Northern Ireland Ambulance Service
Health and Social Care Trust

A meeting of Trust Board to be held at 10am on
Thursday 27 August 2020 via Zoom (due to Covid-19)

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Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

A meeting of Trust Board to be held at 10am on
Thursday 27 August 2020 via Zoom *(due to Covid-19)*

TB/27/08/2020/01

Return to Agenda

Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of NIAS Trust Board held on Thursday 18 June 2020 at 10.00am via Zoom (due to Covid-19)

PRESENT:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr A Cardwell	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
	Mr R Sowney	Interim Director of Operations
IN ATTENDANCE:	Ms L Charlton	Director of Quality, Safety & Improvement
	Mr B McNeill	Clinical Response Model (CRM) Programme Director
	Ms R O'Hara	Programme Director – Strategic Workforce Planning
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Ms S Sellars	Board Apprentice
	Mrs C Mooney	Board Secretary
	Ms J Smylie	Complex Case Lead (for agenda item 6 only)
	Ms C Hallowell	Complex Case Officer (for agenda item 6 only)
	Mr I Russell	Complex Case Officer (for agenda item 6 only)
	Mr A McDonnell	Complex Case Officer (for agenda item 6 only)
	Ms R McNamara	Assistant Director Control & Communications (for agenda item 7 only)
	Ms K Mitchell	EMD Supervisor (for agenda item 7 only)

DRAFT

Ms K Keating	Risk Manager (for agenda item 8 only)
Ms H Sharpe	Emergency Planning Support Officer (for agenda item 8 only)
Ms S Williamson	Programme & Change Manager (for agenda item 8 only)

1 Welcome, Introduction & Apologies

The Chair welcomed members and thanked them for facilitating today's meeting.

She confirmed that there were no conflicts of interest in any items to be discussed.

2 Previous Minutes (TB18/06/2020/01)

The minutes of the previous Trust Board meeting held on 27 May 2020 were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Cardwell.

3 Matters Arising

3.1 Terms of Reference – General Resources Committee

The Chair advised that a number of meetings had been held between Committee Chairs and a few Directors. She reported that she had had sight of the first draft of the terms of reference for the General Resources Committee and said she looked forward to seeing further drafts as discussions developed around other aspects of work to be incorporated into the workings of the Committee.

The Chair said that she was aware Directors had also liaised with colleagues external to the Trust to explore similar structures.

The Chair reported that, once Directors' annual leave arrangements had been confirmed, a workshop to look at the overall Trust Committee structure would be arranged.

4 **Chair's Update**

The Chair said that, following the cessation of visits to stations as a result of Covid-19, she had recommenced her programme of visits on 4 June with a visit to Omagh station where she spent the day meeting and talking to staff and thanking them for their continuing contribution during the pandemic.

The Chair referred to guidance being launched by the NIAO on 25 June entitled 'Raising Concerns: A Good Practice Guide for the Northern Ireland Public Sector' and explained that the guide was aimed at helping employees and public sector organisations to understand the value of an open and honest reporting culture.

She also advised that on the same date a HSC wide engagement event was being organised under the auspices of NICON in which the Permanent Secretary and other DoH officials would be participating.

Mr Bloomfield advised that, as the current Chair of NICON, he would be chairing the event and said that NICON was keen to build on this event.

Continuing her update, the Chair said that members will have seen the DoH correspondence in relation to the rebuilding approach being adopted by the DoH. She reported that Trust Chairs had had a positive meeting with the Minister on 17 June via Zoom to discuss the direction of travel and the Minister had agreed to meet with Chairs every six weeks. The Chair said that the Minister was keen to understand what role Non Executive Directors could play in the rebuilding programme. She said that she had taken the opportunity to talk to him about the successful consultation undertaken by the Trust in relation to the CRM implementation and how a number of Non Executive Directors engaged with various stakeholders, particularly political representatives during that consultation. The Chair indicated the Trust's willingness and that of Non Executive Directors to be involved in whatever way necessary, for example meeting with stakeholders to explain the rebuilding programme and how that will benefit patients across Northern Ireland. The Chair undertook to keep members apprised of developments.

Concluding her update, the Chair advised that Trust Chairs had been asked to provide a response to the proposed direction of travel

and said she intended to discuss this further during the confidential session.

5 **Chief Executive's Update**

Mr Bloomfield reported that the Trust was continuing to focus on recovery and was scaling back on the Covid-19 management structures. He cited the example of the Tactical Command, which had previously been operational for 16 hours per day, seven days a week, and was now in shadow from 1 June while NIAS Gold now met once per week. He added that consideration would be given in the coming weeks to standing NIAS Gold down.
He added that increasing numbers of staff who had been redeployed to other duties were now returning to normal roles. Mr Bloomfield acknowledged the ongoing challenges of this while ensuring social distancing requirements were adhered to.

Mr Bloomfield cautioned that the Trust also faced additional operational challenges over the coming months and said that Mr Sowney would elaborate on these later in the meeting.

Continuing, Mr Bloomfield said that at the previous Trust Board meeting, members considered the correspondence from the DoH in relation to its intention to establish a Rebuilding Management Board to oversee the HSC recovery process. He advised that the Management Board had now met twice with terms of reference having been agreed at its first meeting. Mr Bloomfield pointed out that the importance of implementing the CRM had been highlighted at the first meeting as an example of areas needing to be progressed.

Mr Bloomfield reported that the Minister had published the HSC Rebuilding Plan for the month of June and added that Ms Paterson was now leading on the development of the Phase 2 plan for the period July – September in conjunction with other Trusts. He said that it would be important to manage expectations and added that the Phase 2 plan would be a continuation of the incremental approach adopted in the Phase 1 plan. Mr Bloomfield indicated that NIAS was in a slightly different position to other Trusts in that it did not have a range of services to recommence. He said that the Trust had continued to provide the majority of its services during the pandemic. Mr Bloomfield said that Trusts had been asked to submit

their plans by 24 June with the intention of publishing these at the end of June.

Mr Bloomfield said that the Trust had been pleased to welcome the Secretary of State and Minister to HQ on 11 June when they took the opportunity, observing the social distance requirements, to meet with staff directly involved in the Trust response to Covid-19. He said that both the Secretary of State and the Minister had indicated their wish to thank staff personally for their contributions. Mr Bloomfield said that both had taken the opportunity to express their disgust at the increasing number of assaults on NIAS staff and indicated that Mr Sowney would elaborate on this later in the meeting.

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

6 **Complex Cases - Presentation**

The Chair welcomed Ms Joanna Smylie, Mr Aidan McDonnell, Mr Ian Russell and Ms Claire Hallowell to the meeting to present on the Trust approach to managing complex cases.

The Chair congratulated the Team on being awarded the 'Integrating Care across Boundaries' award and the overall HSC Quality Improvement Award at the HSCQI Awards earlier this year and said this tremendous achievement was a clear reflection of the innovative and important work which they had undertaken.

At the Chair's invitation, Dr Ruddell said that, while the Complex Case Team had made a huge difference to Operations by reducing unnecessary attendances, its main success had been to help patients who had called 999 frequently but for whom an emergency ambulance was not the most appropriate response.

He commended Ms Smylie on the approach she adopted in terms of breaking down barriers and developing links with other services. Dr Ruddell said that, with the support of a dedicated team, the Trust had made significant progress in tackling this important area of work. He indicated that the team's presentation would show the positive outcomes achieved for frequent callers and the team's plans for the future.

Ms Smylie advised that the Complex Case team had been operating for almost three years and defined a frequent caller as someone who called 999 five times in one month or twelve times in three months. She said that the team had been very proud to win the 'Integrating Care across Boundaries' award as well as the overall HSCQI Award and added that, through the work of the team, there had been great impact on the callers, NIAS services, colleagues, other Trusts and care providers.

Ms Hallowell explained that it had been nationally recognised that frequent callers had complex unmet needs and had called 999 in times of perceived crisis as they had no-one else to turn to. She said that very often the reason for calling 999 was something that the Trust was unable to deal with and crews could either choose to transport the patient to hospital or leave the patient at home. However the latter course of action was not appropriate. She pointed out that, by reducing calls, the service was freed up for those patients who required assistance in a genuine emergency situation.

Continuing, Ms Hallowell said that the Trust took the opportunity to meet with colleagues from other ambulance services and learned from others' experiences. She said that it had been necessary to obtain patient consent as the team's work had no value unless there was further information about the patient. Ms Hallowell explained that the approach adopted by the team had been to carry out a holistic assessment to identify an individual's needs. She indicated that, because patients tended to have contact with multiple services on a sporadic basis, there was never any resolution to the issues identified and root causes never addressed. However, she said, it was usually the ambulance service patients contacted at times of crisis. Ms Hallowell explained that the team collaborated with other Trusts and other services to ensure better patient outcomes.

Mr Russell said that the team set itself the aim of achieving positive outcomes for frequent callers and reducing the number of calls made by 30% in its first year. He advised that one approach by the team was the development of a dashboard and he said that, in quarter one, the team collaboratively developed a business intelligence system to track individualised usage of the ambulance service. Mr Russell said that this would help the service determine the personalised pathway required by the frequent caller and the potential different interventions. Mr Russell acknowledged that the

dashboard, while still in its infancy, had helped the team to identify the top fifteen callers to the service. He said that, once this had been done, the service had then started to establish links with care providers. Mr Russell said that this allowed the service to assess each individual's holistic needs and provide a wrap-around service from each service as appropriate.

Mr Russell pointed out that, as each patient was individually managed, there had been a shift in the number of calls. He indicated that, from the team having been established in October 2017, there had been a reduction in the number of calls being received following fourteen direct interventions. However he acknowledged that, despite alternative care pathways being put in place, the Trust continued to receive calls. He said that, as a result of work by the team, it had been possible to put in place a system whereby call handlers could provide a more appropriate patient plan. He added that this in turn had contributed towards a reduction in the number of calls requiring an ambulance crew and a reduction in ED attendances.

Through the presentation, Mr Russell cited the example of a frequent caller, the steps taken to provide an alternative care pathway and the results which had come about.

Mr Russell said that it had been possible to provide a better response and more appropriate care for patients through the approach adopted by the Complex Case Team. He referred to 2017 versus 2018 and said that, through the work of the team, there had been a 49% reduction in calls to NIAS; a 62% reduction in the number of ambulance responses and a 45% reduction in ED attendances for this group of patients.

Mr McDonnell used the anonymised example of a frequent caller and indicated that, by working across traditional boundaries, it had been possible to meet with the patient on an individual basis, obtain their consent and as a result design a care pathway to support their needs. He advised that, in 2017, the service had despatched ambulance crews on 78 occasions to this patient with the patient attending ED on 41 occasions. However, he said, that following interventions, this had reduced to 13 ambulance crews and attendances at ED on four occasions.

Mr McDonnell said that, despite the patient having what he perceived as incidents of crisis, by putting a care pathway in place

and details being held within the NIAS system, the patient's needs were met without an increase in ambulances being tasked or the patient being transported to ED.

Mr McDonnell indicated that, as well as making a difference to patients, the work had also contributed to making differences to the lives of the individual's family. He pointed out that NIAS was often excluded from traditional multi-disciplinary team meetings. However, Mr McDonnell was of the view that it had been clearly evidenced by this work that through information sharing and collaborative working and the provision of an appropriate care pathway for the patient, there had been a positive outcome for the patient.

Ms Smylie said that through the approach adopted by the team, it had been possible to evidence a downward trend in terms of the number of 999 calls as well as a reduction in the number of ED attendances and ambulance responses. She described the various ways in which the team was engaged across the region in terms of inter-agency groups and Trusts. Ms Smylie explained that the work of the team was very dependent on the voluntary and community sectors and she referred to the significant networking and attendance by team members at various meetings. She emphasised that attendance at such meetings had proved to be the best way in which to manage people's needs.

Continuing, Ms Smylie advised on the impact Covid-19 had had on the work of the team. She explained that the work of the Complex Case team was paused to allow its members assist the Trust in its response to the pandemic. Ms Smylie said that it had become apparent in the early days of the pandemic that this had had a significant impact on the number of frequent callers and the number of calls received from new service users who became frequent callers. She added that calls had increased due to social isolation, alcohol and mental health issues and believed that, prior to the pandemic, those callers may have had other outlets. However Ms Smylie said that this situation was not unique to NIAS and other ambulance services across the UK had seen similar trends.

Ms Smylie explained that, once work had recommenced around the management of frequent calls, the team had found it necessary to develop new ways of working by identifying what specific Trusts had set up to help with the crisis and engaged with them as well as the voluntary and community sector. Ms Smylie advised that the team

began to call patients, set up zoom MDTs and participated in hubs using conference calling. She said that work was now ongoing to monitor and manage the 430 frequent callers as well as developing further new ways of working.

Concluding her presentation, Ms Smylie outlined the work to be taken forward in 2020.

The Chair thanked the team for their presentation and expressed her surprise at the statistics provided by the team and the positive impact the work of the team had had on those patients described as frequent callers. She said it was very clear from the presentation the impact of Covid-19 on frequent callers but also from the fact that new frequent callers had been identified.

She said that she would like to take the opportunity to thank the team for their hard work and dedication. The Chair said it was clear that the approach of the development of an alternative care pathway had resulted in benefits for patients.

Mr Ashford thanked the team for their presentation and welcomed the joined up and innovative approach taken by the team. He sought further detail on the mental health court initiative and how the team saw this working.

In response, Ms Smylie explained that the Department of Justice had commenced trials on mental health courts with the aim of better managing those individuals who have mental health needs but who have to go through the judicial system to ensure they kept appointments and took prescribed medication if appropriate. She said that it was envisaged that the mental health courts would deal with individuals through the community and would appear in court on a fortnightly basis with their mental health support worker. All such arrangements would be overseen by a judge.

The Chair advised that she also sat on the board of the Courts and Tribunals Service and intended to take the opportunity at a Board meeting the following week to provide the NIAS perspective on this initiative.

Mr Abraham conveyed his congratulations to the team and said he welcomed the fact that the team was not only reducing the number of frequent callers but creating a better outcome for the patient.

Mr Sowney acknowledged that, while reducing the number of calls was important, what, in his view, was more important was the impact on individuals' lives – a fact already alluded to by Mr Abraham. Mr Sowney said it was commendable that the team had not lost sight of this and had continued to seek a positive outcome for patients when other agencies had ceased to do so. He further commended the way in which the team had pulled agencies together in order to ensure patients had a voice.

Mr McNeill thanked Ms Smylie and the team for the presentation and indicated that he had initially been involved in this work with Ms Smylie. He sought further detail on the team's vision for the future in terms of how they saw the project developing and the support required to do so.

Ms Smylie said that she would like to see a Complex Case Officer in each Division to allow the individual to get to know patients, engage and network appropriately throughout the Divisional area. She referred to the temporary nature of the Complex Cases team and indicated that all current team members were temporary and had been released to the team as a means of undertaking alternative duties. Ms Smylie alluded to the name of the team and said that the patients with whom they liaised were vulnerable and needed help and support. She acknowledged that, in the current climate, work was ongoing in terms of office accommodation and the need to take social distancing into account. She pointed out, however that the team currently had no permanent office identified and said she would welcome office space where team members could hold confidential discussions when required.

Ms Charlton said that she would echo the comments which had been made in relation to the impact the service has had on frequent callers, their families and services. She commended the team for the use of Quality Improvement methodology in the presentation of the data which she said had been presented in a clear and effective manner.

Ms Lemon said that the commitment shown by the team was impressive and believed it would be important to be mindful of the demands placed on the organisation as well as the benefits accrued as a result of this work, not only to NIAS, but across all sectors. She suggested that, in terms of identifying funding for the team, some work could be undertaken to explore the possibility of other sources of funding, ie other Government departments.

In response, Ms Smylie advised that she had met with DoH representatives taking forward the urgent and emergency care review to discuss the alternative care pathways put in place by the Trust. She said that, while they had shown interest in this, she was unsure as to the potential for funding. Ms Smylie explained that, moving forward, when a patient presented with a chronic or medical issue, NIAS could continue to manage that patient but would do so in a different way through further engagement with GPs, clinicians etc to determine a more appropriate way to manage patients' needs.

Mr Bloomfield commended the team on their success at the HSCQI Awards. He acknowledged the difficulty around identifying funding for the team and agreed with Ms Lemon's suggestion that consideration should be given to sourcing funding from other Government departments but also from other sources within health. He was of the view that the work of the team had brought about positive outcomes for various aspects of health and social care.

Mr Bloomfield said that members would hear from Mr Sowney later in the meeting with regard to pressures being experienced within EDs around the need to ensure social distancing measures were in place and the need to identify effective ways of reducing attendance at ED.

Continuing, Mr Bloomfield said that he had been involved in a number of demand/capacity initiatives over many years and believed that the work of the Complex Case team was one of the most effective in terms of reducing ED attendances. He stressed that another aspect of the team's work was to ensure better services were provided to those frequent caller patients.

Mr Bloomfield believed that it would be important for the Trust to continue to promote the Complex Case team's work across Trusts to highlight the significant benefits to Trusts.

Mr Bloomfield acknowledged that the work being taken forward was driven by a small team and believed the challenge for the Trust was that, in order to increase the team's staffing complement as envisaged by Ms Smylie, ie a Complex Case officer in each Division, it would be necessary to remove staff from frontline operational duties. He indicated that, while all Directors were supportive of the work of the team, it was important to strike a balance in this respect.

Mr Cardwell echoed his colleagues' comments in terms of his appreciation for the work of the team. He sought detail on how the service identified frequent callers.

Responding, Ms Smylie explained that this would be done through the C3 system whereby Information Governance would trawl postcodes to identify frequent callers. She added that another mechanism was to examine Datix records as staff would identify individuals as potential frequent callers or someone who was vulnerable and required assistance. Ms Smylie said that the team would examine Datix records and the circumstances to determine whether further attention was required. She added that the team would also feed back to the staff involved to make them aware of the action being taken.

Concluding the presentation, the Chair conveyed her thanks to the Information Governance team and said that a significant element of work was underpinned by effective information intelligence. She thanked the team for their attendance and they withdrew from the meeting.

7 **Emergency Ambulance Control - Presentation**

The Chair welcomed Ms Ruth McNamara, Assistant Director Control and Communications, and Ms Kelly Mitchell, EMD Supervisor, to the meeting to provide an update to members on the work taken forward to improve call answering. She advised members that, while calls answered within five seconds were monitored, work had also been taken forward in relation to those calls not answered within five seconds.

Mr Sowney indicated that Ms McNamara had joined the EAC in January and had previously been Area Manager in the South Eastern Division. He acknowledged that Ms McNamara's plans in respect of this work had been slightly delayed due to industrial action initially and subsequently by Covid-19. Mr Sowney welcomed the update from Ms McNamara and Ms Mitchell on an area which had presented some challenges.

Commencing her presentation, Ms McNamara explained that one of the primary functions of the EAC was to ensure Emergency 999 calls were answered quickly and within agreed time frames. She

advised that the performance standard was that 90% of calls should be answered within 5 seconds. Ms McNamara indicated that, until March 2020, the Trust's call answering performance was well below standard, with between 70-80% of calls being answered in five seconds. She added that approximately 700 calls per month were taking over two minutes to answer.

Ms McNamara advised that normal demand had reduced during Covid-19 and had started to increase towards the end of May.

Ms McNamara said that Ms Mitchell had joined the team in January 2020 in the new role of Emergency Medical Dispatch (EMD) Supervisor.

She explained that an EMD Rules of Engagement session had been held with supervisors as well as undertaking a review of the telephone activity. Ms McNamara indicated that, with assistance from AACE, the Trust had been able to review the telephony activity presenting in EAC via the available incoming lines to gain an understanding of why delays were happening. She reminded the meeting that there were three main areas of activity, namely emergency, urgent and routine. Ms McNamara advised that, on reviewing individual EMD activity, it was found that EMDs spent very little of their time answering 999 calls as a priority and were often tied up on routine calls for an excessive amount of time with 999 calls were subsequently waiting.

In terms of performance, Ms McNamara confirmed that arrangements were in place to monitor and review performance. She explained that these arrangements included a Daily Call Taking Report by EMD Supervisors and skill-set adjustments during the day as and when required.

Ms McNamara reported that, from the daily Call Taking report, it had been identified that the correlation between numbers of EMDs taking 999 calls, rest periods, end of shift and demand surges, were all factors which caused variances in the performance and impacted on the EAC's ability to answer calls within five seconds. She emphasised the need for further efforts to be made to reduce/ eradicate the over two minute delays for patient safety

Ms McNamara referred to the Demand Management Plan which was produced on a two-hourly basis throughout the day and which operated in parallel with the Response Emergency Activation Plan (REAP). She explained that the REAP was reviewed on a weekly basis to determine the level of pressure and, as a result, the Demand Management Plan had the ability to flex up and down as required.

The Chair advised that the Board monitored the number of 999 calls answered within five seconds and acknowledged the importance of the Trust addressing those calls which fell outside the five second target.

Ms Charlton thanked Ms McNamara and Ms Mitchell for their presentation which had clearly shown the variation and the arrangements being put in place to address this. She referred to national quality improvement indicators in place across all UK ambulance services and the importance of presenting data in a way that is clear and transparent. Ms Charlton commented that the Chair and Mr Ashford had engaged with other services around the presentation of data. She referred to a learning exercise in which EAC staff had had an opportunity to listen to audio tapes of a number of 999 calls which had not been responded to within five seconds and, while it may have been a difficult exercise, feedback from staff was that they had found this experience to be extremely powerful in terms of learning. Ms Charlton said that it was critical never to lose sight of the distress being experienced by the caller when their call was not answered.

Ms McNamara agreed that the exercise had been helpful and staff had learned from it.

Agreeing with the points made by Ms Charlton, the Chair said that, while the Board focussed on targets, it was important not to lose sight of the human aspect of each call. She added that this presentation was a timely reminder not to do so.

Mr Ashford commended Ms McNamara and Ms Mitchell on their presentation. He referred to the importance of using the MDT and sought clarification on whether it was push-button or radio. Mr Ashford also enquired whether any steps had been taken to stress the need to crews to use MDT.

Responding, Ms McNamara said that EAC was working closely with Operational colleagues to emphasise the importance of crews utilising MDTs. She explained that the MDT was a relatively new piece of equipment which was easy to use and emphasis had been placed on encouraging staff to use it. Ms McNamara said that, moving forward, it would be helpful for those staff on the road to spend some time in EAC to gain some insight into the work carried out. However, she said, this had not been possible because of Covid-19.

The Chair advised that she had taken the opportunity to visit the Omagh station on 4 June and agreed with Ms McNamara's assertion that it was helpful for staff to observe each other's roles, not least to better understand why certain decisions were made.

Ms Charlton commended Ms McNamara on the improvements which were evident in quarter one in relation to call answering Cat 1 and inter-facility transfers.

The Chair referred to the fact that, despite the unprecedented position with regard to Covid-19, improvements had been made. She invited views from Ms Mitchell on her role and the work undertaken to date.

Ms Mitchell advised that, prior to the appointment of EMD Supervisors, there had been no focus on skill-set management and she added that routine and urgent calls received almost the same priority as 999 calls. She explained that, through managing the skill set, the Trust was now able to manage each of the factors affecting performance.

Ms Mitchell acknowledged that call surges remained a challenge and said that the Trust had been able to take steps to ensure that staffing remained flexible, ie two thirds of call takers were assigned to emergency calls while the remaining one third was designated to routine calls. Ms Mitchell said that she found her role challenging, particularly over the last number of months, but enjoyable.

The Chair thanked Ms Mitchell for her input and acknowledged that staff across the Trust had had to adapt to different ways of working over the last few months and said that members were grateful for their willingness to do so.

Ms Paterson said she appreciated that Ms Mitchell had knowledge as to the reasons as to why certain changes were required and she sought further detail around the processes of encouraging staff involved to contribute to the new ways of working and input to the design of new processes.

Ms Mitchell explained that the fact that the EMD Supervisor role was a new role had assisted greatly. She said that she had very much involved those around her in terms of ensuring their experience and expertise contributed to the work being taken forward. Ms Mitchell said that it was important to have stringent plans in place around personal development and review as well as ensuring information was documented to allow each individual see clearly how they had contributed.

Ms Paterson said that it was encouraging to hear that all staff had contributed to the process.

Dr Ruddell thanked Ms Mitchell for her insight. He said that, in the past, there was a tendency towards a 'them and us' relationship between frontline staff and control staff. However, he said, providing staff with the opportunity of gaining a first-hand insight of each other's roles had had the potential to promote much more co-operative working. Dr Ruddell explained that a number of training courses for NIAS staff offered access to the control room to better understand the processes followed and the pressures experienced by the staff working there. However he indicated that, since the onset of Covid-19, this had not been possible. He added that, in the past, all junior doctors in Northern Ireland had been given a brief insight to the control room for the same purpose and they had been struck by the complexity and the pressures on staff.

Mr Sowney commented that reference was very often made to frontline staff. However he emphasised that those staff in the EAC and NEAC were also frontline. He explained that the first interaction was important, not only for the patient but for the service in terms of its public perception and public confidence in the service.

Mr Sowney reminded the meeting that an average of over 600 calls were received on a daily basis and added that this was twice the amount of patients seen by a large ED. He referred to the concept of clinical floor walkers supporting staff in handling calls.

Mr Sowney invited members to spend some time in EAC once lockdown restrictions had been eased, listening to calls received and the expertise demonstrated by staff in terms of how they manage those calls. He said that, on occasions, it may be 5-6 calls from the same individual and added that such circumstances were hugely challenging.

Mr Nicholson congratulated Ms Mitchell on her appointment as EMD Supervisor and sought further detail on how she had found the morale of staff within the control room.

Responding, Ms Mitchell said that staff had demonstrated a deep sense of camaraderie during Covid-19. She referred to the fact that staff were now spread over two sites and she said that the atmosphere afforded by the space was appreciated by staff. Ms Mitchell indicated that, with the return to normal call levels, staff had noticed an increase in the number of suicidal and domestic violence calls. She pointed out that a number of colleagues, currently on secondment to the EAC, may have to return to their substantive posts and said that this would have an effect on staffing levels and consequently on staff morale at a time when calls being received were traumatic and complex. She commended the peer support offered to staff and said that this was very much appreciated.

The Chair thanked Ms McNamara and Ms Mitchell for their attendance and they withdrew from the meeting.

8 **NIAS Covid-19 Risk Recovery Framework (TB18/06/2020/02)**

By way of introduction, Mr Bloomfield reminded the meeting that Phase 1 of the Rebuilding HSC Services had been submitted to the DoH for inclusion in the overall DoH plan and work was underway to develop the subsequent plan for Phase 2 to cover the period July – September. He invited Ms Paterson to update the Board in greater detail.

Ms Paterson explained that this was only one element of a wider piece of internal work being taken forward by the Trust. She referred to the paper circulated to members and advised that its aim was to provide an overview of the local recovery process and progress to date.

Ms Paterson said that members would already have an understanding of the principles and approach adopted by the Trust to undertake the process and added that the paper sought to highlight the risks and constraints as well as those challenges faced by the Trust at this time.

Continuing, Ms Paterson explained that, over the last six weeks, members of the Recovery Co-ordination Group had invested a significant amount of time considering the components of the plan and identifying the interdependencies which in turn had allowed a dynamic process to evolve. She indicated that, whilst challenges were being resolved, new risks and issues had been identified and it had proved challenging to capture this detail due to the pace of change and new information emerging on a daily basis.

Ms Paterson pointed out that the Group's membership would be expanded to include Trade Union representation and a resource to manage the communication to staff to provide assurance that their safety was paramount in all decisions.

She explained that, for members' benefit, some of the various templates and tools to manage the risk assessment and capture how decisions had been made had been included within the appendices of the paper. Ms Paterson said that, while the current focus was on making the estate, practices and protocols fit for purpose in this new environment, it would be some time before the Trust would be able to secure appropriate additional capacity. She reminded members that this was an issue prior to onset of Covid-19 and had been exacerbated by Covid-19.

Ms Paterson advised members that she had invited three members of the Recovery Co-ordination Group, Ms Heather Sharpe, Emergency Planning Support Officer, Ms Katrina Keating, Risk Manager, and Ms Sarah Williamson, Programme & Change Manager, to highlight their input and insights on the process and challenges.

Commencing, Ms Sharpe advised the meeting that the Recovery Co-ordination Group had adopted a phased approach and the first priority had been to establish a baseline of key services for each Directorate and ascertain the impact the response to the pandemic had on the 'business as usual' functions. She indicated that the focus had been to ensure that all critical functions were protected.

Ms Sharpe said that work was progressed to look at Covid-19 specific functions which had been adopted and developed during the response phase. She cited the example of NIAS staff assisting in nursing home swabbing programmes; provision of accommodation for staff; provision of food for staff and command and control elements.

Ms Sharpe explained that, as the Trust progressed towards recovery and reinstatement of its activities, one should start to see 'business as usual' activities returning and Covid-19 specific services starting to reduce. However she said that it was important that the Trust also planned for future surges. She added that the Trust had developed and was working through a risk based approach to recovery and said that this was how the Trust would determine the order in which recovery would take place.

Continuing, Ms Sharpe indicated that this work was fluid. She pointed out that the working group had developed further with a number of workstreams being established to look at accommodation, in terms of physical accommodation for staff to work in; consideration of staff health and wellbeing and preparation for potential further surges. Ms Sharpe said that the Recovery Co-ordination Group would continue to adapt and evolve to meet service demands and Government best practice as it changed.

Ms Keating referred to the existing Corporate Risk Register and advised that, during Covid-19, a new risk management approach had been adopted with the establishment of a Risk Register specifically dealing with those risks which had been identified as a result of Covid-19. She added that the Risk Register was now being developed to include the recovery phase.

Ms Keating explained that work had been taken forward to establish a baseline of key services from the business impact analysis and assurance documentation. She added that this work had subsequently allowed the identification of key Trust services which were subsequently risk assessed accordingly. Ms Keating added that this had dovetailed with JESIP principles and NIAS approach.

Ms Keating further explained that any key risks flowing from work would then be escalated to the Corporate Risk Register using impact analysis tool and Assurance Framework. Ms Keating said

that it had been possible to develop a useful prioritisation tool which enabled the examination of a number of areas.

Ms Williamson said that work had been undertaken to develop a comprehensive planning approach which would allow the Trust ready itself for potential subsequent waves. She said it would be important to look at how best to sustain the innovative practice which had become apparent during the pandemic as well as learning organisationally from case and decision making. Ms Williamson explained that this would contribute towards the development of an overarching framework. Continuing she said that it would be important to hear from staff and added that the HR Department was currently working on the development of an open platform for staff engagement. Ms Williamson said that this included the potential for focus groups and indicated that some work had already been undertaken with staff to gauge their views on a range of actions taken by the Trust. She pointed out that, within the wider ambulance framework, it would be necessary to undertake a formal debrief process with Gold, Silver and Bronze commands and examine how each decision-making tier worked.

Ms Williamson said that, while it would also be useful to discuss with service users their experience of ambulance services during Covid-19, consideration would need to be given as to how best to do this while adhering to GDPR regulations.

Ms Charlton commented that the learning from experiences during Covid-19 would very much dovetail with the work around recovery being led by Ms Paterson. She emphasised the importance of the work around service user engagement and believed work was required around strengthening service user involvement in the organisation. Ms Charlton was of the view that learning from service users' experiences during Covid-19 provided a great opportunity for the Trust and she also referred to the benefit of learning from other ambulance services.

Ms Paterson acknowledged that it was difficult to convey to members the granularity and level and number of actions involved in the recovery process. She said that she would like to take this opportunity to convey her thanks to all involved for their contributions to date.

The Chair said that it was beneficial for the Trust Board to understand the detail of the work being undertaken in terms of recovery and commented that a danger within organisations might be that responding to Covid-19 could be used as a rationale for not progressing other elements of work.

Ms Lemon thanked the team for their presentation and said that Ms Paterson had alluded to the role of Trade Unions. Explaining that she was also involved in regional discussions around recovery, Ms Lemon said that Trade Unions' involvement in this work was key. She also referred to the work being taken forward in terms of culture and stressed the importance of partnership working. Ms Lemon commented that Trade Union involvement around Covid-19 planning had been helpful and advised that fortnightly meetings had been held.

Continuing, Ms Lemon said that Trade Unions had a particular concern around health and safety and risk assessment and she emphasised the importance of the Trust ensuring there was a risk-based and partnership approach to the work being progressed.

Ms Keating assured members that the Trust was working in partnership with Trade Unions in the development of risk assessments in local areas. She said that she would be happy to provide further information around this if members would find that helpful.

Mr Haslett said that he had found the presentation very helpful and sought further detail around the interdependency of the NIAS plan with those of other Trusts. He queried whether there was a possibility that some elements of the NIAS Plan could be captured by other Trusts.

In response, Ms Paterson explained that other Trusts were working to high level reconfiguration plans and said that they had a much more difficult task in understanding how they would take forward recovery in terms of their respective services. However she added that all Trusts were working closely to understand how best to reconfigure services to meet demand. Ms Paterson advised that, in relation to interdependencies, these were focussed on patient transport services. Citing the example of outpatient services, Ms Paterson said that there had not been the same demand for these services and efforts were now being made to rebalance these. She

further explained that it was now not possible to cohort patients in NIAS vehicles, resulting in additional vehicles being used for more journeys for less patients.

Mr Bloomfield reminded the meeting that the Rebuilding Management Board which met on a weekly basis would oversee the development of the plans. He advised that discussion at a recent meeting had referred to the intention to establish a regional dedicated elective care centre and said that he had emphasised the need for NIAS to be involved in discussions around this to ensure NIAS could provide transportation for patients from over Northern Ireland. Mr Bloomfield said that there was an awareness that NIAS should be factored into other Trusts' plans and that this would be the case through Ms Paterson's involvement.

Mr Ashford said that, while recovery would be a complex and difficult process, he welcomed the structured approach as set out in the presentation. He believed that this represented a good starting point for the Trust in terms of recovery and suggested that it might become necessary to adapt the plan as necessary as work progressed.

The Chair thanked Ms Paterson, Ms Sharpe, Ms Keating and Ms Williamson for their update. Ms Sharpe, Ms Keating and Ms Williamson then withdrew from the meeting.

9 **Directors' Updates**

The Chair explained that she had asked Directors to identify any key issues in this section of the agenda.

Interim Director of Operations

Mr Sowney reported that work was ongoing to ensure NIAS education/courses were re-established and added that the transfer of staff from the frontline back to courses would have an impact on staffing levels. Mr Sowney added that annual leave over the summer months would also create additional pressures. He pointed out that, with the exception of the South Eastern Division, the current cover across the region was good. He alluded to pressures within the South Eastern Division in relation to dropped cover and this, coupled with staff who continued to shield, had resulted in an

impact on staffing. Mr Sowney described the steps being put in place to address these challenges.

Continuing his report, Mr Sowney said that Trust Board members would be aware of recent media reports in relation to the significant increase on staff assaults. He reported that, during May, there had been 44 physical/verbal assaults on staff and that, between 29 May and 7 June, there had been a further 35 incidents. Mr Sowney added that, between 8 - 17 June there had been at least 20 assaults on staff with a further four staff being assaulted overnight. He expressed his deep concern at this development.

Mr Sowney explained that those staff who had been assaulted were provided with immediate support by the on-call officers, particularly if the assault took place out-of-hours. He indicated that a number of staff who had been assaulted had required medical treatment and were offered the opportunity to stand down for the remainder of their shift while other staff had gone on sick leave. Mr Sowney said that the Trust had assured staff that they would be supported through the process if the PSNI decided to progress to prosecution. He said that staff appeared to appreciate the steps taken by the Trust and stressed the importance of supporting staff through what was a difficult and traumatic time. He indicated that a further consequence of staff assaults was the overall impact in terms of loss of operational hours.

Acknowledging the difficulties associated with the need for social distancing, Mr Sowney said that Ms Charlton would refer to this later in her report to the Board. He said that the Trust had sufficient quantities of PPE.

The Chair asked whether the Board could offer any additional support in relation to the worrying increase in assaults on staff.

Mr Sowney indicated that collective messages of support would be very much appreciated. He said that the Trust was using all forms of social media to express its concern at the increase in assaults. Mr Sowney said that he would welcome members using any connections they had in terms of sharing posts on social media to heighten the awareness of the increase in the number of assaults and the impact on staff and on services provided to the public.

Mr Cardwell asked if there was a particular geography in the region with a disproportionate number of assaults.

Responding, Mr Sowney said that it was his understanding that assaults were particularly prevalent in the Greater Belfast area.

The Chair asked members to support the awareness raising of the unacceptable increase in assaults on NIAS staff through whatever channels possible.

Interim Director of Human Resources

Ms Lemon advised that a proposal had now been put to the Trade Unions and added that this would be the subject of a consultative ballot. She reminded the meeting that there were four recognised Trade Unions within NIAS and said that members of two Unions had indicated their acceptance of the proposal.

The Chair thanked Ms Lemon for her update and reminded the meeting that it had taken approximately 16 years to reach this stage.

CRM Programme Director

Mr McNeill briefed members on a meeting he had had with DoH colleagues to discuss potential ways of expediting the business case process around the CRM and also funding for the CRM programme. He reminded the meeting that the Trust had been unsuccessful in its transformation bid for funding. However discussion at the meeting had emphasised the pivotal position NIAS played in the transformation of health services in Northern Ireland and that the CRM programme had to be delivered.

Mr McNeill said that it had been suggested at the meeting that the Trust should submit a further bid to the June Monitoring Round. However he acknowledged that it was clear from the discussions that the DoH remained supportive of the CRM programme and they had stressed the need to identify a way forward.

Mr Bloomfield said that, while he was disappointed at the Trust not being successful in its transformation bid, he had been encouraged by the DoH's determination to secure funding in respect of the CRM programme.

The Chair expressed concern that funding had not been identified for the progression of the CRM programme and said she looked forward to learning how the DoH intended to fund this moving forward.

Interim Director of Finance

Mr Nicholson reported that the Trust had been advised of indicative allocations for 2020-21 and had been asked to submit a balanced financial plan to the HSCB by 30 June. He indicated that, while the plan was currently being developed, the most definitive element related to the Trust being required to achieve recurrent savings of £2.6 million. Mr Nicholson advised that there had been no firm indication of funding to support CRM or training and reminded the meeting that the Trust had submitted bids of £5 million in this regard. He confirmed that additional funding of £0.7 million had been received in respect of demography.

Mr Nicholson referred to the need for funding for a number of initiatives and he cited the example of the Frequent Callers presentation made earlier that morning. He said that the Trust had also incurred significant costs as a result of preparation and response to Covid-19. Mr Nicholson added that the ongoing consequences of Covid-19 such as impact on accommodation, impact on social distancing requirements would all have financial implications for the Trust. He advised that a further issue which had arisen was that the constant washing of uniforms at 60^0C appeared to have reduced the lifespan of uniforms to six months resulting in potential unforeseen costs of approximately £300,000.

Mr Nicholson said it was essential that the Trust produced a balanced financial plan and added that, where unmet pressures had been identified, these had to be addressed by other savings within the Trust. He advised that work would continue to finalise the plan which would brought to the Trust Board for approval.

The Chair said it would be important for the Trust Board to understand whether the cost to replace uniforms would be met from Covid-19 funding or whether the Trust would have to meet the cost.

Director of Quality, Safety & Improvement

Ms Charlton referred to Mr Sowney's earlier comments in relation to social distancing and advised that Directorates and the Recovery Cell were working towards putting in place mitigations around social distancing. She advised that a number of Directors had been involved in national groups and had input to the guidance 'Working Safely during Covid-19 in Ambulance Service Non-clinical areas'.

Ms Charlton explained that the guidance, which had been prepared by AACE, outlined the preventative measures to be put in place by the Trust. She cited the example of encouraging the continuation of frequent handwashing and ensuring, where possible, a two metre distance between individuals. She indicated that the guidance did state that, where it was not possible to implement the two metre rule, the Trust should put the necessary mitigations in place.

She said that the guidance referred to encouraging staff to work in fixed teams and avoid working with numerous individuals throughout the day. Ms Charlton explained that the guidance also suggested that, where it was not possible to ensure a two metre distance, the Trust should offer surgical masks to staff. She added that Health Silver had requested endorsement from Health Gold for the wearing of face masks in this context in Northern Ireland and said that a decision was awaited.

Concluding her update, Ms Charlton explained that a pilot had been established to check temperatures of individuals entering non-clinical areas. She said that this was one of a range of mitigations which the Trust was considering whilst awaiting advice from Health Silver as to whether the guidance was to be endorsed for implementation in Northern Ireland.

The Chair thanked Directors for their updates which were **NOTED** by members.

10 **Date of next meeting**

The next Trust Board meeting will take place on Thursday 27 August 2020. Arrangements to be confirmed.

11 **Any Other Business**

The Chair reminded members that the Audit Committee would meet at 10am on Thursday 2 July to consider the Trust Annual Report and Final Accounts, followed by an In Committee Trust Board meeting. She added that the Trust Remuneration Committee would meet on Monday 6 July.

SIGNED: _____

DATE: _____

DRAFT

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Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	27 August 2020
Title of paper:	**NIAS' Strategy Implementation Methodology**
Brief summary:	This paper proposes a high level methodology for delivery of the NIAS' Strategy to Transform 2020-2026 'Caring Today, Planning for Tomorrow' for agreement at Trust Board. The approach has been developed in conjunction with staff, stakeholders and Service Users.
Recommendation:	**For Approval** ☒ **For Noting** ☐
Previous forum:	SMT 07/07/20; 18/08/20 (with some amendments following SMT discussion)
Prepared and presented by: **Date:**	Maxine Paterson, Director of Planning, Performance & Corporate Services Sarah Williamson, Transformation Manager 20 August 2020

Northern Ireland Ambulance Service
Health and Social Care Trust

Caring Today, Planning for Tomorrow: Our Strategy to Transform 2020-2026

NIAS' Strategy Implementation Methodology

1. Purpose

This paper describes the proposed methodology for the implementation of NIAS's Strategy to Transform: 'Caring Today: Planning for Tomorrow.' The proposed approach is being developed (and will continue to evolve) incorporating co-production and involvement in order continued transformation of the organisational culture and achievement of the desired outcomes.

2. Background

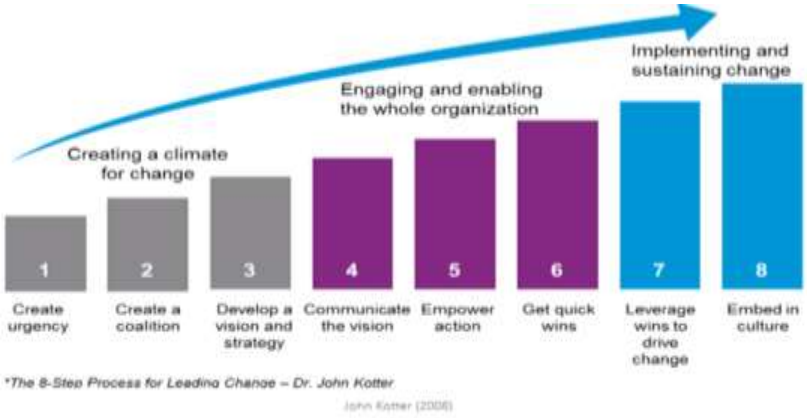
NIAS' Strategy to Transform 2020-26 was developed following an extensive programme of staff engagement and a range of service user and stakeholder involvement. Due to capacity issues the major work of drafting the plan was carried out by AACE in support of the NIAS Chief Executive and SMT. The Trust Corporate Plan 2020/21 which was recently signed-off includes many of the actions required for delivery in year one.

Delivery of the plan with staff, service users and stakeholders is an important demonstration of the goals of the Trust, which are;

3. Programme Structure

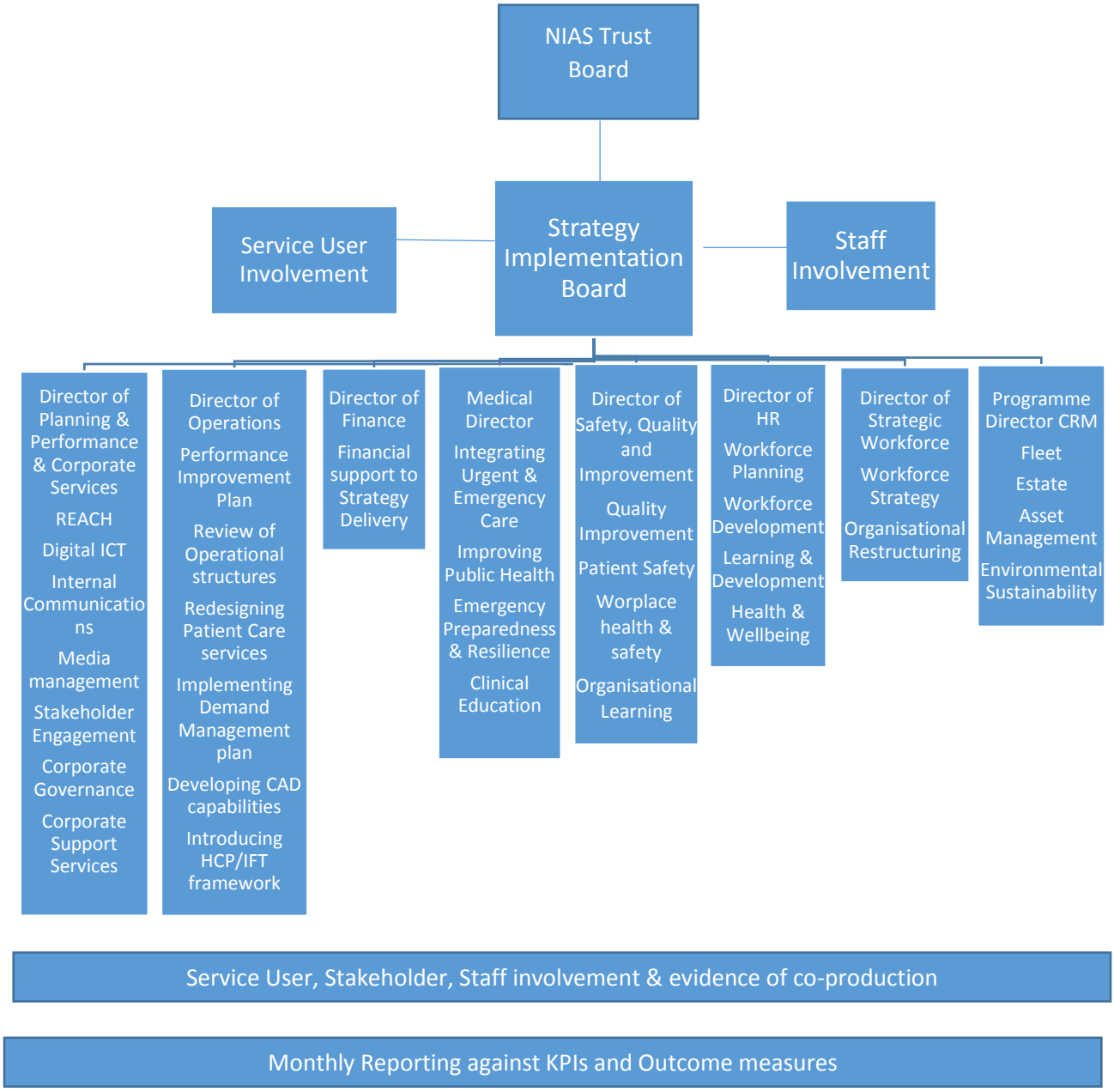
- The delivery of the NIAS Strategy to Transform includes a range of both 'business as usual' and project based activity, but it will be monitored and directed with oversight of a Strategy Implementation Board with appropriate reporting through the appropriate structure. This will be one structure to support implementation of all significant transformation work across NIAS, rather than multiple structures to support many projects.

- There is an impetus to enact the collective leadership and co-production ethos articulated in the Strategy through how it is delivered. Ongoing co-production with staff, service users and stakeholders (as appropriate) will be required and there will be mechanisms to support this work and to check it has taken place. Input has been sought from staff, service users, staff side and other stakeholders in the development of this methodology, as well as benchmarking with other Ambulance Services and this shall continue throughout implementation. This will contribute to an important ambition for the organisation to transform the culture to one of collective ownership and engagement. John Kotter's model is helpful:



- It is proposed to pilot the proposed implementation process for the remainder of 2020/21 and refine it in line with project leads, SMT and Trust Board.

Proposed Implementation Structure:



Strategy Implementation Group

The purpose of the Strategy Implementation Group is to provide the strategic leadership to oversee implementation of the NIAS Strategy.

Key responsibilities of Strategy Implementation Group include:

- Mobilisation, management and resourcing of the work to implement the actions set out in ***Caring Today, Planning for Tomorrow: Our Strategy to Transform 2020-2026*** and other emerging transformation activity as required;
- Reporting progress to the Trust Board and the relevant Trust Committees
- Ensuring involvement and voices of staff, key stakeholders and service users are incorporated in strategy implementation and ongoing refinement
- Providing clear direction and leadership on the delivery of transformation to NIAS;
- Managing high-level interdependencies and risks associated with all projects, workstreams and the wider portfolio of change
- Ensuring projects deliver against their outcomes, KPIs, budgets, timescales and benefits where possible
- Strategically identifying, prioritising and allocating resources to programmes and projects, re-aligning where necessary
- Providing challenge and rigour in decision making processes;
- Scrutiny of key change decisions/proposals;
- Monitoring progress against plans and taking action where required to address slippage;
- Resolving implementation issues and managing risks;
- Acting as champions of change within their directorates and to the general public as a whole;
- Role modelling the desired culture and behavioural change;
- Overseeing over-arching effective communications and engagement
- Commissioning the establishment of new sub groups or projects to take forward specific projects or workstreams based on the principles of co-production.

Co-Production Methodology

The Ministerial Strategy **Delivering together** commits health and social care to:

- Adopt the co-production and co-design model for development of new and reconfiguration services.
- Maximise the lived experience (patient & carer) voice across the system.
- Engage staff, particularly staff who are closest to those who use our services in co-design and in the co-delivery of services.
- Build and strengthen partnerships working with other providers of care, including those in the community and voluntary sector and in other government sectors in support of Programme for Government (PfG) priorities.

In line with this, the HSCB Co-production Guide, and the NHS Framework for Involving Patients in Patient Safety (Draft, March 2020) NIAS is committed to continuing to develop co-production as a methodology across service development and transformation. A Strategy Co-Production methodology is being developed to support all those leading change across NIAS with central support from the Strategy Implementation team to enhance involvement of staff, stakeholders and service users in all projects and workstreams as is relevant.

The proposed structure is intended to support a co-production approach across all projects and workstreams. It has been developed following conversations with a range of stakeholders, staff, service user engagement experts and Strategy Implementation leads in

two other Ambulance Services and one HSC Trust. It is being described as an approach at present, so that it can continue to be co-produced with those with lived experience of NIAS' services and those working in a range of roles across the service.

The rationale for having two separate strands is that although there will be opportunities for staff and service users to work together on specific pieces of transformation there are a large number of projects which relate to internal workings of NIAS which would merit specific consideration and involvement of staff and are unlikely to be of interest to many service users. This will be reviewed as the programme develops.

Staff Involvement

The Staff Involvement approach (as it develops) will provide input and recommendations to the Strategy Implementation Group. The ambition is to ensure that there are regular opportunities for a representative group of NIAS' staff to be engaged and involved in developing plans regarding the implementation of NIAS' Strategy.

Aims for the approach:

- Ensure that NIAS' work stream/project leads engage with and involve staff in an effective and proactive way throughout each stage of the implementation process.
- Provide a forum through which opinions and views on Strategy Implementation plans can be sought.
- Provide a consistent strategically aligned approach to engagement and involvement
- Support the development of NIAS's Communication and Engagement Strategy and monitor the effectiveness of its implementation.

Service User Involvement

The Service User, Family Carer and Public Involvement approach (as it develops) aims to:

- Ensure that NIAS' work stream/project leads engage with and involve relevant stakeholders and service user voices in an effective and proactive way throughout the implementation process.
- Build trust in order for those involved to share expertise, ideas and proposals regarding strategy implementation.
- Provide a consistent strategically aligned approach to engagement and involvement

The staffing resource required to develop the proposed Implementation structure, and in particular to develop the Staff, Service User and Stakeholder involvement structures is still being discussed by the relevant Directors.

4. Governance of Strategy Implementation

- The delivery of the Strategy includes a range of both 'business as usual' and project based activity, but it will be monitored and directed with oversight of a Strategy Implementation Group with appropriate reporting through an accountability structure.

- This Programme will utilise a range of project and programme management tools, drawing on methodologies such as Managing Successful Programmes and PRINCE2 as well as improvement methodologies. A Programme Initiation Document will be agreed, outlining the Programme structure, risk approach, reporting etc. The Planning tool will look like that shown in Appendix A.

- Performance Monitoring with KPIs and high-level outcomes will be agreed in order to ensure transparency and reporting. This will correlate with the Trust Performance Monitoring Framework as it develops incorporating learning from Outcome Based Accountability models and the IHI's Model for Improvement: 'how will we know that a change is an improvement?' A reporting tool will be created for Trust Board and the appropriate Trust Board committees.

- Once a month NIAS SMT will enact the NIAS Strategy Implementation Board. The Chair will be the Director of Planning, Performance and Corporate Services. There will be a rolling programme of project and workstream presentations, a review of progress reports and risk register, with exception and highlight reporting.

- Delivery of the Strategy will be grouped into high-level objectives each of which a Director is responsible. Each objective will be delivered as a list of agreed actions or organised into projects as agreed by the Director with a nominated lead. Each Project will have an identified Lead as Project Manager.

- Project Support will eventually be provided by a dedicated Project Management Office. This will take time to develop. The need for immediate project support for Year 1 plans should be highlighted to the Director of Planning, Performance and Corporate Services.

- An accountability process will be developed eg a member of the Planning, Performance and Corporate Services Directorate may facilitate a Work Stream Progress Review meeting with each Director and their team periodically. The Strategy Implementation lead and their PMO will also have a co-ordination role to ensure that projects and Work Streams are progressing, that there is appropriate monitoring, and that risks are escalated in appropriate timeframes to the Director of Planning, Performance and Corporate Services.

Reporting and Accountability Processes

- Accountability for delivery will be via Lead Director of the Work Stream to the Director of Planning, Performance and Corporate Services to the Chief Executive and Trust Board.

- There will be process measures, Outcome measures and Key Performance Indicators to measure success. These will be developed for the Strategy as a whole with local measures agreed in conjunction with Project leads.

- Risks will be managed by Project leads through their Directorates with risks entered on Datix and updated regularly. A facility has been added to Datix to enable risks related to the Strategy to be identified and reported. A Strategy Risk report will be run in the appropriate week of each month and any risks which have increased will be reported to Strategy Implementation Board.

- A high level update report will be brought to each Strategy Implementation Board identifying any areas where there is a risk to anticipated delivery timescales.

Current Programmes/Projects to be incorporated in this reporting structure

- PCS Review and subsequent Improvement Programme
- CRM Programme Delivery and associated Workforce Planning
- Good Attendance/Health and Wellbeing
- Organisational Culture
- REACH as it evolves to E-Health/Digital Transformation

Appendix A

NIAS Transform Prog - Organisational Development Draft 3 CP - Excel

NIAS Transformation Programme
"To consistently show compassion, professionalism and respect to the patients we care for"

Priority Area	**ORGANISATIONAL DEVELOPMENT**	Notes:
Senior Responsible Officer	**POINTS OF FOCUS** **1. Corporate support services** **2. Leadership development** **3. Organisational health** **4. Corporate governance**	
Project Leads		
Plan Sign Off		
Version		
Last Update		

Reference	Points of Focus / Project Areas 2020-2026	Project Lead	Year to Commence	Target Quarter to commence	Start Date	Finish Date	% complete	Status *(select from drop down)*	Key Risks / Obstacles	Dependencies	Delay (days)	Over (days)	Comments
OD1	**Corporate support services**												
OD1.01	Expansion of support functions and structural review to facilitate CRM implementation		2020/21										CP 1.1 CP 3.3
OD1.02	Design and implementation of revised HR delivery model		2020/21										CP 3.3
OD2	**Leadership development**												CP 3.2
OD2.01	Collective leadership approach												CP 3.2
OD2.02	Board and senior management development		2020/21										CP 3.2
OD2.03	Talent management / identifying future leaders												
OD2.04	Inclusive and supportive approaches to organisational change												
OD3	**Organisational health**												CP 3.2
OD3.01	Culture survey and review												CP 3.2
OD3.02	Staff engagement processes		2020/21										CP 3.2
OD3.03	Embedding of trust values and behaviours		2020/21										CP 3.2
OD3.04	Promoting equality, non-discrimination and human rights												CP 3.2
OD3.05	Open and just culture of continuous learning												CP 3.2
OD4	**Corporate governance**												CP 3.3
OD4.01	Corporate governance framework review		2020/21										CP 3.3
OD4.02	Organisational performance monitoring systems												CP 3.3

OD Programme Plan | OD1 Corporate Services | OD2 Leadership Dev | OD3 Organisational Health | OD4 Corporate Governance

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Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	27 August 2020
Title of paper:	**Proposal for NIAS Rebuild Management Board Working Group**
Brief summary:	This paper proposes the NIAS response to the regional Rebuild Programme constituted by the Department of Health and a proposed structure.
Recommendation:	**For Approval** ☒ **For Noting** ☐
Previous forum:	SMT 18/08/20 (some changes made based on information from regional RMB)
Prepared and presented by: **Date:**	Maxine Paterson, Director of Planning, Performance & Corporate Services Sarah Williamson, Transformation Manager 20 August 2020

Rebuild Management Board NIAS Working Group
DRAFT Terms of Reference

1. Group Definition

This group has been constituted in response to Department of Health (DOH) Covid-19 Rebuild Management Board in order to co-ordinate the NIAS response, involvement and delivery of the associated work. This group will oversee implementation of the related work within NIAS and ensure consistency of approach to elements which impact on Ambulance usage and NIAS' clinical practice.

2. Background

Covid-19 has presented unprecedented challenges for the HSC, which had already been facing huge strategic challenges in the form of an ageing population, increasing demand, long and growing waiting lists, workforce pressures and the emergence of new and more expensive treatments. In this context, the Department has published a new Strategic Framework to rebuild health and social care services. The Strategic Framework sets out the process to identify: actions to stabilise HSC service delivery and business operations; new service delivery models and business structures required to stabilise the system; timescales for implementation; oversight structures; areas for priority action; and associated resources required.

The Framework also considers the extent to which innovation and new delivery models developed during the emergency response can be incorporated as health and social care services are rebuilt. In order to support this work, the Department of Health has set up a Rebuild Management Board and programme.

The aims of the regional Rebuilding Programme are:

a. To incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing Covid-19 conditions;
b. To maximise service activity within the context of managing the ongoing Covid-19 situation;
c. To embed innovation and transformation; incorporating the Encompass programme, in service delivery models;
d. To prioritise services; develop contingencies; and plan for the future.

In addition the No More Silos Network has an opportunity to develop the local principles and plans required to deliver 10 key actions in relation to Urgent and Emergency Care.

Alongside this is the need for the appropriate analysis, monitoring and governance associated with the management of capacity and planning for surges of activity related to Covid-19 or other seasonal pressures.

NIAS, along with the HSC Trusts has been asked to set up a local implementation structure in relation to this work.

3. Group Objectives

The objectives are as follows:

- Set up an appropriate membership of senior managers from across NIAS with representation from relevant services and departments
- Agree lead/liaison roles with Departmental Steering structure, HSC Trust structure and associated work streams
- Establish requirements for data for internal and external aspects of the project which will be relevant to shape service reconfiguration and/or ensure the implications for NIAS are considered in proposed service changes
- Ensure NIAS' plans (eg Demand Management plans and REAP) and associated management of capacity are established with the appropriate governance framework to respond effectively to pressures/surge (see Appendix 1)
- Bring learning/expertise from NIAS and national Ambulance service developments to service design and reconfiguration plans
- Develop policies, procedures, risk assessments, in partnership in order to implement agreed outcomes within NIAS (in accordance with legislation)
- Establish communications chain (including timeframes and dissemination responsibilities) by Group members
- Ensure wider communications (including with service users/public as required).

3.1 Membership (for discussion)

Members may send a deputy to meetings as appropriate.

Maxine Paterson (Chair)	Director of Planning, Performance & Corporate Services
Nigel Ruddell	Medical Director
Robert Sowney	Director of Operations
Russell McLaughlin	Assistant Medical Director
Neil Sinclair	Assistant Clinical Director
Billy Newton	Assistant Director Emergency Planning
Sarah Williamson	Transformation Manager
Bryan Snoddy	Assistant Director of Operations (Ops)
Rosie Byrne	Assistant Director of Operations (Ops)
Ruth Macnamara	Assistant Director of Operations (Control)
John Wright	Assistant Director of Operations (NEAC/PCS Project)
Mark Cochrane	Area Manager
Laura Coulter	Area Manager
Gary Richardson	Area Manager
Neil Duncan	Area Manager
Gareth Tumelty	Area Manager

3.2 Group Scope

Functions: To lead implementation of changes associated with regional Rebuild work across HSC.

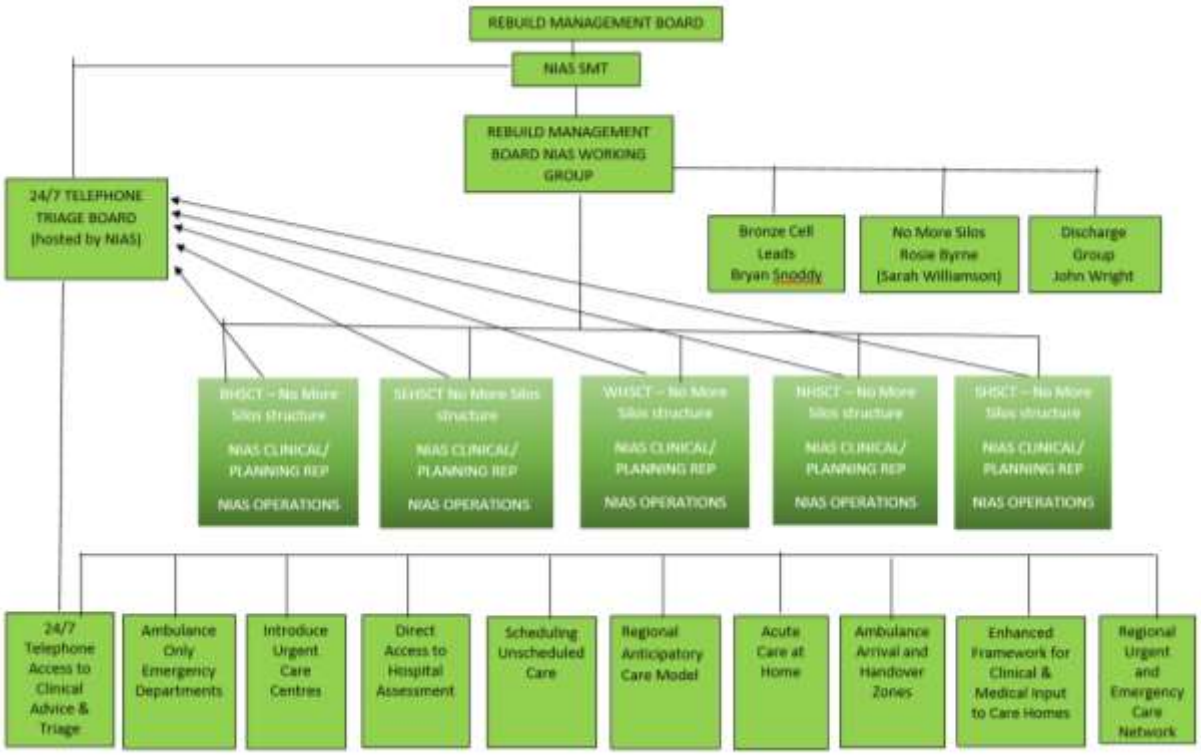


Diagram 1: Proposed structure for local implementation of the Rebuilding Programme

The structure proposed above will evolve as the work streams develop and as NIAS understands the scale of the work required for implementation.

Processes: The group will ensure co-ordination, project management (as required), risk management, reporting and governance. The group will ensure there is appropriate engagement with staff and staffside representatives through existing structures and as is feasible in line with DOH set timeframes.

Information: Information analysis will be important to this work in order to understand the relevant baselines, activity data and analysis of the impact of service changes. Best practice and clinical evidence base will be drawn on to ensure proposed solutions are in line with these.

Key Linkages: The group will report to NIAS SMT and via SMT NIAS Trust Board and to the regional Rebuild Management Board and its work streams.

Quorum: The quorum of the Working Group will be one third of the members of the committee. Membership may expand at the request of the Chair.

Frequency of Meetings: The Working Group will plan to meet on a weekly basis. The frequency will be regularly reviewed by the Chair.

Stakeholder engagement/Co-production: the principles of co-production will be drawn on to ensure the lived experience of patient & carer voices are incorporated as is relevant, and staff and staffside are involved as appropriate.

Appendix 1

Rebuilding Management Board
HSCB -Paul Cavanagh

Rebuilding Plan October 20- December 20
Surge Planning with Winter Pressures Oct 20- Mar 21

TB/27/08/2020/04

Return to Agenda

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	27 August 2020
Title of paper:	Performance Report
Brief summary:	This report incorporates the following: **<u>Operational Performance, Actions and Activities</u>** **Emergency Ambulance Control (EAC) Update:** • Call Performance and Activities **Operational Performance Update:** • New Clinical Response Model (CRM) performance (Cat 1-4) • Emergency Department Turnaround Times • Update on Flu Vaccination Campaign **<u>Human Resources</u>** Corporate Absence report as at 30 June 2020 including an update on the measures put in place by the Trust to address levels of absence **<u>Finance Report</u>** The Trust's financial position at Month 3, ie as at 30 June 2020.
Recommendation:	**For Approval** ☐ **For Noting** ☒

Previous forum:	n/a
Prepared and presented by: **Date:**	Mr R Sowney, Interim Director of Operations Ms M Lemon, Interim Director of HR Mr P Nicholson, Interim Director of Finance & ICT Ms M Paterson, Director of Planning, Performance & Corporate Services 20 August 2020

Northern Ireland Ambulance Service
Health and Social Care Trust

Emergency Ambulance Control (EAC) Report

EAC Call Taking Statistics

Emergency Ambulance Control has three designations of call covered by the Automatic Call Distribution (ACD) system which manages all incoming Emergency, Routine and Urgent/HCP calls.

Emergency Call (999) Activity

In July 17,763 emergency calls were received, approx. 570 calls per day.

As well as taking calls from the general public, NIAS also receives calls from hospitals, GPs and other health care professionals.

Key Performance Indicator - 999 Call Answer Times

EAC currently aims to answer calls as quickly as possible and has a target of 90% of all emergency calls answered within 5 seconds*. (*it is envisaged that this target will change to a mean target in 2020 in line with other UK Ambulance Services).

Call answer performance was over 90% for April, May, June and July 2020.

Compared to the same month last year the number of calls received each month was lower but the difference narrowed from 11% less in April to 3% less in July.

Key actions & Highlights

- NIAS instigated special arrangements for Covid response in March through to June 2020, with some measures continuing through to July.
- The new Control Training and Quality Improvement facility was used to separate control functions for Covid.
- CSD hours were increased to deal with anticipated surge in calls

RESPONSE TIME PERFORMANCE REPORT

Response Time Targets

Call Type	Category	Mean Standard	90th Percentile
999 Immediately Life Threatening	Category 1 (C1)	8 min	15 min
	Category 1T (C1T)*	19 min	30 min
999 Potentially Serious Incidents	Category 2 (C2)	18 min	40 min
Urgent Problem	Category 3 (C3)	No standard	120 min
Less Urgent Problem	Category 4 (C4)	No standard	180 min
Non-Urgent Enquiry	Category 5 (C5)	No specified target	No specified target

Summary of Trends and overall comment:

- CAT 1 Transport exceeded the targets of 19 and 30 minutes for mean and 90th percentile response for all months although CAT 1 responses did not meet targets. (tables below)
- Demand was generally lower in April, May and June and responses (Cat 2, 3 and 4) were better than target in these months but slipped below as demand rose again in July.
- Ambulance conveyance was lower than similar months last year but rose from 25% less in April to 5% less in July.

- Ambulance turnaround times averaged 40 minutes over this period. Attendances were at hospital were lower although reconfiguration due to covid arrangements lengthened clearing times.

- COVID-19 (Coronavirus): NIAS quickly adopted changed working patterns and took on new work streams to provide an effective Covid response. Command structures were put in place to manage operational changes,

- New working patterns for PCS to support A&E,

New and enhanced supply and logistics to maintain PPE levels to clinical staff

- Continual fit testing
- Updating guidance and support to staff
- Returning students to operational duties
- Contingency arrangements
- Staff welfare

Hospital Turnaround Times

During the Covid period hospital turnarounds were generally less of an issue as hospital attendances were reduced and therefore flow improved. Similar to the trend of increasing attendances turnaround times again increased and this was heightened because of ED reconfiguration as part of the Covid response. Over this period turnaround times averaged 40 minutes, 10 minutes over the standard.

COVID

The Coronavirus Pandemic left no one untouched by its influence. NIAS staff, in common with HSC colleagues, went above and beyond their nominal roles to ensure that NIAS was able to continue to provide an emergency service to the public. Guidance and working practices changed, almost daily, in the early stages and NIAS staff adapted to this with true professionalism. The difficulty in fulfilling their role while in full PPE and during one of the hottest spells of the year cannot be underestimated.

All of NIAS Directorates worked to support the Covid response while maintaining critical functions, in many instances while working remotely and differently due to the impact on their own staff and environment.

It was therefore an honour to receive a visit from The NI Health Minister and Secretary of State in recognition of the work of NIAS and our part in the HSC Covid response.

Section 1: Human Resources & Corporate Services

HRCS KPI: Supporting Staff To Achieve High Quality Performance (Attendance Management)

CORPORATE ABSENCE REPORT (@ 30 JUNE 2020)

It is anticipated the Trust's sickness absence target for the current Reporting Year (2020/21), if based on the delivery of a 5% improvement on the previous year's absence levels, will be 9.97% (to be confirmed by DoH).

2020/21 Monthly Sickness Absence including Comparators to Previous Reporting Year (2019/20)												
MONTH	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
NIAS ABSENCE TARGET (2020/21)	**REDUCE SICKNESS ABSENCE RATES BY 5% ON 2019/20 PERFORMANCE TO 9.97% (TBC)**											
NIAS cumulative % hrs lost (19/20)	**10.77%**	**10.62%**	**11.17%**	**11.40%**	**11.26%**	**11.05%**	**10.94%**	**10.81%**	**10.85%**	**10.74%**	**10.67%**	**10.49%**
NIAS monthly % hrs lost (19/20)	**10.77%**	**10.47%**	**12.41%**	**12.06%**	**11.70%**	**9.96%**	**10.35%**	**9.89%**	**11.16%**	**9.8%**	**9.96%**	**8.51%**
NIAS cumulative % hrs lost (20/21)	**6.9%**	**6.9%**	**7.2%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
NIAS monthly % hrs lost (20/21)	**6.9%**	**6.9%**	**7.9%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**	**%**
Monthly % hrs lost (S/T)	1.1%	1.2%	1.7%	%	%	%	%	%	%	%	%	%
Monthly % hrs lost (L/T)	5.8%	5.7%	6.2%	%	%	%	%	%	%	%	%	%
Monthly % hrs lost COVID - symptomatic and self-isolation (reported as standalone figure as reporting by exception- not 'true' absence)	2.1%	1.04%	0.71%									
Av. days lost (7.5 hrs) per Employee per Mth	1.39	1.33	1.59									
Av.NIAS estimated costs (£'000)	£275	£280	£320	£	£	£	£	£	£	£	£	£
NIAS CUMULATIVE % HRS LOST:	**(2019/20) 10.49%**				**(2020/21 @ 30 June 2020) 7.2%**					**ON TARGET**		

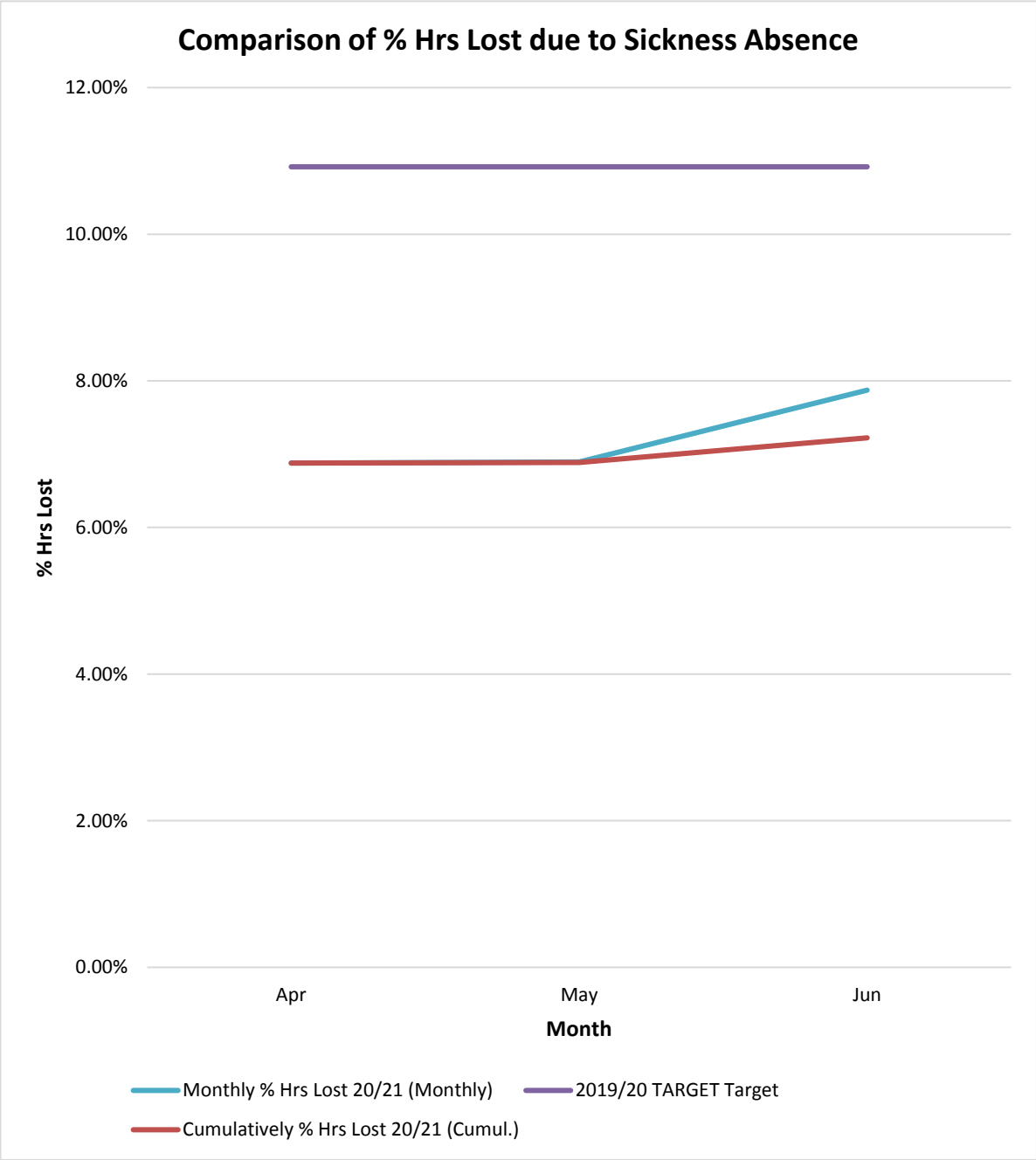
NB:(1) The Figures exclude Bank Staff and the Non-Executive Team; (2) The information is reported from HRPTS and, in line with HSC regional reporting, is in % hours lost; (3) In respect of average days lost it should be noted that, whilst the majority of NIAS staff are shift workers (approx 88%), who mostly work 12 hour shifts, the HRPTS calculation automatically divides working days over a standard 5-day week (Monday – Friday, based on a 7.5 hr day).Figures correct at time of reporting- may be subject to change. (3) Covid-19 related sickness has not been recorded as sickness absence as per the HSC regional position.

The Trust currently takes the following measures to address levels of absence:

- Additional capacity has been secured within Occupational Health through utilisation of the additional Independent Occupational Health Providers (engaged on a pilot basis via the Good Attendance Programme) to now assist with COVID related processes, including telephone assessments and reports with clinical advice and guidance pertaining to swab test results where applicable. KPIs around same

have been reduced from referral to report within 15 working days (as scoped at the outset of engagement of the Private Providers) to referral to report within 1 to 2 working days) due to the extremely urgent nature of everything COVID related and facilitated by the non-face to face process.

- Extensive work has continued at pace regionally around the development of 'Frequently Asked Questions' to advise and guide staff regarding important employment related issues related to the COVID-19 pandemic. The situation relating to COVID-19 (coronavirus) is continually evolving and therefore these questions and answers are subject to ongoing review and amendment and recirculation as appropriate.
- A Regional Risk Assessment for staff with underlying health conditions based on Department of Health Guidance has been developed and circulated for use by the Regional COVID HR group in partnership with BHSCT Occupational Health.
- Guidance for Managers and Staff with regards to staff returning to work following shielding and a supporting Risk Assessment has been developed and circulated for use by the Regional COVID HR group in partnership with BHSCT Occupational Health.
- Independent Occupational Health Providers have provided support with regards to any clinical input required within the return to work following shielding process. Managers and Senior HR Advisers- Good Attendance have worked through any management led environmental risk assessments required.
- The Good Attendance Team, in conjunction with relevant Line Managers have been working at pace to ensure those returning to work from shielding and those who, through the Risk Assessment process, are unable to return to their substantive role, are slotted into a role which allows them to come back to work. This includes a central approach to collation and allocation of roles.
- NIAS HR have remained committed to ensuring that all Occupational Health Providers engaged are furnished with the same Strategic Information Provision and have shared all relevant documentation, such as
  -Updated Interim approach for testing of health care workers for COVID-19 – PHA
  -Guidance for Health Care Workers with Underlying Health Conditions - Strategic Clinical Advisory Cell - Department of Health.
  -AACE: Working safely during COVID-19 in Ambulance Service.
  -NIAS: Guidance for incidents involving COVID-19.
  -Regional HSC: Return to Work from Shielding Guidance for Managers and Staff members.
  -Regional HSC: Risk Assessment for BAME, vulnerable & pregnant staff and staff returning to work from shielding.
- The Senior HR Advisors- Good Attendance within Divisions and Control are being kept up-to-date on the entirety of this raft of work to allow them to offer all aspects of Attendance Management related support and guidance to staff and managers, including soonest intervention for Occupational Health pathway where required as well as acting as a point of liaison between staff member, Service and Occupational Health provider in order to ensure consistency and expedite cases/resolve any issues or barriers if encountered.
- Due to the requirement for Covid-19 to make up business as usual it was necessary to suspend all formal attendance management processes. This was in line with Regional HSC. Processes have been put in place (again in line with Regional approach) and in partnership with our Union colleagues to recommence the entirety of attendance management processes.



ABSENCE CATEGORIES / REASONS WITH MORE THAN 1% ABSENCES (APR 19 – JUNE 20) INCLUDE:

Mental Health	30.93%
Other Reasons*	12.86%
Back problems + Injury / Fracture + Other Musculoskeletal problems	32.59%
Gastrointestinal problems	4.34%
Genitourinary & Gynaecological Conditions	4.10%
Asthma, Chest, Resp.	1.64%
Heart, Cardiac & Circulatory Problems	1.54%
Pregnancy Related	1.41%
Headache/migraine	3.46%
ENT	2.18%

TOTAL
95.05%

ABSENCE CATEGORIES WITH LESS THAN 1% ABSENCES (APR 19 – JUNE 20) (4.95%) INCLUDE:-

Blood Disorders; Accident / Untoward Incidents at work, Burns/Poisoning/Frostbite/Hypothermia; Dental/Oral Problems; Endocrine/Glandular Problems; Eye Problems; Influenza, Genitourinary & Gynaecological Conditions;; Infectious Diseases; Nervous System Disorders; Skin Condition; Substance Abuse; Tumours and Cancers; Viral Illness.

*** ABSENCE REASONS RECORDED WITHIN "OTHER REASONS" CATEGORY (APR 19 – JUNE 20) INCLUDE:**

Post Viral Fatigue	11.56%
General Debility	64.53%
Hospital Investigation	18.41%
Post-Surgery Debility	5.50%

England Ambulance Services	April	May	June	July	Aug-19	Sept	Oct	Nov	Dec	Jan	Feb	Mar
	2019	2019	2019	2019		2019	2019	2019	2019	2020	2020	2020
East Midlands Ambulance S	5.33%	5.21%	5.20%	5.51%	5.45%	5.65%	5.98%	5.99%	6.47%	6.37%	6.58%	Not Available - Feb20 last month externally published at time of this report.
East of England Ambulance	5.91%	5.90%	6.14%	6.75%	6.27%	6.12%	5.93%	6.23%	7.13%	7.00%	6.59%	
Yorkshire Ambulance Servi	6.26%	6.05	5.78%	5.75%	6.21%	6.00%	6.56%	6.42%	6.93%	6.49%	6.05%	
South Central Ambulance S	6.57%	6.34%	6.07%	6.13%	6.25%	6.22%	6.67%	6.73%	7.11%	6.75%	5.97%	
London Ambulance Service	4.94%	4.91%	4.94%	5.04%	5.74%	5.74%	5.77%	5.84%	6.15%	6.11%	5.98%	
S/East Coast Ambulance Se	5.35%	5.65%	5.58%	5.91%	5.83%	5.30%	5.56%	5.82%	6.53%	6.18%	5.92%	
North East Ambulance Serv	6.03%	6.57%	6.28%	6.88%	6.64%	6.11%	6.39%	6.78%	7.55%	7.88%	6.69%	
North West Ambulance Se	5.77%	5.81%	5.93%	6.12%	6.03%	6.10%	6.17%	6.59%	7.26%	6.91%	6.28%	
West Midlands Ambulance	3.39%	3.46%	3.29%	3.34%	3.43%	3.59%	3.54%	3.94%	4.29%	3.97%	3.61%	
South Western Ambulance	5.68%	5.63%	5.81%	5.88%	5.93%	5.66%	5.90%	5.77%	6.59%	6.14%	5.61%	
By Staff Group - Ambulance												
By Organisation Type - Ambulance												
	2017	2018	2019	2020								
Scottish Ambulance Servic	7.58%	7.67%	7.80%	Not av								
	Apr-Jun 17	Jul-Sep 17	Oct-Dec 1	2017	Jan- Mar 1	Apr-Jun 18	Jul-Sep 18	Oct- Dec 1	Jan-19	Feb-Dec 19		
											2020	
Welsh Ambulance Service	6.30%	6.90%	7.40%	6.80%	8.10%	7.50%	7.60%	7.90%	7.89%	Not availa	Not available	
Information Source:												
1. NHS Digital (www.digital.nhs.uk)												
2. ISD Scotland (www.isdscotland.org)												
3. Stats Wales (www.statswales.gov.wales)												

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD REPORT

FINANCE and ICT DIRECTORATE

Director of Finance and ICT
June 2020 (Month 3)

FINANCIAL PERFORMANCE

Financial Breakeven

The Trust is currently reporting a draft deficit of £250k for the month ending 30 June 2020 (Month 3), subject to key risks and assumptions. In particular, Accident & Emergency staff are currently being paid at Band 4 and Band 5 on account, without prejudice and subject to the outcome of the matching process. The Trust continues with the assumption that the full legitimate costs of Agenda for Change for NIAS will be funded. The reported deficit relates completely to the non achievement of the required level of cash releasing savings targets.

Financial position at the end of June 2020 (Month 3)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs			14,828									
Other Expenditure			10,590									
Expenditure Total			25,418									
Income			200									
Net Expenditure			25,218									
Net Resource Outturn			25,218									
Revenue Resource Limit (RRL)			24,968									
Surplus/(Deficit) against RRL			(250)	0	0	0	0	0	0	0	0	0

Forecast financial position at the end of March 2021

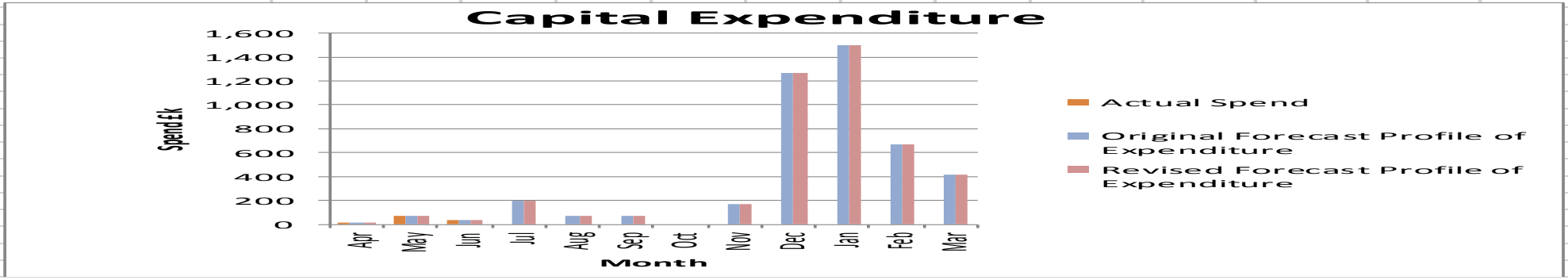
The Trust is also currently forecasting a deficit of £1m at the end of 2020-21, subject to a number of assumptions particularly in respect of Agenda for Change, investment, Covid-19 costs and efficiency savings. The Trust is required to identify savings proposals to address a forecast £2.6m savings requirement in 2020-21. Currently plans totalling only £1.6m from a range of non-recurrent measures have been identified.

The Trust continues to work with HSCB and other stakeholders to highlight emerging cost pressures and service changes with a view to achieving objectives and seeking to deliver financial balance.

Capital Spend

The Trust has received a Capital Resource Limit (CRL) allocation of £4.487m. Subject to business case approval and procurement lead times, this will allow the Trust to continue with planned cyclical fleet replacement. Within this allocation, £0.147m has been earmarked for specific ICT schemes and £0.340m for backlog maintenance.

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Fleet & Estate	14	72	38										124
ICT Schemes	0	0	0										0
Backlog Maintenance	0	0	0										0
Actual Spend	14	72	38	0	0	0	0	0	0	0	0	0	124
Original Forecast Profile of Expenditure	14	72	38	197	73	73	0	170	1,265	1,500	670	414	4,487
Revised Forecast Profile of Expenditure	14	72	38	197	73	73	0	170	1,265	1,500	670	414	4,487



Prompt Payment of Invoices

The Trust is required to pay non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% (increased from 60%) of invoices within 10 working days (14 calendar days) has also been set.

Performance by number of invoices paid for each of these measures is shown below. A range of plans are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Cum	Target
Total bills paid	2,396	2,580	3,354										8,330	
Total bills paid within 30 calendar days of receipt of undisputed invoice	2,320	2,480	3,212										8,012	
% bills paid on time 30 days	96.8%	96.1%	95.8%										96.2%	>95%
Total bills paid within 10 working days (14 calendar days)	2,093	2,165	2,635										6,893	
% bills paid on time 10 days	87.4%	83.9%	78.6%										82.7%	>70%

Return to Agenda

TB/27/08/2020/05

Return to Agenda

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	Thursday 27 August 2020
Title of paper:	**Corporate Plan Summary Report (Quarter Ending September 2020)**
Brief summary:	This is a Summary/Progress Report of actions from Quarter 1 and 2 of the Trust's Corporate Plan 2020/21. Directors and ADs were provided with this template and asked to provide progress updates on their specific actions using an agreed BRAG traffic light system. Page 4 provides the percentage number for each colour. Following Trust Board approval, we will be seeking updates on the remaining actions included in the Trust Corporate Plan.
Recommendation:	**For Approval** ☒ **For Noting** ☐
Previous forum:	Senior Management Team – 18 August 2020
Prepared and presented by: **Date:**	Maxine Paterson, Director of Planning, Performance & Corporate Services Conor McCracken, Management Trainee, HR 19 August 2020

Northern Ireland Ambulance Service
Health and Social Care Trust

NIAS Corporate Plan 2020/21

Summary Report on Progress, Period Ending September 2020

Introduction

The purpose of this report is to provide a summary of progress to date to NIAS Trust Board on how well the organisation is delivering the key actions identified within the annual Corporate Plan 2020/21. These actions are linked to the strategy: *Caring Today, Planning for Tomorrow: Our Strategy to Transform 2020-2026.*

Rating

The BRAG (Blue, Red, Amber, Green) rating is a summary of progress to date and an indication of the assessment that actions identified in the Corporate Plan have been or will be delivered by the completion date. Where the rating is Red or Amber this should make clear the remedial action being taken to ensure achievement by year end and reasons for extension of timeline or any cancellation of action.

Traffic Light BRAG Rating Description Key	
RED	Action forecast to be delivered significantly (i.e. in excess of one quarter) outside completion date.
AMBER	Action forecast to be (but no more than one quarter) of completion date.
GREEN	Action forecast to be delivered by the completion date.
BLUE	Action complete.

Summary of Traffic Light Rating System (Period Ending 30th September, 2020)

The table below shows a summary of the rating system assigned to the actions within the Corporate Plan for the period ending 30 September 2020.

Traffic Light	Period Ending June 2020	Period Ending Sept 2020	Period Ending Dec 2020	Period Ending March 2021
Signifcant Delay	-	8%		
Risk Delay		44%		
On Track		44%		
Complete		4%		

At the end of the 2nd quarter of 2020/21, 48% of the actions within the Corporate Plan were reported as Blue/Green.

Frequency of Reporting

The report will be produced on a quarterly basis for consideration by the Board and monitored more frequently by SMT and through internal accountability processes.

Actions for Delivery by September 2020

Objectives	Key Actions	Lead Director	End of Month Due	BRAG Status	Comment
1.0 Delivering Care					
1.2 We will develop an Improvement Plan to deliver the best possible response times to patients within existing resources.	Delivery of CAT1 implementation plan actions relating to dispatch, call stack management, and staff roles. See below for separate elements for action	Director of Operations	August	**Delay Risk**	See below for update against 3 separate elements for action:
	a) Improve Dispatch practices with Control Officers		August	**Delay Risk**	DCM working with Control Officers in relation to Dispatch Practices – this work is ongoing supported remotely by AACE. Due the COVID-19 pandemic and social distancing progress has been slower than expected. Predicted Dec 2020 Daily review of Exception reports
	b) Re-focus DCM's on incoming call stacks, Cat 1 performance and realign their workload		August	**Delay Risk**	Prioritised workload focusing on patient safety and performance. AACE would have been leading on this work in person, due to the COVID-19 pandemic these meetings and forums have been supported by AACE remotely. December 2020 Overhead Polling Screens to be re-installed in EAC to ensure oversight of Waiting Screen at changeover times.

	c) Re-configuration of RRV Dispatch desk		August	**Delay Risk**	Attempts at re-instating the Control Joint Working Group have been unsuccessful to date. Another date being arranged by the end of July. Staff side will not represent the 3 staff involved until this group is reconvened. Dec 2020
1.3. We will commence a Patient Care Service Improvement Programme to improve the quality of our service for this important group of service users	Obtain approval to commence PCS Review Project	Director of Operations	June	**Delay Risk**	SMT approval gained to commence review. (BLUE) PCS Improvement Programme established with Assistant Director leadership. Project Manager appointed commencing late July 2020. First objective – delivery of recommendations / options report scheduled for Q3/Q4 20/21 (AMBER)
2.0 Our Workforce					
2.3 We will deliver a Clinical Education Plan with educational opportunities across a range of levels, qualifications, topics and specialties for the clinical workforce that aligns with the HCPC requirements for BSc-level paramedic education	Review the Training School structures to support the development of an education academy for NIAS.	Medical Director	September	**On Track**	The existing training plan has been significantly impacted by the restrictions associated with Covid-19 but a recovery plan has been developed in partnership with the Operations Directorate, presented to SMT and the Assurance Committee and received full support. This plan will continue to deliver the necessary training for development of the NIAS workforce. A final decision is awaited regarding the appointment of the external provider of the BSc degree programme due to commence in 2021.

2.4 We will continue to work with HSCB and Primary Care to develop a model for training Specialist Paramedics to work on a rotational basis in Primary Care	Receive feedback and signoff on business case	Medical Director	June	**Significant Delay**	This work has been severely impacted by the Covid-19 pandemic. However a business plan has been developed to seek funding and a final decision is awaited as to the precise source of this from either the Board directly or in partnership with primary care. Job descriptions have been developed and will require banding under AfC and discussion is continuing with the potential university provider regarding the education modules. This area will become a key role for the new Assistant Clinical Director who takes up post at the start of August 2020. We would recommend revising the due date for commencement to March 2021.
2.5 We will undertake a review of our Operations Structure to provide more effective support for staff, including on a 24/7 basis	Assess current approach to delivering operational structure review and deliver final recommendations	Director of Operations	September	**Significant Delay**	AACE Associate appointed and proposed methodology paper presented approved by SMT in Q4 19/20. Very limited engagement with operational management in Q4 19/20 due to operational pressures. All work on the review suspended on the 19 Mar 2020 due to Covid-19 response. Management structure review to be split into two phases due to the delays caused by Covid-19 Pandemic. Phase 1 (Supervisors and management grades up to band 8) completed and report to be delivered by end of Mar 2021. Phase 2 (band 8 and above) to be completed by end of Q1 21/22.

					Interim arrangements to be developed to deliver 16 hour extended on duty management out of hours cover for winter period. To be implemented by end of Sep 2020 through to Mar 2021. All timelines caveated by Covid-19 requirements and timely appointment of substantive Director of Operations.
2.7 We will establish a new framework to ensure a best practice approach to the management of sickness absence	Develop Attendance Management Framework	Director of HR	September	**Delay Risk**	D Ops D HR shared Objectives.
3.0 Organisational Health					
3.1 We will implement a COVID-19 Recovery and Learning Process to ensure effective transition to delivery of care and working arrangements, which respond to Government, Public Health and other relevant guidance	Develop plan for reinstatement of activities	Director of Planning, Performance and Corporate Services	June	**Complete**	A plan for re-instatement of activities was developed and is being implemented using on a risk based approach.
	Collate learning obtained to feed corporate review of services and improvement opportunities		July	**On Track**	Feedback to collate learning is due to conclude end July 2020
3.2 We will review the existing Directorate structures and responsibilities to ensure the most effective governance and management	We will establish an Organisational Development function	Chief Executive	June	**On Track**	New Organisational Restructuring Programme established under Programme Director for Strategic Workforce Planning. Revised Directorate structure and associated responsibilities agreed by SMT June 2020.

arrangements to support the delivery of services					
3.3 We will establish a Programme Management Framework in order to enhance our capacity to oversee implementation of our 6 year Strategy	Develop strategy for framework for corporate oversight	Director of Performance, Planning & Corporate Services	Sept	**On Track**	Framework to be delivered to Trust Board in August for approval.
3.4 We will initiate a new Organisational Culture Programme to take focused action to develop a culture of collective and compassionate leadership	Deliver Programme outline Plan	Director of HR	July	**Delay Risk**	SMT presentation delivered. HSCLC support in place. Culture Audit Control Implementation meeting planned 29 July 2020. Culture Dashboard development underway.
3.5 We will review our Human Resources model with a view to establishing a revised model to meet organisational and workforce needs	AACE Review undertaken and report produced	Director HR	July	**Delay Risk**	Report due end July 2020.

3.6 We will evidence compliance with internal audit recommendations	By Sept: Complete follow up review in line with schedule	Director of Finance	September	**On Track**	A follow up of outstanding Internal Audit recommendations was completed as part of the 2019-20 Final Accounts. This will be updated for review by SMT in a Workshop in August 2020 and the position at 30 September 2020 formally reviewed by Internal Audit in September/October 2020.
4.0 Quality Improvement					
4.2 We will implement a Programme of transformation and improvement for our Emergency Ambulance Control Room	By Sept: Implementation of Demand Management Plan	Director of Operations	September	**Delay Risk**	Progress with the DMP has been delayed due to the COVID-19 pandemic. A project group supported by AACE has been identified and core members agreed. SEMT endorsed the approved approach on 7 July 2020. The first meeting of this group is scheduled for 30 July 2020. The group will meet on a 2 weekly basis.
4.4 We will implement an Improvement plan to develop in our processes in Safeguarding, in partnership, with social care services across HSC	By Jun: Produce Safeguarding Policies and Procedures	Director of Safety, Quality & Improvement	June	**Delay Risk**	Progress delayed due to Covid-19. RQIA have agreed an extension to September 2020.

4.5 Develop an organisational performance management framework to measure improvement and provide corporate governance and assurance	By Sept: Perform landscape review and audit of information	Director of Performance, Planning & Corporate Services	September	On Track	Full review of existing information landscape captured. Review to commence in August.
5.0 Digital Enablers					
5.2 We will establish arrangements to improve business intelligence through data warehousing, business intelligence tools and best practice	By Jul: Agreement to proceed DHCNI /BSO	Director of Performance, Planning & Corporate Services	July	On Track	Informally agreed to proceed
	By Sept: Proof of Concept to Support Business Intelligence Tool completed		September	On Track	
7.0 Communication and Engagement					
7.1 We will develop a new Communications Strategy	By Jul: Benchmarking exercise of ambulance and HSC Trust Communication Strategies with particular focus on use of digital and online channels	Director of Performance, Planning & Corporate Services	July	On Track	Benchmarking of communication functions within Ambulance Services concluded.

	By Aug: Staff and stakeholder engagement process to inform communications strategy.		August	**On Track**	Process to engage with staff and stakeholders underway.
7.2 We will review existing processes around the Knowledge and Skills Framework and implement a new approach to staff appraisal and personal development reviews	By Sept: Establish a project team and review NIAS Appraisal process	Programme Director of Strategic Workforce	September	**Delay Risk**	SMT agreed on 7th July 2020 that a project team should not be established, due to competing priorities. AACE colleagues have been approached in relation to supporting the benchmarking process. The programme team structure has also been reduced due to competing priorities and the timeframes have been adjusted accordingly and agreed at SMT
7.3 We will develop the range of ways Service users can give us feedback and be involved in service development	By Jul: Introduce Trust wide Online User Feedback tool Care Opinion	Director of Safety, Quality & Improvement	July	**On Track**	Launched 3rd August 2020

Return to Agenda

TB/27/08/2020/06

Return to Agenda

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	27 August 2020
Title of paper:	**NIAS Annual Report & Accounts** for the year ended 31 March 2020 **NIAS Charitable Trust Fund - Trustee's Annual Report & Accounts** for the year ended 31 March 2020
Brief summary:	The Trust Board is asked to note: - the Trust Annual Report and Accounts for the year ended 31 March 2020 which have now been certified by the Comptroller and Auditor General of the NIAO and laid in the NI Assembly on 4 August 2020; and - the NIAS Charitable Trust Fund - Trustee's Annual Report & Accounts for the year ended 31 March 2020 which have now been certified by the Comptroller and Auditor General of the NIAO and laid in the NI Assembly on 7 August 2020.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	Audit Committee – 28 May 2020 In Committee Trust Board – 2 July 2020
Prepared and presented by: **Date:**	Paul Nicholson Interim Director of Finance 20 August 2020

Northern Ireland Ambulance Service
Health and Social Care Trust

NORTHERN IRELAND AMBULANCE SERVICE HEALTH AND SOCIAL CARE TRUST

ANNUAL REPORT AND ACCOUNTS FOR YEAR ENDED 31 MARCH 2020

Northern Ireland Ambulance Service Health and Social Care Trust

Annual Report and Accounts for the year ended 31 March 2020

Laid before the Northern Ireland Assembly under Article 90(5) of the Health and Personal Social Services (NI) Order 1972 (as amended by the Audit and Accountability Order 2003) by the Department of Health on 4 August 2020

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This publication is also available for download from our website at www.nias.hscni.net.

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Chair's Preface

Over the past twelve months, the Northern Ireland Ambulance Service (NIAS) has changed. As Trust Board Chair, I welcome these changes while recognising that there is more to be done. Many of the developments, which the Board and Senior Management team have overseen, are described in detail in the document which follows. At the outset, I want to highlight some of these, as a taster of the work carried out in the 2019-20 year and to recognise the progress, which has already been achieved, before identifying some important signposts for the future.

Significantly, the manner in which ambulance services are delivered underwent its most radical change in over 40 years with the successful introduction of the Clinical Response Model (CRM). This was only possible as a result of the extensive work carried out over a number of years which was led by the Board. The change allows better management of the increasing service demand and ensures that our ambulance crews can get to the sickest patients in the quickest possible time. There is much to build on here and the Board looks forward to NIAS working closely with our Departmental colleagues to achieve the necessary investment, which ensures that the benefits of CRM are maximised for both patients and staff.

At the beginning of the year, we joined with Health and Social Care (HSC) colleagues in welcoming the return of the Northern Ireland Executive. I was delighted to introduce Minister Swann to our Chief Executive, Michael Bloomfield and his senior team in January. The team highlighted their aspirations for the service and discussed the challenges, which must necessarily be overcome in order to deliver effective public services. Within a very few short weeks the main challenge to be tackled was presented by Covid-19. At year-end, a large focus for the senior team has been to ensure that ambulance services continue to be delivered at this time. Undoubtedly, more will be said in the 2020-21 Annual Report about Covid-19 and its impact on service delivery. However, I want to acknowledge the breadth of work untaken in a short space of time by senior management, managers, both in Headquarters and across Northern Ireland, our support staff and ambulance crews, which ensured that in the difficult environment created by a global pandemic, ambulance services have continued uninterrupted and are adapting to meet the need created by a new and deadly virus.

Other significant changes at NIAS were reflected in welcome additions to our senior team and in the appointment of a Board Secretary. I am eagerly anticipating how we will build on the 2019-20 staff recognition awards during 2020-21. While we may have to celebrate staff achievements in a different way, as NIAS Chair, I am determined to see that this is done. I was also proud to witness our first ever foundation degree graduations at the Ulster University (UU) and, while there will need to be changes to the way future courses are delivered, I am confident that workable solutions will be found. The attitude of NIAS staff demonstrates that barriers to progress are there to be worked through. As one example, dedicated staff ensured a positive and productive relationship with the Regulation and Quality Improvement Authority (RQIA), which has resulted in the final Infection Prevention and Control (IPC) improvement notice being lifted. It is this approach, which will guarantee that the service continues moving forward over the coming weeks and months.

For me personally, the launch of NIAS's first ever strategic plan at the beginning of March was a satisfactory culmination to over a year's worth of staff and stakeholder engagement. This consultation ensured that the Northern Irish public will be well served by an ambulance service, both now and into the future. Some of the work outlined in the plan has been temporarily paused to allow for the implementation of new structures and ways of working to minimise the Covid-19 impact. Nevertheless, I look forward to 2020-21, where the innovation demonstrated by NIAS staff, particularly over recent weeks, will find new ways of delivering on the strategy signed off at the Trust Board and endorsed by our Minister. This important sign-posting document will be used by the Board to measure progress as it identifies important changes, which are yet to come.

Finally, I want to take this opportunity to thank everyone who worked hard during the 2019-20 year to deliver ambulance services to the public of Northern Ireland. The commitment shown and willingness to adapt to change were evident right throughout the 2019-20 year and were not confined to the measures taken to minimise the impact of the virus. The senior team is already capturing the positive learning which is emerging from the management of Covid-19. In spite of the current environment I look forward to seeing how this will inform improvements to service delivery in the coming year.

Mrs Nicole Lappin
NIAS Chair
2 July 2020

Performance Report

Performance Overview

The purpose of the performance overview is to present the Chief Executive's perspective on the Trust's performance over the period 2019-20. It also provides a brief summary of the Trust: including its purpose and activities; our vision, values and goals; and services that we provide.

Chief Executive Overview of Performance

The past year has been a very challenging one for the Northern Ireland Ambulance Service but there have also been a number of significant and exciting milestones achieved on our transformation journey, and I am pleased to provide an overview of some of these here.

I continue to be greatly impressed and humbled by the work of all our staff right across the organisation, and never has that been more apparent than during the past few months during the Covid-19 pandemic when the selflessness and total commitment of our staff to patient care has been so evident.

This has been a very challenging time for everyone in society, but in particular for frontline health and care workers. NIAS staff face unique challenges in the environment they work in. As always they have risen to this challenge, continuing to demonstrate the professionalism, care and compassion they always do in delivering high quality care to patients and their families. I am very grateful to everyone and their families for everything they have done and the personal sacrifices they have made during this time.

Although the most significant, Covid-19 has not been the only operational pressure during the year. The past 12 months have presented a range of operational challenges including staffing shortfalls during the summer period, Industrial Action in December 2019 and the expected winter pressures during January and February 2020. As a result, many of our staff have been working under sustained pressure for a considerable period. Throughout this, they continually place the needs of patients first.

One of the reasons for the shortfall in staffing levels last summer was a number of our Emergency Medical Technicians had been removed from operational duties to undertake the first Foundation Degree in Paramedic Science in Northern Ireland. While presenting operational pressures at the time, this was essential for the continued expansion of our clinical capacity and professionalism of the service. This programme, which was jointly developed and delivered with our partners in Ulster University (UU), marks an important milestone in the continued development of the Paramedic profession in Northern Ireland. One of the highlights of the year was the graduation ceremony for our newly qualified Paramedics in December 2019, and I am grateful to our UU colleagues for hosting this wonderful event, which was enjoyed by the students, their families, NIAS staff and Board members. I am also grateful to the NIAS Training Team for all of their work in delivering this first programme and supporting our students in achieving their Foundation Degree.

A second cohort of students commenced the Foundation Degree in January 2020 and I look forward to celebrating their success also at their graduation later this year.

In addition to the Paramedic programme, our Training Team have also successfully delivered programmes to train new Emergency Medical Technicians and Ambulance Care Assistants during the year, providing much needed additional operational capacity, and our Control Room has been strengthened by the recruitment and training of additional Emergency Medical Dispatchers by the Control Training & Quality Improvement Unit.

All of these additional staff will play an important role in stabilising our service and delivering improved performance moving forward.

A very significant development during the year was the partial implementation of a new Ambulance Clinical Response Model (CRM) to replace our previously outdated model, which categorised around 30% of all calls as immediately life-threatening. The new CRM aims to better meet the needs of those who call our service by ensuring those with the most serious life-threatening conditions get the most immediate response, while ensuring those which are less serious receive a response appropriate to their needs. After wide public consultation in 2018-19, the Department of Health approved the introduction of the new categorisation of calls from October 2019.

Following extensive work led by the CRM Programme team and involving many staff across the Trust, the new call categories were successfully implemented on 12 November 2019. Performance against the new response target times continues to improve but fully achieving the standards remains heavily reliant on increasing the number of operational staff as identified in a

demand capacity review exercise undertaken as part of the CRM Programme. A Strategic Outline Case was submitted to the Department of Health in February 2020 detailing the funding required for this increase in staffing together with the associated estate and fleet resources. We look forward to progressing this expansion in our workforce subject to business case approval and the associated investment.

NIAS has a significant contribution to make to the Department of Health's transformation agenda – "Health and Wellbeing 2026: Delivering Together". We are ideally placed to provide care to people in their own homes with less reliance on secondary care, as evidenced by the reduction of patients being conveyed to hospital by ambulance since the introduction of Alternative Care Pathways and the Clinical Support Desk in Ambulance Control.

To ensure we maximise this contribution and provide the most appropriate care to those who call our service, we developed a new long term strategic plan during the year. Following Trust Board and Ministerial approval, *Caring today, planning for tomorrow – Our Strategy to Transform: 2020-26* was published on 5 March 2020. This Plan sets out the road map for how we will continue to transform and modernise our service for the benefit of patients and staff over the coming years.

Caring today, planning for tomorrow was developed following significant engagement with our staff and service users and the final Strategy reflects the value of their input. Over 350 staff participated in 13 engagement sessions during the summer of 2019 and the benefit of this direct engagement with the staff who are best placed to identify the improvements to the services they deliver every day cannot be overstated. I am committed to ongoing and regular engagement with all of our staff as we implement our Strategy, and while the current restrictions associated with Covid-19 present challenges in how we do that in the short-term, I am confident effective ways of doing so will be found.

Since I was appointed NIAS Chief Executive just over two years ago, addressing the findings from RQIA inspections in relation to Infection, Prevention and Control (IPC) has been a priority. The public need to have confidence that when they use our service that our facilities, vehicles and equipment meet the highest standards of cleanliness to prevent the spread of infection. Our staff also need to be assured that they will be protected from infection in the course of their work.

Following an extensive programme of work over the past two years, I am pleased that the RQIA lifted all of their IPC improvement notices during the year. This is testament to the commitment and hard work of many staff right across the organisation including our dedicated team of

vehicle cleaning operatives. We are committed to maintaining and building on these high standards and have strengthened our expertise and capacity in this area during the year through the appointment of a Director of Safety and Quality, and an IPC lead nurse.

There have been a number of other highlights during the year of which I am particularly proud, and of the staff who have contributed to them, including:

- The Inaugural NIAS Staff Recognition Awards and Long Service Medal event in April 2019, when we celebrated the achievements of so many of our staff and their contribution to providing excellence in patient care;
- The success of the NIAS Complex Care Team who won the Integrating Care Across Boundaries Award and the Overall HSC Quality Improvement Award at the HSCQI Annual Awards event in March 2020;
- For the second year in a row, NIAS exceeded the Department of Health's target for the flu vaccination of staff. The very successful Peer Vaccination Programme and the co-operation of so many of our staff resulted in 62% of staff being vaccinated over the past winter, an increase on the 51% in the previous year; and
- The capacity of our Peer Support Team was increased during the year to provide much needed support to staff in a range of circumstances, including following distressing and traumatic calls. During the year, this dedicated and highly professional small team have had more than 1,000 engagements with staff, a support that will have had an impact on individuals which will never be fully appreciated.

This report provides only a flavour of some of the great work carried out by the many highly skilled and dedicated staff in NIAS, much of which goes largely unnoticed other than by the individuals and their families who are touched by the care and compassion of NIAS staff every day. I am very grateful to them all and it is my privilege to lead them.

In conclusion, I would like to thank my senior team for all of their support and advice during the year. This team has been strengthened during the year as part of our restructuring plans, something that has benefited the Trust greatly as we faced the challenges of the past few months in particular. I look forward, with their continued support, to taking forward the exciting developments that are outlined in our new Strategic Plan for the benefit of patients, staff and the wider Health and Social Care System.

Purpose and Activities of the Trust

Our Mission is:

To consistently show compassion, professionalism and respect to the patients we care for.

Our Values:

We are committed to embedding the following shared HSC values in NIAS:

Our Goals:

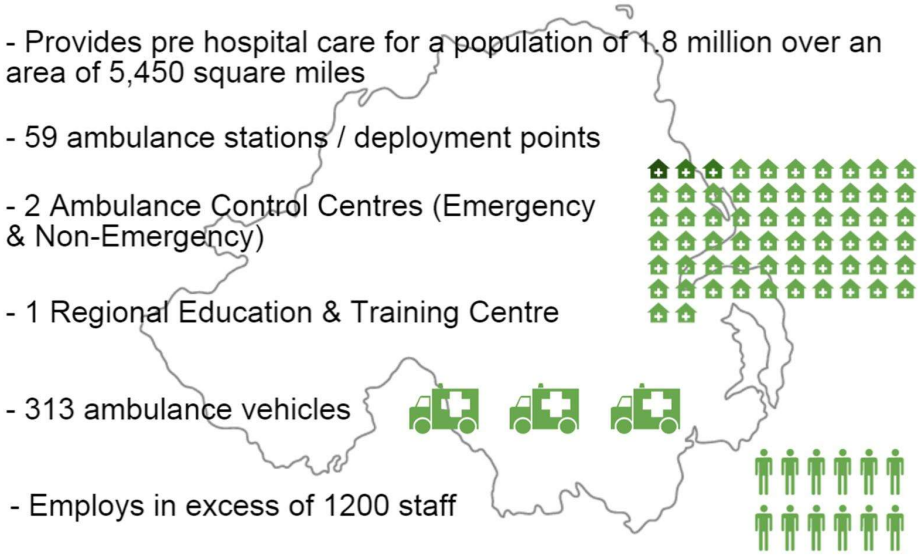
The four organisational goals set out in our Strategic Plan are that:

There are a range of key transformation workstreams supporting the implementation of the NIAS Strategy and the Corporate Plan is grouped in line with these workstreams. We will measure the outcomes of each of our key objectives to enable us to:

- Continuously enhance the way we are **delivering care**. This includes developing new roles, continuing to expand our care pathways, achieving seamless integration with the wider system, and improving our offer of non-emergency transport provision.
- Seek to increase the size of **our workforce** considerably, both frontline and the essential corporate services that support them.
- Continue to develop the steps we are taking to **engage with staff**, improve their health and wellbeing, and enhance their career and personal development.
- Improve our **organisational health**, by embarking on a programme that will seek to positively change the culture we work in, engaging and empowering our staff by embedding collective and compassionate leadership at all levels.
- Develop a new **quality and safety** strategy, which will clearly define how we support staff to provide the best and most appropriate care possible. Working with colleagues in the rest of the health system, this will include measurement of the outcomes of the care we provide and patient experiences of our services, so we can continuously learn and improve.
- Focus on our **digital enablers**, upgrading out-of-date systems, increasing interoperability with the health and social care systems and embracing new technologies through a comprehensive programme of digital innovation.
- Reconfigure **our infrastructure** to facilitate our new clinical model, developing our estate and our fleet in line with our growing workforce and emerging technological advances.
- Improve our **communications & engagement** with our staff, patients, partner providers and our communities, ensuring their continuing involvement in shaping how we achieve our vision.

About the Northern Ireland Ambulance Service HSC Trust

The Northern Ireland Ambulance Service (NIAS) was established by the Northern Ireland Ambulance Service Health and Social Services Trust (Establishment) Order (Northern Ireland) 1995 as amended by the Health and Social Services Trusts (Establishment) (Amendment) Order (Northern Ireland) 2008 and Section 1 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.



The principal ambulance services we provide are:

- Emergency response to patients with sudden illness and injury;
- Non-emergency patient care and transportation;
- Specialised health transport services; and
- Co-ordination of planning for major events and response to mass casualty incidents and disasters.

Performance Analysis

Overview of Organisational Performance

The Northern Ireland Ambulance Service (NIAS) exists to provide a high quality ambulance service which delivers the best clinical outcomes for those patients who make use of our services. We seek to do this by having in place the necessary resources in terms of staff, fleet and estates. However, we cannot deliver this service in isolation and we are committed to participating fully in the development and delivery of responsive integrated health and social care services through close collaboration with partners throughout the Health and Social Care system. Engagement with local communities and their representatives in addressing issues which affect their health is also key to the future development of our services.

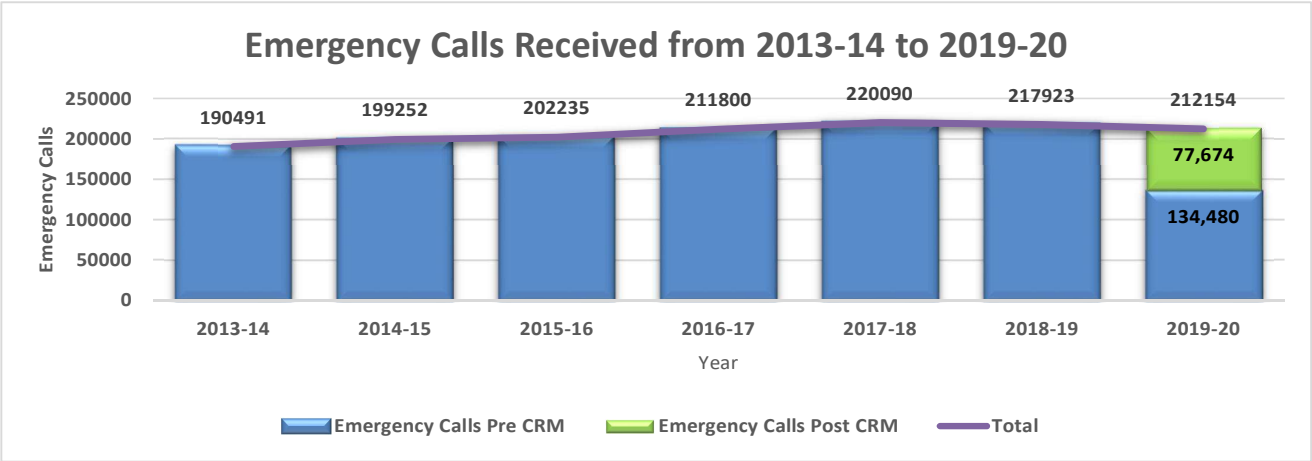
This annual report examines NIAS performance during 2019-20 in terms of delivering our service, and identifies the challenges that NIAS has faced in doing so. The report also outlines the measures that NIAS has taken in facing these challenges. The report then reviews the way in which we have managed our budget in the context of these challenges during the year.

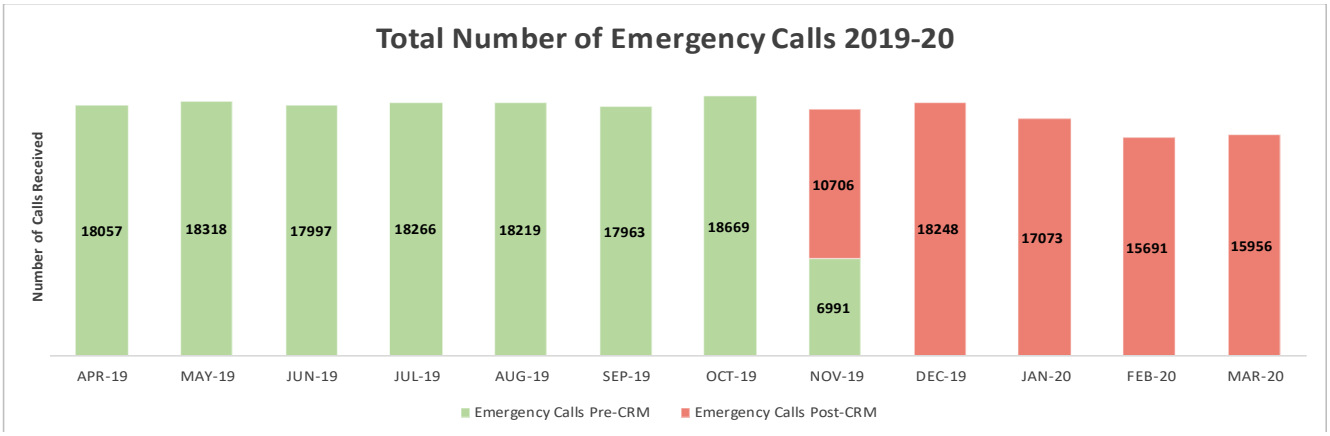
Operational Performance

Accident & Emergency Call Activity

Historically, NIAS has experienced a year on year growth in demand for our services. In 2019-20, we introduced a new Clinical Response Model (CRM) programme along with a new set of ambulance categories in line with a national Ambulance Response Programme (ARP). This was implemented on 12 November 2019 and means we calculate information differently and cannot directly compare the activity for previous years with the post CRM activity in the current year.

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	
						Pre CRM	Post CRM
999 Calls	199,252	202,235	211,800	220,090	217,923	134,480	77,674
Year on Year %Growth	4.60%	1.50%	4.73%	3.91%	-0.98%	-2.65%	



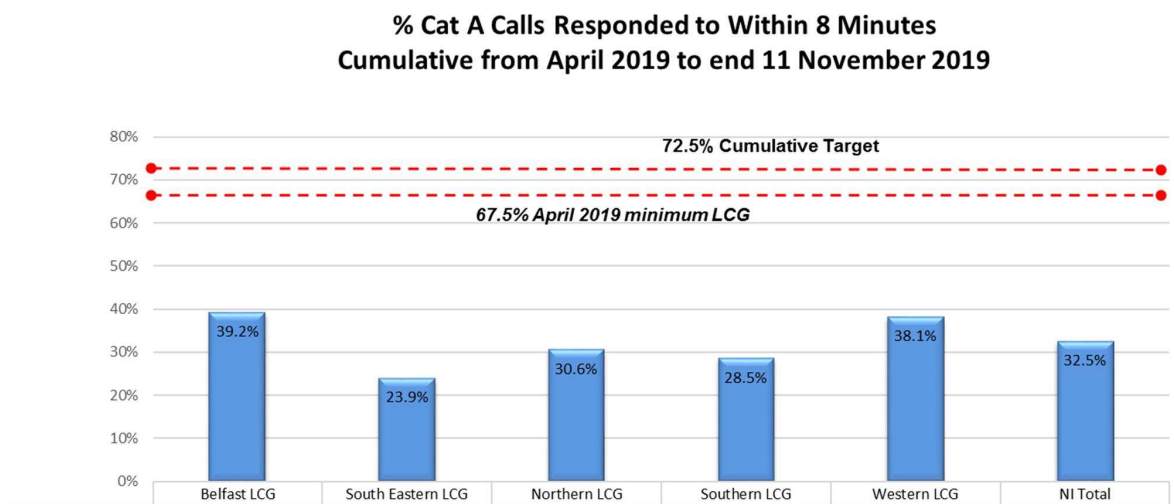


Performance against Category A Response – 1 April 2019 to 11 November 2019

Since 2012-13, NIAS performance against the target of 72.5% has been falling steadily. In 2018-19 37.2% of Category A calls received a response within the required 8 minutes and in 2019-20 as at 11 November 2019 this stood at 32.5%.

As at 1 April 2019, NIAS was required under the Commissioning Direction Plan to formally report to the Health and Social Care Board (HSCB) on performance indicators for Category A.

The following table outlines the performance against this Key Performance Indicator for 1 April 2019 to 11 November 2019.



	Belfast LCG	South Eastern LCG	Northern LCG	Southern LCG	Western LCG	NI Total
% Cat A Within 8 Min	39.2%	23.9%	30.6%	28.5%	38.1%	32.5%
Cat A within 8 min	3,764	1,535	2,485	1,807	2,240	11,831
Total No. of Cat A	9,612	6,412	8,130	6,350	5,882	36,386

From April 2019, 72.5% of Category A (life threatening) calls are to be responded to within eight minutes, 67.5% in each LCG area.
*Disclaimer may be subject to change at a later date.

Performance against new Ambulance Response Programme (ARP) - 13 November 2019 to March 2020

New ambulance response time standards, indicators and measures were introduced during 2019-20 (from 13 November 2019) as part of the Ambulance Response Programme (ARP) and are now reported monthly to the Department of Health as Ambulance Quality Indicators (in line with NHS England).

The tables below includes data on the new ARP metrics for the period from 13 November 2019 to 31 March 2020 as a full year of these standards will not be available until 2020-21.

Call Type Definitions	Standard
999 Immediately life threatening	Category 1
999 Emergency – potentially serious incident	Category 2
Urgent Problem	Category 3
Less Urgent Problem	Category 4

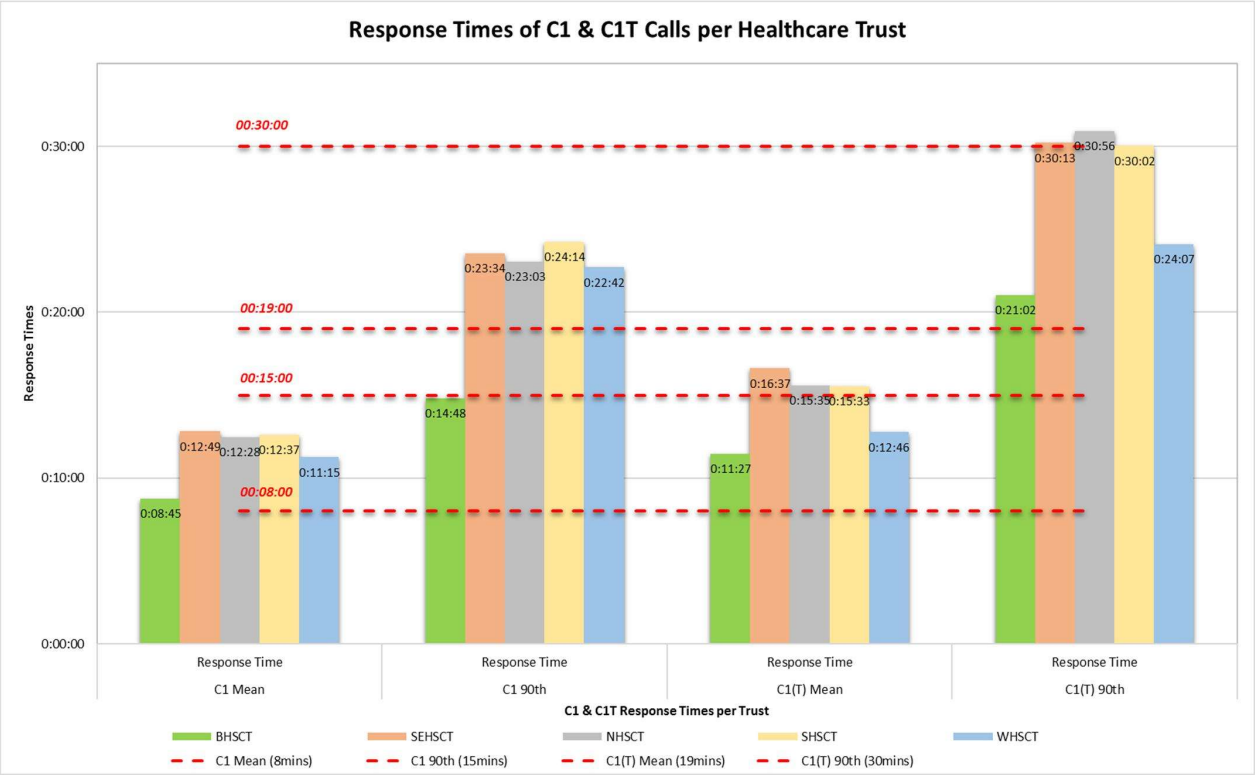
Category	Standard	Performance	No. of Incidents with a Response
Category 1 – Mean Response Time	8 minutes	11 mins 12 secs	3,893
Category 1 – 90th Percentile Response Time	15 minutes	21 mins 28 secs	
Category 1T* – Mean Response Time	19 minutes	14 mins	2,503
Category 1T – 90th Percentile Response Time	30 minutes	26 mins 45 secs	
Category 2 – Mean Response Time	18 minutes	22 mins 43 secs	33,495
Category 2 – 90th Percentile Response Time	40 minutes	46 mins 14 secs	
Category 3 – 90th Percentile Response Time	120 minutes (2 hours)	131 minutes (2 hours 11 mins)	18,182
Category 4 – 90th Percentile Response Time	180 minutes (3 hours)	203 minutes (3 hours 23 mins)	2,550

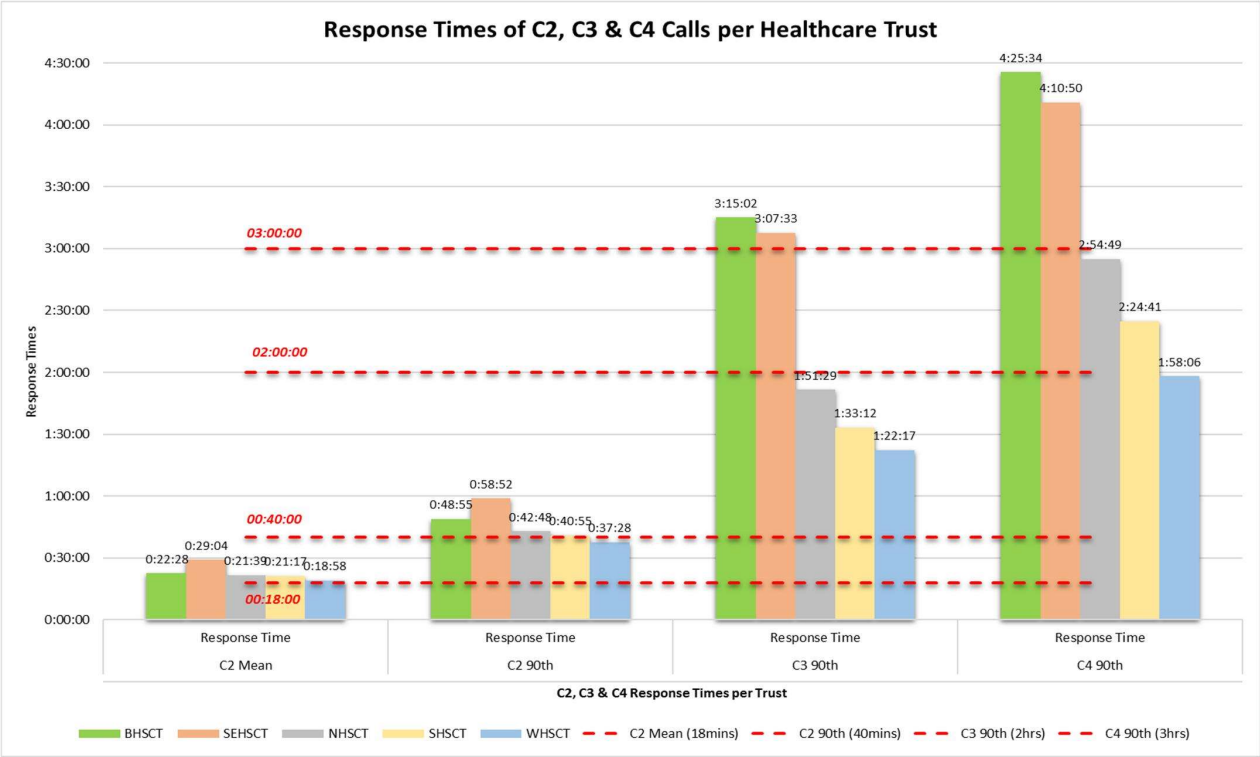
*Category 1T refers to an A&E conveyance resource capable of transporting the patient. The Category does not have a formal standard but the performance above will be monitored and published.

NIAS acknowledges that many changes to current operating models for ambulance services are required to deliver the new performance standards. The challenges include additional staff resources in frontline and support functions, staff skill sets, response vehicle mixes and operational dispatch systems and protocols. The Trust has been working throughout 2019-20 to push forward and address a number of these issues through internal improvement plans and working groups, but an additional investment requirement has been identified to deliver the additional resources levels required to meet the new response time measures on a consistent basis.

The Trust has been working with Operational Research in Health Ltd (ORH) to assess the level of performance that would be expected as a result of implementing the new ambulance standards. The modelling undertaken by ORH based on the ARP standards implemented in NIAS in November 2019 confirmed that performance standards could not be achieved by the Trust with the resources currently available.

The tables below show the response times for each category of calls per Healthcare Trust for the period from 13 November 2019 to 31 March 2020 as a full year of these standards will not be available until 2020-21.

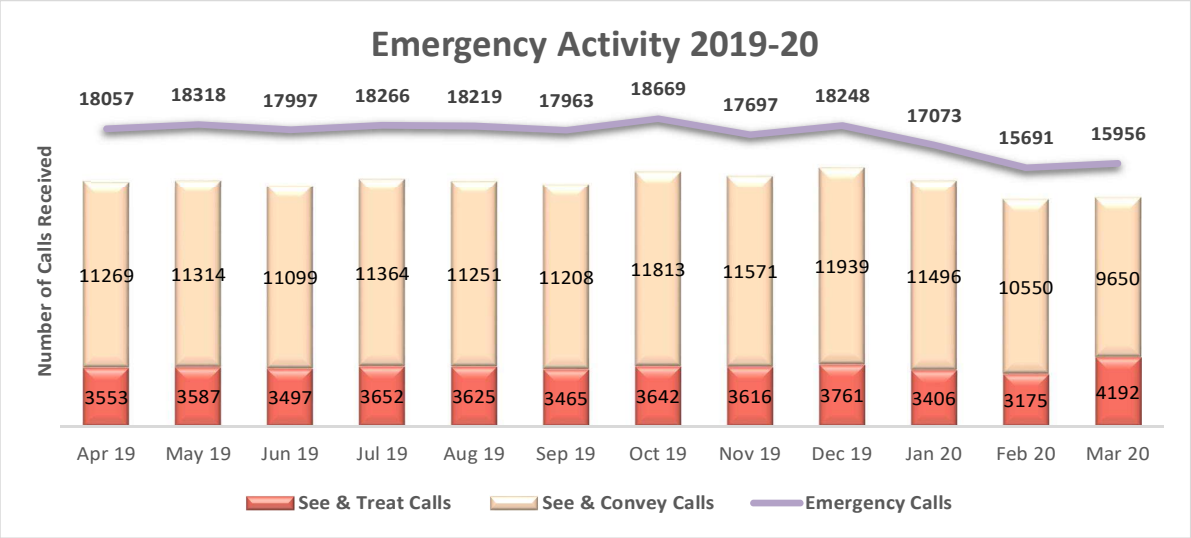




Activity Levels 2019-20

During 2019-20, NIAS arrived at the scene of an incident on 180,072 occasions. Of these, 44,855 patients were medically and clinically assessed and then remained at the scene (See and Treat). A large number of these patients were referred to appropriate care pathways including falls referral teams, mental health teams, palliative teams and others. The remaining 135,217 patients were transported to Emergency Departments and other healthcare sites across Northern Ireland (See and Convey). It is also noted that in February and March 2020, a downward trend in activity was noted mainly due to the impact of Covid-19.

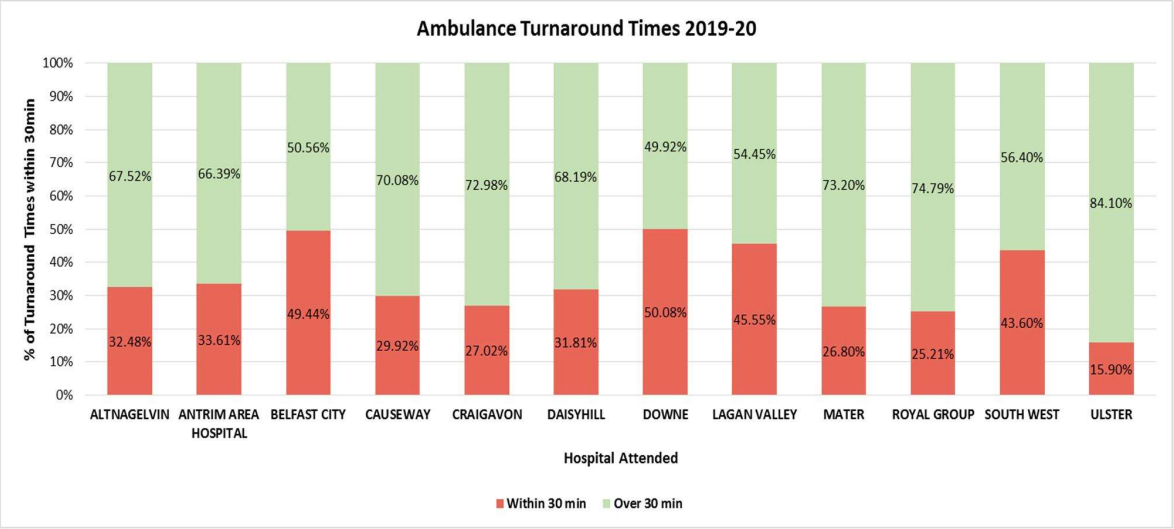
Measure	2018-19	2019-20
Total 999 Calls	217,923	212,154
Average 999 Call Per Day	597	580
Incidents Attended (See and Treat)	44,204	44,855
Incidents – Transport to ED (See and Convey)	136,103	135,217



Hospital Turnaround Times

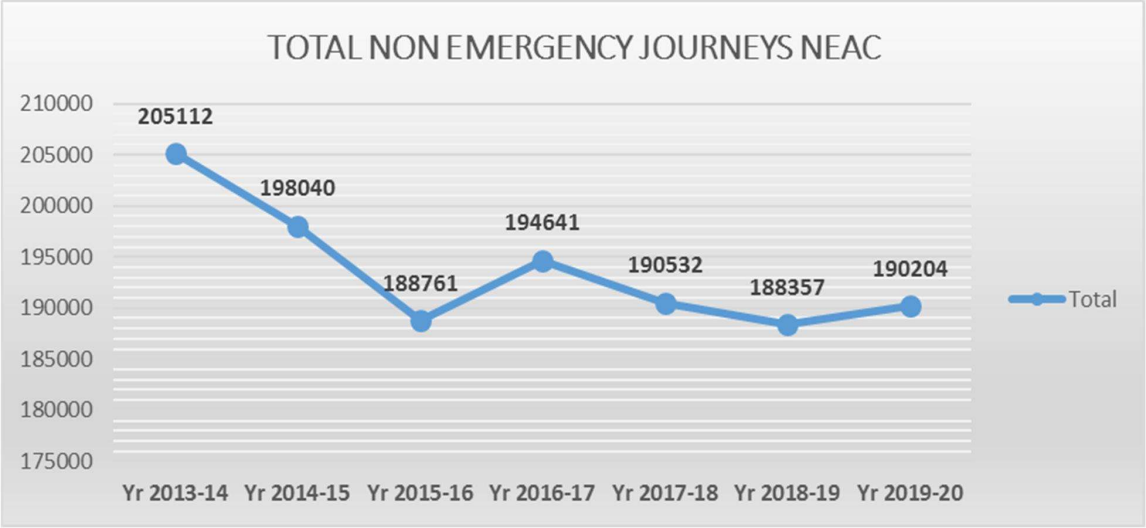
In 2018-19, 34% of all ambulance arrivals at Hospitals resulted in the 30 minute turnaround standard being achieved. During 2019-20, this decreased to 29% as shown below. Out of 153,182 emergency arrivals to Acute Emergency Departments across Northern Ireland, 108,468 had a turnaround time of over 30 minutes. This equates to over 40,701 total operational hours lost, which is an average of 111 operational hours lost per day during 2019-20.

Turnaround Delays	2019-20
Total Number of Turnaround Times Reported at Acute Hospitals	153,182
Total Number of Turnaround Times in Excess of 30 minutes	108,468
% of Turnaround Times in Excess of 30 minutes	70.81%
Total Operational Hours Lost to Turnaround Times in Excess of 30 minutes	40,701
Average Operational Hours Lost to Turnaround Times Delays in Excess of 30 minutes PER DAY	111



Patient Care Service

In 2019-20, a total of 190,204 journeys took place to support the transportation of non-emergency routine admissions, discharges, outpatient appointments and transfers. There has been a marginal increase in journey numbers (1%) compared to 2018-19.



Successes and Service Developments – Improving Services for Our Patients

Work continued during 2019-20 to develop and expand initiatives to reform the way we deliver services and ensure the people who call our service receive the most clinically appropriate response.

Clinical Response Model

During 2019-2020, NIAS commenced preparatory work on the implementation of the Clinical Response Model (CRM). Progress to date has been:

- The Introduction in November 2019 of a new "code set" in the Emergency Control Centre. The code set is the process by which calls are prioritised and responded to. This is the key component on which the Clinical Response Model is based.
- In December 2019 a refresh of demand capacity modelling was completed to identify the resource levels required to meet the new response targets as described in the Public Consultation.
- A Strategic Outline Business Case was submitted to the Department of Health in February 2020 scoping the resource and cost of the full programme of change including staff levels,

fleet, estate and management structure. NIAS will need to have a full business case approved to secure the investment required in order to achieve the new response targets and ensure provision of a clinically safe and effective service. This will be the priority for 2020-2021.

Emergency Ambulance Control

Over the last 12 months, the Northern Ireland Ambulance Service Emergency Ambulance Control (EAC) in Belfast has completed several service improvement programmes:

- Staff were trained in the Pre-triage Sieve, Nature of call & Aspirin Diagnostics tool. These changes enabled preparation for the new CRM model and allowed swifter recognition of our sickest patients.
- Later in the year, all staff were trained in the new code set for the Clinical Response Model. This was a significant change requiring a full implementation program. The model went live on the 12th November.
- In February 2020 all Emergency Medical Dispatchers in the EAC were retrained in a new version of the Advanced Medical Priority Dispatch System (AMPDS), the opportunity was taken at the time to train staff on a surveillance tool in preparation for Covid-19.

Recruitment continued with two Emergency Medical Dispatcher (EMD) training courses completed in May and December 2019, as well as recruitment and training for a new EMD Supervisor role. To enhance business continuity arrangements and improve training facilities a project to build a new purpose built EAC facility on the Knockbracken site commenced in May 2019. Design, procurement, planning and construction was completed by March 2020. This facility enabled NIAS to operate two sites for Covid-19 allowing social distancing. EAC continues to work on our Performance Improvement Programme, although Covid-19 has had an impact on progress.

Clinical Developments

Throughout the year the Clinical Service Improvement and Transformation Team has overseen delivery of a comprehensive programme of clinical developments focusing on clinical safety and excellence:

- Maintaining strong relationships with all the providers of the Alternative Care Pathways (ACPs) is an important and growing service within NIAS. There are over 40 different services to liaise with including queries, audit and review meetings.

- The Appropriate Care Pathways continue to be used by staff and the non-convey rate or See and Treat rate is maintained around 24.4%.
- There are ongoing meetings to scope new pathways in conjunction with ICPs, Trusts, PHA, HSCB and the Community/Voluntary sector.
- The team continue to be involved in a range of new clinical developments and groups such as:
  - Pilot of a partnership with the Southern Health and Social Care Trust (SHSCT) and their domiciliary care providers to improve the experience of those who are uninjured after a fall but require assistance.
  - Pilot of a new Nursing Home Triage Tool - Four Nursing Homes and PHA collaborated to support Nursing Home staff with access to a triage tool to help with decision-making for patients who may require medical assessment. The evaluation is underway and is showing promising results.
  - Regional Sepsis Work
  - Palliative Care developments
  - Review and next steps of the Multi-Agency Triage Team
  - Pilots regarding Anticipatory Care
  - Frailty Pathway developments
  - HSCQI and regional Improvement Initiatives
- In conjunction with the Ulster University two cohorts of existing paramedics have completed a university module in Patient Assessment and Clinical Reasoning funded by Transformation funds, with three more cohorts still to complete the module. This will aid their clinical assessment to complete safe decisions relating to the Appropriate Care Pathways.
- The HSC Clinical Education Centre continues to offer a range of short courses to promote the use of pathways.
- The team continue to represent NIAS on a range of Urgent and Emergency Care sub-groups. Two members of the team co-chaired the regional Navigation sub-group and with colleagues wrote a scoping paper to contribute to the Urgent and Emergency Care Review.
- There have been many presentations to continue to develop relationships and effective use of NIAS in partnership with other care providers. These include:
  - Independent Sector Care Home Nursing Managers (RCN)
  - Care Home Nursing Support Team (CHNST) Belfast – The Identification of the Deteriorating Patient
  - Lead Presenter on ECHO sessions for Falls Management and Identification of the Deteriorating Patient.

Paramedic Clinical Support Desk

The Clinical Support Desk (CSD) provides telephone based clinical triage (Hear & Treat) for low acuity 999 calls received by EAC. In January 2020 the CSD moved to a 24/7 operating model, increasing the provision of Hear & Treat. In 2019-20 the CSD triaged 29,753 emergency calls resulting in 41% of these being resolved by telephone advice or assessed as suitable for a non-emergency ambulance response. The Hear & Treat rate was 2.1%. In Autumn of 2019 the Trust set an ambitious Hear & Treat target of 6% by 2022-23.

The CSD continues to evolve and develop. The addition of three new CSD Paramedics brings the total number of clinicians currently in post to fourteen. A second Clinical Hub Manager has been introduced on a temporary basis to provide additional staff support and oversight. Moving forward a new business case for additional recurrent funding for CSD is currently being finalised for consideration by HSCB Commissioners.

Helicopter Emergency Medical Service

The Helicopter Emergency Medical Service (HEMS) went live at the end of July 2017. The service is delivered through a partnership with the Northern Ireland Ambulance Service (NIAS) and the Air Ambulance Northern Ireland (AANI) charity. The service is headed up by an Operational Lead (Glenn O'Rorke) with a team of 8 HEMS paramedics as well as a Clinical Lead (Dr Darren Monaghan) working with a team of 15 consultants from across five Health and Social Care Trusts. The HEMS Service brings an advanced level of pre-hospital critical care to the seriously ill and seriously injured patient anywhere in the province, and then transport them to the most appropriate hospital for their specific injuries. The HEMS Service currently operates 7 days a week for 12 hours per day. From the operational base in Maze Long Kesh site, the helicopter can reach anywhere in Northern Ireland in approximately 25 minutes.

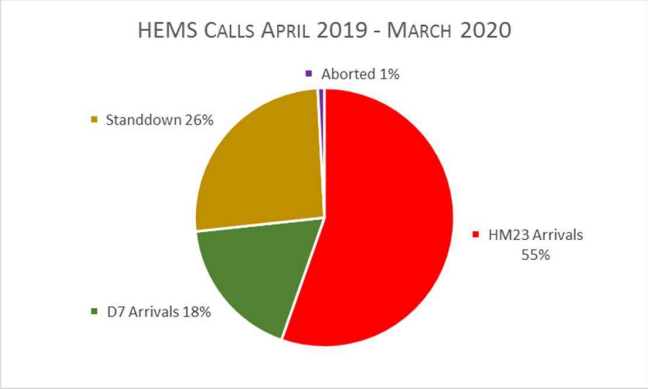
For patients affected by serious trauma and illness, delivery of pre-hospital critical care can save life, brain and limb. The main ethos of the service is to bring the HEMS Doctor and HEMS Paramedic, along with the lifesaving equipment including pre-hospital blood, to the patient.

From the first flight on 22 July 2017 until the end of March 2020 the HEMS team has responded to a total of 1,393 missions broken down as follows:

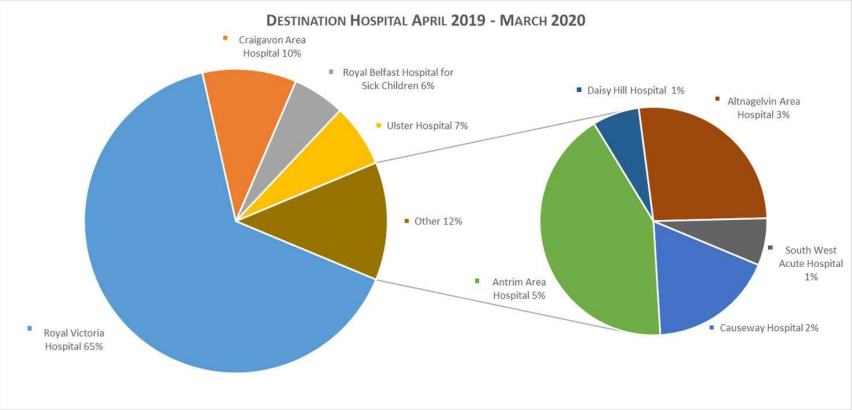
July 2017 - March 2018: 297 missions
April 2018 - March 2019: 491 missions
April 2019 - March 2020: 605 missions

The deployment of the Helicopter (HM23) has accounted for 448 (74%) of the 605 missions responded to in the period April 2019 to March 2020 while the Rapid Response Vehicle (Delta 7) has accounted for 157 missions (26%).

HM23 arrived on scene to 334 calls (55%) and Delta 7 arrived on scene to 108 calls (18%). HEMS standdown rate was 26% (156 calls) while 1% (5 calls) were aborted during this period. On two occasions, the HEMS team were tasked from the Royal Victoria Hospital on a NIAS ambulance.



The top two reasons for HEMS dispatch were Road Traffic Collisions (42%) and falls (23%). During the period of April 2019 to March 2020, 359 patients were transported to hospital, of which 65% (234) were to the Royal Victoria Hospital.



Community Resuscitation

The Community Resuscitation Team was instrumental in the launch of the GoodSam Application in June 2019. This lifesaving, crowdsourcing app enables those who are appropriately trained in a minimum of Basic Life Support and use of an AED to be alerted to an out of hospital cardiac arrest if one occurs within 500m of their location.

Restart a Heart Week in October demonstrated excellent partnership working both inside and outside of NIAS to provide CPR awareness and training to around 12,000 people during that week.

The Community First Responder volunteer family continues to grow with over 300 volunteers across 17 communities providing a complementary service alongside NIAS to those who have a life threatening medical emergency and require immediate assistance.

The Community Resuscitation Team has also been working in partnership with the British Heart Foundation and joined the National Defibrillator Network – The Circuit in February 2020. This enables members of the public who are AED Guardians to register them with the Circuit and provide them with the autonomy of updating the status of their device themselves, and also to be notified by the system if their AED is deployed so they can ensure it remains emergency ready.

Infection Prevention & Control

The Infection Prevention and Control (IPC) Service within NIAS was formally commenced in November 2019 following a business case application and approval. The IPC Service was stood up as part of a newly formed Directorate of Quality, Safety and Improvement (QSI) with key appointments to the Directorate including a Lead IPC Nurse. Further appointments to this Directorate will be made during 2020-2021. Throughout 2019-20 NIAS, both as an organisation and at individual service level, worked in partnership with an individual seconded to NIAS as part of a special measure arrangement to address issues of concern identified by the Regulation and Quality Improvement Authority during their series of inspections commencing in 2017.

Key achievements in relation to IPC, which were progressed during 2019-20, included:

- Application for and award of IPC business case;
- Appointment of new Director of Quality, Safety and Improvement with responsibility for IPC;
- Appointment of new Lead for IPC;

- Development and implementation of IPC Education and Training Strategy and continued progress in relation to the Education and Training Improvement Plan;
- Development of an electronic audit system to facilitate monitoring of Infection Prevention & Control, Hygiene and Cleanliness standards across the organisation;
- Reporting of Infection Prevention & Control and Environmental Cleanliness Key Performance Indicators including station cleanliness, hand hygiene technique and IPC Education and Training;
- Roll out of system of peer led Hand Hygiene education;
- Development and trialling of NIAS bespoke Hand Hygiene auditing tool;
- Roll out of IPC led RQIA style audits/ inspections across the service;
- Publication of IPC Newsletter;
- Regional engagement of NIAS IPC service with Northern Ireland IPC services and professional bodies such as Infection Prevention Society (IPS);
- National engagement of NIAS with National Ambulance Service IPC Group and NIAS contribution to ongoing work to develop UK nationally agreed standards, policies and protocols for IPC; and
- Continued engagement with and support for partner organisations including Private and Voluntary Ambulance Services (PAS/VAS).

During the period of the Covid-19 pandemic experienced during 2019-20 (January to March), the Trust IPC service provided expert IPC guidance, support and advice to the organisation. In order to provide this service IPC worked with various internal and external stakeholders including NIAS Incident Management Team (IMT); NIAS Senior Management Team (SMT); NIAS Gold; NIAS Silver; NIAS Bronze; Northern Ireland Public Health Agency and National Ambulance Association IPC Group. In addition to working alongside these stakeholders IPC provided ongoing input into a number of external regional groups which were aligned with the Northern Ireland Regional Health Silver Group. These groups included the regional PPE subgroup; the regional PPE supply chain cell; the regional IPC group and the regional surge planning group. These groups provided the opportunity to network with other Trusts across the region to ensure a cohesive approach to management of Covid-19 across Northern Ireland. These groups also served to ensure that NIAS was involved in all regional decision-making and that there was discussion, appreciation and accommodation of the NIAS position in relation to Covid-19. NIAS IPC also inputted into the National Ambulance Service IPC group as it sought to provide IPC guidance specific to ambulance settings. IPC has been involved within NIAS and the region on various complex work streams with

the primary aim of ensuring that staff and patients are protected from the risk of acquisition of/ transmission of Covid-19.

The Covid-19 global pandemic has impacted on some of the core IPC business functions such as the ability to undertake audit in line with previously agreed timelines and the delivery of face to face training activities. As the organisation moves through the stages of pandemic response, key areas of business where continuity was compromised will continue to be regularly reviewed using a risk assessment based approach to service resumption.

Quality Improvement

There are a range of successes to highlight in terms of the Trust's Quality Improvement work.

NIAS celebrated World Quality Day on 14 November 2019, with a celebration of a wide range of quality initiatives within the Trust including: Continuous Improvement of Hygiene, Cleanliness and IPC highlighting the valuable contribution of our vehicle cleansing operatives; the Nursing Home Triage Too; the Mental Health Multi-Agency Triage team; the Meal Break and Rest Period Project; Hand Hygiene Awareness; and the use of a Palliative Care booking module in NEAC to support terminal patients who need transport urgently.

In line with the Trust strategy for building Quality Improvement capability and capacity, fourteen staff commenced the SQE Quality Improvement Programme this year. This has resulted in a comprehensive range of projects led by participants including operational staff delivering direct patient care, as well as staff from our Emergency and Non-Emergency Ambulance Control, and support functions. Three staff have also commenced the Scottish Safety Fellowship Programme supporting our strategic aim to continually improve, measure and evidence the quality of our services for our patients.

The NIAS Complex Case Management team won the Integrating Care Award at the HSC Quality Improvement Awards and the overall award for the region for 2019-20. The Quality Improvement work of the Incident Reporting team reached finalist stage in their category.

NIAS continues to provide leadership to the Ambulance Q programme and promote opportunities for national collaboration on Improvement with other Ambulance services.

Workforce

Key to the delivery of our services is a high performing, appropriately skilled and educated workforce which is suitably equipped and fit for the purpose of delivering safe and high-quality ambulance services. In recognising our staff as our most valuable asset, NIAS continually seeks to develop staff and care for their physical and mental well-being through structured initiatives, designed to deliver this development and care.

Supporting Our Staff

NIAS has increasingly placed a strong focus on staff engagement, and Health and Wellbeing outcomes for staff. This agenda is a core element of our transformation work and organisational development agenda.

NIAS established a Health and Wellbeing Partnership with UNISON in December 2017. This has involved a joint union / NIAS staff survey, which was developed in partnership and administered in partnership with union colleagues. The survey results were used to ascertain and analyse detailed information from staff about issues related to wellbeing and welfare.

Focus groups and ongoing staff engagement meetings have been held to identify key practical actions and these are beginning to be delivered. NIAS has continued to meet with staff side colleagues (trade union representatives) to engage about progress to date, and future actions on health and wellbeing, including issues like suicide awareness.

A peer support pilot project was developed which has involved substantial staff engagement, project development work, and external partnering with public sector colleagues, to benchmark and build on best practice for NIAS in relation to systems of peer support, stress management and trauma response. The first cohort of peer support volunteers were trained in October 2018, with a second and third cohort undergoing training in July and October 2019 respectively.

From August 1, 2019, two staff members were seconded on a full-time basis into the project and their role has been to develop the project in advance of formally mainstreaming the service on a permanent basis, envisaged for 2020. Evaluation of the peer support project has been ongoing throughout 2019-20, including presentation of ‘project-in-development’ outcomes to Senior Management Team and Trust Board. Engagement with internal and external partners has increased significantly to develop a best practice approach.

In February 2020, the peer support project was presented to Trust Board for noting, including qualitative data (eg. testimonials) and quantitative data (eg. scope and number of staff contacts). Between August 1, 2019, and March 31, 2020, a total of 634 direct staff engagements were undertaken by Peer Support. This total is only trauma-related contact, and does not include substantial Covid-19 contacts that began to develop in March 2020.

All staff involved in Peer Support are trained, and operate under the aegis and structures of the Human Resources Directorate in terms of internal governance.

These specific initiatives are in addition to wider ongoing work around health and wellbeing in NIAS. A full project plan for the development of mainstream health and wellbeing was developed under a new Health and Wellbeing Project Manager who commenced work in quarter one of 2019-20.

In addition, this core work forms part of the wider Good Attendance Programme, with a standalone project therein on health and wellbeing. As part of that project, a communications and engagement plan was developed and is being delivered on health and wellbeing, and on peer support. Substantial positive engagement took place with staff, such as a staff-led Health and Wellbeing fair in Omagh in October 2019 that received substantial support from across the Trust.

Clinical Education and Training

The 2019-20 year proved to be both busy and challenging for the Regional Ambulance Clinical Training Centre (RACTC), with a significant amount of education and training delivered.

The highlight of the year was, undoubtedly, the graduation ceremony for our first group of Foundation Degree Paramedic students. This was held in the Great Hall at Ulster University's Jordanstown campus in December and was a thoroughly well deserved, enjoyable and proud day for all.

Aside from the focus on Paramedic education, other activities involved programmes to train candidates to a variety of levels and the main courses are summarised in the table below:

Course	Description	No. of Students per cohort	No. of Programmes / students
ACA	Prepare new Ambulance Care Attendants for the Patient Care Service tier.	Up to 24 per course	2 courses Total of 39 Students
AAP	Prepares new Associate Ambulance Practitioners to work as Emergency Medical Technicians	Up to 24 per course	Completed 2 existing Commenced 4 new* Total of 118 Students
Paramedic	Foundation Degree programme in partnership with Ulster University	Nominal roll based on 48 per cohort	Completed 1st cohort with 39 Graduates Commenced 2nd cohort for 43 students*
Post Proficiency	Annual clinical updates. Programmes are each 1 day but rolling programmes for all clinical staff	Varies – delivered for appropriate Nos of staff at a time, per division	2 rolling programmes run for A&E staff
Qualified Induction	Orientation for recruits who already hold Paramedic / EMT qualifications.	Varies dependant on recruitment	5 programmes run for total of 38 newly recruited Paramedics and 6 EMTs

(Note. Programmes Marked * had to invoke special procedures in March due to Covid-19/social distancing measures and subsequently were suspended, pending later resumption).

An already busy schedule of courses encountered new complexities towards the end of the year, when a number of contingency measures had to be put in place to mitigate the effects of the developing Covid-19 pandemic. Measures adopted included; use of virtual classrooms and online learning, social distancing employed where classrooms had to be used, cohorts divided into smaller groups, suspension of practice placements and latterly, the suspension of courses and release of students to assist in operational roles as part of the wider response. RACTC staff were also redeployed to a variety of roles, to assist in the NIAS preparedness for the pandemic.

As well as core courses, a wide range of clinical support, audit and assessment continued throughout NIAS' Operational Divisions through the Divisional Training Officers (DTOs) and Clinical Support Officers (CSOs).

Further education opportunities addressed the development of our own team of educators, to equip the RACTC in the delivery of programmes of increasing complexity. This included mentorship programmes with Ulster University for Paramedics, to enable them to support students during practice placements and studies in Post Graduate Certificates in Education for a number of the Clinical Training Officers.

In another development opportunity, level 6 modules on Patient Assessment and Clinical Decision Making for Paramedics were delivered by UU as a transformation and improvement initiative.

Good Attendance Programme

Sickness levels within NIAS continue to present a challenge to the Trust, with the potential to diminish levels of operational cover and affect the ability to respond in a timely manner.

Following a review of management of attendance undertaken in November 2018 by the Association of Ambulance Chief Executives (AACE), with a particular focus on operational front-line and control room staff, a Good Attendance Programme Board and related structures were established. The Programme Board was established to take forward priority work streams identified from AACE recommendations together with recommendations made by Internal Audit, following their review of NIAS Absence Management in October / November 2018, which provided only limited assurance to the Trust. These measures are in addition to those identified as part of the Demand and Capacity Review and associated Performance Improvement Plan.

NIAS' sickness absence target for 2019-20, as agreed with the DoH, was to 'improve sick absence rates by 5% on 2018-19 levels'. The cumulative absence rate during 2018-19 was 11.48%, therefore the requirement in 2019-20 was to achieve an absence rate of 10.92%. The cumulative absence level at March 2020 was 10.49%. Whilst NIAS achieved its improvement target for sickness absence, it is acknowledged that sickness absence levels remain higher than average than across the HSC and NHS Trusts. The Trust is committed to addressing this through a comprehensive programme of Health and Wellbeing and Attendance Management with related performance indicators.

Corporate Challenges

The Trust faces a range of corporate challenges. These are considered throughout this annual report, in particular in the Governance Statement, and include, but are not limited to:

- Increasingly constrained financial resources
- Increasing demand for services
- Achieving performance standards of the new Ambulance Clinical Response Model
- Increasing Ambulance Turnaround Times
- Managing attendance
- Cyber security
- Workforce pressures
- Organisational culture
- Incident management, including Serious Adverse Incidents

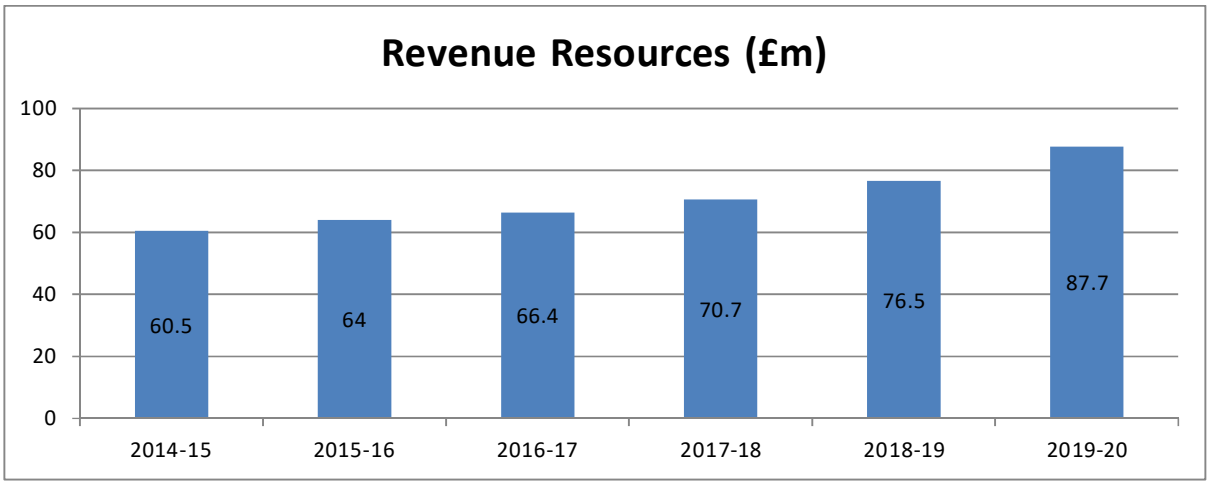
In addition, the Trust faced exceptional challenges in response to the Covid-19 pandemic. This required significant efforts to maintain essential services and changed working practices to provide a resilient and measured response to the pandemic. These challenges continued into 2020-21 and the Trust continues to work to ensure that services are maintained within a framework that ensures good governance, quality and safety.

The Trust continues to work with the DoH to put in place any required mitigation in respect of the exit from the EU and the potential for delays in supply chains for medicines and equipment and disruption in cross border travel and trade.

Financial Resources and Performance

Revenue Resources

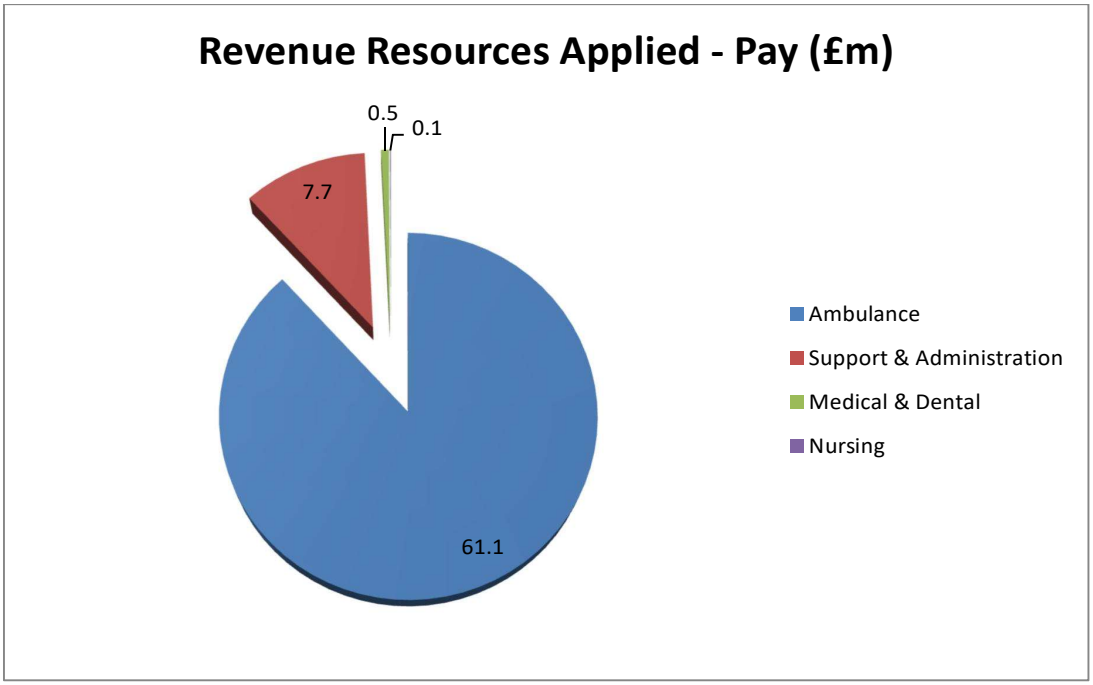
The Health and Social Care Board (HSCB) provide the majority of the revenue resources available to the Trust through the Service and Budget Agreement. This sets the service activity and outcomes to be delivered within the Revenue Resource Limit that is made available to meet the Health and Social Care needs of the population. The total revenue resources available to the Trust for the last six years are shown below.

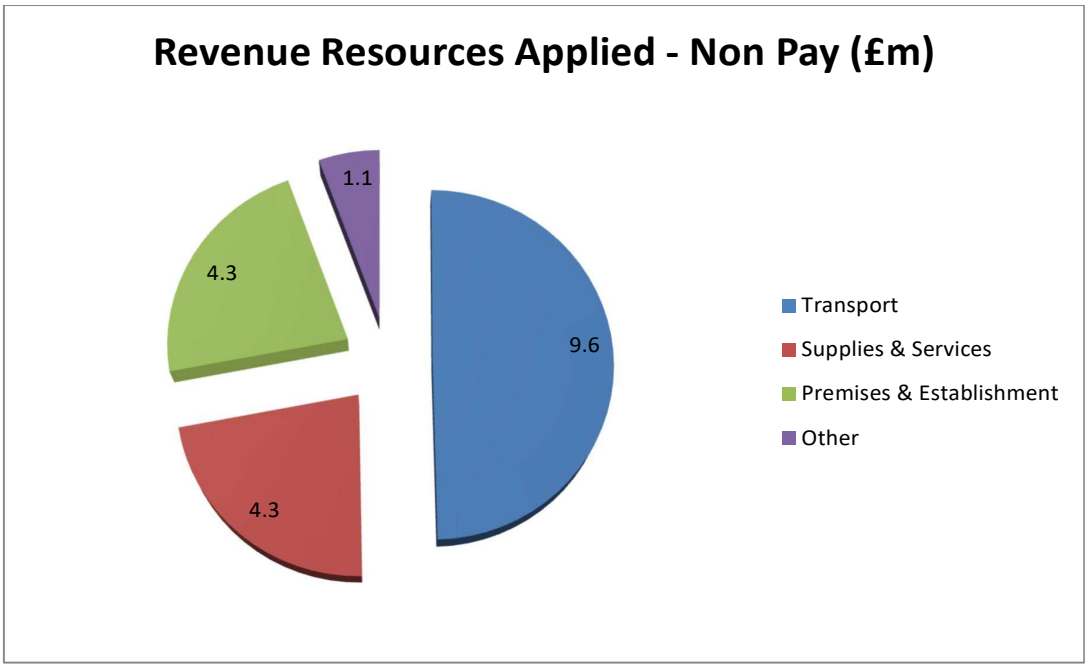


The resources available each year can vary due to a number of factors, for example supported developments, support for unavoidable costs pressures and the level of cash releasing efficiency savings required. The increase in 2019-20 is due to a number of supported developments, for example continued investment in the implementation of a foundation degree programme for Paramedics and training of significant numbers of Associate Ambulance Practitioners (Emergency Medical Technicians) and Ambulance Care Assistants. This year also included additional allocations to support improved Infection Prevention and Control arrangements.

Revenue Expenditure

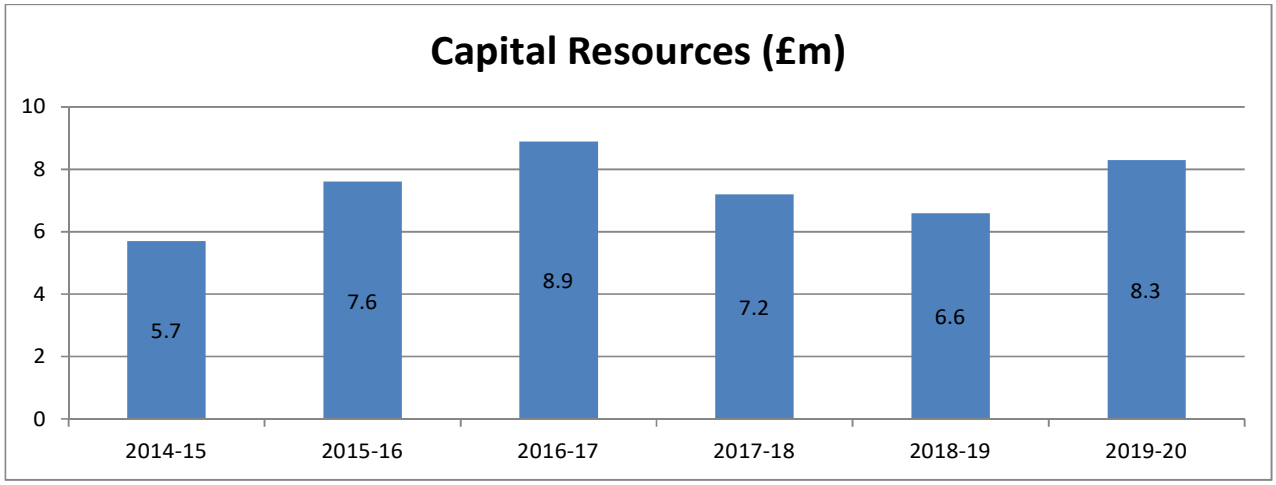
These resources are applied to provide the full range of services provided by NIAS. £69.3m (78%) of total expenditure in the Ambulance Service is on staff costs and the vast majority of this expenditure is on front line Ambulance Service provision. Non pay expenditure of £19.3m is largely made up of the costs of running the ambulance fleet, clinical and non-clinical services and supplies and premises and establishment costs. The breakdown of expenditure between these areas in 2019-20 is shown in the following tables.





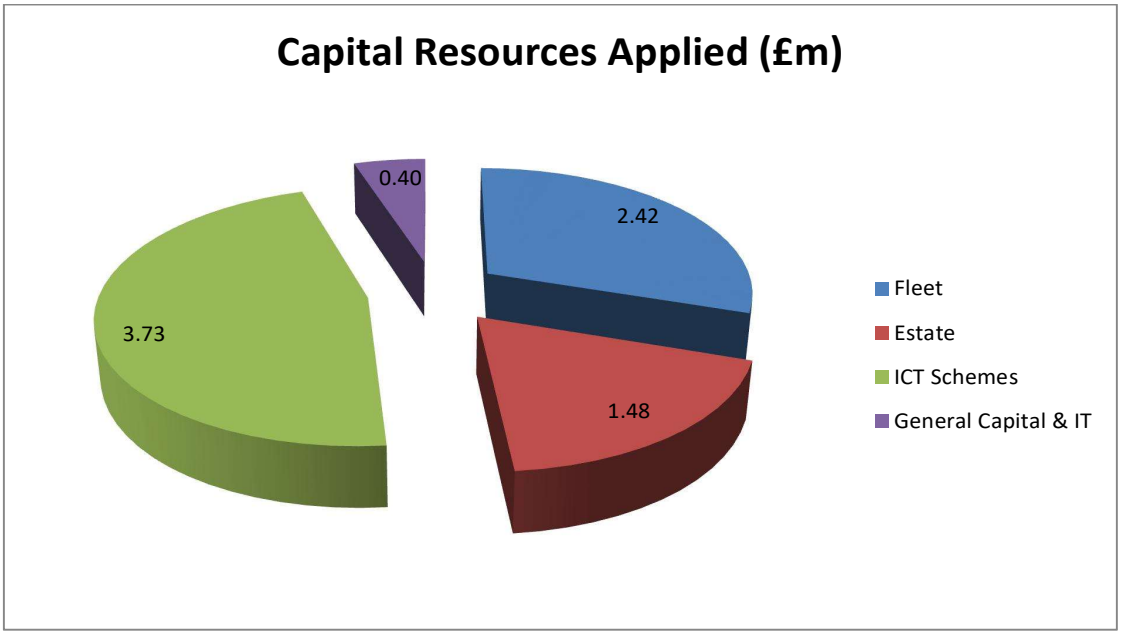
Capital Resources

The Department of Health (DoH) provide capital resources to the Trust through the Capital Resource Limit. This is based upon a number of factors, including overall resources available and the prioritisation of schemes across all Health and Social Care bodies. The total capital allocations made to the Trust for the last six years are shown in the following table.



Capital Expenditure

These resources are applied broadly across the areas of Fleet, Estate, General Capital and IT and Information Communications and Technology. A breakdown of the £8m expenditure in 2019-20 between these areas is shown below. Significant schemes during the year included the completion of the replacement of the Fleet Mobile Data System and the commencement of the Regional Electronic Ambulance Communication Hub (REACH) project which will provide for electronic patient records and personal issue devices for all front line staff. The Trust has also been able to maintain investment in replacing the Ambulance fleet in a managed cycle.



Prompt Payment of Invoices

The Trust is required to pay non-Health and Social Care trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. From 1 April 2015, the scope of the prompt payment compliance measurement increased to take account of all categories of supplier payments made by Trusts, with the only exception being payments made to other organisations within the broader HSCNI.

The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% of invoices within 10 working days (14 calendar days) is also in place. The Trust has implemented and maintained a range of plans to improve and maintain performance in this area, which has resulted in sustained improvements over recent years. The 70% target was achieved, however the 95% target was narrowly missed but represented an improvement on the cumulative performance for 2018-19. The Trust will continue with efforts to maintain and improve performance in 2020-21.

	2020		**2019**	
	Number	**Value £000s**	**Number**	**Value £000s**
Total bills paid	29,092	50,365	22,662	57,625
Total bills paid within 30 days	27,468	46,347	21,132	54,674
% of bills paid within 30 days	**94.4%**	**92.0%**	**93.2%**	**94.9%**
Total bills paid within 10 days	21,044	39,464	14,909	47,767
% of bills paid within 10 days	**72.3%**	**78.4%**	**65.8%**	**82.9%**

The Trust paid no compensation or interest as a result of payments being paid late during the financial year (2019: £nil).

Long Term Expenditure Trends and Plans

In common with the rest of the Public Sector and with the Health and Social Care system, 2019-20 has been another year of challenge. The Trust has delivered against a range of statutory and regulatory financial duties during the year. Overall, expenditure levels were over £95 million (including non-cash items – see Note 3 of the Annual Accounts). This was against a backdrop of financial savings. Cumulative savings of an additional £1.6m million were required from NIAS for the 2019-20 financial year. This savings target was achieved through a range of non-recurrent measures. The Trust will continue to work with all stakeholders to achieve required savings while maintaining safe and effective care to patients.

With the support of the HSCB, the Trust also delivered a significant investment plan mostly in response to changes in service delivery both in NIAS and in the wider Health and Social Care system. Overall, the Trust delivered a small surplus of £19k.

The Trust also benefited from £8.346 million of capital resources. This included the replacement of ambulance vehicles and investment in information and communications technology that is more and more an integral part of modern healthcare delivery. The outbreak of Covid-19 impacted on the Trust's ability to deliver against all planned schemes in the year. This was as a result of the need to move resources from specific projects, the impact on supplier capacity to deliver projects and wider supply chain issues. Cumulative capital expenditure for the year was £8.029m, which represents an underspend of £317k.

Looking ahead, the Trust faces a range of financial pressures. The introduction and consolidation of a range of developments, for example the introduction of the new Clinical Response Model (CRM) and the foundation degree programme for Paramedics, will have financial implications for the Trust. There will be further requirements to deliver cash releasing efficiency savings in 2020-21 and additionally, some resources provided non-recurrently during 2019-20 will need to be reviewed in 2020-21. Levels of capital investment will also need to be maintained in order to maintain fleet, estate and technology to appropriate standards. There is the additional uncertainty and increase in expenditure linked to the Covid-19 pandemic that will have significant implications for the Trust.

The Trust is grateful for the support of the HSCB and DoH in securing the levels of investment in the ambulance service in 2019-20 and previous years. The Trust will continue to work with all HSC partners to build on this and continue to provide safe, effective and quality care within available resources.

NIAS, in common with other HSC Trusts, draws down cash directly from the DoH to cover both revenue and capital expenditure. Cash deposits held by the Trusts are minimal and any interest earned is repaid to the DoH. As such, there are no effects of interest costs on outturn and no potential impact of interest rate changes.

Accounts Direction

NIAS accounts have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance Financial Reporting Manual (FReM) and in accordance with the requirements of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

Accounting Policies

The accounting policies follow International Financial Reporting Standards to the extent that it is meaningful and appropriate to HSC Trusts. Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of the HSC Trust for the purpose of giving a true and fair view has been selected. The HSC Trust's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts. There have been no significant changes to accounting policies in the year.

Anti-Bribery and Anti-Corruption

The Trust has an Anti-Bribery Policy in place, which sets out the Trust's position on bribery and context for ensuring that all Trust activities are carried out in an honest and ethical environment. The Trust is committed to maintaining an anti-bribery culture and will adopt a zero-tolerance approach to bribery and corruption where it is discovered.

Sustainability Report

This Sustainability Report highlights the various areas managed within the remit of Fleet and Estate Services to ensure that NIAS HSC Trust operates a safe, efficient and reliable service.

The Trust is also very conscious of the continuing changes in statutory environmental guidelines and eco-friendly vehicle and other technologies coupled with the advanced pre hospital procedures to be accommodated within the service delivery model.

Although NIAS meets the statutory requirements in vehicle specification, health and safety at work and waste disposal guidelines, stringent internal strategic compliance forms the template for oversight.

NIAS is committed to reviewing the current sustainability aims of the Fleet, Estate, Digital and Workforce Strategies to ensure they are fit for purpose and suitably resourced to operate efficiently and effectively in line with other UK ambulance services - for the years ahead.

Fleet

Environmental Impact and use of Technology

The proposal for a greener Fleet is to undertake further emissions reductions in a phased approach - 2021, 2023 and 2026 onwards. NIAS will continue to focus on ambulance, car fleet and support fleet, dictated by when suitable vehicles are available on the market.

Because of the limited options for procuring energy efficient Accident and Emergency vehicles, NIAS has proactively collaborated with ambulance manufacturers to provide and install high efficiency solar panels as part of the ambulance conversion to make more environmentally friendly ambulances. By 2023, all NIAS vehicles will be fitted with solar panels.

Electric Vehicle Charging Points

In order for NIAS to implement a strategy of hybrid and electric vehicles, the Trust needs to implement a series of charging points across the estate. A full survey of the estate will be undertaken during 2020-21 to review power requirements within stations to understand capacity issues and to define the key sites; this will be linked together with a policy, charging process and associated user guides.

The Estates Strategy will provide more details on the Infrastructure requirements needed to support electric vehicle charging facilities as it forms part of base specification of the new estate plans.

Clean Air Zones

NIAS is in line with national thinking on emissions reductions and is committed to reducing the emissions of the fleet and work towards zero emissions.

In Leeds and Sheffield, City Councils have already indicated a desire for Clean Air Zones. Also, the government's 'Road to Zero' white paper has pledged to ban the sale of combustion engine vehicles by 2040 – which is only three procurement cycles for the NIAS fleet.

NIAS is obligated to invest now in the required infrastructure to deliver this step-change and work with partners – local Health Trusts, hospitals and care homes – to secure the supporting infrastructure and battery storage technologies.

The current NIAS car fleet contains 43 vehicles with average emissions of 138g/km CO2, which means the Trust is over the current government target of 130g/Km CO2. However, by 2022 this target falls to 95g/Km CO2.

The current NIAS van fleet contains 231 vehicles with an average emission of 188g/km CO2, which means again NIAS is over the current government target of 175g/Km CO2, with a further drop in target in 2022 to 147g/Km CO2.

Promotion of Green Transportation

NIAS will also take the following steps to promote the use of green transportation:

- Encouraging the use of public transport to the place of work;
- Encouraging cycling and walking for increased wellbeing;
- Providing specific guaranteed car share spaces;
- Providing electrical vehicle charging facilities to encourage the purchase of low emission vehicles and
- Actively market the benefits of hybrid and electric vehicles.

This is also linked closely to the Digital Strategy, helping to promote remote working and communication technologies to reduce our actual business travel around the region.

Estates

Environmental Impact

In line with the sustainable development strategy 2016-20, the Trust has undertaken joint procurement processes along with the 5 other local HSC Trusts and administered through the Business Services Organisation (BSO) Procurement and Logistics Service (PaLS), in relation to the supply and delivery of electricity and natural gas utilities.

NIAS participation in this collaborative endeavour ensures a service wide purchasing scheme where the economies of scale come into force for both the larger and smaller trusts. The Contract Adjudication Group with representation from each of the 6 HSC Trusts, incorporates a range of objectives including:

- Demonstrating corporate social responsibility (carbon off-setting);
- 100% renewable energy supply;
- Ensuring reliable affordable energy provision and reducing the carbon footprint; and
- Working in partnership to mitigate the effects of climate change on the environment by implementing HSC environmental and sustainability policy to increase recycling and reduce carbon footprint and use of water and energy.

NIAS also endeavours to ensure sustainability and energy efficiency is evaluated and improved as required when future projects and refurbishments are considered. This includes a policy of replacement of old electrical lighting and appliances with modern low energy LED lighting and appliances.

Recent examples of this include:

- Site 5 modular EAC building fitted with 100% LED fittings and energy efficient cooling and heating using heat pump and heat recovery systems;
- LED lighting installed in EAC within the HQ building;
- New LED floodlighting in Downpatrick;
- New LED light fittings installed in Altnagelvin planning office; and
- New LED light fittings and energy efficient water heaters installed as part of the sluice project.

Responsible Waste Management

The focus of the Trust's waste management initiatives is to try to reduce the volume of waste produced within the Trust and to maximise recycling and recovery opportunities through our waste management contractors at their material recovery depots.

Similar to the utilities services contracts, the packaging, clinical waste and general waste management contracts are collaboratively administered through BSO PaLS along with the other HSC Trusts.

The Northern Ireland Ambulance Service operates from a total of 62 Sites throughout Northern Ireland. There are 58 Operational facilities including 34 Ambulance Stations, 22 Deployment Points and 2 Control Centres. The majority of the NIAS Estate is in overall poor condition, as highlighted in the DoH State of the Estate Report with functional suitability, capacity and compliance issues recorded at most sites.

During 2019-20, NIAS developed proposals for additional Stations, which were included in the CRM Strategic Outline Case submitted to the DoH. These proposals are to address the increase in staff levels associated with the introduction of the CRM.

In January 2020, NIAS submitted a revised ten-year capital plan to reflect the Estate that needs to be replaced as a priority. NIAS plans to consult during 2020-21 on a "Make Ready" model to support delivery of front line service. This service strategy will be a key component of NIAS future Estate Strategy.

Principal Risks and Uncertainties

The Trust continues to manage the principal risks relating to corporate performance in line with our Corporate Risk Management Policy, Strategy and governance structures. NIAS complies with DoH guidance and assurance processes regarding the identification and management of risks. This is delivered through the Audit Committee and the Assurance Committee and subsequent reporting to the NIAS Trust Board. The Trust's Board Assurance Framework template has been reviewed and continues to reflect levels of assurance linked to the delivery of the NIAS strategic objectives. The Trust continues to develop compliance measures to ensure that appropriate risk management processes are adopted at all levels in all activities and supports initiative and innovation whilst learning from mistakes and taking responsibility.

The Trust is committed to the further development of a culture where people are encouraged to challenge and expect to be challenged about how and why they do things in the interest of their patients, staff, the Trust and the public. The Trust is committed to the proportionate management of risk that ensures the Trust discharges its duty of care to our patients, staff and those who may be affected by our activities. The Trust makes every effort to comply with the regional Serious Adverse Incident Reporting and Follow-up Procedures and the Risk Manager participates in regional reviews as Trust Governance Lead. NIAS continues to support the other HSC Trusts in relation to the investigation and reporting of their Serious Adverse Incidents; these are reported to the Assurance Committee as a standing agenda item as inter Trust and interface incidents.

The Senior Management Team continues to focus on ensuring all risks are identified at an early stage and appropriately reflected within the Corporate Risk Register which the Trust Board continue to monitor. See Internal Governance Divergences within the Governance Statement (section 12, page 69 to 80).

Mr Michael Bloomfield
Chief Executive
2 July 2020

ACCOUNTABILITY REPORT

Corporate Governance Report

Director's Report

The role of the Trust Board is to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions. The Trust Board normally meets bi-monthly in venues across Northern Ireland. Arrangements for public meetings are published in the local press and the Trust website to encourage public attendance and the agenda is widely circulated. Non-Executive Directors form the membership of the three Trust Board Committees: the Remuneration Committee, the Audit Committee and the Assurance Committee.

The Remuneration Committee provides advice and assurance to the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Senior Executives. The Audit Committee provides assurance of effective internal financial controls including the management of associated risks. The Assurance Committee provides assurance of effective controls in non-financial matters including the management of associated risks.

Trust Board and Committee Record of Attendance:

Member	Designation	Trust Board	Audit Committee	Assurance Committee	Remuneration Committee
Mrs Nicole Lappin	Chair	7 out of 7	1 out of 4*	1 out of 2*	1 out of 1
Mr Dale Ashford	Non-Executive Director	6 out of 7	4 out of 4	2 out of 2	-
Mr William Abraham	Non-Executive Director	6 out of 7	4 out of 4	2 out of 2	-
Mr Trevor Haslett CBE	Non-Executive Director	7 out of 7	3 out of 3 (4**)	2 out of 2	1 out of 1
Mr Alan Cardwell	Non-Executive Director	6 out of 7	1 out of 1 (4**)	2 out of 2	1 out of 1
Mr Jim Dennison	Non-Executive Director	6 out of 7	-	-	-
Mr Michael Bloomfield	Chief Executive	7 out of 7	3 out of 4*	2 out of 2*	1 out of 1*
Ms Michelle Lemon	Interim Director of Human Resources and Corporate Services (from 8 January 2020)	2 out of 2 (7***)	-	-	-
Mr Robert Sowney	Interim Director of Operations (from 1 May 2019)	6 out of 6 (7***)	-	2 out of 2*	-
Dr Nigel Ruddell	Medical Director	7 out of 7	-	1 out of 2*	-
Mr Paul Nicholson	Interim Director of Finance and Information Communications Technology (from 1 July 2019)	5 out of 5 (7***)	2 out of 2* (4***)	1 out of 1* (2***)	-
Mr Brian McNeill	Programme Director Clinical Response Model	6 out of 7	-	1 out of 2*	-
Ms Lynne Charlton	Director of Quality, Safety & Improvement (from 1 November 2019)	3 out of 3 (7***)	-	1 out of 1* (2***)	-
Ms Roisin O'Hara	Director of Human Resources and Corporate Services to March 2020 and Programme Director Strategic Workforce Planning from March 2020	4 out of 7	-	2 out of 2*	-
Mrs Sharon McCue	Director of Finance and Information Communications Technology (up until 30 June 2019)	2 out of 2 (7***)	2 out of 2* (4***)	1 out of 1* (2***)	-

* Not a Committee member
** Member for only part of the year
*** In post for only part of the year

Interests Held by Board Members

A declaration of board members interests has been completed and is available at www.nias.hscni.net or on request from the Chief Executive's Office, Northern Ireland Ambulance Service, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8SG.

Personal Data Related Incidents

The Trust is not aware of any reportable data breaches or any significant personal data related incidents in 2019-20.

Statement of Disclosure to Auditors

All directors have confirmed that, to the best of their knowledge, there is no relevant audit information of which the Trust's auditors are unaware. They have confirmed that they have taken all steps as directors in order to make themselves aware of any relevant audit information and to ensure that auditors are aware of that information. They confirm that the annual report and accounts as a whole are fair, balanced and understandable and that they take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

Fees Paid to Northern Ireland Audit Office

The responsibility for the audit of the Trust rests with the Northern Ireland Audit Office (NIAO). The accounts include a non-cash charge of £29,100 (2019: £28,000) for the statutory audit of the 2019-20 annual accounts (Public and Charitable Funds). In addition to this amount, during the year the Trust received services from the Northern Ireland Audit Office to the value of £nil (2019: £1k in respect of the National Fraud Initiative 2018-19 exercise). No other audit or non-audit services were provided by NIAO to the Trust during the financial year (2019: nil).

STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health has directed the Northern Ireland Ambulance Service HSC Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the Northern Ireland Ambulance Service HSC Trust, of its income and expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual (FREM) and in particular to:

- Observe the Accounts Direction issued by the Department of Health including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in FREM have been followed, and disclose and explain any material departures in the financial statements;
- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Northern Ireland Ambulance Service HSC Trust will continue in operation;
- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Northern Ireland Ambulance Service HSC Trust; and
- Pursue and demonstrate value for money in the services the Northern Ireland Ambulance Service HSC Trust provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Mr Michael Bloomfield of the Northern Ireland Ambulance Service HSC Trust as the Accounting Officer for the HSC Body. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the HSC Body's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

Non-Executive Directors' Report

The business year opened with a particularly heavy workload envisaged for the months ahead. Non-Executive Directors (NEDs) are appreciative of the continuing strong commitment shown by all management and staff whose strong team spirit has, despite unprecedented pressures, ensured meaningful progress in key areas. The normal pressures of financial constraints and increased demand for Trust services have been exacerbated this year by the Covid-19 pandemic.

We wished farewell to Mrs Sharon McCue early in the year as she retired after 17 highly successful years as Director of Finance and ICT. The responsibilities of this Director post will be considered for re-allocation as part of the current organisational changes recommended by the Association of Ambulance Chief Executives' (AACE) report. Two new Director posts have been created during the year as part of the Chief Executive's restructuring programme and we welcome the new appointees – Ms Lynne Charlton as Director of Quality, Safety and Improvement and Ms Maxine Paterson as Director of Performance, Planning and Corporate Services. We also welcomed Mr Paul Nicholson as Interim Director of Finance and ICT, Mr Robert Sowney as Interim Director of Operations and Ms Michelle Lemon as Interim Director of Human Resources. NEDs are pleased to note the additional expertise brought to the Service by these new colleagues as we move forward to play our part in the HSC transformation initiated by the Department's 'Health and Wellbeing 2026 - Delivering Together' strategy. Three NEDs were re-appointed during the year to serve another term, namely Mr William Abraham, Mr Trevor Haslett, CBE and Mr Alan Cardwell.

NEDs have sought to fulfil their role by providing support, scrutiny and constructive criticism as the Trust delivers on its statutory functions through its Emergency Service and Patient Care Service. The already good working relationships between the Board and all staff were enhanced by the excellent turnout at the Trust's Leadership Conference in April 2019.

As NEDs, we note with approval the significant progress, which has been recorded over the year in various important areas of service delivery. A major project has been the planning for the new Clinical Response Model (CRM), which – as in a number of other UK Ambulance Services – is designed to provide a more efficient method of prioritising emergency calls. Early indications post implementation have been encouraging and it is hoped that this development will result in improved response times for life-threatening emergencies.

The Helicopter Emergency Service (HEMS) has, even with increasing demand, seen significant progress during the year with the medical teams now authorised to carry blood on board the aircraft. In addition, the helipad at the Royal Victoria Hospital received all necessary safety approvals allowing it to become operational from February 2020. This development will significantly improve the time taken to bring patients to the Royal's Emergency Department.

In December, a significant milestone was passed when our first cohort of 39 students qualified with their Foundation Degree in Paramedic Practice from Ulster University. This is a welcome development, which will make a major contribution to the strengthening of our workforce expertise for the challenging times ahead.

The Trust's Strategic Plan, which will steer the organisation to 2026 and beyond, was formally launched in March, following extensive public consultation and enthusiastic input by staff members who attended a number of engagement sessions across Northern Ireland.

NEDs also note with satisfaction the progress made on the Trust's Estate Strategy and the RQIA's lifting of remaining improvement notices together with their endorsement of our approach to the important matter of Infection Prevention and Control.

NEDs note that, while progress has been made on the outstanding issue of staff banding, the issue had not been concluded at the year-end. However, we look forward to this being resolved in the incoming year.

It has historically proved challenging to achieve major improvement in a small number of business areas and this has again been the case in 2019-20. Staff attendance is one such area although the recent introduction of a dedicated team to address this matter has given some cause for cautious optimism as we continue our efforts to improve. Turn-around times for ambulances at hospital Emergency Departments is another area for ongoing management attention. Lengthy wait times before ambulance crews can hand over the care of patients to hospital staff have impacted the Trust's ability to meet target response times for emergency calls. Finally, but by no means least, is the ongoing problem of verbal and physical abuse of ambulance crews by patients and other members of the public. This is an issue of major concern to all Board members, management and staff, and it is one which will continue to receive close attention from NEDs as we move into the new business year.

Whilst 2019-20 was always expected to be a challenging year, not even the most pessimistic could have foreseen the unprecedented pressures which began to appear in the last few months of the reporting period due to the rapid, global spread of the Covid-19 virus.

Developments in the immediate past would seem to indicate that the workload on the Trust generally and on individual employees will increase significantly in the immediate future. NEDs share the concerns of other Board members with regard to the associated mental, physical and operational pressures which are mounting at the time of writing. These matters will no doubt be at the top of all Board agendas for detailed attention over the coming months. NEDs wish to record their appreciation of and support for our dedicated staff as the community looks to them for help in this time of great need.

It is ironic and sad that at a time when the entire community acutely feels its indebtedness to all Trust employees, we have had to postpone the planned ceremony for staff awards. We do hope that the new business year will see an easing of the Covid-19 pandemic to allow a return to less pressured delivery of ambulance services and the normal activities of family life.

In summary, NEDs welcome this opportunity to record their deep appreciation for the dedication displayed by all management and staff in NIAS as we seek to play our vital part in the HSC-wide journey to Health Service transformation.

Governance Statement 2019-20

1. Introduction and Scope of Responsibility

The Board of the Northern Ireland Ambulance Service HSC Trust (NIAS) is accountable for internal control. As Accounting Officer and Chief Executive of the Trust, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the Department of Health (DoH). In essence, the role of Accounting Officer is to see that the Trust carries out the following functions in a way that ensures the proper stewardship of public money and assets:

- To enter into and fulfil Service Level Agreements with Health and Social Care Commissioners;
- To meet statutory financial duties; and
- To maintain and develop relationships with patients, the local community, Commissioners, other HSC bodies and suppliers.

The Trust is directly accountable to the DoH for the performance of these functions.

The Trust works in partnership with the DoH, the Health and Social Care Board (HSCB), the Public Health Agency (PHA) and also works closely with other partner organisations such as other Health and Social Care (HSC) Trusts and the Regulation and Quality Improvement Authority (RQIA), through the establishment of and representation on various working groups, all with a view to improving the quality, safety, effectiveness and efficiency of services. These arrangements continue to be reviewed and updated in response to changes in the structure of Health and Social Care across Northern Ireland.

2. Compliance with Corporate Governance Best Practice

The Board of NIAS applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Board of NIAS does this by undertaking continuous assessment of its compliance with Corporate Governance best practice and applying such principles and processes where applicable.

The Trust Board is engaged in an ongoing process of self-assessment against the Board Governance Self-Assessment Tool issued by DoH. The assessment covers four key areas: Board composition and commitment; Board evaluation, development and learning; Board insight and

foresight; and Board engagement and involvement. This builds on the work carried out at the last self-assessment carried out in 2018-19. The Trust Board carried out a self-assessment with all Board members in 2019-20.

The Trust's Audit Committee annually reviews its effectiveness and application of good practice through the Audit Committee Self-Assessment checklist, issued by the National Audit Office. Areas of improvement are highlighted for consideration through this process.

3. Governance Framework

The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- A schedule of matters reserved for Board decisions;
- A Scheme of Delegation, which delegates decision making authority within set parameters to the Chief Executive and other officers; and
- Standing Orders and Standing Financial Instructions, including the establishment of an Audit Committee, an Assurance Committee and a Remuneration Committee.

The Audit Committee is chaired by a Non-Executive Director and membership is comprised only of Non-Executive Directors. The Audit Committee meets not less than three times per year in line with its Terms of Reference and during the year met on four occasions. Its primary role is to independently contribute to the Trust Board's overall process for ensuring that an effective internal financial control system is maintained.

The Audit Committee completes the National Audit Office Audit Committee Self-Assessment Checklist on an annual basis as part of the assessment of its effectiveness and an action plan was developed to address any areas for improvement identified. No significant performance related issues were identified during this review. Additionally, each year the Chair of the Audit Committee provides the Trust Board with an Audit Committee Annual Report. The Audit Committee fulfilled the requirements of its terms of reference during 2019-20.

The Assurance Committee is chaired by a Non-Executive Director and membership is comprised only of Non-Executive Directors. The Assurance Committee met on two occasions during the year. The Assurance Committee is responsible for assuring the Trust Board that effective and regularly reviewed arrangements are in place to support the implementation, maintenance and development of governance (clinical and non-clinical) and risk management and that such matters are properly considered and communicated to the Board. The terms of reference of the Assurance

Committee require it to meet not less than three times a year. As a direct result of the escalating Covid-19 Pandemic, meetings planned in both February and March could not take place. With this exception, the Assurance Committee fulfilled the requirements of its terms of reference during 2019-20.

The Remuneration Committee is chaired by the Chair of the Trust Board and membership is comprised of Non-Executive Directors only. The Remuneration Committee met on one occasion during the year. The Remuneration Committee's primary role is to advise the Board about appropriate remuneration and terms of service for the Chief Executive and Executive Directors employed by the Trust. The Remuneration Committee fulfilled the requirements of its terms of reference during 2019-20.

The Trust Board and Committee Record of Attendance is shown on page 47 of the Accountability Report. During the year, the appraisal processes in place did not identify any significant performance related issues of members of Trust Board or Committees. The Chair has ongoing discussions with each of the Non-Executive Directors in terms of their contribution to their respective committees and to give them an opportunity to highlight any specific concerns or issues.

4. Business Planning and Risk Management

Business planning and risk management is at the heart of governance arrangements to ensure that statutory obligations and Ministerial priorities are properly reflected in the management of business at all levels within NIAS.

The Board identifies the strategic and corporate aims, objectives and risks and monitors the achievement of these in the public interest. It has established a framework of prudent and effective controls to manage these risks, underpinned by a recently reviewed assurance framework. Decisions are taken by the Board within a framework of good governance to build a successful organisation, which is always striving to achieve excellence.

Business Planning

The Trust's Delivery Plan and Corporate Plan highlight the organisation's plans for the incoming year in line with the stated purpose, mission and vision of the organisation, aligned to the relevant principles and values, which direct action consistent with Ministerial priorities. The NIAS Trust Delivery Plan, which is subject to approval by the HSCB, takes account of available resources and outlines Trust priorities in terms of actions and activity to secure objectives for the year.

The Trust has developed a new strategy, which looks to the future and considers our aspirations for a transformed ambulance service for 2026. This is closely aligned to the DoH's "Health and Wellbeing 2026 – Delivering Together" document. This highlights the value of working as an integrated HSC system alongside a range of partners in local authorities, other agencies and the voluntary sector with the emphasis on person-centred care, ill-health prevention, social wellbeing and providing more diagnostics, treatment and care in the community and home settings. A number of workshops were carried out in 2019-20 by the Trust Board and senior managers in its formulation.

During 2019-20, NIAS has been actively engaged with other ambulance services across the UK and Ireland in the development of this strategy, building on the developments of recent years and setting out how NIAS can further improve the service we provide to the public, and support the wider HSC sector.

Risk Management

The Trust Board has established an Assurance Committee, which is a committee of the Board, and is responsible for overseeing all aspects of risk management across the organisation. The Assurance Committee reviews incidents (including Serious Adverse Incidents), Risk Registers and arrangements for assurance, as standing items, as well as other health and safety and risk management issues as they arise. The meetings are recorded and the minutes are reported to the Trust Board. The Trust's Medical Director has been given delegated responsibility for the oversight of risk management and is supported in this regard by a Risk Manager.

The Trust Board continues to review the arrangements in place with reference to best practice and DoH guidance in order to strengthen the arrangements for Risk Management. The Trust's Corporate Risk Management Policy and Strategy was reviewed and presented to Trust Board for approval in June 2019. The Policy and Strategy specifies ways in which risk can be identified; the means of identification include, although not exclusively, incident reporting, Serious Adverse Incident (SAI) reporting, complaints management, risk assessment, horizon-scanning at Trust Board level, claims management, assurance, benchmarking and consultation with staff and service users. The Strategy also places upon all Trust employees the responsibility to be aware of and to report any and all risks to which they or the Trust are exposed.

The Strategy also contains the process by which identified risks are recorded on the Risk Register, evaluated and, if necessary, re-evaluated in line with the regional guidance and best practice. This takes into account the likelihood and potential impact on the Trust's service users, employees, environment, reputation and resources. This evaluation then prompts the

development of individual risk treatment plans against which progress is monitored through the Trust's Risk Register.

Corporate Risks are those that impact on the organisation as a whole or which cannot be resolved immediately or adequately reduced by treatment at a local level. They are recorded on the Corporate Risk Register, which is reviewed on a monthly basis by the Senior Management Team (SMT). New risks escalated to the Corporate Risk Register in 2019-20 include: sickness absence, Trade Union notice to employer of an official ballot for industrial action, unsupported Trust telephony system and Covid-19.

Directorate Risks are those which have an impact on the particular Directorate and which can be reduced to an acceptable level by treatment at a directorate level. These are recorded on the Directorate Risk Register and are the responsibility of the Trust's line management. Directorate Risk Register updates are forwarded to the relevant Directors for distribution and review at a directorate level on a regular basis. The Trust has further developed the mechanisms for the review of Directorate Risk Registers by ensuring they are formally reviewed by Assurance Committee and Trust Board on a rotational basis.

The Trust will review and update its risk appetite statement, which defines the amount of risk the organisation is willing to accept as part of the next scheduled review of the Corporate Risk Management Policy and Strategy. In accordance with the Statutory Mandatory Training Policy, Risk Management Training must be completed every three years. The Trust Risk Management e-learning package was completely re-written in 2019. The Risk Manager shared the package as best practice with the other five Trusts; a number of which have adapted and rolled it out. Annual workshops are held with all risk owners and risk and governance training is included in the corporate induction provided to all new staff.

The Trust has been included in the RQIA schedule of unannounced visits and continues to develop policies, processes and audit functions in relation to Infection Prevention and Control (IPC). The Trust's IPC Group oversees activities in this area and reports to the Assurance Committee and the Trust Board.

5. Information Governance

In NIAS, information governance is the framework of legislation and best practice guidance associated to the General Data Protection Regulation (GDPR)/Data Protection Act 2018, the Freedom of Information Act 2000, Access to Health Records (NI) Order 1993, Duty of

Confidentiality etc. that regulates the manner and way in which we collect, obtain, handle, use, share and disclose information.

The Trust recognises that information is required every day across the Trust to discharge our services and understands that we hold high levels of personal information. The Trust uses this information in many ways e.g. to respond effectively to emergencies, to ensure that non-emergency patients are taken to Hospital appointments, to ensure the continuity of care of a patient we are treating and to support clinical research, to support emergency planning etc. We also understand that we need a defined structure for handling personal information in a confidential and secure manner to appropriate ethical and quality standards. This includes ensuring that information risks are managed in a robust way across the Trust. This is why we train staff in information governance areas, appoint specific roles across Directorates to support this, develop Privacy Notices, consider privacy impacts/risks at early stages of service modernisation and ensure that a suite of policies and procedures exist that fully outline accountability and responsibilities.

We hold information on patients, clients, suppliers, other Trusts, Coroner Service for NI, the Police Service of Northern Ireland, the Police Ombudsman, Solicitors, Coroners, and other stakeholders, as well as our staff. The Trust uses this information in an appropriate manner to provide assurance on the level of care and service provision we deliver to our patients and for planning and business continuity. Good quality information forms the basis of high quality care and we understand the importance of this.

The Trust works with the Information Commissioner's Office (ICO) to resolve any complaints received about how the Trust handles data. In accordance with legislative requirements data breaches have to be reported within 72 hours to the ICO. In 2019-20, the Trust did not refer any information governance data breaches to the ICO.

Cyber Security remains a high priority for NIAS as the threat from hostile actions are increasing in number and becoming more sophisticated in their approach. The Trust places the utmost importance on the security and protection of data and information in order to ensure that confidential patient information is protected and that the network and applications are available to users. We continue to work in partnership with the other HSCNI Organisations through the Regional Cyber Security Program Board to identify agreed areas for improvement and to prioritise resources to address these.

In December 2019 the Cyber Security Program Board approved the regional cyber security incident response action plan setting out the arrangements for HSCNI coordination of ICT

services in the event of a cyber-security incident in the healthcare environment. NIAS continue to work with Internal Audit to test compliance with the National Cyber Security Centre (NCSC) Ten Steps to Cyber Security and in February 2020 an audit was conducted on network security. Software patching continues to remain a priority within NIAS. In the wake of Covid-19 we have nearly tripled our capacity for concurrent users working from home. Extra Licenses, Key fobs and Server Capacity to support these have been made available; and policies concerning User Password Requirements/Duration have been reviewed in line with best practice and NCSC guidelines.

The challenge for NIAS and the HSC as a whole is to be prepared to minimise the impact of any cyber-attack and to ensure access to data is only available to authorised individuals and is controlled and monitored to maintain safety and confidentiality.

6. Covid-19

The World Health Organisation (WHO) declared the outbreak of Coronavirus disease (Covid-19) a global pandemic on 11 March 2020, following which the Department and its ALBs immediately enacted emergency response plans across the NI Health sector. There is a UK-wide coordinated approach guided by the scientific and medical advice from respective Chief Medical Officers and Chief Scientific Advisers informed by the emergent evidence nationally and internationally. Evidence-based UK-wide policies and guidelines continue to be carefully followed in conjunction with the PHA issuing local guidelines and ensuring readily accessible and continually updated advice. The pandemic has had an extensive impact on the health of the population, all health services and the way business is conducted across the public sector. Protecting the population, particularly the most vulnerable, ensuring that health and social care service were not overwhelmed, saving lives through mitigating the impact of the pandemic and patient and staff safety has remained at the forefront throughout health's emergency response. This has required a number of measures to urgently repurpose and temporarily reconfigure the provision of services, and to identify additional capacity including the need to ensure availability of appropriate Personal Protective Equipment. Financial measures have been put in place by the NI Executive to enable NI to tackle the response to Covid-19 and Health has obtained essential financial support from this package of measures to assist in the ongoing fight against Covid-19.

Contingency arrangements have been in operation including the establishment of an Emergency Operations Centre within the Department to support HSC colleagues' frontline response to the pandemic. Given the wide ranging impact and the need to react immediately to changing healthcare needs, this has had an effect on the ability to conduct routine health business with a

need to curtail non-urgent healthcare activity in order to re-direct resources to deal with the pandemic. There have been substantial resourcing impacts across the Department and ALBs to scale up the response to ensure adequate staff resourcing to meet increasing demands, which included calling on volunteers, retired medical staff and medical students to rally together to strive to enable an optimum response to the pandemic.

Social distancing measures were implemented in line with The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020 and the health sector played an important part in ensuring the NI population were aware of the need to adhere to the measures to reduce risk of transmission. The actions of the health sector throughout the continued response to the pandemic are based on the ongoing assessment of three key criteria: the most up-to-date scientific evidence; the ability of the health service to cope; and the wider impacts on our health, society and the economy. Across healthcare, leading on the testing of Covid-19 in NI has and continues to be a key priority with testing centres being set up across the country including mobile testing. The Department's Expert Advisory Group has overseen the strategic approach to testing in NI. The Minister of Health is a member of the Ministerial Testing Taskforce, chaired by the Secretary of State for Health, and so NI is fully engaged with the strategy for testing at a national level. NI testing capacity has also been increased through Health's facilitation of the UK Coronavirus National Testing Programme. Northern Ireland Contact Tracing Service began contact tracing all confirmed cases of Covid-19 on 18 May 2020. Volunteers have been recruited and redeployed across the health sector and the team is being scaled up to strive to ensure that every conceivable effort is made to continue to limit transmission as lockdown measures across the region are eased. The Department has prepared a Covid-19 Test, Trace and Protect Strategy, which sets out the public health approach to minimising Covid-19 transmission in the community in Northern Ireland. The Chief Medical Officer has established a Strategic Oversight Board for the NI Covid-19 strategy, which will bring all of the key elements together – namely testing, contact tracing, information and advice, and support - working together with colleagues across the HSC to endeavour to maintain community transmission at a low level and respond to clusters of infection localised in NI. The early outcome is more favourable than the modelling of the reasonable worst case scenario and the Department and HSC are no longer in emergency response mode, some areas have been able to be stood down in recent times although there is a need to continue to remain vigilant and in a state of operational readiness to react should a resurgence occur.

Alongside the ongoing and changing needs of response to Covid-19 there is an urgent need to seek to rebuild wider healthcare services and confidence in the community. Officials have over recent weeks carried out an urgent project to assess the impact of Covid-19 on HSC services

delivery. On 9 June 2020 a new Strategic Framework was launched aimed at rebuilding health and social care services. The key aim will be to incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing Covid-19 conditions. A new Management Board for Rebuilding HSC Services has also been created. This will broadly consist of senior Department of Health officials, Trust Chief Executives and other HSC leaders. Covid-19 has had a profound impact on the delivery of health and social care services and across the HSC plans are incrementally being enacted to begin recovery whilst planning for a potential second wave. The Department is continuing to work closely across the HSC to support and define the requirements and opportunities to meet continuing and rapidly changing pressures in these unprecedented and challenging times.

7. Fraud

In line with good practice, NIAS takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place a Fraud Policy and a Fraud Response Plan to outline our approach to tackling fraud, to define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Service and provides advice to our staff on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every five years.

8. Public Stakeholder Involvement

The Trust aims to ensure that those who use our services and their representatives have an opportunity to influence and shape policy and service delivery decisions. Our Personal and Public Involvement Strategy outlines our commitment to involving key stakeholders and their representatives in the development of our services. Service user engagement and involvement is mainstreamed into key policy development processes. Personal and Public Involvement was included as part of the mandatory training programme for all staff during the year.

Significant developments were being introduced regionally during the reporting period in relation to a new online user feedback programme for all citizens and HSC Trusts in Northern Ireland that was led by the Department of Health. NIAS actively participated as a member of the Programme Board and implementation agenda around the new ‘Care Opinion’ online portal, which was being

introduced in the first quarter of 2020-21, after ongoing involvement with key regional stakeholders.

Following on from the successful consultation, engagement and involvement exercise with the public in 2018-19, in relation to the introduction of the Clinical Response Model, a new NIAS stakeholder forum was convened twice for key public stakeholders in 2019-20. This included representatives of the third sector, statutory partners, political stakeholders and individual service users. This provided an opportunity for stakeholders to express their views and NIAS to outline strategic and operational developments, including the new Strategic Framework and the ongoing implementation of CRM. It is intended that this will become a standing stakeholder forum in 2020-21. Individual work-streams have also involved direct public stakeholder involvement, such as engagement with individuals about the issue of accessible communication.

The Trust continued to gather and analyse patient experience stories as part of the regional 10,000 Voices project, and to use 10,000 Voices as a learning and engagement tool, but this work has evolved in the context of the new Care Opinion online user feedback programme.

The Trust takes into account the views of the public in relation to identifying and managing risks through, for example, the analysis of learning outcomes, complaints and untoward incident reports (UIRs) (including, if appropriate, contact with the service user(s) and/or other related stakeholders such as public sector partners). Risk identification, assessment and management is also considered if it arises from stakeholder feedback provided during the broader policy development processes and is then referred to the relevant NIAS department as appropriate.

9. Assurance

The Trust has an Assurance Framework based on DoH guidance 'An Assurance Framework: A Practical Guide for Boards of Arm's Length Bodies'. This framework is regularly updated and submitted to the Assurance Committee for approval. This identifies the assurances provided to NIAS by its governance structure and highlights any gaps in assurance. This supports improvements in the level of assurance and underpins the challenge function of the Trust Board.

A further important source of assurance is provided by Internal Audit whose audit plans are based on key risks and systems within the organisation. As part of the 2019-20 annual audit programme, Internal Audit carried out a review of Risk Management (Including Management of Assurances) and provided a satisfactory level of assurance.

The Trust endeavours to continually improve its structures and processes of assurance through self-assessment exercises and resultant improvement plans. The Trust Board has been engaged

in an ongoing process of self-assessment using the Board Governance Self- Assessment Tool issued by DoH. Similarly the Audit Committee tests its application of good practice using a Self-Assessment checklist on an annual basis, issued by the National Audit Office.

The Trust also contributes to both Mid-Year and Year End Accountability Meetings with DoH and HSCB, which are designed to provide assurances on the Trust's systems of internal control.

These structures and processes and the sources of independent assurance outlined in this statement provide an appropriate and acceptable quality of assurance to Trust Board.

Replacement of Controls Assurance Standards Process

On 30 March 2018, the Permanent Secretary and HSC Chief Executive, Mr Pengelly, wrote to HSC Trusts in respect of the review of Controls Assurance Standards. He reminded Trusts that he had written to all organisations in August 2017 setting out the rationale for ceasing Controls Assurance Standards with effect from 1 April 2018, with a view to providing a more comprehensive and proportionate assurance to the Department.

In order to provide an appropriate level of assurance across key areas, the Trust has drafted a Corporate Assurance Strategy (to be agreed mid 2020), and continues to work with Departmental Policy Leads and other HSC organisations to ensure that suitable and proportionate assurance arrangements are in place for each of the standard areas. In addition to the Corporate Assurance Strategy, replacement arrangements for self-assessment have been agreed in most areas with the previous self-assessments continuing to be used for providing assurance in areas where regional agreement has not been reached. The Trust will monitor progress, update and report annually to Assurance Committee.

Work continues on the implementation of an overarching Quality Improvement Plan (QIP). The Trust also continues to progress actions to develop and implement controls assurance in relation to environmental cleanliness. Further details are set out below (section 12) on Infection Prevention and Control.

The Trust continues to develop systems and processes to deliver increased assurance. Action plans will be developed as appropriate and progress against the plan will be monitored throughout the year.

10. Sources of Independent Assurance

NIAS obtains Independent Assurance from the following sources:

- Internal Audit;
- Business Services Organisation (BSO);
- Regulation and Quality Improvement Authority (RQIA); and
- External Audit.

The Trust also relies on other significant assurance functions, both internal and external to the organisation, and considers the implications of any relevant findings for the governance of the organisation. These may include, but will not be limited to, any reports issued by the Comptroller and Auditor General or Public Accounts Committee, reviews by DoH commissioned bodies, the Medicines Regulatory Group and other professional and regulatory bodies with responsibility for the performance of staff or functions (e.g. Joint Royal Colleges Ambulance Liaison Committee (JRCALC), Health and Care Professions Council (HCPC), Royal Colleges and other accreditation bodies).

Internal Audit

The Trust utilises an internal audit function (commissioned from the BSO), which operates to defined standards and whose work is informed by an analysis of risk to which the Trust is exposed and annual audit plans which are based on this analysis.

The 2019-20 Internal Audit Plan was completed with the following two approved amendments. The audit of information governance was deferred from 2019-20 until 2020-21 and Internal Audit utilised the days across the other 2019-20 audits, specifically Patient Care Services and Procurement & Contract Management. The year-end stocktake was not undertaken due to Covid-19.

The 2019-20 Internal Audit assurance work is summarised as follows:

Audit Assignment	Level of Assurance
Finance Audits:	
Financial Review	Satisfactory – Bank and Cash Limited – Payments to Staff and Procurement of Staff Substitution (Two Significant Findings)
Procurement and Contract Management (Estates)	Limited (Two Significant Findings)
Corporate Risk Audits:	
Recruitment	Limited (Four Significant Findings)
Patient Care Services	Unacceptable (Four Significant Findings)
Governance Audits:	
Risk Management	Satisfactory (No Significant Findings)
Cyber Security IT Audit – Network Security	Limited (Six Significant Findings)
Complaints, Incidents and Claims Management Substantive Follow Up Audit	Satisfactory – Complaints, Incidents and Claims Limited – Serious Adverse Incidents (One of the Four Significant Findings from 2018-19 audit requires further action)
Non-Assurance Consultancy Work	
Review of Culture (EAC)	Not applicable

Definition of Levels of Assurance	
Satisfactory	Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives.
Limited	There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.
Unacceptable	The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.

In the Financial Review, while Satisfactory assurance was provided in relation to control over bank and cash within the Trust, Limited assurance was provided in relation to payments to staff and to the procurement of staff substitution spend. Two Significant findings were identified and relate to: access control issues to the HRPTS system and oversight of the activity of core users

within the system; and Direct Award Contract approval levels for the procurement of staff substitution being exceeded. The Trust is reviewing current processes and action will be taken to strengthen controls in these areas.

Limited assurance was provided in the Procurement and Contract Management audit, which focused on Estates related spend. Two Significant findings were identified and relate to: the Facilities Management contract not being effectively managed (lack of assurance that work was satisfactorily completed, business cases were not completed, NIAS Estates not receiving regular financial reports, and procurement thresholds were not adhered to); and Estates related spend outside the Facilities Management contract was not appropriately procured. Management is taking action to strengthen the Estates function and manage procurement and contracts effectively.

Limited assurance was provided in the Recruitment audit. Four significant findings were identified and relate to: no performance management information being captured and reported to SMT or Trust Board in respect of the timeliness of the recruitment process; delays at all stages of the recruitment process for new posts; delays in the quality assurance of recruitment requisitions; and delays in the recruitment process following advertisement. Management is taking action to agree KPI's and review and develop current processes.

Unacceptable assurance was provided in the Patient Care Services (PCS) audit, which was the first time this area has been audited by Internal Audit. Four significant findings were identified and relate to: ineffective and inadequate performance management, including limited KPI's and reporting to the Board; the array of systems involved in PCS operations are not integrated or utilised effectively to deliver the service; the operational line management structure for PCS service is not effective and impacts on the ability to manage performance; and material weaknesses in the planning / scheduling and delivery of the service leading to patients consistently not arriving on time for planned appointments. Management has appointed a PCS Review Manager and will implement a strategic review of the Patient Care Service.

Limited assurance was provided in the Cyber Security IT Audit of Network Security. Six Significant Findings were identified and relate to: ICT governance arrangements; no framework for policies, standards, guidelines and procedures; no formal framework for the management of third party providers; no formal risk based approach to assurance; inadequate network segmentation and management of network activity; and non-compliance with the EU Directive on Security of Networks and Information Systems (NIS). Management is taking action to address audit findings including conducting an ICT Delivery Model Review.

Satisfactory assurance was provided in relation to Complaints, Incident Management and Claims Management. Improvements have been made from the previous audit in 2018-19 where Unacceptable assurance had been provided. Limited assurance was provided in relation to Serious Adverse Incidents (SAIs), which was an improvement from the previous audit in 2018-19 where Unacceptable assurance had been provided. Four Significant Findings were identified in the 2018-19 audit and out of these one Significant Finding requires further action and relates to: delays in the determination of SAIs and the completion and submission of reports as part of the investigation / review process. Management continues to take action to address the remaining issues highlighted in the audit assignment.

Recommendations to address all control weaknesses have been considered by the Audit Committee and have been, or are currently being, implemented. Progress on implementation will continue to be monitored by SMT, reviewed by Internal Audit and considered by the Audit Committee.

Follow-up on previous Recommendations

Internal Audit carried out a review of the implementation of previous internal audit recommendations at mid-year and again at year-end. Progress continues to be made and at year-end, 108 (71%) of the 152 outstanding recommendations examined were fully implemented, a further 43 (28%) were partially implemented and 1 (1%) was not yet implemented.

At the start of the financial year there were 40 recommendations not yet fully implemented. Internal Audit made a further 50 new recommendations during the course of the year. 46 recommendations were implemented, leaving 44 recommendations not yet fully implemented as at 31 March 2020.

There is only one Priority 1 internal audit recommendation from previous financial years that is not fully implemented and relates to the development of procedures for the management of unsocial hours both for core and relief staff. Management are reviewing the recommendation and current processes to ensure that appropriate action is taken in order to implement.

A significant amount of work has been completed during the year to progress all audit recommendations and plans are in place to consolidate this progress in 2020-21. All audit recommendations include an implementation date and a responsible officer.

BSO Shared Services Audits

A number of audits (summarised below) have been conducted in BSO Shared Services, as part of the BSO Internal Audit Plan. The recommendations in these Shared Service audit reports are the responsibility of BSO management to take forward and the reports have been presented to the BSO Governance & Audit Committee. BSO management accepted all recommendations in the 2019-20 internal audit reports and are working to implement same.

Audit Assignment	Level of Assurance
Payroll Service Centre: Follow Up Review September 2019 Year End March 2020	 Limited Satisfactory – Elementary Payroll Processes Limited – Timesheets, Management of Overpayments and RTI Data HMRC/SAP
Recruitment Shared Service Centre	Satisfactory – RSSC Recruitment Processes Limited – eRecruit System Functionality
Accounts Receivable Shared Services	Satisfactory
Accounts Payable Shared Service Centre	Satisfactory

Whilst the overall level of assurance provided in respect of the Payroll Service Centre (PSC) is no longer fully Limited, three areas are still deemed to be. These Significant areas relate to: end-to-end timesheet processes in the HSC (including within PSC) require strengthening, particularly in the area of demonstrating appropriate authorisation; issues remain with the accurate calculation of complex overpayments and the processes for ensuring that all overpayments which require invoicing (rather than recovery through salary payments) remains ineffective; and uncertainty whether data transferred automatically from the payroll system reconciles with HMRC data.

Limited assurance was provided in relation to the eRecruit System Functionality due to the significant number of off system additional processes, controls and workarounds that are in place to facilitate the recruitment process.

Overall Opinion

Overall, for the year ended 31 March 2020, the Head of Internal Audit has provided Limited assurance on the adequacy and effectiveness of the NIAS framework of governance, risk management and control. This opinion is based on the results of the above audits, the results of the year end follow up on previous audit recommendations, the specific culture assignment and the BSO Shared Service audits.

Whilst the Head of Internal Audit has provided an overall Limited assurance, she acknowledges that the framework of governance, risk management, and control is improving within the Trust and that the leadership team are aware of the organisation's significant issues and are taking ongoing action to address them, including the appointment of additional Management / key staff.

Regulation and Quality Improvement Authority (RQIA)

Recommendations are covered in detail in section 12 below under the heading 'Infection Prevention and Control / RQIA'.

External Audit

External Audit provides an independent opinion on the financial statements to the Northern Ireland Assembly. Any control weaknesses or added value issues that are identified in the course of conducting the external audit, are communicated to the Audit Committee in the Report to Those Charged with Governance.

11. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of the effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within the Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, Audit Committee and Assurance Committee. A plan to address weaknesses and ensure continuous improvement to the system is in place.

12. Internal Governance Divergences

Update on prior year control issues which have now been resolved and are no longer considered to be control issues

Financial Position 2019-20

The Trust achieved a breakeven position with a small surplus of £19k. Cumulative savings of an additional £1.6m were implemented through a range of non-recurrent measures. A capital programme in excess of £8m was also delivered which was within the Capital Resource Limit

(CRL) set by the Department of Health, but represented an underspend of £0.3m due to slippage in a number of schemes due to the impact of Covid-19.

The Trust received significant non-recurrent allocations during the year. These included Transformation allocations for the introduction of the new Clinical Response Model (CRM) and the foundation degree programme for Paramedics. The impact of resources provided non-recurrently during 2019-20 will need to be reviewed in 2020-21.

Category A Response Performance

Since 2012-13, NIAS performance against the target of 72.5% has been falling steadily. In 2018-19 37.2% of Category A calls received a response within the required 8 minutes and in 2019-20 as at 11 November 2019 this stood at 32.5%. During the year the Trust introduced new response standards that replaced the Category A Response Performance measure. As such, the performance against the Category A standard has been replaced by new performance standards, which are considered later in this statement.

Infection Prevention and Control / RQIA

The Regulation and Quality Improvement Authority (RQIA) issued an Improvement Notice to NIAS on 21 December 2018, in respect of a failure to comply with a statement of minimum standards by failing to demonstrate a robust training and competency based assessment framework and programme to support staff in implementing the NIAS Infection Prevention and Control (IPC) Policy and Procedures across the organisation. The date by which the necessary improvements to achieve compliance with the actions outlined in the Improvement Notice expired on 31 March 2020.

On 15 April 2020, RQIA advised the Trust that they had determined that all of the improvements necessary to achieve compliance with the actions outlined in the Improvement Notice had been achieved.

This represents a significant milestone as all of the IPC related Improvement Notices issued by RQIA over the last two years have now been lifted, acknowledging the significant focus on this important issue by the Trust.

Confidence and Supply

A condition of the confidence and supply funding to the Trust was approval of each business case by the Trust Senior Management Team and then HSCB. Of the total two NIAS specific schemes in 2018-19 (total value £2.1m), only one (value £1.7m) had been approved by both the Trust

Senior Management Team and HSCB by 31 March 2019. The remaining NIAS specific scheme (value £0.4m) had not had the business case formally approved by the Trust Senior Management Team or HSCB by 31 March 2019. The necessary approvals were completed early in 2019-20.

Health and Wellbeing

NIAS has increasingly placed a strong focus on staff engagement, and Health and Wellbeing outcomes for staff. Significant progress has been made during the year, as outlined on page 30 of this annual report. The matter will remain a core element of NIAS' organisational development agenda.

Update on prior year control issues which continue to be considered control issues

Agenda for Change

Agenda for Change outstanding processes associated with Paramedic, RRV Paramedic and EMT roles have been a long-term issue within the Trust. Towards the end of 2018-19, DoH and NIAS established a temporary Workforce Lead post to lead a new work stream to consider this along with other key strategic NIAS workforce issues. In July 2019, a 'Suggested Way Forward' proposal was issued to trade unions and related discussions followed in Autumn 2019.

Following a pause in discussions, as a consequence of Industrial Action, the appointment of a Health Minister in January 2020 enabled approval of a final pay offer that could be made to trade unions within collective bargaining processes. The Trust wrote to trade unions in this regard on 16 March 2020 who are undertaking engagement processes with their membership to inform their formal response.

It is hoped this issue will be brought to a conclusion soon.

Business Services Transformation Programme and Shared Services

The Business Services Transformation Programme (BSTP) replaced aged Finance and Human Resources systems and the programme also introduced HSC wide Shared Services for all HSC organisations in Northern Ireland.

Internal Audit conducted audits of the four shared services areas and Satisfactory levels of assurance were provided for Accounts Receivables and Accounts Payables in their entirety and in specific areas for Payroll and Recruitment, with Limited levels of assurance provided in other specific areas (see Section 10 above).

The Trust continues to work with BSO Shared Services to make improvements and to realise the expected benefits of the new systems and structures.

Attendance Management

Sickness levels within NIAS remain unacceptable, which has the potential to diminish levels of operational cover and affect the ability to respond in a timely manner.

NIAS' sickness absence target for 2019-20, as agreed with the DoH, is to 'improve sick absence rates by 5% on 2018-19 levels'. The cumulative absence rate during 2018-19 was 11.48%. The requirement in 2019-2020 was to achieve an absence rate of 10.92%. The cumulative absence level at March 2020 was 10.49%. While this improvement on the previous year is welcome, it is recognised that significant further progress is required and this will remain a priority for the Trust.

In recognition of NIAS higher than average levels of sickness absence than across the HSC and NHS Trusts, the Trust continue the work of the Good Attendance Programme established to implement the findings and recommendations of the Association of Ambulance Chief Executives (AACE) review for improving attendance levels within NIAS, in addition to implementing the recommendations made by Internal Audit. As part of the Good Attendance Programme, priority work streams continue to be taken forward relating to Occupational Health Services, Health and Wellbeing and NIAS Attendance Management Policy and related procedures.

Building Leases

The Trust was previously not compliant with current policies and guidance relating to the acquisition, renewal and disposal of leased property assets including PEL 98/1 and PEL (11) 01 and the DoF DAO letter. Strategic Outline Cases (SOC) and Outline Business Cases (OBC) were not completed nor were Land and Property Services (LPS) requested to perform scoping exercises prior to the renewal of leases for ambulance stations.

The Trust has currently thirteen Commercial leases and is now compliant with current policies and guidance relating to the acquisition, renewal and disposal of leased property assets (including PEL 98/1 and PEL (11) 01) in twelve cases with the remaining one Strategic Outline Case (SOC) still in process with the Landlord. All submitted SOCs, were completed with appropriate input from LPS and BSO's Directorate of Legal Services (DLS) to ensure value for money and compliance.

The Trust has processes in place to actively manage the critical lease dates in compliance with current lease policy, particularly in relation to SOC, OBC, Termination, Renewals, Break Points and interacting with other statutory bodies as required. The Trust has created a series of warnings

and events on the 3i Estate Terrier property management system to give notice that action will be required, covering all of the critical lease points above for all commercially leased properties. Unfortunately, due to changes in key staff, two leases expired in year without the appropriate action being taken.

EU Exit

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. On 31 January 2020, the Withdrawal Agreement between the UK and the EU became legally binding and the UK left the EU. The future relationship between the EU and the UK will be determined by negotiations taking place during the transition period ending 31 December 2020. As uncertainty still exists regarding the Northern Ireland Protocol, this is under review in conjunction with key stakeholders. The Trust will continue to work collaboratively with colleagues during 2020-21 across the Department, HSC and wider to ensure we are appropriately prepared for the end of the transition period and the new dispensation.

The Community Paramedic project is part financed by the European Union's European Regional Development Fund through the INTERREG VA Cross - border programme managed by the Special EU Programmes Body (SEUPB) (2020: £94k, 2019: £97k).

Emergency Ambulance Control Telephone Contingency

Ambulance Services can experience an occasional discrepancy between the number of incoming calls and the number of available call-takers. The Trust's current mitigation arrangements are coordinated by BT Emergency Operators. When calls are queuing to be answered by NIAS Emergency Ambulance Control, the BT Operators can divert them to our buddy service, the Scottish Ambulance Service (SAS) who answer them for us and then electronically pass the resulting call details onto our Computer Aided Dispatch (CAD) system.

In order to manage the call queues more effectively, Emergency Medical Dispatchers (EMDs) rotas are being targeted for review and will be adapted in line with the Trusts call demand pattern. This will form part of our Working Time Solutions project. The introduction of a new role of EMD Supervisor enables hour-by-hour review of the 999 demand, and the dynamic adjustment of the call takers available, to ensure appropriate response to the demands placed upon it.

BT occasionally seek permission to activate their contingency arrangement due to pressures on call taking across both NIAS and the SAS. Both services have seen an increase in duplicate phone calls due to demand pressures meaning people have longer to wait for an ambulance and tend to phone back for an update. We are adapting scripts to enable our call–takers to provide

information to callers in an effort to reduce the number of call-backs we receive. We continue to hold BT to minimal use of their contingency arrangement.

Cyber Security

In December 2019, the Cyber Security Program Board approved the regional Cyber Security Incident Response Action Plan setting out the arrangements for HSCNI coordination of ICT services in the event of a cyber security incident in the healthcare environment. NIAS continue to work with Internal Audit to test compliance with the National Cyber Security Centre (NCSC) Ten Steps to Cyber Security and in February 2020 an audit was conducted on network security which provided only limited assurance in this area.

Software patching continues to remain a priority within NIAS. In the wake of Covid-19 we have nearly tripled our capacity for concurrent users working from home. Extra Licenses, Key fobs and Server Capacity to support these have been made available; and policies concerning User Password Requirements/Duration have been reviewed in line with best practice and NCSC guidelines.

Organisational Capacity

There is ongoing recognition of the central role that NIAS and its staff have to contribute to the wider transformation agenda, in particular to manage demand within the community with less reliance on secondary care. NIAS continues to add to its directory of Appropriate Care Pathways. Advice and clinical oversight of call prioritisation is provided by the paramedic staffed Clinical Support Desk, which now operates for extended hours. The frequent caller team has expanded and has had a very beneficial effect on unnecessary calls to the ambulance service.

The AACE Benchmarking Review (July 2019) focused on corporate support functions as compared with 3 other ambulance services and identified significant gaps in the capacity of these departments. New senior executive posts have been filled and a programme to fill support positions has been initiated. Within operations a review of the structures necessary to support increased staffing, changing rotas of service provision and the introduction of 24/7 management of staff has begun. The Outline Business Case linked to the CRM Project submitted to the DoH in February 2020 includes proposals to address the organisational capacity required to ensure the effective delivery of this ambitious project and associated transformation plans.

Patient Care Service

NIAS operates non-emergency scheduled services alongside our Accident & Emergency activity. This workload is managed by the Patient Care Service (PCS). A recent internal audit highlighted some areas of significant concern and NIAS has responded with proposals to address the issues. Robust systems for performance management are to be considered, to include development of business objectives and a business plan linked to the corporate objectives of NIAS. PCS specific corporate KPIs are to be developed and used for performance management. PCS performance is to be made more visible up to and including at Trust Board level. The report highlights concerns with our information technology infrastructure, however much of that technology is already going through procurement and / or purchase.

The audit report identified that NIAS PCS line management structure is not operating at the level required to support our crews. NIAS has accepted the findings and announced plans to implement a strategic review of the Patient Care Service to progress the range of improvements required. Work on this strategic review and identifying & implementing improvements commenced with the appointment of a PCS Review Manager, however progress has been impacted by the need to prioritise work on the management of Covid-19.

Workforce Pressures – Paramedic Education and Potential recruitment of NIAS Paramedics to Primary Care

The Trust continues to implement a robust recruitment and education programme to ensure sufficient local supply of Paramedics through the FdSc in Paramedic Science, delivered in partnership between the Trust and Ulster University, to meet anticipated future demand, taking into account internal service developments and the potential for employment opportunities for this group of staff within the wider HSC. This is supplemented by a rolling recruitment programme aimed primarily at attracting newly registered Paramedics from further afield to fill current vacancies. The Trust continues to work with the DoH in relation to future third-level education provision in Northern Ireland for the delivery of qualified Paramedics.

The Community Paramedic project has proven to be very successful in the border areas of the West Division. With learning from the initiative it is appropriate to formally test and evaluate the initiative across a mix of rural and urban locations; whilst also learning from the growing Primary Care Multi-Disciplinary Teams (MDT) approach in Northern Ireland. In discussion with Primary Care leads at HSCB and the GP Federations regarding a sustainable training programme and in order to ensure that NIAS operational services can be sustained discussions are underway

regarding funding for a further training programme with postholders undertaking the appropriate postgraduate study whilst on placement in GP practices across the region.

In order to address capacity pressures in Primary Care there is an increasing potential for NIAS to lose experienced Paramedics to GP Federations, GP Practices and Out-of-Hours providers. Given the current staffing position within NIAS and the challenges to maintain safe levels of cover, discussions are ongoing with HSCB to ensure a planned approach to the development of appropriate Paramedic roles to support Primary Care. This needs to be managed in a way that will stabilise the NIAS workforce and associated clinical skill mix to protect emergency response capacity for those patients who require it. We will continue to work collaboratively with Primary Care to identify any potential opportunities to resolve the issue.

Condition of Estate

The Northern Ireland Ambulance Service operates from a total of 62 Sites throughout Northern Ireland. There are 58 Operational facilities including 34 Ambulance Stations, 22 Deployment Points and 2 Control Centres. The majority of the NIAS Estate is in overall poor condition, as highlighted in the DoH State of the Estate Report with functional suitability, capacity and compliance issues recorded at most sites.

During 2019-20, NIAS developed proposals for additional Stations, which were included in the CRM Strategic Outline Case submitted to the DoH on 20 March 2020. These proposals were to address the increase in staff levels associated with the introduction of the CRM.

In January 2020, NIAS submitted a revised ten year capital plan to reflect the Estate that needs replaced as a priority. NIAS plans to consult during 2020-21 on a “Make Ready” model to support delivery of front line service. This service strategy will be a key component of NIAS future Estate Strategy.

Incident Management (including Serious Adverse Incidents)

The Trust still faces challenges in complying fully with the regional Serious Adverse Incident (SAI) procedure, particularly in terms of timescales for reporting and final review of incidents and for family engagement. These issues were highlighted during an internal audit in March 2019 into the management of complaints, litigation and incidents, which also identified the lack of resources within the Trust’s Medical Directorate and an increase in the reporting of SAIs.

Significant progress has been made in terms of reviewing the resource required to address this issue through an external review of administrative arrangements within the Trust and recruitment

of an Assistant Medical Director, a Serious Adverse Incident Lead and an Assistant Clinical Director (Paramedicine) as well as engagement of support from the Leadership Centre to progress longer standing SAI reviews. This progress was noted by Internal Audit although it was recognised that there are still difficulties in line with meeting the agreed timeframes for submitting and concluding reviews.

Complaints Management

During 2019-20, NIAS received a total of 114 complaints. This figure represents a decrease of 9.5% on the number of complaints received during 2018-19 which was 126. There were three complaints referred to the Northern Ireland Public Services Ombudsman during 2019-20. Further details regarding complaints received is accessible on the NIAS website www.nias.hscni.net.

A total of 236 compliments were received during 2019-20 which is the same number received in 2018-19.

Internal Audit previously reviewed NIAS Complaints, Incident Management and Claims Management during 2018-19 and provided unacceptable assurance in relation to complaints and incident management and limited assurance in relation to claims management resulting in 7 recommendations for improvement to enhance control; 5 of which were priority 1.

In accordance with the 2019-20 annual internal audit plan, BSO Internal Audit carried out a follow up audit during February and March 2020. Through this audit BSO have provided satisfactory assurance and have confirmed that 4 of the 7 recommendations are now implemented with 3 recommendations partially implemented. The 3 partially implemented recommendations were initially priority 1 recommendations and Internal Audit have now reclassified them as priority 2.

Identification of new issues in the current year and anticipated future issues

Financial Position 2020-21

The Assembly passed the Budget Act (Northern Ireland) 2020 in March 2020, which authorised the cash, and use of resources for all departments and their Arms' Length Bodies for the 2019-20 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2020 also authorised a Vote on Account to authorise departments' access to cash and use of resources for the early months of the 2020-21 financial year. While it would be normal for this to be followed by the 2020-21 Main Estimates and the associated Budget (No. 2) Bill before the summer recess, the Covid-19 emergency and the unprecedented level of allocations which the Executive has agreed in response, has necessitated that the Budget (No. 2) Bill is instead

authorising a further Vote on Account to ensure departments and their Arms' Length Bodies have access to the cash and resources through to the end of October 2020, when the Main Estimates will be brought to the Assembly and the public expenditure position is more stable.

There are a range of challenges expected in 2020-21 and achieving savings and delivering financial balance is an increasing challenge.

While the Trust achieved a breakeven financial position in the year to 31 March 2020, it is important to note that this was achieved following the receipt of significant non-recurring funding, one off contingency measures, expenditure reductions and planned in year slippage on investment. As a result the Trust is aware of the underlying recurrent deficit position it faces, which, coupled with further in-year emergent pressures, ensure that the significant budgetary challenges continue into 2020-21.

The outlook for 2020-21 is indicating the financial year's resources will also be increasingly constrained, both from a capital and revenue perspective.

Given the level of the significant and ongoing financial challenges currently faced across HSC, extensive budget planning work is therefore on-going between the Trust, HSCB and DoH in order to achieve a 2020-21 financial plan. It is anticipated that when the overall Financial Position of the Trust is brought together, the Trust will still carry a significant recurrent and in year 2020-21 deficit, however the Trust remains committed to working with the DoH and HSCB in seeking to find solutions to enable it to live within its budget.

Response Performance

The Clinical Response Model (CRM) consists of several phases. One of the first phases to be implemented was the revised Code Sets in the EAC which took place in November 2019. This changed the Category of calls from A, B & C in the previous model to Categories 1-5.

Demand for ambulance services is projected to increase by 2.8% every year to 2022-2023. Increasing the Pre-Triage sieve capture rate, which is an early identification of Category 1 life-threatening calls, to 60% improves the allocation time therefore can improve response times. In the new CRM Category 1 calls equate to approximately 5% of calls as opposed to 30% in the previous model. The Category 1 90th percentile target is challenging in Northern Ireland, meeting this target is dependent on other standards being met within the target response times such as;

- 6% Hear & Treat rate;
- An alternative dispatch model within EAC, increasing to 5 Dispatch Desks;

- Turnaround times of 30 minutes at hospitals; and
- Increase of staffing levels within EAC and Operational front line staff.

The current standard response targets are as follows;

Category	Mean average definition	Mean standard	90th centile standard
C1	A25 = A24 / A8	8 min	15 min
C1T (indicator *)	A28 = A27 / A9	19 min	30 min
C2	A31 = A30 / A10	18 min	40 min
C3	A34 = A33 / A11		120 min [02:00:00] HH:MM:SS
C4	A37 = A36 / A12		180 min [03:00:00] HH:MM:SS

Quarter to Date Indicators Show:

- Category 1 Mean Target is 10minutes 15 seconds
- 90th Percentile is 19 minutes 13 seconds

Independent modelling recognised that the required performance standards could not be achieved by the Trust with the resources currently available.

Hospital turnaround times

Trends for ambulance turnaround times greater than the standard (i.e. 30 mins) continue to heavily impact on NIAS response and availability. Data indicates an overall (increasing) trend of average hours lost per day.

We have continued this year to work with hospitals and the HSCB to improve the turnaround times. Developments in 2019-20 include a regional escalation plan, issued by the HSCB in January 2020 and an emergency divert protocol being agreed by all Trust Chief Executives issued on 6 January 2020.

Safeguarding

The Trust acknowledge the need for further development in current safeguarding referral systems and processes. This has been discussed with RQIA and subsequently an area for improvement has been made in relation to safeguarding. A Quality Improvement Plan (QIP) which aims to review and strengthen the current safeguarding arrangements within NIAS under each of the headings below has been submitted to RQIA. The Trust continues to progress the actions within the QIP although progress has been restricted in the context of Covid-19 work and continues to achieve the actions within the plan related to the areas below:

- Review and update as appropriate the Trust Safeguarding Policy in line with Adult Safeguarding Policy for Northern Ireland (2015) and Adult Safeguarding Operational Procedures (2016);
- Liaise with relevant persons in the HSCB and HSC Trusts to agree a standardised regional approach for NIAS reporting of safeguarding referrals, with particular emphasis on incidents that occur out of hours;
- Update staff on their roles and responsibility for reporting adult and children safeguarding concerns;
- Train staff to recognise the types of abuse and indicators of potential abuse, the referral process and actions to be taken should a safeguarding issue be identified;
- Implement a robust system to monitor, audit, investigate and report on adherence to the safeguarding referral process; and
- Report to Trust Board and provide assurance of the overall management of safeguarding referrals.

13. Conclusion

The Trust has a rigorous system of accountability, which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money Northern Ireland (MPMNI).

Further to considering the accountability framework within the Trust, I have taken into consideration the limited assurance provided by the Head of Internal Audit. I have sought assurance from the Senior Executive Management Team (SEMT), that where significant findings have identified weaknesses in established controls, that appropriate mitigations and actions plans are in place to address audit recommendations and improve internal controls. In addition, the Trust is taking pro-active steps to identify any other potential control issues and will address these and strengthen the organisations accountability framework. On this basis, I am content with the operation of this improved system of internal governance during the period 2019-20.

Mr Michael Bloomfield
Chief Executive
2 July 2020

Remuneration and Staff Report

Remuneration Report for the Year Ended 31 March 2020

Section 421 of The Companies Act 2006, as interpreted for the public sector, requires HSC bodies to prepare a Remuneration Report containing information about directors' remuneration. The Remuneration Report summarises the remuneration policy of the Northern Ireland Ambulance Service Health and Social Care Trust and particularly its application in connection with senior managers. The report must also describe how the Trust applies principles of good corporate governance in relation to senior managers remuneration.

Senior managers include the Chief Executive and Directors who operate at Board level and are listed overleaf and on page 47 of the Director's Report.

Remuneration Committee

The membership of the Remuneration Committee is comprised exclusively of Non-Executive Directors and the Committee is chaired by the Chair of the Trust Board. Executive Director attendance is restricted to the Chief Executive and the Director of Human Resources and Corporate Services who absent themselves at appropriate points in the meeting to prevent any issues such as an actual or perceived conflict of interest arising.

Remuneration Policy

The policy on the Remuneration of Directors and Senior Managers for current and future periods is governed and administered on the basis of the DoH Departmental Directives and Circulars on HSC Senior Executive Salaries. NIAS applies the Senior Executive Performance Management Scheme as set out within Departmental Circular HSS(SM) 1/2003. The circular sets out the following requirements which are applied within the Trust:

- The Board determines the strategic and operational corporate objectives of the Trust for the year ahead taking into account the parameters established by the Department and incorporating them within the Trust Delivery Plan;
- The Chair agrees the Chief Executive's performance objectives, undertakes a review of

performance and objectives, and completes a final report on the Chief Executive's performance each year;

- The Chief Executive agrees the individual performance objectives of Executive Directors, undertakes a review of performance and objectives, and completes a final report on Executive Director's performance each year;
- Senior Executives agree performance objectives with the Chief Executive, participate in reviews and take responsibility for personal development;
- Performance objectives are linked to Trust Delivery Plans and Strategic Plans. Performance objectives are clearly defined and measurable;
- Each Director's performance is reviewed by the Chief Executive on an annual basis. The approach adopted is based on an assessment of the Executive Director's contribution towards the achievement of agreed objectives aligned to the Trust's Strategic and Trust Delivery Plan. A similar approach is used by the Chair for the Chief Executive. Performance pay would be considered within the total pay limit determined by the DoH;
- The Remuneration Committee encourages effective appraisal of staff and scrutinises objectives for consistency, robustness and alignment with priorities. The Committee also ensures that a robust process has taken place and monitors for consistency of assessment before recommending overall banding and award for senior executives;
- The Remuneration Committee recommendations are presented to Trust Board for consideration and approval; and
- The Remuneration Committee awaits conformation from DoH in relation to outstanding executive pay awards for 2016-17, 2017-18, 2018-19 and 2019-20.

Service Contracts

All Directors, except the Medical Director and the Interim Director of Operations, in the year 2019-20 were employed on the Department of Health (NI) Senior Executive Contract. The contractual provisions applied are those detailed and contained within Circulars HSS (SM) 2/2001, for those Senior Executives appointed prior to December 2008, and HSS(SM) 3/2008 for those Senior Executives appointed in the Trust since December 2008. The Trust Medical Director is employed under a contract issued in accordance with HSC Medical Consultant Terms and Conditions of Service (Northern Ireland) 2004. The Interim Director of Operations is engaged as an Associate from the HSC Leadership Centre.

Directors

Non-Executive Directors

Mrs Nicole Lappin, Chair, appointed 1 July 2018 for a period of four years.

Mr Dale Ashford, Non-Executive Director, appointed 16 April 2018 for a period of four years.

Mr William Abraham, Non-Executive Director, initially appointed 18 May 2015 for a period of four years and reappointed 18 May 2019 to a date not later than 17 May 2023.

Mr Trevor Haslett CBE, Non-Executive Director, initially appointed 18 May 2015 for a period of four years and re-appointed 18 May 2019 to a date not later than 17 May 2023.

Mr Alan Cardwell, Non-Executive Director, initially appointed 1 August 2015 for a period of four years and reappointed 1 August 2019 to a date not later than 31 July 2023.

Mr Jim Dennison, Non-Executive Director, appointed 1 March 2019 for a period of four years.

The terms and conditions applicable to Non-Executive Directors are issued by the DoH.

Directors

Mr Michael Bloomfield, Chief Executive, appointed 19 March 2018.

Mr Brian McNeill, Director of Operations, appointed 1 June 2005. Mr McNeill took up the role of Programme Director Clinical Response Model on 1 May 2019.

Mr Robert Sowney, Interim Director of Operations, appointed 1 May 2019.

Dr Nigel Ruddell, Medical Director, appointed 1 November 2018.

Mrs Sharon McCue, Director of Finance and Information Communications Technology, appointed 4 March 2002 to 30 June 2019.

Mr Paul Nicholson, Interim Director of Finance and Information Communications Technology, appointed 1 July 2019.

Ms Roisin O'Hara, Director of Human Resources and Corporate Services, appointed 1 March 2002. Ms O'Hara took up the role of Programme Director Strategic Workforce Planning in March 2020.

Ms Michelle Lemon, Interim Director of Human Resources and Corporate Services, appointed 8 January 2020.

Ms Lynne Charlton, Director of Quality, Safety & Improvement, appointed 1 November 2019.

Duration of Contract

With the exception of Mr Robert Sowney who is engaged as an Associate from the HSC Leadership Centre, all Senior Executives are on permanent Contracts of Employment with continuation subject to satisfactory performance.

Notice Periods

A three-month' notice period is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice.

Termination Payments (Audited)

Statutory provisions only as detailed in contract. There were no payments made to directors in respect of either compensation for loss of office or early retirement during 2019-20.

Senior Employees' Remuneration (Audited)

The salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of the Trust were as follows:

	2019-20					2018-19				
Name	**Salary £000**	**Bonus / Performance pay £000**	**Benefits in Kind (Rounded to nearest £100)**	**Pensions Benefit (rounded to nearest £1,000)**	**Total £000**	**Salary £000**	**Bonus / Performance pay £000**	**Benefits in Kind (Rounded to nearest £100)**	**Pensions Benefit (rounded to nearest £1,000)**	**Total £000**
Non-Executive Directors										
Paul Archer (left 30 Jun 2018)	-	-	-	-	-	5 - 10 (25 - 30*)	-	100***	-	0 - 5
Nicole Lappin (from 1 Jul 2018)	25 - 30	-	200***	-	25 - 30	15 - 20 (25 - 30*)	-	100***	-	15 - 20
James Livingstone (to 28 Feb 2019)	-	-	-	-	-	5 - 10 (5-10*)	-	-	-	5 - 10 (5-10*)
Jim Dennison (from 1 Mar 2019)	5 - 10	-	-	-	5 - 10	0 - 5 (5-10*)	-	-	-	0 - 5 (5-10*)
William Abraham	5 - 10	-	-	-	5 - 10	5 - 10	-	-	-	5 - 10
Trevor Haslett, CBE	5 - 10	-	-	-	5 - 10	5 - 10	-	100***	-	5 - 10
Dale Ashford (from 16 Apr 2018)	5 - 10	-	100***	-	5 - 10	5 - 10	-	-	-	5 - 10
Alan Cardwell	5 - 10	-	-	-	5 - 10	5 - 10	-	100***	-	5 - 10
Directors **										
Michael Bloomfield	90 - 95	0 - 5	300***	20	115-120	90 - 95	0 - 5	300***	(54)	35 - 40
Sharon McCue**** (to 30 Jun 2019)	15 - 20 (70 - 75*)	5 - 10	100***	-	25-30	65 - 70 **** (70-75*)	0 - 5	100***	-	70 - 75
Paul Nicholson (from 01 Jul 2019)	50 - 55 (70 - 75*)	0 - 5	-	16	70-75	-	-	-	-	-
Roisin O'Hara	70 - 75	5 - 10	100***	17	95-100	70 - 75	0 - 5	-	3	70 - 75
Brian McNeill	70 - 75	5 - 10	-	(6)	80-85	70 - 75	0 - 5	-	2	70 - 75
Michelle Lemon (to 31 Aug 2018 and from 8 Jan 2020)	15 - 20 (65 - 70*)	0 - 5	-	15	35-40	20 - 25 (65 - 70*)	0 - 5	-	(2)	20 - 25
Lynne Charlton (from 01 Nov 2019)	25 - 30 (70 - 75*)	0 - 5	-	17	45-50	-	-	-	-	-
Dr Nigel Ruddell	115-120	-	-	8	120-125	110 - 115	-	-	30	140 - 145

Please note that approval in respect of the senior executive pay awards for 2016-17, 2017-18, 2018-19 or 2019-20 was not received by the date of the accounts being prepared and as such the CETV values noted overleaf have been calculated using unadjusted salary figures.

Bonuses relate to the performance in the year in which they become payable to the individual. The bonuses reported in 2019-20 relate to performance in 2018-19 and the comparative bonuses reported for 2018-19 relate to performance in 2017-18.

The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increases or decreases due to a transfer of pension rights.

The single total figure of remuneration includes salary, bonus / performance pay, benefits in kind as well as pension benefits.

* denotes full-year equivalent salary.
** During the financial year there were a number of changes to Directors as set out above and on page 83. The remuneration information disclosed above reflects the relevant directors' salaries on a pro-rata basis.
*** The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue and Custums as a taxable emolument. These include for example, travel and cycle to work scheme.
**** Reduced hours from 1 January 2018.

Senior Employees' Pension (Audited)

	2019-20				
Name	**Real Increase in Pension and Related Lump Sum at Age 60 £000s**	**Total Accrued Pension at Age 60 and Related Lump Sum £000s**	**CETV at 31/03/19 £000s**	**CETV at 31/03/20 £000s**	**Real Increase in CETV £000s**
Michael Bloomfield	0-2.5 + lump sum of 0-2.5	40-45 + lump sum of 95-100	763	805	21
Paul Nicholson	0-2.5 + lump sum of 0-2.5	25-30 + lump sum of 50-55	428	462	16
Lynn Charlton	0-2.5 + lump sum of 2.5-5	20-25 + lump sum of 40-45	285	330	31
Roisin O'Hara	0-2.5 + lump sum of 0-2.5	25-30 + lump sum of 75-80	586	618	18
Brian McNeill	0-2.5 + lump sum of 0-2.5	20-25 + lump sum of 70-75	559	590	4
Michelle Lemon	0-2.5 + lump sum of 0-2.5	15-20 + lump sum of 30-35	255	278	13
Nigel Ruddell	0-2.5 + lump sum of 0-2.5	40-45 + lump sum of 95-100	706	774	34

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Directors. In addition, no entries are provided in respect of pensions for Directors who either leave the Trust's employment or reach the applicable pensionable age during the financial year.

Cash Equivalent Transfer Value

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSC pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated in accordance with The Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2015 and do not take account of any actual or potential benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period. However, the real increase calculation uses common actuarial factors at the start and end of the period so that it disregards the effect of any changes in factors and focuses only on the increase that is funded by the employer.

Negative Results

In some cases, the real increase in CETV and the pension benefits accrued for the single total figure of remuneration can be negative – that is, there can be a real decrease. This is particularly likely to happen during periods of pay restraint and/or where inflation is higher than pay increases.

The final salary pension of a person in employment is calculated by reference to their pay and length of service. The pension will increase from one year to the next by virtue of them having an extra year's service and by virtue of any pay rise during the year. Where there is no pay rise, the increase in pension due to extra service may not be sufficient to offset the inflation increase – that is, in real terms, the pension value can reduce, hence the negative values.

Fair Pay Disclosure (Audited)

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

In accordance with Circular Reference: HSC(F) 23-2013 Amendment on Disclosure of Highest Paid Director and Median Remuneration, (Hutton Fair Pay review Disclosure) staff pay in March (excluding severance payments) should be annualised, and the salary of the highest paid Director is taken at the mid-point of the remuneration band as disclosed in the Senior Employees' Remuneration table. Total remuneration includes salary, non-consolidated performance-related pay, benefits in kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The table below outlines this relationship:

	2019-20	**2018-19**
Band of Highest Paid Directors Remuneration	£115k - £120k	£110k - £115k
Median Total Remuneration	£32,970	£31,682
Ratio	**3.56**	**3.55**

The midpoint of the remuneration band of the highest paid Director in the Northern Ireland Ambulance Service HSC Trust during the financial year was £117,500 (2019: £112,500). This was 3.56 times (2019: 3.55) the median remuneration of the workforce, which was £32,970 (2019: £31,682). Remuneration ranged from £17,652 to £115,910 (2019: £16,943 to £113,840). The median remuneration does not take account of expenditure on agency staff.

There was a negligible increase from 3.55 in 2018-19 to 3.56 in 2019-20.

Staff Report

Number of Senior Staff by Band and Gender

	Director		Non-Executive Director		Senior Staff*		Other Staff		TOTAL	
	No	**As %age**	**No**	**As %age**	**No**	**As %age**	**No**	**As %age**	**No**	**As %age**
Male	3	60.0%	5	83.3%	5	50.0%	969	68.7%	982	68.6%
Female	2	40.0%	1	16.7%	5	50.0%	441	31.3%	449	31.4%
TOTAL	**5**		**6**		**10**		**1,410**		**1,431**	

* Senior staff are considered to be those operating at Assistant Director level (Band 8b and above) and excludes those operating at Senior Manager level (Band 8a and below).

The information in the above table is taken from the Human Resources, Payroll & Travel System (HRPTS) and reflects the position of staff in post on 31 March 2020. The above figures reflect substantive posts and do not include dual employments.

Staff Policies Applied During 2019-20

The Trust aims to promote and embed a culture of equality of opportunity and human rights in the provision of patient care, within the workforce and in the development of policy. NIAS is fully committed to complying with its responsibilities to promote equality of opportunity and human rights in line with employment law and best practice. We are committed to meeting the statutory duties contained in section 75 of the Northern Ireland Act, the Human Rights Act, the Disability Discrimination Act and the Disability Discrimination (NI) Order. Employment policies operate in line with the Trust's Equality of Opportunity Policy and Equality Scheme.

During the reporting period 2019-20, a total of 65 applications were received from applicants who declared a disability. In this regard NIAS continued to meet its statutory responsibilities under the Disability Discrimination Act (NI) 1997 (DDA) by making reasonable adjustments both to the selection process itself and the appointment process.

NIAS also continues to support students attending training at the Regional Ambulance Training Centre (RATC) in respect of disabilities declared and makes appropriate reasonable adjustments to both learning and examination requirements.

During the same period NIAS continued to engage with employees where necessary to agree the provision of reasonable adjustments to their post/employment circumstances, under DDA, enabling their continued employment with the Trust.

Staff Costs (Audited)

Staff costs comprise:	2020 Permanently employed staff £000s	2020 Others £000s	2020 Total £000s	2019 Total £000s
Wages and salaries	52,203	2,768	54,971	47,525
Social security costs	5,330	0	5,330	4,718
Other pension costs	9,364	0	9,364	6,337
Sub-Total	**66,897**	**2,768**	**69,665**	**58,580**
Capitalised staff costs	252	0	252	0
Total staff costs reported in Statement of Comprehensive Net Expenditure	**67,149**	**2,768**	**69,917**	**58,580**
Less recoveries in respect of outward secondments			(26)	0
Total Net Costs			**69,891**	**58,580**

Staff costs include £nil (2019: £nil) relating to the Charitable Trust Funds.

There were £252k staff costs charged to capital projects during the year (2019: £nil).

The Trust participates in the HSC Pension Scheme. Under this multi-employer defined benefit scheme both the Trust and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. The Trust is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension Scheme has been updated to reflect current financial conditions and (a change in financial assumption methodology) will be used in 2019-20 accounts.

Average Number of Persons Employed (Audited)

The average number of whole time equivalent persons employed during the year was as follows:	2020 Permanently employed staff No.	2020 Others No.	2020 Total No.	2019 Total No.
Medical and dental	2	0	2	2
Nursing and midwifery	1	0	1	1
Professions allied to medicine	0	0	0	0
Ancillaries	3	37	40	40
Administrative & clerical	88	46	134	116
Ambulance staff	1,192	7	1,199	1,141
Works	0	0	0	0
Other professional and technical	0	0	0	0
Social services	0	0	0	0
Other	0	0	0	0
Total Average Number of Persons Employed	**1,286**	**90**	**1,376**	**1,300**
Less average staff number relating to capitalised staff costs	(6)	0	(6)	0
Less average staff number in respect of outward secondments	(1)	0	(1)	0
Total Net Average Number of Persons Employed	**1,279**	**90**	**1,369**	**1,300**

The number of persons employed include £nil (2019: £nil) relating to the Charitable Trust Funds.

Off Payroll Engagements

There was one off-payroll engagement of a board member during the financial year (2019: nil). The total number of individuals on payroll and off-payroll that have been deemed “board members” during the financial year is fourteen.

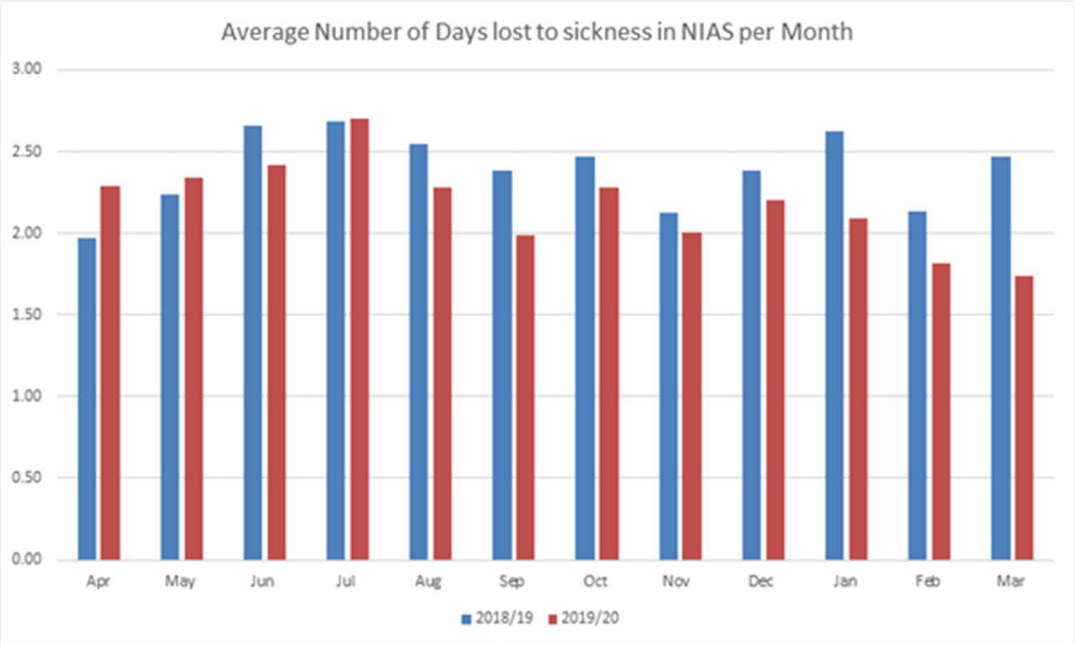
The Interim Director of Operations has been engaged as an Associate from the HSC Leadership Centre from 1 May 2019. This was during a period of exceptional change and movements of Directors. This position will be reviewed in 2020-21.

Expenditure on Consultancy

The Trust spent £nil on consultancy during the financial year (2019: £15,000).

Sickness Absence Data

Attendance management continues to present a challenge to NIAS. NIAS' sickness absence target for 2019-20, as agreed with the DoH, was to 'improve sick absence rates by 5% on 2018-19 levels'. The cumulative absence rate during 2018-19 was 11.48%, therefore the requirement in 2019-20 was to achieve an absence rate of 10.92%. The cumulative absence level at March 2020 was 10.49%. Whilst NIAS achieved its improvement target for sickness absence, it is acknowledged that sickness absence levels remain higher than average than across the HSC and NHS Trusts. Significant work has been undertaken within the Trust to address this, which will continue to have a prioritised focus.



Reporting of Early Retirement and Other Compensation Scheme - Exit Packages (Audited)

During the financial year ending 31 March 2020, there were no compulsory redundancies, or other departures where the Trust agreed an exit package (2019: nil).

Redundancy and other departure costs are paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation (Northern Ireland) Order 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at Note 3. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

Staff Benefits

The Northern Ireland Ambulance Service HSC Trust paid £nil staff benefits in 2020 (2019: £nil).

Trust Management Costs

	2020 £000s	2019 £000s
Trust management costs	5,965	5,293
Income:		
RRL	94,268	83,684
Income per Note 4	932	993
Non cash RRL for movement in clinical negligence provision	(53)	(177)
Less interest receivable	0	0
	95,147	84,500
Less adjustments as detailed in HSS (THR) 2/99	(1,115)	(585)
Total Income	**94,032**	**83,915**
% of total income	**6.34%**	**6.31%**

The above information is based on the Audit Commission's definition “M2” Trust management costs, as detailed in HSS (THR) 2/99. The adjustments above are exceptional items which may distort the management costs, for example, income from independent ambulance provider recharges to other Trusts and non-recurrent funding for projects undertaken.

Retirements due to Ill-health

During 2019-20 there was 6 early retirements from the Trust, agreed on the grounds of ill-health (2019: 7). The estimated additional pension liabilities of these ill-health retirements will be £18k (2019: £22k). These costs are borne by the HSC Pension Scheme.

ACCOUNTABILITY AND AUDIT REPORT

Funding Report

Regularity of Expenditure (Audited)

The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Northern Ireland Ambulance Service HSC Trust's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health.

The Chief Executive discharges these responsibilities through a governance framework that is tested regularly and on which annual independent assurances are obtained. This framework and the assurances obtained are set out in the Governance Statement for 2019-20 on pages 53 to 80.

The Comptroller and Auditor General provides an annual opinion to the Northern Ireland Assembly, which includes an opinion on regularity. The full Certificate and Report of the Comptroller and Auditor General is set out on pages 94 to 96.

Statement of Losses and Special Payments

Losses and special payments are items of expenditure that the NI Assembly would not have contemplated when it agreed funding to the Trust. They are subject to special controls and procedures and require specific approval in accordance with limits set by the DoH. The limit delegated to the Trust, for approval of losses, differs depending on the type of loss but all losses and special payments, irrespective of value, require approval in line with the Trusts Scheme of Delegation. Losses over a particular threshold require approval by the DoH.

Losses and Special Payments (Audited)

Losses Statement	2019-20		2018-19
	Number of Cases	£000s	£000s
Total number of losses	7		
Total value of losses		8	25

Individual losses	2019-20		2018-19
	Number of Cases	£000s	£000s
Cash losses	0	0	0
Claims abandoned	0	0	0
Administrative write-offs	0	0	0
Fruitless payments	7	8	25
Stores losses	0	0	0

Special payments	2019-20		2018-19
	Number of Cases	£000s	£000s
Total number of losses	14		
Total value of losses		198	21

Special payments		2019-20		2018-19
		Number of Cases	£000s	£000s
Compensation payments		0	0	0
	- Clinical Negligence	4	164	5
	- Public Liability	0	0	6
	- Employers Liability	6	33	8
	- Other	0	0	0
Ex-gratia payments		4	1	2
Extra contractual		0	0	0
Special severance payments		0	0	0
Total special payments		**14**	**198**	**21**

The Northern Ireland Ambulance Service HSC Trust did not make any individual payments for losses and special payments over £250k during the year (2019: £nil).

Other Payments (Audited)

The Northern Ireland Ambulance Service HSC Trust did not make any other payments during the year (2019: £nil).

Fees and Charges (Audited)

The Northern Ireland Ambulance Service HSC Trust had no income generated from fees or charges during the year (2019: £nil).

Remote Contingent Liabilities (Audited)

In addition to contingent liabilities reported within the meaning of IAS37, the Northern Ireland Ambulance Service HSC Trust also reports liabilities for which the likelihood of a transfer of economic benefit in settlement is too remote to meet the definition of a contingent liability. This is where it is not currently possible to quantify the potential impact or liabilities. See Note 21 on pages 133 to 134 of the Annual Accounts for further information.

Mr M Bloomfield
Chief Executive
2 July 2020

NORTHERN IRELAND AMBULANCE SERVICE HEALTH AND SOCIAL CARE TRUST – PUBLIC FUNDS

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on financial statements

I certify that I have audited the financial statements of the Northern Ireland Ambulance Service Health and Social Care Trust for the year ended 31 March 2020 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Group and Parent Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the group's and of Northern Ireland Ambulance Service Health and Social Care Trust's affairs as at 31 March 2020 and of the group's and the Northern Ireland Ambulance Service Health and Social Care Trust's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of Northern Ireland Ambulance Service Health and Social Care Trust in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2016, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs(UK) require me to report to you where:

- the Northern Ireland Ambulance Service Health and Social Care Trust's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Northern Ireland Ambulance Service Health and Social Care Trust have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt

about the Northern Ireland Ambulance Service Health and Social Care Trust's ability to continue to adopt the going concern basis.

Other Information

The Trust and the Accounting Officer are responsible for the other information included in the annual report. The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in the report as having been audited, and my audit certificate and report. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Opinion on other matters

In my opinion:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Responsibilities of the Trust and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Trust and the Accounting Officer are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

My objectives are to obtain evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

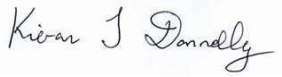
Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

Report

I have no observations to make on these financial statements.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU
24 July 2020

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

FINANCIAL STATEMENTS

Consolidated Statement of Comprehensive Net Expenditure for the year ended 31 March 2020

This account summarises the income generated and expenditure consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

		2020 £000s		2019 £000s	
	NOTE	Trust	Consolidated	Trust	Consolidated
Income**					
Revenue from contracts with customers	4.1	693	693	744	744
Other operating income*	4.2	239	244	249	535
Total Operating Income		**932**	**937**	**993**	**1,279**
Expenditure					
Staff costs	3.1	(69,665)	(69,665)	(58,580)	(58,580)
Purchase of goods and services	3.1	(9,086)	(9,086)	(7,442)	(7,442)
Depreciation, amortisation and impairment charges	3.1	(6,350)	(6,350)	(6,536)	(6,536)
Provision expense	3.1	(349)	(349)	(652)	(652)
Other expenditures	3.1	(9,731)	(9,733)	(11,420)	(11,423)
Total Operating Expenditure		**(95,181)**	**(95,183)**	**(84,630)**	**(84,633)**
Net Operating Expenditure		**(94,249)**	**(94,246)**	**(83,637)**	**(83,354)**
Finance income	4.2	0	0	0	0
Finance expense	3.1	0	0	0	0
Net Expenditure for the Year		**(94,249)**	**(94,246)**	**(83,637)**	**(83,354)**
Revenue Resource Limit (RRL) and capital grants	24.1	94,268	94,268	83,684	83,684
Add back charitable trust fund net expenditure*		0	(3)	0	(283)
Surplus / (Deficit) against RRL		**19**	**19**	**47**	**47**

OTHER COMPREHENSIVE EXPENDITURE		2020		2019	
	NOTE	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Items that will not be reclassified to net operating costs:					
Net gain / (loss) on revaluation of property, plant and equipment	5.1-2 / 9.1	(725)	(725)	1,260	1,260
Net gain / (loss) on revaluation of intangibles	6.1-2 / 9.1	0	0	0	0
Net gain / (loss) on revaluation of charitable assets		0	(19)	0	3
Items that may be reclassified to net operating costs:					
Net gain / (loss) on revaluation of investments		0	0	0	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March		**(94,974)**	**(94,990)**	**(82,377)**	**(82,091)**

The notes on pages 101 to 136 form part of these accounts.

* All donated funds have been used by Northern Ireland Ambulance Service Health and Social Care Trust as intended by the benefactor. The Trust Board as corporate trustee has delegated responsibility to the Director of Finance and ICT to manage internal disbursements. The Director of Finance and ICT ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, Departmental guidance and legislation.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Consolidated Statement of Financial Position as at 31 March 2020

This statement presents the financial position of the Trust. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

		2020		2019	
	NOTE	Trust	Consolidated	Trust	Consolidated
Non Current Assets		£000s	£000s	£000s	£000s
Property, plant and equipment	5.1-2	39,459	39,459	38,322	38,322
Intangible assets	6.1-2	182	182	364	364
Financial assets	8.1	0	283	0	297
Non current trade and other receivables	13.1	0	0	0	0
Other current assets	13.1	0	0	0	0
Total Non Current Assets		**39,641**	**39,924**	**38,686**	**38,983**
Current Assets					
Assets classified as held for sale	10.1	0	0	0	0
Inventories	11.1	101	101	101	101
Trade and other receivables	13.1	1,071	1,071	1,504	1,504
Other current assets	13.1	159	159	846	846
Current Intangible assets	13.1	0	0	0	0
Current Financial assets	8.1	0	0	0	0
Cash and cash equivalents	12.1	1,285	1,285	165	165
Total Current Assets		**2,616**	**2,616**	**2,616**	**2,616**
Total Assets		**42,257.0**	**42,540**	**41,302**	**41,599**
Current Liabilities					
Trade and other payables	14.1	(19,374)	(19,376)	(16,790)	(16,790)
Other liabilities	14.1	0	0	0	0
Intangible current liabilities	14.1	0	0	0	0
Provisions	15.3	(924)	(924)	(987)	(987)
Total Current Liabilities		**(20,298)**	**(20,300)**	**(17,777)**	**(17,777)**
Total Assets Less Current Liabilities		**21,959**	**22,240**	**23,525**	**23,822**
Non Current Liabilities					
Provisions	15.3	(2,960)	(2,960)	(2,981)	(2,981)
Other payables	14.1	0	0	0	0
Financial liabilities	8.1	0	0	0	0
Total Non Current Liabilities		**(2,960)**	**(2,960)**	**(2,981)**	**(2,981)**
Total Assets Less Total Liabilities		**18,999**	**19,280**	**20,544**	**20,841**
Taxpayers' Equity and Other Reserves					
Revaluation reserve		8,570	8,570	9,295	9,295
SoCNE reserve		10,429	10,429	11,249	11,249
Other reserves - charitable fund		0	281	0	297
Total Equity		**18,999**	**19,280**	**20,544**	**20,841**

The notes on pages 101 to 136 form part of these accounts.

The financial statements on pages 97 to 100 were approved by the Board on 2 July 2020 and were signed on its behalf by:

Ms Nicole Lappin
Chair
2 July 2020

Mr M Bloomfield
Chief Executive
2 July 2020

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Consolidated Statement of Cash Flows for the year ended 31 March 2020

The Statement of Cash Flows shows the changes in cash and cash equivalents of the Trust during the reporting period. The statement shows how the Trust generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by the Trust. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the Trust's future public service delivery.

	NOTE	2020 £000s	2019 £000s
Cash Flows from Operating Activities			
Net surplus after interest / Net operating expenditure		(94,246)	(83,354)
Adjustments for non cash costs		6,597	7,151
(Increase) / decrease in trade and other receivables		1,120	(190)
Less movements in receivables relating to items not passing through the Net Expenditure Account			
Movements in receivables relating to the sale of property, plant and equipment		0	0
Movements in receivables relating to the sale of intangibles		0	0
Movements in receivables relating to finance leases		0	0
Movements in receivables relating to PFI and other service concession arrangement contracts		0	0
(Increase) / decrease in inventories		0	5
Increase / (decrease) in trade payables		2,584	1,217
Less movements in payables relating to items not passing through the Net Expenditure Account			
Movements in payables relating to the purchase of property, plant and equipment		1,842	(733)
Movements in payables relating to the purchase of intangibles		(39)	0
Movements in payables relating to finance leases		0	0
Movements in payables relating to PFI and other service concession arrangement contracts		0	0
Use of provisions	15.1	(433)	(180)
Net Cash Outflow from Operating Activities		**(82,575)**	**(76,084)**
Cash Flows from Investing Activities			
(Purchase of property, plant & equipment)	5.1	(9,831)	(5,792)
(Purchase of intangible assets)	6.1	0	(17)
Proceeds of disposal of property, plant & equipment		131	65
Proceeds on disposal of intangibles		0	0
Proceeds on disposal of assets held for resale		0	0
Drawdown from investment fund		(5)	(283)
Share of income reinvested		0	0
Net Cash Outflow from Investing Activities		**(9,705)**	**(6,027)**
Cash Flows from Financing Activities			
Grant in aid		93,400	82,185
Capital element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		0	0
Net Financing		**93,400**	**82,185**
Net Increase / (Decrease) in Cash & Cash Equivalents in the Period		**1,120**	**74**
Cash & Cash Equivalents at the Beginning of the Period	12.1	**165**	**91**
Cash & Cash Equivalents at the End of the Period	12.1	**1,285**	**165**

The notes on pages 101 to 136 form part of these accounts.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2020

This statement shows the movement in the year on the different reserves held by the Trust, analysed into the SoCNE Reserve (which reflects a contribution from the Department of Health). The SoCNE Reserve represents the total assets less liabilities of the Trust, to the extent that the total is not represented by other reserves and financing items. The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The Charitable Fund Reserve reflects the total value of charitable donations received by the Trust which have yet to be utilised.

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Total £000s
Balance at 31 March 2018		**10,412**	**8,035**	**11**	**18,458**
Changes in Taxpayers Equity 2018-19					
Grant from DoH		82,185	0	0	82,185
Other reserves movements including transfers	14.2	2,261	0	0	2,261
Actuarial gain / (loss)		0	0	0	0
(Comprehensive expenditure for the year)		(83,637)	1,260	286	(82,091)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3.1	28	0	0	28
Balance at 31 March 2019		**11,249**	**9,295**	**297**	**20,841**
Changes in Taxpayers Equity 2019-20					
Grant from DoH		93,400	0	0	93,400
Other reserves movements including transfers		0	0	0	0
Actuarial gain / (loss)		0	0	0	0
(Comprehensive expenditure for the year)		(94,249)	(725)	(16)	(94,990)
Transfer of asset ownership		0	0	0	0
Non cash charges - auditors remuneration	3.1	29	0	0	29
Balance at 31 March 2020		**10,429**	**8,570**	**281**	**19,280**

The notes on pages 101 to 136 form part of these accounts.

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1. Authority

These financial statements have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting manual (FReM) and in accordance with the requirements of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the HSC Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Trust are described below. The have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2 Currency and Rounding

These accounts are presented in £ sterling and rounded in thousands.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise: Land, Buildings, Transport Equipment, Plant & Machinery, Information Technology, Furniture and Fittings, and Assets under Construction.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has a cost of at least £5,000; or

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building or station, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as "under construction" are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings

Land and buildings are carried at the last professional valuation, in accordance with the Royal Institution of Chartered Surveyors Global Standards & UK National Supplement in so far as these are consistent with the specific needs of the HSC.

The last valuation was carried out on 31 January 2020 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance (DoF). The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard.

Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Fair values are determined as follows:

- Land and non-specialised buildings – open market value for existing use;
- Specialised buildings – depreciated replacement cost; and
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to noncurrent assets.

Modern Equivalent Asset

DoF has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. LPS have included this requirement within the latest valuation.

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

Assets Under Construction (AUC)

Assets in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

An increase arising on revaluation is taken to the Revaluation Reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the Revaluation Reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.4 Depreciation

No depreciation is provided on freehold land, since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of “non-current assets held for sale” are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

The following asset lives have been used:

Asset Type	Asset Life
Freehold Buildings	15 - 70 years
Leasehold Property	Remaining period of lease
IT Assets	3 - 10 years
Intangible Assets	3 - 10 years
Other Equipment	3 - 15 years

1.5 Impairment Loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the Revaluation Reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the Revaluation Reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the Revaluation Reserve.

1.6 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure, which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of the Trust's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.7 Intangible Assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, patents, goodwill and intangible assets under construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to the Trust; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value. Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

1.8 Non-current Assets Held for Sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. In order to meet this definition IFRS 5 requires that the asset must be immediately available for sale in its current condition and that the sale is highly probable. A sale is regarded as highly probable where an active plan is in place to find a buyer for the asset and the sale is considered likely to be concluded within one year. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value, less any material directly attributable selling costs. Fair value is open market value, where one is available, including alternative uses.

Assets classified as held for sale are not depreciated.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount. The profit from sale of land which is a non depreciating asset is recognised within income. The profit from sale of a depreciating asset is shown as a reduced expense. The loss from sale of land or from any depreciating assets is shown within operating expenses. On disposal, the balance for the asset on the Revaluation Reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve.

Property, plant or equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract. Income relates directly to the activities of the Trust and is recognised when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

Grant in Aid

Funding received from other entities, including the Department and the Health and Social Care Board are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.11 Investments

The Northern Ireland Ambulance Service HSC Trust does not have any investments.

The Charitable Trust Funds are invested on behalf of the Northern Ireland Ambulance Service HSC Trust by the NIHPSS Common Investment Fund (see Note 1.26).

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1.12 Research and Development Expenditure

Following the introduction of the 2010 European System of Accounts (ESA10), from 2016-17 there has been a change in the budgeting treatment (a change from the revenue budget to the capital budget) of research and development (R&D) expenditure.

The Northern Ireland Ambulance Service HSC Trust's expenditure on research and development during the year was £nil.

1.13 Other Expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.14 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as Lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus / deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

The Trust as Lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.16 Private Finance Initiative (PFI) Transactions

The Northern Ireland Ambulance Service HSC Trust has had no PFI transactions during the year.

1.17 Financial Instruments

- Financial Assets

Financial assets are recognised on the Statement of Financial Position when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value. IFRS 9 introduces the requirement to consider the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the HSC Body's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument.

- Financial Liabilities

Financial liabilities are recognised on the Statement of Financial Position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

- Financial Risk Management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within Trusts in creating risk than would apply to a non public sector body of a similar size, therefore Trusts are not exposed to the degree of financial risk faced by business entities.

Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trusts in undertaking activities. Therefore, the HSC is exposed to little credit, liquidity or market risk.

- Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

- Interest Rate Risk

The Trust has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

- Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

- Liquidity Risk

Since the Trust receives the majority of its funding through its principal Commissioner, which is voted through the Assembly, it is therefore not, exposed to significant liquidity risks.

1.18 Provisions

In accordance with IAS 37, provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using DoF-issued discount rates as at 31 March 2020 of:

Rate	**Time period**	**Real rate**
Nominal	Short term (0 – 5 years)	0.51%
	Medium term (5 – 10 years)	0.55%
	Long term (10 - 40 years)	1.99%
	Very long term (40+ years)	1.99%
Inflationary	Year 1	1.90%
	Year 2	2.00%
	Into perpetuity	2.00%

The discount rate to be applied for employee early departure obligations is -0.5% with effect from 31 March 2020.

The Trust has also disclosed the carrying amount at the beginning and end of the period, additional provisions made, amounts used during the period, unused amounts reversed during the period and increases in the discounted amount arising from the passage of time and the affect of any change in the discount rate.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it.

The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1.19 Contingent Liabilities / Assets

In addition to contingent liabilities disclosed in accordance with IAS 37, the Trust discloses for Assembly reporting and accountability purposes certain statutory and non-statutory contingent liabilities where the likelihood of a transfer of economic benefit is remote, but which have been reported to the Assembly in accordance with the requirements of Managing Public Money Northern Ireland.

Where the time value of money is material, contingent liabilities, which are required to be disclosed under IAS 37, are stated at discounted amounts and the amount reported to the Assembly separately noted. Contingent liabilities that are not required to be disclosed by IAS 37 are stated at the amounts reported to the Assembly.

Under IAS 37, the Trust discloses contingent liabilities where there is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

1.20 Employee Benefits

Short-term Employee Benefits

Under the requirements of IAS 19 Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave (including untaken flexi leave) that has been earned at the year-end. This cost has been calculated using actual staff numbers and costs applied to the actual untaken leave balance as at 31 March 2020. It is not anticipated that the level of untaken leave will vary significantly from year to year.

Retirement Benefit Costs

The Trust participates in the HSC Pension Schemes. Under these multi-employer defined benefit schemes both the Trust and employees pay specified percentages of pay into the schemes and the liability to pay benefit falls to the DoH. The Trust is unable to identify its share of the underlying assets and liabilities in the schemes on a consistent and reliable basis.

The costs of early retirements are met by the Trust and charged to the Statement of Comprehensive Net Expenditure at the time the Trust commits itself to the retirement.

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme has been updated to reflect current financial conditions and (a change in financial assumption methodology) will be used in 2019-20 accounts.

1.21 Reserves

Statement of Comprehensive Net Expenditure Reserve

Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve

The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets.

Charitable Fund Reserve

The Charitable Fund Reserve reflects the total value of charitable donations received by the Trust which have yet to be utilised.

1.22 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.23 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. Details of third party assets are given in Note 23 to the accounts.

1.24 Government Grants

The note to the financial statements distinguishes between grants from the UK government entities and grants from the European Union.

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

1.25 Losses and Special Payments

Losses and special payments are items that the Northern Ireland Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HSC Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments in the Assembly Accountability section of the Annual Report is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.26 Charitable Trust Account Consolidation

The Government's Financial Reporting Manual (FReM) consolidation accounting policy requires the Trust's financial statements to consolidate the accounts of controlled charitable organisations and funds held on trust. As a result the financial performance and funds have been consolidated. The Trust has accounted for these transfers using merger accounting as required by the FReM.

It is important to note however the distinction between public funding and the other monies donated by private individuals still exists.

The Board of the Northern Ireland Ambulance Service HSC Trust as corporate trustee has delegated responsibility to manage the internal disbursements of Charitable Trust Funds to the Director of Finance & ICT. The director ensures that charitable donations received by the Trust are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions, Departmental guidance and legislation.

All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

1.27 Accounting Standards that have been Issued but have not yet been Adopted

Under IAS 8 there is a requirement to disclose those standards which have been issued but not yet adopted.

The IASB issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards were effective with EU adoption from 1 January 2014.

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2021-22, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

IFRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the latest advice from HM Treasury and the Financial Reporting Advisory Board, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2021. Management consider that on initial application, the introduction of IFRS 16 will have minimal impact on the accounts.

Management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

NOTE 2 SEGMENTAL ANALYSIS

2.1 Analysis of Net Expenditure by Segment

For operational purposes, the services provided by the Northern Ireland Ambulance Service are broadly divided into emergency and non-emergency services. The Executive Directors along with Non Executive Directors, Chairman and Chief Executive form the Trust Board which co-ordinates the activities of the Trust and is considered to be the Chief Operating Decision Maker. As the Trust Board of the Northern Ireland Ambulance Service in its capacity as the 'Chief Operating Decision Maker' receives financial information for the Trust as a whole and makes decisions based on the provision of an ambulance service for the whole of Northern Ireland, it is appropriate that the Trust reports on a one operational segment basis.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 3 STAFF COSTS AND OPERATING EXPENSES

3.1 Staff Costs and Operating Expenses

	2020		2019	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Staff costs[1]:				
Wages and salaries	54,971	54,971	47,525	47,525
Social security costs	5,330	5,330	4,718	4,718
Other pension costs	9,364	9,364	6,337	6,337
Purchase of care from non-HSC bodies	5,244	5,244	3,267	3,267
Revenue grants to voluntary organisations	0	0	1,962	1,962
Capital grants to voluntary organisations	0	0	0	0
Personal social services	0	0	0	0
Recharges from other HSC organisations	827	827	829	829
Supplies and services - Clinical	1,832	1,832	2,347	2,347
Supplies and services - General	559	559	468	468
Establishment	1,720	1,720	1,924	1,924
Transport	4,327	4,327	4,361	4,361
Premises	2,433	2,433	2,388	2,388
Bad debts	0	0	0	0
Rentals under operating leases	156	156	142	142
Rentals under finance leases	0	0	0	0
Finance cost of finance leases	0	0	0	0
Interest charges	0	0	0	0
PFI and other service concession arrangements service charges	0	0	0	0
Research & development expenditure	0	0	0	0
Clinical negligence - other expenditure	0	0	0	0
BSO services	493	493	400	400
Training	937	937	458	458
Professional fees	131	131	131	131
Patients travelling expenses	0	0	0	0
Costs of exit packages not provided for	0	0	0	0
Elective care	0	0	0	0
Other charitable expenditure	0	2	0	3
Miscellaneous expenditure	260	260	222	222
Non Cash Items				
Depreciation	6,054	6,054	6,038	6,038
Amortisation	221	221	226	226
Impairments	75	75	272	272
(Profit) on disposal of property, plant & equipment (excluding profit on land)	(131)	(131)	(65)	(65)
(Profit) on disposal of intangibles	0	0	0	0
Loss on disposal of property, plant & equipment (including land)	0	0	0	0
Loss on disposal of intangibles	0	0	0	0
Increase / Decrease in provisions (provision provided for in year less any release)	379	379	660	660
Cost of borrowing of provisions (unwinding of discount on provisions)	(30)	(30)	(8)	(8)
Auditors remuneration	29	29	28	28
Add back of notional charitable expenditure	0	0	0	0
Total	**95,181**	**95,183**	**84,630**	**84,633**

[1] Further detailed analysis of staff costs is located in the Staff Report on page 89 within the Accountability Report.

In addition to the notional auditors remuneration above, during the year the Trust received services from its External Auditor (the Northern Ireland Audit Office) to the value of nil (2019: £1K in respect of fees for the National Fraud Initiative 2018-19 exercise).

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 4 INCOME

The implementation of IFRS 15 includes a 5 stage model for the recognition of revenue from contracts with customers.

4.1 Revenue from contracts with customers

	2020		2019	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
GB / Republic of Ireland Health Authorities	0	0	0	0
HSC Trusts	390	390	440	440
Non-HSC:- Private patients	0	0	0	0
Non-HSC:- Other	303	303	304	304
Clients contributions	0	0	0	0
Total	**693**	**693**	**744**	**744**

4.2 Other Operating Income

	2020		2019	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Other income from non-patient services	213	213	249	249
Seconded staff	26	26	0	0
Charitable and other contributions to expenditure by core trust	0	0	0	0
Donations / Government grant / Lottery funding for non current assets	0	0	0	0
Charitable income received by charitable trust fund	0	5	0	286
Investment income	0	0	0	0
Research and development	0	0	0	0
Profit on disposal of land	0	0	0	0
Interest receivable	0	0	0	0
Total	**239**	**244**	**249**	**535**
TOTAL INCOME	**932**	**937**	**993**	**1,279**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 5 CONSOLIDATED PROPERTY, PLANT & EQUIPMENT

5.1 Consolidated Property, Plant & Equipment - Year Ended 31 March 2020

	Land £000s	Buildings (excluding dwellings) £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation								
At 1 April 2019	2,797	17,394	3,160	9,510	30,210	3,965	283	67,319
Indexation	0	0	0	154	387	0	0	541
Additions	0	835	2,503	557	3,557	535	3	7,990
Donations / Government grant / Lottery funding	0	0	0	0	0	0	0	0
Reclassifications	0	0	(2,437)	40	2,242	155	0	0
Transfers	0	0	0	0	(138)	0	0	(138)
Revaluation	(606)	(2,511)	0	0	0	0	(46)	(3,163)
Impairment charged to the SoCNE	0	(51)	0	0	0	0	(24)	(75)
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(5,714)	(54)	0	(5,768)
At 31 March 2020	**2,191**	**15,667**	**3,226**	**10,261**	**30,544**	**4,601**	**216**	**66,706**
Depreciation								
At 1 April 2019	0	1,767	0	6,714	18,125	2,296	95	28,997
Indexation	0	0	0	116	248	0	0	364
Reclassifications	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	(138)	0	0	(138)
Revaluation	0	(2,198)	0	0	0	0	(63)	(2,261)
Impairment charged to the SoCNE	0	0	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(5,714)	(54)	0	(5,768)
Provided during the year	0	431	0	655	4,367	581	19	6,053
At 31 March 2020	**0**	**0**	**0**	**7,485**	**16,888**	**2,823**	**51**	**27,247**
Carrying Amount								
At 31 March 2020	**2,191**	**15,667**	**3,226**	**2,776**	**13,656**	**1,778**	**165**	**39,459**
At 31 March 2019	**2,797**	**15,627**	**3,160**	**2,796**	**12,085**	**1,669**	**188**	**38,322**
Asset Financing								
Owned	2,191	15,667	3,226	2,776	13,656	1,778	165	39,459
Finance leased	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0
Carrying Amount At 31 March 2020	**2,191**	**15,667**	**3,226**	**2,776**	**13,656**	**1,778**	**165**	**39,459**

Any fall in value through negative indexation or revaluation is shown as an impairment.

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £nil (2019: £nil).

During the year the Trust had assets funded from government grants to the value of £nil (2019: nil), and no assets funded from donations (2019: £nil) or lottery funding (2019: £nil).

The carrying amount as at 31 March 2020 includes £nil (2019: £nil and 2018: £nil) relating to the Charitable Trust Funds.

recent 5-yearly valuation has attached to it, due to the worldwide impact of the pandemic, an increased level of uncertainty in terms of informing opinions of value. Whilst at this stage there is no evidence of impairment as at year-end, the future impact of COVID-19 on land and building values cannot yet be accurately assessed therefore the need for further future valuations will remain under consideration, subject to resources.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 5 CONSOLIDATED PROPERTY, PLANT & EQUIPMENT

5.2 Consolidated Property, Plant & Equipment - Year Ended 31 March 2019

	Land £000s	Buildings (excluding dwellings) £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation								
At 1 April 2018	1,950	17,421	1,441	9,317	27,255	3,398	281	61,063
Indexation	762	492	0	104	516	0	2	1,876
Additions	0	0	3,113	35	2,862	515	0	6,525
Donations / Government grant / Lottery funding	0	0	0	0	0	0	0	0
Reclassifications	0	0	(1,394)	54	1,246	94	0	0
Transfers	0	0	0	0	(42)	0	0	(42)
Revaluation	85	0	0	0	0	0	0	85
Impairment charged to the SoCNE	0	(283)	0	0	0	0	0	(283)
Impairment charged to the revaluation reserve	0	(236)	0	0	0	0	0	(236)
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(1,627)	(42)	0	(1,669)
At 31 March 2019	**2,797**	**17,394**	**3,160**	**9,510**	**30,210**	**3,965**	**283**	**67,319**
Depreciation								
At 1 April 2018	0	1,295	0	5,997	15,041	1,811	72	24,216
Indexation	0	47	0	72	345	0	1	465
Reclassifications	0	0	0	0	0	0	0	0
Transfers	0	0	0	0	(42)	0	0	(42)
Revaluation	0	0	0	0	0	0	0	0
Impairment charged to the SoCNE	0	(11)	0	0	0	0	0	(11)
Impairment charged to the revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments (indexation)	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(1,627)	(42)	0	(1,669)
Provided during the year	0	436	0	645	4,408	527	22	6,038
At 31 March 2019	**0**	**1,767**	**0**	**6,714**	**18,125**	**2,296**	**95**	**28,997**
Carrying Amount								
At 31 March 2019	**2,797**	**15,627**	**3,160**	**2,796**	**12,085**	**1,669**	**188**	**38,322**
At 31 March 2018	**1,950**	**16,126**	**1,441**	**3,320**	**12,214**	**1,587**	**209**	**36,847**
Asset Financing								
Owned	2,797	15,627	3,160	2,796	12,085	1,669	188	38,322
Finance leased	0	0	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0	0	0
Carrying Amount At 31 March 2019	**2,797**	**15,627**	**3,160**	**2,796**	**12,085**	**1,669**	**188**	**38,322**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 6 CONSOLIDATED INTANGIBLE ASSETS

6.1 Consolidated Intangible Assets - Year Ended 31 March 2020

	Software Licenses £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Payments on Account & Assets under Construction £000s	Total £000s
Cost or Valuation						
At 1 April 2019	1,043	0	30	0	0	1,073
Indexation	0	0	0	0	0	0
Additions	39	0	0	0	0	39
Donations / Government grant / Lottery funding	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
At 31 March 2020	**1,082**	**0**	**30**	**0**	**0**	**1,112**
Amortisation						
At 1 April 2019	679	0	30	0	0	709
Indexation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
Disposals	0	0	0	0	0	0
Provided during the year	221	0	0	0	0	221
At 31 March 2020	**900**	**0**	**30**	**0**	**0**	**930**
Carrying Amount						
At 31 March 2020	**182**	**0**	**0**	**0**	**0**	**182**
At 31 March 2019	**364**	**0**	**0**	**0**	**0**	**364**
Asset Financing						
Owned	182	0	0	0	0	182
Finance leased	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0
Carrying Amount At 31 March 2020	**182**	**0**	**0**	**0**	**0**	**182**

Any fall in value through negative indexation or revaluation is shown as an impairment.

During the year the Trust had no assets funded from donations, government grants or lottery funding.

The carrying amount as at 31 March 2020 includes £nil (2019: £nil and 2018: £nil) relating to the Charitable Trust Funds.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 6 CONSOLIDATED INTANGIBLE ASSETS

6.2 Consolidated Intangible Assets - Year Ended 31 March 2019

	Software Licenses £000s	Information Technology £000s	Websites £000s	Development Expenditure £000s	Payments on Account & Assets under Construction £000s	Total £000s
Cost or Valuation						
At 1 April 2018	1,040	0	30	0	0	1,070
Indexation	0	0	0	0	0	0
Additions	17	0	0	0	0	17
Donations / Government grant / Lottery funding	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
Disposals	(14)	0	0	0	0	(14)
At 31 March 2019	**1,043**	**0**	**30**	**0**	**0**	**1,073**
Amortisation						
At 1 April 2018	467	0	30	0	0	497
Indexation	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0
Transfers	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Impairment charged to the SoCNE	0	0	0	0	0	0
Impairment charged to the revaluation reserve	0	0	0	0	0	0
Disposals	(14)	0	0	0	0	(14)
Provided during the year	226	0	0	0	0	226
At 31 March 2019	**679**	**0**	**30**	**0**	**0**	**709**
Carrying Amount						
At 31 March 2019	**364**	**0**	**0**	**0**	**0**	**364**
At 31 March 2018	**573**	**0**	**0**	**0**	**0**	**573**
Asset Financing						
Owned	364	0	0	0	0	364
Finance leased	0	0	0	0	0	0
On B/S (SoFP) PFI and other service concession arrangements contracts	0	0	0	0	0	0
Carrying Amount At 31 March 2019	**364**	**0**	**0**	**0**	**0**	**364**

NOTE 7 FINANCIAL INSTRUMENTS

7.1 Financial Instruments

As the cash requirements of the Northern Ireland Ambulance Service HSC Trust are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the Trust's expected purchase and usage requirements and the Trust is therefore exposed to little credit, liquidity or market risk.

The Trust did not have any financial instruments as at 31 March 2020 (2019: £nil).

NOTE 8 INVESTMENTS

8.1 Investments

The Trust's Charitable Trust Funds are invested in the NIHPSS Common Investment Fund.

	Investments	
	2020 £000s	2019 £000s
Balance at 1 April	297	11
Additions	5	283
Disposals	0	0
Revaluations	(19)	3
Balance at 31 March	**283**	**297**
Trust	0	0
Charitable trust fund	283	297
	283	**297**

8.2 Market Value of Investments as at 31 March 2020

	Held in UK £000s	Held outside UK £000s	2020 Total £000s	2019 Total £000s
Investment properties	0	0	0	0
Investments listed on Stock Exchange	0	0	0	0
Investments in CIF	283	0	283	297
Investments in a Common Deposit Fund or Investment Fund	0	0	0	0
Unlisted securities	0	0	0	0
Cash held as part of the investment portfolio	0	0	0	0
Investments in connected bodies	0	0	0	0
Other investments	0	0	0	0
Total Market Value of Fixed Asset Investments	**283**	**0**	**283**	**297**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 9 IMPAIRMENTS

9.1 Impairments

	2020		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	75	0	75
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	0	0	0
Impairments Charged / (Credited) to Statement of Comprehensive Net Expenditure	**75**	**0**	**75**

	2019		
	Property, plant & equipment £000s	Intangibles £000s	Total £000s
Total value of impairments for the period	508	0	508
Impairments which revaluation reserve covers (shown in Other Comprehensive Expenditure Statement)	(236)	0	(236)
Impairments Charged / (Credited) to Statement of Comprehensive Net Expenditure	**272**	**0**	**272**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

10.1 Assets Classified as Held for Sale

	Transport	
	2020 £000s	**2019 £000s**
Cost		
At 1 April	46	738
Transfers in	138	42
Transfers out	0	0
(Disposals)	(15)	(734)
Impairment	0	0
At 31 March	**169**	**46**
Depreciation		
At 1 April	46	738
Transfers in	138	42
Transfers out	0	0
(Disposals)	(15)	(734)
Impairment	0	0
At 31 March	**169**	**46**
Carrying Amount at 31 March	**0**	**0**

Non current assets held for sale comprise non current assets that are held for resale rather than for continuing use within the business.

At 31 March 2020 non current assets held for resale comprise A&E Ambulances and other support vehicles.

Due to the specification of ambulance vehicles, their age and high mileage, the resale market is uncertain and most vehicles are sold through an auction house.

During the year ended 31 March 2020, vehicles with a fair value (less costs to sell) of £nil (2019: £nil) were sold.

The assets are valued at the lower of their carrying value (representing net book value) and fair value (less costs to sell).

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 11 INVENTORIES

11.1 Inventories

	2020		2019	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Pharmacy supplies	0	0	0	0
Theatre equipment	0	0	0	0
Building & engineering supplies	0	0	0	0
Fuel	26	26	26	26
Community care appliances	0	0	0	0
Laboratory materials	0	0	0	0
Stationery	14	14	14	14
Laundry	0	0	0	0
X-Ray	0	0	0	0
Stock held for resale	0	0	0	0
Orthopaedic equipment	0	0	0	0
Heat, light and power	0	0	0	0
Medical & surgical equipment	61	61	61	61
Other	0	0	0	0
Total	**101**	**101**	**101**	**101**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 12 CASH AND CASH EQUIVALENTS

12.1 Cash and Cash Equivalents

	2020		2019	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Balance at 1st April	165	165	91	91
Net change in cash and cash equivalents	1,120	1,120	74	74
Balance at 31st March	**1,285**	**1,285**	**165**	**165**

The following balances at 31 March were held at:

	2020		2019	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Commercial banks and cash in hand	1,285	1,285	165	165
Balance at 31st March	**1,285**	**1,285**	**165**	**165**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

13.1 Trade Receivables, Financial and Other Assets

	2020		2019	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Amounts Falling Due Within One Year				
Trade receivables	0	0	0	0
Deposits and advances	0	0	0	0
VAT receivable	815	815	875	875
Other receivables - not relating to fixed assets	242	242	578	578
Other receivables - relating to property plant and equipment	14	14	51	51
Other receivables - relating to intangibles	0	0	0	0
Trade and Other Receivables	**1,071**	**1,071**	**1,504**	**1,504**
Prepayments	159	159	846	846
Accrued income	0	0	0	0
Current part of PFI and other service concession arrangements prepayment	0	0	0	0
Other Current Assets	**159**	**159**	**846**	**846**
Carbon reduction commitment	0	0	0	0
Intangible Current Assets	**0**	**0**	**0**	**0**
Amounts Falling Due After More Than One Year				
Trade receivables	0	0	0	0
Deposits and advances	0	0	0	0
Other receivables	0	0	0	0
Trade and Other Receivables	**0**	**0**	**0**	**0**
Prepayments and accrued income	0	0	0	0
Other Current Assets Falling Due After More Than One Year	**0**	**0**	**0**	**0**
TOTAL TRADE AND OTHER RECEIVABLES	**1,071**	**1,071**	**1,504**	**1,504**
TOTAL OTHER CURRENT ASSETS	**159**	**159**	**846**	**846**
TOTAL INTANGIBLE CURRENT ASSETS	**0**	**0**	**0**	**0**
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**1,230**	**1,230**	**2,350**	**2,350**

The balances are net of a provision for bad debts of £nil (2019: £nil).

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

14.1 Trade Payables and Other Current Liabilities

	2020		2019	
	Trust £000s	Consolidated £000s	Trust £000s	Consolidated £000s
Amounts Falling Due Within One Year				
Other taxation and social security	1,987	1,987	1,150	1,150
VAT payable	0	0	0	0
Bank overdraft	0	0	0	0
Trade capital payables - property, plant and equipment	2,651	2,651	4,493	4,493
Trade capital payables - intangibles	39	39	0	0
Trade revenue payables	978	978	2,657	2,657
Payroll payables	9,546	9,546	6,133	6,133
VER payables	0	0	0	0
BSO payables	1,147	1,147	23	23
Other payables	1,505	1,507	979	979
Accruals	1,521	1,521	1,355	1,355
Accruals - relating to property, plant and equipment	0	0	0	0
Accruals - relating to intangibles	0	0	0	0
Deferred income	0	0	0	0
Trade and Other Payables	**19,374**	**19,376**	**16,790**	**16,790**
Current part of finance leases	0	0	0	0
Current part of long term loans	0	0	0	0
Current part of imputed finance lease element of PFI contracts and other service concession arrangements	0	0	0	0
Other Current Liabilities	**0**	**0**	**0**	**0**
Carbon reduction commitment	0	0	0	0
Intangible Current Liabilities	**0**	**0**	**0**	**0**
Total Payables Falling Due Within One Year	**19,374**	**19,376**	**16,790**	**16,790**
Amounts Falling Due After More Than One Year				
Other payables, accruals and deferred income	0	0	0	0
Trade and other payables	0	0	0	0
Clinical negligence payables	0	0	0	0
Finance leases	0	0	0	0
Imputed finance lease element of PFI contracts and other service concession arrangements	0	0	0	0
Long term loans	0	0	0	0
Total Non Current Other Payables	**0**	**0**	**0**	**0**
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**19,374**	**19,376**	**16,790**	**16,790**

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

14.2 Loans

When the Trust was established in 1995 it was funded by originating capital, known as Public Dividend Capital (PDC) and also by a loan known as Interest Bearing Debt (IBD). After a change in the way the Trusts were financed in 2007-08 the PDC Reserve and the Income and Expenditure Reserve were replaced by what is now known as the Statement of Comprehensive Net Expenditure Reserve (SoCNE). The IBD balance for NIAS was retained / frozen as at 31 March 2007 with no further payments of interest or principle required.

In order to resolve the outstanding issue, the remaining loan balance was cleared through the SoCNE Reserves in 2018-19. The Department of Health advised that as the loan had been frozen for a significant period of time, with no requirement to repay, this accounting treatment was appropriate.

	Government Loans	
	2020	2019
Amounts Falling Due:	£000s	£000s
In 1 year or less	0	0
Between 1 and 2 years	0	0
Between 2 and 5 years	0	0
In 5 years or more	0	0
Total	**0**	**0**

	2020	2019
	£000s	£000s
Wholly repayable within 5 years	0	0
Wholly repayable after 5 years, not by instalments	0	0
Wholly or partially repayable after 5 years by instalments	0	0
Total	**0**	**0**
Total repayable after 5 years by instalments	**0**	**0**
Loans wholly or partially repayable after 5 years:	**0**	**0**

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

15.1 Provisions for Liabilities and Charges - 2020

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2020 £000s
Balance at 1 April 2019	0	0	273	3,695	3,968
Provided in year	0	0	89	369	458
(Provisions not required written back)	0	0	(33)	(46)	(79)
(Provisions utilised in the year)	0	0	(227)	(206)	(433)
Cost of borrowing (unwinding of discount)	0	0	(3)	(27)	(30)
At 31 March 2020	**0**	**0**	**99**	**3,785**	**3,884**

Provisions have been made for three types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, and Injury Benefit. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Superannuation Branch. For Clinical Negligence, and Employer's and Occupier's claims, the Trust has estimated an appropriate level of provision based on professional legal advice.

The Trust has no provisions relating to either the Review of Public Administration or the Comprehensive Spending Review.

15.2 Comprehensive Net Expenditure Account Charges

	2020 £000s	2019 £'000
Arising during the year	458	685
Reversed unused	(79)	(25)
Cost of borrowing (unwinding of discount)	(30)	(8)
Total Charge within Operating Expenses	**349**	**652**

15.3 Analysis of Expected Timing of Discounted Flows - 2020

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2020 £000s
Not later than 1 year	0	0	28	896	924
Later than 1 year and not later than 5 years	0	0	21	772	793
Later than 5 years	0	0	50	2,117	2,167
At 31 March 2020	**0**	**0**	**99**	**3,785**	**3,884**

The provision in respect of other liabilities and charges comprises: £827k for Employer's and Occupier's Liability; and £2,958k for Injury Benefit.

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

15.4 Provisions for Liabilities and Charges - 2019

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2019 £000s
Balance at 1 April 2018	0	0	103	3,393	3,496
Provided in year	0	0	185	500	685
(Provisions not required written back)	0	0	(1)	(24)	(25)
(Provisions utilised in the year)	0	0	(7)	(173)	(180)
Cost of borrowing (unwinding of discount)	0	0	(7)	(1)	(8)
At 31 March 2019	**0**	**0**	**273**	**3,695**	**3,968**

Provisions have been made for four types of potential liability: Clinical Negligence, Employer's and Occupier's Liability, Injury Benefit and Industrial Tribunal. The provision for Injury Benefit relates to the future liabilities for the Trust based on information provided by the HSC Superannuation Branch. For Clinical Negligence, Employer's and Occupier's claims, as well as Industrial Tribunal claims the Trust has estimated an appropriate level of provision based on professional legal advice.

15.5 Analysis of Expected Timing of Discounted Flows - 2019

	Pensions Relating to Former Directors £000s	Pensions Relating to Other Staff £000s	Clinical Negligence £000s	Other £000s	2019 £000s
Not later than 1 year	0	0	205	782	987
Later than 1 year and not later than 5 years	0	0	21	674	695
Later than 5 years	0	0	47	2,239	2,286
At 31 March 2019	**0**	**0**	**273**	**3,695**	**3,968**

The provision in respect of other liabilities and charges comprises: £734k for Employer's and Occupier's Liability; and £2,961k for Injury Benefit.

NOTE 16 CAPITAL COMMITMENTS

16.1 Contracted Capital Commitments at 31 March not otherwise included in these Financial Statements

	2020 £000s	2019 £000s
Property, plant & equipment	749	1,084
Intangible assets	0	125
	749	**1,209**

These contracted capital commitments largely relate to partially completed capital schemes recorded as assets under construction at 31 March 2020. £691k relates to REACH and Radios with associated software and communications technology used within the ambulance fleet. £57k relates to ICT and £1k to Fleet and Estate. The Trust's fleet replacement strategy aims to replace 20% of the ambulance fleet annually. This involves the purchase of a base vehicle and subsequent conversion to a fully operational ambulance vehicle.

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Finance Leases

The Northern Ireland Ambulance Service HSC Trust has not entered into any finance leases as at either 31 March 2020 or 31 March 2019.

17.2 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods.

Obligations under operating leases comprise:	2020 £000s	2019 £000s
Land		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	0	**0**
Buildings		
Not later than 1 year	111	148
Later than 1 year and not later than 5 years	110	195
Later than 5 years	0	0
	221	**343**
Other		
Not later than 1 year	0	0
Later than 1 year and not later than 5 years	0	0
Later than 5 years	0	0
	0	**0**

Obligations under operating leases for Ambulance Stations are recorded fully under Buildings, as the leases do not split the lease cost between land and buildings.

17.3 Operating Leases - Lessor Agreements

The Northern Ireland Ambulance Service HSC Trust has not entered into any lessor agreements as at either 31 March 2020 or 31 March 2019.

NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

18.1 PFI Contracts

The Northern Ireland Ambulance Service HSC Trust has not entered into any PFI contracts as at either 31 March 2020 or 31 March 2019.

NOTE 19 OTHER FINANCIAL COMMITMENTS

19.1 Other Financial Commitments

The Northern Ireland Ambulance Service HSC Trust has not entered into any non cancellable contracts (which are not leases or PFI and other service concession arrangements contracts) as at either 31 March 2020 or 31 March 2019.

NOTE 20 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

20.1 Financial Guarantees, Indemnities and Letters of Comfort

The Trust has not entered into any of the following: quantifiable guarantees, indemnities or provided letters of comfort as at 31 March 2020 or 31 March 2019.

NOTE 21 CONTINGENT LIABILITIES

21.1 Contingent Liabilities

Material contingent liabilities are noted in the table below, where there is a 50% or less probability that a payment will be required to settle any possible obligations. The amounts or timing of any outflow will depend on the merits of each case.

	2020 £000s	2019 £000s
Clinical negligence	63	55
Public liability	2	10
Employers' liability	43	47
Other	0	0
Total	**108**	**112**

The Department of Justice has power to set the personal injury discount rate for Northern Ireland in consultation with the Government Actuary and the Department of Finance. The rate is currently 2.5% however, the Department has consulted the statutory consultees on a proposed change to the rate to -1.75%. Once their responses are received, the Minister will consider these and make a final decision. As a final decision on this consultation remains outstanding at this time significant uncertainty remains around the timing and the financial effect therefore it is not currently possible to quantify the potential impact on the Trust of any change in discount rate.

In Northern Ireland the discount rate currently has to be set in accordance with legal principles set out by the House of Lords in Wells v Wells. However, the Department also proposes to take forward a consultation on changing how the rate is set. Both England and Wales and Scotland have already made primary legislation which changed how their discount rates are set and have reviewed their rates under these new legislative frameworks.

The Trust is aware of a number of legal cases and appeals across the UK which are testing employment issues, for example payment of allowances or enhancements while on sick or annual leave. The Trust is working regionally with the Department of Health and Trade Union representatives to ascertain the impacts which these cases may have but are not in a position at this stage to quantify the liability and will keep the outcomes of these cases and their appeals under close review.

NOTE 21 CONTINGENT LIABILITIES

21.1 Contingent Liabilities (continued)

On 17 June 2019 the Court of Appeal ruled in respect of Northern Ireland Industrial Tribunal's November 2018 decision on cases taken against the PSNI on backdated Holiday Pay. The Supreme Court is currently considering whether to hear an appeal of this decision. This is an extremely rare and complex case with a significant number of issues that still need to be worked through and HSC implications determined and resolved, including further legal advice with regards to the impact of the judgement; the scope; timescales; process of appeals and engagement with Trade Unions. The legal issues arising from this judgment and the implications for the HSC sector will need further extensive consideration. Until there is further clarity on the specifics, based on the inherent uncertainties in the final decision that will be made from an HSC perspective, and the fact that there is currently neither legally nor constructively an obligation for the HSC, a possible obligation exists and a reliable estimate cannot be provided at this time, until the HSC implications are fully explored and concluded.

NOTE 22 RELATED PARTY TRANSACTIONS

22.1 Related Party Transactions

The Trust is required to disclose details of transactions with individuals who are regarded as related parties consistent with the requirements of IAS24 - Related Party Transactions. This disclosure is recorded in the Trust's Register of Interests which is maintained by the Office of the Director of Finance and ICT and is available for inspection by members of the public.

The Chief Executive, Mr M Bloomfield holds the position of Chair of the NI Confederation, which is a branch of the NHS Confederation. During the year the Trust had transactions with NHS Confederation to the value of £6,854 (2019: £5,416).

The Director of Finance and ICT, Mr P Nicholson is a committee member of the NI branch of the Healthcare Financial Management Association (HFMA). During the year the Trust had transactions with HFMA to the value of £810 (2019: £810).

In relation to the Interim Director of Operations Mr R Sowney (appointed in May 2019), his spouse was the Faculty Partnership Manager at Ulster University who was responsible for supporting the development and evaluation of the Foundation Degree in Science in Paramedic Practice from October 2017 until December 2019. During the year the Trust had transactions with Ulster University to the total value of £52,709 (2019: £12,962). From October 2019, Mr Sowney's spouse provided academic support for NIAS student paramedics as an associate consultant through the BSO HSC Leadership Centre to the value of £13,000.

During the year, none of the other board members, members of the key management staff or other related parties has undertaken any material transactions with the Northern Ireland Ambulance Service HSC Trust.

The Northern Ireland Ambulance Service HSC Trust is an arms length body of the Department of Health and as such the Department is a related party and the ultimate controlling parent with which the Trust has had various material transactions during the year. During the year the Northern Ireland Ambulance Service HSC Trust has had a number of material transactions with other entities for which the Department is regarded as the ultimate controlling parent. These entities include the Health and Social Care Board, the other five HSC Trusts, the Regulation and Quality Improvement Authority and the Business Services Organisation.

NOTE 23 THIRD PARTY ASSETS

23.1 Third Party Assets

The Trust held £nil cash at bank and in hand at 31 March 2020 which relates to monies held by the Trust on behalf of patients (2019: £nil). The Trust does not hold any monies on behalf of patients due to the nature of the service provided.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 24 FINANCIAL PERFORMANCE TARGETS

24.1 Revenue Resource Limit

The Trust is given a Revenue Resource Limit which it is not permitted to overspend.

The Revenue Resource Limit (RRL) for the Northern Ireland Ambulance Service HSC Trust is calculated as follows:

	2020 £000s	2019 £000s
HSCB	87,578	76,448
PHA	93	85
SUMDE & NIMDTA	0	0
DoH (excludes non cash)	0	0
Other Government Departments	0	0
Non cash RRL (from DoH)	6,597	7,151
Total agreed RRL	**94,268**	**83,684**
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	0	0
Adjustment for Research and Development under ESA10	0	0
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	**94,268**	**83,684**

24.2 Capital Resource Limit

The Trust is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2020 £000s	2019 £000s
Gross capital expenditure	8,029	6,542
Less charitable trust fund capital expenditure	0	0
(Receipts from sales of fixed assets)	0	0
Net Capital Expenditure	**8,029**	**6,542**
Capital Resource Limit	8,346	6,566
Adjustment for Research and Development under ESA10	0	0
Overspend / (Underspend) against CRL	**(317)**	**(24)**

NOTE 24 FINANCIAL PERFORMANCE TARGETS

24.3 Cumulative Break Even Performance

The Trust is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of RRL limits.

	2020 £000s	2019 £000s
Net Expenditure	(94,249)	(83,637)
RRL	94,268	83,684
Surplus / (Deficit) against RRL	19	47
Break Even cumulative position (opening)	899	852
Break Even cumulative position (closing)	918	899

Materiality Test:

	2020 %	2019 %
Break Even in year position as % of RRL	0.02%	0.06%
Break Even cumulative position as % of RRL	0.97%	1.07%

The Department recognises a material surplus or deficit as 0.25% of RRL. The in year break even position is therefore not considered material for any of the last 5 years. The cumulative position at 31 March 2020 is £918k (0.97% of total revenue), which is considered material. This amount is the cumulative effect of non material surpluses building each year since the inception of the Trust.

NOTE 25 POST BALANCE SHEET EVENTS

25.1 Post Balance Sheet Events

There are no post balance sheet events having a material effect on the accounts.

The Working Time (Coronavirus) (Amendment) Regulations (Northern Ireland) 2020 came into operation on 24 April 2020 and allows those workers who are unable to take annual leave as result of the pandemic to carry over up to four weeks' annual leave into the next two leave years. Any exemption will apply only to circumstances where workers are unable to take their leave as a result of the outbreak, and carry over of annual leave will be limited to the next two leave years. The change in regulations may lead to an increase in the value of accrued annual leave carried over in the next two years by the Trust. It is not possible for the Trust to give a reasonable estimate of the impact at this time.

Date Authorised for Issue

The Accounting Officer authorised these financial statements for issue on 24 July 2020.

Northern Ireland Ambulance Service HSC Trust

Ambulance Headquarters

Site 30, Knockbracken Healthcare Park

Saintfield Road, Belfast, BT8 8SG

Tel: 028 9040 0999

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Textphone: 028 9040 0871

Web: www.nias.hscni.net

NORTHERN IRELAND AMBULANCE SERVICE
HEALTH AND SOCIAL CARE TRUST

CHARITABLE TRUST FUNDS

TRUSTEE'S ANNUAL REPORT & ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2020

Northern Ireland Ambulance Service
Health and Social Care Trust

Charitable Trust Funds

Trustee's Annual Report & Accounts

For the year ended 31 March 2020

Laid before the Northern Ireland Assembly
under Article 90(5) of the Health and Personal Social Services (NI) Order 1972
(as amended by the Audit and Accountability Order 2003)
by the Department of Health on

07 August 2020

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Any enquiries regarding this document should be addressed to the Director of Finance at the following address: Northern Ireland Ambulance Service HSC Trust, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8SG.

This publication is also available for download from our website at www.nias.hscni.net.

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Introduction

Under Article 91 of the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Trust is required to prepare annual accounts in respect of endowments and other property held on trust by it in a form determined by the Department of Health (DoH). Further, under the requirements of the Accounting and Reporting by Charities: Statement of Recommended Practice (Charities SORP) (FRS102), is the requirement to produce a Trustee's Annual Report.

The Charitable Trust Funds (also known as funds held on trust) Annual Report and Accounts for the year from 01 April 2019 to 31 March 2020 include all the separately established funds for which the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) is the sole beneficiary.

Reference and Administrative Details

Contact Us

Northern Ireland Ambulance Service HSC Trust
NIAS Headquarters - Finance
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8SG

Telephone: 028 9040 0750

Email: Finance.Secretary@nias.hscni.net

Web: http://www.nias.hscni.net/

Comments

If you have any comments about this report please use the above contact details.

Trustee Arrangements

Under Article 85 of the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended), a Trust may hold and administer property on trust for purposes relating to any service which it is the Trust's function to make arrangements for, administer or provide.

The Trust Board acts as "corporate trustee" for the Charitable Trust Funds and is responsible for ensuring that these funds are held and managed separately from public funds. The members of the Trust Board during the financial year were as follows:

Non-Executive Directors

Mrs Nicole Lappin, Chair, appointed 1 July 2018 for a period of four years.

Mr Dale Ashford, Non-Executive Director, appointed 16 April 2018 for a period of four years.

Mr William Abraham, Non-Executive Director, initially appointed 18 May 2015 for a period of four years and reappointed 18 May 2019 to a date not later than 17 May 2023.

Mr Trevor Haslett CBE, Non-Executive Director, initially appointed 18 May 2015 for a period of four years and re-appointed 18 May 2019 to a date not later than 17 May 2023.

Mr Alan Cardwell, Non-Executive Director, initially appointed 1 August 2015 for a period of four years and reappointed 1 August 2019 to a date not later than 31 July 2023.

Mr Jim Dennison, Non-Executive Director, appointed 1 March 2019 for a period of four years.

Directors

Mr Michael Bloomfield, Chief Executive, appointed 19 March 2018.

Mr Brian McNeill, Director of Operations, appointed 1 June 2005. Mr McNeill took up the role of Programme Director Clinical Response Model on 1 May 2019.

Mr Robert Sowney, Interim Director of Operations, appointed 1 May 2019.

Dr Nigel Ruddell, Medical Director, appointed 1 November 2018.

Mrs Sharon McCue, Director of Finance and Information Communications Technology, appointed 4 March 2002 to 30 June 2019.

Mr Paul Nicholson, Interim Director of Finance and Information Communications Technology, appointed 1 July 2019.

Ms Roisin O'Hara, Director of Human Resources and Corporate Services, appointed 1 March 2002. Ms O'Hara took up the role of Programme Director Strategic Workforce Planning in March 2020.

Ms Michelle Lemon, Interim Director of Human Resources and Corporate Services, appointed 8 January 2020.

The Trust Board as corporate trustee has delegated responsibility for the ongoing management of funds to the Director of Finance and Information Communications Technology.

The Department for Communities appointed the NIAS Chair, Mrs Nicole Lappin, as the Chief Commissioner to the Board of the Charity Commission for Northern Ireland for a five-year period, from 1 August 2019 to 31 July 2024. For this period, the Chair is not involved in any business relating to the NIAS Charitable Trust Funds and, in line with the Trust's Standing Orders, will withdraw from any parts of Trust Board meetings where Charitable Trust Funds are discussed. In which case, the Chair of the Audit Committee shall then assume the position of Chair in line with the Standing Orders.

Professional Advisors

The Trustee employed the following professional advisors during the year:

Investment Fund

NIHPSS Charities Common Investment Fund
Belfast HSC Trust, 1st Floor Dorothy Gardner Unit,
Knockbracken Healthcare Park, Saintfield Road
Belfast BT8 8BH

Solicitors

Directorate of Legal Services
Business Services Organisation
2 Franklin Street
Belfast BT2 8DQ

Internal Auditors

Business Services Organisation - Internal Audit Service
Ballymena Office, Greenmount House
Woodside Road Industrial Estate
Ballymena BT42 4TP

External Auditors

Northern Ireland Audit Office
106 University Street
Belfast BT7 1EU

Structure, Governance and Management

The Charitable Trust Funds held by NIAS are governed by the Health and Personal Social Services (NI) Order 1972. The Trust Board acts as "corporate trustee" for the Charitable Trust Funds. The Trust Board of NIAS as corporate trustee has delegated responsibility to manage the Charitable Trust Funds to the Director of Finance and ICT. The Director of Finance and ICT oversees the day to day financial management and accounting for the Charitable Trust Funds during the year.

The Director of Finance and ICT has particular responsibility to ensure that:

- Each fund is managed appropriately with regard to its purpose and requirements;
- Spending is in accordance with the purpose of the donations and that the criteria for spending charitable monies are fully met;
- Full accounting records are maintained;
- Annual Accounts are prepared in accordance with DoH guidelines;
- Each fund is periodically reviewed and makes recommendations to the Trust Board regarding the rationalisation of funds within statutory guidelines;
- Each new charitable fund has a clearly identified purpose; and
- Devolved decision making or delegated arrangements are in accordance with the policies and procedures set out by the Board as the corporate trustee.

As required by the Charities Act (Northern Ireland) 2013, an application was submitted to the Charities Commission for Northern Ireland (CCNI) in March 2015 for the NIAS Charitable Trust Funds. However, due to the complexity surrounding the HSC charitable funds the CCNI withdrew all applications for registration by HSCNI Trusts in December 2016 in order to facilitate discussions with the Department of Health and HSCNI Trusts on the way forward. NIAS continues to work with the other HSC Trusts, the Department of Health and CCNI, in order to successfully register the charitable trust funds as a charity.

Within the NIAS Charitable Trust Funds there was one unrestricted fund and two restricted funds in the financial year. The restricted funds relate to specific regional areas and correspond with certain ambulance stations.

Charitable Trust Funds are subject to the same system of internal control as that operating in NIAS. The Annual Governance Statement in the NIAS Annual Report and Accounts reflects the system of internal control that operates throughout the Trust as a whole, which includes funds held on trust.

During the year, none of the members of the NIAS Trust Board or members of the key management staff or parties related to them has undertaken any material transactions with the Charitable Trust Funds.

There are no key management personnel employed by the Charitable Trust Funds and there are no employees. All management and administrative duties are performed by the employees of NIAS and the Charitable Trust Funds are not charged a management fee for their services.

Objectives and Activities

The objectives of the Charitable Trust Funds held by NIAS in 2019-20 were to ensure that charitable donations received by the Trust were appropriately managed, invested, expended and controlled, in a manner that was consistent with the purposes for which they were given and with the Trust's Standing Financial Instructions and Departmental guidance and legislation.

The unrestricted fund and two restricted funds, which existed in the financial year, were as follows:

- General (unrestricted);
- Newry; and
- Ballymoney.

The overall strategy of the Charitable Trust Funds is to provide support by the following means:

- Patients Expenditure: Purchase of comforts for the benefit of patients;
- Staff Expenditure: Purchase of equipment and facilities for use by ambulance staff;
- Research: Encouragement of research into any aspect of the work of the Trust;
- Capital Equipment: Purchase of additional equipment; and
- Other: Any purpose which the Trustee considers to be for the better provision of care and service for patients.

Whilst respecting the wishes of the donors, the corporate trustee has ultimate discretion to apply the Charitable Trust Funds where it is impractical to maintain the designated fund due to residual balances.

Certain schemes of expenditure are deemed not to be suitable for the application of Charitable Trust Funds, which include the following:

- Supplements to the remuneration of members of staff;
- Payments towards staff meals;
- Cash or other gifts; and
- Capital schemes contrary to Trust policy.

Financial Review, Achievements and Performance

The financial statements have been prepared in accordance with the Charities Statement of Recommended Practice (SORP), previously SORP 2005, applicable to charities preparing their accounts in accordance with FRS102 in the UK and Republic of Ireland and with relevant guidance issued by the Department of Health.

The Trustee's policy is to seek to balance the use of the Charitable Trust Funds income in a way which maximises the benefits to the Trust and patients.

The overall balance of the Charitable Trust Funds decreased by £15,941 to £281,050 as at 31 March 2020 (2019: £296,991). As at 31 March 2020, the General Fund has a balance of £251,383 (2019: £263,725) and restricted funds have a combined balance of £29,667 (2019: £33,266).

Donations received in year totalled £4,850 (2019: £257,706) to the General Fund and £nil (2019: £28,082) to restricted funds.

There were three purchases during the year totalling £2,068 (2019: £2,657) relating to staff welfare, of which £664 was funded from the General Fund (2019: £2,657) and £1,404 from restricted funds (2019: £nil). Support costs of £2,100 relate to audit fees for 2019-20 (2019: £2,000), and are only notional expenditure as there is no actual charge made to the fund accounts.

The Common Investment Fund experienced a large decrease in fund balances during the year to 31 March 2020 by £19,018 (2019: £3,260 increase). This is due to unrealised revaluation losses in the final quarter, as a result of stock markets response to the COVID-19 pandemic. Dividends, gains on the sale of the fund's investments and unrealised revaluation gains during the first three quarters of the year totalled £29,840, compared with a decrease of £48,858 in the final quarter. The Common Investment Fund has provided cumulative increases in value year on year and the last time a cumulative decrease occurred was back in 2008-09.

The Charitable Trust Funds continue to maintain balances at a level which is suitable to provide continued support as and when required.

Financial Controls

The members of the NIAS Trust Board are aware of their financial responsibilities for the money that is held on trust. Appropriate policies and procedures are in place to ensure these responsibilities are adequately discharged and these are reviewed on a regular basis.

NIAS utilises an internal audit function (commissioned from the Business Services Organisation), which operates to defined standards and whose work is informed by an analysis of risk to which the Trust is exposed and annual audit plans are based on this analysis. In 2017-18 Internal Audit included a review of the systems and controls in place for the management of the Charitable Trust Funds and a satisfactory level of assurance was provided with no significant findings being identified. Charitable Trust Funds are reviewed on a cyclical basis by audit based on a risk assessment.

Statement of Risk

The management of risk in relation to the Charitable Trust Funds is closely aligned with NIAS's risk management strategy and procedures.

Reserves Policy

The Charitable Trust Funds do not currently enter into future commitments and so has not created any reserves for this. Activities are only authorised when funding is available.

Investment Policy

In order to maximise the total return from investment of the Charitable Trust Funds, the Northern Ireland Health and Social Services Charities Common Investment Fund was established by an Order dated 30 March 1995, made by the Department of Health and Social Services under Section 25 of the Charities Act (Northern Ireland) 1964. The Charitable Trust Funds of NIAS are invested within this Common Investment Fund.

A Committee was established to manage the operations of the Common Investment Fund. During 2019-20, this Committee consisted of the following individuals:

Chairman
Mr P McNaney

Committee members
Mrs M Edwards
Mr P Morgan
Mrs F Cotter
Mrs H Minford
Mrs N McKeagney

Business Address
NIHPSS Charities Common Investment Fund
Belfast HSC Trust, 1st Floor Dorothy Gardner Unit,
Knockbracken Healthcare Park, Saintfield Road
Belfast BT8 8BH

The Committee employed the following professional advisors during the year:

Solicitors

Directorate of Legal Services
Business Services Organisation
2 Franklin Street
Belfast BT2 8DQ

Investment Managers

Brewin Dolphin Limited
Waterfront Plaza
8 Laganbank Road
Belfast BT1 3LR

Nominees

Brewin Nominees Limited
12 Smithfield Street
London EC1A 9BD

Bankers

Bank of Ireland
Donegall Place
Belfast BT51 5BX

Independent Auditors

PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Waterfront Plaza
8 Laganbank Road
Belfast BT1 3LR

NIAS does not maintain a bank account for Charitable Trust Funds, all fund monies are held in the Common Investment Fund. The Trustee does not envisage any change in the NIAS investment policy in the foreseeable future.

Plans for Future Periods

In April 2020, the NIAS Charitable Trust Funds were invited to and became a member of the Association of NHS Charities, along with the other HSC Trust Charitable Trust Funds in order that the HSC Funds could benefit from the UK wide COVID-19 NHS appeal. As a result, the NIAS Charitable Trust Funds received two grants in May 2020 totalling £42,500. These grants are treated as restricted and should be spent on enhancing the well-being of Trust staff, volunteers and patients impacted by COVID-19, as part of the Trust's COVID-19 response.

Funds will continue to be reviewed in order to utilise the funds for the benefit of both patients and staff and for the Trust as a whole. With the receipt of two large bequests in 2018-19, NIAS will review potential areas to benefit from these generous donations taking into consideration the wishes of the donors.

The Trust continues to participate in regional discussions with DoH and CCNI regarding the charity registration process. The Trust will review and seek to consolidate funds, following which the Trust will commence the process for registration with CCNI.

Funds Held as Custodian Trustee on Behalf of Others

The Trust does not act as Custodian Trustee on behalf of others.

A Big Thank You

The Trust has received numerous very generous donations of gifts from the public and businesses during the COVID-19 pandemic for Trust staff and include refreshments, toiletries, hand sanitisers and personal protective equipment. The Trust and our staff are very appreciative of these especially at this time of uncertainty.

On behalf of the staff and patients who have benefited from improvements due to donations, the Corporate Trustee would like to thank all patients, relatives and friends who have made charitable donations.

Signed on behalf of the Corporate Trustee by:

Mr Michael Bloomfield
Chief Executive
2 July 2020

NORTHERN IRELAND AMBULANCE SERVICE HEALTH AND SOCIAL CARE TRUST - CHARITABLE TRUST FUNDS

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on financial statements

I certify that I have audited the financial statements of the Northern Ireland Ambulance Service Health and Social Care Trust Charitable Trust Funds for the year ended 31 March 2020 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Statement of Financial Activities, the Balance Sheet and the related notes including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them.

In my opinion the financial statements:

- give a true and fair view of the state of Northern Ireland Ambulance Service Health and Social Care Trust's Charitable Trust Fund's affairs as at 31 March 2020 and of its incoming and expenditure of resources for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of the Northern Ireland Ambulance Service Health and Social Care Trust Charitable Trust Funds in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2016, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs(UK) require me to report to you where:

- the Northern Ireland Ambulance Service Health and Social Care Trust Charitable Trust Funds' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Northern Ireland Ambulance Service Health and Social Care Trust Charitable Trust Funds have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Northern Health and Social Care Trust Charitable Trust Funds' ability to continue to adopt the going concern basis.

Other Information

The Trust and the Accounting Officer are responsible for the other information included in the Report of the Trustees. The other information comprises the information included in the annual report other than the financial statements and my audit certificate and report. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Opinion on other matters

In my opinion the information given in the Trustees' Report for the financial year for which the financial statements are prepared, is consistent with the financial statements.

Responsibilities of the Trust and Accounting Officer for the financial statements

The Trust and the Accounting Officer are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

My objectives are to obtain evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the financial statements conform to the authorities which govern them.

Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records; or

- I have not received all of the information and explanations I require for my audit.

Report

I have no observations to make on these financial statements.

KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU

03 August 2020

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Statement of Financial Activities for the year ended 31 March 2020

	Note	Unrestricted Funds £000s	Restricted Funds £000s	Endowment Funds £000s	Total Funds 2020 £000s	Total Funds 2019 £000s
Income and Endowments						
Donations and legacies	2	5	0	0	5	286
Charitable activities		0	0	0	0	0
Other trading activities		0	0	0	0	0
Investments		7	1	0	8	0
Other		0	0	0	0	0
Total Income		**12**	**1**	**0**	**13**	**286**
Expenditure						
Raising funds		0	0	0	0	0
Charitable activities	3 - 5	(3)	(1)	0	(4)	(5)
Other		0	0	0	0	0
Total Expenditure		**(3)**	**(1)**	**0**	**(4)**	**(5)**
Net Income / (Expenditure) before Gains and Losses on Investments		**9**	**0**	**0**	**9**	**281**
Net Gains / (Losses) on Investments	8	**0**	**0**	**0**	**0**	**1**
Net Income / (Expenditure)		**9**	**0**	**0**	**9**	**282**
Transfers between Funds	7	**0**	**0**	**0**	**0**	**0**
Other Recognised Gains / (Losses)						
Gains / (losses) on revaluation of fixed assets	8	(24)	(3)	0	(27)	2
Other gains / (losses)		0	0	0	0	0
Net Movement in Funds		**(15)**	**(3)**	**0**	**(18)**	**284**
Adjustment to add back notional audit fee	5	2	0	0	2	2
Net Movement in Funds excluding Notional Audit Fee		**(13)**	**(3)**	**0**	**(16)**	**286**
Reconciliation of Funds						
Fund balances brought forward at 1 April 2019		264	33	0	297	11
Total funds carried forward at 31 March 2020		**251**	**30**	**0**	**281**	**297**

All gains and losses recognised in the reporting period are included in the Statement of Financial Activities and relate to continuing activities.

There is no material difference between the net incoming / (outgoing) resources for the reporting period stated above and their historical cost equivalents.

The notes on pages 20 to 29 form part of these accounts.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Balance Sheet as at 31 March 2020

	Note	Total Funds 2020 £000s	Total Funds 2019 £000s
Fixed Assets			
Intangible assets		0	0
Tangible assets		0	0
Heritage assets		0	0
Investments	8	283	297
Total Fixed Assets		**283**	**297**
Current Assets			
Stock		0	0
Debtors		0	0
Investments		0	0
Cash at bank and in hand		0	0
Total Current Assets		**0**	**0**
Current Liabilities			
Creditors: amounts falling due within one year	9	(2)	0
Net Current Assets / (Liabilities)		**(2)**	**0**
Total Assets less Current Liabilities		**281**	**297**
Creditors: Amounts falling due after more than one year	9	0	0
Provisions for liabilities		0	0
Total Net Assets / (Liabilities)		**281**	**297**
Funds of the Charity			
Endowment funds		0	0
Restricted income funds	10	30	33
Unrestricted funds	10	251	264
Revaluation Reserve		0	0
Total Unrestricted Funds		**251**	**264**
Total Charity Funds		**281**	**297**

The notes on pages 20 to 29 form part of these accounts.

The financial statements were approved and authorised for issue by the Corporate Trustee on 2 July 2020 and have been signed on its behalf by:

Mr W Abraham
Chair of Audit Committee*
02 July 2020

Mr M Bloomfield
Chief Executive
02 July 2020

* As detailed in Trustee Arrangements on page 8, in line with the Standing Orders the Chair of the Audit Committee assumes the position of Chair when Charitable Trust Funds are discussed, as the Chair was appointed Chief Commissioner to the Board of the Charity Commission for Northern Ireland.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Charitable Trust Fund Accounts for the year ended 31 March 2020

Notes to the Accounts

1. Accounting Policies

1(a) Basis of Preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value.

The financial statements have been prepared in accordance with the Charities Statement of Recommended Practice (Charities SORP), with additional disclosures as required by FRS102, and with relevant guidance issued by the Department of Health.

Update Bulletin 1, issued February 2016, amended the Charities SORP and a Statement of Cash Flows is now only required for larger Charities. Larger Charities include those charities with a gross income exceeding £500,000 in the reporting period. The Charitable Trust Funds held by NIAS had a gross income of less than £500,000 during 2019-20 and therefore the Charitable Trust Funds are exempt from the requirement to prepare the statement.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

The financial statements have been presented in sterling which is also the functional currency of the Charitable Trust Funds.

The Charitable Trust Funds meet the definition of a public benefit entity under FRS 102.

The financial statements have been prepared on a going concern basis.

1(b) Structure of Funds

Where there is a legal restriction on the purpose for which a fund may be used, the fund is classified either as an endowment fund, where the donor has expressly provided that only the income of the fund may be expended, or as a restricted fund, where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose.

The major funds held in each of these categories are disclosed in Note 10.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Charitable Trust Fund Accounts for the year ended 31 March 2020

Notes to the Accounts

1(c) Incoming Resources

All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:

- Entitlement – arises when a particular resource is receivable or the charity's right becomes legally enforceable;
- Probability – where there is reasonable certainty that the incoming resource will be received; and
- Measurement – when the monetary value of the incoming resources can be measured with sufficient reliability.

1(d) Income from Donations and Legacies

This includes all income received by the Charitable Trust Funds that is a gift or bequest made on a voluntary basis, for any purpose (unrestricted funds) or for a particular purpose (restricted funds).

Legacies are recognised when it is probable that they will be received.

1(e) Income from Charitable Activities

This includes income earned both from the supply of goods or services under contractual arrangements and from performance-related grants which have conditions specifying the provision of particular goods or services by the Charitable Trust Funds.

1(f) Other Income

This includes income from groups that have undertaken fundraising activities, income from charity vouchers and any other miscellaneous income.

1(g) Investment Income

This is income earned from holding assets for investment purposes and includes dividends and interest.

1(h) Resources Expended and Irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. All expenditure is recognised once there is a legal or constructive obligation committing the charity to the expenditure. Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

1(i) Expenditure on Raising Funds

This includes all expenditure incurred by a charitable fund to raise funds for its charitable purposes and includes the costs of all fundraising activities and events, non-charitable trading activities and the sale of donated goods.

1(j) Expenditure on Charitable Activities

This includes all expenditure by the Trust Funds in undertaking activities that further its charitable aims for the benefit of its beneficiaries as shown in Note 3.

These costs where not wholly attributable, are apportioned between the categories of charitable expenditure.

1(k) Allocation of Support Costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include management fees, however, NIAS does not charge the Charitable Trust Funds a management fee for provision of clerical and administration support. Support costs also include costs related to the statutory audit (see Note 5).

Support costs have been allocated within expenditure on charitable activities and the bases on which support costs have been allocated are set out in Note 4.

1(l) Fixed Asset Investments

Investments are stated at market value as at the Balance Sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluations and disposals throughout the year.

Details of movements in fixed asset investments during the year are shown in Note 8.

1(m) Realised Gains and Losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are those gains or losses arising from increases or decreases in the value of investments that have not been sold (hence unrealised) at the reporting period end. These are calculated as the difference between the carrying value at the year end and opening market value (or purchase date if late). Unrealised gains and losses are allocated across the appropriate funds (that is those funds for which investments are held) according to the closing value of funds at the year end.

1(n) Gifts in Kind

Assets given for distribution by the charity are included in the Statement of Financial Activities only when distributed.

In all cases the amount at which the gifts are brought into the account is either a reasonable estimate of their value to the charity or the amount actually realised. The basis of the valuation is disclosed in the Trustees' Annual Report.

Assets given for use by the charity (for example property for its own occupation) are included in the Statement of Financial Activities as incoming resources within Corporate Donations when receivable.

Gifts made in kind but on trust for conversion into cash and subsequent application by the charity are included on the accounting period in which the gift is sold.

1(o) Debtors

Debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

1(p) Creditors

Creditors are recognised where the Charitable Trust Funds have a present obligation resulting from a past event that will probably result in the transfer of monies to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors are normally recognised at their settlement amount after allowing for any trade discounts due.

1(q) Financial Instruments

The Charitable Trust Funds only have financial assets and liabilities that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

1(r) Going Concern

There are no material uncertainties about the Charitable Trust Funds ability to continue as a going concern.

1(s) Key Judgements and Assumptions

The Charitable Trust Funds make estimates and assumptions concerning the future. The resulting accounting estimate will, by definition, seldom equal the related actual results. The most significant areas of uncertainty that affects the carrying value of assets held by the Charitable Trust Funds are the level of investment return and the performance of investment markets.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Notes to the Accounts for the year ending 31 March 2020

Note 2 Analysis of Income from Donations and Legacies

	Unrestricted Funds £000s	Restricted Funds £000s	Endowment Funds £000s	Total Funds 2020 £000s	Total Funds 2019 £000s
Donations from individuals	5	0	0	5	286
Corporate donations	0	0	0	0	0
Legacies	0	0	0	0	0
Other	0	0	0	0	0
Total	**5**	**0**	**0**	**5**	**286**

Note 3 Analysis of Charitable Expenditure

	Grant Funded Activity £000s	Support Costs £000s	Total Funds 2020 £000s	Total Funds 2019 £000s
Medical research	0	0	0	0
Purchase of new equipment	0	0	0	0
Building and refurbishment	0	0	0	0
Staff education and welfare	2	2	4	5
Patient education and welfare	0	0	0	0
Other	0	0	0	0
Total	**2**	**2**	**4**	**5**

Note 4 Analysis of Governance and Support Costs Across Expenditure

	Staff Costs £000s	Audit £000s	Total Funds 2020 £000s	Total Funds 2019 £000s
Medical research	0	0	0	0
Purchase of new equipment	0	0	0	0
Building and refurbishment	0	0	0	0
Staff education and welfare	0	2	2	2
Patient education and welfare	0	0	0	0
Other	0	0	0	0
Total	**0**	**2**	**2**	**2**

Support costs and Governance costs are apportioned pro rata across charitable expenditure. Audit fees are notional expenditure only and there is no actual charge made to the fund accounts (see Note 5).

Note 5 Auditor's Remuneration

The auditor's remuneration of £2,100 (2019: £2,000) related solely to the audit with no other additional work undertaken (2019: £nil). This is notional expenditure only and there is no actual charge made to the fund accounts.

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Notes to the Accounts for the year ending 31 March 2020

Note 6 Trustee Remuneration

The Trust Board of NIAS acts as the corporate trustee for the Charitable Trust Funds and received no remuneration or expenses in relation to the management of the funds during the year (2019: £nil).

Note 7 Transfers between Funds

There have been no transfers between NIAS Charitable Trust Funds during the year (2019: £nil).

Note 8 Analysis of Fixed Asset Investments

8.1 Investments in a Common Investment Fund

	2020 £000s	2019 £000s
Market value at 1 April	297	11
Net cash inflow / (outflow)	5	283
Share of income	8	0
Share of realised gains / (losses)	4	1
Share of unrealised gains / (losses)	(31)	2
	283	**297**

8.2 Market Value

	Held in UK £000s	Held Outside UK £000s	2020 £000s	2019 £000s
Investment properties	0	0	0	0
Investments listed on Stock Exchange	0	0	0	0
Investments in a Common Investment Fund	283	0	283	297
Investments in a Common Deposit Fund or Investment fund	0	0	0	0
Unlisted securities	0	0	0	0
Cash held as part of the investment portfolio	0	0	0	0
Investments in connected bodies	0	0	0	0
Other investments	0	0	0	0
Total Market Value of Fixed Asset Investments	**283**	**0**	**283**	**297**

Note 9 Analysis of Creditors

9.1 Amounts falling due within one year	2020 £000s	2019 £000s
Trade creditors	**2**	0
Other creditors	0	0
Accruals	0	0
Total	**2**	**0**

9.2 Amounts falling due after more than one year

The Northern Ireland Ambulance Service HSC Trust Charitable Trust Funds had no creditor amounts due after more than one year of 31 March 2020 (2019: £nil).

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Notes to the Accounts for the year ending 31 March 2020

Note 10 Analysis of Charitable Funds

10.1 Analysis of Charitable Funds

	Balance at 1 April 2019 £000s	Incoming Resources £000s	Resources Expended £000s	Transfers £000s	Gains and Losses £000s	Balance at 31 March 2020 £000s
Endowment Funds						
Other	0	0	0	0	0	0
Endowment Funds Total	**0**	**0**	**0**	**0**	**0**	**0**
Restricted Funds						
Heart*	28	0	0	0	(2)	26
Ballymoney	2	0	(1)	0	0	1
Newry	3	0	0	0	0	3
Restricted Funds Total	**33**	**0**	**(1)**	**0**	**(2)**	**30**
Unrestricted and Material Designated Funds						
General	264	5	(1)	0	(17)	251
Unrestricted and Material Designated Funds Total	**264**	**5**	**(1)**	**0**	**(17)**	**251**
Grand Total	**297**	**5**	**(2)**	**0**	**(19)**	**281**

* This donation was received in the prior year (2018-19) and whilst it is held within the General Fund for administrative purposes, the donation does meet the definition of a restricted donation and as such is noted here and in other statements and notes under restricted funds.

10.2 Analysis of Charitable Funds

	Unrestricted Funds £000s	Restricted Funds £000s	Endowment Funds £000s	Total Funds 2020 £000s	Total Funds 2019 £000s
Fixed asset investments	251	30	0	281	297
Cash at bank and in hand	0	0	0	0	0
Current assets	0	0	0	0	0
Current liabilities	0	0	0	0	0
	251	**30**	**0**	**281**	**297**

NORTHERN IRELAND AMBULANCE SERVICE HSC TRUST

Notes to the Accounts for the year ending 31 March 2020

Note 11 Comparative figures for the Statement of Financial Activities

	Unrestricted Funds £000s	Restricted Funds £000s	Endowment Funds £000s	Total Funds 2019 £000s
Income and Endowments				
Donations and legacies	258	28	0	286
Charitable activities	0	0	0	0
Other trading activities	0	0	0	0
Investments	0	0	0	0
Other	0	0	0	0
Total Income	**258**	**28**	**0**	**286**
Expenditure				
Raising funds	0	0	0	0
Charitable activities	(5)	0	0	(5)
Other	0	0	0	0
Total Expenditure	**(5)**	**0**	**0**	**(5)**
Net Income / (Expenditure) before Gains and Losses on Investments	**253**	**28**	**0**	**281**
Net Gains / (Losses) on Investments	**1**	**0**	**0**	**1**
Net Income / (Expenditure)	**254**	**28**	**0**	**282**
Transfers between Funds	**0**	**0**	**0**	**0**
Other Recognised Gains / (Losses)				
Gains / (losses) on revaluation of fixed assets	2	0	0	2
Other gains / (losses)	0	0	0	0
Net Movement in Funds	**256**	**28**	**0**	**284**
Adjustment to add back notional audit fee	2	0	0	2
Net Movement in Funds excluding Notional Audit Fee	**258**	**28**	**0**	**286**
Reconciliation of Funds				
Fund balances brought forward at 1 April 2018	6	5	0	11
Total funds carried forward at 31 March 2019	**264**	**33**	**0**	**297**

Note 12 Commitments

The NIAS HSC Trust Charitable Trust Funds do not have any commitments as at 31 March 2020 (2019: £nil).

Note 13 Financial Guarantees, Indemnities and Letter of Comfort

The NIAS HSC Trust Charitable Trust Funds has not entered into any financial guarantees, indemnities or provided letters of comfort as at 31 March 2020 (2019: £nil).

Note 14 Related Party Transactions

The Trust Board acts as "corporate trustee" for the Charitable Trust Funds and is responsible for ensuring that these funds are held and managed separately from public funds. During the year none of the members of the NIAS HSC Trust Board or members of the key management staff or parties related to them has undertaken any material transactions with the Charitable Trust Funds.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made and are available to be inspected by the public.

The Charitable Trust Funds has not made any revenue or capital payments to the NIAS HSC Trust.

Note 15 Ultimate Holding Organisation and Registered Address

The ultimate controlling party of the Charitable Trust Funds is the NIAS Trust. Copies of the 2019-20 Annual Report and Accounts of the NIAS HSC Trust can be obtained by visiting www.nias.hscni.net; emailing finance.secretary@nias.hscni.net; or by writing to Director of Finance and ICT, NIAS HSC Trust, NIAS Headquarters, Site 30, Knockbracken Healthcare Park, Saintfield Road, BELFAST BT8 8SG.

Note 16 Post Balance Sheet Events

The NIAS Charitable Trust Funds became a member of the Association of NHS Charities in April 2020 and received two grants in May 2020 totalling £42,500 from the UK wide COVID-19 NHS appeal. These grants are treated as restricted funds and should be spent on enhancing the well-being of Trust staff, volunteers and patients impacted by COVID-19, as part of the Trust's COVID-19 response.

The Trust has received numerous very generous donations from the public and businesses during the COVID-19 pandemic for Trust staff and includes refreshments, toiletries, hand sanitisers and personal protective equipment. These have not been included in the accounts as the items were provided directly to Trust staff and it is not possible to provide reasonable accurate estimates of the quantity or value of the donations in kind provided.

Date Authorised for Issue

The Accounting Officer authorised these financial statements for issue on 3 August 2020.

Return to Agenda

TB/27/08/2020/07

Return to Agenda

Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	27 August 2020
Title of paper:	NIAS Rebuilding Services Phase 2
Brief summary:	Members will recall that the Trust Board noted Phase 1 of the Rebuilding HSC Services at the Board meeting on 27 May. Phase 1 covered the month of June while Phase 2 covers the period July – September. The Minister published the Trust rebuilding plans relating to this period on 10 July 2020.
Recommendation:	**For Approval** ☐ **For Noting** ☒
Previous forum:	n/a
Prepared and presented by: **Date:**	Ms Maxine Paterson Director of Planning, Performance & Corporate Services 20 August 2020

NI AMBULANCE SERVICE REBUILDING HSC SERVICES PLAN PHASE 2- JULY TO SEPTEMBER 2020

To consistently show compassion, professionalism and respect to the patients we care for.

The Minister of Health, Robin Swann, launched his 'Strategic Framework for Rebuilding Health and Social Care Services' in the Assembly on 9 June 2020.

Using the underpinning strategic framework, the Northern Ireland Ambulance Service Trust published our phase 1 plan on 10 June 2020. The plan examined the steps, which we at NIAS, would take to enable us to assess the first phase of rebuilding our services while charting a way forward, initially, to the end of June.

The Department of Health has subsequently lead on the development of a phase 2 plan, covering the period from 1 July 2020 to 30 September 2020. In support of this, NIAS has set out a high-level overview of the services that we plan to maintain and, where required, reinstate, as part of the Covid-19 response during July, August and September 2020.

Working together with our partners across Northern Ireland to implement the recovery of Non-Covid-19 Health and Social Care Services, we continue to plan using an agreed regional approach,

- Ensure Equity of Access for the treatment of patients across Northern Ireland;
- Minimise the transmission of Covid-19; and
- Protect the most urgent services.

As we continue to move out of the first phase, we do so in the knowledge that the emergence of any future waves of the virus will require us to respond quickly to meet the needs of our patients. We are confident that, based on our experiences over the past number of months, we will be able to adapt our services to respond to the changing needs of our patients.

Our staff have been the main reason that we effectively managed the Covid-19 response during the past three months. They will have a key role in managing the NIAS response to future waves of the virus and protecting them remains our priority. It is important that we recognise that many staff have worked tirelessly for months without rest and we must ensure that over the summer months they are able to take a suitable break to protect their health and ensure the resilience of our service during the latter half of the year.

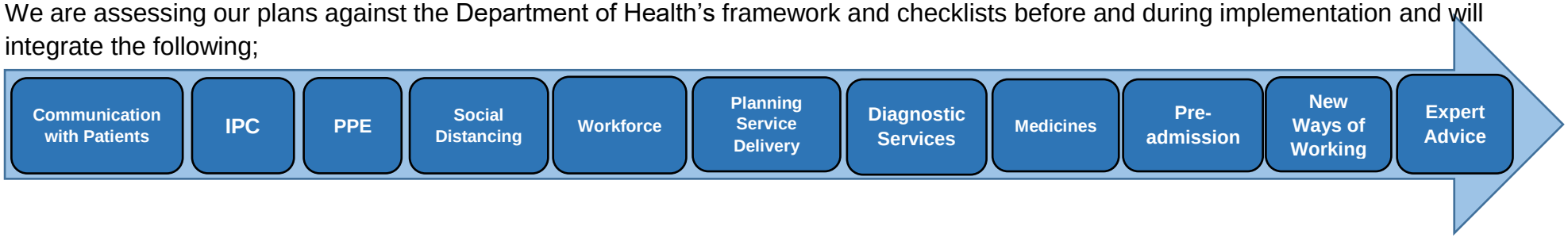
In this rebuilding phase, we will reinforce those measures that enhance the ability of our staff to respond to patients at their time of need, consequently we must ensure rigorous social distancing, cleaning and infection control as protection to the spread of the virus.

The Minister has indicated that services will not and cannot resume as before. Better ways of delivering services will require innovation, sustained investment and, crucially, society-wide support. NIAS will be part of that rebuilding process, seeking to improve with new ways of working that will bring tangible benefits to our patients, staff and HSC partners.

Rebuilding our services requires consideration of a number of factors:

- Ensuring rebuild plans focus on mitigating the highest level of risks to patients and staff;
- Considering safety and risk in respect of ensuring both an effective ongoing response to Covid-19, and the need to rebuild services on an equitable basis for the Northern Ireland population;
- Ongoing internal discussion and agreements to rebuilding plans, delivering on our commitment to co-production and engagement with our HSC partners and other relevant stakeholders to bring informed involvement in key decision-making;
- NIAS' local risks and challenges that include significant infrastructure issues;
- First Responder partner agency plans i.e. NIFRS and PSNI; and
- Issues and evidence that affects the Trust, which include new guidance, policies, legislation and governance arrangements.

We are assessing our plans against the Department of Health's framework and checklists before and during implementation and will integrate the following;



As we work through recovery and rebuilding, protecting our staff is our priority to ensure we deliver our critical service to the public. We need to manage key constraints and limit the impact these have on our workforce and patient care;

- Health and Safety requirements, including maintenance of social distancing guidelines and the availability of PPE;
- Workforce availability and flexibility across 7 day service including requirement for staff leave and continued shielding of staff;
- Rebuilding normal service capacity whilst retaining Covid-19 readiness; and
- Physical space to meet safety requirements and the impact on the delivery of our service.

We will adopt an incremental, staged approach to ensure these risks are managed appropriately. As we work to deliver services for those most in need, our absolute priority will be to keep our patients and staff safe.

What will this look like for patients?

- The way services are delivered may look and feel different. Examples of what patients and service users may be able to expect are outlined below and elements of this may form part of our public messaging during Phase 2:
- Members of the public who need an ambulance response should phone 999 as usual;
- We recognise that some of our service users may still be still shielding and/or may be concerned about travelling to hospital. We will continue to encourage patients who need to travel to hospital by ambulance to do so;
- Staff will be wearing masks and other protective covering to keep both patients and themselves safe;
- We will use our ambulances in a way that ensures social distancing guidelines are observed. This will mean a reduction in our capacity for non-emergency journeys;
- We may ask patients to wear a mask; and
- The configuration of Emergency Departments in other Trusts may mean patients are taken to a different Emergency Department than they might usually attend.

The following table outlines the NIAS' Phase 2 Rebuilding Plan, incorporating the period July to September 2020.

Our Services	What did we do during Covid-19 pandemic?	What did we do to rebuild services June 2020? (Phase 1)	What are we planning to do to rebuild services July to September 2020? (Phase 2)
Corporate	❖ Communicated with patients to support them with appropriate use of our services.	❖ We have developed a communication plan to encourage the public to continue to use our services appropriately and to reassure the public of our continued efforts to deliver safe services.	❖ Continue to deliver messages to the public and service users to keep them informed.
	❖ Recruitment to NIAS was modified during this time.	❖ We restarted recruitment processes on a priority basis.	❖ Continue to scale up recruitment processes based on corporate and strategic plans, subject to funding.
	❖ Supported the HSC with information to direct resources to most vulnerable patients.		❖ Assess the long-term benefits of information analysis commenced during COVID-19 response and its impact to service configuration across the HSC e.g. Nursing Home data.
	❖ Implemented range of front-line peer support mechanisms.		❖ Assess options to sustain peer support for staff to maintain resilience and well-being in the longer term.
		❖ Commenced targeted engagement with front-line staff to ensure the incorporation of relevant learning into our delivery model in collaboration with Trade Unions.	❖ Implement the learning and feedback from staff across the organisations to sustain innovative practices begun during COVID-19 response.
	❖ Engaged with ROI and UK Ambulance partners to ensure implementation of national best practice and the sharing of information to support effective response.		❖ Engage with partners to ensure the adoption of national ambulance service guidance, standards and protocols are adopted to maintain consistent safe and effective care.

Our Services	What did we do during Covid-19 pandemic?	What did we do to rebuild services June 2020? (Phase 1)	What are we planning to do to rebuild services July to September 2020? (Phase 2)
	❖ Suspended all programmes associated with REACH to re-deploy resources to operational support structures.		❖ Ensure any relevant learning is incorporated into implementation of the new Electronic Patient Record, which will significantly transform clinical practice and NIAS' partnership with the wider HSC.
Operations	❖ Preserved front-line ambulance response by maintaining at least 90% staffing levels by re-deploying all staff in training for Paramedic or Associated Ambulance Practitioner courses and making appropriate use of independent and voluntary sector where appropriate.	❖ We re-instated training where appropriate whilst ensuring the maintenance of our emergency response resources.	❖ We will complete training for existing students and start two new trainee AAP cohorts to build our workforce capacity. We will work closely with the Ulster University to recommence FdSc paramedic education.
	❖ Adapted ambulance response to support the re-configuration of Trust services to meet increasing numbers of COVID-19 patients.	❖ Modified destination protocols have been reviewed and adapted to meet Hospital Trusts planning for re-instatement of services.	❖ Continue to liaise with HSC Trusts regarding impact of longer journey times and associated service changes on NIAS and ensure any resource requirements and/or risks are identified.
	❖ Extended hours of operations for management support to frontline staff.	❖ We stood down extended managerial support however we monitored activity through twice daily huddles Monday – Friday to assess need to re-establish this support.	❖ The need for additional managerial support will be carefully monitored.

Our Services	What did we do during Covid-19 pandemic?	What did we do to rebuild services June 2020? (Phase 1)	What are we planning to do to rebuild services July to September 2020? (Phase 2)
	❖ Re-deployment of Covid-19 vulnerable staff to non-patient facing roles so they could continue to support infection prevention control and staff welfare functions.	❖ We established processes based on national and regional guidance to assess risks to frontline staff who have been identified as vulnerable to the impact of Covid-19.	❖ We will develop processes to support these staff and their managers in line with the emerging guidance in order to support their safety and enable their contribution to NIAS as appropriate.
Control	❖ Implemented new triage protocols to support resource escalation response. ❖ Increased usage of Hear and Treat/See and Treat response to service users. ❖ Enhanced business continuity infrastructure by implementing contingency control site.		❖ Evaluating the outcome and benefits of new protocols for telephone triage and thresholds for ambulance dispatch. ❖ Investigate how to sustain enhanced Clinical Triage via phone by a larger group of NIAS clinicians. ❖ Review benefits of development of multi-site Emergency Ambulance Control provision and implement extended resilience plan.
Patient Care Services	❖ Patient Care Services re-deployed to support Emergency Ambulance Services. ❖ Voluntary Car Service suspended.	❖ We assessed the level of Non-Emergency resources required in line with Hospital Trusts' requirements. ❖ We began to reinstate Voluntary Car Services to undertake outpatient appointments as Trust services i.e. Cancer, Renal and Day Centres scale up with appropriate risk assessment and guidelines in place.	❖ We will commence the transferring of resources back to Non-Emergency Transport duties on phased basis in line with demand. ❖ We will continue to carry out risk assessments with Volunteer Drivers to ensure they can return to duties safely, protecting themselves and service users.

Our Services	What did we do during Covid-19 pandemic?	What did we do to rebuild services June 2020? (Phase 1)	What are we planning to do to rebuild services July to September 2020? (Phase 2)
	❖ Activity of Voluntary and Private Ambulance services increased to manage additional demand in support of NIAS Emergency Services.	❖ We re-assessed the level of use of Voluntary and Private Ambulances to support A&E Services and began the process of transferring PCS vehicles to Non-Emergency work.	❖ This will be kept under review as demand for non-emergency patient journeys increases in line with hospital and outpatient services is re-configured.
Clinical	❖ Suspension of Community First Responder Schemes.	❖ We reviewed clinical evidence to assess re-instatement of Community First Responder Schemes and determined it should not be re-instated yet.	❖ In line with appropriate guidelines we will continue to risk, assess the potential to re-instate this service with the appropriate guidelines and relevant equipment (e.g., PPE).
	❖ Piloted joint plans with PSNI to enhance resilience for first responder services. ❖ Stood down Complex Case team for re-deployment in response phase.	❖ Assess impact of the collaboration to consider future opportunities.	❖ Agree framework for collaboration and partnership working to embed learning and knowledge sharing. ❖ Reinstate team to support service users in accessing the most appropriate care in the community and unlock additional resource capacity.
	❖ Suspended Helicopter Emergency Medical Service (HEMS) to re-deploy staff to support critical care operations within Hospital Services.	❖ Whilst HEMS was reinstated in April 20, during May and June we delivered a wider response by the HEMS team to non-trauma calls where critical care interventions were required.	❖ We intend to embed the extended role of the HEMs team going forward. Risk assessment will commence regarding reinstatement of the airdesk into Emergency Ambulance Control.

In order to deliver the proposed plan, it is important we recognise the funding implications and stress the necessary on-going and additional funding required to achieve our objectives i.e. the Clinical Triage infrastructure and re-instatement of Complex Case support. We have not included detail regarding the finances required to deliver this plan however, it is important to reflect the cost implications of its delivery.

NIAS is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme and the Rural Needs Act 2016. This plan is currently undergoing screening to ensure careful consideration is given to equality and rurality implications to identify potential adverse impact.

The plan has been developed in conjunction with the multidisciplinary NIAS Recovery Co-ordination Group that includes Trade Union representatives and a wide range of staff and stakeholders. A number of these staff members have liaison roles with the voluntary and private ambulance providers; some represent NIAS on regional and national fora ensuring NIAS' recovery plans are in line with the plans of other Trusts, and in line with the emerging evidence base and best practice from across the UK.

NIAS will also contribute to areas of regional focus to support the HSC in the re-configuration of services that meet the needs of the population in the following areas;

- Cancer services:
- Acute Care at home and Care homes
- Planning for further Covid-19 surges
- Rebuilding primary care services & repurposing of Covid-19 centres
- Mental Health and Social Stress
- Screening Services
- Urgent and Emergency Care
- Service Delivery Innovation

Looking Ahead

Similar to phase one, during July, August and September 2020, we will continue to build on new ways of working and provide safe and effective care. This will include;

- continued risk assessment in order to develop and evolve our ways of working in our 'new normal' including flexible and remote working where appropriate and maintaining staff and patient safety; and
- continued engagement with our frontline staff and many who led on new initiatives as part of Covid-19 Response to reflect on the many 'lessons learned.' Further work on this will be crucial to inform our plans going forward. Learning from and sharing new and innovative practices will inform our longer-term operational, strategic and financial planning as well as the wider regional priorities.

We will also continue to engage with key partners to ensure that plans are representative of and include the valuable input of those who use our services.

TB/27/08/2020/08

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Northern Ireland Ambulance Service
Health and Social Care Trust

TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	27 August 2020
Title of paper:	**Policy For The Reporting of Early Alerts to The Department of Health**
Brief summary:	Implementation of the regional **Policy For The Reporting of Early Alerts to The Department of Health**. This procedure aims to promote and provide a unified regional and organisational wide system for the reporting, recording, review and analysis of all Early Alerts. • **HSC (SQSD) 10/2010 – Establishing an Early Alert System dated 28 May 2010.** • **HSC (SQSD) 64/16 – Early Alert System dated 28 November 2016.** • **HSC (SQSD) 5/19 – Early Alert System dated 27 February 2019.** As per the Trust's Standing Orders, the Policy requires to be ratified by the Trust Board.
Recommendation:	**For Approval** ☐ **For Ratification** ☒
Previous forum:	Senior Management Team – 19 May 2020 Assurance Committee – 11 June 2020
Prepared and presented by: **Date:**	Ms Katrina Keating, Risk Manager Dr Nigel Ruddell, Medical Director 17 August 2020

Northern Ireland Ambulance Service
Health and Social Care Trust

Title:	**Policy For The Reporting of Early Alerts to The Department of Health**		
Author(s):	Katrina Keating, Risk Manager		
Ownership:	Dr Nigel Ruddell, Medical Director Lynne Charlton, Director of Quality, Safety & Improvement		
Date of SMT Approval:	19th May 2020	**Date of Trust Board Approval:**	Pending
Operational Date:	Pending	**Review Date:**	Pending
Version No:	1.0	**Supercedes:**	NEW
Key Words:	Early Alerts, Department of Health, Internal Control, Governance, Risk Management		
Other Relevant Policies / Procedures:	Corporate Risk Management Policy and Strategy, Assurance Strategy, Health and Safety Policy and Procedures, Complaints Policy, Board Assurance Framework (BAF), Information Governance Policies and Procedures, Incident Reporting Procedures		

Version Control:			
Date:	**Version:**	**Author:**	**Comments:**
May 2020	1.0	Risk Manager	Inclusion of revised DoH Guidance

1.0 INTRODUCTION:

1.1 Background:

The Early Alert System was introduced on 1 June 2010 to coincide with the transfer of responsibility for the Serious Adverse Incident system from the Department of Health (formerly known as the Department of Health, Social Services & Public Safety) to the Health & Social Care Board (HSCB) / Public Health Agency (PHA). The early alert arrangements require Chief Executives and their senior staff in Health & Social Care (HSC) to notify the Department in a prompt and timely way of events or incidents which have occurred in the services provided or commissioned by their organisations, which may require urgent attention by the Minister, Chief Professionals or policy leads, and/or require urgent regional action by the Department.

1.2 Purpose:

The purpose of this policy is to provide specific guidance on the arrangements which have been in effect from 1 June 2010 (and subsequent updates) to ensure that the Department (and thus the Minister) receive prompt and timely details of events. These may include potential serious adverse incidents (SAIs), which may require urgent attention or possible action by the Department including those of media interest.

2.0 SCOPE OF THE POLICY:

This policy is applicable to events or incidents which have occurred in the services provided or commissioned, within all service areas within the Trust.

3.0 ROLES AND RESPONSIBILITIES:

3.1 Chief Executive:

The Chief Executive is responsible for ensuring that a system is in place to notify the Department in a prompt and timely way of events or incidents which have occurred in the services provided or commissioned by their organisations, which may require urgent attention by the Minister, Chief Professionals or policy leads, and/or require urgent regional action by the Department.

3.2 Directors:

Directors are responsible for making a decision as to whether an incident, reported and escalated via normal incident reporting procedures, meets the criteria for an Early Alert, and if so to make contact with the relevant senior member of staff at Department level by telephone. They are responsible for agreeing with the Department any follow-up action as required.

Directors are responsible for ensuring the initial telephone contact is followed up in writing (using the pro forma at Appendix 1) within the timescales set out by the Department.

3.3 Assistant Directors:

Assistant Directors are responsible for ensuring that incidents which may fall within the criteria for Early Alerts within their areas of responsibility are reported to the relevant Director as a matter of urgency to allow for a decision by their respective Director as to the merits of reporting to the Department. In addition, they may also have to make the telephone call to the Department in the event the Director is not available. Assistant Directors should also ensure incidents and events are reported and escalated via normal incident reporting procedures.

3.4 Senior Managers:

Senior Managers are responsible for making staff aware of this policy and ensuring discussion with the Assistant Director of any incident which may fall within the criteria for reporting as an Early Alert. Senior Managers should also ensure incidents and events are reported and escalated via normal incident reporting procedures

3.5 All Staff:

Whist senior management are responsible for making staff aware, all staff are responsible for making themselves aware of, and adhering to, the content of this policy. All staff should also ensure incidents and events are reported and escalated via normal incident reporting procedures.

4.0 KEY POLICY PRINCIPLES:

4.1 Definitions:

Department of Health (DOH) – Department of Health (previously known as the Department of Health, Social Services and Public Safety [DHSSPS]). Also referred to as the 'Department'.

Early Alert – an incident or an event which has occurred in the services provided or commissioned by the organisation and which may require immediate attention by the Minister, Chief Professional Officers or policy leads and/or requires urgent regional action by the Department

4.2 Policy Principles:

The Early Alert system provides a channel which enables the Chief Executive and senior staff (Director level) to notify the Department, in a prompt and timely manner, of events or incidents which have occurred in any service provided by the Trust and which may require immediate attention by the Minister, Chief Professional Officers or policy leads and/or require urgent regional action by the Department.

It is important to note that this reporting system is intended to complement, not replace, existing channels of communication, both formal and informal.

Whilst it is likely that some of the notifications reported as Early Alerts will also require to be managed as serious adverse incidents (see Learning From Serious Adverse

Incidents (SAIs) Procedure, many serious adverse incidents will NOT require to be reported through the Early Alert channel.

4.0 IMPLEMENTATION OF POLICY:

5.1 Dissemination:

This policy is relevant to all levels of staff within the Trust but particularly Senior Managers, Assistant Directors and Directors within the organisation.

5.2 Resources:

The Medical Directorate is responsible for the raising of awareness, communication and delivery of awareness sessions in the application of this policy, as and when required.

5.3 Exceptions:

This policy applies to all service areas within the Trust and there are no exceptions to its application

6.0 MONITORING:

A review of the policy will be undertaken post implementation, if required, to ensure adherence to the principles and procedures outlined in this policy document. Changes will be made to the policy, as required.

7.0 EVIDENCE BASE / REFERENCES:

- Policy Circular HSC (SQSD) 10/2010 – Establishing an Early Alert System dated 28 May 2010.
- Policy Circular HSC (SQSD) 64/16 – Early Alert System dated 28 November 2016.
- Policy Circular HSC (SQSD) 5/19 – Early Alert System dated 27 February 2019.

8.0 CONSULTATION PROCESS:

This policy has been developed by the Risk Manager from the regional Early Alerts Policy. Consultation took place with Senior Managers, Assistant Directors and Directors within the organisation. The final content of the document was agreed by SMT and Assurance Committee before Trust Board approval on recommendation by the Assurance Committee.

9.0 DISSEMINATION:

With regards to dissemination this Policy will be:

- Issued to all Board Members, Chair, Non-Executive Directors, Chief Executive, Directors Assistant Directors.
- Disseminated to the required staff by Assistant Directors.

- Made available on the Internet, Intranet / SharePoint so that all employees and members of the public/stakeholders can easily have access.
- Discussed during Corporate Induction.

10.0 APPENDICES:

Appendix 1 – Process for the Reporting of Early Alerts to the Department of Health.
Appendix 2 – Early Alert System DoH Officer Contact List (February 2019).
Appendix 3 – Follow-up Pro forma for Early Alert Communication.
Appendix 4 – Process Flowchart for the Reporting of Early Alerts**.**

11.0 EQUALITY STATEMENT:

In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment, has been carried out.

The outcome of the equality screening for this procedure undertaken on 5th February 2019 is:

Major impact ☐

Minor impact ☐

No impact. ✓

12.0 SIGNATORIES:

Katrina Keating **Date: TBC 2020**
Lead Author

Dr Nigel Ruddell **Date: TBC 2020**
Lead Director

APPENDIX 1 – PROCESS FOR THE REPORTING OF EARLY ALERTS TO THE DEPARTMENT OF HEALTH (THE DEPARTMENT):

1.0 Introduction

The purpose of this guidance is to make staff aware of the arrangements which should be followed to ensure that the Department (and thus the Minister) receive prompt and timely details of events (these may include potential serious adverse incidents), which may require urgent attention or possible action by the Department including those of media interest.

1.0 Criteria for Reporting an Incident as an Early Alert

1.1 The established communications protocol between the Department and HSC organisations emphasises the principles of 'no surprises', and an integrated approach to communications. Accordingly, the Trust is required to notify the Department promptly **(within 48 hours of the event)** of any event which has occurred within Trust services which meets one or more of the following criteria:

a) Urgent regional action may be required by the Department, for example, where a risk has been identified which could potentially impact on the wider HSC service or systems;

b) The Trust is going to contact a number of patients or clients about harm or possible harm that has occurred as a result of the care they received. Typically, this does not include contacting an individual patient or client unless one of the other criteria is also met;

c) The Trust is going to issue a press release about harm or potential harm to patients or clients. This may relate to an individual patient or client;

d) The media have inquired about the event and / or there is significant media attention;

e) The PSNI is involved in the investigation of a death or serious harm that has occurred in the Trust's Services, where there are concerns that a Trust service or practice issue (whether by omission or commission) may have contributed to or caused the death of a patient or client. This does not include any deaths routinely referred to the Coroner, unless:

- There has been an event which has caused harm to a patient or client and which has given rise to a coroner's investigation; or

- Evidence comes to light during the Coroner's investigation or inquest which suggests possible harm was caused to a patient or client as a result of the treatment or care they received; or

- The Coroner's inquest is likely to attract media interest.

- The following should always be notified:

(i) The death of, or significant harm to, a child and abuse or neglect are known or suspected to be a factor;
(ii) The death of, or significant harm to, a Looked After Child or a child on the Child Protection Register;
(iii) Allegations that a child accommodated in a children's home has committed a serious offence; and
(iv) Any serious complaint about children's home or person(s) working there.

f) There has been an immediate suspension of staff due to harm to patient/client or a serious breach of statutory duties has occurred.

2.0 Operational Arrangements

2.1 The **Assistant Director** should advise the relevant Director as soon as they are made aware of the incident or event having occurred within their area of responsibility.

2.2 The Director should consider the incident description against the criteria set out for reporting under the Early Alert system and make an assessment as to whether it is reportable.

2.3 The Director (or nominee) should communicate by telephone with the senior member of staff in the **Department** (i.e. the Permanent Secretary, Deputy Secretary, Chief Professional Officer or Assistant Secretary) and also an equivalent senior executive in the **HSC Board**, and the **Public Health Agency**, as appropriate and any other relevant bodies regarding the event.

2.4 Appendix 2 provides the contact details of a range of senior Departmental staff together with an indication of their respective areas of responsibility. The senior officers are not listed in order of contact. Should a senior officer with responsibility for an area associated with an event not be available, please proceed to contact any senior officer on the list. The list of names is up to date as at February 2019 but contact details should not change even if individual staff members do.

2.5 The next steps should be agreed during the call and appropriate follow-up action taken by the relevant parties.

2.6 The Director (or nominee) will arrange for the follow-up pro forma to be fully completed (to include names of person(s) affected where applicable) as soon as possible after the event but no later than 24 hours from the original telephone report (Appendix 3). The pro forma must be marked 'important' for processing and forwarded to the Risk Manager and the Media and Communications Manager. The Risk Manager will action during working hours (Katrina.Keating@nias.hscni.net) and the Media and Communications Manager (John.McPoland@nias.hscni.net) with action outside of normal working hours.

2.7 The Risk Management Team will insert the appropriate reference number, anonymise the content as necessary and issue to the Department and HSCB early alerts mailbox within 24 hours of the initial telephone notification at 3.3. At no time should the completed proforma be forwarded to the Department or HSCB by anyone other than the **Risk Management Team or the Media and Communications Team**.

2.8 The proforma will be issued simultaneously by the **Risk Management Team or the Media and Communications Team** to Directors, Non-Executive Directors, the relevant Assistant Director, the Communications Manager or Risk Management Team as appropriate and any other relevant officers as deemed appropriate (via email). The relevant Assistant Director must inform local management as appropriate.

2.9 An update and decision on whether the file can be closed or further follow up is required must be provided to the **Risk Management Team no later than 4 weeks** after the reporting date. This update will be provided to the HSCB and/or Department by the **Risk Management Team** on receipt. The relevant Assistant Director is responsible for this update and instruction to close.

2.10 There may be occasions when Directors feel it is appropriate to provide updates to the Department on an Early Alert which has already been reported, and where there has been a considerable passage of time since the initial report, with possible Ministerial personnel changes. It may be appropriate, therefore, for the Director (or nominee) to communicate with a senior member of staff in the Department of Health (i.e. the Permanent Secretary, Deputy Secretary, Chief Professional officer or Assistant Secretary) regarding the update. This is not mandatory, however it is considered to be good practice. Any telephone update should be advised to the **Risk Management Team** to allow for a written update to be provided also. Any such update will also be provided to the HSCB by the Risk Management Team.

2.11 It is the responsibility of the Trust to comply with any other possible requirements to report or investigate the event being reported in line with any other relevant applicable guidance or protocols [e.g. Police Service for Northern Ireland (PSNI), Health & Safety Executive (HSENI), Professional Regulatory Bodies, the Coroner etc. This should include compliance with GDPR requirements for information contained in the Early Alert proforma and the mandatory requirement to notify the Information Commissioner's Office (ICO) about any reportable personal data breaches. The information contained in the proforma should relate only to the key issue and it should not contain any personal data.

APPENDIX 2 – EARLY ALERT SYSTEM DEPARTMENTAL (DOH) OFFICER CONTACT LIST (FEBRUARY 2019):

Healthcare Policy Group

- **Deputy Secretary**
  Jackie Johnston - 028 9052 3724

- **Primary Care/ Out of Hours Services**
  Chris Matthews 02890522123

- **Secondary Care**
  Kiera Lloyd - 028 9052 2617

- **Workforce Policy/ Human Resources**
  Andrew Dawson - 028 9052 2388

Resources and Performance Management Group

- **Deputy Secretary**
  Deborah McNeilly – 028 9052 2667

- **Capital Development**
  Brigitte Worth – 028 9052 3184

- **Information Breaches/ Data Protection**
  La'Verne Montgomery – 028 90520501

- **Finance Director**
  Neelia Lloyd – 028 9052 2466

Social Services Policy Group

- **Chief Social Services Officer**
  Sean Holland – 028 90520561

- **Child Protection/ Looked After Children (LAC)**
  Eilis McDaniel – 028 9052 3263

- **Mental Health/ Learning Disability/ Elderly & Community Care**
  Mark Lee 02890520724

- **Social Services**
  Jackie McIlroy – 028 9052 0704

Early Alert System - Departmental (DoH) Officer Contact List cont'd…

Chief Medical Officer Group

- **Chief Medical Officer**
  Dr Michael McBride – 028 9052 0563

- **Deputy Chief Medical Officer**
  TBC

- **Population Health**
  Liz Redmond – 028 9052 2045

- **Chief Dental Officer**
  Simon Reid – 028 9052 2940

- **Acting Chief Pharmaceutical Officer**
  Cathy Harrison – 028 9052 3236

- **Senior Medical Officers**
  Dr Carol Beattie – 028 9052 0717
  Dr Naresh Chada – 028 9052 2049
  Dr Gillian Armstrong – 028 9052 8386 – Healthcare-Associated Infections (HCAI – both confirmed and unconfirmed)

Chief Nursing Officer

- **Chief Nursing Officer**
  Charlotte McArdle – 028 9052 0562

- **Deputy Chief Nursing Officer**
  Heather Finlay Interim – 028 9052 0007

APPENDIX 3 – FOLLOW-UP PRO-FORMA FOR EARLY ALERT COMMUNICATION:

Initial call made to [ ] **(DoH)** [ ]
DATE

Follow-up Pro-forma for Early Alert Communication:

Details of Person making Notification:

Name [ ] Organisation [ ]

Position [ ] Telephone [ ]

Criteria (from paragraph 1.3) under which event is being notified (tick as appropriate)

1. ***Urgent regional action***
2. ***Contacting patients/clients about possible harm***
3. ***Press release about harm***
4. ***Regional media interest***
5. ***Police involvement in investigation***
6. ***Events involving children***
7. ***Suspension of staff or breach of statutory duty***

Brief summary of event being communicated: ***If this relates to a child please specify DOB, legal status, placement address if in RCC. If there have been previous events reported of a similar nature please state dates and reference number. In the event of the death or serious injury to a child - Looked After or on CPR - Please confirm report has been forwarded to Chair of Regional CPC.***

[ ]

Appropriate contact within the organisation should further detail be required:

Name of appropriate contact: [ ]

Contact details:

Email address (work or home) …….....……

Mobile (work or home) ……..… Telephone (work or home) ……....

Forward pro-forma to the Department at: earlyalert@health-ni.gov.uk and the HSC Board at: earlyalert@hscni.net

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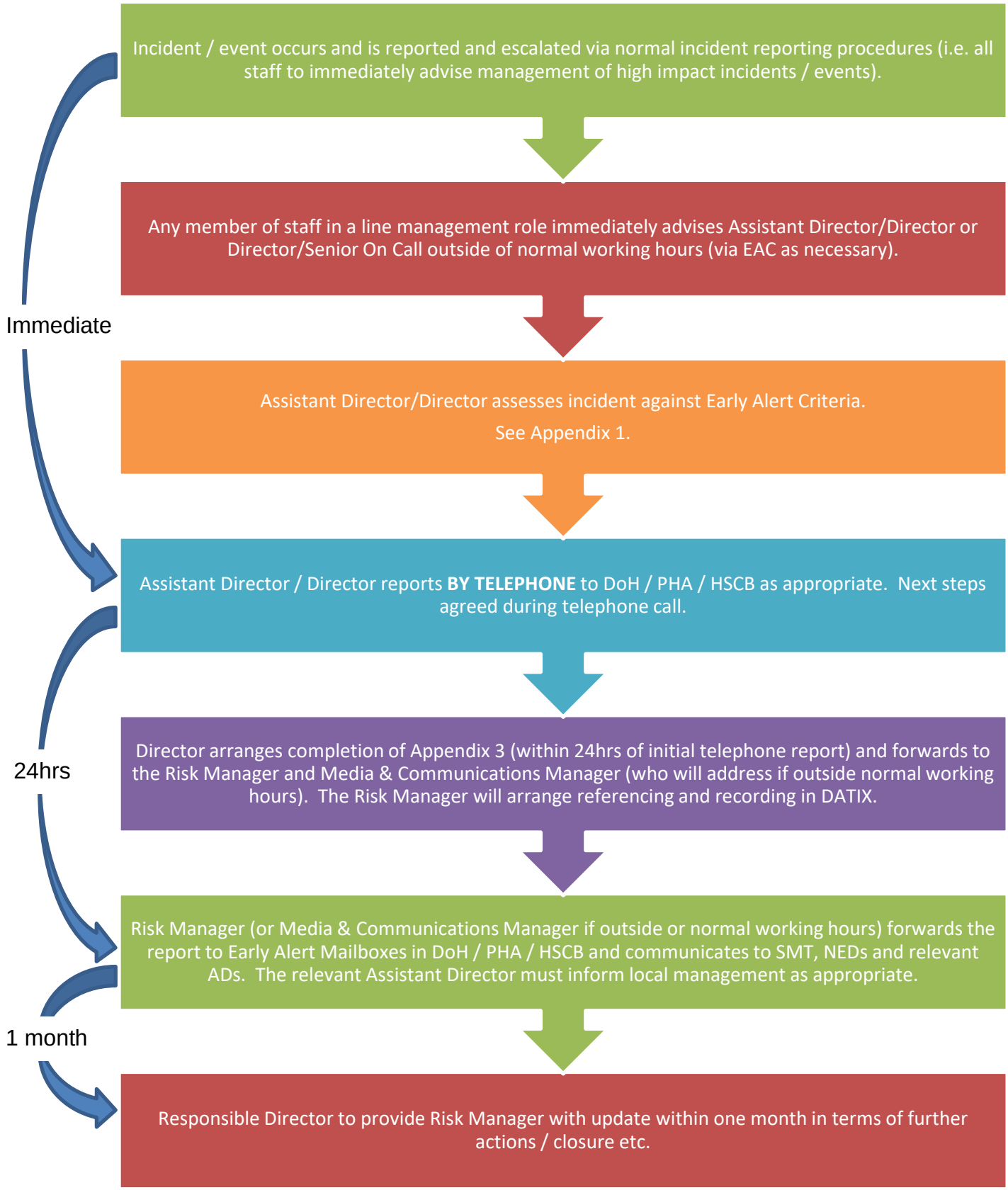
FOR COMPLETION BY DoH:

Early Alert Communication received by: ……..... Office: …….....……..

Forwarded for consideration and appropriate action to: …….....…… Date: ….....

Detail of follow-up action (if applicable) …….....……

APPENDIX 4 – PROCESS FLOWCHART FOR THE REPORTING OF EARLY ALERTS:



APPENDIX 5 –TEMPLATE TO ASSIST IN THE REPORTING OF EARLY ALERTS (PATIENT UNABLE TO ACCESS ED):

On Date: XX.XX.XX at 00.00hrs NIAS ambulance crews were unable to gain access to the Emergency Department at XXXXXXX Hospital, XXXXXXX Trust.

"No access" was communicated to NIAS by Name/ position to Name/ position (NIAS) via telephone / verbally on site/ and or by email (attach copy if available)
Reason given for denying access was "XXXXX" (e.g. "no beds available; no trollies available; x patients in the corridor ")

Summary of NIAS resources at above hospital at the time:

XX crews on site
XX patients booked in and waiting on trolley in corridor
XX cohorted patients
XX patients held outside waiting in ambulance (Detail Time from and to)

- (Crew XX) 00.00hr to 00.00hrs
- (Crew XX) 00.00hr to 00.00hrs

XX patients in total were transferred from by NIAS from the "inaccessible" ED to alternative hospitals;

- patient 1 (condition) at 00.00hrs **to XXXXXXX Hospital)**
- patient 2 (condition) at 00.00hrs **to XXXXXXX Hospital)**

A Receiver was/ was not on duty at the time (00.00hr to 00.00hrs)
A HALO was/ was not on duty at the time (00.00hr to 00.00hrs)

Senior NIAS staff did/ did not attend ED in person. Name/ position at 00.00hrs
NIAS did / did not apply "smoothing" from 00.00hr to 00.00hrs of XX patients (to XXXXXXX hospital from the above hospital)
Access to the ED resumed at 00.00hrs communicated to NIAS by Name/ position to Name/ position (NIAS) via telephone / verbally on site/ and or by email (attach copy if available)
Risk Manager notified via Datix logged by Name/ position on Date: XX.XX.XX at 00.00hrs
Date/ time Draft forwarded to CEX/Director Operations for consideration of raising formal Early Alert and placing the initial phone call to the Department of Health as per agreed protocol.

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Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE ASSURANCE COMMITTEE HELD AT 10AM ON WEDNESDAY 27 MAY 2020 (VIA ZOOM DUE TO COVID-19-19)

PRESENT:	Mr D Ashford	-	Committee Chair
	Mr W Abraham	-	Non Executive Director
	Mr T Haslett	-	Non Executive Director
IN ATTENDANCE:	Mr M Bloomfield	-	Chief Executive
	Ms L Charlton	-	Director of Quality, Safety & Improvement
	Ms M Lemon	-	Interim Director of Human Resources
	Mr B McNeill	-	CRM Programme Director
	Mr P Nicholson	-	Interim Director of Finance
	Ms R O'Hara	-	Programme Director – Strategic Workforce Planning
	Ms M Paterson	-	Director of Planning, Performance & Corporate Services
	Dr N Ruddell	-	Medical Director
	Mr R Sowney	-	Interim Director of Operations
	Ms K Keating	-	Risk Manager
	Mrs C Mooney	-	Board Secretary

1 Apologies

No apologies were noted.

The Chair conveyed his thanks to the previous Chair, Mr Trevor Haslett, and to those Directors who had met with him over the last number of weeks in his role as Committee Chair. He pointed out that, in order to facilitate today's meeting, a number of agenda items had been transferred to the meeting scheduled to take place on 11 June.

2 Procedure

2.1 Declaration of Potential Conflicts of Interest

There were no declaration of conflicts of interest.

2.2 Quorum

The Chair confirmed the Committee as quorate.

2.3 Confidentiality of Information

The Chair emphasised the confidentiality of information.

3 Previous Minutes (AC27/5/20/01)

It was noted that the minutes of the previous meeting which had taken place on 15 October 2019 had been approved by electronic circulation.

4 Matters Arising

4.1 Internal Audit Report on Complaints, Litigation, Incidents and Serious Adverse Incidents

Responding to a question from the Chair, Mr Haslett referred to the positive meeting which had been held with RQIA on these issues and said that there had been significant efforts to ensure progress was made. He reminded the meeting that this area of work now fell within Ms Charlton's remit.

4.2 Attendance Management

The Committee noted that good progress had also been made in the area of attendance management.

5 Committee Terms of Reference (AC27/5/20/02)

The Chair drew members' attention to the Terms of Reference and said that he and the Board Chair had made some suggested amendments to these.

Mr Abraham suggested that it would be helpful to ensure consistency across other Committee Terms of Reference.

Members agreed to advise of any further changes with a view to approving the Terms of Reference at the June meeting.

6 **Corporate Assurance Strategy and Arrangements (AC27/5/20/03)**

Dr Ruddell advised that this document established a strategy and framework for the delivery of assurance to Trust Board and aimed to:

- define assurance and set out the benefits of assurance mapping exercises.
- identify accountability and responsibility for assurance across NIAS.
- provide a clearly understandable, structured framework that drives a consistent approach to the identification and provision of assurance.

He indicated that Strategy reflected updates on how the Trust carried out its business.

Mr Haslett stated that he believed the Strategy was concise and comprehensive.

Mr Abraham said that he had found it to be a detailed and thoughtful document and suggested that it might be helpful to take some time to consider whether the Trust was living up to the standards outlined within the Strategy and whether there were any areas where improvements could be made. He suggested that a more detailed presentation and discussion at a future Board meeting would be useful.

The Chair welcomed the suggestion of considering the Strategy in more detail.

Mr Bloomfield reminded members that, prior to Covid-19 it had been the intention to hold a Board member workshop at the end of April to consider overall governance structures including sub-

Committees. He agreed that it would be helpful for members to receive a presentation at a future meeting.

The Corporate Assurance Strategy and Arrangements were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Abraham.

7 **National Guidance for Ambulance Trust on Learning from Deaths (AC27/5/20/04)**

Ms Charlton welcomed the opportunity to update members on this guidance. She advised of the background to the national guidance published in July 2019 and said this had been developed to support NHS ambulance Trusts in England improve the way they review and learn from the deaths of patients who had been under their care. MS Charlton referred to formal arrangements currently within HSC acute hospital Trusts to review mortality and morbidity.

Ms Charlton said that the Trust would be keen to adopt the guidance which set out a standardised framework and which clearly set out how the Trust determined which deaths should be considered for a case record review. She pointed out that this would include any patient who died under the care of the Trust. Ms Charlton clarified that it would be important to acknowledge that the guidance recommended that not every death would be reviewed but that between 40-50 deaths per month would be reviewed. However, she said, this number referred to larger Ambulance Trusts in England.

Through her presentation, Ms Charlton described the considerations to be taken into account by the Trust in adopting such a methodology and said that there was a clear structured methodology in terms of the review. She added that the guidance had placed strong emphasis on engagement with bereaved families and carers and added that there was also significant service user involvement to the guidance.

In terms of ‘Next Steps’, Ms Charlton advised that a Task and Finish Group would now be convened to develop the ‘Learning from Deaths’ Policy. The Trust would also engage with the DoH Health and Social Care Group in moving forward. She believed that the guidance would provide a clear and systematic way to reviewing

and learning from deaths and would ensure a consistent approach with what was taking place in England.

Ms Charlton explained that the guidance would be introduced on a phased basis and pointed out that there would be resource implications associated with the introduction of the guidance, particularly in the context of Covid-19 and the Trust's focus on recovery.
Mr Haslett referred to the intention to appoint a Family Advocate and believed that, while not directly linked to this guidance, there would be a close association. He asked whether any progress had been made in this regard and confirmed that he would fully endorse the paper before the Committee.

Ms Charlton reminded members that the appointment of a Family Advocate had been taken forward by a regional workstream within the Inquiry into Hyponatraemia-Related Deaths (IHRD). She said that Trusts were currently considering this and added that one Trust had already progressed to the recruitment stage for a Family Liaison Officer.

Ms Charlton pointed out that NIAS had appointed Ms Emma Boylan as SAI Clinical Lead in January and significant progress had been made in this area. She added that the Trust had also contacted the Leadership Centre and secured further support to work on SAIs. She agreed that ensuring family engagement was crucial to the process and the Trust recognised this.

Ms Charlton pointed out that there was a clear delineation between SAIs and learning from deaths and that, through the guidance, the Trust would ensure that it did not miss some learning from deaths if they had not been identified as a SAI at the outset. She said that, as well as learning from other ambulance service colleagues by using the methodology, it would be important, as a Trust, to have a clear understanding of the mortality rates. Ms Charlton reminded the meeting that, as the guidance was mandatory in England, it would be important to engage with the DoH around its introduction.

Mr Bloomfield emphasised the importance of progressing this work within the Trust's safety and quality arrangements and said that the guidance provided a further mechanism for learning. However he said that one of the challenges for the Trust was that it was not always aware of the outcome for patients when they were taken to

hospital. Despite this, he said, it would be important for the Trust to have an understanding of the impact of its actions. Mr Bloomfield said that this was a significant area of work to focus on as Ms Charlton started to develop and build her team. He acknowledged that the guidance was not mandatory in Northern Ireland but believed that it should be introduced when able to do so.

Responding to a comment from the Chair, Mr Bloomfield explained that resources had not been taken away from SAIs but had been add to by the appointment of the SAI Clinical Lead as well as the Associate from the Leadership Centre to provide support. He said that members would recall the work carried out by the Association of Ambulance Chief Executives (AACE) to benchmark corporate services and indicated that this work remained live. He explained that, as recently as last week, Mr McNeill was liaising with DoH colleagues around updating figures within the CRM. He referred to a number of key posts to be put in place to take forward the safety and quality agenda and said it was likely that the Trust would have to identify the necessary funding to put these important posts in place.

Ms Lemon indicated her support for this important work and said that it was very much linked to the work being taken forward around the development of a learning culture. She reminded the Committee that traditionally processes of this nature had focussed on apportioning blame but said it was important that the focus moved to one of learning.

Mr Sowney said that he supported this key area of work. He queried whether the work would stand-alone or would be linked with work being taken forward by other Trusts.

In response, Ms Charlton said that it would be important for the Trust to establish a structure in the first instance. She said that there were challenges for the Trust in terms of information sharing across organisations and understanding the outcome for patients when transferred to Emergency Departments. Ms Charlton acknowledged that colleagues in England continued to experience difficulties in this regard despite the process being mandatory. She reiterated that it would be necessary to introduce the guidance on a phased basis given the available resources.

Dr Ruddell said that the Trust had attempted to engage in a regional process reviewing mortality and morbidity some time ago but found that this was aimed at the acute Trusts with multi-disciplinary teams reviewing cases within a hospital setting. He said that the guidance presented by Ms Charlton was specifically aimed at Ambulance Trusts and would be consistent with the rest of the UK.

The Committee **NOTED** the National Guidance for Ambulance Trusts on Learning from Deaths.

8 **SAIs**

Ms Charlton commended the work of the Directors in this area. She explained that they were very much engaged in and contributed to the process along with Ms Keating and her team and Ms Boylan. Ms Charlton advised that the previously attributed Internal Audit finding of unacceptable assurance had now been reduced to limited.

She indicated that one of the biggest challenges within the Trust was collating the information required to make a determination on whether the incident met the SAI criteria. Ms Charlton advised that the Trust Rapid Review Group now met on a weekly basis to review SAIs and added that the membership of the Group comprised Dr Ruddell, Mr Sowney, Ms Keating, Ms Boylan and herself.

Through her presentation, Ms Charlton reported that the number of SAIs had increased significantly over the last twelve months. She referred to interventions taken forward by Ms Keating and her team to raise awareness of what might constitute a SAI and whether it met the SAI criteria as well as allowing staff to review the relevant Datix information.

Ms Charlton explained that the Datix Administrator would identify or flag up any recorded incidents which may meet the SAI criteria. She added that such incidents were then considered by the SAI Clinical Lead. She acknowledged that, while no SAIs had been reported in March, a number had been reported in April/May. Ms Charlton alluded to the fact that reviewing SAIs and collating the necessary information was time intensive. She believed that the introduction of the electronic PRF would be beneficial and may assist the Trust in achieving the 72 hour standard.

Continuing, she emphasised the importance of family engagement and acknowledged that, while it could take time to ensure good family engagement, it was critical to the overall process.

Ms Charlton reminded the meeting that the standard was 72 hours between the reported date of the incident and notification to the HSCB and she added that the Trust had a number of SAIs which were outside this timeframe. She acknowledged that, while this time had reduced, she hoped through the Rapid Review Group there would be a further reduction in reporting timescales. Ms Charlton undertook to bring reports to a future Committee meeting to demonstrate improvement against this standard.

Ms Charlton referred to the complexity of a number of SAIs. She advised that all SAIs were reviewed on an individual basis and were at various stages of completion. Ms Charlton indicated that a plan was in place to assess each SAI, close it off and ensure that a final report was submitted to the HSCB.

In terms of 'Next Steps', Ms Charlton alluded to the need to address some of the culture issues within Divisions and the importance of working alongside peers. She believed that a peer-led approach would result in the changes needed to ensure not necessarily a 'no blame' culture but a just culture.

Dr Ruddell said that he very much welcomed the new approach and emphasised the importance of building on the structures already in place. He indicated that the Rapid Review Group allowed individuals to consider SAIs from different perspectives and to offer appropriate challenging views on wider aspects of each case.

Mr Bloomfield acknowledged the significant work which had taken place to improve the Internal Audit findings from unacceptable to limited. He said that, in discussions with the Head of Internal Audit, Ms McKeown had been keen to point out the considerable progress which had been made in this important audit. Mr Bloomfield said that he remained confident that further progress would be made in the coming months.

The Chair thanked Ms Charlton for her update which was **NOTED** by the Committee.

9 **Corporate Risk Register (AC27/5/20/05)**

Mr Bloomfield advised members that there had been a number of changes to the Corporate Risk Register since it was last considered by the Committee. He drew members' attention to the cover paper and highlighted that four new risks had been added to the Register, namely:

- Operational Impact of Covid-19
- Supply of PPE & Consumables Covid-19
- Trust Safeguarding Arrangements
- Clinical Supervision/Clinical Audit

He pointed out that two of these risks were related to Covid-19 and impacted upon operational services. Mr Bloomfield said that he believed services had performed well during the pandemic through a combination of plans which had been put in place to ensure cover.

With regard to the risk around the supply of PPE and consumables, Mr Bloomfield highlighted the fact that this had been an issue for the whole HSC system. However he said that the Trust had managed to respond appropriately to ensure that staff had access to the necessary PPE by arranging the transfer of PPE between stations as and when required.

Mr Bloomfield reminded the Committee that a separate Covid-19 Risk Register had been established and said that this was considered by NIAS Gold on a weekly basis.

Referring to the four new risks which had been added, Mr Bloomfield alluded in particular to the risk associated with safeguarding and said that this was potentially a significant risk for the Trust. He explained that safeguarding had been placed within the remit of the Director of Quality, Safety and Improvement to ensure there was a dedicated resource and expertise. However he said that, until additional capacity was put in place, there was a need to be realistic as to what could be progressed.

Mr Bloomfield advised that there was a risk for de-escalation in relation to Infection, Prevention & Control and said that this had been as a direct result of RQIA lifting the final improvement notice at

the end of March. However he pointed out that the risk would remain on the Directorate Risk Register.

Concluding Mr Bloomfield indicated that the risk around industrial action had been closed.

At the Chair's invitation, Ms Charlton provided an update in relation to safeguarding arrangements. She clarified that, in the context of the RQIA Quality Improvement Plan, this referred to activity which prevents harm from occurring and protects those at risk from harm. Ms Charlton said that the Trust had received a Quality Improvement Plan from RQIA on 22 December 2019 for completion by 3 January 2020. She said that the Trust had engaged with RQIA since then and had agreed an achievement date of June 2020.

Ms Charlton said that the Trust had been successful in engaging the services of an Associate from the Leadership Centre and, while work had commenced to streamline processes and systems, this had to be paused with the advent of Covid-19.

Ms Charlton acknowledged that there was a NIAS Safeguarding Referral Procedure which had been operational for some time and which had been subject to a number of changes and iterations to ensure clarity for staff. She indicated that there was an Operations procedure for the protection of adults and clarified that, while the Quality Improvement Plan referred specifically to adults, the Trust was reviewing all aspects of adult and children safeguarding. Ms Charlton added that the Associate from the Leadership Centre was liaising with other Ambulance Services to determine the processes in place in other services as well as support being available from AACE and the National Ambulance Safeguarding Group.

Continuing, Ms Charlton advised that currently referrals were received by telephone and she said that it would be important to ensure more robust processes were in place to record the referrals received. Ms Charlton added that completion of the REACH programme, which had been delayed due to Covid-19, would assist in this regard.

Ms Charlton advised that RQIA had asked the Trust to consider training. She added that work was ongoing to make safeguarding training mandatory and that this training would be based around the NI Adult Safeguarding Partnership Strategy. She said that it would

be important to determine what level of training was required by staff and for regular reports to be provided to Trust Board. Continuing, Ms Charlton pointed out that every HSC organisation needed a safeguarding champion who would also complete a standardised template report for submission to and consideration by the Trust Board on an annual basis.

Ms Charlton also advised that the Quality Improvement Plan had required the Trust to implement systems to monitor, audit and investigate safeguarding referrals. She reported that, in April/May, the Trust had seen a reduction in the number of referrals which could be due to Covid-19 and added that members should be mindful that the Trust also experienced a reduction in calls and responses during this same period. However she said there was a need to explore this further.

Ms Charlton said that work had been done by the Datix Administrator to put in place systems and processes in place to better understand the information in more detail. However she acknowledged that the information gathered needed further exploration. Ms Charlton indicated that safeguarding was reviewed at a weekly Rapid Review Group meeting.

She advised that, on average, the Trust received approximately 30 referrals per month and that work was ongoing to understand the nature of referrals received by other Ambulance Services.

Ms Charlton pointed out that it would be important to feed back to staff to ensure a better understanding of the threshold for referrals and believed that this would reduce variation across Divisions.

Concluding her update, Ms Charlton advised that a job description had been drafted for a Head of Safeguarding. She acknowledged that, in discussions with national and regional colleagues, NIAS remained the only Ambulance Trust without a safeguarding lead.

The Chair thanked Ms Charlton for her update and invited questions from members on the Corporate Risk Register.

Mr Haslett referred to cyber security and ICT systems and asked Mr Bloomfield if he had concerns in relation to these two areas following recent Internal Audit findings.

In response, Mr Bloomfield acknowledged that he had been concerned in relation to ICT resilience and the Disaster Recovery Plan. He explained that considerable work had been undertaken to ensure Site 5 was operational as soon as possible and this had strengthened resilience significantly in terms of disaster recovery.

Mr Bloomfield referred to the number of Priority 1 and 2 findings in relation to cyber security and believed that these findings had exposed some considerable resources for the Trust which needed to be addressed. He advised that, under the organisational restructuring, the remit of ICT would transfer from Mr Nicholson to Ms Paterson and that both Directors were considering how best to strengthen resilience even further.

Mr Bloomfield reminded the Committee of the cyber security incident which had taken place at the start of the year and said that, while not particularly significant for the Trust, it had served to highlight the inherent risks associated with cyber security. Mr Bloomfield said that he viewed the Internal Audit findings as helpful in identifying where further work was needed and allowed a clear plan of action to be developed.

With regard to safeguarding, Mr Bloomfield reiterated that this presented a significant risk for the Trust. He said that, as had been described by Ms Charlton, the Trust had to place specific focus on this area of work, for example the mandatory training and the input from the Leadership Centre Associate. Mr Bloomfield said that it was likely that NIAS staff would encounter many more vulnerable individuals that other colleagues across the HSC. He highlighted the fact that, on occasions, NIAS staff would also work on a 1:1 basis with vulnerable individuals and he welcomed the attention this area of work was now receiving.

The Chair thanked Ms Charlton and Mr Bloomfield for their update and the Corporate Risk Register was **NOTED** by the Committee.

10 **Board Assurance Framework (AC27/5/20/06)**

Mr Bloomfield drew members' attention to the Board Assurance Framework and noted that this referred to 2019-20. He indicated that the Framework would now be revised to reflect the new objectives contained within the Trust's long-term Strategic Plan,

‘Strategy to Transform 2020-2026’, and the Corporate Plan which would be considered by the Trust Board later that afternoon.

Ms Keating pointed out that the Framework represented the last iteration and would, as Mr Bloomfield had referred to, be revised to reflect the Trust’s new objectives.

Mr Abraham said that he had found it helpful to consider the Board Assurance Framework in light of the corporate assurance document. He pointed out the fact that the cover paper noted that it was ‘the responsibility of members of the Assurance Committee to review and constructively challenge the Board Assurance Framework …’ Mr Abraham suggested that more clarity was needed in terms of clearly differentiating between the risks to the organisation and the risks that may impact the proposed actions of the organisation. In summary, he pointed out that the two levels of risk were confused in some portions of the documentation.

Mr Abraham also queried whether the Framework should be approved by the Board moving forward. He was of the view that the key objectives contained within the Assurance Framework should be developed by considering the risks to the organisation.

Mr Abraham noted that the Board would consider and approve the Assurance Framework while the Assurance Committee would monitor the risks to the execution of the objectives to address the major risks affecting the organisation. He said there was a need to drill down to the granularity and questioned the validity of those objectives which had ‘no risk’ associated with them as they did not provide effective assurance.

Mr Bloomfield indicated his agreement with Mr Abraham’s comments, ie that there was a lack of clarity between risks impacting the organisation and risks impacting the organisation’s plans to mitigate such risks. He reminded the meeting that the Trust Board would consider the draft Corporate Plan 2020-21 later that afternoon and he suggested it would be helpful to dedicate some time at a workshop to consider the risks. Mrs Mooney undertook to look at a possible date.

11 Procedure for the Reporting and Management of Adverse Incidents (AC27/5/20/07)

Dr Ruddell thanked Ms Keating for her significant contribution to this and explained that the procedure aimed to:

- promote and provide a unified regional organisational wide system for the reporting, recording, review and analysis of all adverse incidents;
- improve the safety and quality of care through reporting, analysing and learning from incidents involving service users, staff and visitors (including contractors);
- support staff when mistakes happen and encourage staff to review and reflect on their practice post review of incidents.

Ms Keating explained the procedure had been developed in conjunction with Trust Governance Leads and added that she had been a member of the group which had taken this work forward. She indicated that the NIAS Incident Reporting process had been included to ensure the procedure was applicable to the Trust. Ms Keating drew members' attention to the appendices to the procedure and said that these cemented existing processes.

The Chair commended Ms Keating on the procedure and thought it was very well written. He alluded to paragraph 3.3 which set out the responsibilities of the Medical Director and the reference therein to the ongoing review of structures.

Looking at the procedure for reporting/managing an incident, the Chair referred to the fact that 'Where major (i.e., long-term permanent harm/disability [physical/emotional injuries/trauma]) or tragic harm (i.e., permanent harm/disability [physical/emotional trauma] or incident leading to death) has occurred the relevant Director, with the support and advice of the Risk Management Team, should appoint a team led by a trained facilitator in SEA/root cause analysis…' and he sought clarification on how independence was assured.

Ms Keating explained that this procedure would operate in parallel with the SAI procedure and she stressed, should independence be required, that would take precedence.

The Chair suggested that it might be helpful to revisit this as the current wording did not make this sufficiently clear. Ms Keating undertook to take this forward.

Mr Haslett stated he believed that the procedure was excellent.

Mr Sowney referred to the unrealistic timeframe of 72 hours within which a SAI had to be reported to the HSCB and said that he hoped consideration would be given to extending this timeframe to a one of 72 hours from identification of the SAI.

Ms Charlton reminded the meeting that this was a timeframe laid down by the HSCB and added that a different approach was being adopted in England whereby 'adopter sites' were considering qualitative rather than quantitative performance based outcomes. She said that it would be interesting to see how the procedure which was currently being evaluated was being managed by the adopter sites.

The Committee **NOTED** the Procedure for the Reporting and Management of Adverse Incidents.

12 **Compliments and Complaints – verbal update**

Commencing her update, Ms Charlton advised that, following the 2018-29 unacceptable assurance finding from Internal Audit, Ms O'Hara and her team had made a significant impact in this area of work. She explained that she had recently assumed responsibility for this area of work and acknowledged that further work was required.

Ms Charlton advised that, while the Trust did not receive significant numbers of complaints, the biggest challenge had been the backlog of complaints. She said that she had been mindful that, on many occasions, the same individuals were reviewing complaints as well as SAIs. Ms Charlton said that it was important to consider a proportionate response to complaints as well as engaging with complainants to ensure they received a response which would be satisfactory to them. However she indicated that this work was still in its infancy.

Continuing, Ms Charlton indicated that the advent of Covid-19 had impacted on the Trust's ability to progress complaints. She advised

that there were currently 108 complaints and said that this had increased from 94 over the last number of weeks. Ms Charlton explained that currently complaints were broken down by Division and said that, prior to Covid-19, the intention had been to request Divisions to respond to complaints from other Divisions to ensure a degree of independence. She said it was important to be cognisant of the demands placed on staff during Covid-19 and added that the planned dissemination of complaints had not taken place. However, Ms Charlton said that she planned to introduce this practice moving forward. She stressed that it was also important to give consideration to ensuring the necessary support mechanisms were in place for staff.

Ms Charlton indicated that, in terms of 'Next Steps, it would important to report on the regional KPIs around complaints. She said that the Trust was currently achieving 91% against the KPI to acknowledge complaints within two working days.

Ms Charlton said that, as well as ensuring staff were advised of compliments received, they should also receive a copy of the compliment as it is important for staff to know how much they are valued by service users.

The Chair thanked Ms Charlton for her update which was **NOTED** by the Committee.

13 **Performance Report: Finance/Operations/Medical/Human Resources & Corporate Services/CRM Programme/Quality & Safety (AC27/5/20/08)**

At the Chair's invitation, Ms Paterson explained that her intention would be to develop a corporate balance scorecard which would drive the Trust's strategic aims, performance categories within each theme and aim and provide a holistic overview of the Trust's performance. She pointed out that, over the coming months, she would be liaising with individual Directorates to understand how the performance report could add value with regard to how and what issues were reported on.

The Chair thanked Ms Paterson for her update and invited Directors to present their individual performance reports.

Finance

Mr Nicholson said that members would note that the Finance and IT Reports had previously been provided to Trust Board on 7 May 2020 and had been included with the Committee papers for completeness and with the addition of Key Activity and Performance Indicators from the Information Department. He added that this covered areas such as FoI, Subject Access, PSNI, Solicitors and DoH.

Operations

Mr Sowney advised that the report showed that Trust performance was improving. However, he said, challenges continued to present at EDs in terms of turnaround times. He indicated that these were becoming more noticeable as the Trust started to focus on recovery from Covid-19.

Mr Sowney explained that EDs were starting to see an increased number of attendances as the general public regained its confidence to attend EDs. He said that Mr Bloomfield had already alluded to work he was leading through the Regional Unscheduled Care Group to consider how arrangements could be put in place within a relatively short timeframe to better manage EDs while being mindful of the requirements around social distancing. Mr Sowney emphasised that the biggest challenge facing the Trust in terms of turnaround times was that of clinical handovers.

Responding to a question from the Chair as to whether turnaround and handover times were an issue in all Trusts, Mr Sowney explained that they had presented challenges at the Ulster and Royal Victoria Hospitals over the last number of weeks. He acknowledged that these challenges had come about as a result of Trusts trying to reconfigure wards post Covid-19 and redeploy staff accordingly.

Mr Sowney indicated that social distancing requirements presented significant challenges to Trusts and added that, over recent days, a worrying trend had developed in that NIAS staff were being asked to hold patients in ambulances because there was no available accommodation in clinical areas.

He advised the Committee of a recent incident in a hospital which resulted in an Early Alert being submitted to the DoH.

Mr Bloomfield reminded the Committee that, in the last few weeks, the general public had been encouraged through messages from the Government and the Chief Medical Officer to attend EDs and phone 999 when necessary because there had been a clear downturn in activity.

Responding to a question from Mr Haslett, Mr Sowney explained that the Trust was putting arrangements in place to enhance Hospital Ambulance Liaison Officers (HALO) presence at the 5-6 large EDs as well as increasing the hours on site.

Mr Bloomfield believed that the Trust's flu vaccination rates should be highlighted. He advised that, out of 1,139 NIAS frontline staff, 711 had been vaccinated by 31 March 2020, resulting in an increase in the uptake rate of 62.4% compared to last year's 50.8% uptake. He added that NIAS was one of three Trusts that had shown an increase on last year's figures and said that in addition to frontline staff, 141 non-operational staff had availed of the vaccination.

Mr Bloomfield added that the Trust, throughout the campaign, had continued to assist other Trusts with their Flu Campaigns working closely with their Occupational Health departments to ensure all staff had access to the flu vaccination, visiting Care Homes and hospital. He commended Ms Laura Coulter, Area Manager, Western Division, for her significant work in this regard.

Mr Bloomfield believed that, moving forward and in the context of a Covid-19 vaccine, the Trust already had robust vaccination arrangements in place in order to protect staff.

Medical

Dr Ruddell advised that there were two issues which he wished to bring to members' attention. The first related to the approach to resuscitation and the controversy within other ambulance services in the UK.

Dr Ruddell explained that changes had been made to the clinical management of cardiac arrest due to the potential risk of transmission of Covid-19 from patients to responders. He indicated that there had been significant debate nationally regarding the

levels of PPE required in different resuscitation scenarios and concerns had been raised by frontline staff due to positions adopted by the UK Resuscitation Council, for example, which was at odds with guidance issued by Public Health England as the statutory body responsible.

Dr Ruddell advised that this rationale was under regular review by NASMeD and had been escalated again to Public Health England and also locally to Health Gold.

He acknowledged that there was a risk that adopting higher levels of PPE could unnecessarily delay the commencement to resuscitation which was clearly associated with reduced survival. However, NIAS, in keeping with the majority of UK Ambulance Services, had adopted a position of advising crews to undertake initial steps of resuscitation wearing Level 2 PPE while subsequent attenders don Level 3 PPE in order to carry out the more advance interventions (aerosol-generating procedures) which were associated with a higher risk of cross-infection.

He pointed out that, with the exception of the Welsh Ambulance Service Trust, all other Ambulance services across the UK had adhered to the PHE guidelines around PPE required and what actions should be taken by crews when on scene.

Dr Ruddell advised that no changes had been made by NIAS to the decision process around commencing or ceasing resuscitation in light of Covid-19 and NIAS continued to receive DNAR notices from GPs in line with normal processes.

The Chair believed that the Trust had adopted a pragmatic approach with regard to PPE.

Ms Charlton reminded the meeting that there were also human factors involved. She cited an example of NIAS crews attending patients with cardiac arrests where family members were anxious that staff immediately attend the patient without the necessary donning of PPE. She said that members should not underestimate how much concern this had caused for staff, particularly when there appeared to be a variation in advice from professional bodies.

Ms Charlton referred to a helpful statement made by the Association of Ambulance Chief Executives (AACE) emphasising the fact that

crews making risk assessments on scene will be supported by their respective Trusts and added that staff very much appreciated this. She stressed the importance of ensuring staff were aware that the Trust would support them in carrying out a dynamic risk based assessment.

Continuing, Dr Ruddell advised that the second issue he wished to bring to the Committee's attention was that of the AMPDS Card 36 triage protocol which was only used in times of a pandemic.

He explained that, in line with all other UK Ambulance Services, NIAS had introduced the Card 36 protocol to assist with the management of Covid-19 patients. He said that since introduction this has operated at Level 1, meaning that a small number of 999 callers had been advised that no ambulance response would be sent, although these were limited to calls which were unlikely to warrant an emergency ambulance response in the first place. He indicated that, in the context of NIAS, this had meant between 8-10 calls per day.

Dr Ruddell indicated that, if necessary, the protocol could be escalated nationally in the event of a significant surge in 999 activity. He added that this would result in some higher grade calls not receiving an ambulance response but these calls had already been reviewed by NIAS and recommendations made to the national group co-ordinating ambulance responses, with our suggestions being adopted across the UK. No UK Services are currently seeking escalation of the protocol due to activity being within manageable limits.

Dr Ruddell advised that the effects of the Card 36 Protocol were monitored on a daily basis and the number of calls resulting in a 'no send' were typically in single figures. He added that any calls which were downgraded and then required re-escalation or resulted in a complaint or untoward incident were also individually reviewed.

The Committee was advised that NIAS was one of the few organisations which routinely reviewed the triage priority afforded to every coded call when a new AMPDS codeset was released.

Dr Ruddell explained that, through this process, NIAS identified significant anomalies in the new codeset and had been able to advise on the correction of these nationally prior to formal adoption.

He added that further minor changes had been recommended nationally with specific reference to the 36C05A code being used as part of the assessment of Covid-19 patients. Dr Ruddell indicated that the Trust's governance team had reviewed the cases handled via this code and was content that there had been no adverse impact on patients and that the overall risk was low.

Dr Ruddell expressed his gratitude to Dr David McManus, former Trust Medical Director, who had returned to the Trust to work specifically on Card 36 and other control room processes.

Responding to a question from the Chair as to when Card 36 might be de-escalated, Dr Ruddell explained that the national position was reviewed on a weekly basis by NASMeD and subsequently by NIAS Gold at its weekly meeting. He reminded members that Card 36 had been introduced to assist with the management of Covid-19 patients and had operated at Level 1 since its introduction.

Human Resources/Corporate Services

Ms Lemon drew members' attention to the report which set out an update on absence figures up to 31 March 2020.

She advised that clearly over the last number of weeks, the attendance management approach had focussed on Covid-19 related issues.

Ms Lemon explained that additional capacity had been secured within Occupational Health through the utilisation of the additional Independent Occupational Health Providers (as engaged on a pilot basis via the Good Attendance Programme) to assist with Covid-19 related processes, including assessment of staff with underlying health conditions via telephone consultations; provision of reports with clinical advice and guidance pertaining to swab test results where applicable.

She pointed out that, through engagement with Independent Occupational Health Providers, turnaround times had been significantly reduced from 15 working days, from referral to report, to one to two working days. She explained that this had provided timely support to the extremely urgent nature of everything Covid-19 related and supported staff returning to work as appropriate.

Ms Lemon advised that the Regional HSC HR Cell, supporting Health Silver, had provided the framework for advice and guidance on the management of Covid-19 related health issues and supported the introduction of robust processes and procedures in this regard.

She pointed out that Senior HR Advisors (Good Attendance) based within Divisions and EAC/NEAC continued to work closely with local managers to support the management of sickness absence and Covid-19 specific issues, including the identification of quickest intervention for Occupational Health pathway where required as well as acting as a point of liaison between staff member, service and Occupational Health provider in order to ensure consistency and expedite cases/resolve any issues or barriers if encountered.

CRM Programme

Mr McNeill advised that he had received some commentary from the DoH in relation to the CRM SOC and he was preparing a response on the issues raised.

Quality, Safety & Improvement

Ms Charlton advised that she had no further issues to highlight to Committee members.

Planning, Performance & Corporate Services

Ms Paterson said that members would be aware of her intention to develop a more composite performance report. She added that, if approved by the Trust Board, she would commence reporting against the objectives contained within the Corporate Plan.

Mr Bloomfield said that members would be aware of the intention to replace individual Directorate reports with an overall performance report and said that this work would be progressed over the coming months.

Programme Director – Strategic Workforce Planning

Mr Bloomfield said that it would be important to acknowledge the significant amount of work which had been taken forward by Ms

O'Hara and her team in relation to the provision of emergency accommodation and food boxes for staff during the pandemic.

Ms O'Hara commented that Covid-19 had clearly impacted significantly on planned work. However she said that members would receive updates in relation to the work being progressed around organisational restructuring.

14 **Date of next meeting**

The next meeting of the Assurance Committee will take place on Thursday 11 June 2020 at 10am via Zoom (arrangements to be confirmed).

15 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.25PM.

SIGNED: _____

DATE: _____**11 June 2020** _____

ACTIONS - ASSURANCE COMMITTEE – 27 MAY 2020

		INDIVIDUAL ACTIONING	UPDATE
1	**Committee Terms of Reference** – to be considered by members with a view to seeking approval at the June meeting	Cttee members	Final version to be approved by Cttee at its meeting on 11/6/20
2	**Corporate Assurance Strategy & Arrangements** – presentation to be made to a future Board meeting/workshop	Risk Manager	
3	**Procedure for the Reporting and Management of Adverse Incidents** – wording used around the 'red incident (Extreme Risk)' to clarify arrangements around ensuring Director independence to be revisited	Risk Manager	
4	**SAIs** – report to demonstrate improvement against the 72-hour standard to be brought to future Committee meeting	Ms Charlton	
5	**Board Assurance Framework** – workshop to be organised to focus on discussion around development of risks	Ms Keating/ Mrs Mooney	
6	**Minutes of working groups –** consideration to be given to inclusion of minutes from working groups	Cttee Chair	

Northern Ireland Ambulance Service
Health and Social Care Trust

MINUTES OF THE ASSURANCE COMMITTEE HELD AT 10AM ON THURSDAY 11 JUNE 2020 (VIA ZOOM DUE TO COVID-19)

PRESENT:	Mr D Ashford	-	Committee Chair
	Mr W Abraham	-	Non Executive Director
	Mr T Haslett	-	Non Executive Director
IN ATTENDANCE:	Mr M Bloomfield	-	Chief Executive
	Ms L Charlton	-	Director of Quality, Safety & Improvement
	Ms M Lemon	-	Interim Director of Human Resources
	Mr B McNeill	-	CRM Programme Director
	Mr P Nicholson	-	Interim Director of Finance
	Ms R O'Hara	-	Programme Director – Strategic Workforce Planning
	Ms M Paterson	-	Director of Planning, Performance & Corporate Services
	Dr N Ruddell	-	Medical Director
	Mr R Sowney	-	Interim Director of Operations
	Ms K Keating	-	Risk Manager
	Mrs C Mooney	-	Board Secretary
	Mr F Orr	-	Assistant Director, Education, Learning and Development (for agenda item 7 only)
	Ms R Finn	-	IPC Lead Nurse (for agenda item 8 only)

1 Apologies

No apologies were noted.

Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of the Audit Committee held on
Thursday 28 May 2020 at 10am by Zoom (due to Covid-19)

PRESENT:	Mr W Abraham	Non-Executive Director (Chair)
	Mr D Ashford	Non-Executive Director
	Mr A Cardwell	Non-Executive Director
IN ATTENDANCE:	Mr M Bloomfield	Chief Executive
	Mr P Nicholson	Interim Director of Finance
	Ms M Lemon	Interim Director of Human Resources & Corporate Services
	Mr A Phillips	Assistant Director of Finance
	Mr B Clerkin	ASM (External Auditors)
	Ms C McKeown	Head of Internal Audit, BSO Internal Audit
	Mr D Charles	Internal Audit, BSO Internal Audit
	Mr N Gray	Northern Ireland Audit Office
	Ms T Steele	Financial Accounts Manager
	Mr R Sowney	Interim Director of Operations
	Dr N Ruddell	Medical Director
	Ms L Charlton	Director of Quality, Safety & Improvement
	Mrs C Mooney	NIAS Board Secretary
	Mr P Jameson	IT Audit Manager, BSO Internal Audit
APOLOGIES:	Mr B McNeill	CRM Programme Director
	Ms R O'Hara	Programme Director Strategic Workforce Planning
	Mr S Knox	Northern Ireland Audit Office
	Ms S Sellars	Board Apprentice

Welcome, introduction and format of meeting

The Chair thanked everyone for facilitating the meeting being held via Zoom and said that he would like to take this opportunity to thank NIAS staff for the extraordinary contributions they had made during such difficult circumstances.

Northern Ireland Ambulance Service
Health and Social Care Trust

Minutes of the Audit Committee held on
Thursday 2 July 2020 at 10am by Zoom (due to Covid-19)

PRESENT:	Mr W Abraham	Non-Executive Director (Chair)
	Mr D Ashford	Non-Executive Director
IN ATTENDANCE:	Mr M Bloomfield	Chief Executive
	Mr P Nicholson	Interim Director of Finance
	Ms M Lemon	Interim Director of Human Resources & Corporate Services
	Mr A Phillips	Assistant Director of Finance
	Mr B Clerkin	ASM (External Auditors) (left the meeting at 11.10am)
	Ms C McKeown	Head of Internal Audit, BSO Internal Audit
	Mr B McNeill	CRM Programme Director
	Dr N Ruddell	Medical Director (joined the meeting at 11.15am)
	Ms R O'Hara	Programme Director Strategic Workforce Planning
	Ms M Paterson	Director of Planning, Performance & Corporate Services
	Ms J Shortall	ASM (External Auditors)
	Ms T Steele	Financial Accounts Manager
	Mr R Sowney	Interim Director of Operations
	Dr N Ruddell	Medical Director
	Ms L Charlton	Director of Quality, Safety & Improvement
	Mrs C Mooney	NIAS Board Secretary
	Mr S Knox	Northern Ireland Audit Office
	Ms S Sellars	Board Apprentice
APOLOGIES:	Mr A Cardwell	Non-Executive Director
	Mr D Charles	Internal Audit, BSO Internal Audit

Welcome, introduction and format of meeting

The Chair welcomed everyone to the meeting, in particular Ms Sarah Sellars, Boardroom Apprentice.

22/20 **Apologies**

Apologies were noted from Mr Cardwell.

23/20 **Declaration of Potential Conflict of Interest & Confirmation of Quorum**

No conflicts of interest were declared and the meeting was confirmed as quorate. The Chair also stressed the confidentiality of information presented.

24/20 **Previous Minutes (AC02/07/20/01)**

The minutes of the previous meeting held on Thursday 28 May 2020 were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Abraham.

25/20 **Matters Arising**

The Committee noted that all Matters Arising had been actioned.

26/20 **Chairman's Business**

The Chair made the Committee aware of a number of questions he had posed earlier that morning to Mr Nicholson as follows:

'The calculation of the quantum of payments in relation to the Agenda for Change issue was brought to my attention last week. We will be briefed fully on this point but as I understand it, External Audit has reviewed the modelling of NIAS calculations and identified a substantial shortfall. While this may not be material for accounting purposes for this year end, it is still significant for NIAS and raises some concerns. It will be discussed today mainly in the context of the accounts, however, it does raise some additional questions that should be raised today and dealt with as we move forward.

Chairman's Questions and points to discuss:

1. Impact on the Accounts and resolution of the way this will be treated for our year end? Options? Way forward?

2. What does this mean for next year and moving forward?

3. Explanation of the nature of this modelling difference. In short, we need to know if the revised numbers will be or are more likely to be the correct figure. Is this a more refined and updated calculation? A difference in opinion on factors - the battle of the models? A more conservative run of sensitivities etc? Or, is this identifying where we may not have kept our modelling "live" and current.

4. The Agenda for Change money payment has been raised as a key point of discussion at the Audit Committee and at the Board both last year and at the last Audit Committee meeting where I raised this personally with NIAS and External Audit. Indeed, I held the "closed meeting" open to highlight this point.

   4.1. External Audit - It is good that this was identified, but why was this increasing year-on-year deviation or shortfall not identified by External Audit in previous audit cycles so that this could be addressed and corrected in a timely manner?

   4.2. NIAS - modelling is complex but needs to be kept "live" and updated. Why was this not identified earlier by NIAS? What went wrong, so that we can identify the issues and understand how this can be fixed for this issue and future similar issues.

5. Modelling - what resources do we have to do this? Everyone understands that modelling is complex but a model is a living calculation that needs to be kept under development and refinement. The question is not is it complex but, rather, is it too complex for us? Is this an issue where the model was wrong but the work was right - a faulty model? Or, was this a lack of updating in inputting changes?

6. What other modelling is going on now?

7. In business, models are done internally, but in many cases, the working model is vetted by outside modelling experts. Depending upon the outcome of our discussion, it would seem that this will be required moving forward where there are complex models and I would ask our CEO to comment on this point. Moving forward we would need assurance that similar issues were not missed or identified at the "11th hour". What will be done to address this issue moving forward?'

The Chair said that, by the next meeting of the Committee on 8 October, he would appreciate responses to his questions and he asked Mr Nicholson to ensure a copy of these were circulated to Committee members for their information. He pointed out that, in posing these questions, he did not envisage this interfering with the Committee's consideration of the Trust's final accounts.

(i) Audit Committee Annual Report 2019-20 (AC02/07/20/02)

The Chair advised that he had included, within his Committee Annual Report, reference to Covid-19 as it had and was continuing to have a significant impact on health and social care. He emphasised the importance of the Internal Audit opinion which he had underlined in his report, ie '*I acknowledge that the framework of governance, risk management, and control is improving within NIAS.*'

The Chair explained that he did not intend to go through his report in detail and commended it to the Committee, subject to discussion on whether there was a need to include reference to the Agenda for Change issue which arose after he had finalised the report.

Mr Bloomfield said that he was appreciative of the Head of Internal Audit's acknowledgement that, despite the challenges presented to the Trust over the last number of months in the context of Covid-19, the Trust's governance arrangements and control had not been adversely effected. He advised that, upon receipt of her report, he had written to the Permanent Secretary to draw to his attention the Head of Internal Audit's opinion that ongoing action was being taken to address issues, including the outstanding Internal Audit recommendations.

Mr Bloomfield drew the Committee's attention to page 3 of the report and the affirmative action taken by the Trust following the Internal Audit finding of an unacceptable level of assurance in relation to the area of Patient Care Services (PCS). He advised that Trust senior management had accepted all recommendations emanating from that audit and had appointed a senior manager to the new role of PCS Review Manager to take forward a strategic review of PCS.

Mr Bloomfield indicated that the action taken by the Audit Committee itself in terms of requesting input or presentations from him as well as other members of the senior management team on certain issues pointed towards the approach adopted by the Trust.

He pointed out that the Trust had also been proactive and had requested Internal Audit to consider a number of areas on which the Senior Management Team had expressed concern.

Mr Bloomfield said that he wished to take this opportunity to thank both Internal and External Audit staff for their assistance through challenging times.

The Chair referred to the complaints management audit and acknowledged that the Trust had not shied away from difficult issues. He said that he appreciated that, on occasions, this had made for uncomfortable discussions in relation to the Internal Audit reports, particularly when the Trust had received a limited assurance finding. However the Chair reiterated the Internal Audit opinion that the Trust continued to strive to improve its performance in this area and that, should improvement efforts be sustained and planned outcomes achieved, the Trust should be able to move to a satisfactory assurance position.

Mr Ashford commended the Chair on his Annual Report and was of the view that it was well written and had encompassed all the necessary points.

He acknowledged the constructive approach adopted by Mr Bloomfield in terms of being proactive and seeking Internal Audit support in identifying potential issues. Mr Ashford asked whether the Audit Committee could offer any further assistance

in terms of ensuring the appropriate level of oversight, for example convening additional meetings.

Mr Bloomfield referred to his correspondence to the Permanent Secretary, which he had copied to members, and said that he had stressed the Trust's intention to maintain a focus on the outstanding Internal Audit recommendations as well as ensuring progress was made. He acknowledged that Covid-19 had had a significant impact on the progress he had hoped for and said that he would look to the Audit Committee to ensure that progress was being made.

The Chair suggested that it might be helpful to convene an additional meeting of the Committee before the end of the summer but said that he would raise this at the end of the meeting.

(ii) Audit Committee Self-Assessment (AC02/07/20/03)

The Chair confirmed that the Audit Committee Self-Assessment had been completed as required.

27/20 **<u>Internal Audit</u>**

(i) Internal Audit Strategy incorporating the proposed Internal Audit Plan 2020-21 to 2022-23 (AC02/07/20/04)

At the Chair's request, Ms McKeown took the Committee through the Internal Audit Strategy which incorporated the proposal Internal Audit Plan for 2020-21/2022-23.

Referring to the narrative section of the document, Ms McKeown explained that this set out how Internal Audit developed the Plan and how it determined what to include. She added that the Plan was primarily based on the Trust's Risk Register as well as discussions with Trust management as to what the audit needs and requirements of the Trust were.

Ms McKeown advised that core finance/functional reviews were a natural feature of the Plan and she said the Trust needed to be assured that its risk management processes were appropriate to allow the Trust's assessment of risk to feed into the three-year planning cycle. She indicated that the

Strategy broke down the time available and how this would be used against the areas to be audited.

Ms McKeown drew members' attention to page 3 of the Strategy which set out how Covid-19 had impacted on the 2020-21 Audit Plan and advised that the routine Internal Audit Plan for Quarter 1 2020/21 had been stood down with Internal Audit offering to support each HSC organisation in whatever way best met their specific needs during Quarter 1.

Ms McKeown indicated that work conducted during Quarter 1 had largely been advisory work and she said that, at this point, the annual plan had been developed on the assumption that three quarters of the annual audit days would be delivered in Quarter 2-4, delivering assurance assignments. She indicated that the remaining one quarter of SLA time had been reserved for Quarter 1 advisory work. Ms McKeown said that the 2020-21 Internal Audit plan would be kept under review during 2020-21 in conjunction with Trust management to ensure it remained flexible and relevant in the current pandemic situation.

Ms McKeown drew the Committee's attention to page 20 of the Strategy and outlined the proposed Internal Audit assignments for 2020-21.

Continuing, Ms McKeown advised that Internal Audit was working on providing more detailed feedback on year-end follow-up recommendations in terms of specifying what was required to implement the recommendation and would share this work with management. Ms McKeown commented that previous limited/unacceptable reports would be picked up as part of this written follow-up and the Committee would be able to see these reports threaded through the three-year plan when particular audit areas would be revisited, for example PCS and SAIs.

Ms McKeown acknowledged that it was very much a judgement call as to what would be included in the three-year plan and advised that it had not been possible to include all audits within the three-year cycle. However, she said, consideration would be given to including them in the subsequent cycle.

Ms McKeown advised that she was seeking the Committee's approval to the Plan.

The Chair said that he would be interested in having sight of the Governance during Covid-19 review to be carried out by Internal Audit in terms of how the Trust performed. He referred to the fact that the Trust Chair did not normally attend Committee meetings but had expressed her interest in being involved in the audit around ICT as she had a particular interest in this area of work.

Mr Bloomfield welcomed the Trust Chair's involvement in the audit process. He said that he looked forward to the outcome of the work being taken forward by Internal Audit around detailing what was required specifically in order to implement recommendations.

Mr Bloomfield referred to the proposed audit around governance during Covid-19 and said that he understood why this audit was being conducted across the health and social care system. However he commented that it would be important to ensure the audit also considered the context in which actions and decisions were made at that time.

Responding, Ms McKeown said that Internal Audit would be reliant on the Trust management to ensure the context was made clear. She added that Internal Audit fully appreciated that working through the recent months had been hugely challenging and said that auditors would be adopting a reasonable approach.

Mr Bloomfield suggested that Ms McKeown might find the daily NIAS Gold logs helpful when undertaking the audit.

The Chair pointed out that, during the height of the pandemic, the Trust had put in place arrangements for increased Non Executive Director oversight through weekly meetings with the Trust Chair, Chief Executive and Committee Chairs. He suggested that it might be helpful to have these included in the proposed audit.

Ms McKeown agreed to follow this up further with the Chair. She said that the audit would look to confirm that the Trust's effective governance processes continued during Covid-19, for example did the Trust Board/Committees continue to meet and conduct business.

Mr Nicholson said that he very much welcomed the flexibility shown by Internal Audit from the outset of the pandemic and he thanked all concerned for their support.

Mr Ashford referred to the fact that 155 days had been set aside for proposed audits during 2020-21 and he asked Ms McKeown if she was content that this was sufficient. He also enquired whether there were any areas which Internal Audit would like to examine but would not have the opportunity to do so.

In response, Ms McKeown confirmed that she was content that 155 days would cover the audits Internal Audit proposed to undertake. She indicated that it would be important that the Internal Audit Plan was kept under review by management and could be adapted during the year if the Trust felt there were other more specific areas to be audited.

The Chair thanked Ms McKeown for her report and sought approval from the Committee.

The Internal Audit Plan 2020-21 to 2022-23 was **APPROVED** on a proposal from Mr Ashford and seconded by Mr Abraham.

28/20 **External Audit**

(i) External Audit Draft Report to Those Charged with Governance 2019-20 (AC02/07/20/05)

At the Chair's invitation, Mr Clerkin took the Committee through the detail of the External Audit Draft Report.

He drew members' attention to page 3 of the report which set out the key messages for the Committee's attention and added that it was likely that the Comptroller and Auditor General would certify the Trust's 2019-20 accounts with an unqualified audit opinion, without modification. Mr Clerkin advised that there

were unadjusted financial statements totalling £1,466k and said that no report on the accounts was required.

Continuing, Mr Clerkin advised that, during the audit, External Audit had reviewed internal controls; accounting systems; and procedures to the extent considered necessary for the effective performance of the audit. He said that two priority one recommendations had been identified in relation to regularity and the internal control environment.

Mr Clerkin indicated that the report had been issued a week previously to allow those concerned sufficient time to review. He added that, since then, he had received the revised Annual Report and Accounts and noted that, with the exception of one change which had been raised with management, all changes proposed by External Audit had been incorporated.

Mr Clerkin confirmed that, while External Audit had now been provided with the Contracts Register as well as the Shared Services Assurance Report, he was currently awaiting the Land & Property Services Assurance Report. However he said that it was his understanding that this report had been delayed across the health and social care sector and that the Audit Office was giving consideration to this at a HSC-wide level. Mr Clerkin said that he did not see this as causing any difficulty in the certification of the Trust accounts.

Continuing his report, Mr Clerkin drew members' attention to page 4 of the report which set out a number of actions to be taken by the Committee.

Mr Clerkin referred to the Significant Risk which had been identified on page 6 and took members through the detail of these as well as a number of other risk factors.

He referred in particular to the significant risk relating to the 'Valuation of payroll related provisions, accruals and contingent liabilities' and said that External Audit had not been content with the calculation of the accrual relating to paramedic/EMT Agenda for Change and had recorded an unadjusted audit misstatement. He explained that, in relation to the contingency liability aspect which had been rolled forward from previous

years, it was External Audit's view that this was no longer required.

Referring to the questions posed by the Chair at the beginning of the meeting, Mr Clerkin advised that, in respect of the difference in calculation, subject to any comments management wished to make, it had been the view of External Audit that there had been inconsistencies in the timing of the incremental pay rises and the assumptions around the banding changes applied.

Mr Clerkin advised that the issues had been identified in the second week of the audit and had been conveyed to management. With regard to why the issue had only been identified now, he reminded the Committee that no offer had been made to Trade Unions until March of this year.

The Chair acknowledged that the offer had been draft and sought confirmation that it had been under discussion.

Mr Bloomfield explained that a draft offer had been made to Trade Unions in July 2019 and had been under consideration by the Unions until November/December when industrial action paused this consideration. He said that the Minister had approved a revised offer which had been put to the Unions in March with Unions considering this and balloting their members between then and May.

For clarification purposes, Ms Lemon indicated that the offer which had been put to the Unions in July 2019 had been based on the Permanent Secretary's approval in the absence of a Minister to commence negotiations. She added that the resolved final offer, taking account of Ministerial approval, had been issued to Unions in March 2020.

Responding to a further question from the Chair, Ms Lemon confirmed that a collaborative approach had been adopted and Finance had been fully involved in the detail.

Mr Clerkin continued his report and referred members to page 7 which set out a number of other risk factors which had been identified.

Mr Clerk drew members' attention to page 10 and said that, at the time the External Audit report had been written, the outcome of the Trade Unions' ballot was unknown. Therefore, he said, External Audit would now update this upon receipt of the management response.

He alluded to the sample testing which had identified five Direct Award Contracts amounting to £720k which had been awarded prior to being approved by the Chief Executive. In addition to this, Mr Clerkin indicated that External Audit's review had identified that the Trust had failed to maintain an up-to-date and accurate Contracts Register to enable effective monitoring of contract spend. He said that it would be important for the Trust to rectify this going forward to ensure the governance around contract management was strengthened.

In relation to 'Recognition of Payables', Mr Clerkin explained that External Audit had been unable to obtain sufficient evidence that the risks and rewards of ownership of a capital accrual had transferred to NIAS as at 31 March 2020 and advised that this was included within the unadjusted misstatements.

Responding to a request from the Chair for clarification around this, Mr Clerkin explained that this related to new building or capital works undertaken. He acknowledged that further work was required in terms of accruals.

In terms of the revaluation of buildings and land, Mr Clerkin explained that indexation had been applied to the asset cost and accumulated depreciation for buildings even though these had been subject to LPS revaluation in the year. He advised that this approach was incorrect and had given rise to three related adjustments.

Mr Clerkin referred to prompt payment target which had been narrowly missed. He added that a number of revisions to legal estimates as advised by BSO had not been included in the calculations of provisions. He added that this had been included within the unadjusted misstatements.

Mr Clerk referred to pages 13 and 14 of the report and advised that adjusted as well as unadjusted misstatements had been

applied to the Accounts. He pointed out that it was External Audit's view that none of the unadjusted misstatements were material and did not need to be made. However he said it would be important for the Audit Committee to be satisfied that this was the case.

In terms of the appendices, Mr Clerkin discussed the letter of representations, the unqualified opinions of the audit certificates and progress against the implementation of prior year recommendations.

Mr Knox acknowledged that the Comptroller and Auditor General may seek further detail on the unadjusted error outlined on page 4 of the report. However he said that the Audit Office was happy to accept the explanations put forward by the Trust and External Audit and would be happy to reassure the Comptroller and Auditor General of the detailed discussions at the Audit Committee.

Mr Knox noted that the narrative within the accounts around the revaluation of land and buildings market values during the revaluation process should be viewed upon with a degree of caution in the context of Covid-19. However, he said, the report referred to the fact that the revaluation applied as at early 2020 and emphasised the importance of the user of the Trust accounts being aware of such. Mr Knox acknowledged that this was not so much an issue for NIAS as for other Trusts and said that consideration was being given by the Audit Office on whether there should be reference to this within its audit opinion. However he advised that this would not be a qualification, but rather a point of emphasis.

Responding to a query raised by the Chair, Mr Knox explained that standard wording had been provided by the DoH for inclusion within the accounting policy.

Mr Nicholson confirmed that the wording had been included within the accounts.

He indicated that there were a number of references to Covid-19 throughout the Annual Report and Final Accounts, including the specific issue relating to the revaluation of the NIAS estate being as LPS had determined. Mr Nicholson was of the view

that a change in the valuation would not cause an issue for the consideration of the accounts due to the fact that NIAS did not own much of its estate and therefore the impact on the accounts would potentially not be as significant as on other Trust accounts.

Mr Bloomfield referred to the actions to be taken by the Audit Committee (page 4 of the report) and was of the view that the Committee should accept the misstatements. He acknowledged the questions which had been posed by the Chair and said that the modelling of the AfC calculations should not overshadow the resolution of a longstanding issue which was a significant and positive development for the Trust. Mr Bloomfield indicated that the Trust's understanding was that all the associated costs would be met by the commissioner and he said that the Trust needed to ensure that this remained the case. He undertook to advise the Committee of the Trust's discussions with the commissioner in this regard as well as responding to the Committee Chair on the issues he had raised.

Mr Bloomfield also welcomed the fact that the Trust had achieved a break-even position at the year.

The Chair acknowledged that this was a new and emergent issue which had been referred to within the External Audit report.

Mr Nicholson welcomed that comments made by Mr Knox in relation to the status of the audit. He also expressed his thanks to Ms Sellars who had proof-read the document and had made a number of presentational suggestions which would be made prior to publication of the accounts. Mr Nicholson said that he would also like to take this opportunity to thank the External Auditors for the thorough way in which they had approached the auditing of the accounts in the context of Covid-19.

He said that the overall reason for not adjusting the accounts was that the amount involved was not material and added that this had been outlined in the Report to Those Charged with Governance. Mr Nicholson described the complexity of the modelling process and said that this had included incremental

dates; assimilation to pay scales and new pay scales introduced in March 2020. He said that, since the Unions' acceptance of the offer, efforts were now focused on making the payments to staff and he added that Trust staff had now engaged with BSO Shared Services in this respect.

Mr Nicholson advised that he intended to outline the proposed timeframe at a future Senior Management Team meeting and said that it would be several months until there was clarification around the final payments to be made to the different groups of staff. He indicated that the Trust had ensured that DoH colleagues were aware of the model and the assumptions within it as well as the potential impact moving forward and he reiterated Mr Bloomfield's earlier comment that the Trust's understanding had been that the full and legitimate costs of the AfC would be met by the commissioner.

Mr Nicholson emphasised that the full and final costs would only be known when final payments had been made to staff.

The Chair asked whether it would be possible to include funds to allow for a 'buffer'. He referred to the range of factors that had to be taken into account in the modelling and asked whether there was potential for the final figure to differ significantly from the £1.3 million already identified.

Mr Nicholson advised that the model should have been adjusted. However he did not expect the figure to be materially different and acknowledged that, if it was materially different, this would be an element of the engagement with the commissioner.

Mr Ashford indicated his agreement with Mr Bloomfield's earlier comments around the need for positivity around the conclusion of the pay deal. He asked when the Trust might know the outcome of the discussions with the commissioner in terms of the provision of funding for AfC and was of the view that there would be significant implications for the Trust should funding not be forthcoming. Mr Ashford suggested that it might also be helpful for the Chair to include reference in his annual report to the fact that the issue would be discussed in detail at today's Audit Committee.

The Chair explained that he had not wished the issue to overshadow the outstanding work which had been completed throughout the year.

In response to a question, Mr Nicholson explained the rationale around not making the adjustment to the accounts and advised that the impact on the Trust accounts would be to recognise a further £1.3 million of expenditure and therefore the Trust would have to report a £1.3 million deficit for the financial year. He indicated that, in normal circumstances, the Trust would engage with the DoH and HSCB in order to resolve this issue.

Mr Nicholson explained that, in the past, the HSCB and DoH had funded the Trust within its revenue baseline to resolve this specific issue and said that he had no reason to believe that this position would change. He said that reaching a resolved position would now allow the Trust to move forward on a number of other critical elements within the overall agreement.

The Chair indicated that Mr Clerkin had been supportive of this approach.

Mr Knox advised that he would be happy to convey the nature of the Committee's robust discussion to the Comptroller and Auditor General and said that he agreed with the point made around the value being below the materiality threshold.

The Chair referred to the requirement for the Committee to have written endorsement of management's decisions to leave this issue as an unadjusted error in NIAS accounts for 2019-20 which were as follows:

- These amounts were below the materiality threshold for NIAS.
- Given the proximity to the year end, a decision by NIAS to adjust these errors would not allow time for the HSCB to deal with these costs as envisaged. This would either result in a deficit in the NIAS accounts or disrupt the year end processes for the HSCB and the Department of Health.
- The calculation of the final amount of these payments will only be fully determined at the time NIAS is ready to make payments to staff, therefore, it was more practical to deal with this in the next financial year.

Concluding the discussion, the Chair conveyed the thanks of the Committee for the work undertaken to reach this point.

Mr Ashford endorsed the Chair's comments and asked, if it was determined that a refinement of the calculations was required, whether that might affect the balance in terms of tipping the adjustment over the threshold of materiality.

The Chair acknowledged that it would be difficult to confirm this without knowing the specific details. However he asked if it transpired that the final figure differed significantly, would the Trust and indeed the committee be required to re-open the accounts.

Mr Nicholson reminded the Committee that there were a number of other factors to be taken into account when working through the calculations to determine the final costs. However he advised that it would unlikely that an adjustment would require the Trust to revisit the previous year's accounts.

Mr Knox agreed with this view and explained that it was intended that the accounts would be certified in early July. Therefore, he said, any issues arising which were significantly different would be incorporated into the 2020-21 accounts. Mr Knox confirmed that these accounts were not materially affected by the understatement of the estimate and, as such, this was not considered to be an issue for the 2019-20 accounts.

Ms Shortall said that she wished to put on record her thanks to the Trust's Finance staff for their assistance throughout the audit.

Echoing these comments, the Chair thanked all concerned for enabling the Trust to reach this point in the final accounts process.

29/20 **Annual Report & Accounts**

(i) Draft, Audited, Uncertified, Annual Report & Accounts for the year ended 31 March 2020 (AC02/07/20/06)

Mr Nichsolon drew the Committee's attention to these papers and advised that a draft version of this report had been previously presented to the Audit Committee. He referred to the fact that Mr Knox had, earlier in the meeting, outlined the status of the accounts to the Committee and Mr Clerkin had also taken the Committee through the detail of the Report to Those Charged with Governance.

Mr Nicholson advised that, in focusing on the financial position, the Trust had concluded the financial year with a small revenue surplus of £19,000 and an underspend of approx. £300,000 in relation to the capital position. He indicated that the Trust had performed well in relation to prompt payments achieving 94.4% but had just missed the target of 95% by a small proportion.

He explained that, given the current circumstances, it would be necessary to affix digital signatures to the accounts and said that the Committee's approval was required in order to do so.

In response to a question from the Chair querying whether affixing digital signatures had been verified with legal department, Mr Nicholson advised that the decision to do so had originated from the NI Audit Office and the DoH and he sought the Committee's approval to do so.

Both the Chair and Mr Ashford indicated that they were content for digital signatures to be affixed.

Mr Nicholson expressed his satisfaction with having reached this stage in the context of Covid-19 and advised that he had no further points of concern. He added that he did not intend to go through the extensive document in detail as he felt the Committee had done so during earlier discussion.

At the Chair's invitation, Mr Ashford confirmed that he had no further points to raise and he commended all involved in achieving a surplus of £19,000 against a total budget of £80 million.

Mr Knox sought clarification on when the Trust expected to make the payments in relation to AfC.

Responding, Mr Nicholson advised that it would take several months to work through the calculations but hoped that the Trust might be in a position to make payments before Christmas.

Ms Lemon advised that the Trust did have an implementation plan but acknowledged the significant complexity of the calculations to be worked through in terms of assimilation. She explained that the Trust would work closely with BSO colleagues as to the timescales for payment. She advised that Trade Union representation had been included on the implementation group so that they were fully involved in the process and understood the complexities around it.

The Chair welcomed this update.

(ii) Letter of Representation: NIAS for the year ended 31 March 2020 (AC02/07/20/07)

Mr Nicholson explained that this letter would be signed by the Chief Executive to accompany the submission of the accounts to the Comptroller and Auditor General and he outlined its content.

He pointed out that reference to the unadjusted errors was included within page 5.

There was some discussion over the wording used around fraud on page 2 of the correspondence and it was agreed that Mr Knox would liaise with Mr Phillips in relation to revise this accordingly.

On a proposal from the Chair and seconded by Mr Ashford, the Committee **APPROVED** the following, subject to the

satisfactory completion of outstanding audit matters and a number of minor amendments and changes, that:

- The Annual Report and Accounts for the year ended 31 March 2020 should be approved by the Trust Board:
  a) The Performance Report should be signed by the Chief Executive;
  b) The Accountability Report (which includes: Governance Report; Remuneration and Staff Report; and Accountability and Audit Report) should be signed by the Chief Executive; and
  c) The Financial Statements should be signed by the Chairman and the Chief Executive and
  d) The Letter of Representation (Public Funds) for the year ended 31 March 2020 should be approved by the Trust Board and signed by the Chief Executive.

(iii) Draft, Audited, Uncertified, Charitable Funds Trustee's Annual Report for the year ended 31 March 2020 (AC02/07/20/08)

Mr Nicholson advised that the Committee had had previous sight of these accounts for review.

He drew the Committee's attention to the fact that there were slightly different arrangements in place around the Trust Chair's involvement in the Charitable funds due to her involvement with the Charity Commission and explained that she had recused herself from any consideration of these funds.

Mr Nicholson reminded the meeting that the Trust Board was the corporate Trustee in respect of the Charitable accounts.

Mr Nicholson referred members to page 8 of the accounts which set out the Charity Commission's requirements and confirmed that there had been no material changes to these accounts since the Committee's initial consideration.

(iv) Letter of Representation: NIAS Charitable Trust Funds for the year ended 31 March 2020 (AC02/07/20/09)

The Committee indicated that it was content with the letter of representation.

Following a proposal from the Chair which was seconded by Mr Ashford, the Committee agreed to recommend the Draft, Audited, Uncertified, Charitable Funds Trustee's Annual Report for the year ended 31 March 2020 to the Trust Board for approval and that:

- The Trustee's Annual Report and Accounts for the year ended 31 March 2020 should be approved by the Trust Board and signed by the Audit Committee Chair and the Chief Executive and
- The Letter of Representation (Charitable Funds) for the year ended 31 March 2020 should be approved by the Trust Board and signed by the Chief Executive.

30/20 **Closed Meeting**

At this point in the meeting, Committee members met independently with the Internal and External Auditors in a closed meeting. This was facilitated through the use of a Zoom break-out room.

Upon their return to the meeting, the Chair advised that there were no matters arising or actions required as a result of the closed meeting.

31/20 **Any Other Business**

(i) NIAO Work Programme: Impact of Covid-19 (AC02/07/20/10)

Mr Nicholson drew members' attention to the correspondence from the Comptroller and Auditor General which set out the approach adopted by the NIAO at the outset of the pandemic. The correspondence also made reference to a number of reports which the NIAO hoped to publish over the coming months.

Mr Knox advised that the correspondence acknowledged the Comptroller and Auditor General's appreciation of the efforts made by all concerned to ensure that deadlines were met as well as acknowledging the difficulties in conducting audits off-site.

Mr Ashford referred to the earlier discussion around the Report to Those Charged with Governance. He alluded in particular to the increased oversight around DAC and sought an assurance that this issue would be examined further.

Mr Nicholson confirmed that this would progressed.

32/20 **Date, time and venue of next meeting**

The next meeting of the Audit Committee would take place on Thursday 8 October 2020 at 10am (venue and arrangements are to be confirmed)

The Chair declared the meeting closed and congratulated Mr Nicholson and the Finance team on the preparation and presentation of this set of accounts in what were difficult circumstances.

Signed: William Abraham

Date: 18 August 2020

The Chair confirmed that the holding of the meeting online was in compliance with legal requirements.

12/20 **Apologies**

Apologies were noted from Mr McNeill, Ms O'Hara, Mr Knox and Ms Sellars.

13/20 **Declaration of Potential Conflict of Interest & Confirmation of Quorum**

No conflicts of interest were declared and the meeting was confirmed as quorate.

14/20 **Previous Minutes (AC28/05/20/01)**

The minutes of the previous meeting held on Thursday 26 March 2020 had been approved by e-mail and presented to the Trust Board meeting on 7 May 2020.

15/20 **Matters Arising**

The Chair referred to the issue of Agenda for Change (AfC) and said that he would be happy to receive an update later in the meeting.

16/20 **Chairman's Business**

(i) Audit Committee Annual Report
(ii) Audit Committee Self-Assessment

The Chair noted that both the Audit Committee Annual Report and Self-Assessment were currently in draft and would be circulated in due course.

17/20 **Internal Audit**

(i) Progress Report (AC28/05/20/02)

Ms McKeown advised that there were a number of reports to be brought to the Committee's attention during today's meeting and added that Mr Paul Jameson, IT Audit Manager, would present the IT Audit Report.

IT Audit

Mr Jameson explained that, in line with the 2019/20 annual Internal Audit plan, BSO Internal Audit carried out an audit of IT Cyber Security during March 2020. He advised that this audit had focused on step one of the National Cyber Security Centre's (NCSC) 10 Steps to Cyber Security – Network Security. He drew members' attention to page 5 of the report which illustrated the position of the network in relation to the rest of the HSC and highlighted the 'island' status of NIAS, ie that NIAS operates somewhat independently from the rest of the HSC.

Mr Jameson said that the Trust had received a limited assurance in terms of network security and added that there were six significant findings (set out on page 7 of the report) which he took the Committee through in detail.

The Chair sought further detail in relation to restricting third party access through the use of time limits and highly privileged access and Mr Jameson explained the issue in more detail.

The Chair sought further detail on penetrative testing that had been conducted. Mr Jameson explained that testing had been carried out on an ad hoc basis and it was Internal Audit's view that this should be carried out on a more formal systematic basis. He advised on what an appropriate level of testing would be.

Mr Jameson advised that NIAS' own ICT self-assessment, using a number of indicators of good practice, had identified a number of further areas to be progressed. He advised that key areas assessed as not being achieved related to leadership, risk management, policy/processes, and culture. He said that work should also be progressed in relation to performance reporting on ICT activities which should be further established and reported up through the organisation. Mr Jameson advised that the ICT Risk Register should be reviewed regularly by ICT. He advised that management had agreed and accepted all of the audit recommendations.

The Chair thanked Mr Jameson for his report and invited Mr Bloomfield and Mr Nicholson to comment.

Mr Nicholson said that he welcomed the report, in particular the succinct manner in which the report described the network as 'island status'. He acknowledged that cyber security was a global issue and that concern regarding this issue increased exponentially over the last few years. Mr Nicholson said that the audit report outlined a number of areas which the Trust needed to focus on. He explained that, in the management response, the Trust made reference to the NIAS ICT Delivery Model Review which would clarify the position of the Trust and strengthen the current arrangements.

Continuing, Mr Nicholson noted that there had been a recognition of the under-investment in NIAS ICT. He acknowledged that many of the recommendations would require significant investment in terms of both infrastructure and staffing. Mr Nicholson said that this process had already commenced.

In response to a question from the Chair as to the size of investment required, Mr Nicholson explained that a significant capital investment would be required as well as funding for additional staff. He said that this could be in the region of several hundred thousand pounds.

Mr Bloomfield echoed Mr Nicholson's comments and said that he too welcomed the report. He added that the recommendations were useful and important and acknowledged that cyber security was becoming an increasingly concerning issue. Mr Bloomfield said that the Trust was reliant on IT systems to operate effectively and he stressed that he was committed to working with Mr Nicholson and IT staff to progress the recommendations. He indicated that, under organisational restructuring, IT would move to the remit of Ms Paterson and said that she and Mr Nicholson were working closely to take forward the audit recommendations.

Ms Paterson advised that she had liaised with Mr Nicholson and Mr Jameson on the audit. She added that work was now

ongoing to scope out what was required in terms of investment and said that work would then be taken forward to look at structures with regard to the ICT Delivery Model Review. Ms Paterson acknowledged that there were local standards and policies which could be used as interim measures to tighten up some of the risks identified while the substantive work was progressed.

Mr Ashford acknowledged that he had been concerned at the report and the number of recommendations therein. He asked whether serious consideration had been given to outsourcing IT services and was of the view that outsourcing IT services may go some way towards mitigating risks. He questioned the Trust's capability to resolve the issues identified and said that Mr Nicholson had responded to this by acknowledging the investment required in terms of capital and staffing. However, he asked if anything could be progressed in the short-term to reduce the risk initially.

Mr Jameson explained that, while the other five Trusts managed their own ICT services, BSO provided some regional services.

Mr Ashford referred to the fieldwork carried out by Mr Jameson and asked at what point had the 'island status' of NIAS been identified.

In response, Mr Jameson was of the view that this was a legacy issue and felt that it was not his place to respond as regards the 'island status' of the Trust.

Mr Bloomfield acknowledged that the direction of travel signalled by the DoH was a move towards a shared service for ICT although this work was at a relatively early stage. He referred to the historical nature of NIAS being placed outside the regional provision of services.

Referring to Mr Ashford's question about a short-term solution, Ms Paterson acknowledged that there were opportunities to strengthen some policies and Trust standards; how the Trust worked with third parties and processes with regard to testing in particular a framework for penetrative testing. She said it would be important to bring

these elements into a systemic approach which would allow monitoring and control over the issues being progressed internally whilst the other piece of work being taken forward related to the delivery model.

Mr Ashford asked whether an action plan would be made available for members' consideration to allow them to determine the progress being made.

Mr Bloomfield advised that, as in line with responses to all audit reports, an action plan would be developed in terms of how the Trust intended to respond to the recommendations.

Mr Nicholson indicated that the Trust had already made some investment in infrastructure and a business case would be developed with a view to improving resilience. He added that a recent recruitment exercise had also taken place but said it was recognised that the skills required were highly specialised. Mr Nicholson reminded the meeting that the Trust IT Department was a small team with specialised skills and he suggested that perhaps this could be built upon by linking into arrangements with BSO ICT services. He acknowledged that all the issues identified were inextricably linked and would be contained within the action plan being progressed.

Ms McKeown thanked Mr Jameson for his report and he withdrew from the meeting and the Internal Audit presentation continued.

Procurement and Contract Management Audit

Mr Charles referred to the Procurement and Contract management audit which had focussed on Estates and facilities management and said that a limited level of assurance had been provided. Mr Charles advised there were two significant findings relating to facilities management and procurement outside the facilities management contract and explained the findings in detail.

The Chair sought clarification that the facilities management element related to an external contracted party and whether

the contract was not followed or that the evidence was not there.

In response, Mr Charles confirmed that H&J Martin provided facilities management services and while they undertook a significant proportion of the work, they sub-contracted elements of work to other providers. He acknowledged that this was permitted but that, in order to do so, contractors had to follow the process to secure services from other contracts.

Mr Charles advised that there was no evidence to suggest that the process laid down by contract had been followed.

Continuing he said that, through testing, three contractors outside or the facilities management contract were identified where the cumulative spend had been in excess of £50,000 and where procurement exercises had not taken place or Direct Award Contracts were not in place.

Mr Charles advised that management had accepted all recommendations and said that Internal Audit would review the status of this report at mid-year and at the end of the year.

The Chair sought clarification on who within the Trust would be responsible for ongoing liaison in terms of facilities management.

Mr Bloomfield advised that Mr McNeill, CRM Programme Director, would be the lead Director for Estates and Facilities Management. He explained that, until recently, this area of work had fallen within the remit of the Director of Operations. However, it was thought that the focus of the Director of Operations post should be on the operation of the ambulance services and therefore Estates and Facilities Management had transferred to Mr McNeill upon the appointment of Mr Sowney to the Interim Director of Operations post.

Continuing, Mr Bloomfield indicated that the Trust was currently developing a long-term Estates Strategy and he acknowledged that in the past this area of work had not received the attention it deserved. He was of the view that, by identifying a dedicated lead, the Estates and Facilities

Management function had been strengthened. Mr Bloomfield confirmed that a number of appointments had been made recently, namely the Head of Estates, a qualified Quantity Surveyor and a Facilities Manager.

The Chair welcomed the progress made in this area and was of the view that it represented a good example of how the Trust had put arrangements in place to mitigate against risks.

Mr Bloomfield referred to the organisational changes taking place and said that, one year previously, the Trust had had four Directors whereas there were now eight Directors in post. He said that such changes ensured appropriate and robust focus on the issues to be taken forward in the coming year.

The Chair referred to the fact that the report had alluded to senior managers accessing other Trusts to resolve remedial work rather than follow the agreed processes and he asked how this would be addressed.

Mr Bloomfield acknowledged that following the facilities management processes to address remedial work was not a speedy process. He said he could understand why a Station Officer would adopt a pragmatic approach and access the relevant Trust in which the NIAS station was hosted to ensure a prompt response to a facilities issue. However, Mr Bloomfield acknowledged that audits of this nature tended to identify instances when staff worked outside of established processes.

Continuing, Mr Bloomfield referred to the Covid-19 pandemic and said that, on occasions, officers will have worked outside of normal processes and procedures to get things done and he stressed the importance of having the reasons for doing so well documented.

The Chair stated that Mr Bloomfield was correct to clarify this position and queried whether, when the processes and procedures are revised, the opportunity should be taken to incorporate the ability to ensure that remedial works could be completed within a realistic timeframe.

Mr Ashford welcomed the fact that the Trust was already working to address a number of the issues that had been identified and said that Non Executive Directors would support this work in whatever way necessary. He acknowledged that there appeared to have been some work that was not necessarily of an emergency nature and asked whether it would be in order to approve such work retrospectively.

Responding, Mr Bloomfield said that he, Mr Nicholson and Mr McNeill had discussed this issue and he advised that a business case incorporating this work would be presented to a future Senior Management Team meeting.

Mr Nicholson referred to the importance of striking a balance between the Trust supplier and local Trust Estates functions providing services directly to stations. He said that his preferred option would be for Trust Estates functions to organise suppliers for the provision of services. Mr Nicholson said that there were challenges for a relatively new NIAS Estates Department dealing with in excess of sixty NIAS stations.

In response to Mr Ashford's question with regard to retrospective approval, Mr Nicholson confirmed that the Trust would have been content to approve the costs at the time and advised that, as such, it would now be possible to issue retrospective approval if and when required.

Complaints, Incident and Claims Audit

Mr Charles drew members' attention to the follow-up report on Complaints, Incidents and Claims and reminded members that Internal Audit had previously attributed an unacceptable assurance in relation to complaints and incidents, including SAIs and a limited assurance in relation to claims management.

Mr Charles explained that, when Internal Audit had revisited the status of the recommendations in January/February, they had been able to provide a satisfactory level of assurance to complaints, incidents and claims and a limited assurance in respect of SAIs. He drew members' attention to the list of

improvements which had been made and the table of outstanding recommendations. He advised that the remaining priority 1 findings had all been re-prioritised to priority 2 findings due to the level of improvements made.

Ms McKeown echoed Mr Charles' comments and acknowledged the significant work and improvements which had been carried out in such a short period of time to enable the assurance levels to be increased.

The Chair welcomed the improvements made and said that Non Executive Directors were aware of the significant work undertaken as this had been an ongoing topic for discussion.

Mr Ashford referred to the requirement to report SAIs within 72-hours of the incident taking place and asked if the Trust could challenge this timescale.

Mr Bloomfield said that he too had been pleased to see the progress made and he thanked Ms McKeown for her positive comments. However, he acknowledged that further work was required. He emphasised that safety and quality were two critical elements to be progressed by the Trust and added that learning from complaints and incidents would be key in this respect.

Continuing, Mr Bloomfield advised that, at Director level, safety and quality now fell within Ms Charlton's remit and he stated that this area of work would now receive the appropriate focus it deserved. He advised that Ms Charlton had identified a SAI Clinical Lead and had engaged additional support from the Leadership Centre to work on SAIs.

Financial Review Audit

Mr Charles referred to the Financial Review audit within the progress report and reported that this had been provided with limited assurance in respect of Payments to Staff and Procurement of Staff Substitution on the basis that DAC approved levels had been materially exceeded.

He also advised that a satisfactory assurance had been provided in relation to Bank and Cash as controls were operating satisfactorily. Mr Charles explained in detail the two significant findings relating to access control issues in the HRPTS system and spend on staff substitution.

The Chair sought further detail on the term used 'core user'.

Mr Charles explained that this was the link which allowed individuals to access the HRPTS system.

Mr Phillips added that this related to the ability for HR and Payroll to have additional access to input and monitor staff records, for example to input information relating to new starts, changes in pay scales etc.

Continuing, Mr Phillips explained that, within the Finance Directorate, only two officers had access to the Payroll element of HRPTS. He advised that, prior to Covid-19, work had been taken forward to review levels of access.

Mr Ashford sought further detail in relation to the reference to DAC having been exceeded.

Mr Nicholson explained that this had related to the failure to have a business case physically signed off. He said that arrangements were being made now for the DAC to be signed and retrospective approval sought from BSO PaLS.

Ms Lemon referred to capacity within HR. She reminded the meeting of the benchmarking work which Mr Bloomfield had commissioned from AACE and said that one of their findings had related to the fact that there was a limited number of staff within HR working across functions. Ms Lemon said that the current HR review was focussing on the identification of particular functions and the allocation of specific functions.

(ii) Culture Review (AC28/05/20/03)

The Chair commented that he had read this report with interest. He referred to recent staff surveys which had been conducted and which had proved difficult to read. The Chair was of the view that there appeared to be a disconnect

between the survey results and the pride NIAS staff had in their work and noted the limited participation which could skew such a report. However, he said that it was positive to have issues identified and ensure that work was taken forward now to address these and effect change.

Ms McKeown advised that Internal Audit had been asked by the Chief Executive to undertake a consultancy assignment to focus on the culture within the Emergency Control Room. She added that the exercise had been undertaken in June/July 2019 and explained that the consultancy review had been based on a survey of EAC staff and other operational staff. Ms McKeown said that, in addition to this, discussions had been held with a random sample of EAC staff when Internal Audit had conducted direct engagement. She outlined the findings of the exercise and took members through the three recommendations put forward. Ms McKeown added that it would be beneficial to provide feedback to EAC staff on the outcome of the review.

Mr Bloomfield said that he welcomed and appreciated the role of Internal Audit. However, he was of the view that it was important to place this exercise in the context in which Internal Audit had been asked to conduct it. Mr Bloomfield reminded the meeting that the findings of a previous staff survey had been presented to the October Trust Board meeting and said that, as a result, Ms Lemon was already taking forward a work programme in relation to organisational health and culture. Members had received an update on this work at the January Trust Board meeting.

Continuing, Mr Bloomfield acknowledged the need to address those issues identified by Internal Audit but said that these would be taken forward in totality. He referred to the Chair's earlier comment in relation to the pride NIAS staff had in their uniform and accepted that, while this was certainly the case, there was a recognised culture issue within the organisation. Mr Bloomfield said that this would take time to resolve but added that work had already commenced to address this.

The Chair acknowledged that Internal Audit had produced its report at the Trust's request and said that the educational

framework being put in place by the Trust had contributed greatly to the transition whereby health care professionals were delivering services to the population with pride and dignity with a clear shift towards a professional culture.

The Chair said that, as with all organisations, there were staff members who would be and who would not be supportive of such changes and he sought clarification on how this would be addressed.

Mr Sowney pointed out that the Senior Management Team shared the same vision for the organisation in terms of transforming the culture and eradicating any bullying and harassment or misogynist cultures within the Trust. He emphasised that the Trust had started to address this and would continue to do so.

Continuing, Mr Sowney was of the view that one of the biggest transformations within the Trust was the introduction of the degree programme which would begin to embed a professionalism within the organisation. He said that this work had already started through the establishment of the foundation degree course.

The Chair agreed with the comments made by Mr Sowney and said that it would be important for the Trust to take whatever steps were necessary to make this transition.

Ms Lemon said that she had found the findings of the Culture Review disappointing and added that it was reflective of the findings of the wider staff survey undertaken some time ago. She indicated that the Trust took such findings seriously and very much acknowledged the work to be done to address these issues.

Ms Lemon said she shared Mr Sowney's view in relation to the Senior Management Team's vision for the organisation and believed that it would be important to translate this vision to other levels of management within the Trust. She acknowledged that there were elements of the work to be taken forward which related to HR processes while other elements related to the wider responsibilities shared by the Senior Management Team.

Ms Lemon advised that, from a HR perspective, work had already commenced to map out the approach to addressing such culture issues and she referred to the presentation she had made to the Trust Board meeting in January around the 'Organisational Health and Culture Programme'. She pointed out that the Trust currently did not have an Organisational Development function and said that the AACE Benchmarking Review had recommended the establishment of such a function. Ms Lemon said that the Trust had engaged an Associate from the Leadership Centre to support the Trust's work in this regard.

Mr Ashford stated that he believed the Culture Review offered an opportunity and a means of measuring the outcomes of the work being taken forward by the Senior Management Team as well as providing a good baseline for the organisation to progress and make the necessary changes. He said that the introduction of the Clinical Response Model in terms of recruitment of staff provided further opportunities for newly recruited staff to have a clear understanding of the values and culture the organisation wanted to engender.

Mr Cardwell acknowledged that, while the review was challenging, it would be critical to the work being taken forward. He referred to the fact that there had been a 24% response rate to the survey and asked if Internal Audit had been concerned at this. Mr Cardwell also highlighted a minor typographical error in the third bullet on page 4.

Ms McKeown expressed her disappointment at the response rate and explained that, in conjunction with HR, Internal Audit had reminded and encouraged staff on a couple of occasions to complete the survey. She added that, in view of the poor response rate, Internal Audit had augmented it with discussions with staff on duty.

Mr Bloomfield assured Committee members that the Senior Management Team was committed to progressing this work and said that he would be happy to provide an update to a future meeting. He said that it was imperative that there was

a shift-change and that staff throughout the organisation clearly understood the change.

The Chair suggested that it might be useful to have a discussion around culture in a facilitated workshop environment. Mr Bloomfield agreed to give this consideration.

(iii) Year End Follow-Up Review of Outstanding Internal Audit Recommendations 2019-20 (AC28/05/20/04)

Mr Charles reminded the meeting that Internal Audit conducted follow-up reviews in September and March. He advised that, out of 152 audit recommendations, 108 (71%) were fully implemented, 43 (28%) were partially implemented, with 1 (1%) not yet implemented. Mr Charles advised that, whilst good progress had been made, areas such as Board Effectiveness, Absence Management and Patient Flow had low percentages of fully implemented recommendations so further work was required.

Mr Charles said that, as already had been alluded to, there had been a significant improvement in Complaints, Incidents and Claims Management where four of the seven recommendations had been fully implemented. Mr Charles pointed out that, as a result of this work, Internal Audit had been able to reprioritise all Priority 1 findings to Priority 2.

Mr Bloomfield welcomed this progress and said that the Committee and Internal Audit had been concerned about this area of work in the past.

He indicated that progress had been made through a lot of effort including a number of workshops with senior staff to examine Internal Audit recommendations, in particular those recommendations which were 3-4 years old. Mr Bloomfield said progress could have been better and there was a need to continue to build on the momentum generated. He said that there had been particular focus between December-March but unfortunately the Trust had to pause this work as a result of Covid-19.

The Chair welcomed the progress made despite Covid-19.

(iv) **Shared Service Update 2019-20 (AC28/05/20/05**)

Ms McKeown referred to two Shared Services audits conducted in BSO – the first related to Payroll and the second to Recruitment. She advised that, for the first time since the establishment of the Payroll Shared Service Centre, Internal Audit was able to provide a satisfactory assurance in respect of both audits. She acknowledged there were three areas where limited assurance had been attributed in relation to timesheets, management of overpayments and real-time reconciliation with HRMC.

(v) Head of Internal Audit Annual Report for the year ended 31 March 2020 (AC28/05/20/06)

Ms McKeown reported that all audit assignments included in the 2019/20 Internal Audit Plan had been carried out, with a number of approved amendments, ie at the request of NIAS Management, the audit of information governance had been deferred from 2019/20 until 2020/21. She said that Internal Audit subsequently utilised the days across the other 2019/20 audits, specifically Patient Care Services and Procurement & Contract Management and added that the year-end stocktake could not be undertaken due to the ongoing coronavirus.

Ms McKeown drew members' attention to her Annual Report for the year ended 31 March 2020, in particular performance against the Key Performance Indicators. She said that the response time to draft reports had reduced significantly and added that, last year, 73% of draft reports had been finalised within five weeks but had now reduced to 40%.

Continuing, Ms McKeown reported that the Trust had been given an overall limited assurance and acknowledged that the framework of governance, risk management and control within the Trust was showing improvement. She commended management on the level of improvement which had been demonstrated by the engagement of the Trust Senior Management Team through discussions at the Audit Committee and in response to reports.

The Chair commented that there was always a time delay in what was being reported to the Committee and welcomed the fact that improvements were now showing. He said that in his annual report, he would be highlighting the improvements being made by the Senior Management Team to put in place the required systems and structures to ensure improvements continued.

Mr Ashford endorsed the comments made by the Chair and said that, while it was encouraging to see the progress which had been made, he appreciated further work was yet to be done.

(vi) Internal Audit Briefing on the Impact of Covid-19 (AC28/05/20/07)

Ms McKeown drew members' attention to the briefing note which outlined the process around the closure of 2019/20 audit work and the approach to Internal Audit in 2020/21. She added that this approach was discussed with Trust Directors of Finance in April.

Ms McKeown advised that the normal Internal Audit programme for the first quarter of 2020/21 had been stood down with a view to reviewing this position in late June. She said that Internal Audit had engaged with each organisation to ensure support to HSC and to offer any assistance which may be required.

Continuing, Ms McKeown said that, while having stood down routine audit work, it had been necessary to progress some high priority assurance work. She said that Internal Audit would then look to 2020/21 draft plans and update them in conjunction with management to ensure a 2020/21 updated plan. She undertook to bring this plan to the next Audit Committee for approval.

The Chair welcomed Ms McKeown's offer of assistance and was of the opinion that it would be helpful to have input into areas such as the annual report and self-assessment.

Mr Nicholson thanked Ms McKeown and her team for the pragmatic approach they had adopted and set out in her briefing papers.

Ms McKeown assured the Committee that Internal Audit will adopt a flexible approach this year. She added that she expected the audit plan would be subject to review throughout the year to ensure appropriate assurance and advisory work was completed.

Mr Bloomfield expressed his thanks to Ms McKeown for her offer of support and said that he would be keen to determine how to make best use of this.

18/20 **Annual Report and Accounts**

(i) Submission Letter and Draft, Unaudited, Uncertified, Consolidated Annual Report & Accounts for the Year Ended 31 March 2020 (AC28/05/20/08)

Mr Nicholson drew members' attention to the draft, unaudited, uncertified accounts and said that they had been submitted in line with the extended timetable granted by the DoH. He reminded the meeting that the original submission date had been 7 May 2020 and Trusts had been hoping for some dispensation. However, this had not been received until Friday 22 May 2020.

Mr Nicholson indicated that timeframe within which to produce the final accounts and annual report had always been a challenge but more so in recent months in the context of Covid-19. He said that he would like to convey his gratitude and thanks to all those involved in the production of the accounts and annual report including some on the call today.

Mr Nicholson reported that, in broad financial terms and subject to the completion of the audit, the Trust had achieved a breakeven position with a small surplus of £19,000 with an underspend of £317,000 on the capital programme. Referring to the prompt payment target, Mr Nicholson advised that the Trust had achieved 94.4% of invoices being paid within the specific timescale against a target of 95% and

said that this would remain a focus for the Trust in the coming year.

Mr Nicholson drew members' attention to the Governance Statement which outlined a number of challenges facing the Trust throughout the year and issues which had been identified by Internal Audit.

Continuing, Mr Nicholson advised that, in the current circumstances, External Audit had completed its work whilst adhering to social distancing requirements and had identified a number of risks, namely around pay banding for staff. He said that the outcome of the work carried out by External Audit would be brought to the next meeting of the Committee.

At the Chair's request, members undertook to advise Mr Nicholson of any changes in terms of typographical errors within the next week.

Mr Bloomfield said that he would like to take this opportunity to express his gratitude to Mr Nicholson, Mr Phillips and Ms Steele for their significant contribution to this process. He pointed out that the Trust had been awaiting guidance from the DoH as to the approach to be adopted in respect of the final accounts and annual report. However, this had received when a significant proportion of the work had already been carried out.

Mr Bloomfield indicated that Ms Sellars had offered to proof-read the Trust's Strategic Plan and suggested that she might be willing to proof-read the annual report.

The Chair also expressed his thanks to the team on behalf of the Committee.

Mr Nicholson advised that he would be happy to clarify any points of detail outside of the meeting.

(ii) Submission Letter and Draft, Unaudited, Uncertified, Charitable Trust Funds Trustees' Annual Report for the Year Ended 31 March 2020 (AC28/05/20/09)

Mr Nicholson explained that, while the Trust's charitable funds were small in comparison to those held by other Trusts, they were significant in terms of the approach taken to the management of and allocation of such funds.

He drew members' attention to page 8 of the report which set out the position with regard to the Trust Chair who had been appointed as Chief Commissioner of the Charity Commission of NI. Mr Nicholson advised that this could be perceived as a conflict with her role as the Chair and had removed herself from any business relating to NIAS charitable trust funds and would withdraw from any aspect of Trust Board meetings which would discuss such business.

Mr Nicholson said that, in line with the Trust's Standing Orders, the Chair of the Audit Committee would assume responsibility during such discussions. He added that Mr Abraham, as Chair of the Audit Committee, and Mr Bloomfield would sign the Charitable Trust Funds' Trustee's Annual Report and Accounts following the final Audit Committee.

Continuing, Mr Nicholson said he believed that 2020-21 would be a challenging year in respect of NIAS charitable funds and added that there had been a significant increase in the amount held within the charitable funds. He pointed out that NI had benefitted from the charity fundraising walk undertaken by Captain Tom Moore with the Trust receiving grants totalling £42,500 from the NHS Charities Together.

The Chair sought clarification on how the Trust was permitted to spend charitable funds. He suggested that, going forward, it would be helpful to take views on how the funds should be spent with steps being taken to ensure the plan was lawful, prudent and within the parameters of the charitable funds.

Mr Clerkin advised that the audit process had effectively commenced when the accounts had been received on Tuesday evening. He drew members' attention to the fact

that the audit team was working remotely from each other and from the NIAS finance team which made the sharing of information and responding to queries more difficult.

Mr Clerkin pointed out that, whilst there had been a three-week extension in terms of producing the accounts, the deadline in getting accounts to audit had only been extended by one week. Therefore, he said, it was essential that there was close liaison between External Audit and management.

In response to a query from the Chair as to what resources could be provided in terms of support, Mr Clerkin indicated that it was very likely that External Audit and Finance would be in continual contact over the coming weeks.

19/20 **Closed Meeting**

The Chair advised there was no need at this time for a closed meeting. He went on to ask the Audit team about the Agenda for Change accounting treatment that was a point of discussion last year. External Audit replied that they had just received papers and would be looking at all matters moving forward.

Ms Lemon then confirmed that a final offer had been made to the Unions and they were now in the process of arranging consultative ballots which were likely to take place during the first two weeks of June.

20/20 **Any Other Business**

(i) Direct Award Contracts 2019-20 (AC28/05/20/10)

Mr Nicholson drew members' attention to this paper which listed all Direct Award Contracts made by the Trust in 2019-20. He pointed out that all had been classified as green with the exception of the additional response and maintenance contract during the Covid-19 period which had been classified as amber.

(ii) Losses and Special Payments (see Funding Report of 7.1 above)

Mr Nicholson advised that this report identified the number of losses and special payments made throughout the year. He indicated that, in respect of losses, there had been seven cases throughout the year with a total value of £8,000 and said this included a number of small value losses particularly around the impact of Covid-19. Mr Nicholson added that fourteen special payments had been made with a total value of £198,000. He explained that the most significant element had been four clinical negligence cases with a value of £164,000.

Responding to a request from the Chair, Mr Phillips provided further detail in relation to the nature of the ex gratia payments made.

Mr Phillips confirmed that there had been four ex gratia payments, of which two had been made on the recommendation of the Ombudsman in relation to delays in processing complaints.

(iii) Fraud Update – verbal update

Mr Phillips provided an update in relation to the two cases previously reported to the Committee – one in relation to a request for a patient's credit card details and the other in relation to the sale of hi-vis jackets with the NIAS logo on them. Mr Phillips also advised on two new cases both relating to crisis accommodation and which were both at the preliminary enquiry stage.

He also advised that a planned meeting to discuss work on regional counter fraud issues had been cancelled due to the pandemic.

(iv) BSO Provisional Assurance 2019-20 (AC28/05/20/11)

Mr Nicholson advised that this paper was for members' information. He reminded the meeting that the BSO provided a significant number of services to NIAS and added that the

BSO Governance Statement would be used to inform the NIAS Governance Statement.

(v) Procurement Working Group minutes – 20 January 2020 (AC28/05/20/12)

Members **NOTED** the Procurement Working Group minutes of 20 January 2020.

21/20 **Date, Time and Venue of the next meeting**

The next meeting was originally scheduled to take place on Thursday 18 June 2020. However, this has now been changed to Thursday 2 July 2020 at 10am.

Signed: William Abraham

Date: 2 July 2020

2 Procedure

2.1 Declaration of Potential Conflicts of Interest

There were no declaration of conflicts of interest.

2.2 Quorum

The Chair confirmed the Committee as quorate.

2.3 Confidentiality of Information

The Chair emphasised the confidentiality of information.

3 Previous Minutes (AC11/6/20/01)

The minutes of the previous meeting on 27 May 2020 were approved on a proposal from Mr Haslett and seconded by Mr Abraham.

4 Matters Arising

4.1 Minutes from Working Groups

The Chair referred to the agenda for the meeting on 12 March 2020 and which had included minutes from various Trust Working Groups/Committees. He said that he would like to discuss the inclusion of such information in future Assurance Committee papers at the workshop to be arranged around the Committee structure.

5 Committee Terms of Reference (AC11/6/20/02)

The revised Committee Terms of Reference were approved on a proposal from Mr Haslett and seconded by Mr Abraham.

6 Policy for the Reporting of Early Alerts to the Department of Health (AC11/6/20/03)

At the Chair's request, Dr Ruddell introduced this agenda item and explained that the reporting of Early Alerts was the system through which the DoH was notified of any issues which were likely to create significant public interest. He advised that the Policy incorporated

updated guidance received from the DoH around their expectations. Dr Ruddell also referred members to Appendix 1 of the policy which set out the criteria for reporting an incident as an Early Alert.

Mr Abraham referred to paragraph 3.5 of the policy which stated that 'Staff are responsible for making themselves aware of, and adhering to, the content of this policy…' and he suggested that it might be more effective to amend this to read 'SMT is responsible for making staff aware ...' but that staff were responsible for ensuring they adhered to the content of the policy. He was of the view that this was a less bureaucratic approach.

Dr Ruddell pointed out that dissemination of the policy was covered at paragraph 9 including making the policy available on the internet, intranet/SharePoint.

Mr Bloomfield agreed with Mr Abraham's suggestion and Ms Keating agreed to make the necessary changes.

Mr Haslett sought clarification as to what point issues were escalated to the DoH, in particular the Permanent Secretary.

Responding, Mr Bloomfield explained that the Early Alert process allowed the DoH to receive prompt and timely details of events which had the potential to create public interest. He explained that Trust officers met to determine if incidents met the criteria for Early Alerts and, if so, ensure that Early Alerts were submitted to the DoH. Mr Bloomfield cited the example of lengthy turnaround times currently being experienced and said that these were quite often reported to the DoH as Early Alerts.

Mr Haslett queried whether there was a paper follow-up as opposed to a telephone call.

Dr Ruddell referred to paragraph 4.2 of the policy which clarified the process by which the DoH was made aware of any issues. He added that the process followed was that a phone call to the Department is made in the first instance. This is then followed by the submission of a specific template which provided further detail, identifying the DoH representative with whom the initial contact had taken place. He said that there was a possibility that an Early Alert can also be identified as a SAI by the nature of the incident involved.

Mr Ashford queried the requirement that the Trust 'was required to notify the Department promptly (within 48 hours of the event) of any event which has occurred within Trust services…' which met the Early Alert criteria.

Dr Ruddell acknowledged that this was a particular challenge for the Trust and he explained that, in some instances, it could be some time before the Trust became aware of an event which had impacted on the outcome for a patient. He indicated that the requirement in respect of the 48-hour timeframe had been set by the DoH and said that the Trust was continually striving to adhere to this timeframe.

On a proposal from Mr Haslett and seconded by Mr Abraham, the Committee **APPROVED** the Policy for the Reporting of Early Alerts to the Department of Health.

7 **Education and Training Timeline (AC11/6/20/04)**

The Chair welcomed Mr Frank Orr, Assistant Director of HR, Education, Learning and Development, to the meeting.

Mr Orr advised Committee members that some of the education and training programme had been paused due to the pandemic and said that the situation remained fluid. He indicated that, following discussion at SMT, he was currently revising the overall plan.

Mr Orr described the plan in detail to members and explained that the plan covered training relating to paramedics, Associate Ambulance Practitioners (AAP), Ambulance Care Attendants (ACA) and qualified recruits.

He indicated that, as well as pausing training, it had been necessary to cancel all hospital and third-person observation placements. Mr Orr advised that students had been released to return to work on the frontline to assist in the response to the pandemic. He indicated that the Trust had hoped to be in a position to resume training in June and this had been done with AAP programmes. However Ulster University had been reluctant to recommence face-to-face programmes in June, meaning that the paramedic programme would face a longer delay before resumption. Mr Orr said that the Trust had worked with the University to carry out a risk assessment

and identify mitigations/actions with a view to allowing the paramedic course to resume in September.

Mr Orr indicated that the changes in the timelines for the various courses would result in a number of finishing times being pushed back. He cited the example of students on the paramedic course and said that these students would now not graduate until February 2021. Mr Orr cautioned that the timelines identified could change further, dependent on whether there was a resurgence of Covid-19 in the autumn.

Mr Orr took members through the timeline associated with the various courses and indicated that, as a result of Covid-19, arrangements had now been put in place to allow students complete some coursework online.

He explained that, due to the postponement of training, it had been thought that the Trust may have to reduce the number of paramedic courses available. However, he said, consideration was now being given to reducing the number of Emergency Medical Technician (EMT/AAP) courses to facilitate the paramedic training. Mr Orr acknowledged that the period September-December 2020 would be demanding in terms of the numbers of training courses ongoing to attempt to catch up. He indicated that there were 42 EMT students on this course and it was hoped that these students would then graduate in February 2021, thus allowing recruitment for an EMT bridging course in November with a further paramedic course due to commence in February.

With regard to the Associate Ambulance Practitioner (AAP) courses, Mr Orr advised that it had initially been necessary to suspend two of these programmes which had been running concurrently and had involved 38 students. He added that the Training Team had put in place arrangements for distance learning and virtual learning platforms. Mr Orr advised that students were now working in small groups whilst adhering to social distancing requirements with the necessary PPE measures in place and should complete their course in mid-July. However, he said, these students were still required to complete 750 hours practice within the workplace and build up a portfolio of evidence before being deemed to be fully qualified.

Mr Orr pointed out that further AAP courses, originally scheduled to commence in May, would now commence in August and run to January 2020. He added that the intention would then be to follow up with a further two courses.

With regard to the Ambulance Care Attendant (ACA) course, Mr Orr advised that this course was currently underway with a further course planned for November. He added that there was a possibility of running a further course towards the end of the fiscal year.

Referring to qualified recruits, Mr Orr explained that these individuals were already qualified paramedics and EMTs joining NIAS from elsewhere. He indicated that it was necessary for these individuals to undertake a two-week familiarisation course in relation to NIAS protocols and equipment.

The Chair thanked Mr Orr for his detailed presentation and invited any comments/questions from members.

The Chair sought clarification on whether there were any issues from a statutory training, health and safety perspective for example, which, due to the pandemic, it had not been possible to complete.

Mr Orr acknowledged that the revised Training Plan which he was currently writing referred to such issues. He advised that the Training Team worked closely with Ms S Watters, Senior Learning and Development Officer, in relation to mandatory training. Mr Orr said that, due to Covid-19, Ms Watters had advised all staff that the timeframe for completion of mandatory training had been extended to the end of June. He added that there had been an increase on compliance since last year.

Mr Orr indicated that, until now, time had been allowed within post-proficiency training, to facilitate staff to undertake mandatory training. However he said that there had been a move towards encouraging e-learning so as not to use valuable classroom time.

Mr Orr commented that, last year, elements of IPC training had been included to ensure concerns raised by RQIA had been addressed. He added that, in the current year, new equipment had been procured to allow ACAs undertake further patient observations, for example taking temperatures, and the focus had

shifted to ensure ACAs undertook the necessary training associated with this equipment.

Mr Orr acknowledged that there had been an impact on the amount of time Clinical Support Officers (CSOs) had been able to spend face-to-face with crews and the Training Team was exploring various alternatives. He added that, as a result of secondments, CSOs had not been able to appraise as many of the clinical performance indicators as had been planned. However he said that this position would improve as more CSOs took up posts during the summer months.

Mr Nicholson referred to the complexity of the training programme and the numerous elements within the programme. He commended the significant work undertaken by Mr Orr and the Training Team in addressing the many changes which had come about as a result of Covid-19. However he said that it would be important to bear in mind the complexities which arose as a result of training being delayed from one financial year to another.

Mr Abraham commended Mr Orr and his team on their work to date and their efforts to ensure that education and training resumed and more importantly caught up on the time which had been lost due to the pandemic. He said that the plan before the Committee represented the significant disruption to the overall Education and Training Plan and to those students involved. Mr Abraham indicated that, from his perspective as a Non Executive Director, it would be important that the move to the professionalisation of the service continued and he was of the view that this would contribute to the change in organisational culture. He said that, while not a question for today's meeting, he would be interested in how the Trust plans to train future leaders.

The Chair said that he very much endorsed the views expressed by Mr Abraham.

Mr Bloomfield agreed with the points which had been made and said that the work undertaken by the Training Team should not be underestimated in terms of ensuring the programme was back on track whilst taking social distancing requirements into consideration. He said that he would also like to acknowledge the flexibility shown by the students involved. Mr Bloomfield suggested that, while it might have been easier to continue with the suspension of the

training programme in the face of the uncertainties around a further wave of Covid-19, the determination shown by the Training Team to resume training and progress students' education should be highlighted.

Continuing, Mr Bloomfield said that the Trust faced additional operational pressures as services returned to normal as the numbers of calls and patients requiring ambulance services increased. He added that staff would also require leave in the coming months and said that there had been collaborative work between Training and Operations in this regard.

Mr Bloomfield referred to Mr Abraham's comment in relation to training for future leaders and indicated that this was integral and key to the work currently being taken forward within the Education and Training Plan in terms of the continuing professionalisation of the workforce. He cited the example of a Leadership Development Programme provided by the Royal College of Nursing for frontline managers which had been put in place by Mr Sowney. Mr Bloomfield said that, while he welcomed such programmes, he acknowledged that further work was required in this regard.

Mr Haslett echoed the comments made by colleagues in relation to the work being undertaken by the Training Team and he commended Mr Orr on his summation of a complex training timeline.

Mr Haslett referred to the CRM and noted that this was dependent on increased numbers of trained paramedics. He sought further clarification on how the suspension/resumption of the training programme might impact on this as well as the impact on the availability of funding.

Mr Bloomfield indicated that there were also linkages to the work being progressed by Ms O'Hara in relation to strategic workforce planning.

Mr McNeill said that, for the purposes of the business case, the Trust had identified the number of staff to be trained as set out within the ORH report. He added that this also included the backfill to support that. Mr McNeill acknowledged that, if the training plan, as presented by Mr Orr, came to fruition over the five-year period, it would deliver on the numbers required for the CRM programme.

However he further acknowledged that it would not cover the totality of what the Trust required and that there would continue to be vacancies as a consequence of staff leaving the organisation.

Mr Orr reminded the meeting that, where courses were suspended, staff had been redeployed to frontline duties, including many of the training team who had taken on various roles to help deal with the pandemic. He added that he had been in discussions with DoH colleagues in relation to leadership training and said that the Trust had been offered a number of places on a professional leadership programme for AHPs. Mr Orr advised that he would be working with the new Assistant Director of Paramedicine to help progress this when he took up post.

Continuing, Mr Orr said that he very much recognised the impact on students and acknowledged that, having to stand down students from courses, undoubtedly had a significant impact. He said that the Training Team faced further challenges in terms of the number of courses which would have to be progressed concurrently as well as accommodation challenges as a result of implementing social distancing requirements.

The Committee **NOTED** the Education and Training Timeline 2020-21.

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

8 **Infection Prevention Control – Key Performance Indicators**

The Chair welcomed Ms Ruth Finn, IPC Lead Nurse, to the meeting for discussion on this agenda item.

By way of introduction, Ms Charlton explained that the Trust was required to share IPC KPIs with the Assurance Committee and said that she would be keen to see this as a standing agenda item.

She said that vehicle deep cleaning compliance with the Trust standard of two deep cleans per vehicle per month had ranged between 84% and 95% from October 2019 and advised the group that there had been variance between Divisions due to geographical challenges.

Ms Charlton advised of the recruitment of additional cleansing operatives at the outset of Covid-19. She said that, with the appointment of these additional staff, it had been possible to locate cleansing operatives at EDs to undertake vehicle cleaning as crews handed over patients at EDs.

Ms Charlton referred to the requirement for 85% of vehicles to be audited every month and said this requirement was used by other ambulance services in the UK. She advised that the Trust had exceeded the compliance rate during the summer months of 2019 and, since October 2019 had achieved 84-90%, except for March when compliance had reduced to 63% as, due to Covid-19, it had been decided to stand down vehicle audits in March/April with a view to reinstating these in May.

In relation to the vehicle cleanliness audit, Ms Charlton referred to the compliance standard of 90%. She advised that, while the focus was understandably on cleanliness and IPC risks, it was also about the public's 'confidence' in the service, ie whether there were marks on the interior/exterior of the vehicle. Ms Charlton identified the percentage OF vehicles achieving this compliance whilst referring to the main areas of improvement being the cleanliness of the floors and exterior of the vehicles.

She acknowledged that maintaining the exterior cleanliness of vehicles was extremely challenging during the winter months and said that she intended to discuss this KPI with national colleagues to determine a consistent approach.

Ms Charlton pointed out that a further KPI related to 100% of stations being audited each month and said that, during Covid-19, it had not been possible to do so. However, she said that, with the appointment of permanent Station Supervisors, the aim would be to ensure that 100% of stations were audited each month.

In relation to IPC3, Ms Charlton advised that the Trust aimed to achieve 85% compliance. She acknowledged that there had been a reduction in January and said that it was important to understand the reasons behind the reduction and to review the areas for improvement. Ms Charlton further acknowledged that the Trust had an aged estate and on some occasions the physical infrastructure and fabric of the buildings had made it difficult to achieve a greater compliance.

Ms Charlton advised that there had been challenges with sluice facilities and said that Ms Finn was working with Estates colleagues to determine what improvements could be made. However, she said that this work had not progressed as much as had been hoped over the last few months.

Ms Charlton reminded the Committee that RQIA had lifted its improvement notice and said that it would be necessary to continue to undertake monitoring and provide training in line with the Trust IPC Education and Training Strategy.

Ms Charlton provided the data relating to IPC Level 1 training for non-clinical staff and explained that the compliance standard was 90% compliance with successful completion of Level 1 e-learning every three years from April 2019 – March 2020, 123 staff had completed this training which reflected 50% compliance in year one with the remainder of the eligible staff to complete within the next two years.

In relation to Level 2 e-learning, Ms Charlton advised that 614 staff providing direct care (51%) had completed the Level 2 e-learning from August 2019 – April 2020 with the remainder of staff required to complete this training by August 2021.

Reinforcing the importance of good hand hygiene, Ms Charlton advised that hand hygiene audits had been undertaken at stations and EDs. She acknowledged that, where 90% compliance had not been achieved, the opportunity had been taken to discuss the observational findings with staff and raise awareness of areas for improvement. She added that audit scores had improved in the context of Covid-19. Ms Charlton indicated that the Trust was only one of three ambulance Trusts not monitoring 'bare below the elbow' (BBE) hygiene and she advised that it had been the Trust's intention to progress this prior to Covid-19 and that these plans would be progressed moving forward.

Ms Charlton indicated that the hand hygiene audits carried out by CSOs in vehicles had not been reflected in the data shared with Assurance Committee and said that these tended to be higher. She said that it would be important to understand the tools being used to ensure they were consistent and said that work was being taken forward with CSO colleagues in this regard.

Referring to aseptic non-touch technique, Ms Charlton reported that 277 staff had been trained with compliance nearing 100%. She indicated that it would be important to put arrangements in place to observe such techniques in clinical practice as well as a competency-based assessment in the classroom.

The Chair thanked Ms Charlton for her presentation and, on behalf of Non Executive Directors, commended the significant work which had been undertaken to achieve such positive outcomes in terms of the RQIA Improvement Notice being lifted. He commented that, while still presenting challenges for the Trust, IPC was now not as significant a risk as it had been a few years previously.

Mr Haslett echoed the Chair's comments and expressed surprise at the hand hygiene audit results. He queried whether this had been as a result of a lack of sanitisers.

In response, Ms Finn advised that each member of staff had been allocated a personal hand sanitiser and said that if a staff member did not have this at the time of the audit, they had been marked down. She explained that, while some staff used the hand sanitiser in the back of the vehicle, the audit tool marked down if an individual staff member did not have personal hand sanitiser on their person. Ms Finn said it was intended to place renewed focus on this over the summer months.

Ms Charlton advised the Committee that the Trust had also procured fob watches which meant that staff would not have to wear wrist watches. She said that this would contribute towards the roll out of the BBE programme and it was hoped that this would be well received by staff.

Mr Bloomfield reminded the meeting that he had taken up post as Chief Executive shortly after the Trust had been put in 'special measures'. He believed that the lifting of the improvement notice had clearly demonstrated the significant amount of work and determination which had resulted in the Trust meeting the minimum compliance required to satisfy RQIA. Mr Bloomfield acknowledged that it would be important to ensure momentum was maintained and expressed his confidence that this would now be the case.

The Committee **NOTED** the update on the IPC KPIs. The Chair thanked Ms Charlton and Ms Finn for their contribution. Ms Finn withdrew from the meeting.

9 **Directorate Risk Register/Assurance Framework – Human Resources & Corporate Services (AC11/6/20/05)**

Ms Lemon advised the meeting that the organisational restructuring currently underway would have an impact on the Human Resources & Corporate Services Risk Register as a number of functions were transferring to the responsibility of other Directors and this would affect the risk carried. She added that Covid-19 had also placed additional risks on all Directorates.

Ms Lemon said that members would be aware of the lack of dedicated resources within the HR Directorate. She added that the HR Review had been impacted significantly by Covid-19 and, as a result, this had only served to exacerbate and further highlight risks within the Directorate around capacity and the need for an effective model. Ms Lemon indicated that there was significant work to be taken forward around the Trust's response to Covid-19 and, while this had involved redeploying a number of HR staff, there were a number of core functions which still had to be progressed, for example, Payroll.

Ms Lemon explained that responsibility for sickness absence was shared corporately but added that there was a dedicated HR resource to support this area of work. She reminded members that a workshop had been held in March to consider a new model to deal with attendance management. She said that understanding the reasons why staff were unable to come to work and how staffing levels had been impacted upon by Covid-19 had been incorporated into the HR Recovery Plan.

Ms Lemon referred to the key functions within the Corporate Plan around health and wellbeing and was of the view that there were potential risks to its delivery. She referred to the significant work which had been done around staff health and wellbeing and acknowledged that there was still further work to be done in this regard.

Referring to the HR structure, Ms Lemon said that this was reflective of what members had seen within the AACE

Benchmarking Report in terms of the risk to the health and wellbeing of staff within the HR Directorate.

She advised that the HR Directorate was currently expected to deliver a wide range of functions with a small group of permanent staff. She reminded members that the HR review would map these functions, assessing what the resources were against the identified needs and develop a model for HR functions into the future. Ms Lemon suggested that, at a future meeting, members might find it helpful to receive a presentation on what the HR Directorate functions would look like whilst taking account of what was required.

Ms Lemon acknowledged the significant challenges across the organisation. She cited the example of an organisational development function and said that this would be where one would expect the culture work to be progressed. However the Trust did not have dedicated staffing identified against this function.

In relation to the Assurance Framework, Ms Lemon acknowledged that further work was required in this regard.

The Chair sought clarification on why the risk relating to a ballot around industrial action had remained on the HR Risk Register.

Responding, Ms Lemon clarified that there were a few outstanding issues to be worked through at regional level and could not be removed from the Register until it had been fully resolved.

The Chair referred to the new Committee to be established and which would consider issues around finance, performance and HR and he queried whether the Register would be presented at that Committee into the future.

Mr Bloomfield explained that the Assurance Committee considered Directorate Risk Registers on a rotational basis. However he acknowledged that it would be important to consider the best forum for consideration of Risk Registers in light of the establishment of the new Committee. He referred to the workshop on Committee structures to be arranged and suggested that such issues could be discussed within that forum.

Mr Haslett commented that seven of the risks identified within the HR Risk Register were Covid-19 related and accepted that this was

to be expected at this time. However, he acknowledged that the significant challenges facing the Trust became very clear when one read the HR Risk Register and was of the view that these challenges applied across the health and social care sector.

Members **NOTED** the HR Risk Register and Assurance Framework briefing.

10 **Date of next meeting**

The next meeting of the Assurance Committee will take place on Thursday 17 September 2020 at 10am (arrangements to be confirmed).

11 **Any Other Business**

There were no items of Any Other Business.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.25PM.

SIGNED: _____

DATE: _____**27 July 2020** _____

ACTION - ASSURANCE COMMITTEE –11 JUNE 2020

		INDIVIDUAL ACTIONING	UPDATE
1	**Minutes of working groups –** consideration to be given to inclusion of minutes from working groups	M Bloomfield	To be discussed at Committee workshop
2	**Policy for the reporting of Early Alerts** – change to be made to para 3.5 to make it clear that 'SMT is responsible for making staff aware...' while emphasising that staff are responsible for adhering to the policy	K Keating	Completed
3	**Education and Training Timeline 2020-21** – members to be provided with detail on how the Trust plans to train future leaders	NR	
4	**HR Directorate –** further discussion at a future meeting in relation to functions within Directorate v what it is to deliver	ML	
5	**Committee structure workshop** – consideration to be given to where best to review Directorate Risk Registers within Committee structure	MB	To be discussed at Committee workshop

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