



Northern Ireland Ambulance Service  
Health and Social Care Trust



# ***TRUST BOARD***

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



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**AGENDA**

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|----|--|---|
| 1  | Welcome, Apologies & Declarations of Conflict of Interest  | <a href="#">Click on links to navigate:</a> |
| 2  | Minutes of the previous meeting of the Trust Board held on 10 February 2022<br><b>For Approval</b> | TB24/03/2022/01                             |
| 3  | Matters Arising  | TB24/03/2022/02                             |
| 4  | Chair's Update<br><b>For Noting</b>  | No paper                                    |
| 5  | Chief Executive's Update<br><b>For Noting</b>  | No paper                                    |
| 6  | NIAS Corporate Plan 2021-22 Progress Report<br><b>For Noting</b>                                   | TB24/03/2022/03                             |
| 7  | Transformation Team Portfolio Delivery Report February 2022<br><b>For Noting</b>                   | TB24/03/2022/04                             |
| 8  | Performance Report & Covid-19 Update<br><b>For Noting</b>  | TB24/03/2022/05                             |
| 9  | Finance Report (Month 10)<br><b>For Noting</b>   | TB24/03/2022/06                             |
| 10 | Annual NIAS Safeguarding Position Report 2021-22<br><b>For Noting</b>                              | TB24/03/2022/07                             |
| 11 | Outcome of consultation on Body Worn Video<br><b>For Approval</b>                                  | TB24/03/2022/08                             |
| 12 | Committee Business:<br>- Safety Committee – minutes of 27 January 2022;                            | TB24/03/2022/09                             |



# Northern Ireland Ambulance Service Health and Social Care Trust



- People Committee – minutes of meeting on 9 December 2021 and report of meeting on 17 February 2022

## **For Noting**

- 13 Date & venue of next meeting:  
**Thursday 5 May 2022 at 10am. Arrangements to be confirmed.**
- 14 Any Other Business

**TB/24/03/2022/01**







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

<b>Present:</b>	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr J Dennison	Non Executive
	Mr T Haslett	Non Executive Director (left the meeting at 11.45am)
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
<b>In Attendance:</b>	Mr B McNeill	Programme Director - Clinical Response Model (CRM)
	Ms R O'Hara	Programme Director – Strategic Workforce Planning
	Ms M Paterson	Director of Performance, Planning & Corporate Services
	Mrs C Mooney	Board Secretary
	Mr C Carlin	Boardroom Apprentice
	Mr C McCracken	Quality & Improvement Lead
	Mr S Maguire	Quality & Improvement Lead
	Ms R Leonard	Project Development and Implementation Manager
	Mr J McArthur	Emergency Planning (for agenda item 6 only)
	Mr N Walker	Interim Asst Director of Planning & Performance (for agenda item 8 only)
<b>Apologies:</b>	Ms L Charlton	Director of Quality, Safety & Improvement

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

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

The meeting was declared as quorate.

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

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

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

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

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

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

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

## 4 **Chair's Update**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Members received a detailed presentation covering the following areas:

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Members **NOTED** the Plan.

## 11 **Application of Trust Board Seal**

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

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

The Board **NOTED** this report.

## 12 **Committee Business:**

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

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

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

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

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

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

13 **Date of Next Meeting**

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

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

14 **Any Other Business**

There were no items of Any Other Business.

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

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TB/24/03/2022/02**



## TRUST BOARD – 10 FEBRUARY 2022

		INDIVIDUAL ACTIONING	UPDATE
	<b>PUBLIC</b>		
1	Include definition of 'staff abstractions' in Trust documentation	ML	Ongoing
2	Presentation on clinical developments to be given at a future Board meeting	NR	Listed for June Trust Board
3	NIFRS/NIAS collaboration – Trust Board to be kept updated on progress	NR/LC	Ongoing
4	Late finishes: - Link with Committee Chair re reporting of derogation list monitoring through to Committee; - Consideration to be given to including this on the CRR.	NW  MP	Paper to be brought to April Safety Committee  Currently being considered





**TB/24/03/2022/03**





**TRUST BOARD**

**PRESENTATION OF PAPER**

<b>Date of Trust Board:</b>	24 March 2022
<b>Title of paper:</b>	NIAS Corporate Plan 2021-22 Progress Report
<b>Brief summary:</b>	<p>The Corporate Plan progress report provides an update to the Board on the organisation's progress against the corporate objectives approved by Trust Board and outlined for delivery in 2022-23.</p> <p>This paper is for noting</p>
<b>Recommendation:</b>	<b>For Approval</b> <input type="checkbox"/> <b>For Noting</b> <input checked="" type="checkbox"/>
<b>Previous forum:</b>	SMT – 15 March 2022
<b>Prepared and presented by:</b>	Neil Walker, Head of Performance Maxine Paterson, Director of Planning, Performance & Corporate Services
<b>Date:</b>	15 March 2022





## Trust Board Corporate Plan Progress Report

### 1.0 Introduction

The Corporate Plan is a one-year plan developed to capture transformation priorities and actions directly responsible for delivering our strategic plan: Caring Today, Planning for Tomorrow: Our Strategy to Transform 2020-2026.

Transformation Priorities;

1. Delivering Care
2. Our Workforce
3. Organisational Development
4. Quality Improvement
5. Digital Enablers
6. Our infrastructure
7. Communications and Engagement

Each of these priority areas contain supporting strategies encompassing a range of specific projects and reviews that will focus on developing plans and implementing key actions for change. These transformation plans and their progress are scrutinised internally through the assurance mechanism of the Strategic Implementation Group and the subsequent assurance is provided to Trust Board within a Strategic Portfolio Report

The Corporate Plan captures a one-year view of these actions and equally important includes actions to address established challenges, issues and risks. This plan is also used to support the focus and prioritisation of internal audit recommendations.

The purpose of this report is to provide a summary of the progress to date to Trust Board on how well the organisation is delivering the key objectives within the annual Corporate Plan 2021-22.

This year has seen the Trust implement processes to review and scrutinise the delivery of the corporate plan at the directorate level and this is outlined within this paper.

For 2021-22 the Trust created Directorate Plans for further support, scrutiny and assurance purposes. It is at this level that we assess our delivery of the Corporate Plan. During the year, we have held routine meetings with each directorate to assess the delivery of the objectives and monitor the progress against the same.

The Directorate Plans have been developed using four consistent theme:

1. Trust Corporate objectives
2. Directorate Improvement plans for identified challenges and issues
3. Strategic Improvement Programme objectives
4. Internal Audit recommendations

The key Directorate objectives have been derived from these themes and are naturally linked to the strategic priority areas of the Trust.

The performance and assurance process to assess the progress of delivery for each of these deliverables is carried out monthly. These meetings are held with the senior management team within each directorate, to capture feedback on delivery and establish mitigation on any risks and issues identified on delivery.

Section 2.0, outlines the Trusts performance against delivery of the corporate plan for period ending 28<sup>th</sup> February 2022.

The Trust is using a BRAG (Blue, Red, Amber, and Green) rating as the method to monitor progress and an indication of the assessment for objectives identified in the Corporate Plan.

Traffic Light BRAG Monitoring Description Key	
<b>RED</b>	Objective forecast to be delivered significantly (i.e. in excess of one quarter) outside completion date or beyond year end
<b>AMBER</b>	Objective forecast to be (but no more than one quarter) of completion date
<b>GREEN</b>	Objective forecast to be delivered by the completion date.
<b>BLUE</b>	Objective complete.

## 2.0 Summary Position

The table below shows a summary of the progress made against our objectives within the corporate plan for the period ending 28<sup>th</sup> February 2022 along with our position previously reported at 30<sup>th</sup> October 2021.

<b>Traffic Light</b>	30 <sup>th</sup> October 2021	28 <sup>th</sup> February 2022
<b>Significant Delay</b>	8%	20%
<b>Risk Delay</b>	2%	3%
<b>On Track</b>	66%	25%
<b>Complete</b>	14%	46%
<b>Not yet Commenced</b>	10%	6%

The Trust is approaching 50% completion of the objectives identified for delivery throughout 2021-22 with some deliverables still being targeted for the end of the financial year.

As can be demonstrated in the above table, February 2022 saw an increase from 8% to 20% of our deliverables being significantly delayed in potential achievement.

The reason for this slippage has been due to the operational pressures experienced during the Omicron wave of COVID 19, experienced through the winter of 2021-22. This has meant that staff have been unable to focus on some strategic work as focus and effort has been on the Trusts' response during the wave of extreme pressure.

The 3% identified as a Risk to delay, are a result of either work taking longer than was planned to start or the need for a business case to get funding and the 6% of objectives not yet started, have been identified as those to be progressed in 2022-2023 and will need inputs from an HSC regional level or programme to complete.

It must be recognised that the delivery of these objectives has been achieved during a year that has saw two significant COVID 19 waves across the region during the early part of 2021 and throughout winter pressures

## 3.0 Further Actions

It is likely that we will achieve around 50% of all our objectives outlined in the 2021-22 corporate plan. Therefore to ensure we continue to focus on delivering our strategy all those objectives that have not been complete within 2021-22 will be rolled forward and included in the 2022-23 corporate plan.

Each directorate will meet with the Director of Planning, Performance and Corporate Services, to agree the priorities for 2022-23 prior to the financial year commencing.

The monitoring plan for 2022-23 will see each directorate meeting to evaluate and consider progress against their objectives every six weeks throughout 2022-23.



Each Directorate team will be supported in delivery, where necessary, by the Planning and Performance Team.

Throughout the financial year, the Trust Board will be informed of the progress through a series of updates and progress reports. This is to provide the assurance to Trust Board that the necessary focus is being directed to the delivery of the Corporate Plan by all within the Trust.

#### 4.0 Risk and Issues

COVID 19 continues to be a key risk to staff availability to deliver some of our key objectives through 2022-23. The ability to free staff for training, participation in strategic transformation programmes and to focus on long term corporate objectives, is essential if we are to deliver the objectives set out in our corporate plan.

Furthermore, we are constrained by the availability of funding from the Department for Health. We have a number of business cases that are in development and funding will be required to deliver on some of our objectives and within the current climate, both politically and the ongoing pressures being experienced across the HSC environment could increase the possibility and risk of funding being redirected.

As we embed the monitoring cycle within the Trust throughout 2022-23, both risks and issues identified to delivery of objectives will be monitored and managed through this process. The Governance structures put in place as part of this process, will ensure that risks and issues identified are escalated when necessary for resolution.

**Appendices** - 2021-22 plans for noting:

Project BRAG Status	
Blue	Complete
Red	Delayed with Issues
Amber	At Risk
Green	On Track

## NIAS Corporate Plan - Programme Director for CRM

ID	Work Stream	Key Objective	OWNER	Actions	PROGRESS	Notes	PLAN START	PLAN END	PLAN DAYS	ACTUAL START	ACTUAL END
1	1.0 Delivering Care	We will develop a supporting business case to secure funding in order to improve our service to patients through increased workforce and supporting infrastructure.	Programme Director for CRM	1. Develop and submit the Strategic Outline Case for CRM.	Completed			01/05/2021			
				2. Develop and submit the Outline Business Case for CRM.	Completed	25-Feb-21 15-Dec-21		01/10/2021			
6	6.0 Our Infrastructure	Infrastructure strategies for Estates in year one to address pressing issues.	Programme Director for CRM	Develop plans for accommodating uplift in workforce to yr5	Completed	15 Dec. CRM OBC					
		Develop Trust Estates Strategy	Programme Director for CRM	1. Complete condition and functional suitability surveys for the estate.	Completed	Glen & Foyle Villas completed		01/09/2021			
				2. Develop a draft Estates Strategy for approval by Trust Board Sept 2021.	Delayed with Issues	Outline plan developed Department for Health has the NIAS 10 year plan - waiting to hear back from DoH to inform Strategy		01/07/2021			
				3. Complete a consultation exercise with stakeholders.	Delayed with Issues	REAP 4		01/08/2021			
				4. Develop Estate ten year plan for DOH SIG	Completed			01-Oct-21			
		We will develop a suite of supporting infrastructure strategies for Fleet in year one to address pressing issues.	Programme Director for CRM	1. Fleet Strategy year 1 CRM to be developed.	Completed	CRM OBC		01/09/2021			
		We will develop a sustainability strategy for the organisation.	Programme Director for CRM	1. Develop a sustainability strategy for Fleet and Estate	On Track			01/03/2022			
				2. Implement plans for provision of e charging through the	On Track			01/03/2022			
		Our Infrastructure - Develop plans for the maintenance and upgrade of current NIAS Estate.	Programme Director for CRM	1. Develop plans to end the current TSSC contract for provision of maintenance by 2nd February 2022.	On Track			01/03/2022			
				2. Set up a new Facilities management Contract by April 2022.	On Track			01/03/2022			
				3. Develop schedule of planned maintenance based on SOTER	Completed						
				4. Submit State of the Estate Report to DOH (SOTER)	Completed						
		Finalise the Trusts Fleet strategy for Trust Board approval.		5. March 2022 Install Maintenance Manager on 3i Estates system and set up Help desk.	Completed			01/03/2022			
				1. Complete an engagement on Draft Fleet Strategy April - June Present Draft2 Fleet Strategy to Trust Board 19 August 2021	Completed			01/08/2021			
				2. Lead the development of plans to achieve efficiencies in the procurement and management of Fleet through: IPC Audits (vehicles) Lead Improvement in vehicle conditions audits. Continuous rectification of damaged excessive wear due to amount if cleaning. Additional technical capacity to manage these repairs regionally	Completed			01/03/2022			
				3. Secure 2 year procurement contract	Completed			01/03/2022			
				4. Acquire Omagh Fire Station as an additional NIAS in-house workshop Set up a Project Team for introduction of, Low, Ultra Low and zero emission vehicles, as per the approved Fleet Replacement bus case.	At Risk	Change in NIFRS strategy, facility no longer available.		01/03/2022			
				5. Undertake a Review of Fleet Function. Increase if specific fleet technical support in divisions.	On Track	Silver recommendations		01/03/2022			
7	7.0 Communication and Engagement	We will ensure an ongoing effective programme of engagement with staff across the organisation.	All Directors	1. Station visits.	On Track			01/03/2022			
			All Directors	2. Engagement exercises ie strategies, staff groups ( fleet).	On Track			01/03/2022			
	Governance / Audit	Implement prior and current year Internal Audit recommendations.	Programme Director for CRM	1. Lead a task and finish Group to ensure full implementation of Internal Audit recommendations relevant to my area of responsibility i.e. Fleet and Estates.	Completed	Dec-21		Sept/Oct 2019 - 2021 - 2022			

## NIAS Corporate Plan - Director of HR

ID	Work Stream	Key Objective	OWNER	Deliverables	PROGRESS	Notes	PLAN START	PLAN END	PLAN DAYS	ACTUAL START	ACTUAL END
2	2.0 Our Workforce	We will develop a Recruitment and Selection Strategy, which will include the appropriate approach to support the delivery of a skilled and effective workforce.	Director of HR	1. Review HSC and ambulance sector processes & create an outline plan to develop the strategy.	Completed			01/09/2021			
				2. Hold engagement sessions with stakeholders including recruiting managers, Occupational Health and trade union representatives to deliver a framework plan to deliver strategy.	Completed			01/12/2021			
				3. Submit strategy for approval to SMT and Trust Board.	On Track			01/03/2022			
		We will continue to secure reductions in sickness absence.	Director of HR	1. Establish new framework and action plan to ensure best practice and deliver improvements.	On Track			01/09/2021			
				2. Create a baseline dashboard to track current performance of absence and attendance.	At Risk	Questions remain of the quality of data		01/12/2021			
				3. Action plan to be presented to People Committee for approval.	Not Commenced			01/12/2021			
				4. Develop an improvement plan to include effective procurement and contract management and establish OH and stakeholder engagement mechanisms to deliver related improvements.	Not Commenced			01/12/2021			
		To design and deliver a Health and Wellbeing strategy and action plan that delivers outcome focused HWB initiatives and improvements.	Director of HR	1. Workforce engagement sessions designed, implemented, and used to inform a priority plan and to ensure the involvement of our people in the design and prioritisation of plans.	On Track			01/06/2021			
				2. Submit new HWB strategy (with clear links to baseline assessment, sickness information and other workforce health evidence) and action plan with prioritised actions designed to achieve defined outcomes for approval – TB/PFOD Committee and then publish with clear communications plan.	On Track			01/09/2021			
				3. Develop Corporate Management of aggression Policy & Procedures.	On Track			01/12/2021			
		To develop new operating models and systems of HR Governance to ensure full assurance, statutory compliance and delivery of best practice and effective governance arrangements	Director of HR	1. Review of governance and reporting arrangements for Equality and HR screening and EQIA processes for Trust policy Matrix and calendar of statutory reporting arrangements developed Q2	On Track			01/06/2021			
				2. Ensure delivery of specific actions required to ensure closure of outstanding internal audit recommendations Q2	On Track			01/06/2021			
				3. Design and deliver a new HR model to incorporate a business partner approach and deliver key related recommendations of AACE HR Review. Q3	On Track			01/12/2021			
3	3.0 Organisational Health	We will develop a revised HR delivery model to support and empower staff.	Director of HR	Ensure design full implementation of processes/initiatives to support the Trust in the response to COVID to include:	On Track						
				1. Partnership working approach with trade unions	On Track						
				2. Risk assessment/OH/ employment processes related to the management of underlying health conditions linked to COVID.	On Track						
7	7.0 Communication and Engagement	We will ensure an ongoing effective programme of engagement with staff across the organisation.	All Directors	3. Full consideration/consultation and implementation of terms and conditions implications and related processes	On Track						
					On Track						
					On Track						
3	3.0 Organisational Health	We will develop a revised HR delivery model to support and empower staff.	Director of HR	1. Create roadmap to deliver the revised HR model, including any support business case generation.	On Track			01/09/2021			
				2. Obtain approval for the revised HR model by SMT and People Committee.	On Track			01/12/2021			
				3. Commence implementation of the new HR model.	Not Commenced			01/03/2021			
		We will deliver an organisational culture programme.	Director of HR	1. Action plan to be submitted to People Committee for approval.	Not Commenced			01/09/2021			
				2. Launch the NIAS culture programme.	Not Commenced			01/09/2021			
				3. Presented achieved progress to Trust Board.	Not Commenced			01/03/2022			
				1. To undertake leadership visits to stations and other locations to engage directly with staff and complete related feedback reporting.	Delayed with Issues	Delayed due to covid		01/03/2022			
				2. Evidence visits to stations.	Delayed with Issues	Delayed due to covid					
				3. Ensure workforce engagement involvement and communication around HR Work streams.	Delayed with Issues	Delayed due to covid					

NIAS Corporate Plan - Director of Planning , Performance & Corporate Services											
ID	Work Stream	Key Objective	OWNER	Deliverables	PROGRESS	Notes	PLAN START	PLAN END	PLAN DAYS	ACTUAL START	ACTUAL END
4	4.0 Quality Improvement	We will develop the planning function within the organisation to support both internal effective planning regime and external facing role within the HSC.	Director of Planning , Performance & Corporate Services	1. Assess and agree Corporate Planning cycle/timetable with Trust Board.	Completed			01/08/2021			
				2. Deliver corporate plan to Trust Board.	Completed	Andoni to follow up on what the agreed planning cycle was		01/06/2021			
				3. Develop relationships and profiles across the HSC to contribute towards the new planning and commissioning model.	Completed	needs - Continue to Contribute at Regional level Ongoing and will continue into		Ongoing			
		We will develop the Performance function, role and reporting to support the organisation in utilising information to draw insight and evidence to support effective decision-making across the organisation.	Director of Planning , Performance & Corporate Services	1. Draft integrated quality and performance report that will be available for Trust Board.	Completed			01/06/2021			
		Develop an approach to support the organisation in identifying opportunities for improvement across non-clinical processes to optimise capacity, resource utilisation and productivity and value for money		1. Deliver the first iteration of the Integrated Performance and Quality report at Trust Board. June 2021 Obtain endorsement on the documents used by SMT/NEEDs to support their scrutiny on the performance of strategic plans. Corporate Scorecard Strategic Portfolio Report	Completed	HR piece to be included		01/06/2021			
				2. Along with DoI, support each Director to co-ordinate the delivery of audit recommendations in line with targets to achieve 80% completion of aged recommendations in 2019-2020 and earlier to ensure Satisfactory Audit Opinion is achieved in 2021-2022	On Track			01/03/2022			
				3. Benchmarking and baseline exercise to assess corporate processes and practices to derive opportunities for improvement.	Completed	Ongoing throughout the Trusts and will continue into 2022-23		Ongoing			
		We will establish the Programme Management Office as a function coupled with the processes and resources required to support the transformation agenda.	Director of Planning , Performance & Corporate Services	1. Initiate the SIG forum to take forward the oversight, monitoring and assurance around implementation of the strategic plan.	Completed			01/06/2021			
				2. Present portfolio highlight report to Trust Board to provide assurance over delivery of the strategic plan.	Completed	Initialy presented at Trust Board and now an ongoing item being brought back at regular intervals To be tabled at December Trust		01/08/2021			
				3. Develop the infrastructure of contributing stakeholders across staff, Trade Unions and patients to contribute to SIG and patients.	Not Commenced	Need to schedule & align meetings with Trade Unions in advance of SIG and bring forward any concerns that they may have.		01/09/2021			
				4. Agree and implement a communication plan for transparent stakeholder updates on progress.	Completed			01/09/2021			
		We will develop and embed a robust governance strategy and assurance reporting in conjunction with Medical and QSI Directorate.	Director of Planning , Performance & Corporate Services	1. Deliver proposals to enhance governance arrangements within NIAS to Trust Board.	Completed			01/05/2021			
				2. Agree transition process to migrate corporate risk management to the directorate of planning, performance and corporate services.	Completed			01/06/2021			
				3. Delivery of the recommendations captured within the Board Assurance Workshop and Board Effectiveness Assessment Tool.	Completed	Tool completed - Board Assurance workshop scheduled for Dec 16th		01/03/2022			
5	5.0 Digital Enablers	We will continue to develop capacity and capability in providing timely and accurate information across A&Es, C&I and K&Ps for the management and operational performance and clinical quality reporting.	Director of Planning , Performance & Corporate Services	1. Develop a business to use the DoH Data Lake to manage our information.	Not Commenced	Not yet developed		01/09/2021			
				2. Run series of Data Labs to educate and support management of the utilisation of the BI server and dashboards.	Not Commenced	Continuing to assess this as maturity develops		01/09/2021			
		We will develop the information governance team to ensure evidence of all aspects of Data Protection and UK GDPR have been implemented within the organisation.	Director of Planning , Performance & Corporate Services	1. Track and provide assurance on delivery of audit recommendations at each audit committee.	Completed	Contributed throughout 2021-2 However will continue throughout 2022-23		Ongoing			
				2. Develop plan to implement Data Security and Protection Toolkit.	Not Commenced	Dates need revised		01/09/2021			
				3. Develop process for capturing compliance with IG policies and procedures and deliver to Audit Committee for approval.	On Track			01/03/2022			
			Director of Planning , Performance & Corporate Services		Completed	Head of Performance will coordinate updates around the organisation on assurance and performance and how we are managing it Ongoing as the business develops. Reporting is in place to Trust Board on a regular basis		Ongoing			
		Support the Trusts continued management and response to the COVID-19 Pandemic		1. Deliver assurance and performance reporting to Trust Board as per schedule							
		We will consolidate and refresh our technology infrastructure ( for example our telephony and dispatch systems ) to maintain the service, reduce risk and improve resilience.	Director of Planning , Performance & Corporate Services	1. Drive BEACH training and device roll out. Ensure this is sustained throughout year to achieve delivery of benefits realisation.	Delayed with Issues	Ustake in the use of EPCR is slow and requires reinvigorating across he region		01/03/2022			
				2. Initiate procurement of Telephony Business Case with intention of commencing change programme.	On Track			01/12/2021			
				3. Develop and obtain approval for Business Case for CAD with development of accompanying procurement and change implementation programme.	On Track			01/03/2022			
6	6.0 Our Infrastructure	We will ensure appropriate and suitable accommodation is made available for our staff.	Director of Planning , Performance & Corporate Services		Completed			01/03/2022			
		We will develop a communication and social media strategy to engage with the public and service users.	Director of Planning , Performance & Corporate Services	1. Complete the successful transition of staff to new accommodation at Knockbracken.	Completed			01/09/2021			
				1. Complete stakeholder engagement for the Communication and the Social Media Strategies.	Completed			01/08/2021			
				2. Obtain Trust Board Approval for Communication Strategy.	Delayed with Issues			01/08/2021			
				3. Develop and obtain approval of the NIAS social media strategy.	On Track			01/10/2021			
7	7.0 Communication and Engagement	We will ensure an ongoing effective programme of engagement with staff across the organisation.	All Directors	1. Evidence visits to stations	Delayed with Issues	Delayed due to Covid		01/03/2022			

NIAS Corporate Plan - Director of Finance											
ID	Work Stream	Key Objective	OWNER	Deliverables	PROGRESS	Notes	PLAN START	PLAN END	PLAN DAYS	ACTUAL START	ACTUAL END
3	3.0 Organisational Health	Achieve an overall satisfactory internal audit opinion for the organisation for 2021/22.	Director of Finance	1. Set up an internal review structure/ framework to follow-up on recommendations and ensure delivery of agreed actions.	On Track	Regular Meeting in place Committee meeting Feb		01/06/2021			
				2. Support Directors in achieving compliance with audit recommendations and evidence progress towards delivery of prior year recommendations.	On Track	Detailed spreadsheet shared with Directors including findings and commentary		01/03/2022			
				3. Conduct twice yearly formal reviews to evidence compliance with internal audit outstanding recommendations.	On Track	Consistency could be improved on quality and response level		01/03/2022			
4	4.0 Quality Improvement	Ensure effective management and oversight arrangements of delegated budgets to deliver breakeven position in support of overall organisational financial responsibilities.	Director of Finance	1. Identification and monitoring of in year pressures, for example pay awards, and developments, for example transformation allocations.	On Track	Carried out on a regular basis Delegated Budgets		01/03/2022			
				2. Ongoing monitoring and reporting of the financial position, income, expenditure and achievement of savings	Completed	Break-even position Work to be carried out on financial discipline and processes Continuing into 2022/23		Ongoing			
				3. Contribute to DoH monitoring regime and regional exercises.	Completed	Contribution made throughout 2021/22 Will continue into 2022/23		Ongoing			
				4. Regular formal reporting via Financial Management arrangements with Directors and Budget Holders.	Completed	Reporting in place and will continue into 2022/23 BAU		Ongoing			
		Improve financial engagement at Board level through the implementation of new sub-committee. Work with Chairs of new committees to establish an appropriate oversight of financial issues	Director of Finance	1. In conjunction with Trust Board, further develop and embed agreed Terms of Reference for new and established sub-committee as part of an iterative process.	Completed	Two new committees set up Revised reporting to TB and content Will continue to be developed throughout 2022/23		01/03/2022			
				2. Implement, develop and embed sub-committee arrangements.	Completed	Safety committee Audit and people		01/03/2022			
				3. Review and evaluate operation of sub-committee to ensure clarity of duties and responsibilities between sub-committees and Trust Board.	Completed			01/03/2022			
				4. Ensure the provision of appropriate support to sub-committees and Trust Board, specifically with a view to ensure that Non Executive Directors are satisfied with the format, level and frequency of financial reporting.	Completed	Trust Board are content on reporting received Continue to develop and monitor 22/23		01/03/2022			
		To develop and improve arrangements in place in respect of business cases to improve oversight, governance and approvals.	Director of Finance	1. Review and dissemination of extant guidance.	On Track	Relaunch planned for February 22		01/03/2022			
				2. Review of business case proforma and costing schedules.	On Track	Maxine to share 5 case business model		01/03/2022			
				3. Further development of business case database and subsequent monitoring and reporting.	On Track	Continually develop People committee		01/03/2022			
		Support the achievement of breakeven through advice on income levels and the financial consequences of service delivery, service developments and the achievement of savings requirements.	Director of Finance	4. Training as appropriate for relevant managers.	On Track			01/03/2022			
				1. Engagement with DoH/HSCB to agree income levels and savings requirements as part of the Trust Delivery Plan.	On Track			01/03/2022			
		Implement arrangements for specific payments agreed in 2020-21 and also further additional initiatives to be finalised in 2021-22 within agreed parameters and timescales (specific examples include, inter alia, the recognition payment and holiday entitlements).	Director of Finance	2. Ongoing monitoring of actual income levels against plan.	Completed	Process in place and BAU Ongoing throughout 2021/22 and will continue into 2022/23		01/03/2022			
				1. Review roles and responsibilities in regard to payments.	Completed			01/03/2022			
				2. Development of detailed plans outlining specific actions between Finance, Human Resources and Shared Services.	Completed			01/03/2022			
		Review and agree strategy and procedures for the application of NIAS Charitable Trust Funds and grants.	Director of Finance	3. Review of timetabling and resources required to ensure the accurate and timely payment of arrears	Completed			01/03/2022			
				1. Continued review of General and Specific Charitable Trust Funds and available grants.	On Track			01/03/2022			
				2. Update of procedures and processes in respect of Charitable Trust Funds.	On Track			01/03/2022			
		Continued contribution to the planning for and management of the NIAS response to Covid-19, including the recovery from the initial stages of the pandemic.	Director of Finance	3. Develop, agree and apply a strategy for expenditure of Charitable Trust Funds.	On Track			01/03/2022			
				1. Maintain appropriate access and distribution of Personal Protective Equipment and associated consumables.	Completed	Ongoing BAU Strong Supply Guidance Change is a risk - Date of use		Ongoing			
				2. Ensure that appropriate arrangements are in place to identify and access funds to meet the costs of Covid-19.	Completed	Continue to monitor as BAU and access available funding		Ongoing			
				3. Ensure that the arrangements for the treatment of the impact of 2020-21 are appropriately managed and controlled.	Completed	Continue to work at a regional level and with Department to manage the impact Ongoing as we move into recovery		Ongoing			
7	7.0 Communication and Engagement	7.A We will ensure an ongoing effective programme of engagement with staff across the organisation.	All Directors	1. Leadership walk arounds.	Delayed with issues	Delayed due to Covid 3 stations and 1 ED over christmas		01/03/2022			
				2. Evidence visits to stations.	Delayed with issues	Delayed due to Covid		01/03/2022			
				3. Participate in other staff engagement initiatives.	Delayed with issues	Delayed due to Covid		01/03/2022			

## NIAS Corporate Plan - Director of Safety, Quality & Improvement

ID	Work Stream	Key Objective	OWNER	Deliverables	PROGRESS	Notes	PLAN START	PLAN END	PLAN DAYS	ACTUAL START	ACTUAL END
1	1.0 Delivering Care	We will commence a coordinated and phased return of PCS resources to NEAC Control and reduce usage of Voluntary and Private Ambulances.	Director of Safety, Quality & Improvement	1. Design a quality and safety assurance framework for the independent service providers.	On Track	Designed and shared framework in line with Non Emergency Framework specification (Quality and safety aspects)		01/03/2022			
4	4.0 Quality Improvement	We will develop a new Quality and Safety strategy that focuses on continual improvement measuring and evidencing the quality of our services for our patients.	Director of Safety, Quality & Improvement	1. Develop the new Quality and Safety strategy.	Delayed with issues	New Resources started in January However resource supporting staff testing due to surge - Papers sent to SMT AACE to support		31/03/2022			
				2. Staff and Service User engagement	Delayed with issues	New Timeframe to be revised		31/03/2022			
				3. Obtain approval for the Quality and Safety strategy at the Safety Committee.	Delayed with issues			31/05/2022			
				4. Achieve quality improvement targets at level 1 and 2 as outlined in Attributes Framework	Delayed with issues	SOE level 2 Programme cancelled by SET due to press		01/03/2022			
		We will demonstrate an improvement in our measurement against Ambulance Quality indicators to better evidence the safety and quality of our patient care.	Director of Safety, Quality & Improvement	1. Build the performance reports in line with AQIs.	Completed	Performance reports being used within trust reflect the AQIs and will continue to develop over 2022/23 ongoing BAU		Ongoing			
				2. Start regular reporting of AQIs to Safety Committee and Trust Board.	Completed	part of the integrated Quality and performance report		Ongoing			
		We will implement an Improvement plan to develop in our processes in Safeguarding, in partnership, with social care services across HSC.	Director of Safety, Quality & Improvement	1. Produce Safeguarding Policies and Procedures.	Completed			01/09/2021			
				2. Appoint a Safeguarding Lead and bring to post.	Completed			01/09/2021			
				3. Agree regional pathway for welfare referrals.	Delayed with issues	We required further engagement with HSCB		31/03/2022			
				4. Implementation of the new pathway for welfare referrals.	On Track			01/03/2022			
				5. Complete a benchmark of CPs against other services.	On Track			01/03/2022			
		We will improve our response to calls related to falls who are aged over 65.	Director of Safety, Quality & Improvement	1. Obtain approval to commence the work programme.	Completed			01/07/2021			
				2. Establish a NIAS Fall Improvement Group with agreed aim, outcome and process measures.	Completed			01/08/2021			
				3. Integrate collaboration with PCS team.	Delayed with issues	Competting demand on PCS to support overall A&E pr		01/10/2021			
				4. Agree falls response framework outlining tiered response in line with AACE falls governance framework Level 1 – falls concern – no known injury/illness Level 2 – fall – minor injury/illness Level 3 – fall – serious injury/illness.	Completed			01/10/2021			
				5. Implementation of agreed falls response framework Effective systems of monitoring and evaluation of impact and outcomes & reporting to SOEP and Trust Board.	Delayed with issues	Collaboration ongoing with NIFRS Cardiac Response taking Priority		31/03/2022			
		We will maintain high standards of vehicle and station cleanliness.	Director of Safety, Quality & Improvement	1. Develop an options appraisal for the future configuration and model for vehicle and station cleaning across the organisation.	On Track			01/03/2022			
				2. Carry out engagement sessions with relevant stakeholder and bring options for approval to Trust Board.	Not Commenced			01/03/2022			
				3. Undertake actions to implement preferred option model.	Not Commenced			01/03/2022			
		Provide direction, leadership and support to staff during Trust COVID-19 response	Director of Safety, Quality & Improvement	1. Director leadership to Trust wide fit testing programme to ensure provision of adequate protection for staff delivering direct patient care during COVID-19 Pandemic.	Completed	Trust Fit testing service has been developed and is in place for Staff		01/03/2022			
				2. Director leadership a staff testing service for COVID-19 to provide support and assurance to staff and family members and to maintain service delivery by facilitating safe return to work for staff required to self-isolate	Completed	Testing Service is in place for staff and continues to develop based on guidance from DoH	X	01/03/2022			
				3. Director Leadership to the development & dissemination of Infection Prevention & Control Operational COVID-19 Guidance which reflects current Public Health Guidance to ensure staff are made fully aware of any changes to guidance and how it impacts on their roles and responsibilities, including the need for and use of PPE in differing circumstances.	Completed	Guidance is disseminated to staff and any changes are highlighted and articulated to staff	X	01/03/2022			
				4. Director Leadership to the implementation of preventative measures within the working safely in COVID Guidance to aim for reduction of risk to lowest reasonably practicable level.	Completed	Education and Guidance is continually provided to staff	X	01/03/2022			
7	7.0 Communication and Engagement	We will develop the range of ways Service users can give us feedback and be involved in service development.	Director of Safety, Quality & Improvement	1. Deliver the actions of the PHA NIAS PPI action plan.	Delayed with issues			01/03/2022			
		Ensure a collective leadership approach, with meaningful and effective staff engagement to encourage staff to feel empowered to initiate improvements and collaborate in new ways of working.	Director of Safety, Quality & Improvement	1. Leadership Walk Rounds at station and departmental level to actively hear what matters to them and to action feedback as appropriate	Delayed with issues	Delayed due to Covid		01/03/2022			
				2. Crew ride alongs with A&E and PCS crews to see and appreciate the context in which our operational staff work within in and hear what matters to them in the clinical & care environment and action feedback as appropriate.	Delayed with issues	Delayed due to Covid		01/03/2022			
				3. Engage all staff in co-design and in the co-delivery of service improvements and Quality Improvement projects.	On Track	quality improvement leads in post ongoing BAU		Ongoing			
				4. Approval of the 'Supporting Staff with Incidents. Complaints Claims and Coroner's cases' Policy to set out the organisational framework for engagement with staff in these circumstances to ensure the provision of support and advice to staff prior to, during and after their involvement in incidents, Complaints, Claims and Inquests	Completed			01/03/2022			
		We will ensure an ongoing effective programme of engagement with staff across the organisation.	All Directors	1. Evidence visits to stations.	Delayed with issues	Delayed due to Covid		01/03/2022			

## NIAS Corporate Plan - Director of Operations

ID	Work Stream	Key Objective	OWNER	Deliverables	PROGRESS	Notes	PLAN START	PLAN END	PLAN DAYS	ACTUAL START	ACTUAL END
1	1.0 Delivering Care	We will develop an Improvement Plan to deliver the best possible response times to patients within existing resources.	Director of Operations	1. Delivery of CAT1 implementation plan actions relating to call stack management, and staff roles.	On Track	Deliverable narrative needs to change as this is a continuous improvement. Need to define traceable outcomes of what this deliverable is trying to achieve is of what we are trying to achieve.		Ongoing			
				2. Assess the CAT2 response performance baseline and identify improvement opportunities.	On Track	Rosie to speak with Frank regarding the baseline		Ongoing			
				3. Plan and deliver the implementation of the identified improvement opportunities.	On Track	Plan end to reflect ongoing nature		Ongoing			
		We will deliver a Patient Care Service Improvement Programme to improve the quality of our service for this important group of service users.	Director of Operations	1. Conclude the PCS assessment and generate proposals for improvement.	On Track	Transformation team taking forward the improvement plan working with dedicated resource from LAS		01/03/2022			
				2. Seek approval from SMT and Trust Board to implement proposed improvements.	On Track	Dates will need to be revised - To be picked up with C.T		01/03/2022			
				3. Implement PCS improvement recommendations and measure benefits against expectations to SMT.	At Risk	Implementation of recommendations has started but will continue into 2022/23 Internal Audit recommendations are being prioritised		Post March 2022			
				4. Demonstrate utilization productivity increase of 5% against the 2020/21 baseline.	At Risk	Dates will need to be revised - To be picked up with C.T		Post March 2022			
		We will commence a coordinated and phased return of PCS resources to NEAC Control and reduce usage of Voluntary and Private Ambulances.	Director of Operations	1. Re-establish the number of substantive crews performing non-emergency transport to pre-pandemic levels.	At Risk	Carried forward due to the pandemic – date to be revised.		Post March 2022			
		We will deliver a Patient Safety Plan within EAC to assist in managing periods of high demand.	Director of Operations	1. Implement the set of protocols within the patient safety plan.	At Risk	Plan Agreed and Sign off by SMT EAC have plan for implementation Plan is not implemented in full as of 21st Jan 2022 Clinical Oversight still required	Resource challenge and policy	01/03/2022			
2	2.0 Our Workforce	We will undertake a review of our Operations Structure to provide more effective support for staff, including on a 24/7 basis.	Director of Operations	1. Complete the stakeholder engagement activities.	Delayed with Issues	Off track and now at risk as resource is needed to manage the programme to move forward. ( Concerns around HR elements)???		01/09/2021			
				2. Obtain approval of the outcome paper by Trust Board for approval.	Delayed with Issues	as above??		01/12/2021			
				3. Consultation with stakeholders.	Delayed with Issues	as above??		01/03/2022			
4	4.0 Quality Improvement	We will implement a Programme of transformation and improvement for our Emergency Ambulance Control Room.	Director of Operations	1. Introduce a new roster pattern into the Control Room.	Completed	Completed with the exception of one cohort of staff. New roster pattern has been introduced. Some of the elements of transferal to GRS faces challenges.		01/12/2021			
				2. Deliver an average 90% shift coverage to meet demand patterns and facilitate staff well-being.	Completed	Haven't delivered yet but on track		01/03/2022			
7	7.0 Communication	We will ensure an ongoing effective programme of engagement with staff across the organisation.	All Directors	1. Evidence visits to stations.	Completed	Completed		01/03/2022			



NIAS Corporate Plan -Programme Director of Strategic Workforce										
ID	Work Stream	Key Objective	OWNER	Deliverables	PROGRESS	Comment	PLAN END	PLAN DAYS	ACTUAL START	ACTUAL END
2	2.0 Our Workforce	We will develop a comprehensive workforce plan for the whole organisation designed to support our strategy and to ensure our quality of service meets the performance trajectory requirements in terms of time and quality.	Programme Director of Strategic Workforce	1. Embedding the workforce planning methodology and framework to frontline operations.	Completed	Brought Skills for health in to carry out training Workbook agreed to roll out to wider organisation	01/12/2021		01/04/2021	01/12/2021
				2. Roll out of the methodology and framework to the Medical directorate.	Delayed with Issues	Initial work has commenced but delayed due to pressure with current REAP 4 Requires a workshop with the Medical Directorate and access to key stakeholders	01/03/2022		01/10/2021	
4	4.0 Quality Improvement	Continue to support the Trust's response to the COVID-19 Pandemic.		1. Operate as a member of Tactical Gold Command (Ongoing) and lead areas of work as and when identified.	On Track	BAU	Ongoing		01/04/2021	BAU
7	7.0 Communication and Engagement	Ensure implementation of a NIAS Appraisal System by April 2022 that includes a KSF Refresh as part of the revised P DPR Policy, Procedure and Practice		1. Engage with Trade Unions and secure commitment to work in partnership on NIAS KSF Refresh.	Completed	Refresh completed in Partnership	01/04/2022		01/04/2021	01/12/2021
				2. Lead the KSF Refresh and identify any barriers to delivery in line with agreed plan. Make recommendations to SMT and JCNC that will minimise related barriers to delivery.	Completed	KSF refresh plan agreed with SMT and JCNC	01/04/2022		01/04/2021	01/12/2021
				3. Lead the Consultation process for the new P DPR Policy and Procedure.	Completed	P DPR policy and Procedure were to be presented for agreement to P FOD committee for approval in Dec 21. However deferred at Chairs request	01/08/2021		01/06/2021	01/08/2021
				4. Implement P DPR Pilot (incorporating KSF Refresh) and evaluate how meaningful the revised process is to staff and managers.	Completed	Pilot agreed was modified to take account of the REAP 4 situation and feedback has been given from frontline managers and staff. Other directorates have been included in final policy, procedure and toolkit	01/11/2021		01/08/2021	01/12/2021
				5. Revise process to reflect feedback and learning. Merge KSF Refresh in the new P DPR Process, Policy & Procedure	Completed	Included in policy and procedure	01/12/2021		01/04/2021	20/12/2021
				6. Develop related Toolkit and Guidance	Completed		01/03/2022		01/05/2021	01/12/2021
				7.Training programme to ensure appraisal training is included within the Mandatory training programme	Delayed with Issues	Delayed due to competing priorities for HR L&D function and pending restructuring	01/03/2022		01/05/2021	
		Lead the Communication with NIAS staff in relation to the revised Organisational Structure to ensure roles and responsibilities are understood		1. Support related Directors to finalise the staffing structures for Corporate and Clinical Governance functions, within available funds	Delayed with Issues	Final staffing arrangements delayed due to ongoing HR process for posts	01/10/2021		01/04/2021	
				2. Develop revised Organisational Chart and agree with SMT.	Completed	Agreed End of September 2022	01/10/2022		01/04/2021	26/10/2021
				3. Develop and agree a Communication & Engagement Plan (Dec 2022). Deliver plan within the agreed timeframes.	Delayed with Issues	Plans are in place, publication delayed due to REAP 4	01/12/2022		01/06/2021	
		We will ensure an ongoing effective programme of engagement with staff across the organisation.	All Directors	1. Complete a range of Leadership Visits	On Track	BAU	01/03/2022		01/04/2021	
				2. Engage with Trade Unions and Staff on Programme activities as agreed with SMT. - Appraisal by September 2021	Completed		01/09/2021		01/04/2021	01/09/2021
				- Restructuring by December 2021	Delayed with Issues	Links to corporate and clinical governance	01/12/2021		01/04/2021	
				- Retention and Flexible Working by March 2022	Delayed with Issues	Director of Ops asked for engagement on this work to be postponed until Ops restructuring engagement had happened This has now been delayed due to REAP 4	01/03/2022		01/05/2021	
				3. Consult with Trade Unions and Staff on the new Appraisal system.	Completed	Presented at JCNC	01/09/2021		01/04/2021	01/08/2021
				4. Engage with Trade Unions and Staff on the KSF Refresh and the creation of related profiles.	Completed	Presented at JCNC with regular partnership meetings through the year	01/12/2021		01/04/2021	01/12/2021

## NIAS Corporate Plan - Medical Director

ID	Work Stream	Key Objective	OWNER	Deliverables	PROGRESS	Notes	PLAN START	PLAN END	ACTUAL START	ACTUAL END
1	1.0 Delivering Care	We will develop an Improvement Plan to deliver the best possible response times to patients within existing resources.	Medical Director	1. Introduce the HCP/HFT framework by completing the delivery of the training module to existing and new staff and engaging with HCP across NI.	Completed	Implemented on Oct 19th		01/09/2021		
		We will continue to embed our Appropriate Care Pathways developing safe alternatives to ED in order to reduce demand on front-line services increasing the levels of Hear and Treat and See and Treat practice.	Medical Director	1. Deliver the Hear and Treat and See and Treat levels in line with the Strategic Plan.	Delayed with issues	Delayed due to access pathways due to COVID Hear and Treat - data with Neil's Urgent Care Pathways Oversight Group being established		01/03/2022		
		We will increase the capacity and skillset of CSD clinicians.	Medical Director	1. Recruit and train additional CSD clinicians to have 24/7 cover. 2. Increase the capacity and skill mix of the CSD clinicians.	Completed On Track	Frank Rafferty can provide detail on number of staff recruited Ongoing - Nurses in latest cohort Recruitment ongoing		Ongoing		
		We will improve the governance around medical equipment.	Medical Director	1. Introduce a standardized paramedic response bag aimed at improving governance around medical equipment. 2. Review the provision of drug packs to emergency crews.	Delayed with issues Completed	Requires Staff Engagement over next 10/12 weeks Manufacturer delays due to COVID Test Bags arrived March 22 Completed once already with an increase in drugs available (incl Phenox) ; drug bags are provisioned now by the newly appointed pharmacist Catherine Hannah. Catherine is also reviewing current policies and procedures in place. Ongoing into Next year		01/03/2022		Ongoing
		We will improve cardiac arrest survival rates across Northern Ireland.	Medical Director	1. Launch a pre-hospital cardiac arrest strategy and create implementation plan.	Delayed with issues	Got basic life support on school curriculum for teacher training. Data from ePCR critical to inform direction of travel		01/03/2022		
2	2.0 Our Workforce	Launch the Strategic Review of Clinical Education	Medical Director	1. Submit a review of the Training School structures to support the development of an education academy for NIAS to SMT and Trust Board. 2. Train up to 48 additional Paramedics, 25 AAPs and 25 ACAs with appropriate investment. 3. Launch the Newly Qualified Paramedic (NQPF) support project within the Medical Education Programme.	Completed Completed Completed	Structure has been created and the review has already been submitted to SMT / Also will be shared with the Safely committee Frank Orr can provide detail on numbers trained up. Funding committed for next Cohort. 3rd Cohort completed on 14th January		01/03/2022		
			Medical Director	1. Receive feedback and sign-off on business case. 2. Develop a training programme in conjunction with the education provider, and recruit to posts.	Completed Delayed with issues	Business Case is completed - Link with Neil Sinclair Frank Orr is working with the Universities Funding required to allow to move forward		01/06/2021		
								01/03/2022		
		We will provide assurances of the appropriate infrastructure, training and protection of staff of the Hazardous Area Response Team (HART).	Medical Director	1. Review the scope and provision of HART to increase managerial oversight and support. 2. Adoption of SORT model. 3. Enhanced provision for MTA capability.	Delayed with issues Delayed with issues Delayed with issues	Billy Newton and Marie-ann Johnston Due to Operational Pressures Subject to funding. Business case required ( Billy Newton )		31/12/2021		
			Medical Director	1. Introduce a scheme of screening of asymptomatic staff for COVID-19 2. Provide clinical updates to Assurance Committee & Trust Board in relation to the ongoing threat of the COVID-19 pandemic. 3. Engage on behalf of NIAS with other trusts, PHA and Doh to provide strategic clinical guidance in relation to prehospital care 4. Provide oversight of HART response to COVID-19 5. Develop working relationships with partner agencies in order to develop contingency practices to mitigate impact of pandemic.	Completed Completed Completed Completed Completed	Lateral flow testing has been made available to all NIAS staff since June 21st with work ongoing to increase uptake. Represented on multiples clinical advisory groups ; Stroke , Major Trauma and reconfiguration of surgical services in Southern Trust This has ceased as COVID has become normal business following the downgrading of COVID as an infectious disease Done - Collaborative working with PSNI , NIRS , NISTAR & with voluntary ambulance drivers to facilitate enhanced operational response and facilitate large number of transfers between sites		Ongoing		
								Ongoing		
5	5.0 Digital Enablers	We will continue the implementation of the REACH programme building connectivity across HSC in the mobile environment.	Medical Director	1. Complete Stage 4 (Go-Live) of REACH Programme. 2. Complete Stage 5 (Divisional Rollout) of REACH Programme. 3. Complete Stage 6 (Regional Rollout) of REACH Programme.	Completed Delayed with issues Delayed with issues	Go live commenced - Marianne Johnston is lead In the middle of stage 5 but experiencing delays to release staff for training - Davey McCartney rolled out in the West Division Check with Davey Davey McCartney & Marianne Johnston to provide updates		01/06/2021		
6	6.0 Our Infrastructure	We will engage with the Doh-led approach to exit from EU.	Medical Director	1. Implement Doh recommendations.	Completed	Continuation of regional meetings in place to monitor impact - Led by Billy Newton		01/04/2021		
7	7.0 Communication and Engagement	We will ensure an ongoing effective programme of engagement with staff across the organisation.	All Directors	1. Evidence visits to stations.	Completed	Ongoing throughout the year		Ongoing		
				2. Online NIAS group engagement sessions via Zoom	Completed	Ongoing regularly		Ongoing		
				3. Social media communication e.g. Twitter	Completed	Ongoing and continuing		Ongoing		
				4. Operational support to emergency crews via voluntary BASICS response	Completed	Ongoing		Ongoing		
				Engagement with external stakeholders via:	Completed	Ongoing		Ongoing		
				5. Representation of NIAS in broadcast media 6. Direct meetings with partner agencies e.g. Doh / HSC / PSNI / NIRS / NASMed	Completed	Ongoing regularly		Ongoing		



**TB/24/03/2022/04**





**TRUST BOARD**

**PRESENTATION OF PAPER**

<b>Date of Trust Board:</b>	24 March 2022
<b>Title of paper:</b>	Transformation Team Portfolio Delivery Report – February 2022
<b>Brief summary:</b>	The purpose of the report is to present a progress update on the Transformation Programme Portfolio to the Trust Board on how we are delivering Our Strategy to Transform 2020-2026.
<b>Recommendation:</b>	<b>For Approval</b> <input type="checkbox"/> <b>For Noting</b> <input checked="" type="checkbox"/>
<b>Previous forum:</b>	SMT – 15 March 2022
<b>Prepared and presented by:</b>	Charlie Thompson, Head of Strategic Transformation Maxine Paterson, Director Planning, Performance & Corporate Services
<b>Date:</b>	15 March 2022





TRANSFORMATION  
TEAM

# Transformation Team Portfolio Delivery Report March 2022



Northern Ireland Ambulance Service  
Health and Social Care Trust





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- 2 Portfolio Delivery Summary Dashboard
- 3 Programme / Project Status & Rationale
- 4 Portfolio Issues
- 5 Portfolio Risks
- 6 Programme / Project RAG Status Reports



Northern Ireland Ambulance Service  
Health and Social Care Trust



Northern Ireland Ambulance Service  
Health and Social Care Trust



Caring today,  
planning for tomorrow -  
**Our Strategy  
to Transform:  
2020-2026**



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

# Transformation Team Portfolio Plan

- The Transformation Portfolio encompasses all of the different transformation programmes and projects within NIAS which collectively will deliver the strategic objectives of Our Strategy to Transform 2020-2026.
- The portfolio is managed by the Head of Transformation and is governed by the Strategic Implementation Group (SIG), under the direction of Director and Assistant Director of Planning, Performance and Corporate Services
- Each Programme and Project will be developed individually but the delivery methodology, reporting structures and templates will follow a consistent approach
- The purpose of this approach is to embed a structured process to enable the planning, implementation, delivery, monitoring and review of programmes & projects in a controlled manner.
- Our Governance Structure : The Senior Management Team (SMT) established the Strategy Implementation Group (SIG) to be accountable for the full oversight and delivery of Our Strategy to Transform 2020-2026 and it's Transformation Portfolio with overall accountability resting with the Trust Board. An annual schedule of SIG meetings has been established in accordance with this.
- The methodology used for our Portfolio, Programme and Project delivery is based on our tailored approach that incorporates best practices from MSP (Managing Successful Programmes) and PRINCE2 Project Management methodologies blended with business and continuous improvement techniques. Our Transformation Team will provide the tools, techniques and documentation to support delivery.

# Portfolio Delivery Summary Dashboard



**10** Programmes / Projects have been reviewed

## Programme / Project Overview

- There are currently 10 Programmes / Projects within the Transformation Portfolio.
- Of these 10, 2 are at the project initiation and scoping stage, 1 is currently in the Project Close stage – this means that the project is putting in place ongoing benefit management arrangements and is completing project closure documentation and will be continually monitored.
  - HR Transformation Programme
  - PCS Review & Improvement Programme
  - Strategic Workforce Planning Programme
  - Strategic Review of Clinical Education
  - Telephony ICCS Replacement Project
  - CAD Replacement Project
  - REACH Programme
  - IFT / HCP Project
  - CRM
  - Operations Review

**3** Risks Escalated



**4** Issues Escalated



## Portfolio Risk Overview

Within this Portfolio we have identified a number of risks. There are currently 2 new risks and one remaining from the last update report. 3 of the previously highlighted risks have now been addressed and now show a green RAG status update.

## Portfolio Issue Overview

Within this Portfolio we have not identified any issues that are required to be escalated at a Portfolio level at this time but this will be kept under constant review.



# Programme / Project Status and Rationale



# Portfolio RAG Levels

This is an overall measure of the likelihood of successful delivery of the project, which is to be reported in the monthly Project Highlight Reports. This will initially be scored by the Project Manager (as per the table below) as part of the Project Highlight Report, but will be reviewed by the Portfolio Analyst to consider the rating in the context of the wider portfolio delivery. The Project Manager should consider the status of the project against Time, Cost, Benefits and Scope and any other relevant project factors (e.g. robustness of stakeholder engagement, confidence in dependencies, level of risk associated to delivering the project outputs).



RAG	Criteria (Critical metric by which the project manager will assess the likelihood of delivering the current project lifecycle stage successfully)
Green	The successful delivery of the project current stage to time, cost and quality appears highly likely (>80% probability of success) with no major outstanding issues that, at this stage, appear to threaten delivery significantly.
Amber	Successful delivery of the project current stage appears feasible (40 – 80% probability of success) but significant issues already exist, requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present a cost/plan overrun.
Red	Successful delivery of the current project stage appears to be unachievable (<40% probability of success). There are major issues on project definition, time, cost, quality and/or benefits delivery, which at this stage do not appear to be manageable or resolvable. The project may need re-scoping and/or its overall viability reassessed.
Complete	Complete, resolved and/or passed

# Portfolio RAG Summary Table

The table below show a summary of the RAG Status of the 10 Portfolio Projects.


Projects at Initiation Phase	2
Green	3
Amber	3
Red	1
Completed	1
<b>Total No of Projects</b>	<b><u>10</u></b>

# Programme/Project Status & Rationale

	Programme / Project Title	SRO	Current RAG Status	RAG Rationale
	CAD Replacement Project	Rosie Byrne		<p>Confirmation and registration of the Letter of Understanding in the Contracts Register for the Direct Award Contract for continuation of CAD services into 2022. OBC has been approved by DHCNI EMPO (Enterprise Management Portfolio Office).</p> <p>It still needs to be reviewed by DHCNI Portfolio Board and DHCNI Board for their approval before CDIO sign off (Chief Digital Information Officer - Dan West) and submission to DoH for their review and approval. A Statement of Requirements (SoR) for the replacement CAD under development based on the requirements specification is being developed by the Northern Ambulance Alliance (NAA) in England.</p> <p>Initial engagement with DLS over the format for the CAD Replacement contract – a standard Model Service Contract the preferred option.</p>
	REACH	Maxine Paterson		<p>Go Live with NHSCT (Antrim ED) commenced on 30 Nov 21 in addition to Go Live with PCI RVH and RVH ED on 20 Dec 21. Staff training was also carried out for RVH ED and PPCI staff. A Milestone 5 certificate was issued and delivery of 2 alternative type devices for pilot. A Integration meeting with NIECR and Ortivus to scope requirements for data exchange for EDT and NIECR write back and a generic interface specification shared and reviewed.</p> <p>Initial test data sent by Ortivus along with a meeting with SHSCT and agreement to proceed initially with Daisy Hill. Correspondence with Causeway Clinical Lead and awaiting date for meeting with team and an initial approach and scope with RBHSC has been made. Meetings with Terrafix and work are underway on testing of SIMs for HEMS and a select number of vehicles. An Interface meeting with Encompass was held and awaiting specification from Encompass to be shared with NIAS and Ortivus.</p> <p>A follow up engagement sessions with users forums and Ortivus commenced in February 22 and recommence ePCR training sessions to take place of the same date. An on site, a 2 day visit from Ortivus technical support and PM is planned for early March 22. Further developments include Job Descriptions for two posts in BAU which have been submitted to HR for evaluation (clinical and technical), Policies for ePCR and clinical images consulted, and BI reports on ePCR usage have been developed.</p>




# Programme/Project Status & Rationale




	Programme / Project Title	SRO	Current RAG Status	RAG Rationale
	HR Transformation Programme	Michelle Lemon		<p>The programme continues to progress with the establishment of weekly HR Programme Board meetings since February 2<sup>nd</sup> 2022. Developments from this meetings have identified an Interim Programme Lead (V Cochrane) and a Programme Manager (R Leonard).</p> <p>A review of the programme board composition has been completed and a mandate approved. Along with a completed full Risk Analysis, approved Programme Risk Register and Issues Register, Conflicts of Interest Register and established Action Log. The programme board supports the new HR Directorate Hierarchy Structure and co-produced an Improvement Plan (2022-2026) across 7 HR Functions, 33 HR Processes and 42 BAU, service improvement and transformation initiatives.</p> <p>A strategic plan has been developed and a HR performance scorecard with KPIs and metrics has been explored. A Terms of Reference has been created and a new HR Services Access Task &amp; Finish Group established. As of March 2022, there are 18 NIAS Outstanding Internal Audit Recommendations owned by the Director of HR across 7 audit reports and these will be incorporated into the HR Improvement Programme of work.</p> <p>There is currently an issue in relation to identifying suitable capacity within the HR Directorate to support the HR Transformation Programme in conjunction with delivering the BAU. This issue is currently being considered by the Director of HR to find a way to develop capacity.</p>



# Programme/Project Status & Rationale

Programme / Project Title	SRO	Current RAG Status	RAG Rationale
Strategic Review of Clinical Education	Dr Ruddell		<p>Due to extreme pressures on NIAS through December 2021 and January 2022, NIAS SMT paused The Transformation Programme, however, where possible the Strategic Review of Clinical Education progressed elements of the programme plan which didn't impact on NIAS' ability and capacity for frontline services.</p> <p>Programme Boards were held on 17th January and 1st March 2022 in order to maintain momentum of programme progress and the review of completed key programme deliverables as follows:</p> <ol style="list-style-type: none"> <li>Staff engagement and survey process was completed and resulted in a high level of contribution from staff which offered over 700 feedback comments for analysis and consideration. <ul style="list-style-type: none"> <li>The analysis identified 5 key themes for improvement: <ul style="list-style-type: none"> <li>Opportunity (and ease of access): to participate in clinical education</li> <li>Support: required to enter into and whilst participating in clinical education</li> <li>Time: required to ensure participation in clinical education and assessment of such is successful</li> <li>Relevancy: required to ensure that all subjects and material meets the needs and requirements for patient-facing staff</li> <li>Readiness: requirements in order to develop &amp; support staff to be prepared to develop and support others i.e. students and colleagues.</li> <li>A working group has identified a delivery plan to address the themes for improvement and prioritised actions agreed with SRO are being taken forward</li> </ul> </li> </ul> </li> <li>A review of Clinical Governance was completed by independent expertise (AACE) and the report is complimentary in the sense that policy and processes are in place, however, it identifies 7 key recommendations, associated with: <ul style="list-style-type: none"> <li>Internal Quality Assurance</li> <li>Standardisation and records management of training material.</li> <li>A Working Group has identified activities that would address these recommendations, and prioritised actions agreed with SRO are being taken forward</li> </ul> </li> <li>An enhanced management structure for RATC was approved by NIAS SMT. This offers a sustainable structure for the future but also the resources required to deliver the programme plan. However, due to the length of time to recruit for the posts, some of the delivery of the programme plan would be longer term.</li> </ol>

# Programme/Project Status & Rationale

	Programme / Project Title	SRO	Current RAG Status	RAG Rationale
	PCS Review & Improvement Programme	Rosie Byrne		<p>PCS Improvement Project Team has been established and weekly meetings kicked off on 04/02/22. A Programme Lead and Programme Manager were identified. A review of the Project Team composition was completed which includes Trade Unions, Communications, NEAC, RMC, HR, Finance, ICT and Transformation Team representatives.</p> <p>To deliver the project, the AGILE Methodology was approved with 8 consecutive Improvement Sprints. Running order and Sprint Leads agreed. The Project Team agreed to start Sprint 1 (Change through Data) and Sprint 2 (Finance and Commissioning) concurrently as they are not dependant on each other. Sprint 1 and 2 are progressing very well and are on-track, with initial outputs and reports expected by mid-March. All activities identified in the agreed list of Improvement Actions for each Sprint called Burn down List (18 Activities in Sprint 1 and 16 in Sprint 2) are progressing well.</p> <p>There are also several outstanding audit recommendations in relation to PCS and addressing these will also be prioritised as part of delivering the various improvement sprints for the PCS Service.</p>
	Strategic Workforce Planning Programme	Roisin O'Hara		<p>This Programme is currently sitting at amber due to the delays faced by REAP 4 affecting engagement with EAC Workforce Planning Team to identify possible timeframes to complete project plans; to agree Medical Directorate Workforce Planning Team and key milestones; and to create a strategic Workforce Planning Workshop for the Medical Directorate Workforce Planning Team and to agree a date for the workshop.</p> <p>SMT have also now formally agreed that the Workforce Planning Programme will be transferred to B McNeil as the SRO with Programme Management support provided by the Transformation Team.</p>
	IFT / HCP Project	Dr Ruddell		<p>This project has been completed and a 6 month post project evaluation will be completed commencing in March 2022 and all key lessons learned identified for consideration in delivering future projects/programmes.</p>

# Programme/Project Status & Rationale

	Programme / Project Title	SRO	Current RAG Status	RAG Rationale
	Telephony ICCS Replacement Project	Maxine Paterson	●	<p>The project has been moved to red to highlight the delay in delivery of key components of the ICCS build. As a result of this delay the project has a financial under-spend of £197,321 Capital in 2021/22. An agreement has been reached with DHCNI to re-profile the full underspend into the next financial year 2022/23 which is also creates an impact to project delivery, potentially pushing implementation out 3 months to September 2022.</p> <p>The Design stage is ongoing and a draft High Level Design was presented to NIAS on the 19th of January for review. From the initial review NIAS identified some outstanding issues and requested these be addressed by BT and the HLD re-issued. A detailed project plan was issued to NIAS on the 14th of January for review. Further review meetings were held between NIAS, BT and NEC to agree NIAS dependencies on the plan e.g. training plan, UAT etc. – review ongoing.</p> <p>The build and test stages are ongoing with the Avaya and SVL hardware installation at Knockbracken site 30 and the Regional Data Centre. Suppliers have provided UAT scripts for review and revision. The Training stage started W/C 24/01/22 with a familiarisation session and training workshop on the ICCS system. Training numbers have been collated for each functional area and for consideration in the training plan.</p>

# Programme/Project Status & Rationale

	Programme / Project Title	SRO	Current RAG Status	RAG Rationale
	Operations Review	Rosie Byrne	N/A	Project is currently at discovery, definition and scoping phase.
	CRM Transformation Support	Brian McNeil	N/A	<p>Project is currently at discovery, definition and scoping phase.</p> <p>SMT have formally agreed on a programme structure which encompasses Workforce Planning under the SRO with Programme Management assigned to the Transformation Team.</p>



TRANSFORMATION  
TEAM



# Portfolio Issues





Northern Ireland Ambulance Service  
Health and Social Care Trust



# High Level Issue Status and Rationale

	Programme / Project Title	Issue Description	Raised By	Owner	Date Raised	Current RAG Status	Risk Mitigation Plan
	<b>Strategic Review of Clinical Education</b>	HIGH: Lack of available capacity from RATC to deliver the improvement plan. Programme delays in terms of delivering the improvement plan will impact on (1) staff competency to perform patient-facing roles (2) staff morale (3) other programmes or directorates such as HR and Operations (4) risk organisation to external scrutiny, in relation to internal quality assurance of NIAS delivered courses.	Neil Trelford	Dr Nigel Ruddell	01/12/21		<p>Majority of the improvement plan is best placed to be delivered by business as usual functions from within RATC – actions owners to be identified where currently possible and / or assign to posts identified in the new management structure for RATC.</p> <p>Temporary contract Project Assistant was to commence on 21st March to develop one aspect of the improvement plan, however during 10th March, the person informed that this would be significantly delayed and as such Transformation Team and HR have commenced an immediate recruitment drive from the agency framework.</p>
	Strategic Review of Clinical Education	HIGH: The Paramedic Band 6 Job Description has not been fully approved and deployed. This is inhibiting the ability to secure and develop a sufficient number of paramedics to become Practice Educators in support of student practice placements. This has been an issue for several months and requires a 'recruiting manager' to take ownership. If this is not resolved then it will impact NIAS ability to support practice placement Paramedics and EMTs and ultimately risk NIAS ability to maintain or grow operational staff numbers.	Neil Trelford	Dr Nigel Ruddell	01/12/21		<p>SRO – Dr Ruddell to raise with Operations to ensure an owner is appointed and a delivery plan secured.</p> <p>An interim measure action is for Neil Sinclair to call a working group of Operations, HR and Trade Unions to commence.</p>

# High Level Issue Status and Rationale

	Programme / Project Title	Issue Description	Raised By	Owner	Date Raised	Current RAG Status	Risk Mitigation Plan
	PCS Improvement Programme	Lack of management capacity within NEAC to continue to support the PCS Improvement programme on an ongoing basis.	Natasha Sheppey	Rosie Byrne	07/03/22		Need to secure additional management level resource on an interim basis until the new PCS structure is developed and implemented.
	HR Transformation Programme	Issue 1 (People): Recruitment of HR Programme Lead. Delay in recruitment of dedicated HR Programme Lead post and this has impacted on capacity.	Rachel Leonard	Michelle Lemon			As at 2 March, the requisition for the new Band 8A post has been approved by the Interim Director of HR. Currently await approval from Finance to proceed to recruit.







# Portfolio Risks







# Previous High Level Risks Status and Rationale

Programme / Project Title	Risk Description	Raised By	Owner	Date Raised	Current RAG Status	Risk Mitigation Plan
CAD Replacement Programme	In light of the current financial pressures facing Health at this time there is a potential risk that we may not secure the required funding to support the development of a new CAD replacement System.	Project SRO and Head of Strategic Transformation	SRO	Dec 2021		This issue was raised with the CX and it was agreed that he would raise the importance of securing this finance with the appropriate senior officials and that we should continue to ensure that we do everything in our power to get the Business Case approved.
Risks to the delivery of the overall Transformation Programme due to current operational pressures	As we are currently already in REAP 4 and there are likely to be additional winter pressures placed on NIAS operational staff it is becoming increasingly difficult to get access to the key managers/staff to facilitate the delivery of the transformation programmes/projects.	Director of PPCS & Head of Strategic Transformation	Director of PPCS	Dec 2021		A decision was taken by SMT to put a 6 week hold on some of the Transformation Programmes to relieve the operational pressures due to REAP 4. This was really helpful and the Programmes are now back in progress.
Due to a limited capacity requests for support from the Information Management Team which will need to be managed to ensure they are best positioned to provide the required support to the Transformation Programmes/Projects	At present the Information Management Team is getting an increasing number of requests for support and these requests need to be coordinated, managed and prioritised around key projects.	Director of PPCS	Director of PPCS	Nov 2021		This risk has now been overcome and additional capacity secured to support the Transformation Programme.
Due to current limited capacity within the transformation team this could have a detrimental impact on supporting delivery across our programme of work including the various interdependencies across the transformation programme.	At present due to staff sickness absence are capacity is reduced and this is affecting our ability to support key transformation programmes/projects.	Head of Strategic Transformation	Director of PPCS	Nov 2021		This risk has now been mostly addressed and additional temporary staff have been secured to support the delivery of the Transformation Programme.

# Current High Level Risk Status and Rationale

Programme / Project Title	Risk Description	Raised By	Owner	Date Raised	Current RAG Status	Risk Mitigation Plan
Strategic Review of Clinical Education	<p><b>HIGH:</b> Risk 5: If there is inadequate NIAS driver training capacity to ensure NQPs are provided with driving assessments or emergency driving courses then this will result in qualified Paramedics being unable to be rostered for driving duties or fully qualified Paramedics having to perform driving duties leaving patients in the care of NQP, in turn resulting in a lack of available ambulances on shift or patients being cared for by not fully experienced NQP and potentially increasing the risk of not attending to patients on time; risk of serious adverse incidents and patient complaints.</p> <p>The lack of driver training capacity will also affect ACA, AAP training and any refresh training requirements for all staff required for Emergency Driving this would pose both operational issues and non-compliance with Health and Safety legislation</p> <p>The impact of this risk will: (i) affect operational staff provision for PCS and EA (ii) unable to effectively train future intake of NQP (iii) leave NIAS vulnerable to exposure of non-compliance against Health and Safety Legislation</p>	Neil Trelford	Dr Nigel Ruddell			<p>A responsible owner is required to manage this risk. A working group met on Monday 28th February 2022 and outlined the current situation concerns which included the following:</p> <ul style="list-style-type: none"> <li>•Lack of qualified driving instructors within NIAS</li> <li>•Some current NIAS driving instructors are due for retirement in near future</li> <li>•Can take 12-24 months to become fully qualified instructor</li> <li>•Heavy reliance on contracted service provider for trainers and training vehicles</li> <li>•Contract for service provider</li> <li>•Concerns that NIAS are not compliant with Health and Safety legislation as some staff would never had emergency driving training but perform roles that require emergency driving.</li> <li>•Current capacity may be suffice to deal with ACA and AAP driver training this year.</li> <li>•Will not have capacity for future ACA, AAP (potentially 4 cohorts per year) and NQPs (potentially 40-50 per year commencing 2024)</li> </ul>

# Current High Level Risk Status and Rationale

Programme / Project Title	Risk Description	Raised By	Owner	Date Raised	Current RAG Status	Risk Mitigation Plan
HR Transformation Programme	<p>Risk 2 (People): Restructuring impacts on NIAS HR Directorate capacity – HIGH SEVERITY</p> <p>“If the NIAS restructuring work impacts the capacity of the NIAS HR Directorate even in the short term, this will delay the implementation of the HR Programme Improvement Plan, impacting business as usual and service improvement and transformation priorities.”</p>	Rachel Leonard	Michelle Lemon			Support the restructuring piece of work.

# Thank you for listening



## Questions & Answers

*Are there any questions or anything you feel needs to be added or discussed further?*



TRANSFORMATION  
TEAM



**TB/24/03/2022/05**



# **PERFORMANCE REPORT AND COVID UPDATE**

## **TRUST BOARD**

**NORTHERN IRELAND AMBULANCE SERVICE**

**March 2022**



## NIAS Changes To Operational Actions To Support Pressures

### Resource Escalation Action Plan (REAP)

- Since July 2021 NIAS has been in REAP 4 for large periods of time and this continued to 17<sup>th</sup> January 2022 when we entered REAP 3 and continued in Major Pressure until we reverted to REAP 4 on 21<sup>st</sup> February 2022. The sustained period of REAP 4 is reflective of a number of national ambulance Trusts.

### Clinical Safety Plan (CSP)

- In keeping with National Ambulance Trusts NIAS has developed a Clinical Safety Plans (CSP) to operationally support the REAP taken forward by a dedicated Task & Finish Group on behalf of the organisation
- The simple and dynamic plan will be used in situations of excessive call volume or reduction in staff numbers enabling NIAS to respond in a timely and appropriate manner to increased service pressure, enabling a NIAS-wide response as soon as identified triggers are met.
- Implementation of the plan has required the re-profiling of existing resources with input from senior management and clinical support at times of escalating pressure.
- The effectiveness of the procedure is monitored by the EAC Senior Leadership Team specifically reviewing any serious incident reports and complaints related to the implementation of the plan.

## NIAS Changes To Operational Actions To Support Pressures

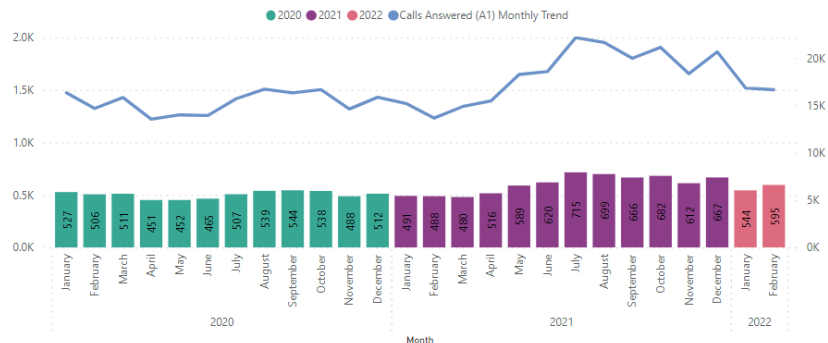
NIAS Silver currently operates each day in a shadow format.

Area Managers currently work an alternative rota between 0800 & 2200 hrs which has provided a number of benefits:

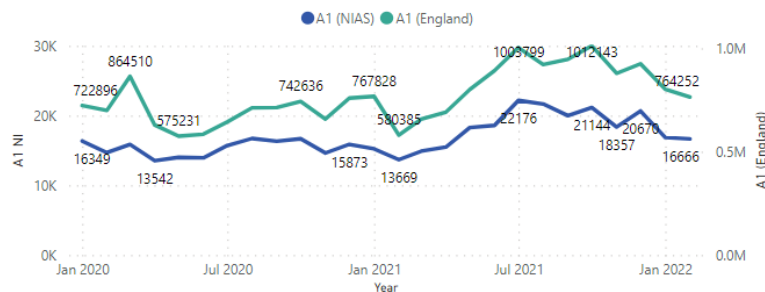
- Improved and extended operational management cover
- Increased support for operational staff and managers who are currently on a rota
- Increased support for Control colleagues in dealing with operational issues outside of normal office hours
- Sustaining service delivery
- Complementing the application of the Clinical Safety Plan
- Provision of visible leadership
- Provision of a regional point of contact for Covid issues
- Provision of managerial input & staff support when Emergency Departments are under excessive pressure

## Current Pressures – Volume of 999 Calls

Monthly Trend & Daily Average



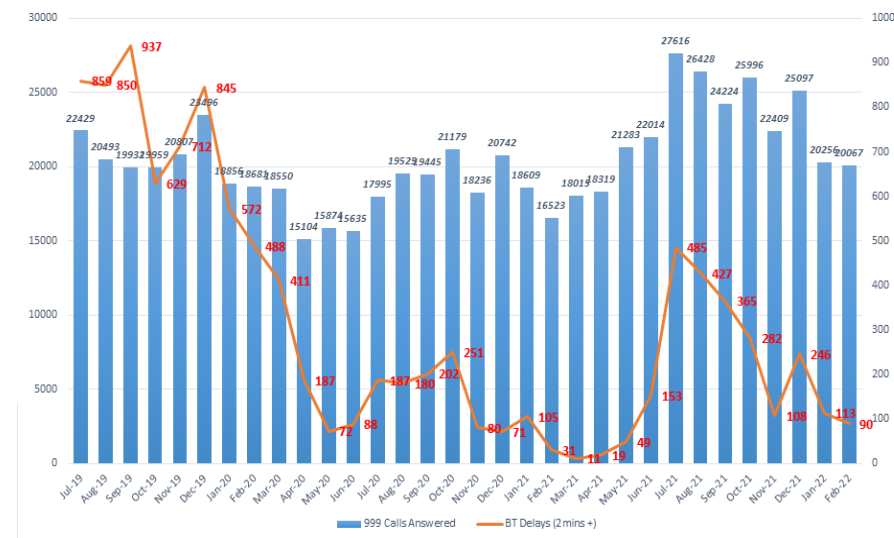
Monthly Trend (NIAS & England)



Monthly Comparison



999 calls v BT 2min + Connection Delays  
2019-22

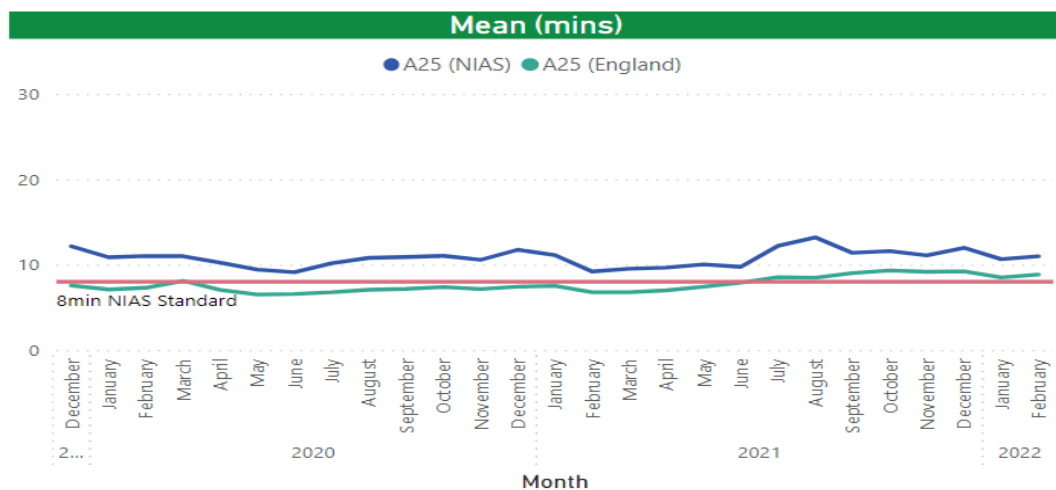


- **February 22** has seen an **increase** in Demand by **13% on February 21** and an Increase of 3% on February 20, as with 2021, Pre-Pandemic levels of Demand continue into 2022. However, the incidents we attend and patients being conveyed to hospital although increasing have not reached pre-pandemic levels yet.
- **The Demand Profile** being experienced by **NIAS** is **no different** to that being experienced in **England** with a significant step change in Demand being experienced from July 2021 that is continuing into 2022.
- EAC continue to avail of the regionally agreed availability for Critical Shift Payments to address shortfall in staff to maximise cover and maintain performance
- Apart from the increase in December 2021, the number of BT connection delays at 2min had demonstrated an improvement in a steady reduction in numbers month on month between July 2021 & February 2022. February 2022, saw the **delays less than 100** for the **first time** since **July 2021**.

## Current Pressures – Impact on Response Time Performance Category 1

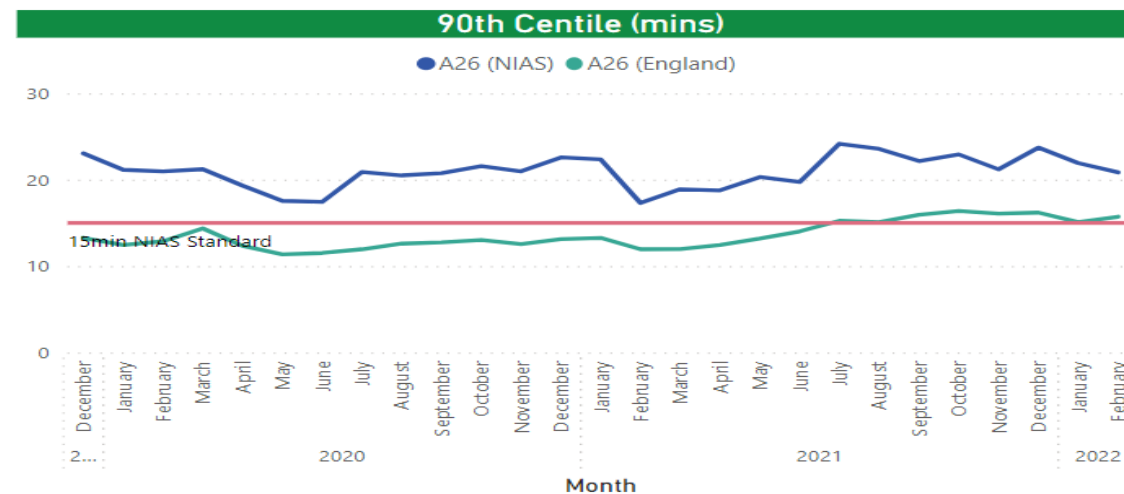
- Category 1 Mean and 90<sup>th</sup> percentile have seen a similar increase across the English trusts to what has been experienced within NIAS
- Mean and 90<sup>th</sup> percentile remain a challenge for NIAS as it does for trusts within England

### Demand: C1 Response Times (Measures A25 & A26)



Mean Category 1	National	NIAS
February 21	6:46	9:12
February 22	8:51	10:59
21/22 Change (+/-)	+02:05 mins	+01:47 min
Deviation from Target (Feb 22)		+02:59 mins

- Category 1 Mean Response time has increased by 1min 47secs from Feb 21 – in line with English trusts
- Our deviation from Target remains Over 2mins for Feb



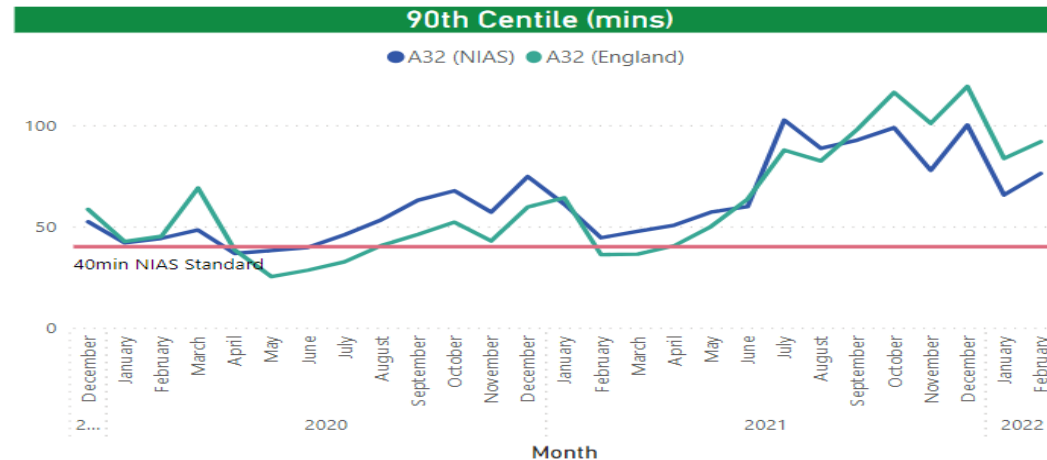
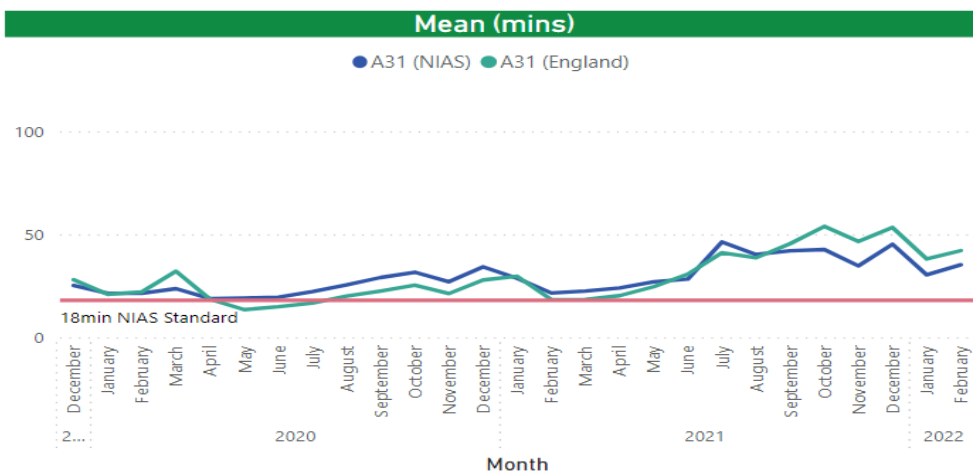
90 <sup>th</sup> Centile Category 1	National	NIAS
February 21	11:57	17:19
February 22	15:43	20:51
21/22 Change (+/-)	+3:46 mins	+03:32 mins
Deviation from Target (Feb 22)		05:51 mins

- Category 1 90<sup>th</sup> Centile Response time has increased by over 3mins from Feb 21 – in line with English trusts
- Our deviation from Target remains over 5mins for Feb 22

## Current Pressures – Impact on Response Time Performance Category 2

- Category 2 Mean and 90<sup>th</sup> percentile have seen a similar increase across the English trusts to what has been experienced within NIAS
- NIAS has experienced less of a deterioration in its Category 2 target in comparison to the English Trusts. There was a crossover in performance during the last 6 months of 2021

### Demand: C2 Response Times (Measures A31 & A32)



Mean Category 2	National	NIAS
February 21	18:19	21:32
February 22	42:07	35:15
21/22 Change (+/-)	+01:05 min	+01:39 min
Deviation from Target (Feb 22)		+17:15 mins

- Category 2 Mean Response time has increased by 1min 39 secs from Feb 21 – in line with English trusts
- Our deviation from Target remains significant at over 17mins

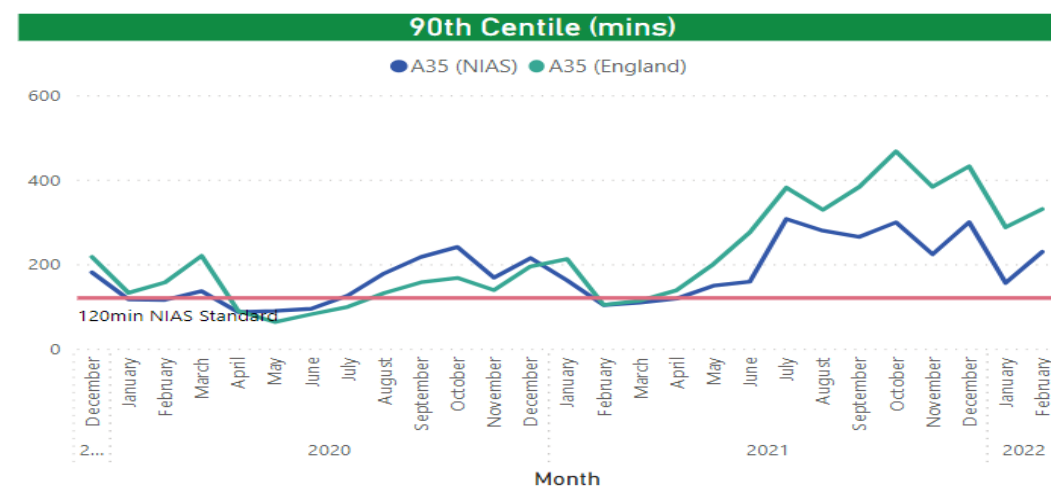
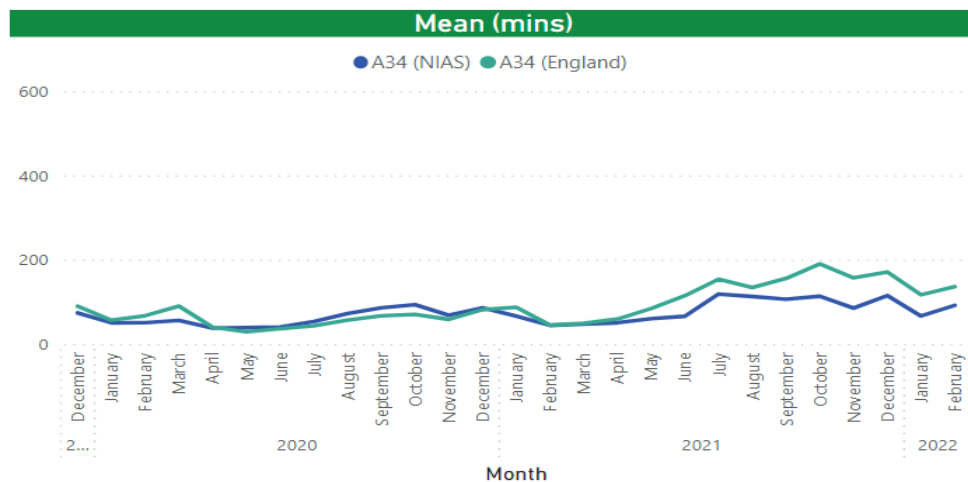
90 <sup>th</sup> Centile Category 2	National	NIAS
February 21	36:04	44:25
February 22	01:31:54	01:16:13
21/22 Change (+/-)	+58:50 mins	+31:48 mins
Deviation from Target (Feb 22)		+36:13 mins

- Category 2 90<sup>th</sup> Centile Response time has increased by over 30mins from Feb 21 – in line with English trusts
- Our deviation from Target remains significant at over 35mins

## Current Pressures – Impact on Response Time Performance Category 3

- Category 3 Mean and 90<sup>th</sup> percentiles within NIAS have very similar profiles to the English trusts
- NIAS, however do experience better performance across Category 3 response times and have done throughout 2021 into 2022

### Demand: C3 Response Times (Measures A34 & A35)



Mean Category 3	National	NIAS
February 21	44:54	44:17
February 22	02:16:13	01:31:40
21/22 Change (+/-)	+01:31:19 mins	+47:23 mins
Deviation from Target (Feb 22)		

- Category 3 Mean Response time has increased by 47 mins 23 secs from Feb 21
- This is a significantly better position than the English trusts that have nearly seen twice the deterioration in performance than NIAS

90 <sup>th</sup> Centile Category 3	National	NIAS
February 21	01:43:22	01:43:22
February 22	05:30:21	03:49:28
21/22 Change (+/-)	+03:46:29 mins	+02:06:06 mins
Deviation from Target (Feb 22)		+01:49:28 mins

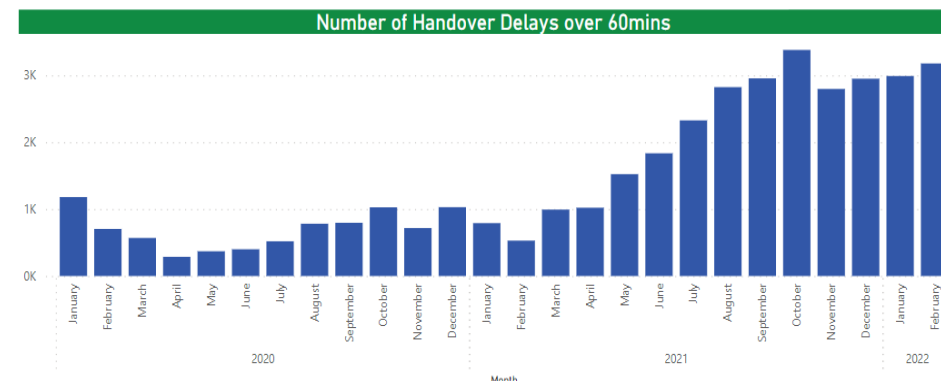
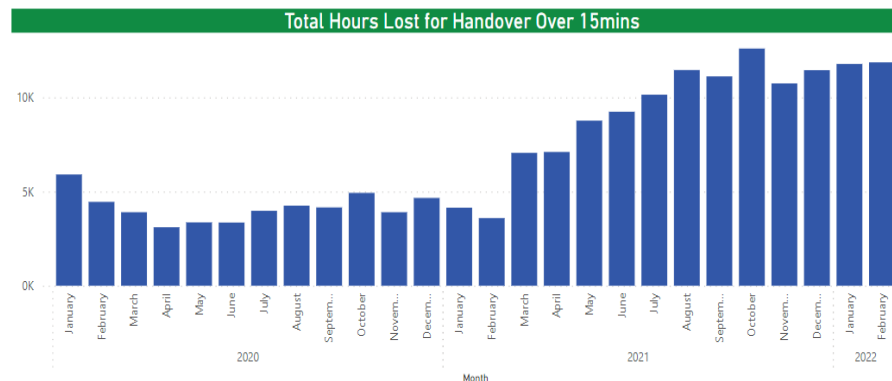
- Category 3 90<sup>th</sup> Centile Response time has increased by Over 2hrs from Feb 21
- Our deviation from Target remains at over 1hr 30mins.

## Current Pressures – Handover Times

### HANDOVER TIMES

The handover time standard of 15 minutes from arrival at an ED.

In February 2022, NIAS experienced a total of 11,856 lost hours, this is the equivalent of 35 shifts per day, with crews waiting with patients outside EDs, 32% of our planned capacity. In February 2022, we experienced 3178 instances where our crews waited longer than 60mins to handover their patient at ED. The longer waits being experienced can mean that crews answer 1 to 2 calls per shift and on average crews are responding to 3 to 4 calls per shift which is around 50% less than in 2019.



Number of Handover Delays over 15mins					
Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 15mins	% Over 15mins	Total Time Lost (Hours)
ROYAL VICTORIA	28949	28935	25424	87.82%	22,117.06
ANTRIM AREA HOSPITAL	22027	22018	18965	86.10%	13,372.62
ULSTER HOSPITAL	20207	20202	18111	89.63%	16,646.09
CRAIGAVON AREA HOSPITAL	18530	18528	16199	87.42%	13,677.12
ALTNAGELVIN HOSPITAL	15278	15278	12416	81.27%	7,311.91
DAISYHILL NEWRY	7696	7696	6875	89.33%	5,738.30
CAUSEWAY HOSPITAL	8315	8311	6801	81.79%	6,040.92
MATER INFIRMORUM	7787	7786	6603	84.80%	4,304.18
SOUTH WEST ACUTE HOSPITAL	8914	8913	6494	72.85%	3,732.35
R/BELF FOR SICK CHILDREN	2016	2015	1125	55.80%	632.19
<b>Total</b>	<b>139719</b>	<b>139682</b>	<b>119013</b>	<b>85.18%</b>	<b>93,572.72</b>

Number of Handover Delays over 60mins					
Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 60mins	% Over 60mins	Total Time Lost (Hours)
ROYAL VICTORIA	28949	28935	8009	27.67%	10,201.26
ULSTER HOSPITAL	20207	20202	5088	25.18%	9,142.08
CRAIGAVON AREA HOSPITAL	18530	18528	4065	21.94%	6,990.73
ANTRIM AREA HOSPITAL	22027	22018	3665	16.64%	6,593.30
CAUSEWAY HOSPITAL	8315	8311	1988	23.91%	3,083.68
DAISYHILL NEWRY	7696	7696	1787	23.22%	2,813.16
ALTNAGELVIN HOSPITAL	15278	15278	1694	11.09%	3,024.32
MATER INFIRMORUM	7787	7786	1472	18.90%	1,687.61
SOUTH WEST ACUTE HOSPITAL	8914	8913	813	9.12%	1,586.43
R/BELF FOR SICK CHILDREN	2016	2015	74	3.67%	360.99
<b>Total</b>	<b>139719</b>	<b>139682</b>	<b>28655</b>	<b>20.51%</b>	<b>45,483.55</b>

In the last 12 months (March 21 – Feb22), the average handover time has been 47 minutes, and 85% of the Handovers are over 15 minutes, resulting in in circa 93k hours lost.

In February 2022, the average turnaround time was 63 minutes, with 88% of Handovers over 15 minutes and 9.5k hours lost (eq. to 798 12-hours shifts per month or 28 12h shifts per day).

The number of handover delays in excess of 60mins was at the second highest level ever recorded with 3178 occurrences during the 28 days of February resulting in over 100, 60 minute delays per day during the month.



## Current Pressures – Handover Times Impact

### HANDOVER TIMES IMPACT

Handover delays have now become so significant for NIAS that we need to look at the impact these are having on our ability to respond.

**Fig 1-** to the right is a view of the correlation between NIAS's average response times and the average turn around times at ED. It is **clear and undisputable** from the correlation modelling that the longer NIAS resources are delayed at hospital the longer patients wait in the community for a response. Co-efficient  $>0.6$

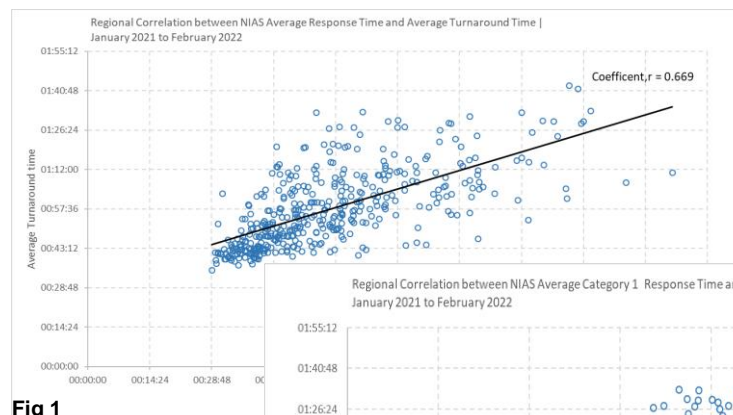


Fig 1

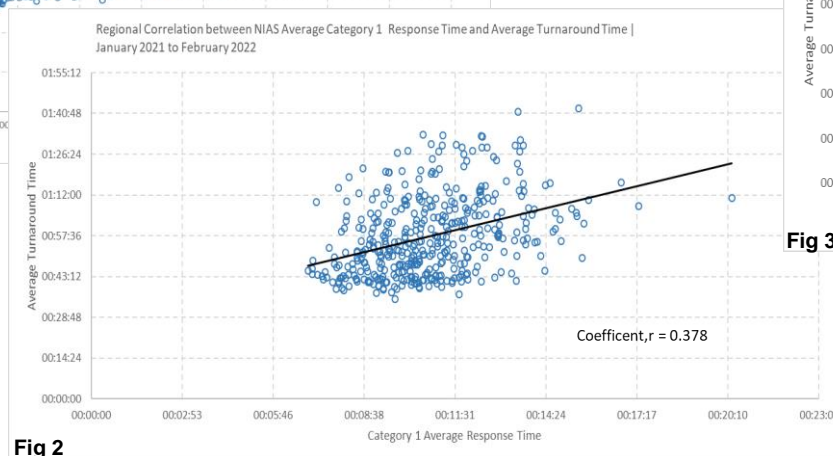


Fig 2

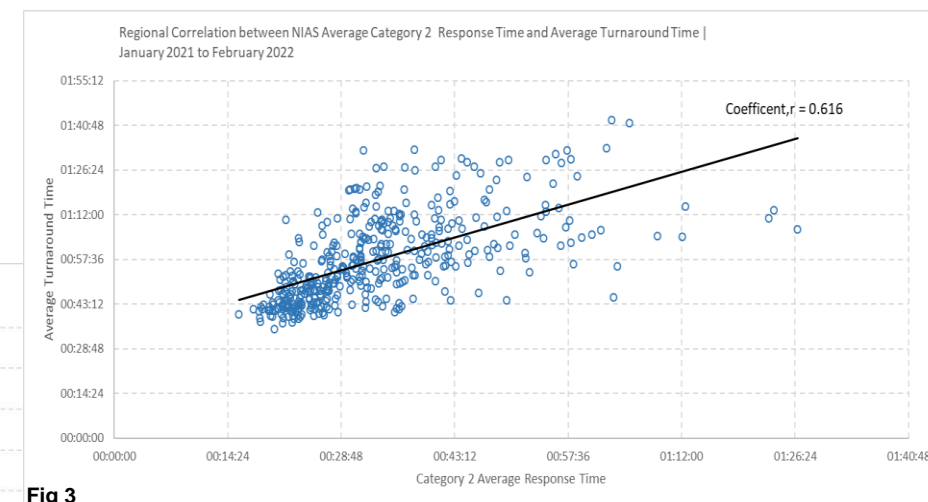


Fig 3

The association between these 2 variables is very strong in **Fig 2** – above is a view of the correlation between NIAS's Category 1 response times and the time delayed in Hospital. As we would hope the correlation co-efficient of this is much weaker at  $> 0.3$ . This provides us re-assurance that when we need to release crews to respond to category 1 calls we seem to be able to get away from EDs. In saying this, I would do think there is work to do in reducing this co0effiecnt closer to Zero.

**Fig 3** – above you can see the correlation between NIAS's Category 2 response times and delays at Hospital. Again, this is a very strong correlation at over 0.6 and is a significant challenge as we need to reduce this co-efficient.

Category 3 and 4 response times, although have strong correlations, they are not as strong as Category 2, which may reflect the practices of NAIS in resourcing calls with ICV and PCS resources.



## Current Pressures – Complaints and SAIs

### Complaints

During the period Feb 20 to Feb 21 147 complaints were received by the Trust. 271 complaints were received in the same timeframe 21/22 reflecting an 84% increase.

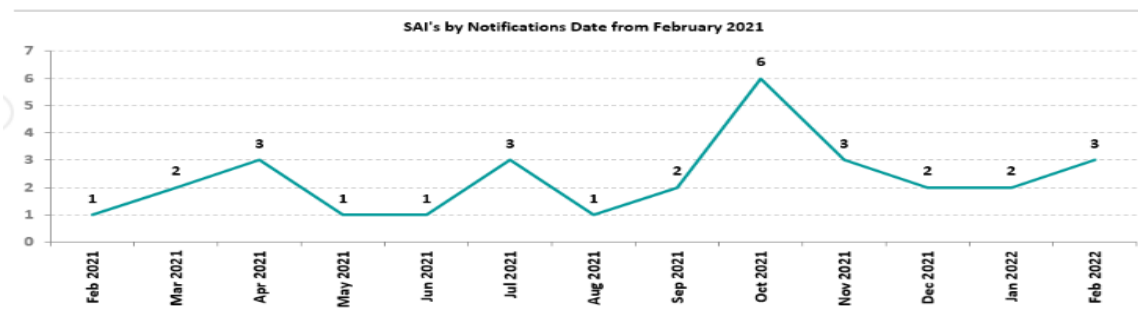
### Themes

The themes of complaints closed between Feb 21-22 are reflected in the table below. Delayed response is the top theme accounting for 40% of all complaints closed in this period. These complaints describe the resulting poor and unacceptable experience for patients and their families/ carers as they await an ambulance response and raise concerns regarding clinical outcomes as well as management of pain and maintenance of long lies on the ground.

Closed Complaints Feb 21 - Feb 22 by Subject	
	Total
Patient's Property/Expenses/Finance	2
Access to Premises	3
Clinical Diagnosis	1
Communications/Information	2
Complaints Handling	2
Confidentiality	1
Discharge/Transfer Arrangements	2
Environmental	2
Infection Control	3
Other	10
Privacy/Dignity	1
Quality of Treatment & Care	45
Quantity of Treatment & Care	1
Staff Attitude/Behaviour	73
Transport, Late or Non-arrival/Journey Time	103
Transport, Suitability of Vehicle/Equipment	1
<b>Total</b>	<b>252</b>

### Serious Adverse Incidents (SAIs)

An increase in SAIs notified to HSCB over the last 5 months has been noted.



The key theme is delayed response and the main causal & contributory factors within these SAIs are

- Capacity lost due to delays in handing patients over to Emergency Departments (ED)
- High call volume
- Reduced Accident & Emergency ambulance availability due to reduced staffing levels as a result of sickness absence and COVID - 19 related absence.
- Call triage and ambulance dispatch protocols not followed

The combined impact of these factors can result in significantly increased response times for patients, including recently, even the most clinically urgent calls.

There has also been a number of SAIs reported associated with delays in patient handovers at EDs

## Current Pressures - Staffing

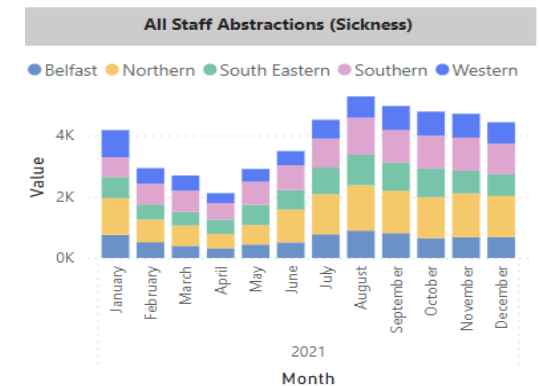
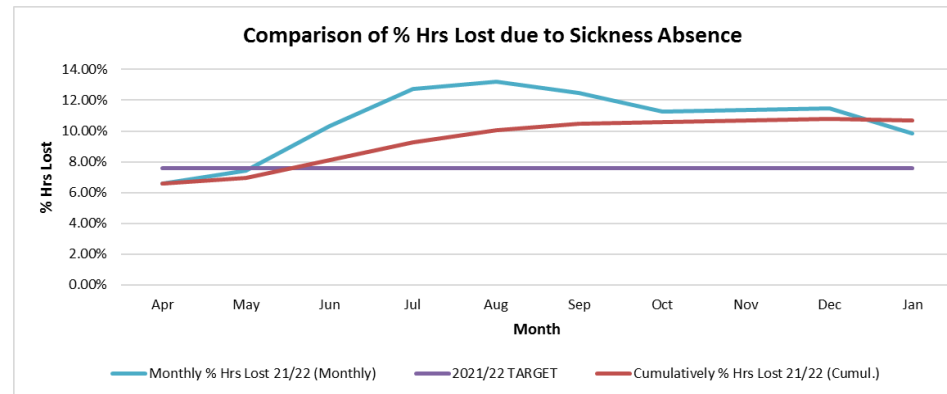
### STAFF ABSTRACTIONS

The Trust continues to experience extremely high numbers of staff abstractions due to sickness absence and absences attributable to COVID-19.

Figures demonstrate that monthly and cumulative sickness absence levels between November 2021 and January 2022 are significantly higher than figures in the same period in 2020/21. Cumulative figures in the last three months have fluctuated marginally from 10.70% in Nov 21 (vs. 8.1% in Nov 20) rising to 10.78% in Dec 21 (vs. 8.4% in Dec 20), falling to 10.69% in Jan 22 (vs. 8.3% in Jan 21). This is reflective of the monthly figures for the last three months being 11.39% in Nov 21 (vs. 8.9% in Nov 20) rising to 11.45% in Dec 21 (vs. 10.3% in Dec 20) then falling to 9.86% in Jan 22 (vs. 7.7% in Jan 21).

Despite improved absence management and health & wellbeing initiatives being in place to support staff to return to work, ongoing extreme pressures within the working environment e.g. increased demand; reduced frontline operational cover in a number of Divisions; staff abstractions due to COVID-19 and hospital turnaround times resulting in late finishes and missed rest breaks, are undoubtedly contributing to the current higher than normal sickness absence levels.

Figures reported are for all staff (excluded Bank Staff and Non-Executive Directors) and demonstrate hours lost, with average days lost based on a standard 7.5 hour day, consistent with Regional HSC Reporting of Sickness Absence. HRPTS figures are correct at time of reporting but may be subject to change.



2021/22 Monthly Sickness Absence including Comparators to Previous Reporting Year (2020/21)										
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
ABSENCE TARGET (2021/22)	REDUCE SICKNESS ABSENCE RATES BY 5% ON 2020/21 PERFORMANCE TO 7.6% (TBC)									
Cumulative % hrs lost (20/21)	6.8	6.9	7.2	7.5	7.8	8.0	8.1	8.1	8.4	8.3
Monthly % hrs lost (20/21)	6.8	6.9	7.9	8.2	9.2	8.9	8.9	8.9	10.3	7.7
Cumulative % hrs lost (21/22)	6.56	6.97	8.09	9.28	10.08	10.48	10.59	10.70	10.78	10.69
Monthly % hrs lost (21/22)	6.56	7.41	10.34	12.76	13.19	12.48	11.28	11.39	11.45	9.86
Monthly % hrs lost (S/T)	1.47	1.50	1.84	2.10	2.25	2.24	1.82	2.09	2.15	1.86
Monthly % hrs lost (L/T)	5.09	5.91	8.50	10.66	10.94	10.24	9.46	9.30	9.30	8.00
Monthly % hrs lost COVID 19 (Sickness and self-isolation)	1.12	0.91	1.88	1.22	1.33	1.98	4.31	4.96	3.75	4.36
Av. days lost (7.5 hrs) per Employee per Mth	1.32	1.43	2.02	2.58	2.67	2.51	2.17	2.29	2.30	1.90
Av. Estimated costs (£'000)	£347	£399	£570	£476	£958	£473	£416	£417	£408	£358
Cumulative % Hrs Lost:	@ 31 January 2022 = 10.69%									

## Actions Taken To Address Current Pressures & Support Staff

In parallel to the development of a local framework based on an identification of actions required for winter surge planning a range of initiatives are ongoing across Directorates with a range of leads, supported by the Surge Planning Group to assist in addressing performance pressures and include:

- On-going NIAS regional autonomy to direct NIAS arrivals to EDs based on agreed pressure triggers to equalise pressures and contribute to managing number of crews at EDS
- Actions taken forward by frontline staff to reduce morning late finishes by ensuring appropriate fleet allocation and relieving night crews, alternative shift patterns, and the pilot of a Crew Relief Team to facilitate crews finishing as close to their shift end time as possible
- Additional HALOs supported across 3 of the larger EDs over the winter until end March 2022 with longer hours of operation & covering of rota gaps provided by Station Officers / Supervisors
- Additional staff welfare support at EDs
- Ongoing provision of staff refreshments at Ambulance Stations
- Schedule of joint HSCB/NIAS colleagues visits to EDs to determine progress with dedicated ambulance handover areas, and discussions regarding alternatives to ED conveyance (including onward referrals / signposting to other services; direct access to Urgent Care Centres)
- NIAS are working closely with NIFRS colleagues on a number of areas, firstly using NIFRS resources to bolster driving resources, along with developing pathways to allow NIFRS resources to support with Cardiac Arrest and Falls responses
- Exploring alternative conveyancing support for our crews. NIAS are working with BSO to enhance our capability to utilise taxi's to convey the lower acuity patients to hospital and a trial is scheduled to begin shortly within the South East division.
- PCS crews continue to support our A&E crews on a daily basis and we are working to increase the capacity the PCS crews can provide
- Application of the Chief Medical Officer's guidance on the management of returning staff to work (COVID positive & close contact cases) following an appropriate risk assessment that meets the required criteria to safely do so
- Ongoing Senior HR Advisor support at Divisional level.
- Priority areas identified to direct all available resources to when the organisation is in periods of sustained pressure. Resourcing these areas as a priority will maximise the organisations ability to respond during times of sustained pressure.
- Use of the regionally agreed Critical Shift Payments to address shortfall in frontline staff to maximise cover.
- Developing processes to support the creation of a bank of recently retired staff by contacting all individuals that have retired in the past 2 years. This will provide us with additional capacity in times of extreme pressure.

## Clinical Performance

### CHALLENGES

- Due to operational pressures, normal clinical audit processes remain suspended. This includes review of Patient Report Forms and reporting on historical clinical performance indicators (e.g. stroke, myocardial infarction, hypoglycaemia). Internal Audit have been advised of this but NIAS has shared details of the new approach facilitated by REACH.
- Key staff involved in audit (clinical support officers) have been working to support operation cover and focussing on development of students in training in order to improve frontline availability of staff.
- A draft report forwarded by Internal Audit has given an indicative finding of limited assurance due to the issues above but will be reviewed by the Directorate Team prior to completion.
- Training programmes have twice been paused due to COVID pressures but are now running at full capacity. The NIAS Training Team remains challenged by capacity issues.
- The third cohort of Foundation Degree Paramedics completed their course on 14 January 2022 and the final outcome of the Exam Board is expected mid-March, releasing 30 to 40 qualified Paramedics into service.
- The fourth and final cohort of the Foundation Degree Programme commenced on 7 March 2022.
- NIAS has not received any funding for Paramedic Education Leads for the BSc Paramedic Science Programme run by UU, even though NIAS will have the largest commitment to these students of any organisation; the other five Trusts have been funded for these posts and it is likely that these will attract a number of the NIAS Clinical Training Team.
- NIAS is engaging with the Medicines Regulatory Group of the Department of Health in relation to governance of controlled drugs.

## Clinical Performance

### PROGRESS

- NIAS led on the development of a destination protocol for surgical patients in the Daisy Hill catchment area following the withdrawal of emergency surgery on site by the Southern Trust. This protocol is aimed at reducing the impact on NIAS due to longer transfer times with the risk of increased delays at the Craigavon site.
- NIAS is working with the Northern Trust and HSCB to explore the potential of a bypass protocol for patients with hip fracture.
- NIAS has been able to secure funding for ten NIAS EMTs to join the Ulster University BSc Programme as direct entrants at Year 2. The selection process has been agreed with Ulster University taking the lead, supported by NIAS.
- A support programme for Newly Qualified Paramedics (NQPs) has been developed and the recruitment for these positions has been advertised on HSC Recruit.
- The recruitment of Critical Care Paramedics has commenced with selection scheduled for Q4 2021/22.
- The strategic review of the delivery of clinical education within NIAS is ongoing with progress reports being made to the NIAS Safety, Quality, Patient Experience and Performance Committee. Significant progress has been made in obtaining external guidance from AACE and the completion of a programme of staff engagement.
- A proposal for restructuring of the Clinical Education Team has been presented to the Programme Board and approved by the Senior Management Team.
- Draft reports have been received from Internal Audit indicating satisfactory assurance in the realms of controlled drugs management and clinical education.
- NIAS has developed a co-responder arrangement with NIFRS with the aim of improving response to cardiac arrests in the community. The first NIFRS station providing this went live at the end of February 2022. The Fire Brigades Union has raised concerns about NIFRS process.



*- End Of Report -*



**TB/24/03/2022/06**





# Trust Board Finance Report

January 2022 (Month 10)



Northern Ireland Ambulance Service  
Health and Social Care Trust



# Contents

- \* Executive Summary
- \* Manage Within Allocated Revenue Resource Limit (RRL)
- \* Directorate Financial Position
- \* Voluntary & Private Ambulance Services
- \* Overtime Expenditure
- \* Manage Within Allocated Capital Resource Limit (CRL)
- \* Prompt Payment of Invoices

# Executive Summary

## Statutory financial performance targets

RAG  
status

### Manage within allocated Revenue Resource Limit (RRL) / Achieve financial break-even

The Trust is reporting a breakeven position for the ten months ending 31 January 2022 and forecasting a breakeven position at year end.

The Trust continues to work with HSCB and DoH to finalise the resource requirements in relation to a number of issues and other financial pressures and deficits for the current year and beyond.

### Manage within allocated Capital Resource Limit (CRL)

The Trust has received a Capital Resource Limit (CRL) allocation of £9.133m. This includes allocations for Fleet & Estate, ICT and Backlog Maintenance.

The Trust is currently forecasting full spend against the CRL allocation at year end, but there are a number of risks in relation to this. The Trust continually reviews capital schemes to understand and mitigate against these risks.

### Prompt payment target-95% of suppliers within 30 days

Cumulative performance at 97.2% at 31 January 2022 (Month 10). As aged invoices are cleared and paid, performance between months can vary.

# Manage within allocated Revenue Resource Limit (RRL) / Achieve financial break-even

The Trust is currently reporting a breakeven position for the ten months ending 31 January 2022 (Month 10), and also at the end of 2021-22, subject to a number of key risks and assumptions particularly in respect of Agenda for Change, investment, Covid-19 costs and efficiency savings. Specifically:

- \* The agreed RRL at Month 10 is £113.259m of which £87.786 is recurrent (Previously £108.937m of which £87.786 is recurrent ).
- \* Covid-19 Costs - The current forecast £12.89m (previously £12.86m) of Covid-19 costs will be fully funded across the areas of Workforce (£3.69m), Service Delivery (£7.4m), Equipment & Supply (£1.2m) and Corporate Cleaning (£0.6m). These have largely been agreed.
- \* Efficiency Savings – The Trust has received a letter from DoH/HSCB requesting that Trusts should now cease discretionary spending in areas that would not have an immediate impact on service delivery. This has been considered by the Senior Management Team, but opportunities to reduce spend further are limited. Beyond this additional request, no further efficiency savings requirements are expected in the year. The Trust has been set a target of £2.602m. Initial estimates were that only £1m of this target would be met, and this will only be on a non recurrent basis. Additional non recurrent support has been provided by HSCB and further measures have been identified to achieve the balance of savings required in 2021-22.
- \* Agenda for Change – The costs of regrading, pay awards and holiday pay will be fully funded. The 2021-22 pay award was implemented in January 2022. These have been largely agreed.
- \* Investment – Clinical Response Model (£2.5m) and NIAS Training (£3.5m) (these schemes have largely been agreed). The Trust has been advised of funding in 2021-22 for the Cohort 4 Paramedic Course which commenced in March 2022. This course will run well into the 2022-23 with associated costs which will be an issue in the new financial year.
- \* The Trust continues to work through a process of review with DoH/HSCB and to finalise the position in relation to the year end.
- \* Accounting Treatment - There will be no major in year changes to accounting treatment.

# Directorate Financial Position

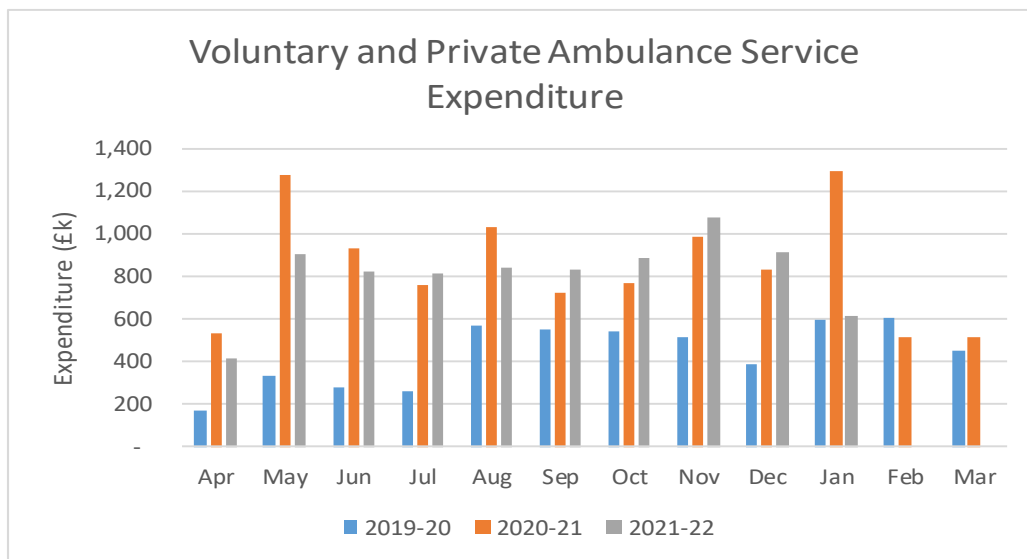
- \* Underlying the overall financial forecast is a complex budgetary position within each Directorate. Actual expenditure by Directorate at January 2022 (Month 10) is shown opposite.
- \* The level of underspends against the pay budget is reducing as vacancies across the Trust are filled. Any underspend is used to fund overtime costs to maintain services and provide operational cover. There are also significant levels of sickness absence that can create a financial pressure beyond budgeted levels.
- \* Expenditure on Voluntary and Private Ambulance Services is also being incurred to maintain cover and performance.
- \* The significant additional expenditure, particularly in respect of Covid-19, is included in the financial assumptions in the current year. Funding beyond this year cannot currently be assumed, though pressures due to Covid-19 are not expected to reduce in the medium term.
- \* A programme of work to revise the financial management framework to reflect this exceptional expenditure and incorporate the revised organisational structure and the conclusions of the Demand & Capacity exercise is underway. This involves significant engagement with operational managers and budget holders. This work will be reflected in Financial Reporting in 2022-23.

Description	Expenditure at January 2022 (Month 10)
<b>NIAS TOTAL</b>	95,319
<b>HQ DIRECTORATES</b>	20,026
DIR OF CRM, FLEET & ESTATES	1,088
DIRECTOR OF FINANCE	1,693
DIRECTOR OF HUMAN RESOURCES	1,628
MEDICAL DIRECTOR	10,156
DIRECTOR OF OPERATIONS	964
DIRECTOR OF PLAN, PERF & CORP	3,391
DIRECTOR OF SAFETY, QUAL & IMP	598
CHIEF EXECUTIVE'S OFFICE	506
<b>OPERATIONS DIRECTORATES</b>	75,293
BELFAST AREA MANAGER	9,540
REGIONAL CONTROL CENTRES	17,139
SOUTHEAST AREA MANAGER	10,011
NORTH AREA MANAGER	14,890
SOUTH AREA MANAGER	11,356
WEST AREA MANAGER	12,358

# Voluntary & Private Ambulance Services

The Trust benefited from significant additional funds in 2020-21 as part of the response to Covid-19. A similar level of support has been provided in 2021-22 which has been applied to additional support from VAS/PAS to maintain and enhance ambulance provision during this difficult period. The Trust welcomes the support that VAS/PAS has given NIAS and HSC during this time.

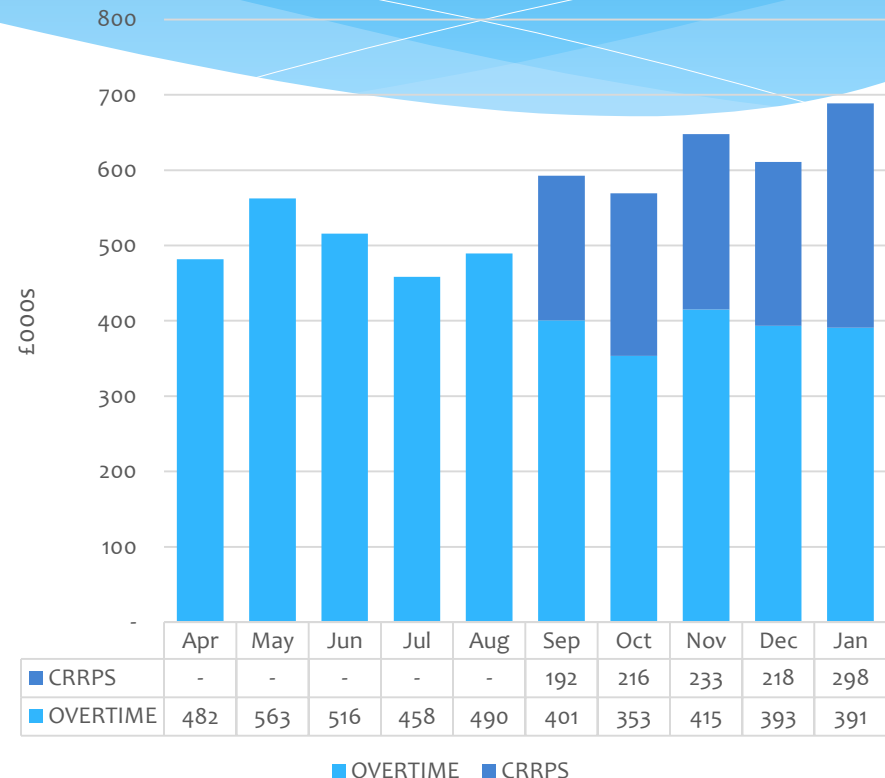
- \* Expenditure on VAS/PAS in 2019-20 was £5.2m. Expenditure in 2020-21 was £10.1m. Expenditure by month is shown below. This level of expenditure has been affordable given operational vacancies within the Trust and also with the additional resources provided in response to the pandemic. As the output of the training school fills vacancies and the impact of the pandemic recedes, levels of expenditure should reduce.
- \* The sustained impact of Covid-19 has resulted in the continued reliance on VAS/PAS to maintain services in the current year. While expenditure has reduced marginally overall compared to the same period last year, the Trust remains at the highest level of escalation and VAS/PAS spend remains significant. The reduced spend is primarily due to a reduction in available VAS/PAS as they are also impacted by Covid-19 and are beginning a return to their core business areas, for example sporting and other events.



# Overtime Expenditure

- \* The Trust relies significantly on the use of overtime for the provision of services, predominantly for the provision of Ambulance cover. This reliance is for a number of reasons including vacancies, planned and unplanned absences and additional cover or programmes of work.
- \* Overtime is payable to staff in pay bands 1-7 under Agenda for Change (AfC) terms and conditions at a rate of time plus one half, with the exception of public holidays which are paid a double time.
- \* Overtime is paid monthly in arrears and claims should routinely be submitted within three months of the work being carried out. Staff also have the option of taking time off in lieu as an alternative to an overtime payment.
- \* Given the varying requirements for overtime, expenditure can vary significantly at different times in the year. However, even with this variability, overtime is remarkably consistent between years averaging circa £6m per annum.
- \* The Trust has instigated a programme of work to recruit substantively to positions and rotas that have historically been filled with overtime. There is however a significant lead time for the recruitment and training of these staff.
- \* Regionally, additional enhancements have been introduced to encourage staff to undertake additional shifts. Costs under this Covid Rapid Response Payment Scheme (CRRPS) are now included in this graphical analysis.

NIAS OVERTIME COST 2021-22  
(excluding employers NIC)

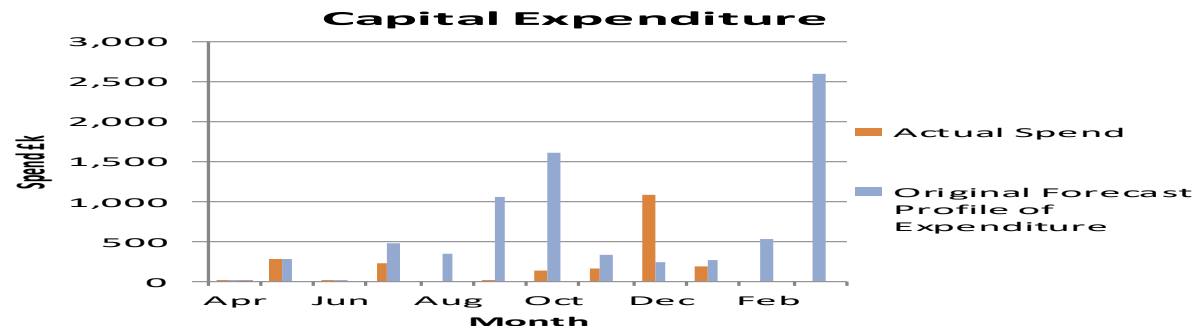




# Manage within allocated Capital Resource Limit (CRL)

The Trust has received a Capital Resource Limit (CRL) allocation of £9.133m (previously £8.432m). This includes allocations for Fleet & Estate (£6.164m), ICT (£2.719m) and Backlog Maintenance (£0.250m).

- \* Expenditure has traditionally been profiled towards the end of the financial year due to a number of factors, including business case approval, the availability of funds, procurement timescales, supplier capacity, internal capacity, project risks and lead times. Significantly, expenditure on fleet is profiled to the end of the financial year to maintain a smooth fleet age profile.
- \* These risks have been compounded recently due to a number of factors including EU exit, the global movement of goods, the global availability of raw materials and also associated costs of materials, production and delivery. The Trust continually reviews capital schemes to understand and mitigate against these risks.
- \* In an effort to bring forward expenditure from the end of the financial year, the Trust has recently entered into tenders for accident and emergency vehicles beyond the traditional one year cycle. This option is also being explored for other vehicle procurements. This should allow orders to be placed earlier in the annual replacement cycle and has provided some certainty in relation to pricing. Capacity with suppliers is also being explored to purchase additional vehicles should further funding become available.
- \* Provisional figures for expenditure at January 2022 (Month 10) is £2.096m against this allocation of £9.133m. The Trust currently forecasts full spend against the CRL allocation at year end.



# 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.
- \* In 2020-21, both the 70% and 95% targets were achieved for the first time in a number of years. The Trust will continue with efforts to maintain this level of performance in 2021-22.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Cum	Target
<b>Total bills paid</b>	2,644	2,969	3,217	2,441	3,035	2,907	2,750	3,261	2,234	2,582			<b>28,040</b>	
<b>Total bills paid within 30 calendar days of receipt of undisputed invoice</b>	2,616	2,907	3,177	2,274	2,887	2,824	2,687	3,181	2,206	2,487			<b>27,246</b>	
<b>% bills paid on time 30 days</b>	98.9%	97.9%	98.8%	93.2%	95.1%	97.1%	97.7%	97.5%	98.7%	96.3%			97.2%	>95%
<b>Total bills paid within 10 working days (14 calendar days)</b>	2,196	2,447	2,846	1,934	2,551	2,564	2,437	2,712	1,929	1,794			<b>23,410</b>	
<b>% bills paid on time 10 days</b>	83.1%	82.4%	88.5%	79.2%	84.1%	88.2%	88.6%	83.2%	86.3%	69.5%			83.5%	>70%

# End of Report



**TB/24/03/2022/07**





## TRUST BOARD

### PRESENTATION OF PAPER

<b>Date of Trust Board:</b>	24 March 2022
<b>Title of paper:</b>	Annual NIAS Safeguarding Position Report 2021-22
<b>Brief summary:</b>	<p>The RQIA Safeguarding Quality Improvement Plan issued in December 2019 detailed the requirement to report to Trust Board and provide assurance of the overall management of safeguarding referrals.</p> <p>Additionally the HSCB require that each organisation should complete an annual Adult Safeguarding Champion Position Report to meet the governance requirements set out in the regional Adult Safeguarding: Prevention and Protection in Partnership (July 2015) Policy. Co-operating to Safeguard Children and Young People in Northern Ireland (2017) outlines the duty organisations have to ensure there is oversight of safeguarding procedures to ensure children and young people are safeguarded.</p> <p>The Annual Safeguarding Position Report is considered an important overview and governance tool for all organisations and groups supporting adults and children at risk or in need of protection. As such, it contains significant information for an organisation's Senior Management Team and Trust Board.</p> <p>There is an expectation that the Position Report should be made available for any external audit purposes. The Position Report is key in demonstrating that the organisation is complying with the requirements of regional Safeguarding Policy's for Children and Adults.</p>

<b>Recommendation:</b>	<b>For Approval</b> <input checked="" type="checkbox"/> <b>For Noting</b> <input type="checkbox"/>
<b>Previous forum:</b>	SMT – 8 March 2022
<b>Prepared and presented by:</b>  <b>Date:</b>	Des Flannagan, Head of Safeguarding Lynne Charlton, Director of Quality, Safety & Improvement  16 March 2022



## SAFEGUARDING POSITION REPORT

<b>Name of organisation:</b>	Northern Ireland Ambulance Service
<b>Type of services/facility delivered to adults/children:</b>	Pre hospital Emergency Care to Adults & Children
<b>Reporting period covered:</b>	April 2021 – Feb 22
<b>Confirmation that the organisation has safeguarding policy in place. Detail the most recent review date.</b>	NIAS Safeguarding Policy and Procedure, Aug 2021 NIAS Training and Education Strategy, Aug 2021



## Background

An essential element of delivering high quality safeguarding services is having clear integration with other HSC agencies. The Bengoa Report (2016) 'Systems, not Structures' highlighted the importance of the need to build on the strength of the integrated Health and Social Care model in Northern Ireland by taking a whole system perspective to ensure that different parts of the system are connected, interdependent, that they talk to each other and that they form an integrated whole. Whilst there has been improvements noted in the past 12 months, a historical absence of dedicated safeguarding infrastructure within NIAS has resulted in the connections and communication pathways to support the required integration currently being in their infancy, as a result so are established relationships with safeguarding teams in HSC, PSNI, or non-statutory agencies. This presents a key challenge to NIAS in safeguarding patients from harm.

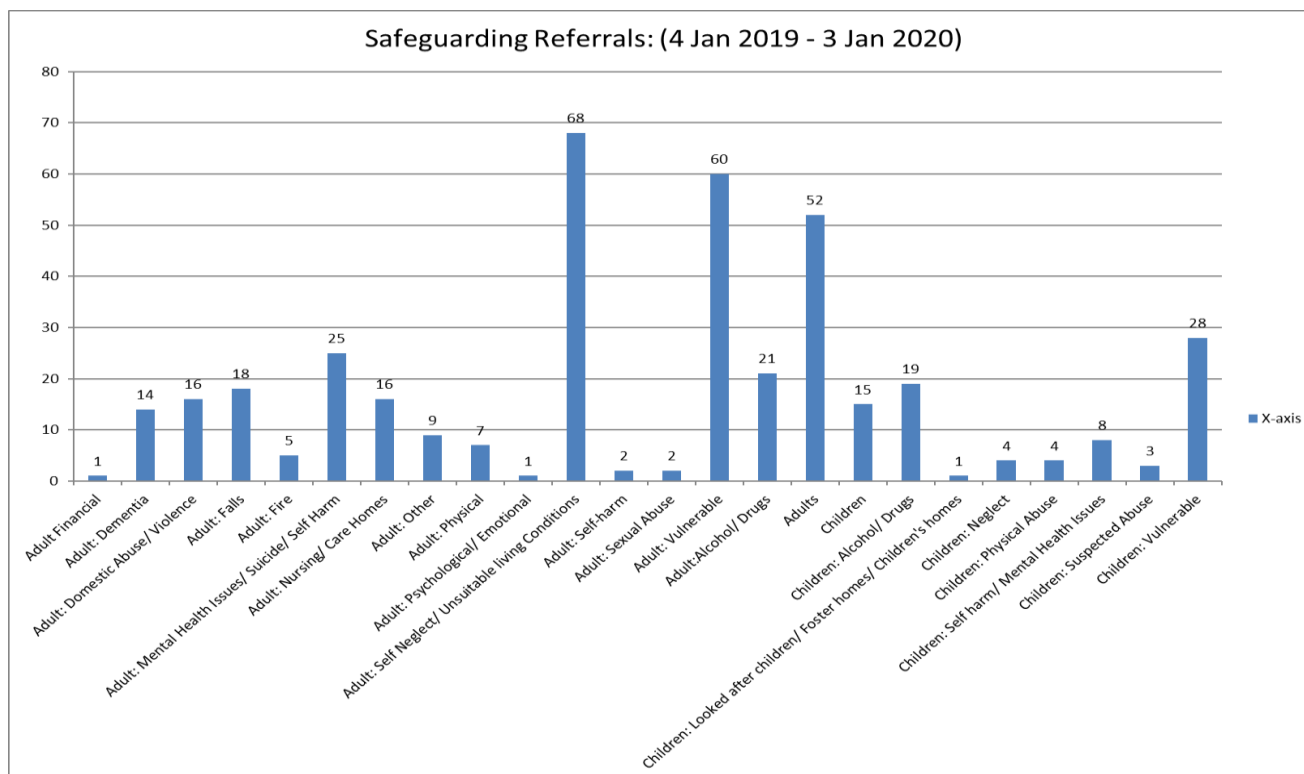
Although health and social care are integrated in Northern Ireland, the challenges encountered by NIAS in navigating across these HSCT structures is similar in experience to counterparts in other UK ambulance services. This legacy of poor integration can often appear to work against the message that safeguarding is everyone's responsibility.

Outline the reporting structure within the organisation/service	<p>The Regional Adult Safeguarding Policy: Prevention and Protection in Partnership (July 2015) established new roles and responsibilities for implementation of adult safeguarding across all sectors. The regional policy also saw the establishment of an Adult Safeguarding Champion (ASC). An ASC is required if the organisation have staff or volunteers who are subject to any level of vetting under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.</p> <p>The ASC should ensure that, at a minimum, the organisation safeguards adults at risk by:</p> <ul style="list-style-type: none"><li>• <b>recognising</b> that adult harm is wrong and that it should not be tolerated;</li><li>• <b>being aware</b> of the signs of harm from abuse, exploitation and neglect;</li><li>• <b>reducing opportunities for harm</b> from abuse, exploitation and neglect to occur; and</li><li>• <b>Knowing how and when to report</b> safeguarding concerns to HSC Trusts or the PSNI.</li></ul> <p>The ASC provides strategic and operational leadership and oversight in relation to adult safeguarding for an organisation or group and is responsible for implementing its adult safeguarding policy statement. The</p>
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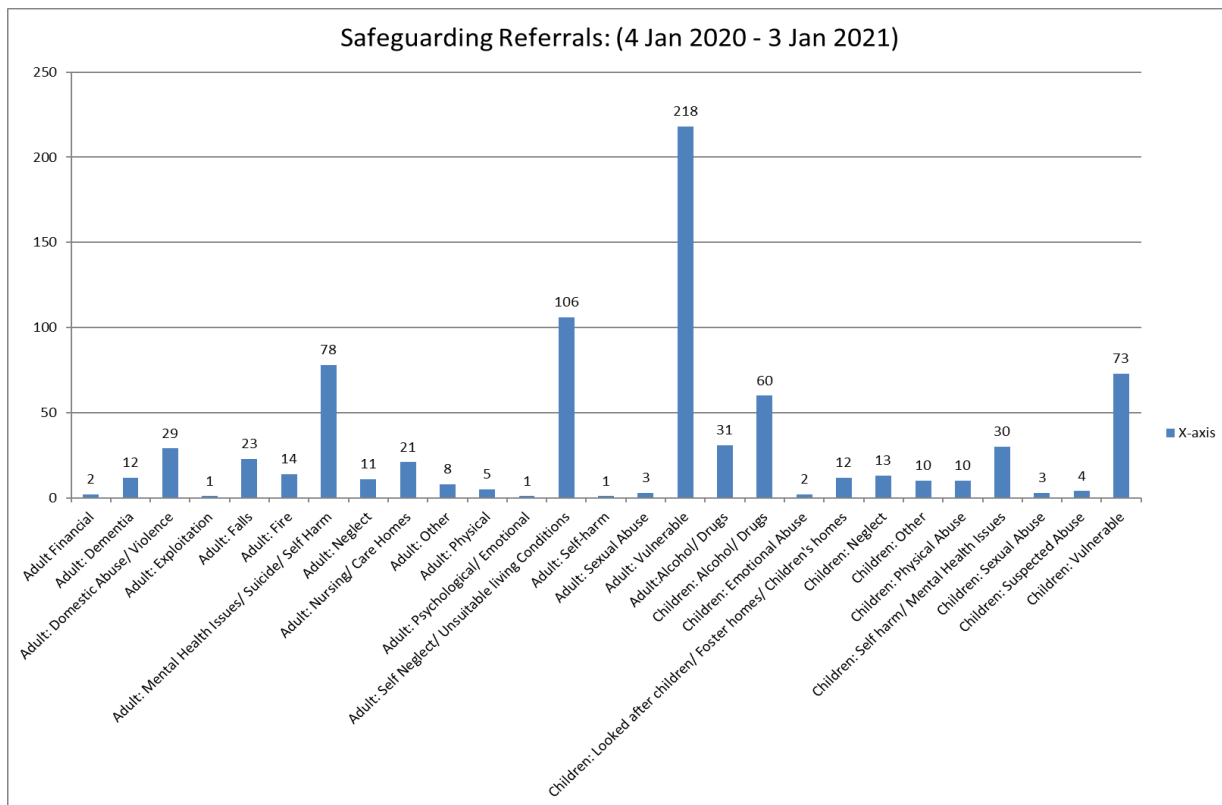
Outline the reporting structure within the organisation/service	<p>nominated ASCs should be senior people within the organisation, suitably trained, experienced and skilled to carry out the role. Similarly, Co-operating to Safeguard Children and Young People in Northern Ireland, 2017 also requires organisation to have a named safeguarding professional, and Child Care Safeguarding Champions with defined responsibilities for safeguarding children and young people.</p> <p>On 28<sup>th</sup> June 2021 Des Flannagan took up post as NIAS, Head of Safeguarding. As Head of Safeguarding he fulfils the role as adult and children safeguarding champion. The Safeguarding Lead for the Northern Ireland Ambulance Services (NIAS) oversees the safeguarding referrals submitted by NIAS staff, alongside working at a corporate level within the organisation, and providing NIAS with strategic, clinical and professional expertise on safeguarding.</p> <p>The Head of Safeguarding reports to the Director of Quality Safety &amp; Improvement who is the nominated director responsible for Safeguarding leadership across the organisation, setting strategic objectives to ensure safeguarding is a priority and a regular agenda item at a senior level and is accountable for the governance of safeguarding to the Board, regulators and partners.</p> <p>In May 2020, in the absence of any substantive appointed Safeguarding posts, a Safeguarding team was established to strengthen governance and assurance of safeguarding within the organisation, with a number of NIAS personnel along providing support within their existing job plans along with an HSC Leadership Centre Associate . Alongside the Head of Safeguarding who was appointed in June 2021 (the only dedicated Safeguarding substantive post) the safeguarding team is now supported by the, Risk Manager, the Clinical Service Improvement Lead, the Datix Administrator &amp; Datix Incident Lead. In addition, in order to develop staff awareness, improve follow up of referrals and feedback to staff, operational staff currently on non-patient facing duties also provide support to the team on a temporary basis.</p> <p>The Safeguarding Team report through the Director of Quality, Safety and Improvement to the Safety, Quality, Experience and Performance Committee bi annually and to the Trust Board Annually.</p>
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## Overview of adult and children safeguarding activity in the reporting period

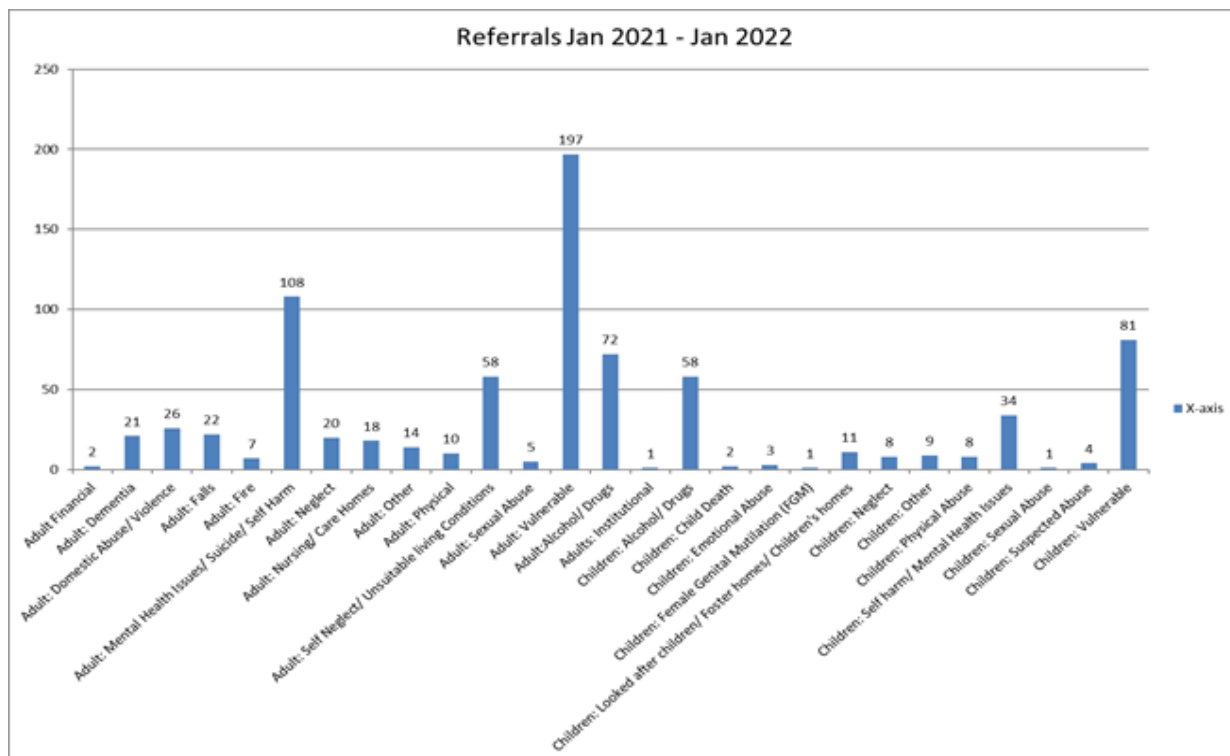
NIAS collates data for all safeguarding and welfare incidents referrals across all 5 HSC Trusts in Northern Ireland. While there has been a considerable increase in referrals (108 percent 2020-2021), when considering population size, and levels of social deprivation in Northern Ireland, the overall number of referrals remains low in comparison to other Ambulance Trusts in the UK.



**Total Referral: 399**



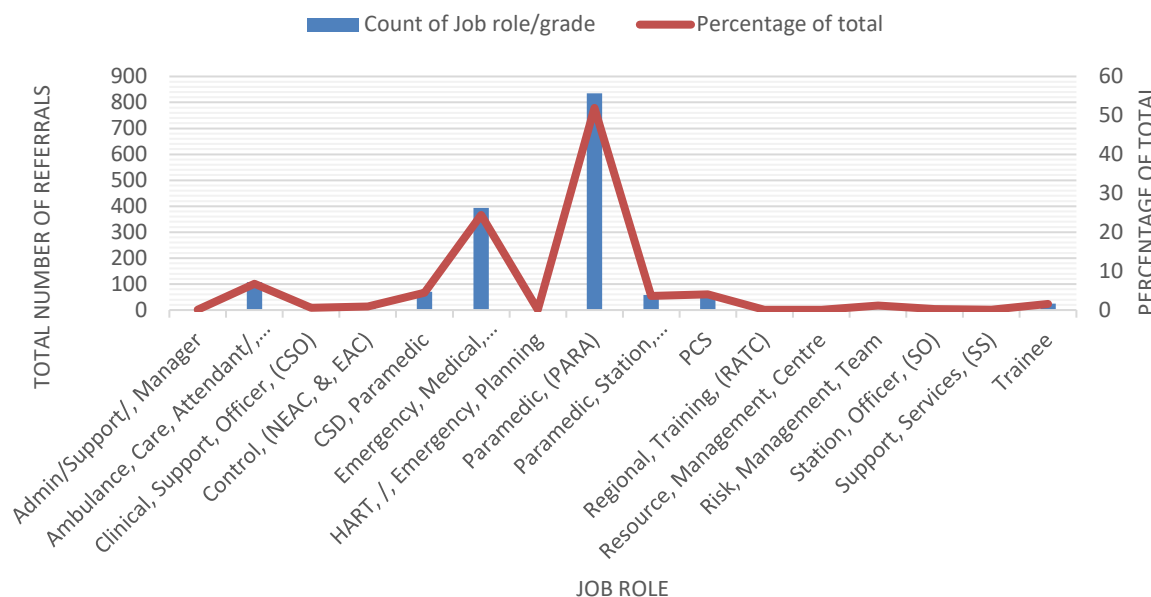
**Total Referral: 782**



**Total Referral: 801**

<p>Overview of adult and children safeguarding activity in the reporting period</p>	<p>Whilst a significant increase in referrals has been noted since 2020, this may be from a baseline reflective of under-reporting safeguarding concerns. Whilst there has clearly been progress and a cultural shift for some staff which accounts for the improvement in reporting since 2020, there is a definite need to continually improve and strengthen the culture of reporting safeguarding concerns, ensuring that all staff see safeguarding as everyone's responsibility and view this as core and not an extra to their role in providing high quality compassionate care for their patient.</p> <p>The importance of integration and effective referrals pathways is key, staff within NIAS report experiences of the challenges in attempting to navigate across numerous Trust structures to make a referral, only to be met with resistance because the patient did not meet the particular team's criteria, or was being made to the only pathway available to NIAS staff out of hours but did not meet the threshold for this pathway. Collaboration with the HSCB and other HSC Trusts is ongoing to address this, although this has been challenging and protracted.</p> <p>Continual improvement efforts are required to address the considerable unwarranted variation in the quality and volume of safeguarding referrals. This can only be addressed through staff support, feedback and learning opportunities, initially enhanced support would need be focussed toward staff in NIAS who support clinical practice.</p> <p>An analysis of the trend of staff who report safeguarding concerns on a regular basis illustrates that if identifying and reporting concerns was common practice for a higher proportion of the NIAS workforce the safeguarding activity would be considerably higher. For example during the period of January 2020 to December 2021, 75% of safeguarding referrals have been generated by Paramedics while Ambulance Care Attendant staff account for 7% of referrals despite the number within this staff group and their role in regularly transporting vulnerable patients.</p>
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## Safeguarding Referrals by Job Role Jan 20-Dec 21



It should be noted that we see few referrals that could be viewed as inappropriate when we review cases weekly, but we do identify issues related to accurate and concise reporting, and clearly documenting if consent was given by a patient for a welfare referral (consent is not required for a safeguarding referral when an individual is considered to be in need of protection).

The current process for reporting a safeguarding referral involves crews making a phone call to the relevant safeguarding service and returning to their base to log on to a desk top PC and complete a Datix referral as a record of the referral. On many occasions this is completed at the end of a shift and can take place some hours after the patient has been attended to. It is also a platform that offers no prompts to support individualised robust referrals as the template is generic. The Head of Safeguarding has worked collaboratively with others on the design of an appropriate electronic safeguarding referral on the Regional Electronic Ambulance Referral Hub

	<p>(REACH) it is anticipated that this should support staff in the improvement of the quality of safeguarding referrals when fully implemented. REACH will also prompt the reporter to complete a section on consent as appropriate</p> <p>There are number of factors that are required to see continuous improvement in appropriate safeguarding reporting. These include,</p> <ul style="list-style-type: none"> <li>• Targeted training using case/scenario based learning which resonates with specific NIAS staff groups to include recognition, responding, and reporting safeguarding concerns.</li> <li>• Co-designed additional training &amp; support for Station Managers and Clinical Support Officers</li> <li>• Feedback and learning opportunities for all staff</li> <li>• Understanding the variation in Teams/Divisions where reporting is particularly low and putting measures in place to address.</li> <li>• Learning from the positive and celebrating/sharing good practice.</li> <li>• Promotion of a safeguarding culture in all areas of NIAS, including workforce issues.</li> <li>• Learning from audits and SAI including HSCT outside of NIAS and other Ambulance Trusts.</li> <li>• Improved reporting infrastructure and guidance with the introduction of REACH</li> <li>• New staff joining the workforce having completed the Paramedic degree course.</li> <li>• Appointment of Non-Executive Lead for Safeguarding</li> <li>• Appointment of additional dedicated safeguarding posts within the organisation.</li> </ul>
<p>Outline of key challenges and achievements in relation to adult safeguarding in the reporting period. To include prevention, protection and partnership activity where appropriate.</p>	<p>NIAS has demonstrated considerable improvement towards delivering on the requirements of the RQIA Improvement Plan issued Dec 2019. Progress with key actions is reflected below,</p> <p><b>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).</b></p> <p>A Trust Safeguarding Policy has been developed and the Safeguarding Procedure has been updated to reflect NI Safeguarding Policy and Procedure. <i>Completed in August 2021</i></p> <p><b>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.</b></p>

NIAS has seen considerable improvements in safeguarding reporting structures, particularly with the introduction a weekly oversight meetings reviewing cases and offering feedback to staff. A theme emerging from these meetings is just how complex in nature some of the cases are for staff when referring across multiple areas of social care with 5 HSC Trusts and differing directorate structures. Consequently, NIAS staff often spend considerable time attempting to identify a team in the respective Trust who will accept a welfare or safeguarding referral. NIAS has sought the support of the HSCB to establish a welfare pathway, data has been provided to the HSC Trusts to support the rationale of a dedicated welfare referral pathway to receiving Trusts, in the context of the system wide pressures and competing demands regrettable NIAS had not seen the desired progress to date. The challenge of agreeing an adult welfare referral pathway with all 5 HSCT perhaps reflects the current structures in place for adult safeguarding. For example referrals for children present no such issues for NIAS staff, as children's gateway teams respond to children "in need" and children "at risk." There is also considerable awareness that "children in need" due to age and dependence on adults can often become at increased risk of harm. Currently the gateway services for adults in HSC Trusts are Adult Protection Gateway Team (APGT) who are set up to respond specifically to "adults in need of protection" and not adults who are in need of support services.

Similar to other Ambulance Trusts in the UK the infrastructure in place to make referrals is often complex and difficult to navigate for adults who often fall between services and therefore frequently come to the attention of emergency services. It is likely these barriers to accessing services for adults are faced by other health and social care professionals in Northern Ireland. It is clear that as safeguarding has become more imbedded into some Ambulance Trusts in the UK the safeguarding teams have become more experienced and targeted when managing referrals for patients. These teams play a significant role in strongly advocating for patients who often find it difficult to access services. Key to this has been experience, networking and relationship building with safeguarding teams.

Out of working hours the Regional Emergency Social Work Service (RESWS) provides emergency cover for the 5 HSCT. It will not accept referrals that are non-emergency, and therefore it only takes referrals for adults in need of protection. In a recent engagement with the RESWS there was considerable frustration that welfare referrals continue to be sent into a service designed specifically for emergency situations that cannot wait until the next working day. A clear pathway for welfare will require safe decision making by NIAS crews, and a clear understanding of what needs to be reported for immediate follow up and what can be referred for follow up to the NIAS safeguarding team. It is anticipated that alongside level 3 training for all clinical staff the REACH software safeguarding tabs can also assist in this decision making process between at risk and in need of



support services.

**Update staff on their roles and responsibility for reporting adult 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**

An NIAS Safeguarding Education and Training Strategy has been introduced in August 2021 and details the following objective.

*The Northern Ireland Ambulance Service has a workforce with the necessary knowledge, skills and training in Safeguarding to ensure they can meet their responsibilities in assessing, reporting and recording the risks of abuse and neglect to their patients, and other associated members of the general public who may also be at risk.*

Basic Safeguarding Awareness has been included in all corporate induction sessions throughout the past year.

Level 2 Safeguarding face to face training has been delivered throughout the year in AAP/ACA. In November 2021 the safeguarding training was revised for AAP and ACA staff and has a stronger focus on scenario based learning. This training is currently delivered in person by the Head of Safeguarding.

Safeguarding training for current Paramedics, AAP and ACA staff in the workforce will require considerable attention and resources in 2022, as the current mandatory online option is not sufficient given their specific role in directly caring for patients.

NIAS bespoke Level 2 Online Safeguarding Training has been developed and is now available to all staff delivering direct care (operations) and for those staff within the control environment and Clinical Support Desk who are involved in safeguarding decisions. Staff also have the opportunity to complete on overtime arrangements.

The Intercollegiate Documents for Safeguarding Roles and Competencies for Health Care Staff (2018) states that Paramedics should be trained to safeguarding level 3, Call takers at level 2 & Non-clinical staff level 1. A

UK ambulance services with established training programmes over the years have progressed to Level 3 training for all paramedics, although around 50% of services have not yet moved to L3 training. A safeguarding training has been mandated within NIAS a decision has been made to introduce at Level 2 with plans to progress to Level 3 training.

Following recent discussion with the academic staff leading the safeguarding module on the new degree programme in Paramedic Science BSc (Hons), NIAS Head of Safeguarding will provide a session for new undergraduate students covering safeguarding practice issues for ambulance services. This will take place in March 2022 for the 1<sup>st</sup> year students.

In order to build on previous communications with staff to raise awareness of safeguarding there was planned engagement events planned at Emergency Departments across the region with promotional materials purchased for these events, however; these events were postponed during Covid 19 and the REAP 4 status for most of the Autumn and Winter. It is anticipated that these events will take place in 2022.

**Implement a robust system to monitor, audit, investigate and report on adherence to the safeguarding referral process**

The Safeguarding Team weekly meetings have been taking place since May 20. These meeting review the referrals, and follow up on any outstanding matters with HSC Trust and other regional partners. Specific safeguarding practice/pathway issues with residential and nursing care homes are also reviewed at these meetings. Safeguarding referral feedback to staff is provided offering learning opportunity and recognition for staff who demonstrate high levels of care in following up safeguarding issues on behalf of their patients.

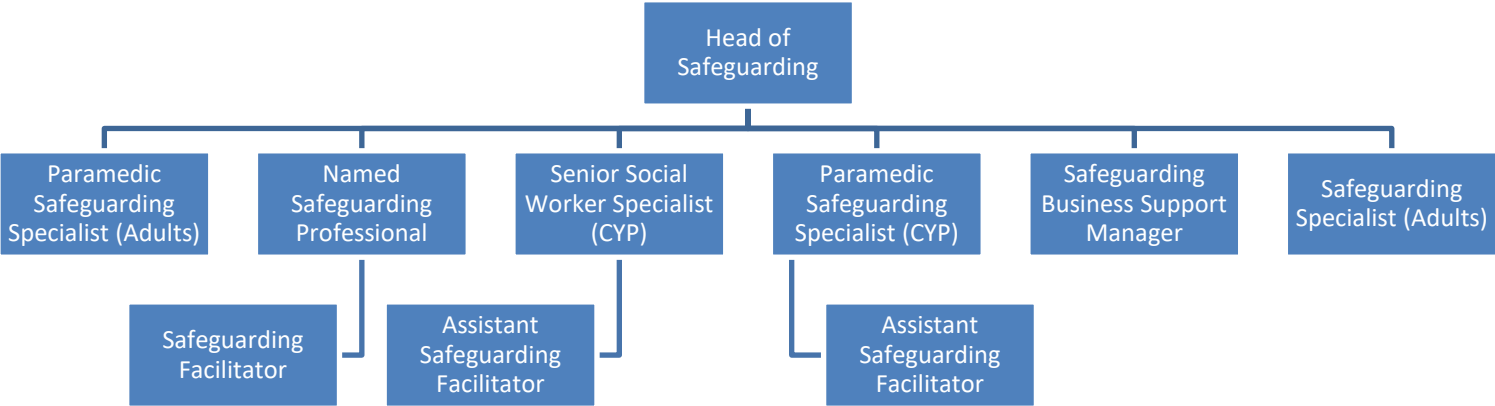
The National Ambulance Safeguarding Advisory Group (NASAG) have undertaken a review of safeguarding practice across UK ambulance trusts. The most recent report on 03 December 2021 was provided to QGARD Quality Governance and Risk Directors Group and to AACE Association of Ambulance Chief Executives. All UK ambulance services including NIAS have contributed to the review. The review looks at a range of safeguarding practice including referrals, policies and safeguarding practices, highlights good practice across trusts, and identifies where improvements can be made. The findings enable trusts to benchmark themselves against other ambulance trusts and is designed to facilitate improvements in safeguarding processes, governance and assurance.

	<p>NIAS is currently addressing a number of recommended actions highlighted in this review including ,</p> <ul style="list-style-type: none"> <li>• Review their governance and assurance processes in relation to private ambulance providers (<i>Dates set for April 2022 with private providers</i>)</li> <li>• Consider implementation of Level 3 Safeguarding training for paramedics</li> <li>• Consider appointing a non-executive lead for Safeguarding (<i>Appointed in Sept 2021</i>)</li> <li>• Continue to invest in safeguarding and ensure teams are resourced to an appropriate level to protect patients and the trust</li> <li>• Consider introducing a chaperone policy (<i>Policy in Draft</i>)</li> <li>• Introduce an allegations policy (<i>Currently drafting in partnership with new NIAS head of professional practice.</i>)</li> <li>• Domestic abuse policy</li> </ul> <p>Recent engagement with staff at training events has addressed the promotion safe environments for all staff who work in NIAS, including the matter of sexual safety in the workplace as an essential element of safeguarding staff. Whilst policies and procedures can support and guide staff to report concerns and seek support, these documents are limited in addressing cultural norms in the work place. The establishment and constant reinforcement of the behaviours and values within an approved organisational Culture Charter (in line with current work being led and progressed through the Trust Human Resources Directorate) are required to ensure changing cultural norms and proactively address staff workplace concerns.</p> <p>Implementing an enhanced training package for values and behaviours that responds to the findings of any surveys on organisational culture, alongside an information campaign would be of significant benefit in proactively addressing staff workplace concerns. Training should be for the Board and Senior Managers' alongside training for managers on Safeguarding, Dignity at Work and responding to allegations.</p>
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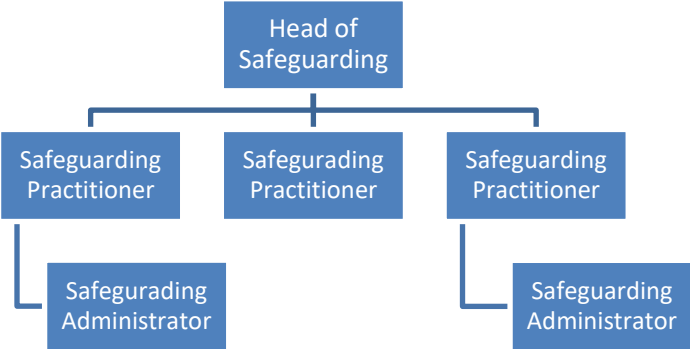
**Summary**

Learning from other UK Ambulance Services in UK has identified that the establishment and growth of dedicated safeguarding team had facilitated growth of a culture of safeguarding. As safeguarding has become more imbedded into organisations, the experience of safeguarding teams have grown and appropriate and effective processes have strengthened and improved. Key to this has been experienced teams and relationship building. Whilst it is recognised that populations and geographical areas vary to that of Northern Ireland, the examples of dedicated Safeguarding posts and structures below in other UK Ambulance Services illustrate the variation from the current structure within NIAS where currently only the Head of Safeguarding is a substantive dedicated post.

**East of England**



**Yorkshire Ambulance Service**



A key driver in the Bengoa report was to move care out of hospital, so that greater use is made of services that treat people in their neighbourhoods or their own home. This was in line with a greater focus on prevention, alongside addressing the health of the population as the essential task of health and social care. The role of NIAS in not only identifying and responding to need but working in partnership and advocating for preventative services is in keeping with the recommendations of the Bengo report. A significant challenge for NIAS will be ensuring staff are trained to not only identify safeguarding issues, but also ensuring they can direct appropriate services to those “in need” and those “in need of protection.”

Similar to other front line health service, NIAS saw no suspension of direct care to patients during the Covid 19 pandemic. The mental and physical health of the population was in many ways underserved as normal services that often provide safeguarding oversight were suspended. Restarting services is much more challenging than suspending them, and it is likely NIAS will continue to uncover safeguarding concerns for individuals and families that have suffered as a result of the Covid 19 pandemic.

If NIAS is to deliver a safeguarding service that meets the needs of patients and staff it will require a focus on resources to support key areas including

1. Targeted Safeguarding training and support for staff at all levels, including focused scenario based learning for clinical staff.
2. Implementing an enhanced training package for values and behaviours that responds to the findings of staff safeguarding surveys on organisational culture. An information campaign would be of significant benefit in proactively addressing staff workplace concerns, particularly sexual safety for women in the workforce.
3. Targeted training on Domestic Abuse/Violence and targeted support for staff who may be experiencing an abusive relationship.
4. Development of a NIAS Safeguarding team to build expertise and relationships with staff and other stakeholders.
5. Development of infrastructure to support the reporting of welfare concerns and preventative care partnerships with non-statutory agencies.
6. Clear safeguarding oversight including regular review/audit of private ambulance providers.

7. Direct liaison with HSC partners and the ability to advocate (challenge decisions) for patients where there are welfare/safeguarding concerns.
8. Responding to the changing landscape of Safeguarding and complexity of workforce issues, including domestic abuse, use of social media, and the legacy of intergenerational gender attitudes in the workforce.
9. Address area of low referrals, including understanding the barriers/culture that prevents reporting.
10. Work to have a NIAS representation in more established HSC safeguarding groups.

### **Recommendations:**

The current provision of safeguarding service should include dedicated staff in staff in post. While there is benefit in rotating staff into non-permanent roles, particularly when they need to come off front line duties, the role of safeguarding is complex and requires knowledge and skills to navigate across many areas of care. It is not simply an administrative role. The recruitment of a Safeguarding assistant practitioner fulfils this role in many UK Ambulance Trusts.

There will likely need to be considerable resources dedicated to supporting the NIAS workforce staff, both in terms of learning and development, and addressing specific practice issues in relation to safeguarding. Specific attention needs to be given to the larger workforce who have yet to receive any face to face post proficiency training in safeguarding and moving towards the target of Level 3 safeguarding for all clinical staff. In addition there will be considerable interface issues with partner agencies including social services and police, these can be complex case and practice issues to negotiate. This will require significant networking and negotiating skills across multiple areas of social care and should be fulfilled by a Specialist Safeguarding Practitioner.

# **Safeguarding Annual Position Report**

**March 2022**

**Des Flannagan**  
**Head of Safeguarding, NIAS**

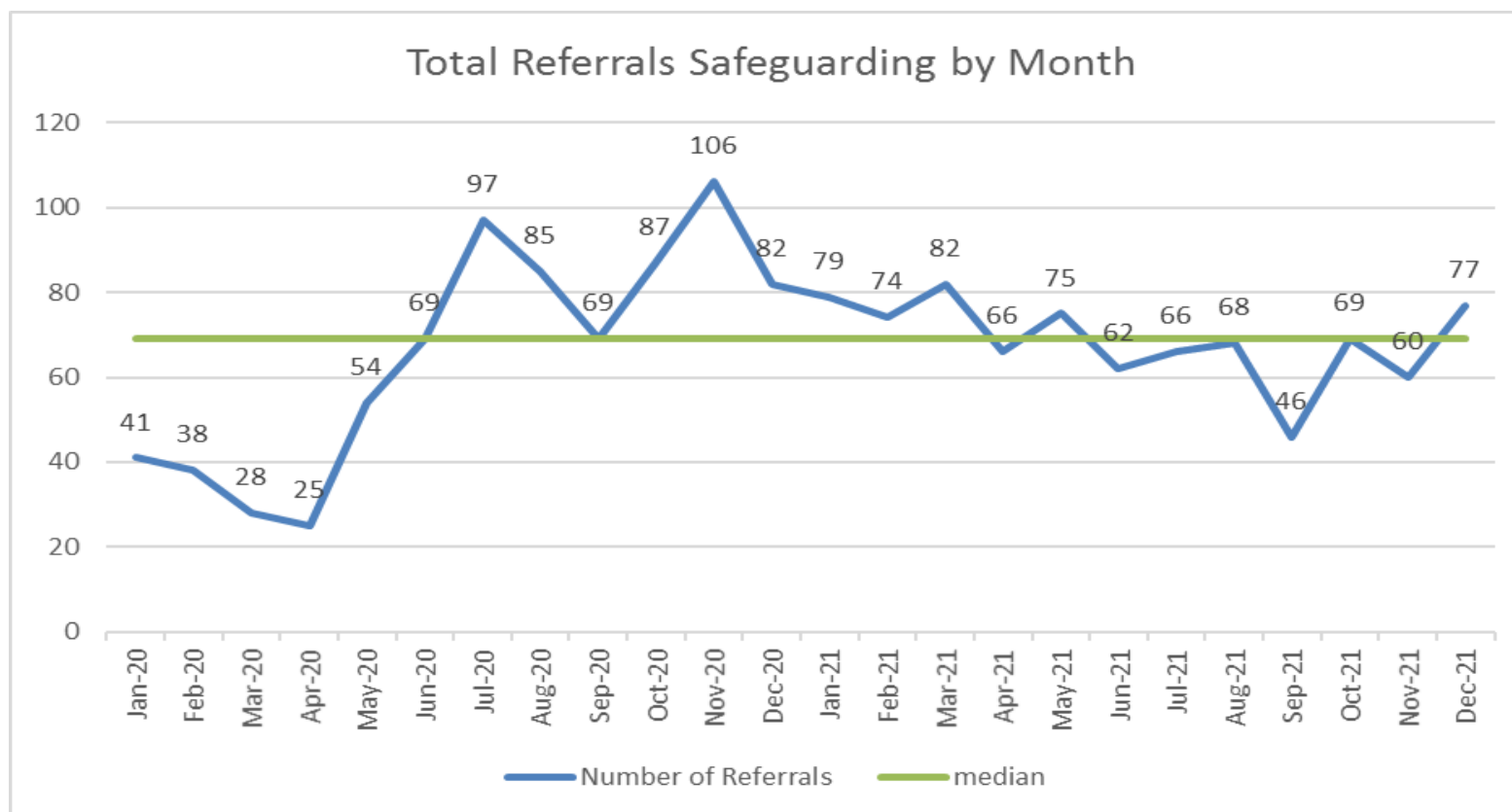




# Key themes

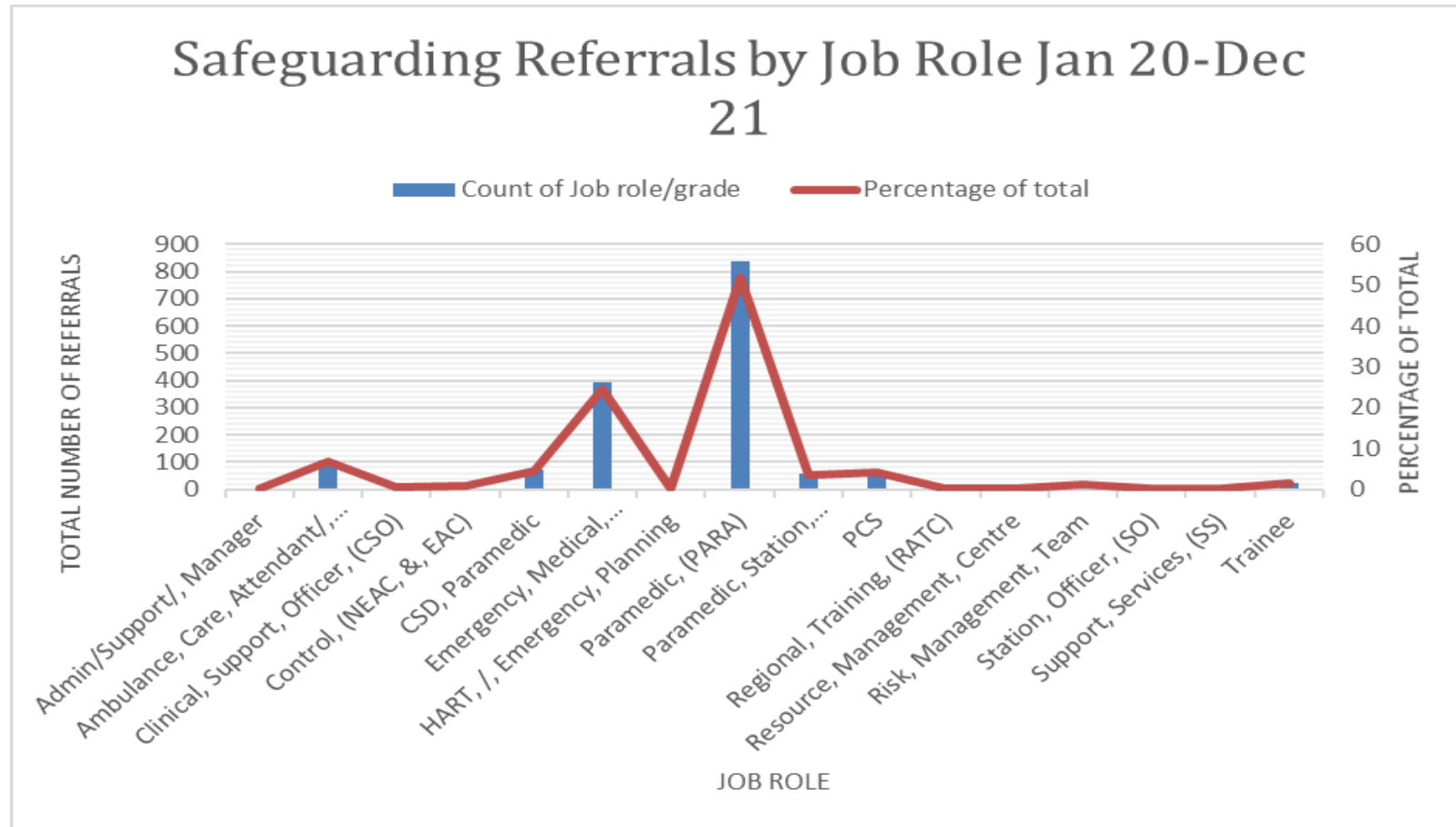
- Scenario based Safeguarding learning for all clinical staff.
- Building expertise and relationships with all stakeholders (Advocating and Challenging decisions).
- Reporting infrastructure, particularly welfare concerns (REACH)
- Review of private ambulance providers (ACA referrals)
- Addressing low referrals, understanding the barriers/culture that prevents reporting.
- Safeguarding and the workplace, including domestic abuse, use of social media, and the legacy of intergenerational gender attitudes in the workforce.

# Referral rates Jan 20- Dec 21



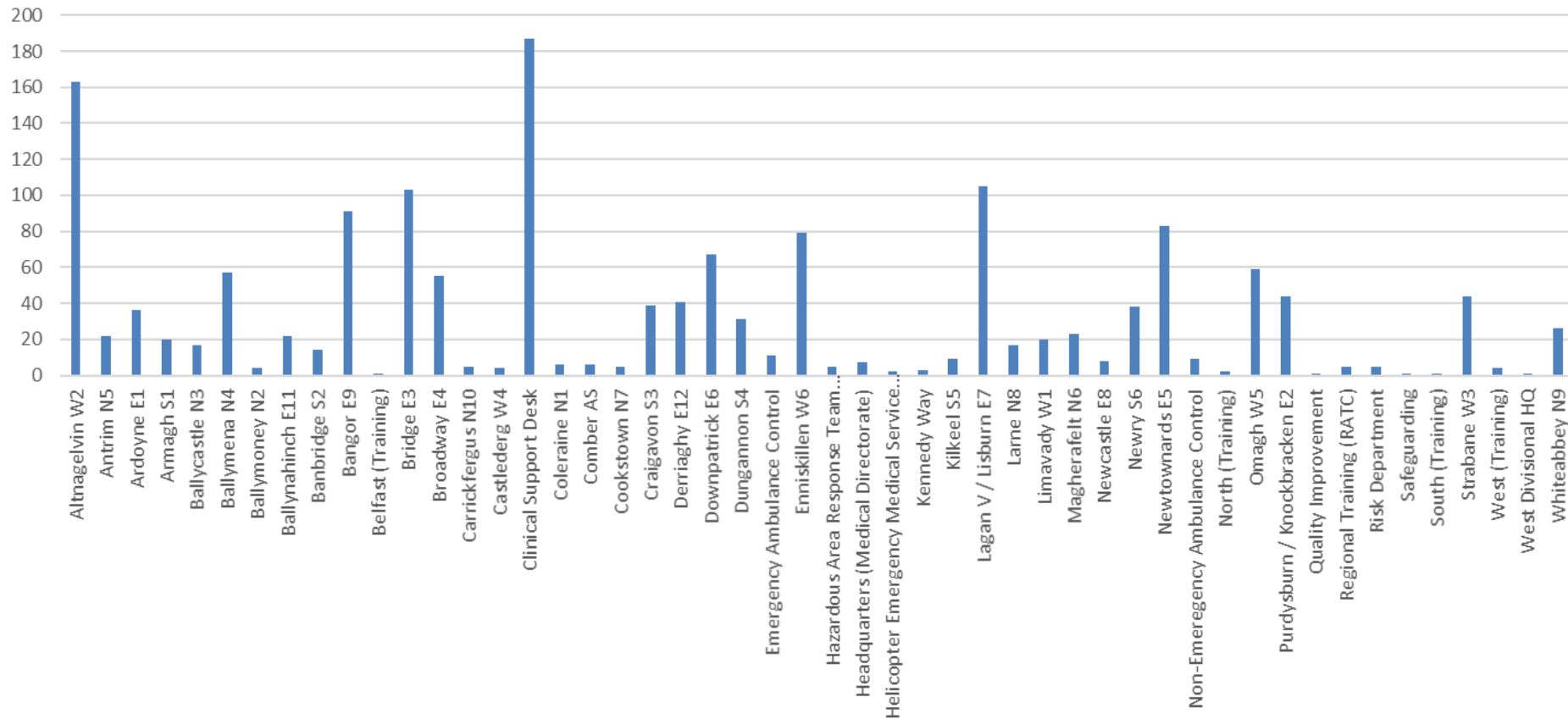
# NIAS Workforce Referrals

Understanding the barriers/culture that prevent reporting



# One Staff Member in CSD was responsible for over 1/3 of total safeguarding referrals

Safeguarding Referrals by Station (Whole Trust)



# Safeguarding Patients and our Workforce

- Safeguarding must be aligned to the purpose.
- Educating our leaders –Setting the tone.
- Recognising talent in the NIAS workforce.
- Scenario based learning
- Partnership relationships/challenging decisions.
- Addressing unhealthy norms including referral thresholds
- Sexual safety leads in our workforce
- Targeted Domestic Abuse Training



# Understanding the Perpetrators

We need to understanding the mindset and motivations of perpetrators if we are to prevent domestic abuse & violence



# Professor Duncan Lewis

“What was very stark, to me at least, was the highly sexualised banter and sometimes more explicit behaviours reported to me by frontline ambulance staff.

I would say I encountered more of these types of event in the three ambulance organisations I have worked with than all other organisations I have studied over 25 years.”



# Final words ...

- Safeguarding vulnerable children & adults is complex, frequently under review and we must ensure we continue to work effectively.
- Our workforce is changing, they will challenge us about inclusion and support. If they have to ask these questions we may well find we have issues to address.
- Good governance in safeguarding will follow where it is seen as an integral part of patient care and **all staff** take responsibility.
- We have made significant progress, but there is more to do if we are to meet the needs of vulnerable patients and safeguard our workforce





**TB/24/03/2022/08**





**TRUST BOARD**

**PRESENTATION OF PAPER**

<b>Date of Trust Board:</b>	24 March 2022
<b>Title of paper:</b>	Body Worn Video Consultation Summary
<b>Brief summary:</b>	The Trust carried out a full public consultation prior to the consideration of body worn video to help gauge the reaction of the public to the operational deployment of BWV devices and address any concerns they may have in this regard. A summary report is provided. Responses are positive in the main. A focus on data protection is required.
<b>Recommendation:</b>	<b>For Approval</b> <input checked="" type="checkbox"/> <b>For Noting</b> <input type="checkbox"/>
<b>Previous forums:</b>	SMT – 15 March 2022
<b>Prepared and presented by:</b>  <b>Date:</b>	Katrina Keating, Risk Manager Mark Cochrane, Ambulance Service Area Manager Maxine Paterson, Director of Planning, Performance & Corporate Services (Project SRO).  16 March 2022



**CLOSED CONSULTATION**

**SUMMARY OF CONSULTATION RESPONSES**

**FOR**

**NORTHERN IRELAND AMBULANCE SERVICE  
HEALTH AND SOCIAL CARE TRUST**

**CONSULTATION ON THE PRINCIPLE OF  
INTRODUCING BODY WORN VIDEO FOR THE  
PURPOSES OF VIOLENCE PREVENTION AND  
REDUCTION**

## 1.0 INTRODUCTION:

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) ran a 10 week public consultation on *The Principle of Introducing Body Worn Video For The Purposes of Violence Prevention and Reduction* between 06 December 2021 and 14 February 2022.

This report is a summary of the consultation results, and the main themes identified from written feedback, public meetings and questions posted on social media (Twitter).

### 1.1 Strategic Background To Consultation:

Last year, we launched our Strategy to Transform 2020- 2026, which identified a number of key priorities and how we intend to transform our service to deliver these and improve the care we provide for our patients.

One of our key priorities is in relation to our workforce and, in particular, addressing the safety of our staff as we go about our normal day-to-day activities. Staff safety is paramount and the Trust takes violence and aggression towards any member of staff, whilst they are carrying out their role, very seriously.

Over the past year, our Violence Prevention and Reduction Group has been developing a supporting strategy to provide the Trust with a range of specific projects and reviews which have identified a number of key actions that will help drive change. One of these projects is to consider the implementation of Body Worn Video (BWV).

### 1.2 Purpose of Consultation:

On average in Northern Ireland there are around 12 acts of aggression against ambulance staff per week (2020/21).

NIAS has a duty of care to both its service users and its staff. In recent years we have witnessed increased levels of aggression, violence and harm caused to our staff while on duty. This has been manifested in both physical assaults (e.g. of an extremely violent or sexual nature) and/or non-physical assaults (including verbal assault and personal abuse). This abuse is unacceptable and unfortunately despite efforts to curb violence and aggression against NIAS staff, incidents have continued to increase

This ongoing issue has serious, long-term impacts on the Trust's ability and capacity to deliver its services. It has substantial and long-term impacts on the physical and psychological wellbeing of staff. It can cause major impediments to the urgent provision of immediate care by NIAS staff in emergency scenarios.

After significant consideration and engagement with staff, unions, and partner agencies, NIAS believes in principle that the introduction of BWV is a proportionate and reasonable proposal to help reduce harm to staff, and to assist in due process investigation and if necessary prosecution of offenders.

This initial consultation was about *the principle of introducing BWV For The Purposes of Violence Prevention and Reduction*.

### 1.3 Data Protection Impact Assessment (DPIA):

The Trust has carried out a full Data Protection Impact Assessment (DPIA) in order to address any issues raised with regards to the European Convention of Human Rights and Human Rights Act 1998, the Data Protection Act (DPA) 2018, the General Data Protection Regulations and the Freedom of Information Act 2000.

As part of this exercise a number of risks have been identified and mitigated.

The full Data Protection Impact Assessment (DPIA) is publicly available on the NIAS website.

### 1.4 Consultation Approach:

Our consultation was designed to examine the principle of BWV being introduced to NIAS as the Trust recognises the scale of culture shift involved in the proposal that NIAS employees would wear portable recording devices.

The consultation consisted of three elements, a questionnaire, public meetings and questions were posted on social media (Twitter). With regards to the questionnaire, this was circulated as part of the consultation document to around 400 organisations.

### 1.5 Executive Summary:

We received 28 responses, one of which was a group response on behalf of a charity (included 48 respondents).

We were particularly pleased to hear from a range of organisations including community / voluntary organisations, local authorities, health trusts, political parties, regulators, GPs, Trade Unions, NIAS staff, along with members of the public. Respondents ranged from individual members of the public and staff, to some of the largest public sector organisations in Northern Ireland.

The consultation asked how aware respondents were with regards to the current levels of violence and aggression in NIAS, what respondents views were on this, and under what circumstances it would be appropriate for NIAS staff to use body worn video.

Overall there was a positive and supportive response to the 'Principle of Introducing Body Worn Video For The Purposes of Violence Prevention' and Reduction to address the challenges faced by staff in the delivery of emergency services to the public.

Respondents recognised that the prevention and reduction of violence and aggression is an important workstream for the Trust and that NIAS has a statutory duty to keep staff safe.

The Trust will give consideration to the feedback and in particular that there are areas to carefully consider, most notably the information governance and data protection responsibilities.



## 1.6 Next Steps:

Now that this first consultation exercise is complete around the principle of body worn video, the information gathered will help inform the next stage of the process.

**NIAS will ensure due weight is provided to the responses from key stakeholders and further consult on the detail of factors like deployment, usage, governance, equality, requirement for advisory panels, assurance groups, policy and procedures in March / April 2022.**

Many respondents have offered more input and support and we intend to engage further with these organisations.

## **SOME HIGHLIGHTS:**

### **Who we heard from...**

We received 28 responses, one of which was a group response on behalf of a community / voluntary organisation (included 48 responses). Sectors were as follows:

- Three from the community / voluntary sector (one response was on behalf of 48 respondents).
- Nine health and social care organisations.
- One member of NIAS staff.
- Three political parties.
- One Trade Union.
- Two regulators / government advisory organisations.
- Seven service users / members of the public.
- One GP.
- One local authority.

All of the responses were received via email using either the questionnaire provided (word). Three responses were received on the Easy Read version / questionnaire. Respondents ticked the appropriate box and used free text boxes to provide their response(s).

### **What we heard...**

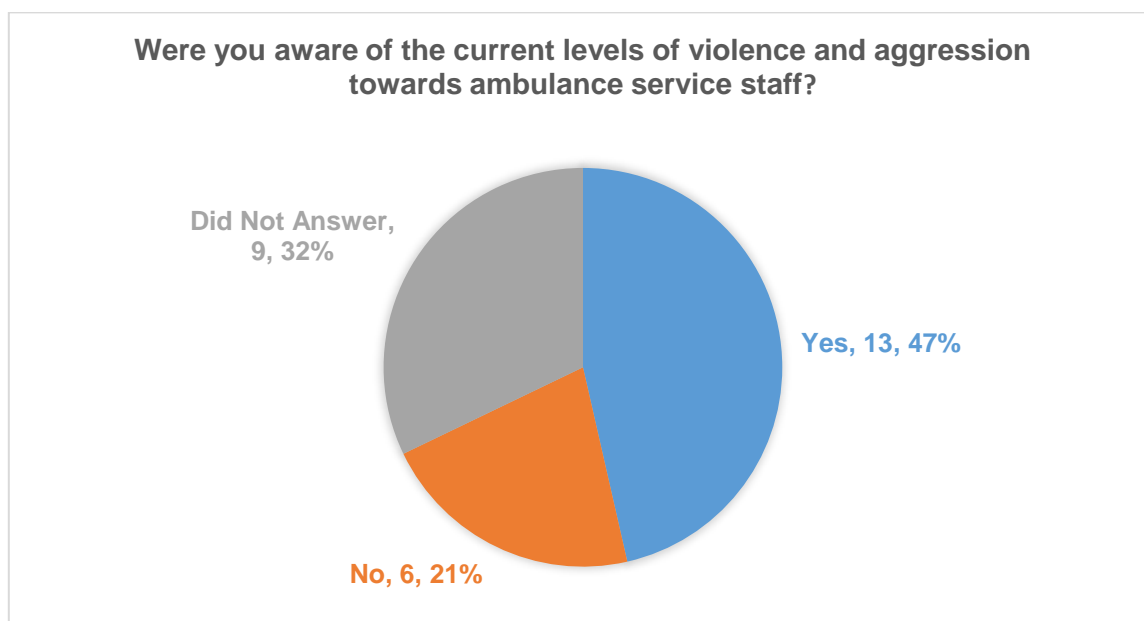
- The majority were extremely shocked / concerned about the current levels of violence and aggression.
- Violence towards Ambulance Service Staff is totally unacceptable.
- The utmost should be done to protect our frontline staff.
- There should be no place in our society for such attacks.
- I think BWC would act as a deterrent, and reduce the number of incidents.
- Recording will ensure that the matter is taken seriously by employers, police and the courts and that it is punished appropriately.
- Being able to use the body camera recordings as evidence could lead to prosecutions, and this would hopefully reduce the incidents of aggression towards Ambulance Staff.
- Tougher sentences against those who do attack Ambulance Service Staff.
- All efforts need to be made to proactively stop this and prosecute it when it happens.
- Consideration should be given to the ability to switch the recording on or off following a case assessment of the risk posed.
- It may be appropriate to blur individual's faces or body parts to protect them.
- A strong and comprehensive governance regime must be established for the use of information recorded by body worn video.
- We would encourage extensive staff and Trade Union consultation.
- Mapping against national best practice would be valuable.
- Consideration should be given to children, those with learning difficulties, in distress, displaying challenging behaviour due to a clinical diagnosis, suicides etc.
- NIAS is a fantastic service which is not recognised enough for the hard work you do.

## MORE IN DEPTH RESULTS:

This section takes each question individually and presents the associated findings.

### WE ASKED:

1. **Were you aware of the current levels of violence and aggression towards Ambulance Service Staff? Please tick YES or NO.**



The majority of respondents were aware of the current levels of violence and aggression towards Ambulance Service staff.

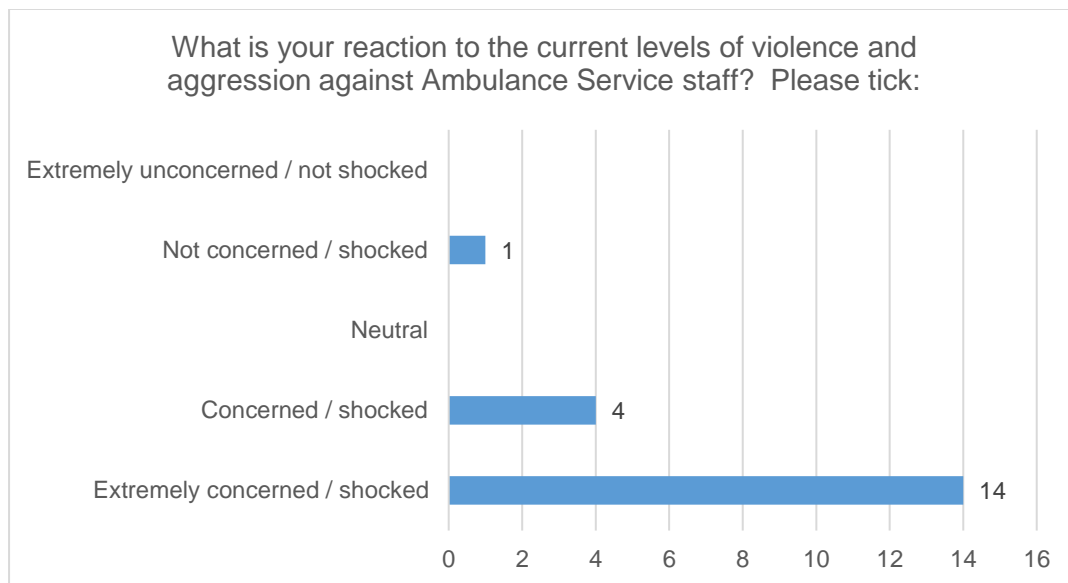
There was no real trend to note with regards to those or who either more or less aware.

We had a number of respondents who did not answer as they kindly took the time to respond to us via a letter rather than complete the questionnaire in its entirety.

## WE ASKED:

### 2. What is your reaction to the current levels of violence and aggression against Ambulance Service staff? Please tick:

- Extremely concerned / shocked.
- Concerned / shocked.
- Neutral.
- Not concerned / shocked.
- Extremely unconcerned / not shocked.



The majority of respondents were 'extremely concerned / shocked' at the current levels of violence and aggression against Ambulance Service staff.

A further four respondents were 'shocked / concerned'.

One respondent was not shocked or concerned at the current levels of violence and aggression against Ambulance Service staff. This response came from the health and social care sector.

## **WE ASKED:**

### **3. Do you have any further comments to make on the current levels of violence and aggression towards Ambulance Service staff?**

Around 50% of respondents provided an answer to this question.

The majority of responses detailed how unacceptable this was and that efforts needed to be made to address this. Many went further to state that more needed to be done in order to address the issue. Here are some of the responses:

- The utmost should be done to protect our frontline staff – especially those providing urgent first hand care. I'm really disgusted to read about the stats/levels of violence towards our ambulance service who are there to help community.
- Violence towards Ambulance Service staff is totally unacceptable, and the full force of the law should be brought to bear.
- At present many members of the public view health and social care staff as something of a doormat.
- No one should have to be subjected to violence when they have been called to assist someone that requires their help
- Ridiculous and you all provide a vital service that is for all. No need for violence or aggression to anyone especially your staff.
- All HSC including emergency services should be protected against all acts of violence and aggression whilst performing their duties. Each organisation has a 'zero tolerance' policy however this does not protect the person and as HC professionals they are still expected to treat people or have a threat of refusal to treat made against them.
- It is entirely unacceptable and should be eradicated by whatever means are necessary.
- This is terrible and the staff need to feel supported and that the NIAS is doing everything they can to reduce and prevent this behaviour and let the public know it is unacceptable.
- No. I just don't understand why someone would attack a person that's trying to help them unless they were high on drugs/alcohol and judgement was impaired.
- All efforts need to be made to proactively stop this and prosecute it when it happens
- Should not be tolerated.
- Acts of aggression and violence towards any emergency service is unacceptable.
- This is terrible and the staff need to feel supported and that the NIAS is doing everything they can to reduce and prevent this behaviour and let the public know it is unacceptable. We also need more and stronger sanctions for those perpetrating violence and/or aggression towards health care workers. We need a strong commitment to zero tolerance that includes quite stringent sanctions.
- The levels of aggression and violence towards Ambulance Service Staff are totally unacceptable. They have a detrimental effect on staff wellbeing and morale, staff numbers available for duty and an obvious impact on family life. Anything that can be done to deter and reduce such attacks should be done as a matter of urgency.

## WE ASKED:

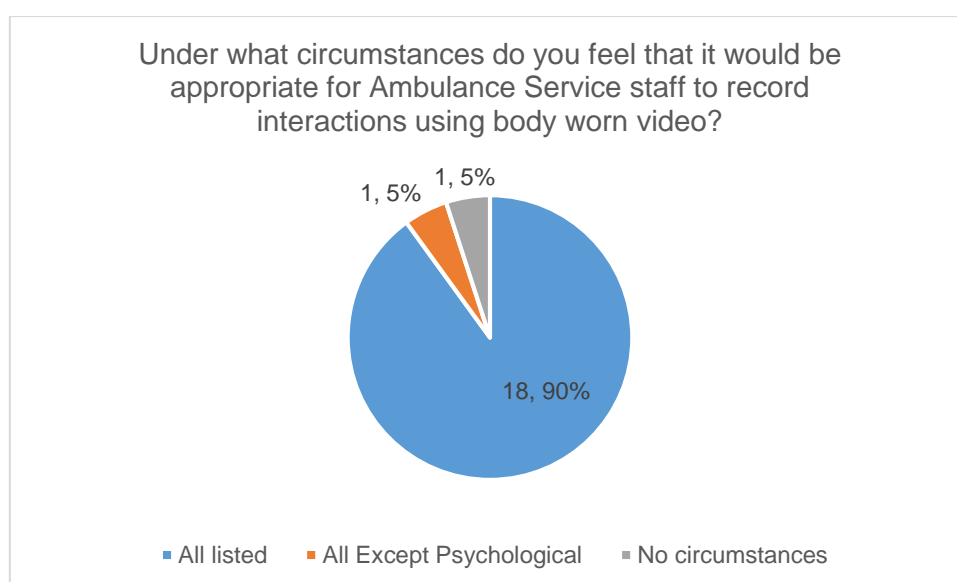
### 4. Under what circumstances do you feel that it would be appropriate for Ambulance Service staff to record interactions using body worn video? Please tick all that apply:

- Physical threat (no contact).
- Psychological abuse.
- Sexual.
- Verbal abuse.
- Verbal abuse with racial content.
- Biological agents / COVID-19 assaults.
- Other aggressive incidents (for example destroying equipment).

We had 19 responses to this question. Seventeen out of the 19 responses selected all of the above, i.e. a significant majority of respondents advised that they felt it was appropriate for Ambulance Service staff to record interactions using body worn video when there was a physical threat (no contact), psychological abuse, a sexual incident, verbal abuse, verbal abuse with racial content, assaults involving biological agents / COVID-19 and other aggressive incidents (for example destroying equipment).

One respondent did not understand the phrase psychological abuse and noted this.

One respondent felt that the use of body own video was not warranted in any of these circumstances. This response came from the health and social care sector.



As detailed previously, we had a number of respondents who did not answer as they kindly took the time to respond to us via a letter rather than complete the questionnaire in its entirety.

## WE ASKED:

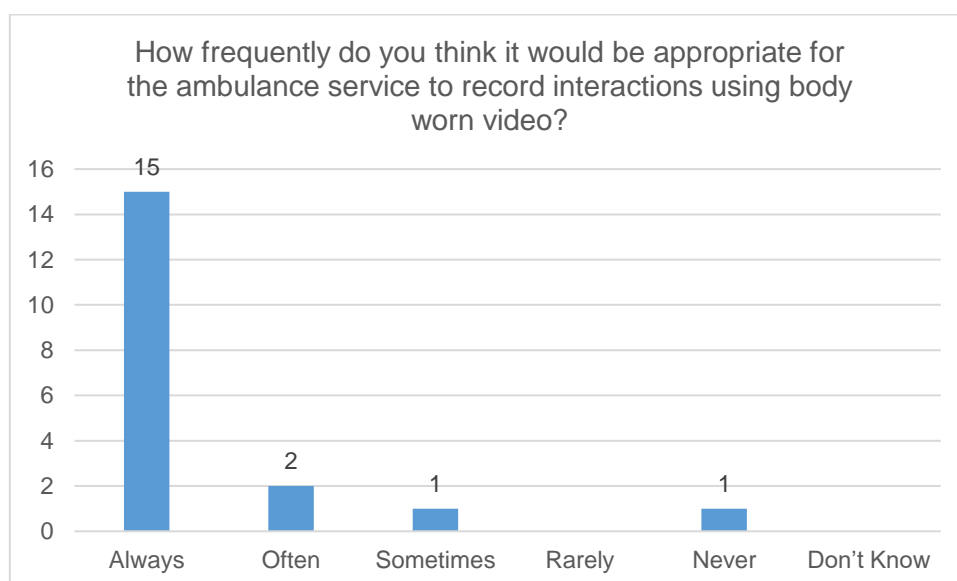
### 5. How frequently do you think it would be appropriate for the ambulance service to record interactions using body worn video? Please tick one only:

- Always.
- Often.
- Sometimes.
- Rarely.
- Never.
- Don't know.

We once again had 19 responses to this question. The majority of respondents felt that it would 'always' be appropriate for the ambulance service to record interactions using body worn video.

Two respondents felt that it would be 'often' appropriate for the ambulance service to record interactions using body worn video. One response was from a community / voluntary organisation and one from a member of the public.

One respondent felt that the use of body own video was never warranted. This response came from the health and social care sector.



## **WE ASKED:**

### **6. Could you describe the reasons you think it would NOT be appropriate for Ambulance Service staff to record aggressive interactions using body worn video:**

Around 60% of respondents who completed the questionnaire provided an answer to this question.

Some concerns were raised by consultees in relations to the video recording of children, those with mental ill health, and those persons with learning difficulties / disabilities.

Here are some of the responses:

- Involving a child that may have learning difficult and in distress.
- When someone passes away.
- It is down to the discretion of paramedic to press a button and turn the bodycam on.
- Many of the worst offenders will not care that their behaviour is being recorded, some will even play up to this and behave worse, possibly increasing the risk of physical harm.
- If the videos are inappropriately used by staff, i.e., for any other reason other than that they were intended for.
- N/A if Police can wear then NIAS Staff should also.
- I think it sounds like a very important thing to do but only if used for a purpose. If not used for a particular purpose then it is a needless exercise that will waste money. It should be used to support staff and keep them safe but there must be some way of evidencing the usefulness.
- Discretion could be used for a person having a psychotic episode who perhaps is unaware/not in full control of their actions however the footage would only be utilised if further action was required and this could be part of the decision making process after the event.
- The only reason why it would not be productive (appropriate is not the correct term) for Ambulance Service staff to record aggressive behaviour using body worn video is if this action is likely to increase the aggression.
- No but it may be appropriate to blur individuals faces or body parts to protect them or be discreet during editing process for court proceedings.
- None whatever. If they are worn in standby mode then the NIAS staff member can choose to switch on. Obviously staff will need an SOP to guide on appropriate use.
- Potentially if this was due to a clinical diagnosis or mental health issue in that the behaviour is not maliciously intended?
- Any and all 'aggressive interactions' should be recorded to protect staff and to enable future action including prosecutions.
- Patient confidentiality and privacy as will be attending some very sensitive cases eg suicide attempt, RTAs, etc. Dignity and respect.

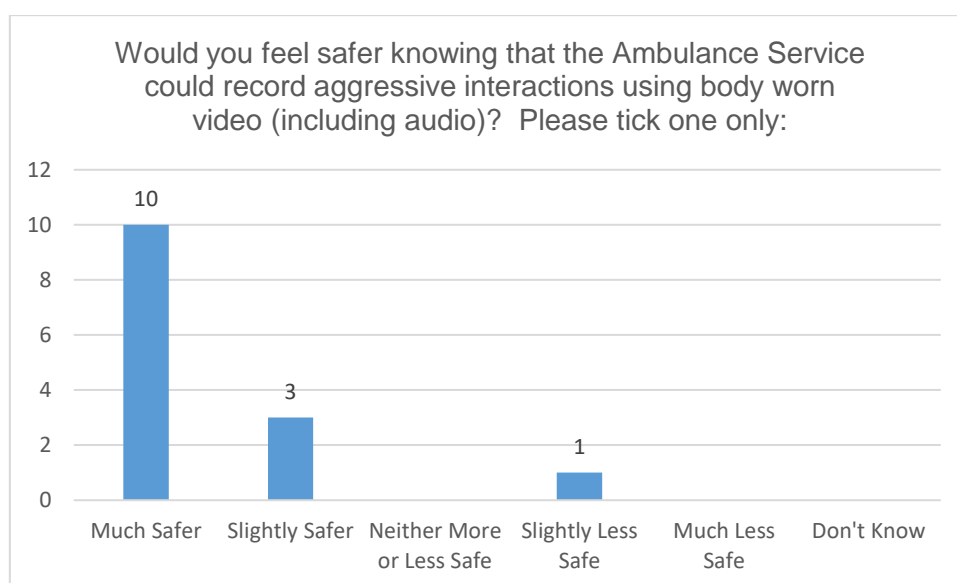


## WE ASKED:

**7. Would you feel safer knowing that the Ambulance Service could record aggressive interactions using body worn video (including audio)? Please tick one only:**

- Much safer.
- Slightly safer.
- Neither more or less safe.
- Slightly less safe.
- Much less safe.
- Don't know.

Around 50% of respondents provided an answer to this question as follows:



The majority of respondents advised that they would feel much safer knowing that the Ambulance Service could record aggressive interactions using body worn video.

Three respondents advised that they would feel slightly safer; these three respondents were either members of the public or respondents from the community / voluntary sector.

One respondent from a health and social care background advised that they would feel slightly less safe.

One respondent wrote that they hoped that Ambulance Service Staff would feel much safer.

## WE ASKED:

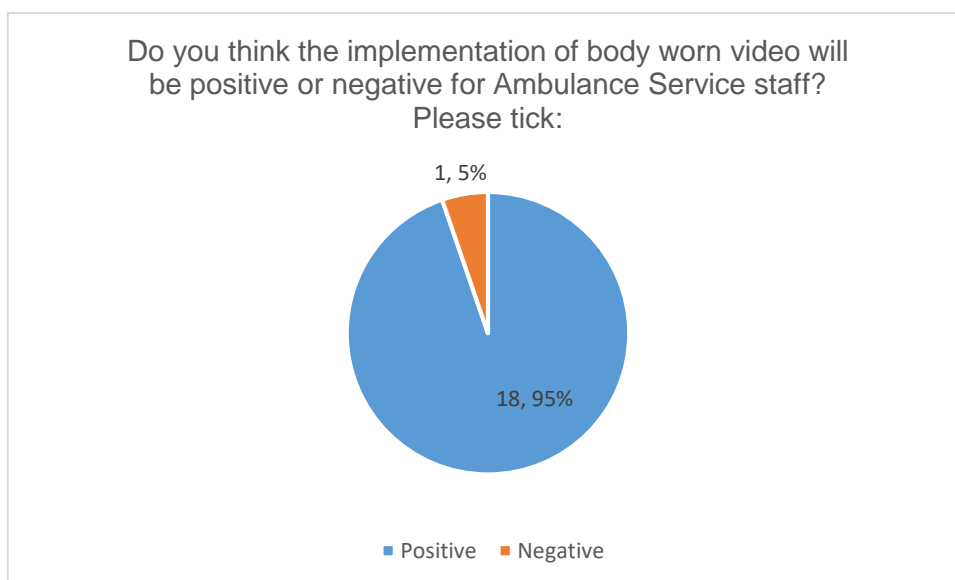
### 8. Do you think the implementation of body worn video will be positive or negative for Ambulance Service staff? Please tick:

- Positive.
- Negative.

Nearly 70% of respondents answered this question. As detailed previously, we had a number of respondents who did not answer as they kindly took the time to respond to us via a letter rather than complete the questionnaire in its entirety.

Eighteen out of the 19 respondents responded that the implementation of body worn video will be positive for Ambulance Service staff.

One respondent from a health and social care background advised that the implementation of body worn video will be negative for Ambulance Service staff.



## **WE ASKED:**

### **9. Do you have further comments to make on the above (Q8)?**

Around 60% of respondents provided further information on question eight.

The majority of respondents discussed how it would act as a deterrent and staff should feel safer. Here are some of the responses:

- It will provide tangible evidence to corroborate claims of abuse or injury to ambulance staff. Also, from a balanced perspective, it will provide evidence if patients are wrongly accused.
- Could act as a deterrent - some people might think twice about their behaviour if they knew it was being recorded and could be given to the police.
- They have a right to feel safe. Any encounters I have had with NIAS staff has been very positive and they are extremely helpful and professional.
- I think they should indeed be used in order to support prosecution.
- This not only protects the member of staff but also members of the public.
- The only point in Ambulance Service staff recording aggressive behaviour is that it will be taken seriously by employers, police and the courts and that it is punished appropriately. Otherwise it will be a worthless exercise.
- I think BWC would act as a deterrent, and reduce the number of incidents happening. I also think they are necessary as evidence in order for these people to be prosecuted.
- No one should have to suffer from violence when doing their job, particularly when they are trying to save lives. This sounds like a reasonable risk mitigation. Camera footage does not need to be retained if there is no incident.
- Morale and the feeling that their employer supports them on the frontline is an important factor here.
- This will be a positive step and could help reduce staff fears of acts of violence and their safety in the workplace.
- Further research would be helpful into whether the use of Body Worn Cameras can result in the escalation of aggressive behaviour.
- I think BWV would act as a deterrent, and reduce the number of incidents happening. I also think they are necessary as evidence in order for these people to be prosecuted. BMV also will provide NIAS staff with protection in terms of any allegations of inappropriate behaviour or language made against them.
- It will make staff feel safer and enable action to be taken against anyone who attacks them.
- We need staff to be safe doing their job. May help to prevent them getting injured and being able to stay at work to help those that need their care. If staff of on sick more pressure on remaining staff. Staff feel more supported. Evidence to take a personal injury case. Help with recruitment if staff feel safe. Perpetrator less likely to offend if know they are being recorded.

## **WE ASKED:**

### **10. Do you think that there is anything else that the Ambulance Service should consider in order to reduce the risk of violence and aggression towards its staff?**

Around 50% of respondents provided an answer to this question which were varied, here are a number of responses:

- I'm not sure if they already have this implemented – but I know police forces have an 'Urgent' type button. I know this is in mainland UK (not entirely sure of PSNI). This button can be pressed when in serious/urgent danger and it alerts all police in the area to go for backup.
- Many NIAS calls are inappropriate and should really be dealt with by PSNI or Social Services. Reduced exposure to these high risk individuals could be achieved if NIAS could employ a means of passing these calls to a more suitable agency. Also, a much tougher 'No Send' policy, especially for individuals known for aggression and that have been flagged as a persistent threat, would reduce the number of violent incidents against staff. I appreciate some of these measures require tough decisions to be made at a high level but don't expect anything to change otherwise.
- Policy or guidance for staff that supports them in circumstances when the threat of injury to them becomes so great that they can make a decision to extract themselves from the circumstances or of threat of danger, even though the abusive patient requires medical attention. This support should not only be at the time of the incident but also in circumstances of a lookback review where the patient suffered as a result of not getting medical intervention or the patient making a complaint or seeking compensation. I think having video evidence would also make for a stronger awareness campaign, warning the public/service users that video evidence will be used to prosecute offenders. This will be a strong message to those service users who have replaced respect for the service to entitlement to the service and staff that they are abusing.
- Self-defence training.
- If they are faced with aggression or violence they should be able to walk away with no consequences of what the outcome is for that patient. No one should be verbally or physically assaulted for carrying out their job. They have a family to go home to and this could impact on their family life.
- Prosecution against those who harm staff. Risk management training.
- NIAS can walk into a situation that they are unprepared for – walking into anyone's home you cannot prepare for every eventuality.
- I don't think that Ambulance Service staff should ever be placed into any potentially aggressive situation without adequate backup. This means that they do not attend such calls alone or in some situations without police in attendance.
- Special uniform materials that maybe protect their skin from attack. A bit like chainsaw trousers protect legs from minor cuts. Long sleeved shirts probably uncomfortable to wear in hot weather though. Consider research into smart materials for uniforms.
- Seeking extension of list of applicants for ASBOs to include NIAS or indeed Criminal Behaviour Orders.
- Lobbying for tougher sentences against those who do attack Ambulance Service Staff to ensure punishments that fit the crime for some and a deterrent for others.
- Ensuring Police escort for known offenders. Zero tolerance and right to refuse intervention.

## **WE ASKED:**

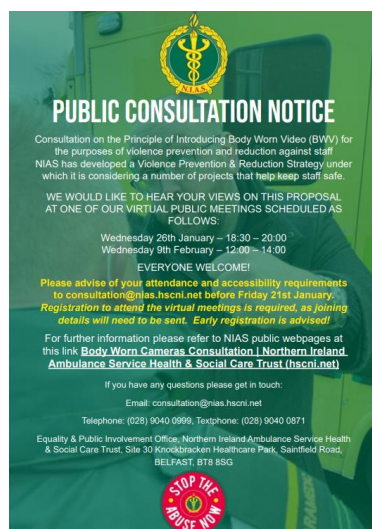
### **11. Please provide any further general comments**

Around a third of respondents provided further comments as follows.

- Quite surprised that this approach has not been adopted before now as abuse to health service staff in general is not a new thing. To a certain extent there has been a culture of abuse being part of the job which has been a leadership failure to date and could be viewed as not valuing our staff enough. This perceived culture in the HSC is not one that would encourage a career in the service or retain existing experienced staff. The impact of covid and Brexit has created staff shortages in service industries that would have basic terms and conditions of employment. Now those industries have significantly increased the terms and conditions to incentivise recruitment and retain staff. I know it would be a huge shift for the HSC to follow this trend but such a model cannot be ignored if we are to have a career that can compete with the growth in private healthcare provision to recruit and retain staff.
- Fantastic service not recognised enough for the hard work you do.
- I think it sounds like a very important thing to do but only if used for a purpose. If not used for a particular purpose then it is a needless exercise that will waste money. It should be used to support staff and keep them safe but there must be some way of evidencing the usefulness.
- I am aware of a car parking company that provides car parking enforcement on sites. The company introduced the BWC a few years back and we have found that this has reduced the number of incidents, as when people realise they are being filmed they calm down . I also feel that having the footage ensure that if a case goes as far as court then you have strong evidence to support the case.
- Is there a general register that is kept for addresses where violent or potentially violent persons reside? Or areas where regular attacks occur/ potential situations from the telephone call received by emergency services? So staff can be forearmed to have their cameras on? Can you have a 3 strikes system for persistent offenders with the threat that paramedics will not attend unless they can guarantee their safety?
- I am aware that the introduction of BWV has helped massively in the investigation of complaints against police officers. Many times NIAS staff are also present at incidents complained about. The BWV captured by NIAS could also be used as a way to independently verify the actions of police officers.
- Mapping against national best practice would be valuable.
- Although support zero tolerance acknowledge family patients very anxious and distressed at the time and may be out of character or as a result of what is happening to them e.g. mental health.

## PUBLIC CONSULTATION MEETINGS:

NIAS offered up the opportunity for members of the public / service users to meet with the Trust in order to discuss the consultation. Two meetings were arranged and the following poster was shared widely:



Unfortunately there was limited uptake. One meeting was cancelled due to low registrations, however the second went ahead.

The second took place on Wednesday 9<sup>th</sup> February 2022 at midday. Attendees were given a presentation on the issue and the questions from the consultation were posed. Points to note are as follows:

- There was awareness of the current levels of violence and aggression.
- This is extremely concerning.
- Agree that more needs to be done.
- There is merit in recording all of the scenarios set out in question 4, i.e. interactions using body worn video when there was a physical threat (no contact), psychological abuse, a sexual incident, verbal abuse, verbal abuse with racial content, assaults involving biological agents / COVID-19 and other aggressive incidents (for example destroying equipment).
- It would always be appropriate.
- With regards to situations where recording should not take place, consideration may need to be given to the maternity environment.
- The environment would be 'slightly safer' knowing that ambulance staff could record interactions.
- The implementation of body worn video would be positive.
- Anything that can make staff more protected or feel safer is good. Helps with staff absences and psychological safety of staff, i.e., if they are called back to a place/area where they were previously assaulted, they may feel more protected.
- With regards to anything else that could be done to help ambulance service staff, it's the additional and continuous training of staff, to keep them learning. Cameras are a good positive step, armour would have to be very passive.

## **TWITTER FEED DURING PUBLIC CONSULTATION MEETINGS:**

During the second public consultation meeting on the 9<sup>th</sup> February 2022, NIAS posted three questions on Twitter.

The use of social media as a means of consultation is quick and enables respondents to engage easily. It is not possible however to provide any analysis of respondents as that information is not available. It was noted however that a number of NIAS staff commented and were involved in the interactions. The full feed remains on Twitter at the time of publication of this document (spelling and grammar corrections have been made).

## **THE FIRST QUESTION POSTED WAS AS FOLLOWS:**

### **1. Under what circumstances do you feel that it would be appropriate for Ambulance Service staff to record interactions using body worn video?**

There were 21 responses to the first question. The majority of these responses were supportive of body worn video being used all the time, here are a number of the responses:

- All the time but perhaps technology will enable to capture and store only those situations when a staff member feels things are or have potential to escalate. Perhaps pressing a button which will then take the last 5 mins of recording to keep along with the future period of time.
- All the time then you can't be blamed for discriminating.
- If they feel threatened.
- Whenever you yourselves think necessary.
- All interactions, it protects you and it protects the patient.
- Should be activated as you make your way into every call. You don't know when someone is going to become violent so attempting to hit a button whilst being attacked is a big ask.
- All.
- All circumstances.
- All interactions especially in volatile situations as any situation has the potential to escalate very quickly.
- All the time!! There is enormous potential for learning at both individual (reflection!) and organisational (quality improvement) levels. However, there are also significant issues in relation to organisational culture which must be addressed first.
- Do you ask the patient client or family first. It should either be on, all the time, or off all the time. You don't have time to choose in a crisis.
- Why not have it on all the time when with a patient, it will only be looked at by someone if there is an issue/complaint so patient confidentiality etc should be maintained. I appreciate patient dignity needs maintained but unfortunately some people use this as an excuse to attack when they know it is less likely to be recorded.
- All the time. You never know how a situation will turn out. I certainly wouldn't have an issue with it, if I needed an ambulance #zerotolerance

## **THE SECOND QUESTION POSTED WAS AS FOLLOWS:**

### **2. How would you feel, in terms of safety, knowing that the Ambulance Service could record interactions using body worn video?**



There were 17 responses to the second question. Again the majority of responses were around increased safety. There were however a small number of responses from NIAS staff who believed that it would not make them feel safer. Response examples are as follows:

- The only difference this will make is to assist in the prosecution of offenders. Those who decide to be violent won't stop to think in the heat of the moment ok I'll not do this I'm being recorded. Most will be under the influence of substances. It won't make me feel any safer.
- Personally speaking, won't make me feel safer with an aggressive pt, espesh knowing that footage often makes little difference in a court case. Worry more that it will bring unwanted attention and something easier to grab a hold of to be totally honest.
- I would feel safer and feel comfortable knowing staff are protected and more likely to be available to work and help my family and myself in emergencies.
- I would feel OK about it. It's not ideal but circumstances have decided for us. #zerotolerance to those who abuse our services #consequences #newlaws.
- I would feel safer and I would want staff to feel protected as well.
- Do what you need to do, you would have my full support. It's crazy that you have to.
- I think staff wearing body cams would help bring those who do cause distress to justice to some extent. However I believe that the body cams won't stop people from abusing staff and that's a really sad thing to say. Welcome to the world we live in.

### **THE THIRD QUESTION POSTED WAS AS FOLLOWS:**

#### **3. Our final question on body worn video: what other measures do you think the Ambulance Service could take to reduce acts of violence and aggression?**

There were 14 responses to the third question.

- Media campaign with examples, impact to staff, health wellbeing and the financial costs. Have the backing of the law that those who perform acts of violence / aggression will be punished heavily under law. NIAS staff are your HSCNI heroes message, violence against them is against us all.
- It doesn't matter what sort of campaign we run if the judges handing sentences out then keep letting them walk.
- There lies the problem...my lord my client didn't know what he doing was he's from a deprived community and struggling with alcohol and solvent abuse and was under the influence at the time, so please will you to see it fit to be lenient thank you my lord.
- Imagine employing people on band 7 to come up with these solutions and just asking random lads on twitter for advice.
- Name and shame using the footage on social media. Assuming it wouldn't affect possible prosecutions.
- You need the backing of courts and Police, more harsh penalties on one's who carry out acts of violence on the staff.
- Do you have / have you considered a "mental health response" team/vehicle, in direct co-operation with PSNI and other agencies, in a similar way to that employed by WMAS and West Midlands Police?



## CONCLUSION:

We are extremely grateful to all of those organisations and individuals that have taken the time to provide feedback. Thank you!

As an organisation, we will give careful consideration to each questionnaire, meeting and piece of information provided during our social media consultation. We will ensure adequate focus on the areas that have been raised most frequently and those issues brought to our attention by key stakeholders.

The overarching theme arising from the consultation is that of data protection / privacy. As the consultation moves into its second phase, the Trust will carefully consider matters of compliance with the Data Protection Act 2018 and the UK General Data Regulation. We will also consider Technical Guidance for Body Worn Devices, Encryption Guidance, CCTV Codes of Practice, Surveillance Camera Codes of Practice etc. and any other applicable legislation and guidance.

We will fully consider data protection obligations including:

- Utilising of BWV must be lawful and fair.
- Obligation to be transparent about recording.
- Minimising the amount of personal data recorded.
- Maintaining security and integrity of recording.
- Responding to data Subject Requests and ensuring that processes are in place to manage rights for an individual recorded by BWV devices including restriction of personal data.

Through the development and implementation of policy, procedures and training, NIAS will look to ensure the following:

- Standard operating procedures are in place to guide BWV users on when to activate and deactivate a recording.
- BWV users will be made aware of their device's potential to capture large amounts of intended sensitive information.
- BWV users will be made aware of the need to consider ending a recording or temporarily covering the camera or microphone or both to minimise the capture of sensitive information.
- The need for greater discretion when recording in special locations.

**In short, during the next phase this consultation, NIAS will endeavour to ensure that the operational use of BWV is proportionate, legitimate and necessary. It is proposed that it will be only used when deemed necessary for the purposes of violence reduction, by trained staff in accordance with policy, procedures and legislation.**

**TB/24/03/2022/09**





**MINUTES OF THE SAFETY, QUALITY, PATIENT EXPERIENCE AND  
PERFORMANCE COMMITTEE HELD AT 9.30AM ON THURSDAY  
27 JANUARY 2022 (VIA ZOOM DUE TO COVID-19)**

**PRESENT:** Mr D Ashford - Committee Chair  
Mr W Abraham - Non Executive Director  
Mr T Haslett - Non Executive Director (joined at 9.40am)

**IN**

**ATTENDANCE:** Mr M Bloomfield - Chief Executive  
Ms R Byrne - Director of Operations  
Ms L Charlton - Director of Quality, Safety & Improvement  
Mr P Nicholson - Interim Director of Finance  
Dr N Ruddell - Medical Director  
Mr R Sowney - Senior Clinical Adviser  
Mrs C Mooney - Board Secretary  
Mr C Carlin - Boardroom Apprentice  
Mr N Sinclair - Asst Clinical Director  
Mr N Walker - Head of Planning & Performance  
Mr S Maguire - Quality & Service Improvement Lead

**1 Apologies & Opening Remarks**

No apologies were noted.

The Chair welcomed those present to the meeting and explained that, as well as providing an update on the strategic review of clinical education, the agenda would focus on safety concerns arising from the current pressures and the mitigations put in place by the Trust.

## 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 (SC27/01/22/01)**

The minutes of the previous meeting on 25 November 2021 were **APPROVED** on a proposal from Mr Abraham and seconded by Mr Ashford.

## 4 **Matters Arising (SC27/01/21/02)**

Members **NOTED** the action list.

Mr Bloomfield advised that, despite the challenges presented by Covid-19 and the recent service pressures, there had been progress in relation to the PCS review.

Mr Sowney welcomed the additional narrative on the action list and said this served as an update as well as a record as to why certain issues had been deferred to future meetings.

## 5 **Standing Item: Strategic Review of Clinical Education Update (SC27/01/21/03)**

Dr Ruddell advised that the update had been included for the Committee to note. He said that members would be aware that, while some transformation projects had been paused due to Covid-19 pressures, it had been possible to progress elements of the strategic review and he stressed the need to maintain the momentum.

Dr Ruddell commented that stakeholder engagement and staff surveys had been completed with approximately 250 returns through the staff survey and over 550 comments received through the staff engagement sessions. He said that all feedback was currently being analysed in terms of staff experience, expectations and suggestions from members of staff as to how to improve this area.

Dr Ruddell said that an external review of the materials and practices within the Education Team had recently been completed by a colleague from the Association of Ambulance Chief Executives (AACE) and their report was currently being analysed with a view to bringing it to the next Education Review Programme Board and to a future meeting of the Committee for consideration.

He said that the report had identified a number of issues which had already been identified such as ensuring consistency amongst trainers, instructors and lecturers and the manner in which they delivered the training. Dr Ruddell advised that work was being taken forward to develop a national quality assurance policy with a view to addressing the issues of consistency.

Continuing, Dr Ruddell advised that the Trust had progressed the ability to offer NIAS staff a place on the BSc course being run by the Ulster University. He pointed out that Advanced Ambulance Practitioners (AAPs) would be able to enter the degree course at year two and said that the DoH had provided financial support and terms and conditions to allow ten NIAS staff to undertake the BSc course. Dr Ruddell added that the Ulster University and the Trust would undertake a joint selection process. He stressed the importance of ensuring those applying were clear in terms of the expectations of the course and said that, to this end, the Trust would be holding sessions for interested individuals.

Dr Ruddell advised that the Trust had also finalised job descriptions for newly qualified paramedics (NQPs) applying to join NIAS from other ambulance services and said it was hoped the recruitment exercise would commence in the coming weeks with a view to finalising recruitment by the start of the new financial year.

Dr Ruddell also pointed out that a plan for the restructuring of the Education Team had also been developed with two main focuses, namely the education and training provided outside of the University

courses as well as the support provided to University students and improving the quality of the education services provided.

Mr Nicholson welcomed the DoH's sponsorship of the BSc places for NIAS staff and commented that this was a significant expenditure. He said that members would be aware of the Trust's planning for funding for the training programme in the current year and beyond and added that the wider restructuring and review would be included within this.

Mr Sowney referred to Workstream 2 and the seven high level recommendations therein and asked if it would be possible to have sight of the detail behind this.

Dr Ruddell undertook to share this with the Committee and explained that the data had been shared with the Programme Board. He advised that some of the training staff had attained International Quality Assurance status so were able to quality assure work and acknowledged that this needed to be extended to other members of staff.

Referring to the issue of consistency, Dr Ruddell explained that all the core education materials were placed on the Canvas system which is accessible by any of the training team required to deliver them. He advised that, should it become necessary to make changes to any training material, a review of documentation would be undertaken. Dr Ruddell pointed out that staff undertaking assessments would receive training on standard setting so as to ensure a consistent approach.

Responding to a question around the progress of the NQP recruitment, Mr Sinclair advised that the advertisement would be placed in HSC Recruit in the coming weeks. He indicated that the Trust had received a number of expressions of interest from qualified paramedics wishing to return to NI to work. Mr Sinclair said that a support package had been developed to support those clinicians over the first 24 months and added that the package had been benchmarked against other UK Trusts. He explained that the benchmarks would allow NIAS to assess an individual's portfolio upon joining the Trust.

Mr Sowney asked whether there were plans to offer support to the cohort of students currently undertaking the Foundation programme

when they complete and for the next cohort who were currently undertaking the bridging programme.

Mr Sinclair clarified that the NQP programme would include support for the current and next cohort of students.

Responding to a question from Mr Sowney as to the current status of the CRM business case, Mr Bloomfield advised that the business case had been submitted to the DoH in early December and said it was his understanding that the business case remained a priority for the DoH. He indicated that, while he continued to be hopeful that the Trust would secure additional funding for CRM, he was uncertain as to whether the Trust would receive the totality.

In terms of funding for training, Mr Bloomfield clarified that the cohort of students currently undertaking the bridging programme would be the fourth and final cohort of students to undertake the foundation degree. He indicated that each foundation degree programme cost £5 million because of the backfill required. Mr Bloomfield pointed out that the majority of the funding needed for next year's training programme had not yet been secured. He advised that the Trust intended to proceed with the programme in order to ensure the supply of paramedics needed by June 2024 and would make it clear to the DoH and HSCB that it would be doing so at financial risk.

The Chair referred to Dr Ruddell's earlier emphasis on the need for consistency and sought further detail.

By way of explanation, Dr Ruddell advised that, because of practice changes such as new guidelines, the course material was reviewed on a regular basis as well as ensuring the education team had adapted training to take account of any changes.

Continuing, Dr Ruddell advised that the Trust had a temporary post in place to oversee the management of digital training and who acted as the 'guardian' of the training material. He explained that any changes proposed to course materials were considered and agreed by the Education Group and uploaded accordingly onto the Canvas system. Dr Ruddell acknowledged that there would always be regional tweaks to the training materials based on new guidance.



The Chair acknowledged the progress which had been made to date and said he looked forward to further updates at the April meeting.

The Committee **NOTED** the update on the Strategic Education Review.

**6 Safety Concerns arising from current pressures and associated mitigations (SC27/01/21/04)**

Introducing this agenda item, the Chair explained that it would be important that members left the meeting with a full and clear understanding of the pressures facing the service currently.

At the Chair's invitation, Ms Charlton provided a detailed presentation on the key safety concerns arising from the current pressures and the associated mitigations put in place by the Trust.

Mr Bloomfield believed it was helpful to have the national comparisons and said the Trust would continue to develop these. Referring to the presentation, he said it was clear that NIAS compared to other Trusts in terms of the pressures impacting on service delivery. Mr Bloomfield added that, like as his Director colleagues, he participated in regular calls with his counterparts in other ambulance services and had been struck by how challenging and similar the position was in other parts of the UK.

Continuing, Mr Bloomfield indicated that, as had been predicted, Omicron had had a greater impact on staff absences compared to hospital admissions and he reported that, at the start of January 2022, the Trust had over 20% of its staff not available for work. He said that the Trust had faced its most challenging period over the last 4-6 weeks since the start of the pandemic but the position was beginning to improve.

Mr Bloomfield highlighted the positive collaborative work between the NIAS and the NIFRS around cardiac arrest and falls and said that an update would be provided to the February Trust Board. He clarified that the joint working with NIFRS focussed on how both services would co-respond moving forward.

Mr Bloomfield alluded to the improvements which had been made around late finishes and reminded the meeting that this was an area

of work which the Trust was determined to address. He explained that, rather than an instruction, the approach adopted had been to encourage local teams at Area Manager level to work with their staff to identify ways to address this issue. Mr Bloomfield said that a range of solutions and priorities had been proposed and shared across Divisions. He added that feedback from staff had been positive and said it was clear that staff were beginning to see the impact of the measures put in place.

The Chair sought clarification if the predicted peak in infections had now passed.

In response, Mr Bloomfield said that, while there certainly had been slight improvements in January in terms of indicators around hospital admissions/ICU beds and a reduction in staff absent as a result of Covid-19, community infection rates remained high. He said he hoped the position would be clearer at the time of the February Trust Board and undertook to keep members apprised.

Ms Charlton reminded the meeting that, as health care workers, NIAS staff were still required to have PCR tests. She advised that the number of staff testing positive varied on a weekly basis but indicated that, in the last week, over 30 members of staff had tested positive with as many as 49 members of staff testing positive in one week.

Mr Abraham referred to the 'ripple' effect of the pandemic in terms of cancellations in elective care surgery, patients not being able to access review appointments and experiencing delays in treatment. He asked if the Trust had examined the break-down of calls to determine how many had been received because patients had deteriorated due to their inability to access hospital services, how many were actual Covid-19, Covid-19 related and how many were duplicate calls. He asked for a breakdown of this with as much granularity as possible.

Ms Charlton confirmed that the Trust did record duplicate calls and explained that a sub-group examined these to understand the true demand. She believed duplicate calls were an indicator of the pressures within EAC and delayed response because of system-wide pressures.

She said that Mr Abraham had made a valid point in relation to the categorisation of patients requesting an ambulance and suggested that, while AMPDS could not determine whether a patient was awaiting a hospital procedure, the chief complaint could be determined through AMPDS. As such, it would be difficult for NIAS to give the level of detail Mr Abraham had requested.

Continuing, Ms Charlton suggested that it also might be helpful to analyse the overall demand for conveying patients to hospital and clearly understanding that, should a patient experience significant delays on elective care, they would potentially present at an ED having been conveyed by ambulance.

Ms Byrne advised that it was clear from regional discussions that work was ongoing to look this in more detail, for example, access to GPs in and out-of-hours and understand whether that had resulted in an increase in ED attendance as well as considering elective activity and determining whether patients had been conveyed to hospital by ambulance.

Dr Ruddell said there had been much discussion regard increased complications of chronic conditions as a result of delayed treatment and investigation and said that this view would be shared by GP and ambulance colleagues. He agreed with Ms Charlton's earlier point that AMPDS identified the priority of need at a particular time and would not give an explanation as to how a patient reached that point.

Continuing, Dr Ruddell explained that Card 36 protocol was designed to address those individuals presenting with a likely diagnosis of Covid-19. He pointed out that, in a pre-hospital setting, one would never be aware of the final diagnosis.

Mr Haslett referred to 'Hear and Treat' and commented that NIAS was an outlier when compared to other UK ambulance services.

The Chair alluded to the Trust asking people to convey themselves to hospital in certain situation and sought further detail in relation to this.

Responding to Mr Haslett's reference to 'Hear and Treat', Mr Sinclair commented that the incidence of Hear and Treat continued to increase. He commended the work carried out by the staff on the

Clinical Support Desk (CSD) and said that there were currently between 15-18 staff working on CSD. Mr Sinclair explained that the CSD would contact those patients experiencing prolonged waits on an ambulance response to check on the patient as well as scoping all available options in terms of response. He indicated that the service would ask patients at times of pressures to make their own way to hospital but only in circumstances when it was safe and appropriate to do so.

Dr Ruddell agreed with the points made by Mr Sinclair and said 'Hear and Treat' would only be successful when there were other places to which to transfer patients. He said that ambulance services in England had the benefit of the 111 service which was very often co-located in Control Rooms, thus making the transfer to other services more accessible. Dr Ruddell said that NIAS' ability to pass calls to primary care was limited particularly at a time when the primary care structure was stretched.

Ms Byrne acknowledged that recruitment to the CSD had been challenging. She advised that the recruitment pool had been opened to nurses and confirmed that there had been a positive response. Ms Byrne advised that consideration was also being given to the introduction of a Clinical Navigator role, thus providing an additional layer of support to EAC.

Mr Walker alluded to the request from the Trust for patients to convey themselves to hospital where it was appropriate to do so. He advised that, as part of the work emanating from its surge planning, the Trust had been examining alternative methods of conveyance. Mr Walker said it was intended to conduct a pilot in the South East Division over the next few months to provide the Clinical Safety Desk (CSD) with the ability to organise alternative means of transport to convey patients to hospital in order to free up A&E resources which could then be targeted at higher acuity patients.

Mr Maguire asked whether this would only apply to patients being conveyed to hospital or whether consideration had been given to the transport required to discharge patients.

Mr Walker clarified that the trial would focus on supporting A&E crews.

Responding to a question from Mr Sowney around the Clinical Navigator role and whether it would be in addition to the Control Ambulance Liaison Officer (CALO) role, Ms Byrne confirmed that it would. She further explained that the CALO role was one of co-ordination between NEAC and EAC to ensure the optimum use of vehicles.

Mr Sowney referred to the impact multiple calls were having on the increase in call volume and asked if any work was being done to try to reduce these calls.

In response, Ms Byrne advised that some work had been proposed through the National Directors of Operations Group (NDOG) to be taken forward on a regional basis. She explained that a new script had been designed for use by call takers whereby one question asked whether the caller was calling back to check on the estimated time of arrival of an ambulance. If that was the case, a different algorithm was followed. Ms Byrne explained that this had only been in place for a number of weeks until it had been paused due to concerns expressed by BT.

Mr Sowney sought clarification around whether staff calls into EAC had reduced. Ms Byrne acknowledged that the feeling in the room was that the number of calls had reduced and she undertook to obtain further detail on this.

Ms Charlton clarified that the amber/red script had wording to discourage people from calling again unless their medical condition had changed. She added that there also had been a number of communications on social media along these lines in an effort to try to reduce duplicate calls in this context.

Mr Sowney said that he had had sight of information relating to 146 deaths related to patient safety issues across ambulance services nationally and added that this had represented a 62% increase on the previous year. He asked whether the Trust had identified any patient safety issues around its inability to respond or the emergency response arriving too late.

Ms Charlton clarified that any incident relating to a delayed response which was recorded on DATIX was discussed at the weekly Rapid Review Group (RRG) meetings. She referred to the presentation and said that, since December 2020, there had been

14 Serious Adverse Incidents (SAIs) relating to delayed response, including a number where the patient had sadly passed away before the emergency response had arrived.

Ms Charlton said that Committee members would be aware of the AACE report in relation to patients coming to harm waiting in the back of ambulances at EDs. She explained that incidents relating to patients waiting in the back of an ambulance or where a patient was waiting too long which was recorded on DATIX was reviewed to determine whether it would potentially meet the threshold for a SAI.

Ms Charlton indicated that, due to the volume, it was not possible to refer every single incident where a patient waited too long and therefore a decision had been taken to determine whether there had been any care process issues.

Dr Ruddell said that there were several pieces of research on this topic. He alluded to the AACE report around the extent of hospital handover delays which was supported by the Royal College of Emergency Medicine and mentioned that the Emergency Medical Journal had recently published some clear evidence showing that patients will wait longer for admission post arrival at hospital. He undertook to share the research with members.

Mr Sowney expressed his surprise that there had not been more media coverage in relation to the AACE report. He indicated that mortality and morbidity increased the longer patients waited in EDs and said it was clear that long waits in the back of ambulances were less conducive to quality clinical care. Mr Sowney noted that ambulance services across the UK had been clear in stating the fact that patients were coming to harm while waiting in the back of ambulances and he encouraged colleagues to continue to do so.

Mr Sowney sought an update in relation to ambulance handover zones and turnaround times. He was of the view that there was more capacity in the five acute Trusts post-pandemic due to less patients being conveyed by ambulance to hospital and the cancellation of elective surgery. Mr Sowney said that, despite this, turnaround times remained extremely challenging and he expressed concern that this was becoming normalised as an acceptable position to Trusts. He referred to audits looking at 100 A&E records to see if patients might have been directed to alternative care pathways. He encouraged the Trust to continue to emphasise the



unacceptable nature of long waits outside EDs in discussions with HSCB, Trust and DoH colleagues.

Mr Bloomfield said he agreed with the points put forward by Mr Sowney and added that he regularly emphasised the dangers of long waits outside EDs. However, he said it would be important to strike a balance and not interfere in terms of how other Trusts were managing the challenges. He referred to issues in the community in terms of capacity around domiciliary care and said that Trust colleagues would refer to this as impacting on their ability to discharge patients.

Continuing, Mr Bloomfield said that Trust Chief Executives met with the HSCB Chief Executive on a regular basis to discuss unscheduled care in detail. He added that it was clear that the HSCB had taken a more focussed performance management approach and said that Ms Byrne was accompanying HSCB colleagues in undertaking visits to Trusts to view their ambulance handover zones. He reminded the meeting that the establishment of the ambulance handover zones was an action from No More Silos, an action plan which built upon learning from the review of urgent and emergency care.

Mr Bloomfield indicated that Trusts had been given funding to develop the zones and he acknowledged that a greater focus was required by Trusts around this work. Mr Bloomfield said that he expected the HSCB to hold Trusts to account for progress and said that NIAS' role was to facilitate any discussions on the matter. He indicated that the Trust had received a number of Assembly Questions around the long waits at EDs and in response, had clearly set out the number of operational hours lost by crews waiting at EDs; the impact on those patients waiting in the back of ambulances; the impact of lost shifts as well as the impact on response times in the community. He said that he had also shared the research from the Emergency Medical Journal with the HSCB Chief Executive and had emphasised the fact that, if there was a high rate of mortality in EDs with extended waiting times, that rate would be significantly increased for those patients waiting in the back of ambulances.

Ms Byrne said that she also met with her colleague Trust Directors of Operations on a regular basis and she agreed that there needed to be significant acceleration on the part of Trusts to progress

ambulance handover zones. She said that, in discussions, she had articulated the actions being taken by NIAS to mitigate against the lack of progress but stressed that responsibility clearly lay with acute Trusts.

Mr Sowney referred to the comparison with national figures around response Categories 1-3. He commented that NIAS Category 1 responses appeared to be outliers and asked whether the Trust had compared like with like.

In response, Ms Charlton reminded the meeting that the national standard mean response time for Category 1 calls was seven minutes and NIAS CRM had an eight minutes mean response time standard in respect of Category 1 calls. She confirmed that the comparison basis was the same. Ms Charlton alluded to the Category 1 Improvement Group and said that progress had been made with improvements in Category 1 responses since December despite the recent significant challenges facing the service. She acknowledged that Categories 2 and 3 were significantly prolonged and pointed out that this reflected a national picture with NIAS February 2021 position being less prolonged than the national average.

Continuing, Ms Charlton explained that the Improvement Group examined the whole process, for example from the pre-triage sieve, nature of the call, the allocation time, time to go mobile. She added that the Trust was also looking at where it sat in comparison to other ambulance services in terms of these measures.

Mr Sowney referred to the independent ambulance providers used by NIAS and asked if the Trust was content there were robust governance arrangements in place.

Ms Charlton confirmed that the Trust used independent ambulance providers in terms of its non-emergency specification. She advised that the Trust had recently carried out significant work in relation to strengthening its assurance around the quality and safety aspects of the specification. Ms Charlton explained that a template had been designed for use at quarterly monitoring meetings and significant engagement had taken place with providers to define the areas on which the Trust would seek assurance. She said that these arrangements would be further strengthened by undertaking unannounced inspections on vehicles and advised that the first of



these had taken place the previous week. Ms Charlton indicated that the Trust used an electronic auditing system where those undertaking the inspections could upload photographs, for example, for objective evidence.

Continuing, Ms Charlton reminded the meeting that, in the rest of the UK, the Care Quality Commission (CQC) would regulate the independent ambulance sector. However this was not the case in Northern Ireland. She indicated that the Trust had met with the Regulation, Quality and Improvement Authority (RQIA) to discuss potential regulatory gaps. She was of the view that the Trust had made significant progress over the last six months and added that this work had resulted in increased awareness and learning.

Mr Sowney commended the progress which had been made. He believed that the arrangements put in place were comprehensive and would provide the necessary assurance, particularly when there was no NI regulatory body to hold organisations to account.

Mr Sowney also commended the Trust on the work being taken forward to address late finishes and said that he was aware that this had been a significant concern for staff.

Mr Walker said that this work had been a focus for Operational teams and added that, in his view, another positive result had been the determination of everyone involved to work together to ensure the issue of late finishes was addressed.

Mr Nicholson referred to the significant improvements which had been made in the governance arrangements around the management of independent ambulance providers and advised that this was part of the audit plan for the current year. He clarified that the Internal Audit fieldwork had been carried out in summer 2021 and the draft Internal Audit was currently with management for consideration before being submitted to the Audit and Risk Assurance Committee.

Mr Bloomfield advised that the Trust had come very close to putting alternative escalation measures in place over the Christmas/New Year period when it had proved extremely difficult to be able to respond to calls as nearly all operational ambulances were waiting outside EDs. He advised that consideration had been given to erecting tents outside EDs to enable crews to transfer patients and

continue to respond to calls. However he said Trusts had managed to put arrangements in place to allow ambulances to be turned around and released to respond to calls in the community.

Mr Sowney cautioned against erecting tents, even as a last resort. He pointed out that such tents were designed for major incident use for a finite time only and questioned the staffing for such circumstances. Mr Sowney also emphasised that evidence showed that patients were safer inside a hospital as opposed to being looked after in a tent or carpark.

The Chair referred to the evolving CMO guidance around returning staff to work and asked if this had assisted the Trust in obtaining increased staffing levels.

Responding, Ms Charlton confirmed that the Trust had been using the guidance and had been able to return a number of staff to work particularly over the New Year period when staffing had been challenging. However she acknowledged that implementation of the CMO guidance had not resulted in as many staff as had been envisaged returning to work. She advised that over 260 cases had been considered for return to work with between 70-80 staff confirmed as being able to return. She referred to the governance arrangements required and said that significant efforts were required to administer the guidance and ensure it was applied in a safe way.

Mr Nicholson agreed with Ms Charlton's comments around the administration task involved and said that the guidance had been welcomed by staff who had been keen to return to work.

The Chair said he wished to place on record his deep appreciation to all NIAS staff and said he never failed to be impressed by their dedication and significant contributions during such challenging times. He commended the Senior Management Team and thanked them for their efforts and added that he very much hoped the worst of the pandemic had now passed.

The Chair thanked all those involved in the presentation to the Committee.

## **7 Date of next meeting**

The next meeting of the Safety Committee will take place on Thursday 7 April 2022 at 9.30am (arrangements to be confirmed).

**8    Any Other Business**

**(i)    Agenda Structure**

The Chair suggested that it would be helpful to meet with other Committee members to discuss the future structure of Committee agendas.

**THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 11.30AM.**

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



Northern Ireland Ambulance Service  
Health and Social Care Trust



## **ACTION - SAFETY COMMITTEE – 27 JANUARY 2022**





**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL  
DEVELOPMENT COMMITTEE HELD AT 9.30AM ON THURSDAY  
9 DECEMBER 2021 (VIA ZOOM DUE TO COVID-19)**

**PRESENT:**

Mr J Dennison	-	Committee Chair (left the meeting at 1.15pm)
Mr T Haslett	-	Non Executive Director (assumed Chair at 1.15pm)
Ms N Lappin	-	Non Executive Director

**IN**

**ATTENDANCE:**

Mr M Bloomfield	-	Chief Executive
Ms M Lemon	-	Interim Director of Human Resources
Mrs C Mooney	-	Board Secretary
Mr C Carlin	-	Boardroom Apprentice (left the meeting at 11.15am)
Mr J Kearney	-	Assistant Director of Human Resources
Ms AM McStocker	-	Health & Wellbeing Project Manager
Ms V Cochrane	-	Assistant Director of Human Resources
Ms J McFarlane	-	Graduate Intern
Dr S Meekin	-	Consultant Clinical Psychologist, BHSC

**APOLOGIES:**

Mr P Nicholson	-	Interim Director of Finance
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**1 Apologies & Opening Remarks**

The Committee Chair noted that apologies had been received from Mr Nicholson.

## 2 **Procedure**

### 2.1 **Declaration of Potential Conflicts of Interest**

The Committee Chair asked the meeting to declare any potential conflicts of interest now or as the meeting progressed.

### 2.2 **Quorum**

The Committee Chair confirmed the Committee as quorate.

### 2.3 **Confidentiality of Information**

The Committee Chair emphasised the confidentiality of information.

## 3 **Previous Minutes (PC09/12/21/01)**

The minutes of the previous meeting held on 30 September 2021 had been approved by e-mail but were **APPROVED** on a proposal by Mr Haslett and seconded by Ms Lappin. It was noted that the approved minutes would be presented to the December Trust Board.

## 4 **Matters Arising (PC09/12/21/02)**

Mr Bloomfield referred to discussion at the previous meeting in relation to overtime undertaken by staff and how the Trust might monitor this in terms of the potential impact on patient safety. He acknowledged that there was capability within Global Rostering System (GRS) to monitor the extent of overtime uptake but that this was not fully utilised at present and added that Ms Paterson was examining this issue. Mr Bloomfield advised that the Resource Management Centre (RMC) mainly considered shifts against the Working Time Directive and ensured that shifts were appropriately distributed.

Mr Bloomfield undertook to ensure that the Committee would receive an update at a future meeting.

With regard to the action around AACE presenting to the Committee on its work, Mr Bloomfield suggested that this should be arranged

for the next HR focussed Committee. He said that this would also allow AACE to discuss its support to NIAS in the next year.

Ms Lemon advised that she would bring a paper on KPIs to the next HR focussed Committee meeting.

The Committee **NOTED** the Matters Arising.

Ms Lappin indicated that she and Mr Bloomfield had discussed the alternate nature of HR/Finance focus of the Committee and agreed that verbal updates would be provided at meetings in order to keep the Committee advised of progress in between meetings.

There was discussion in relation to the frequency of Committee meetings. The Committee Chair said it was his understanding that there would be eight Committee meetings each year and said that Non-Executive Directors were committed to meeting as required.

Ms Lappin said that the proposal to increase the frequency of meetings had been driven by the work coming from the various workstreams reporting through to the Committee. She asked that Directors would give this some consideration with a view to finalising the frequency of meetings by January.

Mr Haslett acknowledged the lengthy agendas and said that he hoped, once the new Committee had settled, the agendas would reduce over time. He further acknowledged the demanding workload on Directors associated with servicing additional meetings and said that he would support the current frequency.

Ms Lappin said that, if the decision was taken not to increase the frequency of the meetings, the Committee should recognise that there would be aspects of business which would not receive the necessary scrutiny. She highlighted the potential for the Committee not to have the opportunity to interrogate the information presented in the detail required and that, in her view, presented inherent risks.

She asked Mr Bloomfield to discuss further with Directors with a view to resolving the position in January and ensuring clarity around the governance consequences of the Committee not being able to scrutinise certain areas of work.



## 5 **Finance – verbal update**

In Mr Nicholson's absence, Mr Bloomfield presented a verbal update on the financial issues discussed at the September meeting.

He explained that the risk associated with the income assumptions had meant that the Trust would normally have been developing its savings plan at this time. Mr Bloomfield reminded members that, at the September meeting, Mr Nicholson had reported £21 million of assumed income including a substantial amount of Covid-19 monies. He said he was pleased to report that the vast majority of the assumed income had now been received by the Trust, leaving an equivalent figure of £1 million in terms of assumed income. Mr Bloomfield said that the receipt of the DoH letter confirming the £11 million allocation had meant that the Trust was now not required to prepare a savings plan as the assumed income throughout the year had been confirmed.

He pointed out that the only two areas which remained uncertain in terms of funding related to the Pay Award and Cohort 4 of the Paramedic Foundation Degree. He indicated that funding was required to allow a further 48 Emergency Medical Technicians (EMTs) commence the Foundation Degree in February and he acknowledged that the majority of the costs associated with this would fall into the 2022-23 financial year. However Mr Bloomfield advised that both the DoH and the HSCB were aware that this was a priority for the Trust.

Continuing, Mr Bloomfield advised that Trusts had received correspondence from the DoH in October asking Trusts to cease any discretionary spend which would not have an impact on patient care. He said that, following discussion with colleague Trust Directors of Finance, there had been a collective view that potential areas which could have ceased in previous years were not now taking place because of Covid-19 and he cited the example of costs associated with attendances at conferences. Mr Bloomfield said that the Trust had not been able to identify any material savings in this area.

Concluding his update, Mr Bloomfield advised that, as the level of assumed income had reduced significantly, the Trust was now in a much more confident financial position as it approached year-end.

Mr Haslett referred to the DoH request to cease any discretionary spend and asked whether this would include capital spend, for example estates maintenance.

In response, Mr Bloomfield explained that, at this stage in the financial year, all capital spend had been contractually committed and clarified that his understanding was that estates maintenance would be categorised as revenue funding.

Mr Haslett acknowledged that any savings realised would be minimal in terms of the savings required by the DoH.

The Committee **NOTED** the financial update provided by Mr Bloomfield.

## **6 HR Strategic Priorities and Challenges (PC09/12/21/03)**

The Committee received a presentation from Ms Lemon in relation to the HR strategic priorities and challenges and how these linked to work being taken forward.

Ms Lemon declared a conflict as an individual who was currently in an acting position within the Trust and she advised that the work to progress the workstream looking at permanent posts was being led by Ms Shirley Young from the HSC Leadership Centre. She said that she would liaise with Ms Young with a view to Ms Young linking with Mr Dennison on this work.

Ms Lappin sought clarification on how the Committee would monitor the plans and the significant amount of work involved to ensure the Trust identified a baseline. She queried whether, due to the magnitude of work involved, the programme of work should span 3-5 years. Ms Lappin said that this linked to the point she had made earlier in the meeting in relation to the amount of business to be transacted by the Committee and the opportunities afforded to members to scrutinise such business effectively. She asked how the plans set out by Ms Lemon would deliver on the Strategic Plan.

Ms Lemon reminded members that she had brought the in-year Plan to the first meeting of the Committee in December 2020 and agreed that it was likely to take 3-5 years in terms of absolute delivery. She undertook to bring an update to the next HR Committee meeting.

Continuing, Ms Lemon acknowledged that KPIs would be important and said she hoped that relevant KPIs would be identified by the start of the next financial year. She explained that the Strategic Plan provided an indication of the areas which would be taken forward. Ms Lemon referred to the review undertaken by AACE and said this had alluded to a small team of people who were keen to deliver but could not due to the current infrastructure. She also indicated that the key items on the agenda for the Committee, namely the Health and Wellbeing Strategy, the Culture Programme and outline approach to a Recruitment and Selection Strategy were priority actions within the Trust's Strategy 'Our Strategy to Transform'.

The Committee Chair stressed the importance of monitoring progress and sought further clarification around how best to measure the impact. He was of the view that key to this would be the prioritisation of the work to be taken forward and asked how Ms Lemon intended to do this.

Responding, Ms Lemon advised that the Plan initially brought to the Committee at its inaugural meeting had identified the priorities. She acknowledged the ambitious nature of the Plan and believed that there were priorities which had to be progressed, for example ensuring staff were remunerated and ensuring staff health and wellbeing through Covid-19. She pointed out that transformation was also key. Ms Lemon indicated that there were inefficiencies with the current model so improvement and transformation were key to freeing up capacity.

Ms Lemon indicated that work was also underway in relation to recruitment with a view to putting in place some temporary interim arrangements. She added that this work was being supplemented by individuals from the HSC Leadership Centre and acknowledged that this would not be sustainable in the longer term.

Mr Bloomfield acknowledged the importance of being able to prioritise the work to be undertaken and being able to make progress on the culture programme which was inextricably linked to other areas of service delivery. He said that recruitment would remain challenging until such times as the Trust supported the health and wellbeing of staff in its widest sense. Mr Bloomfield said that there was an absolute commitment to ensure the necessary

resources were in place to enable the HR team progress this important work.

Ms Lappin alluded the magnitude of the work to be undertaken and sought clarification on how the Committee would know that issues were being addressed when work was ongoing in relation to identifying a baseline.

Ms Lemon acknowledged that it would take between 3-5 years to take forward the significant improvements needed to transform the HR Department. She pointed out that, while these improvements were being taken forward, the Department continued to try to transform and deliver against that.

The Committee Chair suggested that it might be helpful to revisit the HR Strategic Plan last discussed in July. He added that his recollection was that discussion had focused on similar points, ie how would the Committee know what impact the Plan has had.

Ms Lemon agreed to revisit the Plan with a view to examining the time-bound priorities and how best the Committee could monitor these and measure their impact.

Mr Haslett said that this was a significant piece of work. He asked if other Trusts had experienced similar issues and whether their learning could be helpful to NIAS.

Ms Lemon acknowledged that other Trusts had experienced similar challenges and she agreed that engagement with Trust colleagues had been helpful, for example, around the development of a number of regional policies as well as the ability to benchmark services.

The Committee **NOTED** the presentation given by Ms Lemon.

7 **Health and Wellbeing Strategy - 'Healthy People, Healthy Place. We Thrive Together'**

- **Trauma Informed Approach and Psychological Wellbeing – Dr Sarah Meekin, Consultant Clinical Psychologist, Belfast HSC Trust**
- **Occupational Health Improvement Plan (PC09/12/21/04)**

The Committee Chair welcomed Ms Ann Marie McStocker and Dr Sarah Meekin to the meeting and invited them to present their papers.

Thanking both for their detailed presentations, the Committee Chair referred to the approach of outcome-based accountability used to develop the Health and Wellbeing Strategy and sought further clarification around the anticipated outcomes.

Ms McStocker explained that outcomes were interspersed across the Strategy and were also within each intervention.

Dr Meekin commented that there was a tendency on occasions to identify structured outcomes, for example reduce absenteeism. She believed that very often absenteeism rather than presence at work was measured and suggested that one outcome might be to see an increase in absenteeism as this would be evidence that those staff who needed to be on sickness absence were. Dr Meekin also suggested that a good baseline would consider short and medium term outcomes and added that outcomes tended to be linked to investment.

Ms Lappin welcomed the focus on staff wellbeing. She said that colleagues would be very much aware of the additional pressures on the workforce brought about by Covid-19 and said that there had been low workforce morale prior to the pandemic.

Continuing, Ms Lappin expressed her concern in relation to outcomes. She noted that the Health and Wellbeing Strategy was intuitive and was of the view that, where the organisation was concerned about the wellbeing of staff allocating resources, it would be important to measure outcomes. She suggested that it would be helpful for the Committee to receive a paper outlining what might be considered as realistic outcomes and how these might be measured.

She said she had been struck by Dr Meekin's suggestion that the Trust may wish to see a temporary increase in absenteeism. Ms Lappin believed that a good baseline had been established through the staff survey and said she would look to Ms McStocker and Dr Meekin to ensure the actions were carried out and more importantly to ensure the impact on staff was monitored and measured. Ms Lappin also referred to the Employee's Benefits Handbook and

asked if this followed on from work undertaken by the Women's Forum some time previously.

Responding, Ms Lemon alluded to the use of the partnership survey with UNISON as well as international accredited methodology of examining specific measures around health and wellbeing. She added that Trade Union colleagues were meeting with staff in stations and discussing issues relating to health and wellbeing and said that this information would provide a helpful steer in terms of what has been delivered.

Ms Lemon commented that, while this was the Health and Wellbeing Strategy, there were many other factors impacting on staff health and wellbeing. She cited examples of the workplace and environmental factors. Ms Lemon expressed her agreement with Ms Lappin's comment around realistic outcomes and said it was hoped that the work delivered through the Strategy would demonstrate the Trust's commitment to staff.

Dr Meekin agreed with the comments made by Ms Lemon around the importance of meeting staff needs and believed that the onset of Covid-19 underlined the importance of meeting staff's basic needs. She said it would be important not to lose sight of the fact that care as well as value started at the bottom of the pyramid in terms of physical needs.

Ms Lappin welcomed the fact that the Strategy also considered maintaining and developing mental health and social wellbeing and said she would be interested in the timelines associated with this aspect of the Strategy.

Ms Lemon clarified that one element of this work related to the restructuring of the HR Department and resolving in the long-term the number of staff in temporary posts within the Trust.

Mr Bloomfield welcomed the input and support from Dr Meekin to this important work and believed the fact that external expertise had been secured clearly demonstrated the Trust's commitment to this agenda. He stressed the importance of ensuring staff felt change and referred to a number of small practical projects which had already been implemented such as the establishment of welfare hubs outside EDs. Mr Bloomfield said he hoped this signalled that the Trust was very much aware of the difficulties facing staff at



present. Continuing, he said that work was also being taken forward to address late finishes and ensure staff finished their shifts on time. He assured the Committee that this was only one element of a programme of work to demonstrate to staff that they were an integral part of a Trust which cared for them and which was trying to resolve the challenges facing them.

The Committee Chair noted Mr Bloomfield's assurance and agreed that, wherever possible, it would be important to ensure 'quick wins' which, in his view, conveyed a clear message to staff.

Dr Meekin commended the way in which the Trust was implementing its Health and Wellbeing Strategy by demonstrating change at organisational level before moving to individual level.

Noting members' comments around timelines and outcomes, Ms Lemon asked whether the Committee wished to have sight of the revised Strategy before it would be submitted to Trust Board for consideration.

The Committee Chair said that, as these were key to the Strategy, his preference would be for the Committee to revisit the Strategy in February with a view to submitting it to the Trust Board for consideration thereafter.

Ms Lappin agreed with the Committee Chair. She welcomed the update on the Occupational Health Improvement Plan and sought further clarification on its purpose.

Ms Lemon reminded members that the Committee had received an initial paper on the 'Review of Occupational Health Services' at its July meeting and the paper before today's Committee represented an update on the review. She said that she would be happy to bring regular updates against delivery of the plan.

Ms Lappin said that she would welcome this and suggested that a light touch update would be included in the February Committee meeting.

The Committee Chair thanked Ms McStocker and Dr Meekin for their contribution to the meeting.

## **8 Culture Programme Launch (PC09/12/21/05)**

The Committee Chair welcomed Mr Jarlath Kearney and Ms Jodie McFarlane for this agenda item and members were shown a short video developed for the launch of the Culture Programme entitled 'Proud to work for NIAS'.

Mr Kearney advised that the Trust's Strategy, 'Caring Today, Planning for Tomorrow' stated that NIAS would initiate a new Organisational Culture Programme to develop a culture of collective and compassionate leadership.

He explained that drivers for change had been identified through various quantitative surveys such as the Cultural Assessment Tool and HSC Staff Survey as well as a number of staff engagement methodologies including the UNISON/NIAS health and wellbeing partnership and, most recently, 'Make Time for What Matters' engagement events where staff shared suggestions for improving workplace culture and ideas for inclusion in a Health and Wellbeing Strategy.

Mr Kearney reminded the meeting that the 'Proud to Work for NIAS' Cultural Improvement Programme Year 1 Action Plan had been considered by the Committee in July 2021. He explained that the actions were aligned to address the findings and recommendations from the engagement surveys/methodologies and were reflective of priorities and actions identified by staff in partnership with Senior Management Team in their commitment to making NIAS an Employer of Choice.

Mr Kearney drew the Committee's attention to a number of papers before it for consideration, namely:

- Culture Leadership Charter – the Committee noted that the Charter consisted of seven values proposed to clarify the purpose, role, behaviours and expectations of all employees as leaders in NIAS and included an associated communications plan;
- Proud to Work for NIAS video - 'You Said We Did' internal video using NIAS staff to highlight the cultural improvement work completed to-date and the Trust's plans for the coming 12-18 months;



- Staff recognition overview - benchmarking research of current staff recognition processes in place and ideas for future development.

The Committee noted that the papers would act as the service-wide launch of the programme for culture improvement.

Ms Lemon advised that today's presentation of papers represented the culmination of this work led by Mr Kearney and assisted by Ms McFarlane. She stressed the importance of setting out the vision and expectation and being clear on what the Trust's vision of culture was and what was expected.

Ms Lappin commended the papers before the Committee and said she had been impressed by the range of issues taken into account. She sought clarification on how the documentation would be disseminated to staff and what steps would be taken to ensure it was embedded.

Continuing, Ms Lappin referred to page 15 of the Charter which was to be displayed in all NIAS stations and reiterated the fact that the focus was on changing behaviours. She said that she would be keen to see the approaches taken by staff to ensure engagement with colleagues from other functions. Ms Lappin also sought clarification on what evidence could be presented to the Committee in terms of allowing the Committee monitor its dissemination and implementation. She commented that it would be important to demonstrate the impact on staff's views across the Trust and revisiting these through further staff engagement.

Mr Kearney pointed out that culture was iterative. He indicated that further changes had been made to the Culture Improvement Action Plan as a result of staff feedback. He stressed the importance of being realistic and said he would welcome the Committee's views on what realistic outcomes it might expect to see. He acknowledged that a number of outcomes might relate to the Framework where the evidence base was clear and where the actions would clearly impact on the behaviours and narrative of staff. Mr Kearney added that the Trust's partnership with UNISON in terms of health and wellbeing would be important in this regard.

Ms Lemon agreed that the Trust would revisit engagement and surveys with a view to determining whether there had been any change.

Ms Lappin said that she would expect to see, for example, a change in an employee's satisfaction as a result of greater support from his/her line manager.

There was discussion in relation to the importance of outcomes and the need to identify what outcomes might be expected.

Mr Bloomfield agreed that outcomes would be important and he reminded the meeting that, while progress was being made, it was slow as the Trust had started from a low baseline. He acknowledged the importance of seeing some improvement and said he would be surprised if there was no improvement in the next survey results.

Mr Haslett said that he would be happy to approve the Culture Programme Launch.

The Committee Chair agreed with this and suggested that it would be helpful to have further information around outcomes. He also added that he would be happy to have further discussion on this area.

The Committee **APPROVED** the Culture Programme Launch.

## 9 **Recruitment and Selection Strategic Approach (PC09/12/21/06)**

The Committee received a detailed presentation from Ms Verity Cochrane on the strategic approach to recruitment and selection.

Ms Lappin sought clarification on whether the presentation represented the Strategy or whether it was the identification of elements to be included within the Strategy. She referred to implementation of the Strategy and suggested it would be helpful for the Committee to be advised of timescales so it could consider the necessary monitoring outcomes. Ms Lappin said that, in her presentation, Ms Cochrane had referred to managers identifying individuals who shared HSC values and added that this was an important point. She sought further detail on how the Strategy would assist managers in doing this.

Responding, Ms Cochrane confirmed that timelines would be identified and said that the recruitment process in itself was an indication of how it was working. She indicated that an appropriate recruitment approach was key to feeding into the organisation's culture. Ms Cochrane referred to supporting managers to recruit individuals who shared HSC values and advised that consideration was being given to the development of training around value-based questions and how that would be best assessed.

The Committee Chair was of the view that there were two underpinning themes, namely knowing what was to be achieved and how it would be measured. He commended all involved in this work and said he looked forward to further updates.

Mr Haslett thanked Ms Cochrane for her presentation and said he looked forward to hearing more about the development of value-based questions.

The Committee **NOTED** the presentation received on the Recruitment and Selection Strategic approach

Mr Haslett assumed the position of Committee Chair at this point in the meeting.

#### 10 **Attendance Management Update (PC09/12/21/07)**

Ms Lemon drew members' attention to the attendance management update paper. She advised that absence within the Trust continued at an unprecedented high level due to both sickness absence and Covid-19 related absences as extreme pressures remained ongoing within NIAS and the wider HSC resulting in an increasingly pressurised work environment for staff.

She said it was important to be clear that Covid-19 related to absences as opposed to sickness absence and indicated that she had sought further detail around the use of the term 'absence' within the paper to ensure it was being used in a consistent manner.

Continuing, Ms Lemon indicated that management meetings would be held in those instances where staff had multiple absences due to Covid-19.

Ms Lemon acknowledged that further work was required to refine the report. She advised that Ms Charlton had taken forward some work with the Testing Team around the definition of abstraction and how this would be measured against the case definition.

Ms Lappin referred to the percentage sickness by Directorate and asked whether the figure of 5.98% sickness within the Medical Directorate was slightly skewed because of the small numbers within the Directorate. She was of the view that the pie charts were helpful for comparison purposes and said she was unsure as to what was meant by 'Part 4: Measures'.

Ms Lappin referred to page 6 of the paper which implied there was a potential financial impact on the Trust as all Covid-19 related sickness absence was separate to normal sickness and attracted full pay, irrespective of duration and frequency with no time limits on payment of the enhanced provision.

Ms Lappin noted the high numbers of staff absence due to Covid-19. She further noted that, in the period 1 April 2020 to 31 July 2021, a total of 27 staff had been absent due to long Covid-19 and that, at 31 July 2021, a total of nine staff remained absent due to long Covid-19. Ms Lappin said she was unsure whether these nine staff were originally included in the 27 staff.

Mr Haslett referred to the fact that the level of absence due to Covid-19 had ranged between 0.91% to 1.98% with a significant increase in October to 4.31%. He said that he would be interested to know if there were any particular reasons behind this increase. He asked for further detail around the threshold for long-term sickness.

Ms Cochrane confirmed sickness absence was considered long-term after four weeks.

Ms Lemon pointed out that payment for Covid-19 abstraction differed to sickness absence. She referred to the reporting of sickness absence and Covid-19 abstractions and said it was hoped that this reporting would be further developed as part of the dashboard. She added that it would then be possible to provide regular ongoing reports.

Ms Lappin suggested that, with the Committee Chair's agreement, the Committee might wish to revisit Covid-19 abstractions in 6-12 months' time.

The Committee **NOTED** the attendance management update paper.

11 **Date of next meeting**

The next meeting of the People Committee will take place on Thursday 17 February 2022 at 10am (arrangements to be confirmed).

Consideration would be given to face-to-face meetings if permitted.

12 **Any Other Business**

There were no items of Any Other Business.

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

**SIGNED:**



(electronically signed due to Covid-19)

**DATE:** 9 February 2022



### ACTION - PEOPLE COMMITTEE – 9 DECEMBER 2021

		INDIVIDUAL ACTIONING	UPDATE
1	Allocation of overtime and potential impact on patient safety: - Report updated position to future meeting of Committee	MP	Update to be given at the April meeting
2	Arrange for AACE to meet with Committee at next HR focussed meeting to discuss their involvement with Trust	MB/CM	To be arranged for the April meeting
3	Paper on KPIs to be brought to next HR focussed meeting	ML	Following meeting, it has been determined that this should be the subject of a separate workshop
4	Confirm frequency of Committee meetings following further discussion with Directors	MB	Actioned
5	Ensure Ms Young links with Mr Dennison for updates re workstream looking at temporary/permanent posts	ML	Following meeting, it was agreed that SY would report directly to Chief Executive in respect of this work.
6	Update on HR Plan to be brought to next HR focussed meeting to allow Committee monitor progress and measure impact to-date	ML	Following meeting, it has been determined that this should be the subject of a separate workshop

7	Committee to revisit Covid-19 abstractions in 6-12 months' time	ML	Issue to be brought forward for initial update at June meeting.
8	Health and Wellbeing Strategy: - Strategy to be updated identifying outcomes/ timelines and brought back to the February meeting; - Light-touch update on review of OHS to be brought to February meeting;	ML	Included at Matters Arising.  Due to sickness absence, it has not been possible to provide an update. It is hoped that an update will be provided to the April meeting.



## **'PEOPLE' COMMITTEE REPORT TO TRUST BOARD 24/3/22**

The People, Finance and Organisational Development Committee met on Thursday 17 February 2022.

Issues discussed included:

1 • NIAS Health and Wellbeing Strategy

The Committee received further update around a number of outcomes associated with the Health and Wellbeing Strategy with a view to receiving the final draft at the April meeting for approval.

2 • NIAS Personal Development Performance Review Policy

The Committee approved the NIAS PDPR Policy which provides a framework for managers and staff to participate in and deliver a meaningful appraisal process. The Policy describes the Trust's commitment, as outlined in the NIAS Strategy to Transform 2020-26 to *'....provide meaningful & constructive feedback through structured appraisal and development conversations so that staff feel valued and included in the organisation's vision. Success will be celebrated, and poor performance will be managed constructively.'*

3 • Finance:

The Committee received updates on the following areas:

- ✓ Financial Plan 2021-22
- ✓ Use of Voluntary & Private Ambulance Providers
- ✓ Use of HSC Leadership Centre Associates
- ✓ Use of Staff Substitution
- ✓ Use of Overtime
- ✓ Capital programme 2021-22





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