted a full public consultation to help gauge the reaction of the public to the operational deployment of devices and to address any concerns the public may have had in this regard.

Ms Paterson explained that this work had been delivered by Ms Katrina Keating and Mr Mark Cochrane and she added that, whilst

she had assumed the position of Senior Responsible Officer (SRO), Ms Lemon had been the Director who had led and brought the consultation to fruition.

Continuing, Ms Paterson referred to the Executive Summary on pages 137 and 138 of Board papers which outlined the approach and a summary of the responses. She highlighted a number of points, namely:

- The Trust had carried out a full Data Protection Impact Assessment (DPIA) to ensure it was cognisant and fully accountable to Human Rights, Data Protection, UK GDPR and Freedom of Information legislation. This DPIA was publicly available.
- The Trust's consultation was designed to examine the principle of BWV being introduced to NIAS and used three channels, a questionnaire (circulated to 400 organisations); public meetings and questions which were posted on social media (Twitter).
- The Trust heard from a range of organisations including community/voluntary organisations, local authorities, health trusts, political parties, regulators, GPs, Trade Unions, NIAS staff, along with members of the public.
- While there was an overall positive and supportive response to the consultation, there were a number of points to consider, particularly in light of information governance and data protection responsibilities and which the Trust has included in its DPIA.
- On closure of the consultation on 14 February and, in the knowledge that there had been a positive response and with overall support of Trust Board on this strategic priority, the Trust moved to initiate the procurement of the video camera.
- The Trust will ensure appropriate consideration is given to all responses in the development of deployment plans, usage, governance, equality, requirement for advisory panels, assurance groups, policy and procedures in March/April 2022.
- The Trust's Equality Lead, Mr Jarlath Kearney, is supporting specifically on a deployment protocol which is in draft format and further discussions at SMT resulted in piloting this with one station and a limited number of crews.
- Many respondents had offered more input and support and the Trust intends to engage further with these organisations.



Ms Paterson said that she intended to bring a further update to Trust Board in the summer and sought Trust Board's agreement to proceed to the next stage.

The Chair expressed her disappointment at the lack of responses from staff and asked how the Trust might deal with this.

In response, Ms Paterson said it would be important for staff to be clear on the parameters for usage of BWV footage and how they might be impacted by that. She advised that there had been full discussion at SMT on how staff would be engaged in this. Ms Paterson stressed the importance of ensuring full engagement to optimise the benefits of introducing BWV to reduce violence against staff.

Mr Bloomfield said that, in recent discussions with members of staff who had been seriously assaulted, staff had indicated they would feel much safer working with BWV.

Members **NOTED** the BWV consultation summary and noted that the process would now move to its next phase.

## 12 **Committee Business:**

- **Safety, Quality, Patient Experience and Performance Committee**
  - o **minutes of 27 January 2022;**
- **People, Finance & Organisational Development Committee**
  - o **minutes of 9 December 2021 & report of meeting on 17 February 2022 (TB24/03/2022/08)**

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

## 13 **Date of Next Meeting**

The next Trust Board meeting will take place on Thursday 5 May 2022 at 10am. Arrangements to be confirmed.

## 14 **Any Other Business**

The Chair noted that Ms O'Hara was due to retire from NIAS on 31 March. She said she wished to take the opportunity to formally record her appreciation and that of Trust Board to Ms O'Hara for the

significant contribution she had made to NIAS over her years of service. The Chair wished her a long and healthy retirement.

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

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

**DATE:** 5 May 2022