



A meeting of Trust Board to be held at 10am on Thursday 6 May 2021 via Zoom (due to Covid-19)

AGENDA

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|----|--|--|
| 1 | Welcome, Apologies & Declarations of Conflict of Interest | <i>Click on links to navigate:</i> |
| 2 | Minutes of the previous meeting of the Trust Board held on 4 March 2021
For Approval | TB06/05/2021/01 |
| 3 | Matters Arising | TB06/05/2021/02 |
| 4 | Chair's Update
For Noting | TB06/05/2021/03 |
| 5 | Chief Executive's Update
For Noting | TB06/05/2021/04 |
| 6 | Violence Prevention & Reduction Strategy
For Approval | TB06/05/2021/05 |
| 7 | Programme Plan for the delivery of the Education Programme within the Medical Directorate
For Noting | TB06/05/2021/06 |
| 8 | Finance Report (Month 12)
For Noting | TB06/05/2021/07 |
| 9 | Performance Report
For Noting | TB06/05/2021/08 |
| 10 | DoH correspondence re NIAS Clinical Response Model: Strategic Outline Case
For Noting | TB06/05/2021/09 |
| 11 | NIAS Rebuilding Services Plan: April – June 2021
For Noting | TB06/05/2021/10 |



- 12 Health, Safety and Fire Safety Annual Report 2020-21
For Noting TB06/05/2021/09
- 13 Application of Trust Board Seal
For Noting TB06/05/2021/10
- 14 NIAS Policies:
- RIDDOR
- Skin Care Policy
For Noting TB06/05/2021/11
- 15 Sponsorship, Governance and Commissioning
For Noting TB06/05/2021/12
- 16 Committee Business:
- Audit Committee
 - o report and minutes of 18 March 2021
- Safety, Quality, Patient Experience and Performance Committee
 - o report of 25 March 2021
- People, Finance and Organisational Development Committee
 - o report and minutes of 2 December 2020 and report of 22 April 2021
For Noting TB06/05/2021/13
- 17 Date & venue of next meeting:
Thursday 24 June 2021 at 2pm. Arrangements to be confirmed.
- 18 Any Other Business



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

A meeting of Trust Board to be held at 10am on
Thursday 6 May 2021 via Zoom (*due to Covid-19*)

TB/06/05/2021/01



**Minutes of NIAS Trust Board held on Thursday 4 March 2021 at
10.00am via Zoom (due to Covid-19)**

Present:	Mrs N Lappin Mr W Abraham Mr D Ashford Mr J Dennison Mr T Haslett Mr M Bloomfield Ms R Byrne Ms M Lemon Mr P Nicholson Dr N Ruddell	Chair Non Executive Director Non Executive Director (left the meeting at 12.45am) Non Executive Director Non Executive Director Chief Executive Director of Operations Interim Director of HR Interim Director of Finance Medical Director
In Attendance:	Ms L Charlton Mr B McNeill Ms R O'Hara Ms M Paterson Ms A Quirk Mrs C Mooney	Director of Quality, Safety & Improvement Programme Director - Clinical Response Model (CRM) Programme Director – Strategic Workforce Planning Director of Performance, Planning & Corporate Services Board Apprentice Board Secretary

1 Welcome, Introduction & Apologies

The Chair welcomed everyone to the meeting. She reminded those present that it had been necessary to stand down a number of Committee meetings scheduled for February and advised that, while these had been rescheduled, it had not been possible to reschedule the People Committee which would next meet on 22 April.

The Chair noted that no apologies had been received for today's meeting and reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

2 Previous Minutes (TB04/03/2021/01)

The minutes of the previous meeting held on 21 January 2021 were **APPROVED** on a proposal from Mr Abraham and seconded by Mr Ashford.

3 Matters Arising (TB04/03/2021/02)

The Chair alluded to the work ongoing around the development of financial reporting to the Trust Board and the People, Finance & Organisational Development Committee. She said that Mr Dennison had discussed the issue with Mrs Lesley Mitchell, external adviser to the Audit Committee, with a view to organising a facilitated workshop with Non-Executive Directors in the first instance to consider the basic level of financial information members would like to see. The Chair stressed the importance of the relevance of the information being presented to the Board and believed that the workshop would offer an opportunity to discuss this.

She said that she would be asking Mrs Mooney to explore possible dates for the workshop with a view to it taking place within the next 4-6 weeks.

The Chair also referred to Mr Abraham's query at the January Trust Board meeting around the linkages of Vitamin D deficiency with the likelihood of contracting Covid-19 and whether this had been raised at a regional level and ascertain if there are any plans in place to explore this further.

Dr Ruddell advised that, shortly after the January Board meeting, guidance had been issued by the DoH on this specific topic. This contained no direct implications for NIAS as the Chief Medical Officer (CMO) had advised that prescribing of Vitamin D remained the remit of an individual's own GP who was best placed to identify those at risk.

Mr Abraham indicated that he did not agree with this view and undertook to provide Dr Ruddell with the statistics for his review.

4 Chair's Update

The Chair commenced her update by referring to the Boardroom Apprentice Scheme and advised that the Trust had been asked to confirm if it would be willing to host a further Boardroom Apprentice and she outlined a number of benefits of participating in the Scheme. The Chair said that Ms Quirk had discussed with Ms Paterson and Mrs Mooney the potential to progress a discrete piece of work. The Chair indicated that it would be important that the work benefitted NIAS as well as Ms Quirk in her role as Boardroom Apprentice and said that it had been agreed that Ms Quirk would undertake work in relation to the Trust Standing Orders, Committee Terms of Reference and the Scheme of Delegation.

The Chair advised the meeting that Ms Sellars, who had undertaken her Boardroom Apprentice placement with the Trust, had recently been appointed as a Non-Executive Director with CCEA and said that Ms Sellars had regarded her time with the Trust as beneficial in providing her with the necessary skills to undertake this role. The Chair said that the Trust wished Ms Sellars well in her new role.

The Chair conveyed her thanks to Mr Haslett who was currently acting as Ms Quirk's mentor and said that Mr Haslett's contribution had given Ms Quirk real insight into the role of a Non-Executive Director.

Following this discussion, members agreed to NIAS' continued participation in the Boardroom Apprentice Scheme and, at the Chair's request, Mrs Mooney agreed to respond accordingly.

The Chair referred to the completion of a self-assessment tool and undertook to discuss further with Mr Bloomfield and Mrs Mooney.

Continuing her update, the Chair thanked Non-Executive Directors for their co-operation in the timely completion of their appraisals for submission to the DoH.

The Chair referred to the recent launch by the Minister of a badge to remind those who have been vaccinated of the ongoing need to adhere to social distancing guidelines. She said that Non-Executive and Executive Directors were being encouraged to wear their badge and to promote its message on social media where possible.

Mr Dennison referred to the recent resignation of Mr Cardwell as a Non-Executive Director and asked whether there had been any update from the DoH as to a replacement.

Responding, the Chair advised that a recent e-mail from the DoH Public Appointments Unit had confirmed that it would not be possible to prioritise the replacement of the NIAS Non-Executive Director as there were currently other organisations with a number of Non-Executive Director vacancies. She indicated that she had been involved in the development of a paper being submitted by HSC Chairs for the Minister's consideration on how Non-Executive Directors could be identified, including for NIAS.

Mr Abraham suggested that, in terms of succession planning, it might be prudent to appoint a Non-Executive Director with financial experience who might succeed him as Audit Committee Chair, thus allowing a managed transition.

The Chair welcomed this suggestion and agreed to raise the issue with the DoH and keep Non-Executive colleagues updated.

The Chair alluded to a number of workshops to be scheduled over the coming months. She reminded the meeting that Mr Sowney had recently assumed the role of Senior Clinical Adviser and had expressed a wish to meet with Non-Executive Directors to discuss his reflections on his first six months in this role. The Chair confirmed that Mrs Mooney would be in touch to determine a suitable date.

Concluding her update, the Chair advised that there was a number of areas of work which required a Non-Executive Director with a particular interest to be identified, and she cited areas such as safeguarding and whistleblowing as examples. The Chair assured colleagues that the Trust would provide support to them in this work and said she would be approaching Non-Executive Director colleagues in the coming weeks.

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

5 Chief Executive's Update

At the Chair's request, Mr Bloomfield commenced his report and referred to the fact that the service had experienced the peak of the third surge during the same week as the January Trust Board meeting. He advised that the position was an improving one in terms of the reducing number of community infections, hospital admissions, patients requiring intensive care treatment as well as a reduction in the number of deaths as a result of Covid-19.

Mr Bloomfield said that the Trust had also seen a reduction in the number of Covid-19 calls and in the numbers of staff absent due to Covid-19 related reasons. He indicated that Ms Lemon would provide further detail on this later in the meeting.

Mr Bloomfield welcomed these reductions and said that staff had worked relentlessly over the last year. He added that he hoped the impact of the vaccination programme and the cautious easing of restrictions would help prevent any further surges and having to ask staff to respond to further surges.

Continuing, Mr Bloomfield said that, over the last number of weeks, the focus had been very much on service delivery. He reminded the meeting that the Trust had been in business continuity mode for several months to ensure that all non-essential work had been stood down or scaled back and said that these actions had been effective in managing service delivery. Mr Bloomfield explained that January and February were traditionally the two most difficult months of the year from an operational perspective in terms of seasonal winter pressures. He said that the third surge had proved the longest and the most challenging with health and social care coming under intense pressure.

Mr Bloomfield said that the preparatory arrangements put in place by the Trust had served well in terms of staffing levels and strong levels of cover in place. He commented that cover over the last 6-8 week period had been the strongest for some time. He paid tribute to all those who had contributed to this position.

Mr Bloomfield said that feedback from staff had been positive around the efforts made to ensure that there were good levels of cover in place which made shifts more manageable. He referred to

the recent virtual staff engagement session when staff had noted their appreciation of the efforts made.

Mr Bloomfield said that he continued to welcome staff to the organisation and had recently welcomed a number of EMT and ACA students. He added that a further cohort of 50 paramedics were due to commence training on 22 March and said that this would be the third cohort of the Foundation Degree. Mr Bloomfield reminded the meeting that the second cohort had had their training interrupted during the pandemic to return to frontline duties and he added that this cohort's training would conclude in the next week. Mr Bloomfield said that it would be important to mark their graduation and added that consideration was being given as to how best to do this. He undertook to advise the Board once arrangements had been made.

Continuing, Mr Bloomfield said that the Trust would increasingly return to business as usual over the coming weeks and months. He added that work would recommence on progressing the Trust's long-term strategic plan which had been launched just prior to the pandemic in March 2020. Mr Bloomfield acknowledged the challenges the intervening year had presented and said that, while work on the plan had not been progressed to the extent he would have liked, progress had been made nevertheless. He added that Ms Paterson would provide an update to members later in the meeting.

Responding to a question from Mr Ashford in relation to the ability of staff to take annual leave, Mr Bloomfield acknowledged the challenges this had presented. He explained that, given the extreme circumstances, provision had been made for staff to be paid for unused annual leave and work was ongoing in relation to this. Mr Bloomfield stressed the importance of the Trust managing annual leave to ensure appropriate cover and service delivery.

Ms Lemon endorsed Mr Bloomfield's comments and reiterated the importance of staff getting a break after such a challenging period. She acknowledged that there had been a build-up of annual leave within the system and said that there had been some changes to Departmental circulars which allow the additional carry-over of leave as well as the ability to receive payment for unused annual leave. Ms Lemon stressed however that the statutory annual leave

entitlement by staff under the Working Time Directive had to be taken.

Mr Nicholson referred to the significant financial impact both in terms of the potential payment for annual leave and the year-end position in relation to untaken annual leave.

The Chair said that she was aware that, in organisations outside of health and social care, staff were being encouraged to continue to use their annual leave as per the pattern in previous years. Acknowledging the challenges of the pandemic, she sought clarification on whether this was the case within the Trust.

In response, Mr Bloomfield said that, while staff had been encouraged to take annual leave, it had proved challenging. He referred to the recovery plans being commissioned by the DoH and said that, at the Minister's request, these would be mindful of the need for health and social care staff to get rest before the work on rebuilding services would commence. Mr Bloomfield acknowledged that this would prove more difficult in services where demand could not be managed. However he said that efforts would continue to determine where staff could be facilitated to get a break.

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

6 **Self-Service Business Intelligence (BI) Reporting Model (TB04/03/2021/03)**

The Chair welcomed Ms Tracy Avery, Head of Information, to the meeting.

By way of introduction, Ms Paterson explained that data was fundamental to evidence-based decision-making and it was therefore critical to the successful transformation and improvement of services that decision makers were able to access good quality data in a timely and robust manner.

Ms Paterson described the advantages to self-service business intelligence reporting, namely:

- more accessible for those without technical expertise;
- uniform data definitions;
- allow users to create visually engaging reports;

- more timely reports for improved evidence based decision-making;
- more efficient;
- enhances productivity;
- allows analysts to focus on higher-level priorities/complex analysis;
- surfacing descriptive analytics to decision making to support Operational and Strategic Objectives e.g. Quality Improvement and Performance

She explained that the Trust currently had an enterprise agreement with Microsoft and, as such, was able to benefit from software assurance, granting access to Power BI Reporting tool at a minimal cost. This had provided NIAS with the capability to develop near real time and real time dashboards to support evidence-based decision making and moving towards a ‘Self-Service BI Reporting Model’.

Ms Avery provided members with a demonstration of the business intelligence model currently under development.

The Chair expressed her delight at the dashboard and the ability to use the data available to inform evidence-based decision-making which, in her view, was critical for any organisation.

The Chair invited questions/comments from members.

Mr Haslett said that the demonstration had been powerful and interesting. He sought further detail around how the data was populated within the system.

Responding, Ms Avery explained that the current data flows had been reconsidered as well as improving the associated data architecture. She advised that the data engineer within the Information Team reconfigured the data infrastructure to allow it to be updated each night at midnight and every thirty minutes. Ms Avery explained that previously it was labour intensive to extract data.

Mr Haslett commented that there was minimal intervention now required. He made reference to the presentation the Board had recently received on the REACH programme.

Ms Avery explained that there was now minimal intervention in terms of the development of the system. She stressed the

importance of building the intelligence and package which would produce the solution for the Trust.

Mr Ashford thanked Ms Avery for her demonstration and sought clarification on who would be able to see the dashboard. Mr Ashford also asked whether the tool could be tailored depending on the needs of the user. He referred to recent media coverage in relation to education policy and believed that this tool could be used powerfully to address prevention activity and asked if there were any plans to use it in this manner.

Mr Ashford referred to a project some years previously where Newry & Mourne Council undertook similar work around collating information on trends and asked whether this tool could aid similar work into the future.

Responding to Mr Ashford comments, Ms Avery clarified that access to the self-service business intelligence reporting system would be determined at SMT and Board level and added that she would like to see the system being accessed by all staff. Ms Avery said that she very much believed in open data and sharing it as long as it was aggregated and appropriate. She pointed out that, if required, there was an option within the dashboard to restrict access based on roles. However she said that such decisions would need to be worked through.

Ms Avery explained that the service could be accessed both internally and externally. She pointed out that the DoH used the same tool for the Covid-19 dashboard which was accessed by the general public. Ms Avery said that she fundamentally believed in predictive analysis, looking at different data sets and bringing these together in a meaningful way. She said that she had been involved in the work taken forward by the Newry and Mourne Council and this was a direction of travel to which NIAS could aspire.

Referring to predictive analysis, Ms Avery cited examples of the impact of adverse weather on travel and how to improve predictive demand on services. She explained that she had previously been involved in work around risk stratification and population health which allowed the prediction of those patients across NI who had unplanned admissions or death. Ms Avery indicated that this work was embedded in the NIECR and said that, when the Trust moved to electronic Patient Record Forms, the linkages with information

intelligence would be much greater. She believed that the system would clearly demonstrate the potential for patients and quality improvement.

Ms Byrne welcomed this work and believed it would be a powerful tool. She described the regional and national benefits of having such information to hand.

Ms Charlton described the tool as exciting and welcomed the linkages to quality improvement. She commended the team for the speed in which they transformed the information available and transferring it to an understandable format.

Mr Nicholson commended Ms Avery on the work carried out in such a brief timeframe and said it was an exciting development.

Ms Paterson alluded to Mr Ashford's earlier reference to work carried out by Newry & Mourne Council and said that, with the new planning model coming into place over the next few years, the business intelligence model would help the Trust in planning services alongside the community in terms of the new integrated care models. She echoed the comments made in relation to the work which had been done and the potential application of this tool.

Dr Ruddell welcomed the timeliness of the information and said that having access to such a system would ensure the necessary information was to hand. He added that the introduction of REACH and the rolling-out of that programme would only add to the value of the tool.

The Chair said that she very much looked forward to seeing how the Trust used the data, not only to make the service more efficient but to benefit patients. She said that she looked forward to receiving updates on its application and roll-out at future meetings.

Dr Ruddell commented that the Health Care Professional (HCP) and facility transfer work which had been postponed before Christmas would shortly recommence. He advised that he would be meeting with clinical groups from hospital settings, for example stroke, cardiac and GP forums to advise them of the process to be used by the Trust when dealing with requests for HCP ambulance calls.

Members **NOTED** the demonstration on the self-service business intelligence reporting model.

The Chair thanked Ms Avery for her attendance and she withdrew from the meeting.

7

People, Finance & Organisational Development Committee – Terms of Reference (TB04/03/2021/04)

The Chair drew members' attention to the Terms of Reference for the People, Finance & Organisational Development Committee and invited Mr Dennison to comment.

Mr Dennison acknowledged the input from Mr Nicholson and Ms Lemon to the Terms of Reference and said that he was due to have further discussions with Ms Paterson. Therefore, he said, it was likely that the Board would see further iterations of the Terms of Reference.

Continuing, Mr Dennison drew members' attention to the duties of the Committee, in particular the reference 'to review and approve Capital Business Cases over £0.5 million (£0.250 million ICT).' He alluded to the fact that the Committee had no executive powers and suggested further consideration should be given to whether such approval sat at Committee or Board level. Mr Dennison suggested that, until this issue was considered, such approval should remain at Board level.

Ms Paterson explained that there was rigorous governance controls in place for all ICT expenditure regardless of value and added that such expenditure was considered by the Control Strategic Portfolio Board. She undertook to include this information in future briefings to the Board around cyber security.

Mr Bloomfield agreed with Mr Dennison's suggestion that this should be removed from the current Terms of Reference. He said that, while the level of consideration and scrutiny of business cases lent itself more to Committee than Board level, he would await the outcome of the work being taken forward by Ms Quirk.

Subject to this amendment, the Terms of Reference for the People, Finance & Organisational Development Committee were

APPROVED on a proposal from Mr Ashford and seconded by Mr Abraham.

8 **Corporate Plan Progress Report (TB04/03/2021/05)**

At the Chair's invitation, Ms Paterson explained that the purpose of this report was to provide a summary of progress to date on how well the organisation was delivering the key actions identified within the annual Corporate Plan 2020/21.

She advised that the report covered the period ending March 2021 and the anticipated Blue/Green ratings, ie 'On Track' or 'Complete', to achieve the projected in-year targets was 57%. Ms Paterson referred in particular to the telephony business case which had been categorised as red, ie a significant delay and said she was delighted to report that the business case had now been approved.

The Chair commented that there had been a significant impact on the delivery of the Plan for understandable reasons and invited questions from members.

Mr Dennison suggested that it might be helpful to take some time and review those actions categorised as red to determine whether they remained deliverable, appropriate or should be reconsidered.

Welcoming this suggestion, Ms Paterson said that reviewing those actions for which there was a significant delay would provide assurance on delivery to the Board and clarified that any actions not delivered would roll forward to the next Corporate Plan for 2021-22 and 2022-23.

The Chair stressed the importance of clearly understanding the impact on service delivery.

Mr Ashford commented that such an examination would also highlight the impact on next year's baseline and acknowledged the reasons for delays against a number of actions.

Mr Bloomfield thanked Non-Executive Directors for their understanding given the current circumstances. He said that, when the Board last reviewed the progress against the Plan, there had been some discussion around whether the Plan had been realistic in the context of Covid-19. He acknowledged that, given the extent

of the second and third Covid surges, the Plan had been too ambitious.

Mr Bloomfield reminded the meeting that the subsequent Covid-19 surges had proved extremely challenging for the Trust and its ability to progress actions within the Plan had been limited. He commended all involved for the work in ensuring the delivery of 57% of actions.

The Chair was of the view that, given the circumstances, to have an ambitious plan had been the correct decision. She said that the Trust would now revisit the Plan in light of today's discussion and the recognition that the Plan would not be delivered to the extent desired by the Trust given the context of Covid-19.

Members **NOTED** the Corporate Plan 2020-21 Progress Report.

9 COVID-19 Update (TB04/03/2021/06)

Introducing the Covid-19 Highlight and Performance Report, Ms Paterson explained that the focus of the report was to update Trust Board on the challenges the service continued to face from the impact of the surge. She said that the report also covered the measures taken by the Trust to reinstate activities since the Trust's ability to respond had improved and the impact those measures have had on performance.

Ms Paterson advised that the Trust was currently experiencing a 'moderate' level of pressure or REAP Level 2, week commencing 22 February 2021. She acknowledged that, while operational activity had been the focus, it would be necessary for the Trust to maintain a high level of vigilance to ensure resilience was maintained to manage any potential further surge and the recovery period required by hospital providers who continued to experience high levels of bed occupancy.

Ms Lemon provided the Board with a brief overview of the arrangements put in place and said that she would provide further detail on these at the People, Finance & Organisational Development Committee. She advised that, following a bid to NHS Charities Together, funding had been made available to the Trust to focus on story telling and she undertook to provide an update at the People, Finance & Organisational Development Committee.

Ms Lemon reported that Covid-19 related abstractions continued to improve, with January 2021 recording the fewest new instances of abstractions. She detailed the current measures to support the Trust's response to Covid-19 abstractions as well as addressing the Trust's sickness absence.

Ms Charlton updated the Board in relation to FIT testing; IPC; the vaccination programme and staff testing. She advised that a programme of FIT testing to the Denroy Denpro mask had commenced in mid-February with a view to utilising this mask which is produced in NI. With regard to IPC, Ms Charlton advised that assurance guidance had been produced and said that the Trust's operational IPC guidance had been updated taking account of recent PHE guidance.

In terms of outbreak management, Ms Charlton reported that the Trust had had 26 outbreaks in total and said she was pleased to be able to report that all outbreaks had now been closed as of 2 March 2021. She welcomed this position and commended all involved for their efforts.

Ms Charlton referred to staff testing and confirmed that, to date, 307 staff had tested positive, with 140 individuals testing positive in December/January alone. She indicated that 70 staff had tested positive in each month but only five staff had tested positive in February. Ms Charlton stressed the importance of maintaining social distancing and adhering to PHA guidance.

Alluding to the vaccination programme, Ms Charlton advised that work was ongoing to determine the numbers of NIAS staff who had booked their vaccinations online and she hoped to be in a position to be able to confirm this in the coming weeks.

Ms Byrne advised that there had been positive feedback from the PSNI on the collaborative work undertaken with the Trust. She indicated that 11 PSNI officers had undertaken familiarisation training, worked on 66 shifts and responded to 110 calls. She added that NIFRS personnel continued to work shifts and their involvement with the Trust had been extended to the end of February.

Continuing, Ms Byrne advised that, in the early stages of the pandemic, there had been a significant reduction in suspected Covid-19 related calls to EAC. However this number was now increasing. Ms Byrne added that NEAC activity had reduced at the peak of the pandemic but, as hospitals began to re-introduce services, the demand for these services was increasing.

Ms Byrne advised that the Trust's call answering performance within five seconds had remained strong despite the increase in calls. She indicated that the EAC, supported by the Cat 1 Improvement Group, examined calls and also focussed on individual outliers for longest waiting call answering times to agree actions to address and reduce variations.

Ms Byrne updated the meeting in relation to work being progressed within No More Silos around ambulance handover times and acknowledged that progress had been slower than wished. She said that the Trust also continued to work with the HSCB in this area and had increased HALO cover at EDs.

Ms Byrne advised that there had been a reduction in C3 activity but an increase in C2 activity and said the information provided by Ms Avery's team allowed a better understanding of whether the increase was due to the acuity of patients or upgrading of calls.

Concluding her section of the report, Ms Byrne alluded to the work ongoing with the PHA and nursing homes with a view to reducing the number of calls from nursing homes to convey patients to EDs. The work with the PHA, HSCB and homes focussed on developing and determining the most appropriate pathway for falls calls.

The Chair thanked Directors for the report and said she looked forward to hearing more detail at the People, Finance & Organisational Development Committee. She added that it would be important to give consideration how discussion at the Committee linked to the Board in order to ensure all Non-Executive Directors were briefed.

Members **NOTED** the Covid-19 Highlight and Performance Report.

10 Finance Report (Month 10) (TB04/03/2021/07)

At the Chair's invitation, Mr Nicholson reported on the Month 10 financial position and advised that the report also set out some additional detail which members had requested.

Mr Nicholson reported that the Trust continued to forecast a breakeven position at year end. He explained that the assumptions underpinning this forecast had been included as part of the Trust's financial planning and monthly monitoring and reporting to HSCB and DoH and, while the majority of these had largely been resolved, a number of issues were currently being worked through by the Trust and regionally as year-end approached. He indicated that an example of this would be the Staff Recognition Payment recently announced by DoH.

Continuing, Mr Nicholson indicated that he had provided additional narrative around the areas where the Trust had incurred additional expenditure relating to Covid-19. He reported that these costs were in the order of £13 million but would change by the end of the financial year. He added that this total did not include any costs relating to the Staff Recognition Payment as well as any final liability in respect of unused annual leave at 31 March 2021 which could only be determined at that point. Mr Nicholson advised that the Trust had received an allocation or email confirmation that the vast majority of these costs would be met by the HSCB/DoH. He said that he had commented previously on the business case approval process around costs relating to Covid-19.

Mr Nicholson reported that, included in this report for the first time, was a breakdown of the financial position of each of the Directorates within the Trust. He referred to the differences between the Staff Costs on the overall financial position report and the Payroll Costs on the Directorate report and explained that this was due to the different classification of costs required within each of the reports, most notably in respect of funds classified a ring-fenced by DoH/HSCB. Mr Nicholson said that the classification of these funds included Covid-19 and also 'New Decade New Approach', previously known as transformation schemes. He pointed out that, while there were numerous schemes across the HSC, the main categories for NIAS related mostly to paramedic training and the introduction of the Clinical Response Model. Mr Nicholson said that, notwithstanding the different classification of

costs within each report, the total expenditure at Month 10 is £89 million.

Mr Nicholson stated that, as had been outlined in the report, there were complex budgetary positions behind each Directorate report with a number of small underspends across Directorates. However, he acknowledged that, as members might expect, much of the pressure was within the Operations Directorate which accounted for approximately £72 million of the £89 million expenditure.

Mr Nicholson reported that, as a result of a number of frontline vacancies through the year, there had been a £1.1 million underspend on payroll which had been offset against a £1.3 million overspend on additional costs of overtime and also on VAS/PAS resources to maintain cover and enhance performance. He explained that these costs had been shown as non-pay and explained that, as the Training School output reduced these vacancies, the payroll underspends would reduce as should the reliance on VAS/PAS.

He alluded to Mr Bloomfield's earlier reference to the graduation of the latest cohort of paramedics who would be entering the service imminently and the latest cohort of paramedics commencing the Foundation Degree course.

Continuing, Mr Nicholson pointed out that one of the areas known with certainty was the level of cash releasing efficiency savings the Trust was required to deliver. He reminded the meeting that this had stood at £2.6 million at the start of the year. Mr Nicholson explained that £1.6 million had been identified from non-recurrent measures largely around non-frontline vacancies, thus reducing the efficiency savings target to £1 million.

Mr Nicholson explained that the balance of £1 million was achieved later in the year through a further allocation of £0.5 million from HSCB to support the financial position and a further £0.5 million became available when it became clear that staff could not be released to attend post proficiency training. He said that the Trust had therefore been able to meet its cash releasing efficiency savings of £2.6 million.

Mr Nicholson reminded the meeting that such savings were recurrent in nature and will be a requirement for the next financial

year. He indicated that the circumstances in which savings were delivered in the current year were not necessarily repeatable for the following year.

Mr Nicholson drew members' attention to page 68 of the Board papers which gave an overview of the Trust's reliance on VAS/PAS which account for approximately £9 million for the first ten months of the year. Mr Nicholson said that he would like to publicly record the Trust's thanks for the support received from VAS/PAS to allow the Trust to meet the pressures it was experiencing at that time.

Mr Nicholson explained that the finance report also included a brief forward look to 2021-22 given the recent publication of the Northern Ireland Draft Budget in January 2021. He apologised for the incorrect references within the report to the 2020-21 financial year.

Referring to the Trust's capital position, Mr Nicholson advised that there had been progress since the January Trust Board meeting. He reminded members that, of the £2.2 million of capital resource which had been returned to the DoH, £1.5 million of this had related to fleet replacement and the timing of the approval of the Fleet Replacement Business case. Mr Nicholson explained that the business case had subsequently been approved but that only approximately £1 million of fleet could be delivered by 31 March. He advised that the Trust had been allocated £0.5 million from DoH and had a further £0.5 million from slippage on a modular building on the Knockbracken site. A further allocation of £0.9 million in relation to ICT schemes had also been received.

Mr Nicholson said that these movements in year had compounded the profiling of capital expenditure at the end of the year and added that other factors influencing this position were contained within the report. He indicated that the Trust did try to keep a one year profile between the fleet and said that the Trust continually monitored this position.

Referring to the Trust's target around the prompt payment of invoices, Mr Nicholson said he was confident that the Trust would achieve this target, ie 95% of invoices by volume by the year end and added that it was the first time the Trust would have achieved this target in a number of years. He commended the significant efforts of all involved.

Mr Nicholson concluded his report by advising that the format of the finance report would develop over the coming months and he welcomed questions from members.

Mr Haslett thanked Mr Nicholson for the additional information within the report and agreed that the format of reporting would develop over time. He referred to the £13 million expenditure relating to Covid-19, and in particular to the £9 million expenditure on VAS/PAS, and asked whether this might be subsumed into the overall Covid-19 costs. He added that expenditure on VAS/PAS represented approximately 13% of the overall Operations Directorate spend which was significant.

Mr Haslett also referred to the capital budget and expressed concern at the lateness of purchasing fleet in the financial year and asked if any steps could be taken to accelerate this to earlier in the year.

Responding, Mr Nicholson acknowledged that the expenditure around VAS/PAS had increased significantly and he suggested that the total expenditure by the year end would be in the order of £11 million, £6 million of which was attributed directly to the Covid-19 response. He agreed to revisit the presentation of this information in terms of the inclusion of VAS/PAS Covid-19 costs within the overall Covid-19 expenditure.

In relation to the capital profile and fleet replacement, Mr Nicholson said that the Trust had made every effort to move to a five year fleet replacement strategy and had been assured of capital funding which would allow the Trust to plan in advance.

Mr Abraham commended the team on its progress towards achieving the target relating to the prompt payment of invoices and said that this target had always proved elusive.

Mr Bloomfield echoed Mr Abraham's congratulations. He referred to Mr Haslett's question around the VAS/PAS expenditure and whether this could be subsumed into the overall Covid-19 expenditure. He confirmed that the Trust could correlate the increase in VAS/PAS expenditure to the pandemic. Mr Bloomfield reminded the meeting that the Trust had experienced significant staffing challenges over the last year with approximately between 20-25% of staff not available to work. He indicated that, in order to

ensure maximum cover, the Trust had increased its usage of VAS/PAS. However he said that the use of VAS/PAS would now reduce as cover returned to normal levels.

The Chair acknowledged that, in recent years, the Trust had seen an expansion in the use of VAS/PAS and said she would expect the Trust Board to monitor and see a reduced spend in this area in the 2021-22 financial year. She suggested that it might be helpful to carry out a comparative study of the use of VAS/PAS over the last number of years. The Chair accepted that, whilst there would be uncertainty as to Covid-19 moving forward, the Board would be keen to see a reduction in VAS/PAS expenditure.

Mr Bloomfield assured the meeting that the Senior Management Team had discussed VAS/PAS expenditure at length on a number of occasions including what thresholds could be used as a means of identifying a need for VAS/PAS. He said that it would also be important that VAS/PAS were undertaking appropriate work for their skills and that the volume of work undertaken was also appropriate. Mr Bloomfield acknowledged that further work was required in this area and he undertook to bring its outworkings to a future Trust Board meeting.

Mr Dennison referred to funds of £1 million which had been set against fleet replacement. He queried the transfer of £0.5 million from the modular building to fleet replacement and asked whether the costs would then be moved to the next financial year.

In response, Mr Nicholson advised that the Trust would only be able to spend £1 million on fleet replacement by 31 March and explained that this £1 million comprised an DoH allocation of £0.5 million and a further £0.5 million which had been made available from a delay in progress on the implementation of the modular building on the Knockbracken site.

Mr Nicholson confirmed that the current forecast for this work was that the Trust would have completed £0.5 million of work in the current financial year with the remaining financial tail being transferred to the 2021-22 year. He added that it was his understanding that the Trust would receive capital resources to complete the works.

Referring to the cash releasing target and the ability of the Trust to release £0.5 million from staff being unable to undertake post-proficiency training, the Chair queried the detail behind the further £0.5 million identified.

Mr Nicholson explained that the HSCB had acknowledged the challenges presented to Trusts in achieving their respective cash releasing efficiency savings in the context of Covid-19 and had allocated the £0.5 million through the Trust's Revenue Resource Limit. He reminded members that the new financial year would commence on 1 April 2021 and the reporting to Trust Board will continue to develop over the next financial year.

The Chair thanked Mr Nicholson for his report and, welcoming the developments in the financial reporting, said she looked forward to further iterations.

11 Information Governance Policies and Procedures and Management Framework (TB04/03/2021/08)

At the Chair's invitation, Ms Paterson explained that, in line with recent Internal Audit recommendations, the refreshed Policies and Procedures were being presented to the Trust Board for noting to ensure the Trust remained compliant with UK Data Protection and Information Governance Legislation. She advised that an implementation and dissemination plan to ensure all employees were aware of their roles and responsibilities and report back on progress would be taken to a subsequent Audit Committee.

Ms Paterson commented that a new Governance and Assurance Framework designed to enhance Information Governance compliance and provide assurance to SMT, the Audit Committee and Trust Board had also been included for members' consideration.

The Chair alluded to the work to be taken forward by Ms Quirk in relation to the Standing Orders, Committee Terms of Reference and the Scheme of Delegation and said it was her intention that such policies and procedures could be considered at SMT level with the Committees being advised as necessary.

The Chair explained that this in no way detracted from the importance of Trust policies but that she saw the role of the

Committees to be one of overseeing and ensuring the dissemination and implementation of policies. She suggested that it would be helpful to develop a spreadsheet of NIAS policies to include information around the policy's approval date and the dissemination/information of such as well as a review date.

Ms Paterson indicated that the policies before Trust Board had already existed within the Trust and had been refreshed. She pointed out that staff had had access to the existing policies and added that the refreshed policies would be uploaded to Sharepoint. Ms Paterson said that work would now be taken forward to identify Information Governance leads across the organisation. She advised that this work enhanced the governance arrangements around Information Governance and reiterated the fact that the Audit Committee would receive a report on this work at its May meeting.

Following this discussion, members **NOTED** the Information Governance Policies and Procedures and Management Framework.

12 **Committee Business:**

- **Audit Committee Minutes – 29 October 2020**
- **Safety, Quality, Patient Experience & Performance Committee – Report From 19 November 2020 (TB04/03/2021/09)**

At the Chair's invitation, Mr Abraham drew the Audit Committee minutes of 29 October 2020 to the Board's attention and said he would be happy to respond to any queries members may have.

Mr Ashford explained that the work would now be taken forward to map those issues to be considered by the Committee so as to develop a workplan.

Ms Charlton took this opportunity to advise the Board that, following recent interviews, the Trust had offered the Head of Safeguarding post to the successful candidate. She welcomed this development for the Trust and described it as a great step forward.

Mr Dennison advised that the first meeting of the People, Finance & Organisational Development Committee had been held on 2 December where the focus of discussion had been on the Committee Terms of Reference.

Members **NOTED** the Audit Committee minutes of 29 October 2020 and the report of the Safety Committee meeting on 19 November 2020.

13 Date of Next Meeting

The next Trust Board meeting will take place on Thursday 6 May 2021 at 10am via Zoom. Arrangements to be confirmed.

14 Any Other Business

(i) EU Exit

Mr Bloomfield referred to recent correspondence from the Permanent Secretary advising that all staff who may work in the Republic of Ireland would be required to have dual registration. He acknowledged that, while the correspondence referred specifically to doctors and nurses, the requirement would also relate to NIAS staff, specifically paramedics and EMTs, and could involve up to 1,000 members of NIAS staff.

Mr Bloomfield said that work was ongoing in this regard and he undertook to keep members apprised.

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE PUBLIC MEETING AT 12.45PM.

SIGNED: _____

DATE: _____

TB/06/05/2021/02



TRUST BOARD – 4 MARCH 2021

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	Confirm the Trust's willingness to host a further Boardroom Apprentice	CM	Response issued 15/3/21
2	Completion of self-assessment tool – discuss further with Mr Bloomfield and Mrs Mooney	NL	Discussed and agreed that 2020-21 return will be brought to the June TB
3	NED recruitment - raise with DoH the need to consider individual with relevant financial experience and keep NEDs informed of progress	NL	Ongoing
4	Identify NEDs with particular interests for specific areas of work	NL	Ongoing
5	Meeting to be organised with R Sowney/NEDs to discuss his reflections as Senior Clinical Adviser over the past 6 months in this role	CM	Meeting took place on 20/4/21
6	Consideration to be given as to how best to mark the graduation of the second cohort of paramedics	MB/NR	Ongoing
7	Dual registration – members to be kept apprised	NR	CX wrote to Permanent Secretary confirming current position
8	Revisit presentation of VAS/PAS costs associated with Covid-19 & possibility of including these in overall Covid-19 expenditure	PN	Reference included within Finance report to TB



9	Comparative exercise to be undertaken in relation to VAS/PAS expenditure and outworkings of this to be brought to future TB for consideration	PN/RB	This work is nearing completion and will be brought to a future TB
10	Spreadsheet of NIAS policies showing, for example, approval date, dissemination/implementation information and review date	MP	Ongoing
11	Financial information workshop – need to explore potential dates	CM	Workshop took place on 20/4/21
12	Further detail around governance processes for ICT expenditure to be provided to members	MP	Ongoing

TB/06/05/2021/03



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	6 May 2021
Title of paper:	Violence Prevention & Reduction Strategy
Brief summary:	<p>Development of an overarching Violence Prevention & Reduction Strategy in line with the Violence Prevention & Reduction Standard published by NHS England & NHS Improvement (December 2020). Content as follows:</p> <ul style="list-style-type: none">• Vision, mission and aims.• Violence & aggression data.• National, regional and local context.• Legislative requirements.• Approach.• Governance arrangements.
Recommendation:	For Approval <input checked="" type="checkbox"/> For Noting <input type="checkbox"/>
Previous forum:	Management of Aggression Working Group SMT – 16/2/21
Prepared and presented by:	Katrina Keating, Risk Manager Mark Cochrane, Ambulance Service Area Manager Dr Nigel Ruddell, Medical Director
Date:	29 April 2021



Title:	Violence Prevention & Reduction Strategy		
Author(s):	Katrina Keating, Risk Manager		
Ownership:	Dr Nigel Ruddell, Medical Director Management of Aggression Working Group		
Date of SMT Approval:	16 th February 21	Date of Trust Board Approval:	Pending
Operational Date:	Pending	Review Date:	Pending
Version No:	1.0	Supercedes:	N/A
Key Words:	Aggression, assault, abuse, health and safety, risk assessment, moral, legal, financial, risk management, governance, assurance, accountability, responsibility, assurance, risk matrix, likelihood, impact, risk appetite, risk assessment, mitigation		
Links to Other Policies / Procedures:	Management of Aggression Policy, Management of Aggression Procedures, Health and Safety Policy and Procedures, Risk Assessment Procedure, Incident Reporting Procedure, Assurance Framework, Wellbeing Strategy (pending)		

Version Control:			
Date:	Version:	Author:	Comments:
18.11.2020	0.3	Risk Manager	Feedback from Chair of Management of Aggression Working Group & Peer Support
27.10.2020	0.2	Risk Manager	Workshop & Feedback from Management of Aggression Working Group
04.09.2020	0.1	Risk Manager	Initial draft for discussion

EXECUTIVE SUMMARY

VIOLENCE PREVENTION & REDUCTION STRATEGY

With regards to violence prevention and reduction, it is the *vision* of the Northern Ireland Ambulance Service to STOP THE ABUSE NOW:



With regards to violence prevention and reduction, it is the *mission* of the Northern Ireland Ambulance Service to:



Strategic aims:

- Identify and respond to incidents better, so that staff feel that reporting is worthwhile.
- Ensure victims are central to the process, and ensure adequate support for those engaging with the criminal justice system.
- Gain Trust Board level support and oversight for violence prevention and reduction.
- Raise the public's awareness of the issues, along with the action that will be taken.
- Review policies, procedures and resources with the Strategy in mind.
- Ensure each and every member of staff has fit for purpose training.
- Ensure effective communication within the Trust, including the identification of single points of contact (SPoCs) to simplify communication routes.
- Ensure effective communication with partners such as PSNI and Public Prosecution Services, including the identification of single points of contact (SPoCs) to simplify communication routes.

1.0 INTRODUCTION:

Violence and aggression towards any member of ambulance service staff should never be tolerated; it is simply not ‘part of the job’.

1.1 Background:

- 1.1.1 The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) provides high quality urgent and emergency care and treatment, as well as scheduled non-emergency patient transport services for Northern Ireland; circa 1.9m people, 24 hours a day, 365 days a year.

In 2018/19 NIAS received 218, 000 calls of which 195, 000 resulted in an ambulance arriving on scene; 59, 000 calls were for immediately life threatening conditions (Category A), 89, 000 calls were for serious but not immediately life threatening conditions (Category B) and 47, 000 calls were for not immediately life threatening or serious conditions (Category C). NIAS made 200, 000 non-emergency journeys, taking people to and from hospital appointments and / or for routine treatment. NIAS currently has circa 1, 400 staff supported by 250 volunteer first responders and almost 100 volunteer car service drivers. The Trust has 116 frontline double crewed emergency ambulances coordinated by two Emergency Ambulance Control Rooms and one Non-Emergency Ambulance Control room, across five operating divisions and out of 59 ambulance stations and deployment points. NIAS has an annual operating budget of circa £80m. Values that form the foundations for the culture and ethos of the organisation are as follows:



- 1.1.2 **NIAS staff are regularly subjected to violence and threats**, which all too often result in injury. Whilst the severity of such attacks changes, the impact does not. It is never acceptable to assume that assaults upon ambulance service staff should be tolerated; it is not simply ‘part of the job’. While it is clear that the nature of pre hospital care requires staff to handle difficult and hostile situations, assaults upon them are serious and completely unacceptable.
- 1.1.3 On average in Northern Ireland there are around **9 acts of aggression against ambulance staff per week (2019/20)**. These assaults result in members of the organisation being absent through sickness every day of the year, which clearly affects the community as it limits the service that can be provided ([Appendix 1 for further data](#)).
- 1.1.4 There are many ways in which assaults against ambulance staff impact upon both society and the organisation. Each time a member of staff is assaulted there are potential sickness absences, these absences acutely affect resourcing, and the ability of the service to deliver care. They also place additional strain on other members of

the organisation due to the transfer of work to others, which can have significant impact on the wellbeing of staff.

Ambulance staff suffer not just physical injuries, but also the psychological effects. Many find the return to work after being assaulted, especially challenging or traumatic. Any form of harassment and violence against workers, whether committed by co-workers, managers or third-parties, is unacceptable. It breaches ethical standards, as well as affecting the physical and psychological health of those affected. On a wider scale, morale is significantly impacted when staff see their friends and colleagues being assaulted and abused which, in turn, can damage the ability of the service to recruit new people into the organisation.

1.1.5 All staff have the right to feel safe from the threat of violence and aggression.
The Health & Safety Executive (HSE) defines work-related violence as:

'Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work'.

NIAS is required to ensure the safety of its staff under the Health and Safety at Work (Northern Ireland) Order 1978 and the Management of Health and Safety at Work Regulations (Northern Ireland) 2000. NIAS is required to assess risks to staff and ensure that adequate control measures are in place. A regular review of the corporate risk assessment with regards to violence and aggression is carried out by the Managing of Aggression Group, and the associated action plan is regularly updated. This Strategy forms part of the current action plan. Further information on legal requirements can be found in Appendix 2.

1.1.6 Finally and most importantly, it should be remembered that ambulance staff are people; they are fathers, mothers, sons and daughters. When they are attacked, they become victims just like any other, but victims who have been attacked while trying to care for others.

1.2 Strategic Context:

1.2.1 With regards to NIAS Strategy – Caring Today, Planning For Tomorrow – Our Strategy to Transform 2020-2026, NIAS acknowledges and is committed to measures to reduce incidents of violence and aggression as outlined in a number of sections of the Trust Strategy to Transform:

- *The Trust will provide a broad range of support functions to assist staff when they are in need, particularly following an injury, traumatic or adverse event. Our staff are our most important asset and the health and wellbeing of every single employee is a top priority (page 18).*
- *NIAS places a strong emphasis on staff wellbeing and safety. 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 (page 26).*
- *We will continue to work with staff to understand the risks, review adverse incidents and revise the measures we take to do all that is reasonably practicable to protect our staff from these kinds of behaviours and actions (page 26).*

- *Strengthening corporate resources to support the management of risk and safety (page 40).*

1.2.2 NIAS Corporate Plan 2020/21 – Key Objective 2.0 – Our Workforce:

We will develop a comprehensive strategy for the management of aggression towards NIAS staff. Key milestones include:

- Conduct risk assessment and needs analysis for physical security measures.
- Assess structure and resource requirements.
- Conduct a staff and public awareness campaign.
- Review Corporate Management of Aggression Policy & Procedures.

1.2.3 NIAS has in place a Management of Aggression Policy which sets out the following:

- The Trust promotes a pro-active approach to the management of aggression.
- The Trust believes that all acts of aggression towards its employees and contractors are unacceptable regardless of the reasons or form they may take.
- The Trust will take all reasonable steps to provide an environment that is safe and secure in order to protect the safety and security of its staff and to minimise the risk of aggression directed towards them.

1.2.4 NIAS has in place a Management of Aggression Procedure which aims to:

- State the Trust's commitment towards staff, who, in the performance of their duties, are the victim of an attack or whose property is damaged as a result of an assault
- Set out how the Trust will deal with circumstances where staff may be at risk of aggression from patients, clients, members of the public or from other persons
- Outline the preventative measures which can be taken to reduce potentially aggressive situations and what should happen if they occur.

1.2 Purpose:

1.2.1 The purpose of this Violence Prevention and Reduction Strategy is to set out a plan for NIAS to address this significant and ever increasing risk to staff from violence and aggression by members of the public. This will support staff to work in a safer and more secure environment, which safeguards against abuse, aggression and violence.

2.0 SCOPE:

2.1 This strategy applies across the Northern Ireland Ambulance Service Health and Social Care Trust, with no exceptions.

3.0 ROLES & RESPONSIBILITIES:

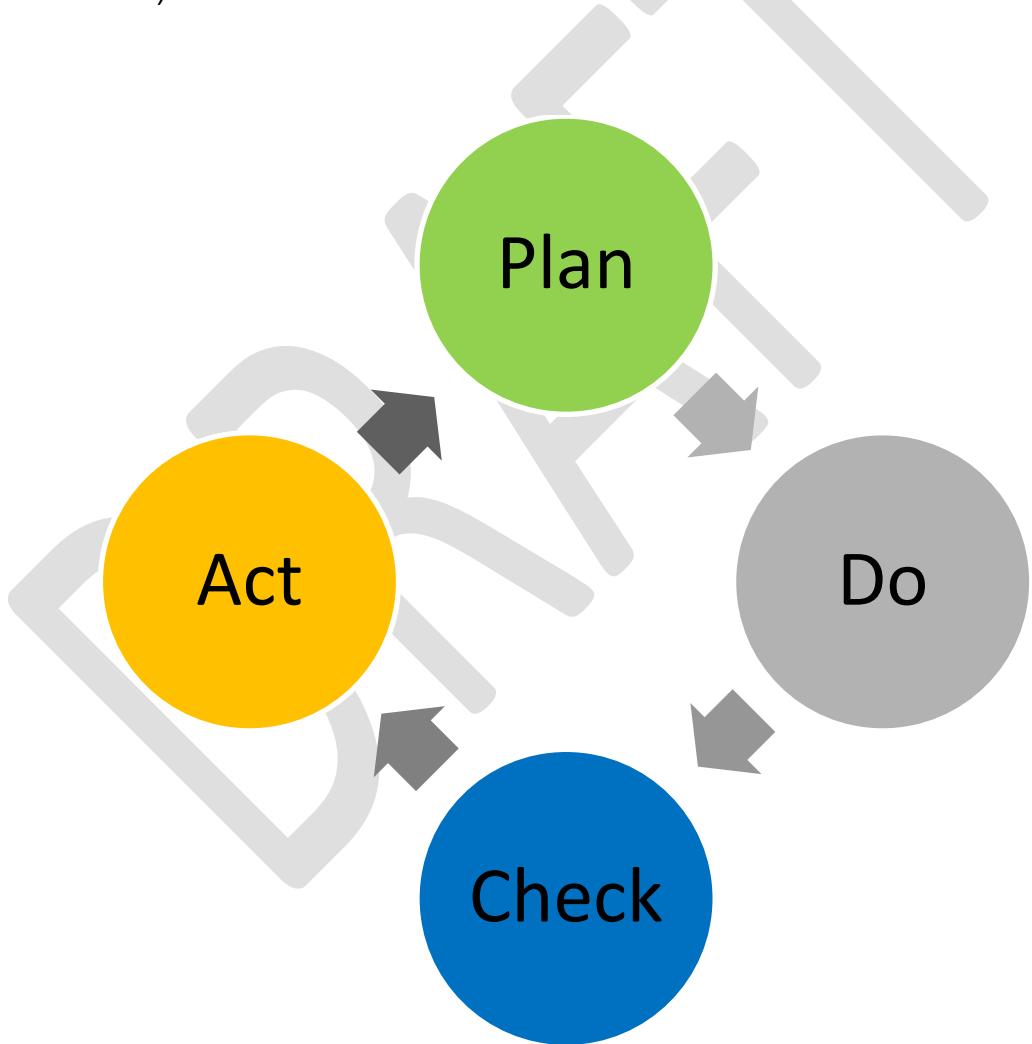
3.1 Trust Board is responsible for ensuring that this strategy is implemented and tracking progress of its delivery.

- 3.3 All staff are responsible for following the associated policies, procedures and risk management arrangements developed or governed by this strategy.

4.0 KEY STRATEGY:

4.1 Strategy Approach:

This Violence Prevention and Reduction Strategy has been developed using the ‘plan, do, check, act, approach (PDCA). PDCA is an iterative four-step management method recommended by the Health and Safety Executive as a model for achieving a balance between the systems and behavioural aspects of health and safety management¹. The model is used extensively across multiple industries and more recently healthcare (note the draft NHS England and NHS Improvement Standard refers to plan, do, study, act / PDSA)².



¹ <https://www.hse.gov.uk/pubns/priced/hsg65.pdf>

² <https://improvement.nhs.uk/resources/pdsa-cycles/>

4.4 Strategic Objectives:

This Violence Prevention & Reduction Strategy will ensure NIAS has the following in place:

PLAN	<ul style="list-style-type: none"> • A suitable corporate framework for the prevention and reduction of violence and aggression (including violence prevention and reduction strategies, security strategy, policies and projects). • Suitable violence prevention and reduction procedures to ensure that all line managers take an active role in violence prevention and reduction (including a strengthened response to incidents and improved investigations). • Enhanced incident reporting arrangements to encourage reporting. • Clear goals and objectives with regards to improvement, along with agreed arrangements for monitoring and performance. • Improved support mechanisms for staff by ensuring suitable strategic links with Health and Wellbeing and Peer Support. • Plan to improve understanding of, and support for, staff engaging with judicial processes. • Review of organisational structure and governance arrangements.
DO	<ul style="list-style-type: none"> • Fully implement policies and procedures to support continuous improvement in relation to reducing the likelihood and severity of incidents on staff health and wellbeing and service delivery. • Develop, implement and maintain a suite of risk assessments relating to all aspects of violence and aggression including clearly documented action plans and associated projects (body armour, body worn video and awareness projects). • Consult, communicate and engage with management, Trade Unions, and staff (across all organisational functions). • Improve use of data to aid decision making and understanding. • Provide adequate resources and competence to deliver this strategy, manage risk, investigate incidents, act as SPoC, and provide management and staff with support. • Document a training needs analysis to ensure fit for purpose preventative training is delivered by qualified & experienced Training Officers, to enhance staff and management knowledge and empower staff to move away from a culture of acceptance, predict high-risk events and withdraw with confidence. • Improve partnership working with external agencies (PSNI, DoJ, Courts Service, PPS, restorative justice etc.). Improve PSNI reporting via 101. • Heighten public awareness using various communication channels. • Review the schools education programme / resources allocated. • Service Impact Statements utilised. • Media informed of all prosecutions and sentencing.
CHECK	<ul style="list-style-type: none"> • Senior Management Team oversight of the performance of this strategy and the associated policy and procedures (inputs to include incident data, risk assessments, risk registers, governance reports, lessons learned, staff intelligence, HR intelligence and stakeholder engagement). • Adequate governance and assurance structures including arrangements for inspection and audit (revamped Committee). • Processes for ensuring gaps are addressed and corrective action taken. • Deep dives into high impact aggression incidents.
ACT	<ul style="list-style-type: none"> • Enable the Senior Management Team to direct change in response to lessons learned and data collected. • Clear process to revisit risk management plans, policies and assessments. • Arrangements to ensure key findings are shared with stakeholders.

5.0 IMPLEMENTATION:

5.1 Dissemination:

With regards to dissemination this Strategy will be:

- Issued to all Trust Board Members, Chair, Non-Executive Directors, Chief Executive, Directors and Assistant Directors.
- Disseminated to the required staff by Assistant Directors.
- Made available on the Internet and SharePoint so that all employees and members of the public/stakeholders can easily have access.
- Discussed during Corporate Induction.

5.2 Resources:

TBC with Senior Management Team.

5.3 Exceptions:

There are no staff exempt from this Strategy.

6.0 MONITORING:

It is the responsibility of Trust Board to monitor the implementation of this Strategy.

7.0 EVIDENCE BASE/REFERENCES:

- The Health and Safety at Work (NI) Order 1978.
- The Management of Health and Safety at Work Regulations (NI) 2000.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Northern Ireland 1997.
- The Safety Representatives and Safety Committees Regulations (NI) (SRSCR) 1979.
- The Health and Safety (Consultation with Employees) Regulations (NI) (HSCER) 1996.
- Justice Act (Northern Ireland) 2016 – Offence of assaulting ambulance workers etc.

8.0 CONSULTATION PROCESS:

This Strategy has been developed by the Risk Manager in consultation with the Management of Aggression Working Group which includes Trade Unions and Management (Terms of Reference available). The final content of the document was agreed by SMT before approval by The Health and Safety Committee and Trust Board.

9.0 APPENDICES:

Appendix 1 – Violence & Aggression Data

Appendix 2 – Statutory Compliance

Appendix 3 – National Context

Appendix 4 – Regional Context

10.0 EQUALITY STATEMENT:

- 10.1 In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment, has been carried out.
- 10.2 The outcome of the equality screening for this procedure undertaken on 15th November 2020 is:

Major impact

Minor impact

No impact.

11.0 SIGNATORIES:



Katrina Keating
Lead Author

Date: 6th May 2021


Nigel J. Ruddell

Dr Nigel Ruddell
Lead Director

Date: 6th May 2021

APPENDIX 1 – VIOLENCE & AGGRESSION DATA:

Staff are asked to record any incidents of violence and aggression in the Trusts incident reporting system (DATIX). Within DATIX, incidents can be broken down in a number of categories with the following being those which are most frequently used:

1. Physical Contact / Actual Assault – over the past five years, NIAS staff have been physically assaulted with items including a knuckle-duster, syringe, sledgehammer, glass bottle, stones, ashtray, crowbar, desk fan, snooker cue and balls, O₂ cylinder, bag of cement, tomahawk hatchet, cups, scissors, fire extinguisher, Stanley knife, razor blades, hammer etc. Further more recent examples are as follows:

Kicked around the legs	Punched around the head / neck
Dug nails into arm until crew members arm bled	Punched in the eye
Kicked and punched in the chest and stomach	Twisting of fingers
Punched whilst wearing visor and bitten	Head-butted
Charged at, pushed down hill, smacked head off path	Claw wounds to arms

Incidents continue to increase and during 2019/20 twelve out of the 23 weapon incidents involved knives, i.e. around 50%.

Year	Total Aggression Incidents	Physical Assaults	Assaults With Weapons	Physical Assaults	
				PCS	A&E
2015/16	343	156	2%	3	152
2016/17	451	192	2%	8	171
2017/18	487	191	5%	13	161
2018/19	455	171	16%	2	160
2019/20	463	152	15%	7	145
2020/21	601	207	7.5%	13	192

2. Physical threat / no contact – examples include staff being held against their will in domestic premises, threatened with sticks, being swung at, attempts to bite, threatened with dogs, threats to kill (including details as to how), squaring up behaviours, pointing in face, lunged at with scissors / knives etc. With regards to firearms, three examples are as follows:

- Crew attended scene and the patient had a handgun sitting on his lap (subsequently found to fire ball bearings).
- Patient armed and PSNI made the scene safe.
- Crew disarmed a member of the public who forced their way into a property.

3. Psychological abuse – Examples in this area include those of a very personal nature suggesting that the perpetrator knows where the person lives, threats to their family, insinuations, threats to kill and sectarian comments. Also, during the COVID-19 pandemic (March 2020 forward) some service users have been spitting at staff with a view to deliberately causing harm by intentionally spreading the disease. This is an extremely worrying trend and these events have a lasting psychological impact on those involved, see links to media reports^{3,4}.

³ <https://www.itv.com/news/utv/2020-06-08/35-attacks-on-ni-ambulance-crews-in-just-one-week/>

⁴ <https://www.bbc.co.uk/news/uk-northern-ireland-52995752>

4. Sexual – staff have been sexually assaulted repeatedly whilst caring for patients, for example hands inappropriately placed on staff, suggestive comments, inappropriate exposures and unwanted touching. Please note that both male and female crew members are being targeted equally in this area.
5. Verbal abuse – of a grossly offensive and extreme nature, shouting close to the face, threats of a sectarian nature, threats to kill etc.
6. Verbal abuse with racial content – use of grossly offensive verbal abuse of a racial nature.
7. Biological Agents / COVID-19 assaults (also see 3 above).

The following incidents have been recorded:

- Squeezed bicep to squirt blood around deliberately (HIV positive).
- Deliberate spreading of blood onto crew during COVID-19.
- Instances of COVID-19 assaults, i.e. members of the public / service users deliberately spitting or coughing at ambulance crews during the pandemic in an attempt to infect them with or cause them alarm / impact on their mental health impact. Ambulance staff also witnessed PSNI being spat at.

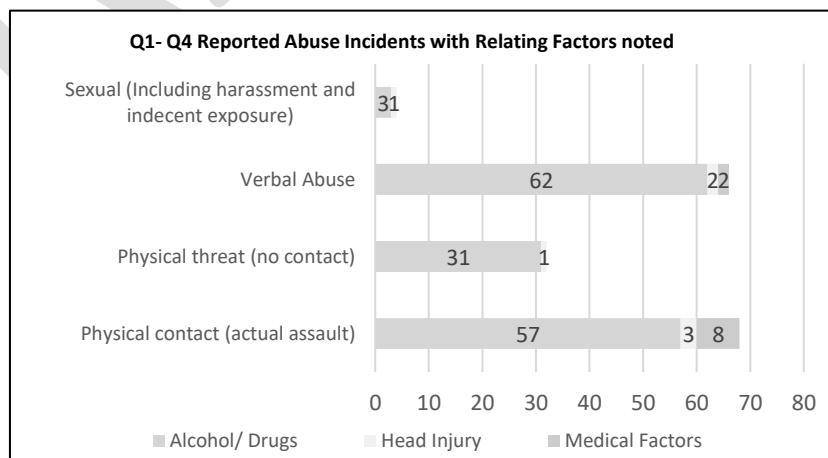
8. Miscellaneous Aggression Incidents

The following incidents have also been recorded:

- Punching equipment.
- Tearing apart equipment, for example Corpus defibrillator worth 17K.
- Deliberate urination on equipment and vehicles.
- Deliberate defecation in vehicles.

Table 1 to the right sets out the incidents with relating factors; it can be clearly seen that alcohol / drugs is a significant factor.

Table 1. Abuse Incidents with Relating Factors Q1 – Q4 2019/20.



APPENDIX 2 – STATUTORY COMPLIANCE:

- Health and Safety at Work (Northern Ireland) Order 1978 and the Management of Health and Safety at Work Regulations (Northern Ireland) 2000 – NIAS is required to assess risks to staff and ensure that adequate control measures are in place. A regular review

of the corporate risk assessment with regards to violence and aggression is regularly carried out by the Managing of Aggression Group.

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Northern Ireland 1997 – NIAS is required to notify their enforcing authority in the event that an accident at work affects any employee, resulting in death, major injury, or incapacity for normal work for three or more days. This includes any act of non-consensual physical violence done to a person at work.
- The Safety Representatives and Safety Committees Regulations (Northern Ireland) (SRSCR) 1979 – The Trust recognises a number of trade unions and those trade unions have appointed, safety representatives under the SRSCR. The Trust must consult those safety representatives on matters affecting the group or groups of employees they represent. Representatives will receive the necessary training, pay, time off and appropriate help and facilities so they can carry out their role. Under the regulations the Trust is also required to establish a Safety Committee.
- The Health and Safety (Consultation with Employees) Regulations (Northern Ireland) (HSCER) 1996 – There are a number of employees not in the groups covered by trade union safety representatives and these persons must be consulted by the Trust under the HSCER 1996. This can be done either directly or through elected representatives.
- Justice Act (Northern Ireland) 2016 – Offence of assaulting ambulance workers etc.
 - (1) A person commits an offence if he or she assaults—
 - a) an ambulance worker in the execution of that ambulance worker's duty;
 - b) a person who is assisting an ambulance worker in the execution of that ambulance worker's duty.
 - (2) "Ambulance worker" means a person who provides ambulance services (including air ambulance services) under arrangements made by or at the request of—
 - a) the Northern Ireland Ambulance Service Health and Social Care Trust,
 - b) St. John Ambulance (NI),
 - c) the British Red Cross Society, or
 - d) the charity registered in the Republic of Ireland known as the Order of Malta Ireland.
 - (3) A person guilty of an offence under subsection (1) shall be liable—
 - a) on summary conviction, to imprisonment for a term not exceeding 6months or to a fine not exceeding the statutory maximum, or to both; or
 - b) on conviction on indictment, to imprisonment for a term not exceeding 2 years or to a fine, or to both.

APPENDIX 3 – NATIONAL CONTEXT:

Better Protecting the NHS Workforce – NHS Violence Reduction Strategy

In 2018, Secretary of State for Health and Social Care, Matt Hancock announced a new NHS Violence Reduction Strategy. The new, zero-tolerance approach aims to protect the NHS workforce against deliberate violence and aggression from patients, their families and the public, and to ensure offenders are punished quickly and effectively. The strategy includes:

- The NHS working with the police and Crown Prosecution Service to help victims give evidence and get prosecutions in the quickest and most efficient way.
- The Care Quality Commission (CQC) scrutinising violence as part of their inspection regime and identifying trusts that need further support.
- Improved training for staff to deal with violence, including circumstances involving patients with dementia or mental illness.
- Prompt mental health support for staff who have been victims of violence.

In Great Britain, the 2018 NHS Staff Survey revealed that 14.5 percent of staff experienced at least one attack in the last 12 months from patients, service users, relatives or other members of the public - a slight decrease from 15.4 percent in 2017, across all trusts. Data collected also reveals that LGBTQ and BAME staff remain disproportionately affected. More than 20 percent of those identifying as gay and bisexual became victims of violence over the last 12 months, as did 16 percent of BAME staff (compared to 14.1 percent for white colleagues). Also, a third of ambulance staff, and over 20 percent of staff in mental health and learning disability trusts, experienced violence from patients in the last year⁵.

Comments in response to the Strategy are as follows:

"Staff should never have to accept that violence is part of their job," says Helga Pile, Unison's deputy head of health⁶.

Justin Madders, Labour's Shadow Health Minister, said: "Nobody should feel unsafe at work, and it is wholly unacceptable that almost 200 assaults occur on NHS staff every day⁷.

NHS Anti-Violence Collaborative (NHS Wales)

This excellent document sets out the responsibilities of key strategic partners when dealing with violent or aggressive incidents relating to NHS staff. Its focus is on those incidents which need to be addressed by the criminal justice system and it builds on three previous agreements in Wales.

The Agreement itself is between the four Police services in Wales (Welsh Chief Officer Group), the Crown Prosecution Service, the NHS in Wales and partner organisations such as staff side and victim support and aims to bring:

⁵ Extract from Minister of State For Health speech at Better Protecting the NHS Conference, April 2019

⁶ <https://www.theguardian.com/society/2019/sep/04/violence-nhs-staff-face-routine-assault-intimidation>

⁷ <https://www.professionalsecurity.co.uk/news/health/nhs-violence-reduction-strategy/>

- Effective and efficient communication across partners, including the exchange of information at all levels.
- A clear understanding of the respective roles, responsibilities, processes and legal constraints.
- Clear statement on prosecution policy which will help NHS staff to understand the criminal justice system, and have confidence in it.
- Board level/Service leads for violence and aggression will provide community service impact statements and sign for sentencing purpose.

Joint Agreement On Offence Against Emergency Workers, V.1 January 2020 (NHS England)

A 'Joint Agreement On Offence Against Emergency Workers' document was developed in January 2020. It sets out the agreement on offences against emergency workers between Her Majesty's Prison and Probation Service (HMPPS), NHS England, the National Fire Chiefs Council (NFCC), the National Police Chiefs Council (NPCC) and the Crown Prosecution Service (CPS).

The agreement provides for a broad framework to ensure the more effective investigation and prosecution of cases where emergency workers are the victim of a crime, particularly in applying the provisions of the Assaults on Emergency Workers (Offences) Act 2018 and to set out the standards victims of these crimes can expect. The document sets out the following:

- Definitions of Emergency Workers (policing, prisons, fire and NHS).
- Organisational responsibilities for the emergency worker.
- Police responsibilities for the emergency worker.
- Victims Code.
- Victim personal statement (VPS).
- Organisational Impact Statements.
- Guidance on the management of potential exposure to blood borne viruses in emergency workers.
- Seven point plan for assault on police.
- The importance of body worn video footage to the investigation and trial.
- Decision to charge.
- Circumstance of harm.
- Harm caused.
- CPS Charging Standards on Assault.
- Legislation & CPS Legal Guidance.

APPENDIX 4 – REGIONAL CONTEXT:

Department of Health (DoH) Commissioning Plan Direction (CPD)

With regards to DoH CPD 8.9, the Trust should have an agreed and systematic action plan to create a healthier workplace across HSC and have contributed to the Regional Healthier Workplace Network as part of commitments under PfG. The WHO Healthy Workplace Model is a comprehensive way of thinking and acting that addresses:

- Work-related physical and psychosocial risks.
- Promotion and support of healthy behaviours.
- Broader social and environmental determinants.

Concerning the first bullet point, work-related physical and psychosocial risks, the implementation of strategies such as this will demonstrate a reduction in violence and aggression in UK Ambulance Services. It is anticipated that NIAS staff will reap the same benefits, reducing risk and supporting health and wellbeing. This in turn should also support good attendance (AACE framework for a new Good Attendance Programme).

Health and Wellbeing 2026: Delivering Together

On 26 October 2016, the Minister of Health launched a 10-year approach to transforming health and social care, “Health and Wellbeing 2026: Delivering Together”. This plan was the Minister’s response to the Expert Panel’s report “Systems, Not Structures: Changing Health and Social Care” which was published on the same date. “Delivering Together” presents a vision of transformed Health and Social Care services, based on a population health model that puts patients at the centre of services through co-production. It set an ambitious plan to see a future in which:

- People are supported to keep well in the first place with the information, education and support to make informed choices and take control of their own health and wellbeing;
- When they need care, people have access to safe, high quality care and are treated with dignity, respect and compassion;
- Staff are empowered and supported to do what they do best; and services are efficient and sustainable for the future.

Security Management – Controls Assurance Standards (regional review ongoing)

With regards to the Security Management Controls Assurance Self-Assessment / Replacement Process, The Trust must have in place the following:

- 1 A crime prevention programme implemented and supported throughout the organisation.
- 2 Board level responsibility for security clearly defined and there are clear lines of accountability for security management throughout the organisation, leading to the Board.
- 3 A Board-approved robust Zero Tolerance and Security Policy and Strategy that is fit for purpose and has been communicated throughout the organisation supported, where appropriate, by agreed plans.
- 4 A crime prevention programme implemented and supported throughout the organisation.
- 5 Proper and timely response to security incidents in accordance with appropriate response plans for specific security incidents.
- 6 Systems to ensure security hazards and incidents are reported and analysed in accordance with the processes contained in the Risk Management Standard.
- 7 A risk management approach to security risks.
- 8 Access to up-to-date security-related legislation and guidance.

- 9 Programme of security training that is commensurate with risks in their work area.
- 10 A process to ensure that the competency and performance of security personnel, whether employed internally or out-sourced, is monitored to ensure that a high standard is maintained.
- 11 Key indicators capable of showing improvements in security management, and the management of associated risks, are used at all levels of the organisation, including the Board, and the efficacy and usefulness of the indicators is reviewed regularly.
- 12 A system for managing security which is monitored and reviewed by management and the Board in order to make improvements to the system.
- 13 A process for the Board to seek independent assurance that an appropriate and effective system of managing security is in place and that the necessary level of controls and monitoring are being implemented.

Regional Management of Aggression

With regards to work ongoing in Health and Social Care in Northern Ireland, the Regional Zero Tolerance Group continues to meet and in November 2019, it agreed a final draft of a regional Management of Violence and Aggression Policy (previously Zero Tolerance). The Group is Co-Chaired by a Royal College of Midwives Regional Officer and the Assistant Director, Employee Relations Department, Human Resources (NHSCT). NIAS has representation on the working group (Risk Manager and Ambulance Service Area Manager) and has contributed to the Policy, which is expected to roll out early 2021.

DRAFT

TB/06/05/2021/04



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	6 May 2021
Title of paper:	Programme Plan for the delivery of the Education Programme within the Medical Directorate
Brief summary:	<p>The Programme Plan outlines the strategic alignment, expected benefits, costs and risks of the Medical Education Programme.</p> <p>The next step for the programme will be initiation, where subsidiary projects and project teams will be formed and a benefit realisation plan will be defined.</p>
Recommendation:	<p>For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/></p>
Previous forum:	SMT – 27 April 2021
Prepared and presented by:	Dr Nigel Ruddell, Medical Director
Date:	29 April 2021



Northern Ireland Ambulance Service
Health and Social Care Trust



PROGRAMME PLAN

STRATEGIC REVIEW OF CLINICAL EDUCATION

Version: 2.0

Date: 28.04.2021

Authors: Neil Sinclair, Frank Orr, Andoni Arandia, Louise Compston, Nigel Ruddell

Executive Sponsors:

- Nigel Ruddell

1 Report History

1.1 Document Location

This document is only valid on the day it was printed.

The source of the document will be found in the following location:

\nias-fp\shares\$\Performance\Strategic Transformation\2. Medical Programme\3. Education

Revision Date	Author	Version	Summary of Changes	Changes Marked
23.04.2021	Andoni Arandia	1.9	Initial draft	
28.04.2021	Nigel Ruddell	2.0	Revised draft with foreword	

1.2 Approvals

This document requires the following approvals:

Name	Title	Date of Issue	Version
Nigel Ruddell	Medical Director	28.04.2021	2.0
Maxine Paterson	Director of Planning, Performance and Corporate Services	28.04.2021	2.0

1.3 Distribution

This document will be / has additionally been distributed to:

Name	Title	Date of Issue	Status
SMT	NIAS Senior Management Team	23.04.2021	v1.9 approved
Trust Board	NIAS Trust Board	06.05.2021	v2.0 submitted

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2 Foreword

In recent years, ambulance personnel across the UK have been recognised as playing an increasing role in the provision of holistic healthcare beyond traditional support to primary and secondary care services. More than ever, ambulance clinicians act autonomously to inform and promote patient-centred care alongside the provision of more traditional emergency medical care.

In order to achieve this, ambulance personnel need to be equipped, empowered and supported to comprehensively assess patients from physical, social and psychological perspectives, to consider available options for care, and to work with patients and professional colleagues alike to achieve the best possible outcomes.

Achieving this aim requires a considered and comprehensive review of how NIAS can best prepare our staff to meet the challenge. Traditional ambulance training was based on following clearly defined protocols in order to respond to a range of specific clinical conditions – often considered in isolation. Our aim is to adopt a form of education which provides staff at all levels with the opportunity to provide the most appropriate response to all patients based on a firm foundation of a uniformly high standard of modern immediate medical treatment coupled with compassionate and considered care in all situations.

Doing so will require careful attention to developing a supportive culture across the organisation; in particular the manner in which we educate and support our newest recruits will set the future tone for all staff and patient interactions, with recognition that the compassion with which we treat those in our care is just as important as maintaining a high standard of clinical skills. Likewise we aim to allow for development and progression of staff at all levels in order to enhance job satisfaction and improve workforce retention in line with our strategic goal of becoming an employer of choice. As part of this we will seek and act on regular feedback from staff of their experience of NIAS education in order to improve our delivery.

While recognising and celebrating the dedicated work of clinical training team, we have a number of key drivers for transformation including the formal recognition of paramedics as Allied Health Professionals and the move from a traditional vocational training scheme to the introduction of the BSc in Paramedic Science delivered by the Ulster University. This will require a complete revision of how we support paramedics in training and during their early years of autonomous practice with a structure that promotes a safe environment for learning and a just culture throughout the organisation.

Equally important is the protection of dedicated time and space for the provision of regular clinical updates for frontline staff at all levels in order to provide assurance around the standard of care we provide. Operational and financial challenges to maintaining this will require novel approaches, with enhanced use of digital technologies in order to make education more accessible at times and in formats that encourage staff engagement.

NIAS has seen significant clinical development across all tiers in recent years aimed at improving patient assessment and safety, and we will continue to build on this to raise the standard of patient care while making every all of our staff feel valued and assured of their role in contributing to this aim.

3 Programme Plan Purpose & Benefits

The Programme Plan's purpose is to define the programme's schedule for projects and benefits delivery. It describes how the programme will deliver the objectives and when benefits can be realised.

The Programme Plan will be a major control document for the programme, used throughout the life of the programme, to track and monitor progress.

The Programme Plan enables the programme to keep an understanding and control at the inter-project level of the programme.

4 Strategic Alignment

The education review is an overarching umbrella programme designed in line with the strategic vision, objectives and priorities, defined in our Strategy to Transform 2020-2026, to cohesively organise all elements within 'Education' into a review and improvement programme.

The education programme will specifically contribute to the delivery of the following strategic priorities:

- Our Workforce: We will develop the necessary education and training programmes to ensure we recruit staff with the right skill sets, facilitate continuing professional development and continue to meet our statutory obligations
- Our Workforce: Continue partnership with universities and higher education institutions
- Workforce Planning: We will build our corporate and clinical capacity to meet the demands on our service and develop the range of skill set required to meet the needs of our patient and new models of care
- Workforce: Develop clinically focused appraisal and personal development framework for all NIAS clinicians. Using data driven feedback to continually improve all aspects of clinical practice.
- Workforce: Remodel the NIAS clinical leadership and supervision framework. Modernising this function to reflect structures in UK ambulance services. Meeting the required standards of Public Health Agency (PHA) Allied Healthcare Professional (AHP), assurance framework. Ensuring NIAS has a tangible culture change of lifelong learning and professionalism.

5 Lists of Project (Project Portfolio)

The list of projects that together will deliver the benefits described in section 5, is as per below:

1. New Recruits Education Project
2. Transition from Foundation to Bachelor Degree Project
3. Clinical Education Plan Project
4. Clinical Supervision Project
5. RATC Structure and Approach Review Project

6 Benefits Expected

The following benefits are to be targeted:

- Improved patient care and outcomes
- Modernised service delivery reflecting other UK ambulance services
- Support staff to be able and confident to practice at the top of their scope of practice
- Improved clinical standards and professionalism
- Improved staff morale and experience, contributing to an improved culture
- Standardised education
- Reduced attrition
- Bespoke education plan suited to employees

Once the programme plan is approved, the programme team will initiate work at project level to identify the goals and objectives of each project, and how they contribute towards the benefits of the programme.

It is important that a baseline measure is taken from existing data and/or new sources of data i.e. surveys, and objectives and targets are defined. This data will be used to support evidence of progress towards delivering the benefits and strategic outcomes. This will be reported to/via Programme Board.

7 Cost

There is no additional identified funding stream to recurrently support this programme. Therefore, revenue might be required for funding posts or operations.

Once the financial requirement from each project is scoped it will be detailed in the business case for each project.

In terms of programme funding, once the funding required for each project is known this will be recorded and monitored by the PMO office.

8 Risks and Issues

Programme level risks will be a standing agenda item for the Education Programme Board and the Programme Board will be the escalation route for Project risks which cannot be mitigated at project level. The Programme Board will consider the broader opportunities which arise from the programme.

Risks and opportunities will be managed on a continuous basis. The starting point for these will be the constraints, assumptions and dependencies already identified:

- The availability of technicians and paramedics – this will rely on them being released from operational duties to be able to attend educational sessions
- The availability of clinical training delivery teams
- Estates, accommodation and infrastructure (including IT, vehicles and equipment)

- Other programmes of work, such as Workforce planning, Digital programme, the Operational Management review
 - Availability of required funding
 - Clinical risk due to capacity for training, as well as the prioritization of the available resources

These risks and issues have been added to the risk and issue registers.

9 Resources Required

The resources required to manage, support and provide assurance to the programme effectively, are listed under the Terms of Reference of the programme, in Appendix A.

10 Overall Programme Schedule for the Project Portfolio

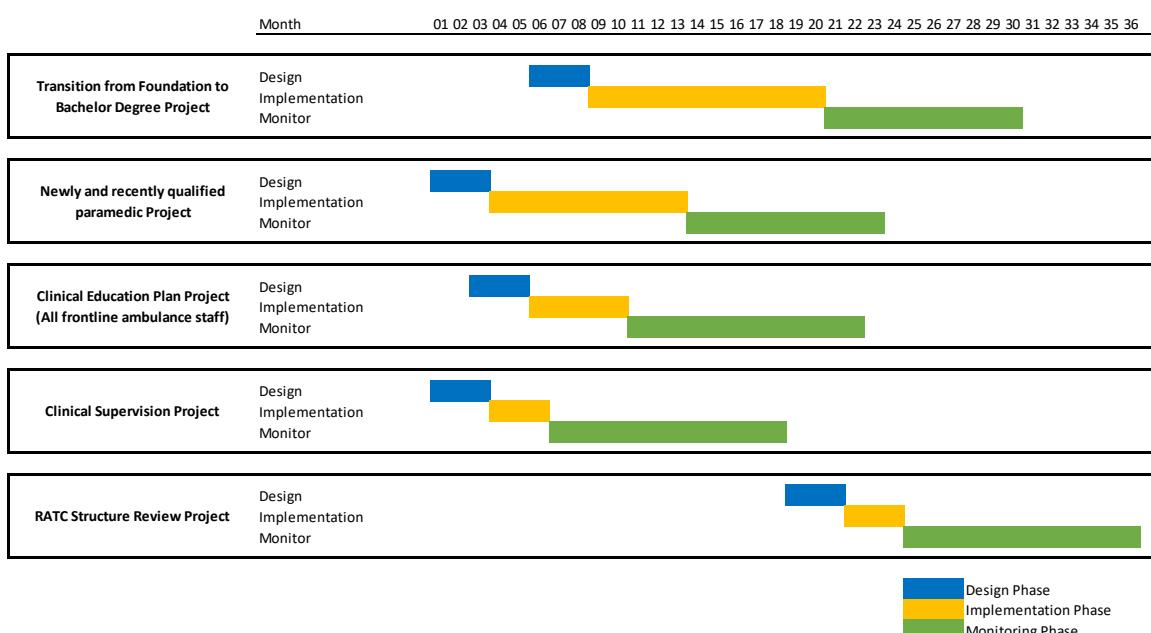
At this stage, all timelines are approximate.

The next stage will include creating individual project initiation documents (PIDs). During the creation of the PIDs, timelines will become more specific and this programme plan will be updated accordingly.

The following chart shows the high-level timeframes for the delivery of each project within the programme. The starting point is Month 1; which will be the month after the start of the programme.

The risks identified in section 7 will also have an impact on the delivery timeframes.

The timelines will be revised during all stages of the programme and each subsidiary project.



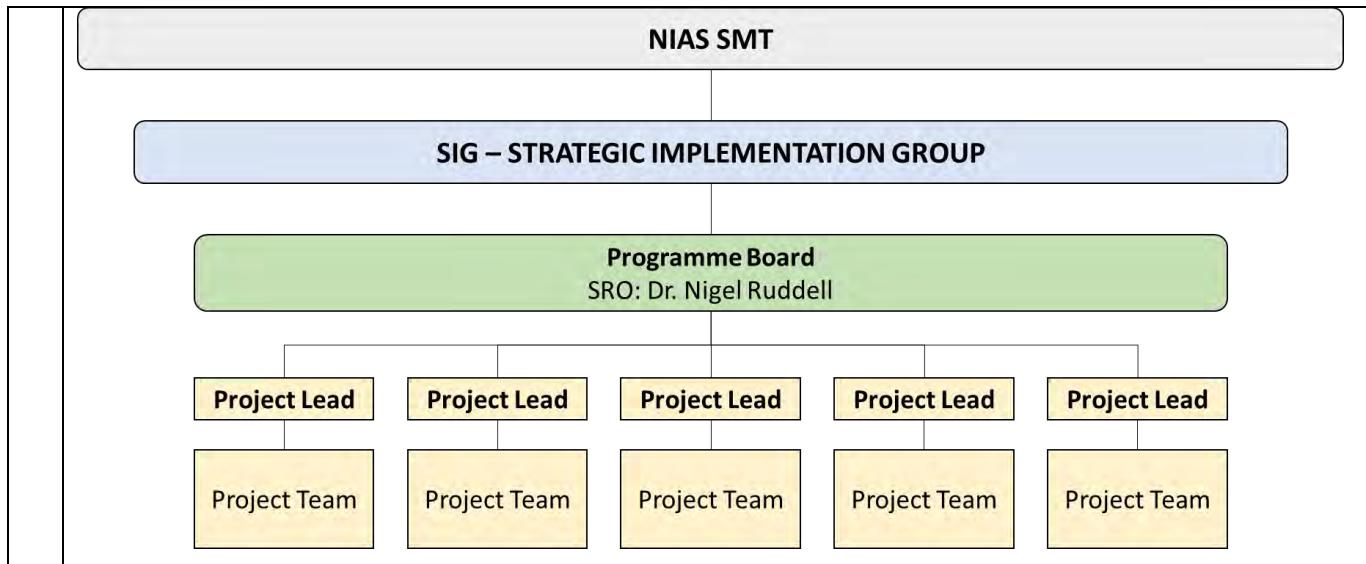
Appendix B details the deliverables per delivery phase, per project.

11 Appendices

Appendix A: Education Programme Board – Terms of Reference

1 PROGRAMME AIMS	
	<p>The over-arching aims of the programme are to:</p> <ul style="list-style-type: none"> • Support the continual focus of professionalism for all ambulance clinicians in Northern Ireland • Improve clinical practice, standards, patient experience and outcomes • Improve clinician morale and career satisfaction • Modernise the education framework in NIAS; initial/continual internal education and support the transition to mentoring and employing Paramedic Science BSc students • Provide a framework to ensure NIAS can tangibly support a positive cultural change to modernise the profession and deliver high quality pre-hospital care to the public of NI
2 PROGRAMME BOARD OBJECTIVE	
	<p>The Programme Board will initiate and oversee individual projects within the Education Programme development and consider stakeholder engagement.</p> <p>The Programme Board will oversee the development, educational, research and innovation related elements of the programme together with stakeholder engagement, communications and change management.</p>
3 RESPONSIBILITIES	
	<p>The purpose of the Programme Board is to:</p> <ol style="list-style-type: none"> 1. Monitor the progress and ensure the delivery of the overall programme 2. Monitor the risks of the programme and take mitigating actions 3. Escalate any conflicts with other corporate programmes to the Sponsor 4. Facilitate change and champion the programme with internal and external Stakeholders 5. Agree all tasks and actions and ensure their completion 6. Signing off each programme milestone, including the deliverables 7. Communicating information about the programme and projects to stakeholder groups 8. Ensuring resources required are available 9. Providing overall delivery and reporting of the programme and underlying projects 10. Resolving any conflicts escalated by the programme and project teams 11. Provide a monthly report to the Strategic Implementation Group 12. Escalate any risks or issues to the appropriate committee

4	MEMBERSHIP		
	Chair	Dr. Nigel Ruddell	Medical Director
	Programme Assurance	Margaret Sowney	HSC Leadership Centre Associate
	Programme Lead	Neil Sinclair	Assistant Clinical Director for Paramedicine
	Programme Manager	Neil Telford	Project Design and Implementation Manager
	Member	Andoni Arandia	AD for Planning, Performance & Strategic Transformation
	Member	Russell McLaughlin	Assistant Medical Director
	Member	Charlie Thompson	Head of Transformation
	Member	Frank Orr	Assistant Director for Clinical Education & Training
	Member	TBC	Ulster University Representation
	Members	TBC	Project Leads
	Role TBC	TBC	Patient Representation
	Role TBC	TBC	Students / Trainee Representation
5	SUBSIDIARY PROJECTS		
	<p>It is anticipated that supporting projects will include:</p> <ol style="list-style-type: none"> 1. Newly Qualified Paramedics (NQPs) Support Project 2. Transition from Foundation to Bachelor Degree Project 3. Clinical Education and Development Plan Project 4. Clinical Supervision Project 5. RATC Structure Review Project 		
6	MEETINGS		
	<p>Programme Board meetings will be arranged monthly via Zoom as face to face and telephone meeting.</p> <p>Special meetings maybe called at any time at the discretion of the Chair.</p>		
7	GOVERNANCE / REPORTING		
	<p>The Board will report to the Chair of the Strategic Implementation Group, Maxine Paterson.</p> <p>The Strategic Implementation Group might decide to escalate any decisions, risks or issues to NIAS SMT; or bring to their attention the milestones completed, progress achieved and benefits delivered.</p> <p>The following chart shows a visual representation of the governance structure.</p>		



8 STANDING AGENDA ITEMS

The following will be the standing agenda items for Programme Boards:

1. Welcome, introduction and apologies
2. Approval: Minutes of previous meeting
3. Update: Review of open actions Log
4. For discussion: Project highlight reports
5. For discussion: Programme highlight report
6. Review: Programme risk and issues registers
7. Decisions to discuss
8. Key points for escalation
9. Any other business
10. Date and time of next meeting

9 RECORDING

The meeting output (minutes and detailed actions) will be issued as soon as practical after each Project Board meeting and within one working week wherever possible.

Individuals are responsible for following up on their own actions arising from each meeting and should not wait for the meeting notes to be issued before taking requisite action.

Appendix B: Project Portfolio – Delivery Phases

As stated in Section B, all timelines are approximate. The timelines will be revised during all stages of the programme and each subsidiary project.

The next stage will include creating individual project initiation documents (PIDs). During the creation of the PIDs, timelines will become more specific and this programme plan will be updated accordingly.

This section provides a detail of the deliverables for each project of the programme, per delivery phase (design, implementation, monitoring).

Project 1: Transition from Foundation to Bachelor Degree Project

Design (0-3 months)

- BSc in Paramedic Science has been approved and first course will start September 2021
- The Supervision and rollout of practice being developed by PDL group who work with UU about when we will get students for placements and what would be expected from NIAS
- Placements due to start January 2022 and first ambulance attachments not until May 2022
- NIAS's expected deliverables for the project are to develop and assign practice educators, assign and develop supervisor for students
- The CSO as lead practice educator oversee number of students progress
- NIAS are required to get a Practice learning agreement in place with Trusts (not signed but need leased with University)
- Develop path for EMT to access degree at mid-point and acknowledge prior learning

Implementation (11-12 months)

- Assign and define the role of placement co-ordinator
- Train practice educators
- Train practice supervisors
- Develop mechanism for setting up first placements
- Monitor and Support as first placements are commenced

Monitor (9-10 months)

- Monitor the progress of supervisors and educators to ensure they have everything required to fulfil the role
- Support and monitor students
- Continue to develop the practice for allocating placements

Interdependencies for the project

- The New recruit project is established to ensure the graduates are supported as they embark on their paramedic career
- The Clinical Education Plan Project must be established to ensure continuous professional development for the graduates
- Clinical Supervision Project must be established to ensure each graduate is supervised during placement and post-graduation.
- HR must update the JD for Paramedics to include supervision and education responsibility

Project 2: Newly and recently qualified paramedic ProjectDesign (0-3 months)

- Baseline with NQPF programme in England and other trusts
- Design a NQP support framework suitable for NIAS

Implementation (10 months)

- Draft a new scheme of work for NQPs
- Create three focus groups: directors, supervisors and recently graduated and evaluate the plan against their thoughts
- Take the plan out for 2nd consultation
- Make amendments
- Get plan evaluated by AACE (or some form of independent education body).
- Create a plan of how recently qualified training will be rolled out across the organisation
- Publish plan
- Create material to track development of the new recruits

Monitor (9-10 months)

- Use tracking information sheet to track the journey of each new recruit
- Evaluate the learning of each new recruit at the end of the journey
- Survey the cohort to get their thoughts/feelings on the scheme
- Evaluate the scheme and make any required changes

Interdependencies for the project

- The Clinical Education Plan Project must be established to ensure continuous professional development for the graduates
- Clinical Supervision Project must be established to ensure person is supervised during placement and post-graduation.
- Ensure the new framework builds on learning of teaching from the degree level

Project 3: Clinical Education Plan Project (All frontline ambulance staff)Design (0-3 months)

- Baseline with AACE to see how UK counterparts deliver post qualification development training.
- Review current post proficiency revision in NIAS
- Survey or complete focus groups with some of the current staff to see how they feel post professional development training should be delivered
- Evaluate the current educational plan to identify areas of good practice and aspects for development
- Evaluate current and potential programmes for all tier of clinicians to identify good aspects and areas for improvement to include both clinical driving programmes.

Implementation (4-5 months)

- Create a continuous qualification development plan
- Evaluate the plan against directors, supervisors, paramedics and professional opinions
- Make corrections to the plan and publish
- Develop training material and assessments for the new plan
- Identify the people who will deliver the training
- Make a timetable for the training
- Develop a mechanism as to how, when and why people will do training. E.g. are they nominated, required to get training. Is there a competencies booklet?
- Publish plan for rollout
- Begin the first training of new plan in the organisation

Monitor (12 months)

- Use tracking information sheet to track the journey of each person in the organisation
- Evaluate the learning of each person in operations
- Evaluate the scheme and make any required changes
- Ensure the feedback from course evaluation is acted one

Interdependencies for the project

- The new bachelor degree is established
- The New Recruits Education Project must be established to ensure continuous professional development for the graduates
- Clinical Supervision Project must be established to ensure each person is supervised during placement and post-graduation.

Project 4: Clinical Supervision Project*Design (0-3 months)*

- Baseline with current national working group to get rollout framework
- Survey staff about how they should feel the process should look
- Research how other organisation such as doctors, nurses etc. run post and current graduation training

Implementation (3 months)

- Scope how many supervisors are required
- Write a JD or information pack for supervisors
- Recruit internally the supervisors
- Train supervisors for the role
- Create any resources they require
- Allocate students to the supervisors

Monitor (12 months)

- Allow the supervisors to meet up regularly to discuss issues and success etc
- Monitor their progress and keep in touch with any support they may require
- Evaluate the job through a survey with students and supervisor
- Make appropriate changes

Interdependencies for the project

- The new bachelor degree is established as supervisors are required for current student supervision
- The New Recruits Education Project must be established to ensure supervisors have the correct amount of students to track
- New Clinical Education plan should be established so they have a scheme and assessments to track students against
- HR Update the JD to have training responsibility

Project 5: RATC Structure Review Project*Design (0-3 months)*

- Baseline all of the current members of staff looking at their job role, band, activities and working hours
- Contact ACCE for a structure review of how they think the RATC should look following the delivery of the other four projects
- Baseline check with other UK ambulance trusts to compare their structure

Implementation (3 months)

- Create a new structural plan for the RATC
- Evaluate that with directors and relevant staff
- Makes changes
- Get structure approved by SMT
- Create new JD where appropriate
- Commence with new structure

Monitor (12 months)

- Monitor the progress of change and ensure everyone has adapted to new structure
- Make changes where appropriate

Interdependencies for the project

- The new bachelor degree is established and the initial education is complete in the university
- The New Recruits Education Project must be established and the training being rolled out and delivered
- New Clinical Education plan should be established and the required training taking place
- Clinical Supervision Project complete and the new supervisors in role



MEDICAL EDUCATION REVIEW PROGRAMME

Programme Plan: Executive Summary

This document is the Executive Summary of the Medical Education Programme Plan.

Rationale and Vision

While the key benefits and goals of this review are listed below, the NIAS Senior Management Team recognises the importance of this review as a vehicle not just to improve patient safety and clinical outcomes through embedding a uniformly high standard of care, but also to act as a means of encouraging a sustained culture of compassion, respect and quality across all tiers of staff. We aim to develop a pathway through which staff can easily develop to reach their full potential, can lead by example and can encourage excellence in others.

Strategic Alignment & Programme Deliverables

The education review is an overarching umbrella programme designed in line with the strategic vision, objectives and priorities, defined in our Strategy to Transform 2020-2026, to cohesively organise all elements within ‘Education’ into a review and improvement programme.

The Programme will deliver the following benefits:

- Improved patient safety, care and outcomes, and modernised service delivery
- Support staff able and confident to practice at the top of their scope of practice
- Improved clinical standards and professionalism with a focus on compassionate care
- Improved staff morale and experience, leading to reduced attrition and an improved culture
- An education plan suited to all employees

It is important that a baseline measure is taken from existing data and/or new sources of data i.e. surveys, and objectives and targets are defined. This data will be used to support evidence of progress towards delivering the benefits and strategic outcomes. This will be reported to/via Programme Board.

Programme Details: Structure, Risks, Funding & Timelines

Five separate projects will be set up to ensure the delivery of the benefits. The project portfolio is:

1. New Recruits Education Project
2. Transition from Foundation to Bachelor Degree Project
3. Clinical Education Plan Project
4. Clinical Supervision Project

5. RATC Structure Review Project

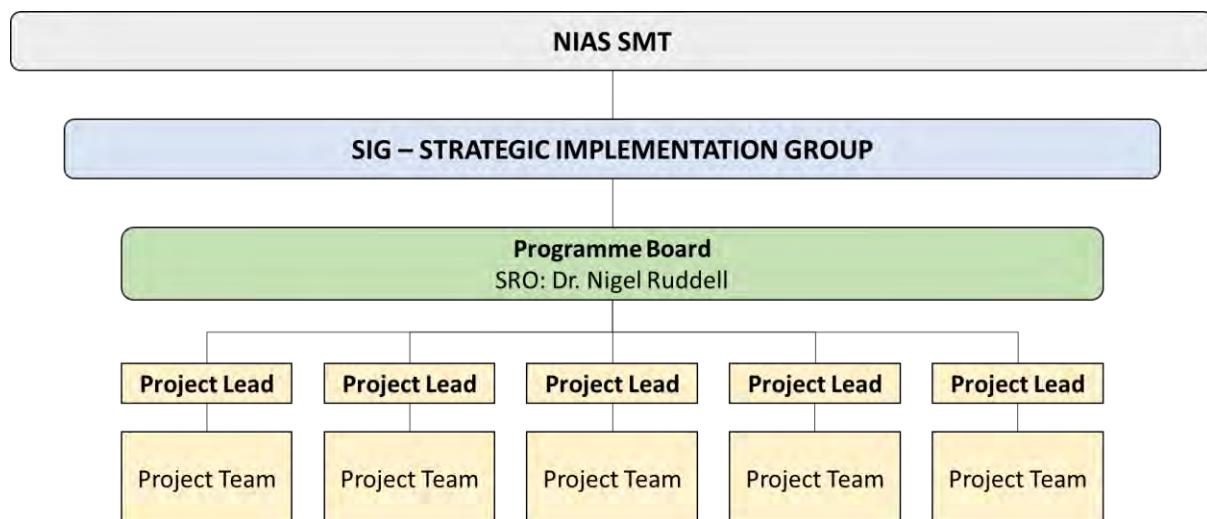
The risks identified so far include the availability of technicians and paramedics and that of the training delivery teams. This programme has dependencies on estates, accommodation and IT infrastructure, as well as other existing and future programmes of work. A risk register, issue log and dependencies list has been created for this programme and will be kept updated.

There is no additional identified funding stream to recurrently support this programme. Once the financial requirement from each project is scoped, a business case will be created. The availability of this funding has been recorded as a risk.

High-level timelines have been created for the delivery of the programme. It is expected, based on the dependencies and risks identified, that the programme will take 36 months to be delivered (including the monitoring phase). Detailed planning will take place at project level during the initiation phases.

Governance & Structure

The Terms of Reference for the Programme Board have been created. The SRO is Dr. Nigel Ruddell. Each project within the programme will report to the Programme Board via their Project Lead. The Programme will report to the Strategic Implementation Group.



TB/06/05/2021/05



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	6 May 2021		
Title of paper:	Finance Report (month 12)		
Brief summary:	The purpose of this report is to provide Trust Board with an update on the financial position of the Trust.		
Recommendation:	For Approval <input type="checkbox"/>	For Noting <input checked="" type="checkbox"/>	
Previous forum:	SMT		
Prepared and presented by:	Paul Nicholson, Interim Director of Finance		
Date:	29 April 2021		

NORTHERN IRELAND AMBULANCE SERVICE

TRUST BOARD FINANCE REPORT

Director of Finance
March 2021 (Month 12)

FINANCIAL PERFORMANCE

Introduction

The purpose of this report is to provide Trust Board with an update on the financial position of the Trust. This includes an update on the requirements not to overspend against the Revenue Resource Limits (RRL) and Capital Resource Limits (CRL), and also the requirement to pay non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The report includes a number of key risks and assumptions to the achievement of these requirements. Some additional detail is also provided in specific areas of expenditure along with a forward look in relation to the financial position.

Financial Breakeven

The Trust is currently reporting a draft surplus of £14k for the year ending 31 March (Month 12). This represents just 0.01% of total budget for the year. This position is subject to the completion of Final Accounts, review by External Audit, consideration by Audit Committee, approval by Trust Board and certification by the Northern Ireland Audit Office.

Financial position at the end of March 2021 (Month 12)

Financial Breakeven Assessment (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Costs			14,828	19,907	23,759	28,801	36,064	40,931	46,113	51,131	56,594	64,998
Other Expenditure			10,590	13,489	17,464	20,183	25,471	29,517	33,392	37,962	41,588	51,108
Expenditure Total			25,418	33,396	41,223	48,984	61,535	70,448	79,505	89,093	98,182	116,106
Income			200	259	318	336	383	443	500	548	604	696
Net Expenditure			25,218	33,137	40,905	48,648	61,152	70,005	79,005	88,545	97,578	115,410
Net Resource Outturn			25,218	33,137	40,905	48,648	61,152	70,005	79,005	88,545	97,578	115,410
Revenue Resource Limit (RRL)			24,968	32,804	40,489	48,148	61,152	70,005	79,005	88,545	97,578	115,424
Surplus/(Deficit) against RRL			(250)	(333)	(416)	(500)	0	0	0	0	0	14

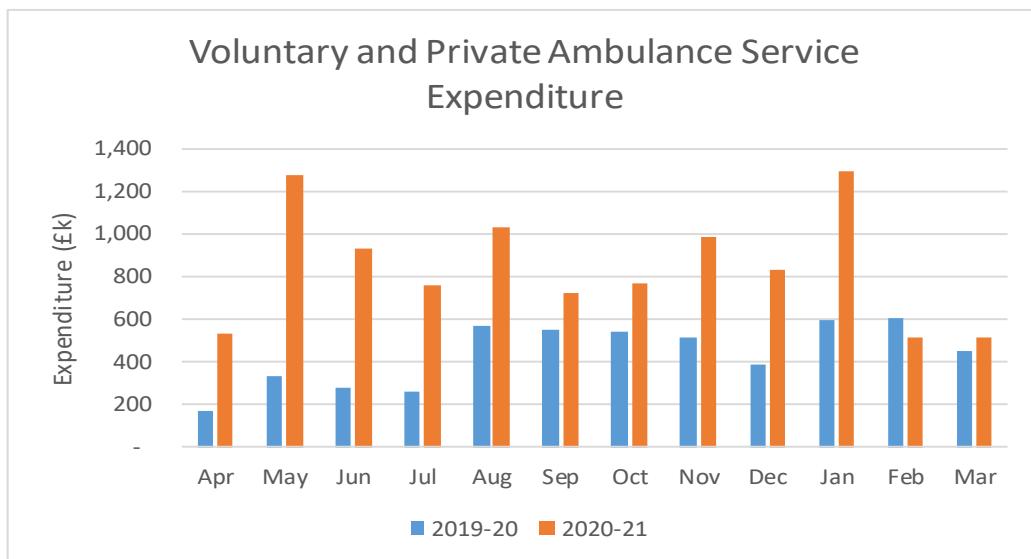
Directorate Financial Position

As Final Accounts are being produced, the detailed Directorate financial report is not available at this time.

Voluntary & Private Ambulance Services (VAS/PAS)

The Trust has benefited from significant additional funds in 2020-21 as part of the response to Covid-19. A large proportion of these funds has been applied to additional support from VAS/PAS to maintain and enhance ambulance provision during this difficult period. The Trust is thankful for 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 hopefully recedes, levels of expenditure should reduce.



Forward Look

Looking forward to 2021-22, there are uncertainties as to the longer-term impact of Covid-19 and the funding available to respond to it. In addition to issues around Covid-19, the publication of the Northern Ireland 2020-21 Draft Budget on 18 January 2021 has identified significant financial challenges across the public sector in Northern Ireland. This will inevitably have an impact on HSC and NIAS in the future.

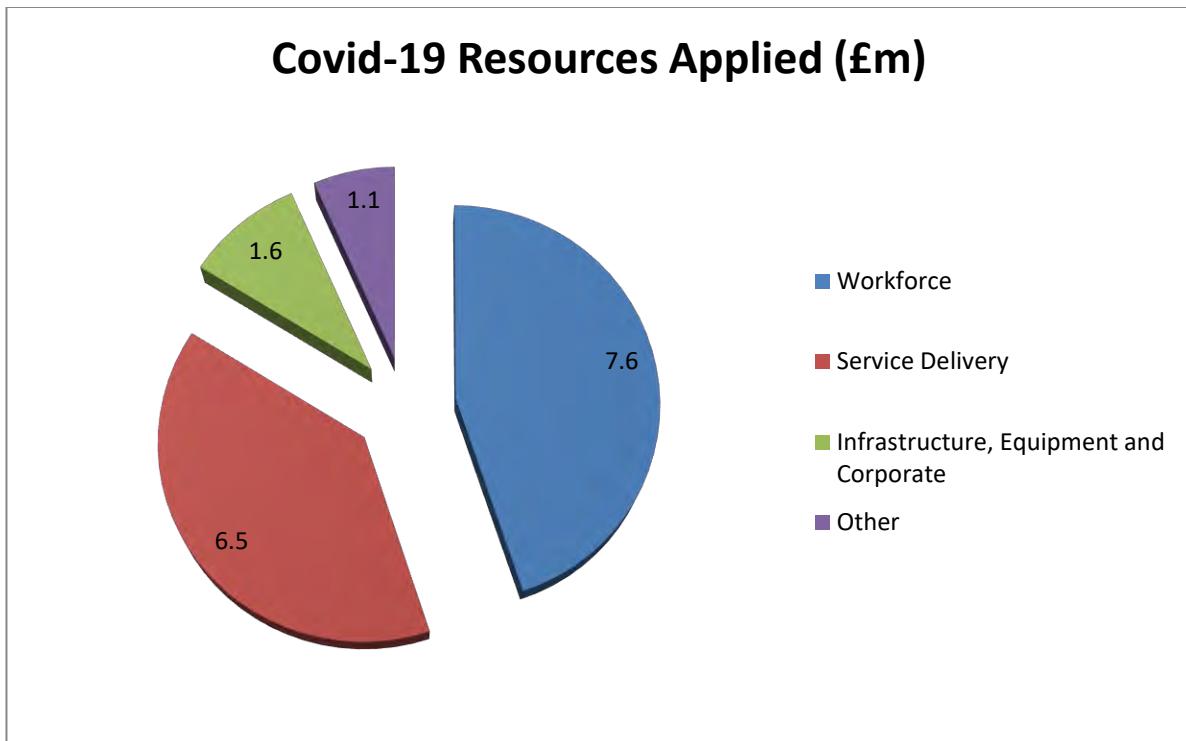
Specifically for NIAS, the Trust faces a range of financial pressures. The introduction and consolidation of a range of developments, for example the introduction of the new Clinical Response Model (CRM) and the foundation degree programme for Paramedics, will continue to have financial implications for the Trust. There will be further requirements to deliver cash releasing efficiency savings in 2021-22 and additionally, some resources provided non-recurrently during 2020-21 will need to be reviewed in 2021-22. Levels of capital investment will also need to be maintained in order to maintain fleet, estate and technology to appropriate standards. The financial impact of Covid-19 will also be an issue beyond the current year.

The Trust has been advised of an opening Revenue Resource Limit of £87.179m. The Trust will continue to work closely with other HSC organisations and with HSCB and DoH colleagues to refine and develop a financial plan for the HSC as a whole and for NIAS in order to best address or mitigate against the various risks and challenges presented by the Draft Budget.

Covid-19 Expenditure

There was extensive engagement with other HSC organisations and HSCB/DoH in planning to meet the response to Covid-19 and identify all additional expenditure related to the response.

Included in the financial position outlined above is significant revenue financial support from HSCB/DoH totaling £16.8m specifically for the response to Covid-19. This was applied across a range of areas shown below and is specifically ring-fenced for these purposes.



Workforce includes additional staff costs for ambulance provision, overtime, food and accommodation for staff and also vehicle cleaning. Service delivery relates to the additional provision of Voluntary and Private Ambulance Services. Infrastructure, Equipment and Corporate includes additional estates related costs, personal protective equipment and cleaning of premises, vehicles and equipment. Other costs are largely in relation to funds to support the Helicopter Emergency Medical Service (HEMS).

Part of the capital resources received by the Trust included specific capital resources under Covid-19 of £2m to support the IT and Information Communications and Technology infrastructure and also for equipment.

These figures do not include any estimated value of supplies provided free of charge to NIAS by DoH/BSO PaLS as part of the response to the pandemic.

In addition to these specific Covid-19 resources, much of the efforts and resources of the Trust were focused on the response to the pandemic. Where normal services could not be provided, these resources, both physical and financial, were redeployed to support the response. The Trust also benefited from support, donations and gifts from charities, suppliers and the public during the year.

The impact of Covid-19 was felt most acutely during this financial year, though it will remain an issue in 2021-22 and beyond. The response could not have been provided without the support of HSCB/DoH, colleagues across the Health and Social Care system, staff, volunteers, charities, suppliers, patients and the public.

Capital Spend

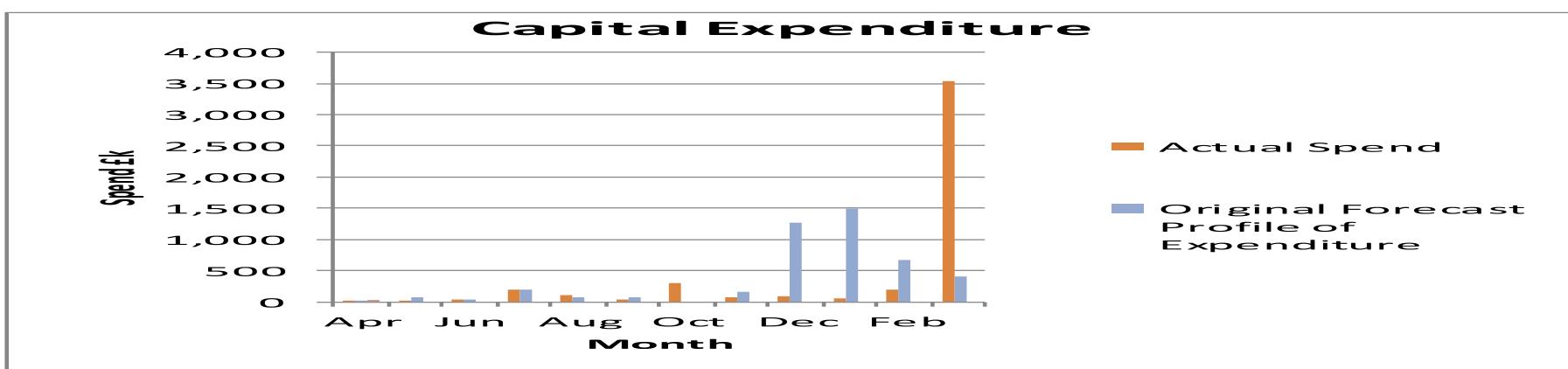
The Trust has received a Capital Resource Limit (CRL) allocation of £4.668m (previously £4.803m). This includes a retraction in respect of ICT schemes and also includes some transfers of land from DoH and Belfast Trust for Foyle Villa and at Knockbracken.

The profile of expenditure towards the end of the financial year is 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. The Trust continually reviews capital schemes to minimise any risks towards the end of the financial year. The position was compounded this year as a result of the third wave of the pandemic.

Cumulative capital expenditure for the year is £4.664m which represents an underspend against the Capital Resource Limit of £4k. This draft position is subject to completion of Final Accounts, review by External Audit, consideration by Audit Committee, approval by Trust Board and certification by the Northern Ireland Audit Office.

The Trust has received an initial capital allocation of £4.250m for 2021-22.

Cumulative Capital Spend (£k)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Fleet & Estate	14	6	38	197	113	39	(82)	2	2	43	41	1,978	2,391
ICT Schemes	0	0	0	0	0	7	382	62	94	7	145	1,236	1,933
Backlog Maintenance	0	0	0	0	0	0	0	10	0	0	10	319	340
Actual Spend	14	6	38	197	113	46	300	74	96	50	196	3,534	4,664
Original Forecast Profile of Expenditure	14	72	38	197	73	73	0	170	1,265	1,500	670	414	4,487



Prompt Payment of Invoices

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

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

For the first time in a number of years, both the 70% and 95% targets have been achieved. 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
Total bills paid	2,396	2,580	3,354	2,648	2,521	2,457	2,923	2,828	2,971	2,958	2,399	3,152	33,187	
Total bills paid within 30 calendar days of receipt of undisputed invoice	2,320	2,480	3,212	2,601	2,446	2,398	2,795	2,717	2,817	2,781	2,342	3,107	32,016	
% bills paid on time 30 days	96.8%	96.1%	95.8%	98.2%	97.0%	97.6%	95.6%	96.1%	94.8%	94.0%	97.6%	98.6%	96.5%	>95%
Total bills paid within 10 working days (14 calendar days)	2,093	2,165	2,635	2,277	2,257	2,190	2,468	2,334	2,525	2,100	1,961	2,626	27,631	
% bills paid on time 10 days	87.4%	83.9%	78.6%	86.0%	89.5%	89.1%	84.4%	82.5%	85.0%	71.0%	81.7%	83.3%	83.3%	>70%

TB/06/05/2021/06

NIAS Trust Board

Covid-19 Highlight and Performance Report

April 2021

COVID-19 HIGHLIGHT AND PERFORMANCE REPORT

The focus of this performance report is to update Trust Board on how Covid-19 continues to impact our service delivery and the operational response supported by performance indicators as at March 2021.

REAP Assessment

The organisation is currently experiencing '**moderate**' level of pressure or REAP level 2 (week commencing 26 April 2021).

Whilst operational activity has been our main focus, we must maintain a high level of vigilance to ensure resilience is maintained to manage a potential further surge and the recovery period required by hospital providers who are still experiencing challenges with re-instatement and re-configuration of services.

We have forecast an average of 100% operational cover within the next week, however utilising overtime and private and voluntary resources to support an abstraction rate between 35% in EAC to 45% in A&E frontline staff. The significant areas of dropped cover is across our South East and Belfast Divisions. Whilst we are now consistently reporting excellent call answering times, we are having significant challenges across our response targets. Our improvement groups are being re-invigorated to ensure we maintain traction on the quality enhancements that have been achieved this year.

Turnaround times have continued to improve over the previous week which has contributed to increase level of resources available for responding to calls. Fleet availability also remains in a good position with minimal reduction on levels of resources. Enhanced vehicle cleaning remains in place and &E continue to be supported by PCS crews. The ICU peak has now passed which has reduced the requirement for hospital transfers and respiratory protocols.



REAP review – 26.04.2021 V2.0



Learning

- We have learned significantly through each phase of COVID and therefore seek to maintain the continuous development and improvements in our practice by testing the efficacy of our response.
- Gold Commander instructed a full review of business continuity across the organisation coupled with a review of our governance and assurance structures to ensure we learn lessons at each opportunity. This will build on the work the Director of Quality, Safety and Improvement has already delivered and enhance the portfolio of learning. This report is now available for consideration by SMT to ensure recommendations are implemented

Key Business Continuity Decisions March 2021

- Health Silver has been suspended at this time and we have reduced command and control structures to shadow format.
- NIAS Silver and Gold Command will meet on a weekly basis managing outstanding issues from recovery and rebuilding to re-instatement of pre-Covid operational front-line configuration.
- PCS staff continue to support the A&E frontline and we are maintaining a phased approach to transitioning the resource to manage non-emergency demand in the short-term.
- We are commencing the re-instatement of seconded staff to return to their placement duties where appropriate with the supportive risk assessments as necessary
- All business continuity actions that were taken to reduce or suspend elements of service delivery have been re-instated.
- Consideration has been given to implementing temporary structures to maintain all Covid-19 functions i.e. swabbing including new lateral flow programme, track and trace and vaccination protocols.

Training

- 3rd cohort of Paramedic training commenced to deliver pre-CRM vacancies within our established baseline.
- The supporting EMT and AAP training will continue to maintain core roles within operations.

Sickness Absence

- Despite a marked deterioration in the front line sickness, NIAS organisational position has been holding steady during the 2020-2021 financial year despite Covid.
- Figures below demonstrate, whilst there is an upward trend in the reporting of monthly and cumulative absence levels from April 2020, that in comparison to monthly and cumulative figures for 2019-2020 figures, absence levels have improved significantly. The current cumulative position at March 2021 demonstrates an absence level of 8.0%, representing an improvement of 0.51% against the January 2020 reporting period.
- NIAS' sickness absence target for 2020-2021, as agreed with the DoH, was to improve sick absence rates by 5.0% on 2020-2021 levels. The cumulative absence rate during 2019-20 was 10.49%, therefore the requirement in 2020-2021 was to achieve an absence rate of 9.97%. The cumulative absence level at March 2021 was 8.0%. Whilst NIAS achieved its improvement target for sickness absence, it acknowledged that sickness absence levels remain higher than average than across the HSC and NHS Trusts

CORPORATE ABSENCE REPORT (@ 31 MAR 2021)

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

2020/21 Monthly Sickness Absence including Comparators to Previous Reporting Year (2019/20)												
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NIAS ABSENCE TARGET (2020/21)	REDUCE SICKNESS ABSENCE RATES BY 5% ON 2019/20 PERFORMANCE TO 9.97% (TBC)											
NIAS cumulative % hrs lost (19/20)	10.77%	10.62%	11.17%	11.40%	11.26%	11.05%	10.94%	10.81%	10.85%	10.74%	10.67%	10.49%
NIAS monthly % hrs lost (19/20)	10.77%	10.47%	12.41%	12.06%	11.70%	9.96%	10.35%	9.89%	11.16%	9.80%	9.96%	8.51%
NIAS 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%	8.2%	8.0%
NIAS monthly % hrs lost (20/21)	6.8%	6.9%	7.9%	8.2%	9.2%	8.9%	8.9%	8.3%	10.3%	7.7%	6.9%	5.8%
Monthly % hrs lost (S/T)	1.1%	1.2%	1.7%	1.4%	1.6%	2.0%	2.2%	2.2%	2.4%	2.5%	1.8%	1.2%
Monthly % hrs lost (L/T)	5.8%	5.7%	6.2%	6.8%	7.6%	6.9%	6.7%	6.1%	7.9%	5.2%	5.1%	4.6%
Monthly % hrs lost COVID 19 (Self-Symptomatic and self-isolation)	2.10%	1.04%	0.71%	0.16%	0.53%	1.45%	2.18%	3.98%	3.09%	3.91%	1.58%	0.91%
Av. days lost (7.5 hrs) per Employee per Mth	1.39	1.33	1.59	1.73	1.78	1.87	1.80	1.59	1.76	1.49	1.28	1.23
Av.NIAS estimated costs (£'000)	£275	£280	£320	£342	£440	£440	£541	£416	£410	£396	£390	£299
NIAS Cumulative % Hrs Lost:	(2019/20) 10.49%				(2020/21 @ 31 Mar 2021) 8.0%				ON TARGET			

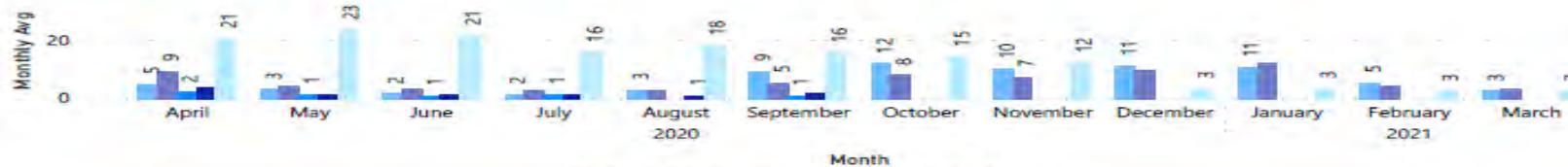
Covid-19 Abstractions-Shielding & CEV Staff

Covid-19 related absence is recorded and reported separately, in line with Regional HSC requirements, and is not recorded as sickness absence. Whilst our abstractions have reduced especially in the last quarter, it is important to note there are areas of sustained shift pressures especially in the South East and Belfast Areas.

N.B This is an average rather than cumulative position but provides an indicative trend.

All Staff Abstractions - by Monthly Average

Reason ■ HOUSEHOLD ■ SELF ■ SWAB ■ UNKNOWN ■ VULNERABLE



All Staff Abstractions - by Monthly Average

Year	Reason	2020										2021			
		April	May	June	July	August	September	October	November	December	January	February	March	April	May
	HOUSEHOLD	5	3	2	2	3	9	12	10	11	11	5	3		
	SELF	9	4	3	3	3	5	8	7	10	12	4	3		
	SWAB	2	1	1	1		1								
	UNKNOWN	4	1	2	2	1	2								
	VULNERABLE	21	23	21	16	18	16	15	12	3	3	3	3		

A&E/EAC Staff Abstractions - by Monthly Average

Reason ■ HOUSEHOLD ■ SELF ■ SWAB ■ UNKNOWN ■ VULNERABLE



A&E/EAC Staff Abstractions - by Monthly Average

Year	Reason	2020										2021			
		April	May	June	July	August	September	October	November	December	January	February	March	April	May
	HOUSEHOLD	8	5	2	2	5	15	20	16	17	17	7	3		
	SELF	13	5	4	3	4	9	14	12	15	19	7	5		
	SWAB	2	1	1	2										
	UNKNOWN	4	2	2	2	1									
	VULNERABLE	28	33	32	24	29	24	23	21	5	5	4	4	92	

Supporting NIAS Covid-19 Abstractions

- Management of continually evolving Covid Workforce Policy issues via Regional HSC HR Cell and development of FAQs for implementation within HSC
- Development and communication of guidance to NIAS managers and staff to support implementation of workforce policy
- Implementation of DoH policy on e.g. '**Shielding**' and '**Critically Extremely Vulnerable**' (CEV) staff groups including development and undertaking of risk assessments, supported by OH, and redeployment of affected staff
- Ongoing health and wellbeing support to staff
- Additional OH capacity secured via Independent Occupational Health Providers (engaged on a pilot basis via the Good Attendance Programme) to support COVID activity e.g. Clinical Extremely Vulnerable (CEV) staff
- Support in implementation of HSC Vaccination Programme for NIAS staff

Quality and Safety

Fit Testing

Fit testing is now being managed within the pre-Covid structures within the organisation. This team continues to liaise with regional PPE Cells

Staff Testing

A significant 1123 (inc. household) tests have been managed by the staff in-house with 307 positive results. We have seen a significant reduction in positive cases since February which is in line with community transmission rates. SMT are considering the management of testing in the medium to longer term potentially utilising regional testing to mitigate the impact of abstracted resources used to run this service.

Vaccination

We continue to support the regional vaccination programme and manage any internal challenges around staff allergies and information and guidance.

IPC

There are currently no outbreaks within the organisation and the team are focused on maintaining and supporting the embedding of standards consistently across the full estate.

Contact Tracing

4 clinical staff (2 X Paramedics and 2 X EMTS) have been assigned to deliver this service. The service operates 12 hours daily. Currently the team have managed 307 staff members who have tested positive for Covid-19 and 239 NIAS close contacts. SMT are considering arrangements to implement resilience within the service to manage the following challenges;

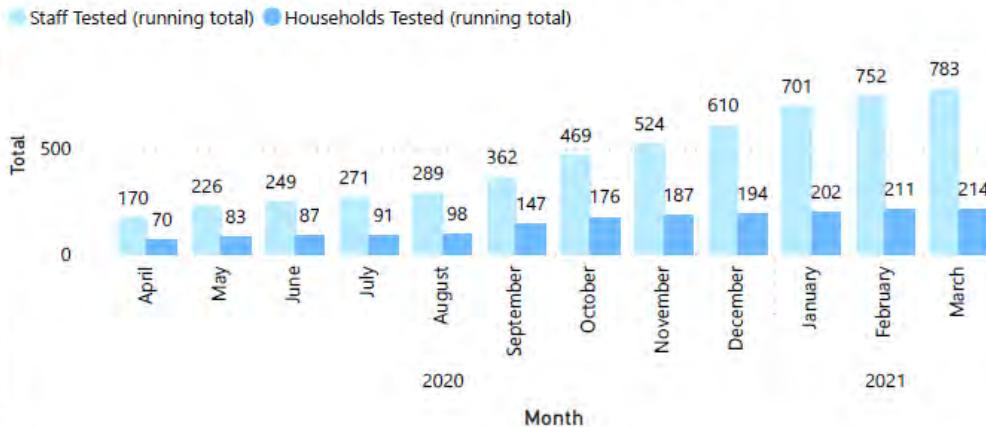
- Roll out and uptake of Vaccine
- Emergence of new strains of COVID-19 and Variants of Concern (VoC)
- Vaccine effectiveness in relation to new strains and VoC
- Phasing out of lockdown measures

NIAS COVID-19 Swab Testing

Cumulative Monthly Testing

Year	Month	Household Tested	Staff Tested
2020	April	70	170
	May	83	226
	June	87	249
	July	91	271
	August	98	289
	September	147	362
	October	176	469
	November	187	524
	December	194	610
	January	202	701
	February	211	752
	March	214	783

Staff Tested, Households Tested, Daily & Cumulative Positive Swabs HCW



Monthly Testing

Year	Month	Positive Swabs
2020	April	21
	May	3
	June	3
	July	0
	August	0
	September	4
	October	22
	November	9
	December	16
	January	4
	February	0
	March	1

Daily Positive Swab Test



- The number of both NIAS staff and household swab tested has plateaued with reduced demand of only 82 staff in Q4.
- The positive position regarding the ongoing reduction in positive test results is welcomed.
- The Medical Director continues to take forward arrangements for the screening of asymptomatic patient-facing healthcare workers using Lateral Flow Testing

NIAS Suspected COVID-19 Related Activity for Emergency Ambulance Control (EAC) (Calls)

EAC Suspected COVID-19 Related Call Activity



- The last 2 months of Q4 saw a reduction in calls to EAC reported as potential Covid related respiratory symptoms

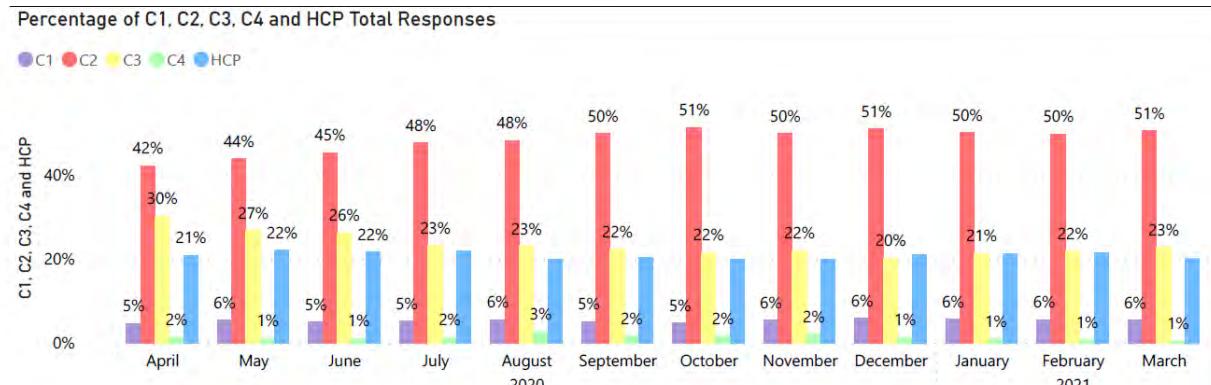
NIAS Suspected COVID-19 Related Activity for Non Emergency Ambulance Control (NEAC) (Journeys)

NEAC Suspected COVID-19 Related Journeys

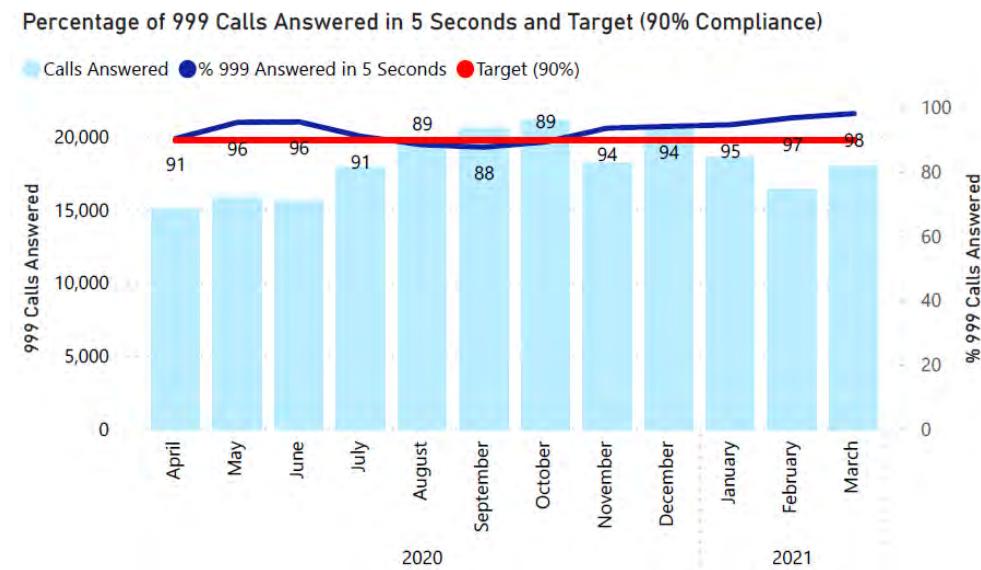


- NEAC suspected Covid related journeys peaked in the month of January in Q4.
- The reduction in the months of February and March will in some part be due to the fact that NEAC continue to provide A&E support for lower acuity calls that facilitate prioritising NIAS emergency response

The Proportion of Calls by Category (face to face) i.e. Acuity



999 Primary Line Call Answering Performance

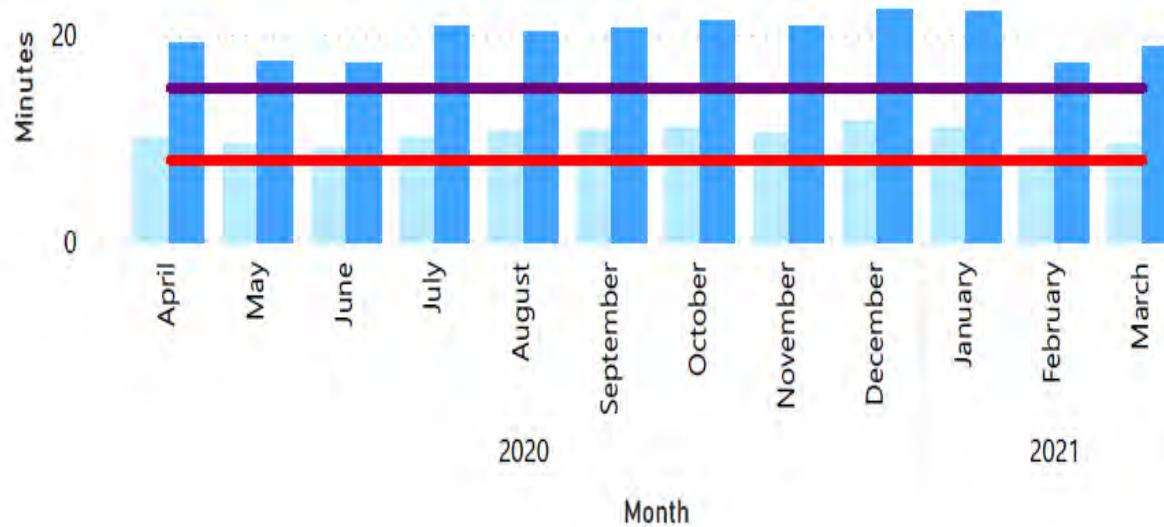


- Category 1 call response volume continue to remain static.
- The existing Cat 1 Improvement Group continue to focus on actions to address variation in response times for this cohort, and in March 2021 have commenced plans to extend this improvement work to the Cat 2 & 3 cohort of calls
- 999 all answering within 5 seconds continues in a positive and strong performance trajectory

EAC NIAS Emergency Activity Performance

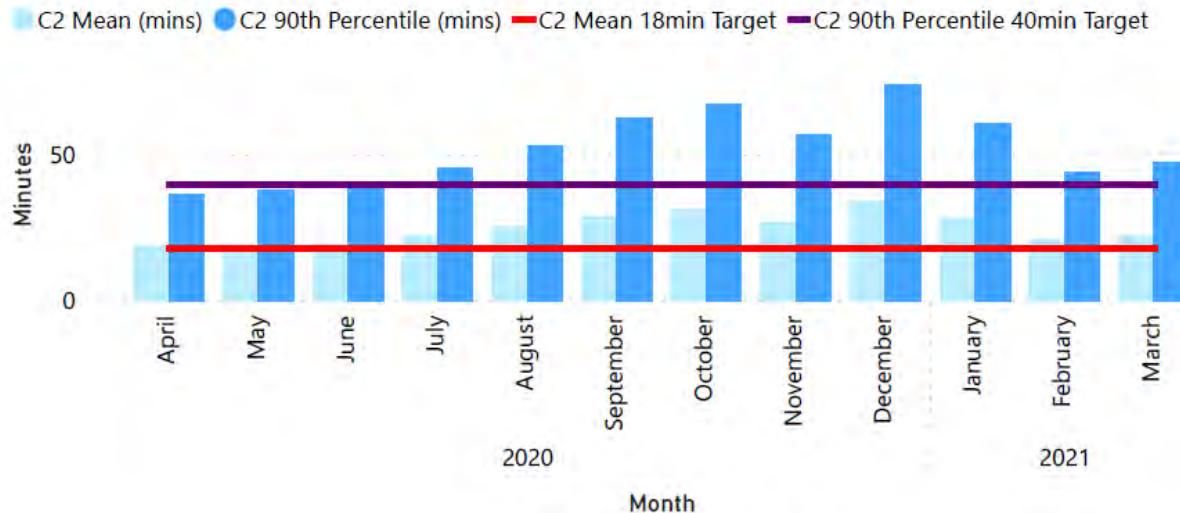
C1 Performance

C1 Mean (mins) ● C1 90th Percentile (mins) — C1 Mean 8min Target — C1 90th Percentile 15min Target



- The Cat 1 Improvement Group continue to meet regularly and concentrate on outliers of performance to take forward lessons learned to improve performance.

C2 Performance



C2 Performance

Year	Month	C2 Mean	C2 90th Percentile
2020	April	00:18:48	00:36:40
	May	00:19:04	00:38:05
	June	00:19:33	00:39:40
	July	00:22:14	00:45:57
	August	00:25:32	00:53:17
	September	00:29:05	01:02:56
	October	00:31:38	01:07:39
	November	00:27:00	00:57:06
	December	00:34:15	01:14:38
	January	00:28:40	01:00:59
2021	February	00:21:32	00:44:25
	March	00:22:32	00:47:36

- In March 2020 the Cat 1 Improvement Group have developed plans to improve the performance of operational crews for the time period between call allocation and “wheels turning”. This will apply to Cat 2 calls.

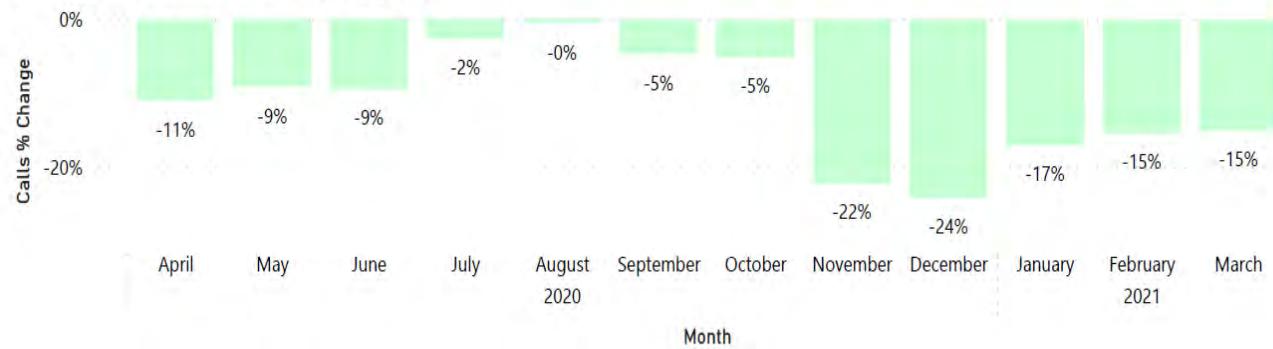
999 Emergency Calls, Responses & Conveyance Rates

Emergency Calls Received

Year	Month	2019	2020	% Change
2020	April	18,020	16,066	-10.84%
	May	18,276	16,639	-8.96%
	June	17,944	16,280	-9.27%
	July	18,217	17,763	-2.49%
	August	18,150	18,072	-0.43%
	September	17,917	17,110	-4.50%
	October	18,640	17,725	-4.91%
	November	20,833	16,248	-22.01%
	December	23,210	17,657	-23.93%
	January	20,665	17,186	-16.84%
2021	February	18,262	15,485	-15.21%
	March	19,818	16,869	-14.88%

- 999 emergency calls received in the last quarter of 2021 have remained relatively static

Percentage Difference in Calls - 2019 vs 2020



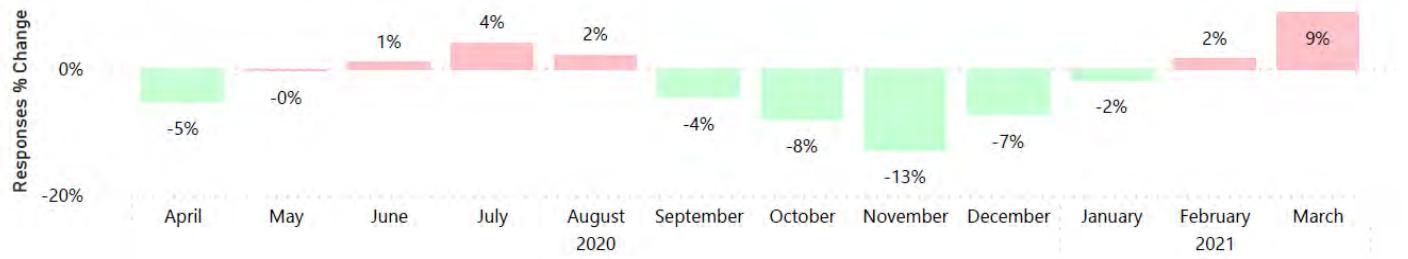
999 Emergency Calls, Responses & Conveyance Rates

Emergency Responses

Year	Month	2019	2020	% Change
2020	April	15,982	15,145	-5.24%
	May	16,219	16,205	-0.09%
	June	15,848	16,028	1.14%
	July	16,255	16,921	4.10%
	August	16,155	16,519	2.25%
	September	16,000	15,286	-4.46%
	October	16,855	15,517	-7.94%
	November	16,724	14,583	-12.80%
	December	16,731	15,526	-7.20%
	January	15,952	15,675	-1.74%
	February	14,187	14,421	1.65%
	March	14,623	15,931	8.94%

- The reduction in the volume of emergency responses experienced in the latter part of 2020 has ceased, with a noticeable increase in the number of responses in March 2021

Percentage Difference in Responses - 2019 vs 2020



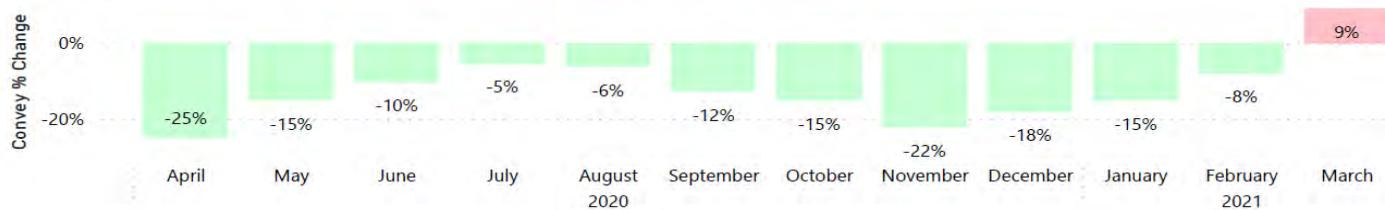
999 Emergency Calls, Responses & Conveyance Rates

Emergency Conveyance

Year	Month	2019	2020	% Change
2020	April	12,324	9,298	-24.55%
	May	12,503	10,650	-14.82%
	June	12,228	11,003	-10.02%
	July	12,511	11,885	-5.00%
	August	12,388	11,650	-5.96%
	September	12,393	10,847	-12.47%
	October	13,101	11,154	-14.86%
	November	13,209	10,318	-21.89%
	December	13,162	10,816	-17.82%
	January	12,745	10,850	-14.87%
	February	11,282	10,410	-7.73%
	March	10,670	11,656	9.24%

- Emergency conveyance rates were notably reduced during peak periods of the pandemic, however in March 2021 there was for the first time in 12 months an increase in 999 conveyance rates when compared to the same period in the previous year

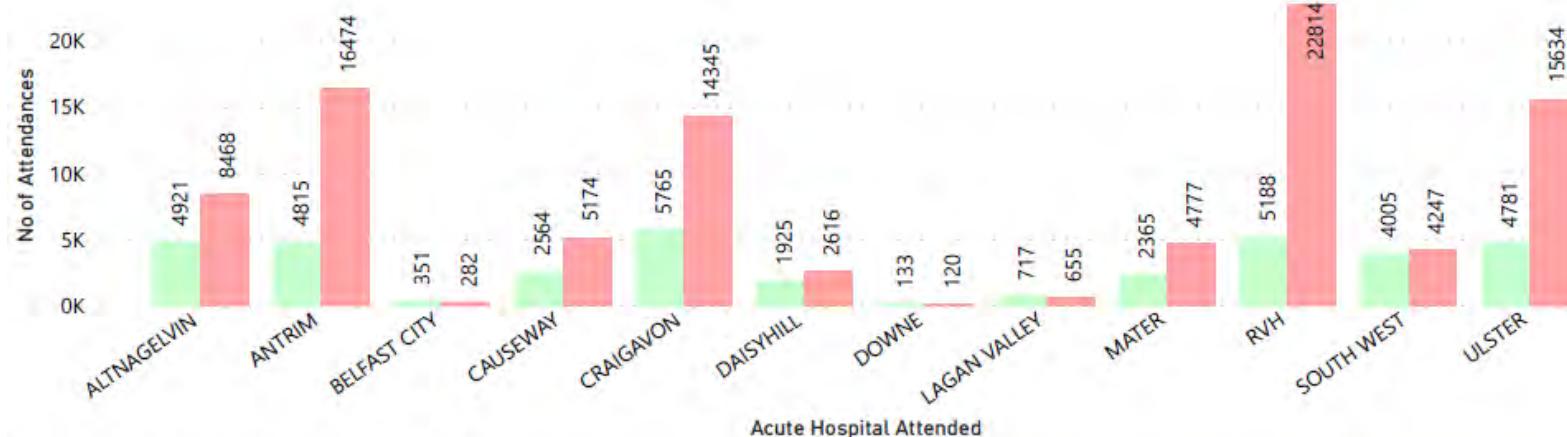
Percentage Difference in Conveyances - 2019 vs 2020



Cumulative Ambulance Turnaround Times (01/04/2020 - 31/10/2020) - KPI 30 minutes

Number of Attendances Within and Outside the Ambulance Turnaround KPI of 30mins

Within 30mins Over 30mins



Percentage of Attendances Within 30mins

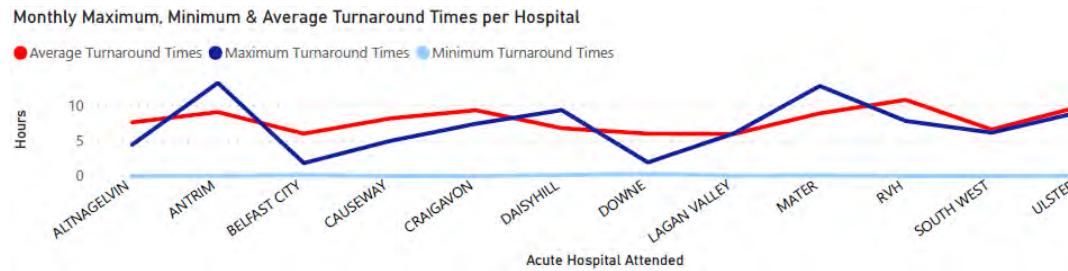
	ALTNAGELVIN	ANTRIM	BELFAST CITY	CAUSEWAY	CRAIGAVON	DAISYHILL	DOWNE	LAGAN VALLEY	MATER	RVH	SOUTH WEST	ULSTER	Total
	37%	23%	55%	33%	29%	42%	53%	52%	33%	19%	49%	23%	28%

Percentage of Attendances Over 30mins

	ALTNAGELVIN	ANTRIM	BELFAST CITY	CAUSEWAY	CRAIGAVON	DAISYHILL	DOWNE	LAGAN VALLEY	MATER	RVH	SOUTH WEST	ULSTER	Total
	63%	77%	45%	67%	71%	58%	47%	48%	67%	81%	51%	77%	72%

- Regional work through the No More Silos Group and the Health and Social Care Board continues to focus on a move away from reporting turnaround times as averages.
- Changes to the recording of turnaround times by crews on MDTs has facilitated an improvement in the accuracy of reporting handover times at emergency departments.

Monthly Cumulative Maximum, Minimum & Average Ambulance Turnaround Times - KPI 30 minutes



- HALO hours at EDs have been increased to support our staff in elements of turnaround times that are within their control, particularly at times of peak pressure when extremely long turnaround times are experienced.
- NIAS continue to provide welfare for our staff at EDs supported both by HALOS and Station Officers / Area Managers

Average Turnaround Times

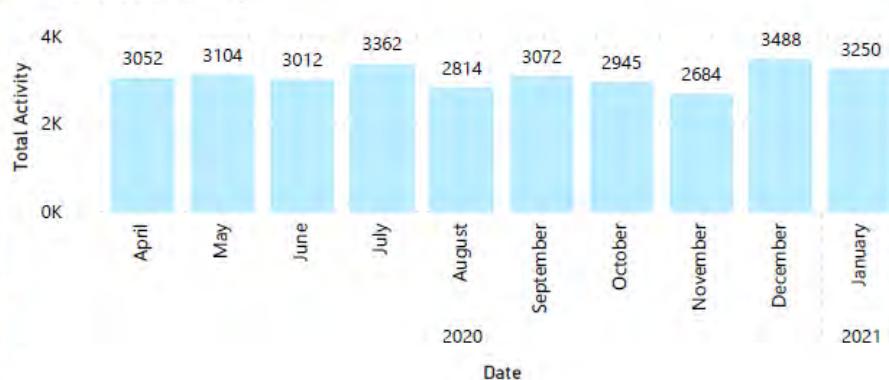
Year	Month	Altnagelvin	Antrim	Belfast City	Causeway	Craigavon	Daisyhill	Downe	Lagan Valley	Mater	RVH	South West	Ulster
2020	April	0:34:33	0:38:19	0:36:11	0:32:09	0:41:22	0:23:20	0:38:27	0:33:36	0:50:03	0:44:33	0:30:55	0:40:54
	May	0:34:31	0:35:27	0:33:19	0:33:01	0:39:06	0:23:31	0:32:05	0:33:07	0:36:37	0:50:57	0:29:44	0:36:58
	June	0:38:23	0:36:25	0:28:29	0:32:05	0:44:04	0:20:05	0:29:59	0:31:05	0:32:20	0:46:26	0:30:05	0:36:26
	July	0:40:18	0:36:32	0:24:14	0:35:10	0:46:19	0:23:48	0:23:14	0:31:31	0:36:07	0:46:23	0:28:49	0:40:55
	August	0:42:24	0:42:59	0:25:02	0:39:12	0:48:54	0:25:38	0:24:06	0:31:08	0:36:49	0:52:14	0:32:53	0:49:35
	September	0:41:41	0:45:07	0:28:18	0:38:07	0:48:17	0:23:59	0:25:06	0:32:00	0:50:25	1:00:26	0:36:14	0:57:46
	October	0:40:23	0:50:59	0:32:14	0:43:11	0:54:06	0:42:53	0:33:57	0:35:18	1:07:50	1:08:22	0:34:34	0:59:25
	November	0:37:04	0:49:42	0:37:02	0:50:14	0:46:31	0:42:28	0:28:26	0:28:59	0:55:16	1:01:09	0:35:47	1:01:04
	December	0:39:11	1:06:50	0:36:29	0:53:00	0:57:10	0:50:50	0:36:29	0:29:37	0:43:58	1:05:47	0:38:58	1:01:10
2021	January	0:37:46	1:01:27	0:28:58	0:49:55	0:57:21	0:52:55	0:33:58	0:23:25	0:44:49	0:53:40	0:34:47	0:53:30
	February	0:37:27	0:44:14	0:27:15	0:42:58	0:42:17	0:39:48	0:29:57	0:26:09	0:39:48	0:51:38	0:32:26	0:45:37
	March	0:36:06	0:40:01	0:25:27	0:44:16	0:38:26	0:40:29	0:27:18	0:24:17	0:43:30	0:51:28	0:32:47	0:47:37

Clinical Support Desk (CSD) - Hear & Treat/See & Treat/See & Convey

Total CSD Desk Activity

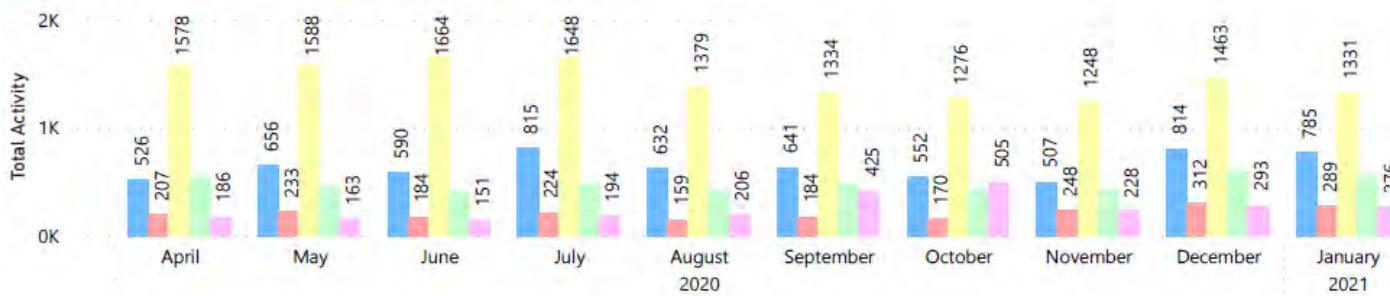
Year	Month	Total ACD 999	Total CSD	% CSD Activity
2020	April	15,104	3,052	20.2%
	May	15,874	3,105	19.6%
	June	15,635	3,012	19.3%
	July	17,995	3,362	18.7%
	August	19,525	2,814	14.4%
	September	19,445	3,072	15.8%
	October	21,179	2,945	13.9%
	November	18,236	2,684	14.7%
	December	20,742	3,488	16.8%
	2021	January	18,609	3,250

Total CSD Desk Activity



CSD Desk Activity (Outcome Codes)

(●) A&E Not Required (■) A&E Required (▲) A&E Upgrade (■) Hear & Treat (■) Welfare & Advice



CSD activity continues to rise, and ongoing recruitment to support this important recruitment is required. There are opportunities to be realised for this function to increase the volume of patients who can be managed through both a Hear & Treat / refer or See & Treat to avoid conveyance to an ED. Whilst NIAS have a non conveyance rate of circa 33% some ambulance Trusts in GB have a non conveyance rate of circa 50%

Nursing Home Activity

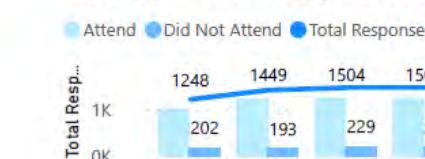
Responses to Nursing Homes
14.54K

Total Responses to Nursing Homes

Year	Month	Responses
2020	June	1248
	July	1449
	August	1504
	September	1504
	October	1579
	November	1503
	December	1661
2021	January	1491
	February	1198
	March	1398

Attended Hospital from Nursing Homes
12.10K

Total Responses to Nursing Homes



Responses to Nursing Homes with Suspected COVID-19
3651

Total Responses to Nursing Homes & Hospital Attendances



Attended Hospital from Nursing Homes with Suspected COVID-19
3016

- Whilst falls affect people regardless of age or underlying health issues, people aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% older than 80, falling at least once a year.
- Locally the Northern Ireland Ambulance Service (NIAS) recorded 3,450 fall-related calls from Nursing Homes in the period January to July 2020, with a significant increase in calls post COVID-19. Falls are the second most common reason people call the ambulance in Northern Ireland with approximately 29,000 calls per year.
- NIAS has established a short-term task and finish team to develop a pathway for use in managing people who fall in Care Homes.

TB/06/05/2021/07



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	6 May 2021
Title of paper:	DoH correspondence: CRM SOC letter of approval
Brief summary:	Attached is a letter of approval for CRM SOC from DOH Programme Management Board. The Trust can now proceed to Outline Business Case Stage
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	SMT – 27 April 2021
Prepared and presented by:	Brian Mc Neill, Director CRM, Fleet & Estates
Date:	29 April 2021

Michael Bloomfield
Chief Executive
NIAS

Infrastructure Investment Directorate
Castle Buildings
Upper Newtownards Road
BELFAST
BT4 3SQ

Tel: 028 90 52311
Email: Audrey.Harvey@health-ni.gov.uk

Our Ref: HE1/21/235038
Date: 24 April 2021

Dear Michael,

NORTHERN IRELAND AMBULANCE SERVICE (NIAS) CLINICAL RESPONSE MODEL (CRM) PROGRAMME – STRATEGIC OUTLINE CASE (SOC)

I am writing to you regarding the SOC for the Clinical Response Model Programme which was re-submitted to the Department on 7 April 2020.

The review of the SOC is now complete and I am pleased to advise you that approval has been granted for the Trust to proceed to Outline Business Case (OBC) stage. **You should engage with relevant Directorates in DoH, to establish the likely affordability position with regards to both revenue and capital, before commencing an OBC.**

There are also a number of points which should be fully considered at OBC stage as set out in **Annex A**. In addition previous comments, for inclusion within the OBC, which have been issued to NIAS are reattached for your information.

Please note approval at SOC stage relates purely to the progression to OBC stage and does not provide approval to commit expenditure on the implementation of the programme or project.

Yours sincerely

Audrey Harvey
Programme Management Unit

Cc:

Preeta Miller	DoH
Brigitte Worth	DoH
Brian McNeill	NIAS
Mignonne Smith	NIAS
Sharon Allen	DoH
Linda Carter	DoH
Brian Dunlop	DoH
Leah Montgomery	DoH
Paul McGuigan	DoH
Carole Bell	DoH
Craig Donnachie	DoH

Annex A

1. The options analysis in the SOC appears to be quite limited given that it is only appraising different levels of funding (1-5 years' worth of funding) See also previous comments attached. The 5 year funding option is always going to come out on top making the options analysis slightly superficial. The Dept would expect to see options for different combination of staff or working patterns, different mix or number of vehicles and options around optimising estate. Given that this is a programme SOC, and the SOC is already quite lengthy, this can be dealt with in the OBC.
2. Page 10, para. 2.3 – Need for the Programme – this section demonstrates the need for the programme by presenting demand for services, deficiencies in existing provision and benchmarking NI to the other UK countries. This will all need to be explored in more detail in the OBC.
3. Page 22, para. 5.3 states that NIAS was benchmarked against 3 other UK ambulance services in a review of the Organisation Functions and Workforce: North East Ambulance Service, Welsh Ambulance Service and South Central Ambulance Services. Was there any particular reason why these Ambulance Services were selected to benchmark Northern Ireland against? It would be useful if this could be clarified at OBC stage.
4. Page 30 – states that the projected additional number of vehicles required to support the CRM is: 51 A&E vehicles, 27 Response Cars and 27 Support vehicles; total 105 vehicles. The OBC should include more detail on how this was derived.
5. Page 35, Table 19b shows that the C1 90th percentile target is never met under Option 6 despite this being the maximum expenditure proposed under any option. The target is linked to Objective 4: provide a more equitable service for communities of NI by achieving the C1 90th centile of 15 minutes by no later than 2025/26 and C2 90th centile target of 40 minutes by no later than 2026/27. Therefore is this really considered a realistic and achievable target? The Dept would suggest that this should be explored more in the OBC.
6. Page 39, Table 24 – it is not clear what each column in the table represents. The Dept would request that this is clarified in the OBC.

TB/06/05/2021/08



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	6 May 2021		
Title of paper:	Rebuilding HSC Services Plan: April – June 2021		
Brief summary:	Members are asked to note this paper which provides a high-level overview of actions to rebuild services during April to June 2021.		
Recommendation:	For Approval <input type="checkbox"/>	For Noting <input checked="" type="checkbox"/>	
Previous forum:	n/a		
Prepared and presented by:	Ms Maxine Paterson, Director of Planning, Performance & Corporate Services		
Date:	29 April 2021		

NI AMBULANCE SERVICE- REBUILDING HSC SERVICES PLAN - APRIL – JUNE 2021

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

The Trust experience during COVID-19

Since March 2020 COVID-19 has had a detrimental impact across HSC when many services had to suspend / reduce normal service including many elective procedures. In NIAS, during the first surge, call demand dropped, but there were a significant number of staff unavailable to respond due to the need for staff self-isolation and clinical vulnerability. In June 2020, NIAS initiated a Recovery Co-ordination Group to oversee the rebuilding of services and our transition to normal business. The Trust was able to maintain much of this progress during the second surge of COVID-19, which began in September 2020. However, in the third surge, which began in late December 2020, NIAS had to take significant actions based on the Trusts' business continuity arrangements and respond to 'extreme' pressure by fully implementing the Resource Escalation Plan, to ensure that patient and staff safety was sustained.

NIAS staff went to great lengths to ensure many services continued during each COVID-19 surge. This plan is intended to outline proposed actions for those services that experienced a significant impact, as a result of the pandemic, and explains the actions being proposed to further increase capacity and/ or access from April 2021.

Key Principles adopted when developing the Rebuild plan

The Trust has set out in this document a high-level overview of actions to rebuild services during April to June 2021. The Trust remains committed to delivering safe and effective care for our clients and patients. As a result, some patients may continue to wait longer than we would like. In accordance with the Regional Rebuilding Management Board, chaired by the Permanent Secretary for Health, the process of rebuild for all Trusts, including NIAS, will be guided by the following five principles:

- **Principle 1:** We de-escalate ICU as a region, informed by demand modelling and staffing availability;
- **Principle 2:** Staff are afforded an opportunity to take annual leave before assuming 'normal' duties;

- **Principle 3:** Elective Care rebuild must reflect regional prioritisation to ensure that those most in clinical need, regardless of place of residence, are prioritised (short notice cancellations may result in the scheduling of routine patients to avoid the loss of theatre capacity);
- **Principle 4:** All Trusts should seek to develop green pathways and schedule theatre lists 2-3 weeks in advance. The aim will be, for any given staffing availability, to maximise theatre throughput;
- **Principle 5:** The Nightingale facilities should be prioritised for de-escalation to increase regional complex surgery capacity as quickly as possible.

In accordance with these principles, NIAS will continue to work together with our partners across Northern Ireland to implement the recovery of Non-COVID-19 Health and Social Care Services and will contribute to the regional work streams and areas of focus to support the HSC in delivering for our population based on our agreed regional approach:

- **To ensure Equity of Access for the treatment of patients across Northern Ireland**
- **To minimise transmission of COVID-19; and**
- **To protect access to the most urgent services for our population.**

The Trust is committed to its legal duties under Section 75 of the Northern Ireland Act 1998 as detailed in its approved Equality Scheme and the Rural Needs Act 2016. In terms of assessment of the NIAS Trust Rebuild plan, the Trust will screen for both equality and rurality to identify potential adverse impact.

Some of the key Challenges in implementing our plans:

- **Balancing safety and risk** through regional agreements in respect of ensuring both effective ongoing response to COVID-19 locally and the need to rebuild services for prioritised clinical groups, on an equitable basis, for the Northern Ireland population; taking account of specific Trust differences, including for example the capacity of non-emergency ambulances;

- Assessing **workforce** pressures, including the ability to safely and appropriately staff the rebuild plans. We must ensure our staff are supported and feel valued by ensuring those who have been working constantly or who have been redeployed are given time to recover. Over the last year staff have been working tirelessly and have not been able to take sufficient periods of annual leave, therefore it is important to give them the opportunity to avail of this. The impact on staff resources required to support the vaccination programme, resources required to manage local cluster outbreaks and the testing and swabbing to maintain patient and staff safety, in respect of spread of infection, has been challenging. We have also have to factor in flexible working necessary to support childcare and caring commitments;
- **Building on new ways of working and innovations to provide safe and effective care.** Recognising that there has been a vast amount of innovation successfully implemented, including widespread use of virtual platforms for management of the pressures, building on this will involve working closely with our primary care and community partners and our clinical leaders, using flexible and remote working where appropriate and rapid scaling of technology;
- Continuing to **maintain effective COVID-19 zoning plans** in line with Infection Prevention and Control advice and guidance, to safely manage separate pathways for flow of staff across sites, optimise efficient utilisation of Personal and Protective Equipment (PPE) and ensure adequate catering and rest provisions for our staff;
- Assessing the ability of our **accommodation and transport infrastructure** to support and enable restart plans across our hospital and community sites. This presents significant challenges and will include a reduction in site capacity and productivity;
- Sustaining **models for ‘swabbing’ and ‘testing’** of our staff as part of our ongoing response to COVID-19;
- Sustaining a **reliable supply of critical PPE and medicines** to enable us to safely increase our services. In this plan the Trust has assumed a supply of PPE to meet the anticipated activity levels;
- We will be mindful of our commitment to **co-production and engagement** and informed involvement in key decision making in our local agreements to rebuild plans, while ensuring we harness opportunities to deliver services differently and with innovative solutions that reduce the need for direct patient contact but can effectively and safely deliver health and social care services;
- Providing continued support to **those in need within our population** including those who were ‘shielding’, vulnerable people, and people at risk of harm;



- Rebuilding services safely in some areas requires **capital and revenue funding** to be made available;
- **Any future surge in COVID-19 transmission** could result in a temporary adjustment to our services to cope with demand. Possibly the most significant consideration is the approval and administration of COVID-19 vaccine programme. Whilst excellent progress has been made in the roll-out of the vaccination programme, people living in Northern Ireland must remain cautious and adhere to the public health guidelines. This is a complex and long-term undertaking and it will be some time before the vaccination programme is rolled out to the majority of the population.

The people of Northern Ireland have made significant sacrifices over the course of the last year and the collective effort to make the current lockdown effective has been substantial. The outcome of those sacrifices in a lowering of infection rates is now being seen. We all need to play our part in sustaining this reduction in transmission to preserve life and support our health service.

The plan has been developed in conjunction with the relevant members of the NIAS Silver Command Cell and our staff representative groups which includes a wide range of stakeholders. A number of these staff members have liaison roles with the voluntary and private ambulance providers; some represent NIAS on regional and national fora ensuring NIAS' rebuilding plans are in line with the plans of other Trusts, and in line with the emerging evidence base and best practice from across the UK.

NIAS will also contribute to areas of regional focus to support the HSC in the re-configuration of services that meet the needs of the population. Further information on these can be found in Appendix 1.

We will also continue to engage with key partners to ensure that plans are representative of and include the valuable input of those who use our services.

	Service area	What are we planning to do to rebuild services from April – June 2021?
Corporate	<ul style="list-style-type: none"> ❖ Communications ❖ HR Functions ❖ Regional planning input ❖ Staff Peer support ❖ Sharing learning from COVID-19 with others ❖ Digital patient record roll out. 	<ul style="list-style-type: none"> ❖ Continue to deliver messages to the public and service users to keep them informed ❖ Continue to deliver usual HR activity. ❖ Continue to deliver strategic information to the HSC to support longer term modelling and future planning. ❖ Continue to develop a range of front-line peer support mechanisms and pilot story-telling and other staff support mechanisms. ❖ Continue to share learning with staff ❖ Continue to work in partnership to share learning from COVID-19 with ROI and UK ambulance partners. ❖ Continue to progress with the roll out of mobile devices for staff and introduction of electronic patient records
Operations	<ul style="list-style-type: none"> ❖ Front-line ambulance service delivery ❖ Front-line Support ❖ Involvement in regional Urgent and Emergency Care Reconfiguration ❖ Management support to front-line staff Redeployment of vulnerable front-line staff. 	<ul style="list-style-type: none"> ❖ Daily Huddle meetings Monday – Friday will continue to carefully monitor demand versus planned ambulance resources. Silver Command may be stood down during this period as a Recovery/Rebuild process is re-initiated. ❖ Commence a co-ordinated and phased return of PCS resources to NEAC Control and reduce usage of Voluntary and Private Ambulances. ❖ Area Managers and Clinical Leads are represented on Local Implementation Groups of No More Silos Network. NIAS have led on proposing specifications of Ambulance Triage and Handover areas. ❖ Both Station Officer and Supervisor positions have been recruited to ensure all posts are filled. ❖ In line with national and regionally agreed guidance and protocols, continue to support vulnerable staff to return to patient-facing or non-patient facing roles to enable their continued contribution to NIAS.
Control	<ul style="list-style-type: none"> ❖ Management of demand ❖ Paramedic Clinical Support Desk 	<ul style="list-style-type: none"> ❖ As part of Rebuild process implement a Patient Safety Plan within EAC to assist in managing periods of high demand. ❖ Complete recruitment and training of additional CSD clinicians – to include nurses as well as paramedics.

	Service area	What are we planning to do to rebuild services from April – June 2021?
Patient Care Services	❖ Use of contingency Emergency Ambulance Control	❖ Whilst social distancing is required the second EAC site will continue to be used as a contingency Control Room. There are no plans to return this building for Control Training at present.
	❖ PCS	❖ PCS had been re-deployed to support Emergency Ambulance Services. Plans are underway to return PCS to outpatient journeys and hospital transfers soon.
Clinical	❖ Voluntary Car Service	❖ Continue our intention to progress as many VCS back to active duty as possible. A range prefer to wait until the situation eases.
	❖ Activity of Voluntary and Private Ambulance services	❖ Commence a co-ordinated and phased return of PCS resources to NEAC Control and reduce usage of Voluntary and Private Ambulances.
	❖ Clinical Training	❖ Plans continue, with delivery of programmes in line with COVID-19 mitigation measures. A new Paramedic FdSc cohort commencing towards end of March will continue throughout this period. An AAP cohort that commenced in February will also continue to be delivered throughout the period. A familiarisation course for already qualified Paramedics recruited to NIAS is scheduled to be delivered in April.
	❖ Community First Responder Schemes	❖ Continue to work on the reintroduction of the local schemes through provision and training related to PPE and other issues with intention to return to service during the period indicated.
	❖ Joint plans with PSNI and NIFRS	❖ NIAS will continue to meet with PSNI regularly and maintain a state of readiness to provide partner agency support should it be required.
	❖ Complex Case Team	❖ The team continue to work to support Complex callers to NIAS.
	❖ Helicopter Emergency Medical Service (HEMS)	❖ HEMS attending non-trauma calls with pilot in place to review each call. Social distancing in place at MLK and EAC airdesk.



Regional DOH Input to Trust Rebuild Plans - April 2021 to June 2021

NIAS will continue to play its part in contributing to safe and effective delivery of services.

Critical Care De-escalation

1. Critical Care Units continue to operate above their baseline bed numbers and this position is currently expected to continue into April and May. The critical care system has been operating at a higher level of beds from the spring last year. This additional pressure for such a prolonged period has been challenging for intensive care staff and the re-deployed staff from other areas in Trusts who have been helping to keep the critical care beds open.
2. It is acknowledged that it will be some time before critical care is able to reduce beds to its baseline funded bed complement of 72 level 3 equivalents. Although there has been a reduction in COVID-19 patients within critical care, from a high of 69% of the patients being cared for to 39%, it is anticipated that there will continue to be between 20- 25 COVID-19 patients in critical care into April and May. Coupled with this, non covid demand will increase as elective work resumes.
3. The critical care system will continue to work together across the region to ensure that where and when beds can be de-escalated and staffing allowed to return to their normal positions, after rest and recovery, this is achieved in a managed way, at the local and regional level. Plans are in place to do this safely while supporting mutual aid and ensuring equity across the system.

Cancer Services

4. Cancer waiting times were unacceptable before the COVID-19 pandemic. Cancer referrals, and screening, diagnostic and treatment services have all been significantly impacted by the pandemic resulting in immeasurable distress for patients. The service needs to act now not just to build services back but to build them back better. The Health and Social Care Board is currently working with the Department of Health to produce a Cancer Recovery Plan. The 3 year plan builds on the work already commenced through the Cancer Reset Cell and pulls forward a number of early actions associated with recommendations included in the draft Cancer Strategy, which is being co-produced with patients, the wider service and the voluntary sector. The plan will aim to improve cancer waiting times by addressing backlogs that have arisen as a consequence of the COVID-19 pandemic as well as seeking to address capacity gaps that existed pre-COVID. It will do this through an expansion in capacity (both staffing and equipment), the modernisation of care pathways and the adoption of new tests and technologies. All of this will be underpinned by a focus on skills mix and multi-professional education and training.



5. The plan does not specifically address cancer surgery which is being looked at as part of the wider elective plan. It covers the following key areas:
 - Supporting patients
 - Screening
 - Awareness & early detection
 - Safety netting & patient flow
 - Diagnostics to include imaging, endoscopy, colposcopy and pathology
 - Prehabilitation & Rehabilitation
 - Oncology & Haematology
 - Palliative care

Regional Waiting List

6. As we emerge from the latest wave of the pandemic, the focus of the HSC will be on resetting all elective services in an environment that is safe for both staff and patients. It is expected that theatre capacity will continue to be constrained during this period and that theatre access will vary across Northern Ireland potentially resulting in differential waiting times. It is therefore essential that capacity is protected for the highest priority patients and that access to this capacity is provided equitably across Northern Ireland. The Regional Prioritisation Oversight Group (RPOG) will continue to play a key role in ensuring that the clinical prioritisation of cancer and time critical/urgent cases across surgical specialities and Trust boundaries, is consistent and transparent and to ensure the utilisation of all available capacity (in-house and in the Independent Sector) is fully and appropriately maximised.
7. Trusts, as part of their rebuild plans April to June 2021, will also need to designate 'green' sites by ensuring complete separation of elective and unscheduled services. At the same time, Trusts will need to put in place 'green' pathways at major acute hospitals to ensure that cancer and complex elective surgery (that can only be provided on these sites) can be kept separate to complex unscheduled surgery. While accepting that there are still risks in the system, all organisations will need to be agile and manage this risk proportionally, giving the best opportunity to maximise theatre throughput and patient care.

Orthopaedic Hubs

8. In July 2020, the Minister announced plans for the regional rebuilding of elective orthopaedic services with the publication of the blueprint document 'Rebuilding, Transition and Transformation of Elective Orthopaedic Care delivered by Health and Social



Care in Northern Ireland', and the establishment of a regional Orthopaedic Network to take this forward. The blueprint document set out a plan to focus services delivery from 2 hub sites initially (Musgrave Park Hospital and Altnagelvin Area Hospital) with the longer term aim to utilise all orthopaedic units in Northern Ireland. Despite the successful resumption of activity across the region at that time, elective orthopaedic services were subsequently suspended in October as resources were redeployed to address the immediate pressures arising as a result of the COVID-19 surge. Services remain suspended, however throughout this period the Orthopaedic Network has continued to explore and develop opportunities for regional transformational change for the service.

9. Entering the next phase of service rebuilding, the blueprint will be re-established through the regional Orthopaedic Network. The key aim is to restart regional elective orthopaedic services in a safe and sustainable manner on a dedicated site with a 'Covid light' pathway. This will be taken forward on a phased basis, addressing as a priority those patients with the greatest clinical need, whilst at the same time working to deliver long-term transformational change to the service.

Day Case Elective Care

10. In July 2020, the Minister announced that Lagan Valley Hospital in the South Eastern Trust would become a dedicated day procedure centre for the region. While the nature of the site means that it is most suitable for day case surgery and procedures rather than more complex work, the complete separation of elective and unscheduled services at the site has enabled services to continue be delivered throughout the pandemic on a 'covid-light' pathway. In recent months, the site has delivered red flag and other high priority lists on behalf of the region where these could not be accommodated at the hospital of origin due to pandemic pressures. Work is underway with clinicians across the HSC to identify the types of procedure that will be suitable for the regional day procedure centre at Lagan Valley Hospital as elective activity resumes.
11. Prior to the pandemic, there were also similar initiatives for cataracts and varicose veins in Downe, Omagh, South Tyrone and the Mid-Ulster Hospital. Over time, and as more elective capacity becomes available as pressures at hospitals decrease, it is expected that options for other regional day procedure facilities will be explored by the Day Procedure Network.

No More Silos

12. The Department's COVID-19 Urgent and Emergency Care Action Plan, seeks to implement 10 key actions to maintain and improve services is currently being implemented in all Trusts. Local Implementation Groups have been established in all Trust areas and significant progress has been made over the last quarter.



13. Key developments during the period April to June will include: the roll out of the Phone First telephone triage and assessment service to all Trusts, using a single regional number; establishment of urgent care centres attached to EDs across the region, and development of new direct referral pathways to services in primary, secondary and community settings.

Vaccine Programme

14. The vaccination programme is following the prioritisation list recommended by the Joint Committee on Vaccination and Immunisation (JCVI). While the vaccination programme is dependent on the supply of vaccine, rapid progress has been made and by April it is hoped that the first 9 priority groups will be close to being vaccinated. This will allow the programme to proceed to priority groups 10, 11 and 12 which will cover the remaining adult population aged 18 to 49 years of age. A large portion of these groups are likely to be vaccinated during the period of April to June using a combination of the Trust regional vaccination centres, including the large centre located at the SSE Arena in Belfast, GP Practices and Community Pharmacies.
15. The vaccination programme is still in its early stages and to be sure of its success, we will continue to closely monitor its impact on serious illness and hospitalisations. On a positive note, there is emerging evidence of fewer outbreaks in care homes. The long term success of the programme depends on achieving high uptake rates in all sections of the adult community and therefore every effort will be made to ensure the programme continues to be rolled out rapidly.

Mental Health

16. Mental health services continue to face considerable pressures as a result of the COVID-19 pandemic. Adult in-patient services regularly see bed occupancy rates over 100% and heightened acuity levels including a threefold increase in special observations and doubling of the proportion of detained patients. Community mental health service are also reporting increasing levels of low level anxiety and depression. A similar position is reflected in our younger population with referrals to CAMHS continuing to increase. It is expected that these pressures will continue.
17. Work has progressed to help and support people's mental health and wellbeing. A reformed Mental Health and Emotional Wellbeing Strategic Working Group will provide strategic direction in the recovery work. Additional funding has also been invested in mental health services, with commitments for a new specialist perinatal mental health service and managed care networks for CAMHS and forensic mental health. DOH will also allocate £1.5m recurrent funding from 2021/22 to support the implementation of the new Emotional Health and Wellbeing in Education Framework. The new Mental Health Strategy is the subject of a public consultation, which closed on 26 March. This will help ensure a cohesive strategic direction for development of mental health services over the next 10 years.



Adult Social Care

18. Significant financial and in-kind support has been provided to independent sector providers of adult social care, helping to keep our care homes safe and ensure essential services such as domiciliary care (homecare) continue. This has included up to £45m in direct financial support for care homes, as well as income guarantees. Careful consideration is being given to what ongoing financial support is provided into 2021/22, while also assessing the longer term impact the pandemic has had on the sector. The ongoing provision of PPE without charge, where providers cannot access their own supplies, will continue into 2021/22 as will the use of routine testing to help protect care homes and supported living settings.
19. The Department will continue to work with Trusts to ensure all options are explored to ensure day centre services, day opportunities and short breaks capacity is maximised – and that we build on new ways of working, such as greater use of direct payments to support the care of individuals. Support to carers will continue to be a priority, recognising the increased burdens that have been placed on those who care throughout the pandemic. The pandemic has reinforced the need to secure long term change and reform of adult social care, in line with the priorities set out in Power to the People.

TB/06/05/2021/09



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	6 May 2021
Title of paper:	Health, Safety & Fire Safety Annual Report
Brief summary:	<p>The purpose of this report is to provide a summary of the improvements in health, safety and fire safety management arrangements, activities, compliance and performance for the year 1 April 2020 to 31 March 2021.</p> <p>Members are asked to note its content.</p>
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	SMT – 27 April 2021
Prepared and presented by:	Katrina Keating, Risk Manager Maxine Paterson, Director of Planning, Performance & Corporate Services
Date:	29 April 2021

HEALTH, SAFETY & FIRE SAFETY ANNUAL REPORT

EXECUTIVE SUMMARY

Despite an extraordinary year that has impacted upon both plans and resources, the Risk Management Team have achieved significant progress in a number of areas.

Purpose

- The purpose of this report is to provide Trust Board with summary information relating to principal activities associated with the promotion and management of health and safety and fire safety, for the period 1 April 2020 to 31 March 2021. The report also highlights the current key priorities for the Risk Management Team going forward.

Safety Legislation, Governance & Assurance

- The report provides a summary of the legislative framework within which health and safety and fire safety concerns are managed and addressed, and outlines the organisational and governance arrangements that underpin health and safety and fire safety management within the Trust.

Supporting The Organisation

- The Risk Management Team completed 33 audits to assess the extent of awareness of, and compliance with the Trust's health and safety and fire safety related policies and procedures. Outcomes demonstrated a good degree of awareness and a positive level of interest in local health and safety and fire safety management.

Incident Reporting & Management

- Staff incidents accounted for 35% of the total incidents. A total of 195 RIDDOR reports were made (61% Covid-19 related). Top incident reporting themes include manual handling and violence and aggression. Incidents are investigated in compliance with the Adverse Incident Reporting & Management Procedure and learning captured.

Policies & Procedures

- Five new corporate policies and procedures were developed and implemented, and a further 5 are nearing completion. 26 corporate risk assessments were developed and full Trade Union consultation exercises completed across all corporate documentation.

Training

- Lots of training has been carried out including IOSH Managing Safely (4), NEBOSH Health & Safety (2), NEBOSH Health & Wellbeing (6), Fire Warden (66), First Aid ((21), Fit Test Competent Persons (19), Health and Safety eLearning (181), Display Screen Equipment eLearning (53) and Level 2 Health & Safety (149).

Regulator

- During the reporting period the Trust received did not receive any regulatory or improvement notices.

Next...

- Work is planned to develop a health and safety handbook, and develop / review the Occupational Road Risk Policy, CCTV Policy, Manual Handling Policy & Procedures, Asbestos Policy, Legionella Policy, Stress Policy, PPE Policy, Health Surveillance Policy.

1.0 INTRODUCTION:

There are sound economic reasons for reducing work-related accidents and ill-health, as well as ethical and regulatory motives. These are summarised as follows:

- **Economic** – besides reducing costs, effective health and safety management promotes efficiency. Across the UK thousands of work-related accidents, resulting in more than three days off work are reported to the Health and Safety Executive each year. Work-related diseases and ill-health are more difficult to measure due to their long latency period but result in millions of days lost at work each year.
- **Legal** – all employers have legal responsibilities under the Health and Safety at Work (NI) Order 1978 and associated statutory legislation to put suitable arrangements into place for the management of health and safety. Failure to comply with health and safety arrangements may result in incidents which impact on staff, patients and others to whom the organisation owes a duty of care.
- **Moral and ethical** – the proactive management of safety and health in the workplace helps organisations prevent injuries and ill-health at work.

1.1 Purpose:

The purpose of this report is to provide a summary of the improvements in health, safety and fire safety management arrangements, activities, compliance and performance for the year 1st April 2020 to 31st March 2021.

This report provides assurance to Trust Board that there are adequate policies, systems and procedures in place for the management of health and safety and fire safety across the organisation. The fire elements of this report are intended to provide assurance in relation to the Trust's statutory responsibilities with regards to compliance with the Management of Health and Safety at Work (NI) Regulations 2000 and the Fire Safety Regulations (NI) 2010 and HSC Security requirements.

2.0 ORGANISATIONAL ARRANGEMENTS:

The Trust's Health and Safety Policy Statement specifies the organisation's approach to the management of Health and Safety, including details of roles and responsibilities and the Trust's commitment to the reduction of incidents. In addition, the Trust supports legal compliance by employing a Risk Management Team. Along with other professional staff, the Team consists of a number of qualified professionals in health, safety, fire and security, as detailed below:

- Risk Manager (Health, Safety, Fire & Security Lead).
- Health & Safety Advisor.
- Fire & Security Advisor (appointed April 2021).

The Team is responsible for overseeing the Trust's health and safety arrangements and to monitor compliance. This includes supporting and advising line managers, safety representatives and staff on matters of health, safety, fire and security; developing relevant policies, carrying out inspections and developing and delivering training. The team responds daily to multiples emails and telephone queries daily, arranges site visits, fact finds and generally solves a multitude of problems! **No problem too big or too small!**

2.1 Health, Safety & Fire Safety Assurance Arrangements:



The Trust's Joint Health and Safety Committee is responsible for the oversight of all health and safety related issues including monitoring legal compliance.

- Sitting under the Health and Safety Committee, the Trust's Fire Compliance Group is responsible for monitoring all fire safety related matters.
- Also sitting under the Health and Safety Committee is the Management of Aggression Group which is responsible for monitoring arrangements with regards to work related violence and aggression.

Trade Union colleagues are members of each of these committees / groups, which enable the Trust to comply with legal requirements around consultation, and ensures staff representatives are involved in the development and implementation of new or updated requirements and arrangements.

Each group has full terms of reference in place (available on request) and groups meet not less than three times per year. An escalation template is in place for matters to be escalated to the Safety, Quality, Patient Experience & Performance Committee and any more urgent matters can be escalated to the appropriate Director or the Senior Management Team (SMT) as appropriate.

2.1.1 External Assurance:

Key arrangements in place with regards to assurance are as follows:

- The Trust is subject to a programme of internal audit carried out by BSO.
- Fire Risk Assessments are carried out every three years by an external competent contractor.
- HSENI regularly liaise with the Risk Management Team in order to determine arrangements in key areas, for example Covid-19, personal safety, manual handling and occupational road risk.
- Department of Health accountability arrangements including the submission of governance statements, assurance statements controls assurance / replacement process arrangements etc.

2.2 Risk Management:

It is a legal requirement to carry out risk assessments and to establish controls to reduce the level of risk. Guidance on carrying out risk assessments and templates are available to staff in the following procedures:

- Corporate Risk Management Policy & Corporate Risk Management Strategy.
- Risk Assessment Procedure.
- Control of Substances Hazardous to Health Procedure.
- Display Screen Equipment Procedure.

Line managers are responsible for ensuring that risk assessments are in place for activities affecting areas under their control.

2.3 Monitoring Compliance:

The team carry out workplace compliance inspections across the Trust in accordance with best practice. This year some inspections have been delayed due to the prioritisation of Covid-19 related safety work such as risk assessments and the roll out of the fit testing programme.

The following table presents a summary of the total number of inspections **successfully completed** between 1st April 2019 and the 31st March 2021 (inspections are biennial):

	Fire Safety		Health & Safety	
	1 st Apr 17 – 31 st Mar 19	1 st Apr 19 - 31st Mar 21	1 st Apr 17 – 31 st Mar 19	1 st Apr 19 - 31st Mar 21
Total premises to inspect	64	64	56	56
Total inspected	40	15	29	18
Percentage completed	62.5%	23.5%	51.8%	32.1%

Table 1 – Total Inspections including percentage completed

Line managers are provided with details of inspection report findings and it is their responsibility to address any issues within an agreed timeframe. The Risk Management Team will escalate issues through the line management structure as necessary.

2.3.1 Health & Safety Inspections – Common Themes:

Common themes, trends or issues of particular note identified during the inspections, along with mitigating actions, are as follows:

Theme / Issue	Mitigating Actions
Condition of portacabin accommodation	Removed / replaced
Lack of CoSHH cabinet	Cabinet ordered / installed
General housekeeping	Improvement in IPC arrangements
Fixed wire & portable appliance testing	Electrical safety contracts / testing regime in place
First aid kit not maintained	Contents replaced / first aid training arranged
Safety of power washers	Risk assessment / tool box talk developed

Table 2 – H&S Inspection themes and mitigations

2.3.2 Fire Safety Inspections – Common Themes:

Fire evacuation exercises and fire alarm testing are not always being carried out at the frequency recommended in HSC guidance and Trust Policy. This position has much improved since the refresh of the Fire Safety Policy & Procedures, implementation of the formal inspection regime and the roll out of fire safety training. Arrangements are being made to bring all fire safety records online so that any outstanding fire drills, inspections, maintenance etc. are reported via operational meetings and escalated as necessary.

A number of areas without up to date fire plans and fire safety signage have been identified and immediately rectified. The Fire & Security Advisor liaises with the Estates Team for these to be produced as soon as possible. Arrangements are now in place with regards to the maintenance of fire alarm systems, emergency lighting etc. (Estates Team).

3.0 INCIDENT REPORTING & ANALYSIS:

During the period of 1st April 20 to 31st March 21 a total of **5357** incidents were reported on the Datix Risk Incident Reporting System. An increase of 6% on the previous year.

In this reporting period there were **1898** staff incidents reported. This was a **23%** decrease from the previous year. Staff incidents account for **35%** of the total reported incidents.

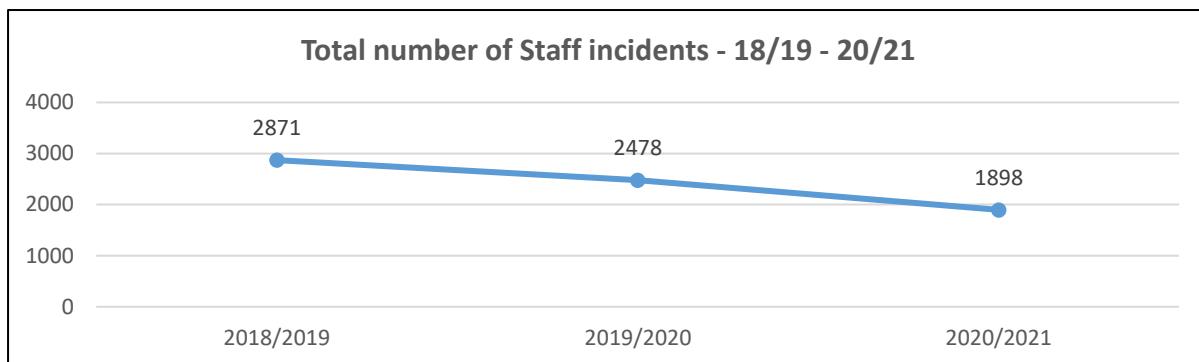


Figure 1 – Total Number of Staff Incidents Comparison

3.1 Staff Incident Categories:

- **29%** of the reported staff incidents involved abusive, violent, disruptive and challenging behaviour from patients towards staff; incidents in this area have **increased by 23%** since last year.
- **289** incidents were reported for exposure to environmental hazards, **97%** of these were reported for staff testing positive to Covid-19.

3.1.1 Incidents of Violence & Aggression:

Year	Total Assaults	Physical Assaults	Assaults With Weapons	Physical Assaults	
				PCS	A&E
2015/16	343	156	2%	3	152
2016/17	451	192	2%	8	171
2017/18	487	191	5%	13	161
2018/19	455	171	16%	2	160
2019/20	463	152	15%	7	145
2020/21	601	207	7.5%	13	192

Table 3 – year on year comparison of violence and aggression data

Examples of physical contact / actual assault are as follows:

- Kicked around the legs.
- Dug nails into arm until crew members arm bled.
- Kicked and punched in the chest and stomach.
- Punched whilst wearing visor and bitten.
- Charged at, pushed down hill, smacked head off path.
- Punched around the head / neck.
- Punched in the eye.
- Twisting of fingers.
- Head-butted.
- Claw wounds to arms.

Belfast crews are reporting the highest levels of violence and aggression.

3.2 Violence & Aggression Information Markers (IMs):

The Risk Management Team review all incidents of violence and aggression and place information markers as appropriate (this reduces risk to operational staff as they are informed via their MDT, so that they can use the information as part of their dynamic risk assessment as they approach the address on a subsequent call). This process involves the following:

- Locating the service users' full name, full address and date of birth.
- Formulating a warning in line with information governance and data protection requirements.
- Forwarding it to the Control Training Team for placement on the system.
- Updating DATIX so that the line manager can inform the crew.

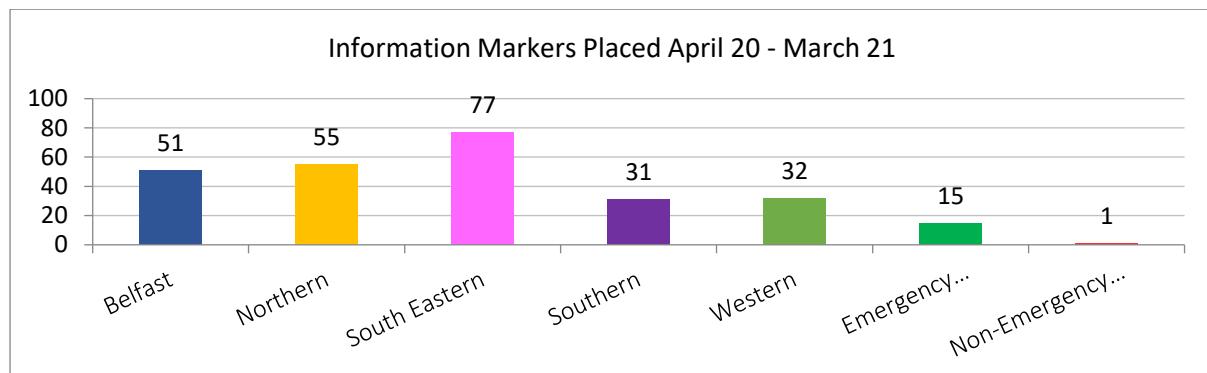


Figure 2 – Information Markers placed per division / area

3.3 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR):

RIDDOR is a set of regulations that requires organisations to report the most serious types of injuries or incidents to the Health and Safety Executive for Northern Ireland (HSENI).

From 1st April 20 to 31st March 21 a total of 195 RIDDOR incidents have been reported to HSENI. This is an increase of 99 incidents (50.8%). The majority however (61%) are attributable to Covid-19.

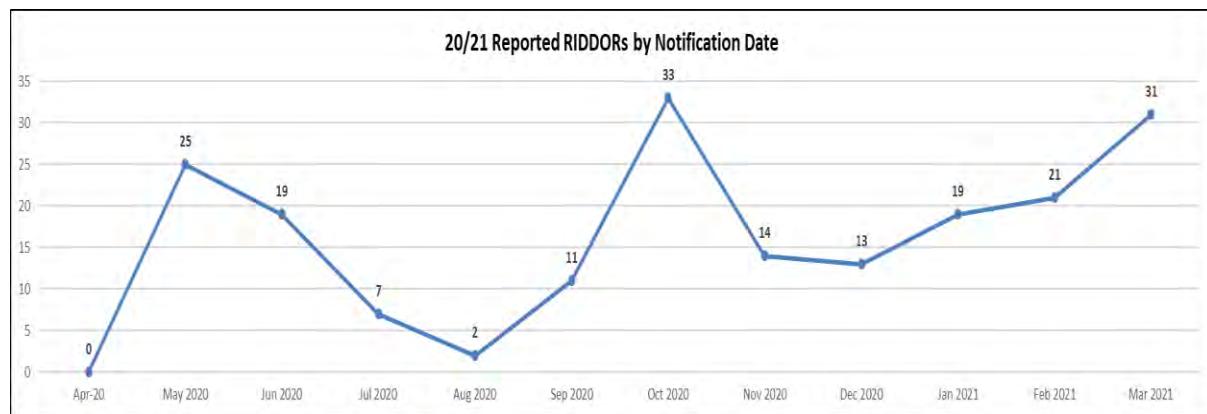


Figure 3 – Number of RIDDORs per month for the reporting period

3.3.1 Covid-19 RIDDOR Reporting:

HSENI requested early in the pandemic that all staff confirmed as Covid-19 positive were to be reported to them as a RIDDOR. This significantly increased the workload of the Health and Safety Advisor during the reporting period. This required work with Station Officers / Supervisors to ensure

that the incident was logged on Datix. Contact was then made with the swabbing team to ensure that the Covid-19 checklist had been completed which ascertained the following for each case:

RIDDOR Covid Checklist
<ul style="list-style-type: none">• When they were fit tested• Which mask they were using.• Date of symptoms.• Date of swabs.• Date of results.• Has the staff member been in contact with anyone in his or her household with Covid-19 symptoms 14 days prior to testing positive?• Has there been any breaches in PPE?• Has PPE always been available and always worn?• Any known issues with social distancing either in Station or in the vehicle?• Have they worked in any other clinical setting other than NIAS?• Have they been in contact with Covid-19 positive/symptomatic patients?

The above information assisted in determining if there is a possibility that the staff member contracted Covid-19 while working for NIAS. If this is the case, the incident is then reported to HSENI under RIDDOR regulations. RIDDOR checklist, investigation and RIDDOR are then attached to the Datix incident.

3.3.2 RIDDOR Reportable Injuries by Person Affected:

Patients	7
Staff	188
Visitor/Contractor	0
Total	195

3.3.3 Additional RIDDOR themes:

- Slips, trips and falls.
- Manual handling.
- Violence and aggression.
- Contact / collision with object.

4.0 REGULATORY ACTIVITY:

4.1 Health and Safety Executive for Northern Ireland (HSENI):

HSENI made contact as follows:

- Requesting all staff Covid-19 positive case to be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations.
- Requested assurance of precautions during Covid-19 (actioned in the main by IPC colleagues with support from Estates Team – ventilation requirements).
- As a result of a RIDDOR report, a copy investigation report was requested for an incident where a member of staff was not wearing their seatbelt and was thrown up the back of a vehicle as a result of the driver braking hard.

During the reporting period the Trust did not receive any regulatory or improvement notices.

4.2 Northern Ireland Fire & Rescue Service (NIFRS):

During the reporting period the Trust received did not receive any regulatory or improvement notices from NIFRS.

4.0 POLICIES & PROCEDURES:

The following are new policies and procedures developed and implemented by the Risk Management Team during the reporting period:

Name	Description	Approving Committee	Final Approval
Display Screen Equipment Procedure	Ensure that all managers and staff are aware of and adhere to their responsibilities under The Health and Safety (Display Screen Equipment) Regulations (NI) 1992	Health & Safety Committee	22 nd October 2020
Health, Safety and Fire Safety Training Procedure	Sets out training requirements in the areas of health, safety and fire safety.	Health & Safety Committee and SMT	15 th September 2020
Procedure for the Reporting and Management of Adverse Incidents	Provides guidance on the reporting and managing of adverse incidents which affect service users, staff and visitors to its premises.	Safety, Quality, Experience & Performance Committee	27 th May 2020
Body Armour Technical Note	Guidance on the proper use, maintenance, cleaning etc. of body armour.	Management of Aggression Group	8 th January 2021

5.0 RISK ASSESSMENTS:

5.1 Covid-19 Risk Assessments:

COVID-19 risk assessments were developed by the team in partnership with Trade Unions for the following:

- Hospital Ambulance Liaison Officers (HALOs).
- Non-Emergency Ambulance Control (NEAC).
- Emergency Ambulance Control (EAC).
- Ambulance Stations & Deployment Points.
- Community Resuscitation Team & Community First Responders.
- Helicopter Emergency Medical Services (HEMS).
- Voluntary Car Service (VCS).
- Resource Management Centre (RMC).
- Fleet Management.

The Health and Safety Advisor assisted Ambulance Service Area Managers (ASAMs), Station Officers and Supervisors in the implementation of the requirements from the risk assessments. Multiple station visits were carried out (Broadway, Omagh, Magherafelt, RMC, EAC, NEAC, etc.) to help with social distancing of staff by removing furniture and the wearing of fluid repellent masks, the installation of appropriate signage and assisting in the requirement for Perspex desk partitions and

general help to ensure health and safety compliance. The Health and Safety Advisor also ensured vulnerable staff that continued to work in NIAS premises remained safe at work. Finally as part of the Covid-19 workstream, The Health and Safety Advisor supported the investigation of Covid-19 outbreaks with Infection Prevention and Control (IPC) colleagues.

5.2 Risk Assessments:

During the reporting period, the following risk assessments were also developed by the Team:

- Exchange of uniforms.
- Use of mobile power washers.
- Hydration while wearing of face masks.
- Lone working.
- Salting and gritting of NIAS premises.
- Skin care.
- Selection and use of face FFP3 face masks.
- PPE required for vehicle cleaning.
- Lone working.
- Working at height.
- REACH programme hand held tablet.
- Ferno carry chair use.
- Driving general.
- Emergency response driving.
- Transportation of bariatric patients to place of residence.
- PPE Assessment – Body Armour.
- Diabetes.

6.0 TRAINING:

The following training courses were arranged / developed / delivered by the Team (external facilitators for accredited programmes. The training completed by each individual staff member is also recorded on HRPTS by the Risk Management Team:

Course	Delegates	Date
IOSH Managing Safely	4 Station Officers / Supervisors	November 20
NEBOSH Health and Safety	2 Station Officers	November 20
NEBOSH Health and Wellbeing	6 Station Officers / EAC Manager	February 21
Fire Warden	66 staff across a range of roles	March 21
First Aid at Work	21 across a range of roles	March 21
Fit Testing Competent Person	19 across a range of roles	February 21
Health & Safety eLearning	181 across a range of roles	1 st April 20 – 31 st March 21
Display Screen Equipment eLearning	53 DSE users	1 st April 20 – 31 st March 21
Level 2 Health & Safety in the Workplace	149 across a range of roles	1 st April 2020 – 31 st March 2021

7.0 FORWARD WORK PLAN FOR HEALTH, SAFETY, FIRE & SECURITY:

7.1 In Progress:

Name	Description	Approving Committee	Final Approval
Remote & Homeworking Procedure	Developed to allow the Trust to derive the benefits of remote and homeworking whilst ensuring the protection of its assets, the integrity of its data, effective health and safety arrangements for staff.	Health & Safety Committee	Pending – 29 th April 2021
New & Expectant Mothers Procedure	Sets out how NIAS will help and accommodate any new or expectant mothers and informs them of the services and options available to ensure the safety of them and their child.	Health & Safety Committee	Pending – 29 th April 2021
Health & Safety Policy Statement	Organisation & Arrangements for health and safety across the Trust.	Health & Safety Committee	Pending – 29 th April 2021
RIDDOR Policy	Developed to meet the statutory requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR).	Trust Board	Pending 6 th May
Skin Care Policy	Describes how the Trust intends to prevent or minimise the risk of staff developing a skin complaint a result of their work.	Trust Board	Pending 6 th May
Salting & Gritting Procedure	Reduce risk during snow and ice.	Health & Safety Committee	Pending July 2021
Ferno Carry Chair SOP	SOP as the chair is used in high risk operations such as traversing stairs with a patient in the chair.	Health & Safety Committee	Pending July 2021

7.2 Planned Work:

- Review of Driving Policy / Occupational Road Risk Policy & Procedures.
- Review of Lone Working Policy & Procedures.
- Review of CCTV Policy.
- Review of Manual Handling Policy & Procedures.
- Review of Asbestos Policy & Procedures.
- Review of Legionella Policy & Procedures.
- Review of Stress Policy & Procedures (in conjunction with Human Resources).
- New Personal Protective Equipment Procedure.
- New Health Surveillance Policy.
- New Health & Safety Handbook.
- New Ligature Policy & Procedures
- New Drug & Alcohol Procedure (in conjunction with Human Resources).
- Implementation of Violence Prevention & Reduction Strategy.

APPENDIX 1 – VIOLENCE PREVENTION & REDUCTION:

Violence Prevention & Reduction Strategy:

The Management of Aggression Working Group (reporting to Health and Safety Committee) are developing a Violence Prevention and Reduction Strategy which aims to identify and respond to incidents better, so that staff feel that reporting is worthwhile. It will ensure that victims are central to the process, and ensure adequate support for those engaging with the criminal justice system. It will also aim to raise the public's awareness of the issues, along with the action that will be taken.



Body Armour:

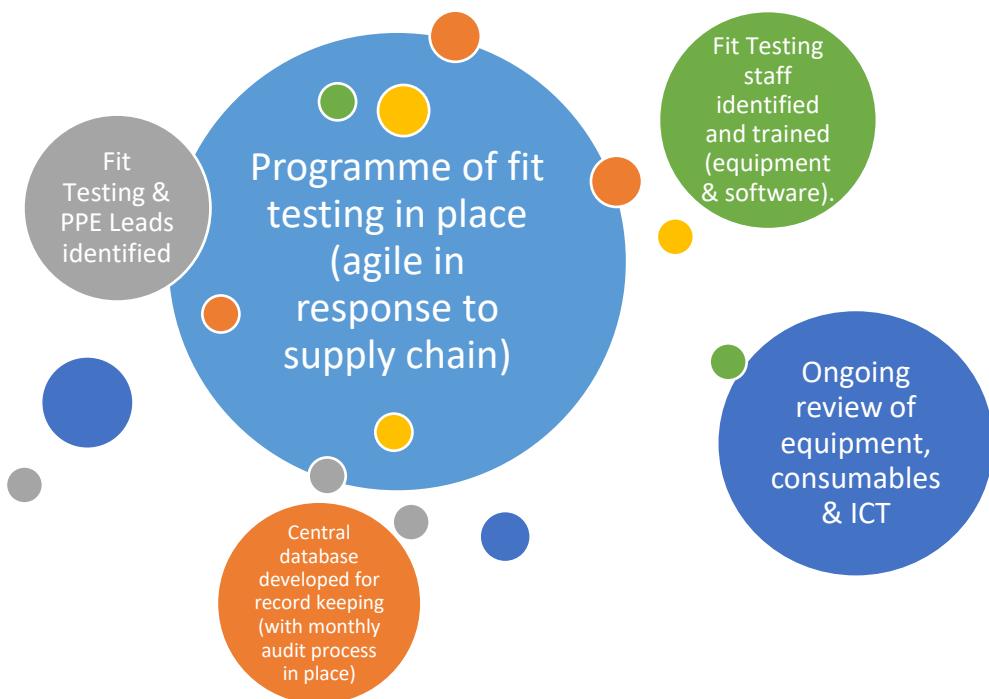
One of the first projects under the Violence Prevention and Reduction Programme is a Body Armour User Trial. The use of body armour is a complex area which has been considered by security specialists in the ambulance sector for some time. There are significant arguments both for and against the introduction of body armour and the decision to both purchase and equip staff with body armour must be made using evidence and risk data. A number of members of staff have recently expressed an interest in body armour and requested via senior management that the items be issued to staff. The risk assessment has been reviewed, an action plan created, and it was determined that a pilot should take place in the first instance. As one of the areas reporting high levels of aggression, Bridge Ambulance Station in Belfast Division agreed to be considered as the pilot site. The pilot is ongoing at this time.

Body Worn Video:

The Trust is currently assessing the benefits of the purchase and implementation of overt Body Worn Video (BWV) including audio, within the Operations Directorate (patient facing staff), that is capable of capturing both video and audio to act as a deterrent, and therefore reduce violence and aggression against staff.



APPENDIX 2 – FIT TESTING PROGRAMME (FFP3 MASKS):



A key element in protecting staff and patients as required by the Health and Safety at Work (NI) Order 1978, and the Personal Protective Equipment at Work Regulations (NI) 1993, is the appropriate use, including information, instruction and training, of Personal Protective Equipment (PPE). In particular, Respiratory Protective Equipment (RPE) for aerosol generating procedures (AGP's) and / or in other environments such as commercial premises, dust filled environments, or the generation of Man Made Mineral Fibres (MMMFs) through cutting of vehicles to extract casualties.

At the beginning of the pandemic, NIAS has adhered to regional / national / PHA guidance regarding levels of PPE for patient care and treatment in differing contexts. With regards to level 3 PPE, NIAS used and continues to use FFP3 masks, and for the small number of staff who fail fit testing, powered hoods are provided. FFP3 masks require initial fit testing as described under the PPE Regulations above for each member of staff to ensure the particular mask in use provides the appropriate level of protection when performing an AGP. A summary of the NIAS fit testing programme is as follows:

- Resources – The Clinical Training Manager initially led on Fit Testing for the Trust and a number of clinical staff were identified and carried out fit testing duties at the beginning of the pandemic.
- Competency of Fit Testers – A number of Fit Testers were trained in 2018 and in response to the pandemic, further Fit Testing Training was delivered in February 2020. A review of content of 'Competent Fit Test Operator Training' took place in order to ensure that it covered the Competent Fit Test Operator criteria set out in Health and Safety Executive protocol.
- Equipment and consumables – To carry out Quantitative Respirator Fit Testing the Trust purchased five TSI Model 8030 PortaCount® Pro, Respirator Fit Testers and dedicated laptops which adhere to the seven fit test exercises per Health and Safety Executive requirements (INDG479).
- Fit Testing – A programme of fit testing was put in place for staff who are identified as having a requirement for RPE. This included ensuring arrangements to identify and test members of staff

who were unavailable due to illness/shielding/leave/self-isolating etc., those who were undergoing training (usually tested as part of the course, at the location at which the training is being carried out) and the likes of bank staff to ensure that all persons reporting for duty are tested.



- Responding to PPE supply chain issues – The Director of Finance and the Stores & Procurement Manager regularly liaised with BSO PaLS and the Department of Health in order to inform the Fit Testing Strategy. .
- Staff engagement – Trade Union colleagues were regularly involved in the development of risk assessments. There were regular communications to staff regarding health and safety, legal requirements, product availability, PPE updates via newsletters, video messaging regarding the use of masks, WhatsApp communications, Memos from the Medical Director, incident reporting advice etc.
- Record keeping – All information from the TSI Model 8030 PortaCount® Pro, Respirator Fit Tester is collated and stored centrally in NIAS Headquarters by the Information Department as recommended by HSE document INDG479 – Guidance on Respiratory Protective Equipment (RPE) Fit Testing. Each TSI Model 8030 PortaCount® Pro, Respirator Fit Tester has its own dedicated laptop, which automatically connects to HSC WIFI, either on station or via a NIAS vehicle or any HSCNI Trust premises. The software for the TSI Model 8030 PortaCount® Pro, Respirator Fit Tester is permanently set to the recommended HSE protocol to reduce user error. Each fit test includes exactly the same information across all divisions to help standardise the collated information. Completed fit tests are automatically downloaded to the central database in NIAS Headquarters without user intervention.
- Assurance & oversight – Under the direction of the Director of Quality, Safety and Improvement, the Risk Management Team is overseeing all arrangements for the fit testing of staff. With regards to governance, fit testing is a permanent agenda item on the weekly NIAS PPE Cell (established March 2020, chaired by the Finance Director).

TB/06/05/2021/10



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	6 May 2021			
Title of paper:	Application of Trust Board Seal			
Brief summary:	Members will receive a verbal report on the affixing of the Trust Board Seal.			
Recommendation:	For Approval	<input type="checkbox"/>	For Noting	<input checked="" type="checkbox"/>
Previous forum:	n/a			
Prepared and presented by:	Paul Nicholson, Interim Director of Finance			
Date:	29 April 2021			

TB/06/05/2021/11



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	6 May 2021
Title of paper:	RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) Policy
Brief summary:	<p>RIDDOR legislation requires employers to report certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work' to either the Health Safety Executive Northern Ireland (HSENI) or the respective local authority within a stipulated timeframe (i.e. within 10 days of the occurrence).</p> <ul style="list-style-type: none">• Accidents, which result in <u>death</u> of any person.• Accidents which result in a <u>major injury</u>.• Accidents which result in an employee being <u>absent</u> from work for <u>more than three days</u>.• Accidents which result in a <u>person not at work</u> suffering an injury and being <u>taken to hospital</u>.• Specified <u>dangerous occurrences</u>.• An employee suffering <u>work related disease</u>. <p>NOTE DoH Circular – Reinstatement of HSC (SQSD) 24/19 Regional Operational Policy Templates (21/01/2020).</p>
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	Health & Safety Committee - 22 October 2020 SMT – 17 November 2020
Prepared and presented by:	Katrina Keating, Risk Manager Dr Nigel Ruddell, Medical Director
Date:	29 April 2021



Title:	Policy for Reporting Incidents under RIDDOR Regulations		
Author(s):	Katrina Keating, Risk Manager in conjunction with the HSC Regional Working Group on Adverse Incidents		
Ownership:	Dr Nigel Ruddell, Medical Director		
Date of H&S Committee Approval:	22/11/2020	Date of Trust Board Approval:	06/05/2021
Operational Date:	06/05/2021	Review Date:	May 2024
Version No:	1.0	Supercedes:	N/A
Key Words:	Learning From Incidents, Reporting of Injuries, Diseases and Dangerous Occurrences, RIDDOR, NI2508, Risk Assessment, Risk Management, Risk Matrix		
Links to Other Policies / Procedures:	Health and Safety Policy and Procedures, Learning From Incidents Procedure, Risk Assessment Procedure, Infection, Prevention & Control Policy & Procedures		

Version Control:			
Date:	Version:	Author:	Comments:
May 2021	1.0	Risk Manager	New Policy

1.0 INTRODUCTION / PURPOSE OF POLICY:

1.1 Background:

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) recognises its statutory obligations under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997, also known as RIDDOR.

RIDDOR legislation requires employers to report certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work' to either the Health Safety Executive Northern Ireland (HSENI) or the respective local authority within a stipulated timeframe (i.e. within 10 days of the occurrence). The regulations cover (in summary):

- Accidents, which result in death of any person.
- Accidents which result in an employee (or self-employed person) suffering a major injury (See Appendix 1).
- Accidents which result in an employee (or self-employed person, e.g. self-employed contractor) being absent from work or unable to undertake their normal duties for more than three days following the date of the incident (including nights).
- Accidents which result in a person not at work (e.g. patient/client/service user/visitor) suffering an injury (e.g. as a result of an incident/accident within Trust premises or on a Trust vehicle) and being taken to hospital (or if the accident happens at a hospital, suffering a major injury which would otherwise have required hospital treatment).
- Specified dangerous occurrences (See Appendix 2), which may not result in a reportable injury but have the potential to do significant harm (e.g. collapse, overturning or failure of load-bearing parts of lifts and lifting equipment).
- An employee (or self-employed person) suffering from a specified work related disease (See Appendix 3).

1.2 Statutory Compliance:

Failure to report a reportable injury, dangerous occurrence, or disease in accordance with the requirements of RIDDOR, is a criminal offence, and may result in prosecution.

The prompt and accurate reporting of all such incidents is therefore essential in ensuring that NIAS fulfils its legal obligations and in turn avoids potential prosecution for failure to comply. The Trust aims to comply with RIDDOR and to submit timely returns to the appropriate enforcing authority.

1.3 Incident Reporting Procedures – Major Injuries & Fatalities:

Intrinsic to this is an onus on all staff to ensure that fully completed incident report forms / DATIX forms are completed / forwarded to the Risk Team for consideration, (within 24 hours) following an incident. **In the event of a major injury, fatality or dangerous occurrence, the Risk Manager / Medical Director (or outside of normal working hours, Senior / Director on Call) MUST be notified IMMEDIATELY BY TELEPHONE.**

1.4 Purpose:

This policy has been developed to meet the statutory requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR) which sets out the need to have a system of formal reporting of specified incidents to the appropriate enforcing authority (i.e. the relevant Council and/or the Health & Safety Executive for Northern Ireland). This policy also aims to give assurance to Trust Board of continued statutory compliance with regards to the above listed legislation. This document is intended to provide managers and staff with guidance on RIDDOR reportable incidents. It contains details of the types of incidents that are RIDDOR reportable and the methods by which they should be reported (See Appendices 1, 2, 3, 4).

1.5 Objectives:

The objective of this policy is to ensure that all managers and staff are aware of their responsibilities under the RIDDOR Regulations.

2.0 SCOPE OF THE POLICY:

This policy provides guidance on the arrangements for the reporting and management of incidents under RIDDOR within the Trust's owned, leased or managed premises/property/vehicles, and when its staff, self-employed persons and Contractors are working within the remit of their employment (including whilst volunteering) for the Trust, with patients/clients/service users and with members of the public.

The Trust recognises that most of its staff are required, as part of their employment, to work at locations outside of Trust premises (e.g. emergency response, interhospital transfers etc.). Such working also falls within the remit of this policy and is reportable under RIDDOR.

3.0 ROLES & RESPONSIBILITIES

3.1 Risk Management Team:

The Risk Management Team will review all incident report forms / DATIX submissions on a regular basis and will undertake to report incidents which fall under RIDDOR to the appropriate enforcing authority in compliance with the Regulations using the appropriate reporting process. It is the responsibility of the **Health and Safety Advisor (or the Risk Manager in their absence)**, to complete and submit NI2508 forms. **Managers/staff should not submit any reports directly to HSENI.**

3.2 Line Managers:

It is the line managers responsibility to ensure that the member of staff involved completes an incident report form / DATIX submission, or completes a report on their behalf if they are unable to do so (as per the Trust's Learning From Incidents Procedure). It is essential that all parts of the incident report forms / DATIX submissions are completed in their entirety. It is the responsibility of all line managers

to ensure that all RIDDOR reportable incidents are subject to the appropriate level of investigation and this is recorded in Datix.

In the event of a major injury, fatality or dangerous occurrence, the Risk Manager / Medical Director (or outside of normal working hours, Senior / Director on Call) MUST be notified IMMEDIATELY BY TELEPHONE.

3.3 All Staff:

It is the responsibility of all staff to ensure that incident report forms / DATIX submissions are completed without delay and that all parts of the incident report are completed in their entirety. It should be noted that reporting to the enforcing authorities as a requirement under RIDDOR is a function of the Risk Management Team and should not be undertaken at local level.

4.0 KEY POLICY PRINCIPLES:

4.1 Definitions:

RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997.

4.2 General Points:

- All incidents must be reported as soon as possible and ideally within 24 hours of the occurrence, or becoming aware of the adverse incident.
- Incident forms will be reviewed upon receipt into the Risk Management Team in order to decide whether they meet the reporting requirements under RIDDOR.
- If applicable the Risk Management Team will complete form NI2508 and submit it to the appropriate enforcing authority. This is usually done via the HSENI On-line reporting system.
- All incidents and associated reports are recorded in the Trust's Datix system. Records of all RIDDOR reportable incidents are maintained by the Risk Management Team in accordance with The Trust's Retention & Disposal Schedule.
- All RIDDOR reportable incidents must be subject to an investigation.

4.3 Incident types which must be reported:

4.3.1 *Death or Major Injury (Appendix 1):*

If there is an accident connected with the workplace and a staff member, patient/client/service user or self-employed person working on Trust premises/vehicles is killed or suffers a major injury (including as a result of physical violence); or there is an accident connected with the workplace and a member of the public is killed or taken to hospital; then the appropriate enforcing authority must be

notified without delay (e.g. telephone). Within 10 days of the incident, a completed NI2508 form must be sent to the enforcing authority as required under RIDDOR. Both of these actions will be carried out by the Risk Management Team upon the incident being reported to them by the staff / line manager concerned.

In the event of an incident involving a contractor, their employer will report the incident to the enforcing authority and notify NIAS of the incident.

4.3.2 Over 3 Day Injury:

If there is an accident connected with work (including as a result of physical violence) and a staff member or self-employed person working on Trust premises, or within the remit of their employment, suffers an injury which prevents them from carrying out their duties for more than 3 days, a completed report form, NI2508, must be sent to the enforcing authority within 10 days by the Risk Management Team. This type of injury is not classified as major but results in the injured person being away from work or unable to conduct their normal duties for more than three days (including non-work days but not including the day on which the incident occurred). If an injury is detected subsequent to an incident report being submitted, (which gives rise to the aforementioned absence from work) it is the responsibility of the line manager to provide details of the injury (via email, providing DATIX Ref / call number) to the Risk Management Team.

In the event of an incident involving a contractor, their employer will report the incident to the enforcing authority and notify NIAS of the incident.

4.3.3 Dangerous Occurrence (Appendix 2):

If an incident occurs which does not result in a reportable injury, but clearly could have done, then it may constitute a dangerous occurrence (see examples in Appendix 2) and must therefore be reported without delay (e.g. telephone) and supplemented by a notification to the appropriate enforcing authority within 10 days (using form NI2508). This action is carried out by the Risk Management Team. This is completed via the HSENI Online system.

4.3.4 Disease (Appendix 3):

If the Trust is notified by a doctor (e.g. GP or Occupational Health) that a staff member suffers from a reportable, work related disease (e.g. dermatitis), the respective manager must then submit an incident report form / DATIX to the Risk Management Team (or update an existing report form submitted by the member of staff). The Risk Management Team must then complete a disease report form NI2508A and forward to the enforcing authority.

5.0 IMPLEMENTATION OF POLICY:

5.1 Dissemination:

With regards to dissemination this Policy will be:

- Issued to all Board Members, Chair, Non-Executive Directors, Chief Executive, Directors Assistant Directors.
- Disseminated to the required staff by Assistant Directors.
- Made available on the Internet, Intranet / SharePoint so that all employees and members of the public/stakeholders can easily have access.
- Discussed during Corporate Induction.

5.2 Resources:

Training on the application of this policy for relevant managers and staff will be facilitated and delivered by the Risk Manager as part of wider training on incident reporting.

5.3 Exceptions:

There are no areas exempt from the operation of this policy.

6.0 MONITORING:

It is the responsibility of the Risk Management Team and the Health and Safety Committee to monitor the implementation of and assess the level of compliance with this policy.

7.0 EVIDENCE BASE/REFERENCES:

- Health & Safety at Work (NI) Order 1978.
- Northern Ireland Statutory Rules, 1997, no 455, RIDDOR (NI) 1997.
- NI2508 Report Form.
- NI2508A Report Form.
- Health & Safety Executive for Northern Ireland Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (booklet).
- Reporting Injuries Diseases and Dangerous Occurrences in Health & Social Care. Guidance for employers HSE Information sheet HSIS1 (rev3) 10/13.

8.0 CONSULTATION PROCESS:

This policy has been developed by the Risk Manager from the regional RIDDOR Policy. Consultation took place with Trade Unions, Senior Managers, Assistant Directors and Directors within the organisation. The final content of the document was agreed by SMT, Health and Safety Committee and Assurance Committee before Trust Board approval on recommendation by the Assurance Committee.

9.0 APPENDICES:

Appendix 1 – Definitions of Major Injuries

Appendix 2 – Reportable Dangerous Occurrences

Appendix 3 – Reportable Diseases

Appendix 4 – Examples of Patient/Client/Service User Falls and Choking Incidents

10.0 EQUALITY STATEMENT:

In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment, has been carried out.

The outcome of the equality screening for this procedure undertaken on 18th April 2020 is:

Major impact
Minor impact
No impact.

11.0 SIGNATORIES:



Katrina Keating
Lead Author

Date: 6th May 2021



Dr Nigel Ruddell
Lead Director

Date: 6th May 2021

APPENDIX 1 – DEFINITIONS OF MAJOR INJURIES:

Reportable major injuries are:

- Fracture other than to fingers, thumbs or toes;
- Amputation;
- Dislocation of the shoulder, hip, knee or spine;
- Loss of sight (temporary or permanent);
- Chemical or hot metal burn to the eye or any penetration injury to the eye;
- Injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- Unconsciousness caused by asphyxia or exposure to harmful substances or biological agent;
- Acute illness requiring medical treatment or loss of consciousness which results from the absorption of any substance by inhalation, ingestion or through the skin.
- Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material;
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness, or requiring admittance to hospital for more than 24 hours;

Further information in respect of Appendices 1, 2 and 3 is available at
<https://www.hseni.gov.uk/publications/riddor-guidance> - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997

APPENDIX 2 – REPORTABLE DANGEROUS OCCURRENCES:

- Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- Explosion, collapse or bursting of any closed vessel or associated pipework;
- Failure of any freight container in any of its load-bearing parts;
- Plant or equipment coming into contact with overhead power lines;
- Electrical short circuit or overload causing fire or explosion;
- Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion;
- Accidental release of a biological agent likely to cause severe human illness;
- Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
- Malfunction of breathing apparatus while in use or during testing immediately before use;
- Failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;
- Collapse or partial collapse of a scaffold over 5 meters high, or erected near water where there could be a risk of drowning after a fall;
- Unintended collision of a train with any vehicle;
- Dangerous occurrence at a well (other than a water well);
- Dangerous occurrences at a pipeline;
- Failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trains;
- A road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;
- A dangerous substance being conveyed by road is involved in a fire or released.

The following dangerous occurrences are reportable except in relation to offshore workplaces:

- Unintended collapse of: any building or structure under construction, alteration or demolition where over 5 tonnes of materials fall; a wall or floor in a place of work; any falsework;
- Explosion or fire causing suspension of normal work for over 24 hours;
- Sudden, uncontrolled release in a building of : 100kg or more of flammable liquid; 10kg of flammable liquid above its boiling point; 10kg or more of flammable gas; or of 500kg of these substances if the release is in the open air;
- Accidental release of any substance, which may damage health.

APPENDIX 3 - REPORTABLE DISEASES:

1. Occupational Diseases:

Conditions due to physical agents and physical demands of work:

- Inflammation, ulceration or malignant disease of the skin due to ionising radiation;
- Malignant disease of the bones due to ionising radiation;
- Blood dyscrasia due to ionising radiation;
- Cataract due to electromagnetic radiation. *Activity:* Work involving exposure to electromagnetic radiation (including radiant heat).
- Decompression illness;
- Barotrauma resulting in lung or other organ damage;
- Dysbaric osteonecrosis;
- Cramp of the hand or forearm due to repetitive movements. Activity – work physically involving prolonged periods of handwriting, typing or other repetitive movements of the fingers, hand or arm;
- Subcutaneous cellulitis of the hand (beat hand). Activity – physically demanding work causing severe or prolonged friction or pressure on the knee;
- Bursitis or subcutaneous cellulites arising at or about the knee due to severe or prolonged external friction or pressure at or about the elbow (beat elbow). Activity – physically demanding work causing severe or prolonged friction or pressure on the elbow;
- Traumatic inflammation of the tendons of the hand or forearm or of the associated tendon sheaths. Activity – physically demanding work, frequent or repeated movements, constrained postures or extremes of extension or flexion of the hand or wrist;
- Carpal tunnel syndrome. Activity – work involving the use of hand-held vibrating tools;
- Hand-arm vibration syndrome. Activity – work involving:
 - The use of chain saws, brush cutters or hand-held or hand-fed circular saws in forestry;
 - The use of hand-held rotary tools in grinding material or in sanding or polishing metal;
 - The holding of material being ground or metal sanded or polished by rotary tools;

- The use of hand-held percussive metal working tools or the holding of metal being worked upon by percussive tools in connection with riveting, caulking, chipping, hammering, fettling or swaging;
- The use of hand-held powered percussive drills or hand-held powered percussive hammers in mining, quarrying or demolition, or on roads or footpaths (including road construction);
- The holding of material being worked upon by pounding machines in shoe manufacture.

2. Infections due to biological agents:

- Anthrax
- Brucellosis
- Avian Chlamydiosis
- Ovian Chlamydiosis
- Hepatitis
- Legionellosis
- Leptospirosis
- Lyme disease
- Q fever
- Rabies
- Streptococcus suis
- Tetanus
- Tuberculosis
- Any infection reliably attributable to work.

Poisonings by any of the following:

- Acrylamide monomer
- Arsenic or one of its compounds
- Benzene or a homologue of benzene
- Beryllium or one of its compounds
- Cadmium or one of its compounds
- Carbon disulphide
- Diethylene dioxide
- Ethylene oxide
- Lead or one of its compounds
- Manganese or one of its compounds
- Mercury or one of its compounds
- Methyl bromide
- Nitrochlorobenzene, or a nitro –or amino- or chloro-derivative of benzene or a homologue of benzene
- Oxides of nitrogen
- Phosphorous or one of its compounds

Carcinoma where there is a specified work activity and / or evidence of workplace exposure, including (see Guidance for further information).

- Cancer of a bronchus or lung
- Primary carcinoma of the lung
- Cancer of the urinary tract
- Bladder cancer
- Angiosarcoma of the liver
- Peripheral neuropathy
- Chrome ulceration
- Follicilitis
- Acne
- Skin cancer
- Pneumoconiosis
- Byssinosis
- Mesothelioma
- Lung Cancer
- Asbestosis
- Cancer of the nasal cavity or associated air sinuses
- Occupational dermatitis
- Extrinsic alveolitis
- Occupational asthma

APPENDIX 4 – PATIENT/CLIENT/SERVICE USER FALLS AND CHOKING:

In the event of a death or major injury arising due to a patient/client/service user fall or choking incident, in connection with the Trust's work activities, and it could have been prevented through risk assessment, identifying and implementing control measures or failure to do any of these, this should be reported under RIDDOR.

A patient/client/service user fall incident would be reportable if:

- The fall prevention measures identified in any risk assessments were not in place at the time of the incident including arrangements for supervision, assistance, use of mobility aids, moving and handling aids etc.
- There was an environmental factor which may have contributed to the fall for example defective flooring, wet flooring, housekeeping issues etc.

Examples of patient/client/service user falls:

- Falls from a tail lift or vehicle steps and suffers harm.
- Falls in NIAS vehicles.
- Falls in a nursing home or hospital whilst in the care of ambulance staff, for example entering or exiting a premises.
- Falls from stretchers/carrychairs/tracked chairs/wheelchairs etc.
- Trips and falls over blankets/bags/equipment.

Source: Reporting Injuries Diseases and Dangerous Occurrences in Health & Social Care. Guidance for employers HSE Information sheet HSIS1 (rev3) 10/13.

Patient/Client/Service User Choking:

A patient/client/service user choking incident would be RIDDOR reportable if measures in place at the time of the incident as per patient/client/service user assessment were not in place for example a patient/client/service user was provided with food or drink during a journey that is not permitted as part of their care plan.



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	6 May 2021
Title of paper:	Skin Care Policy
Brief summary:	<p>The core objective of this policy is to describe how the Trust intends to prevent or minimise the risk of staff developing a skin complaint a result of their work by:</p> <ul style="list-style-type: none">• Increasing the awareness of managers and staff of the importance of good skin care.• Providing guidance on, and ensuring there is consistency in the selection, use and quality of gloves.• Establishing systems for the early identification and referral of staff to the Occupational Health Service who may have, or be at risk of, developing a work related skin complaint.
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	Consultation via email to Management & Trade Unions SMT – 16 March 2021 Safety, Quality, Experience & Performance Committee – 25 March 2021
Prepared and presented by:	Katrina Keating, Risk Manager Lynne Charlton, Director of Quality, Safety & Improvement Dr Nigel Ruddell, Medical Director
Date:	29 April 2021



Title:	Skin Care Policy		
Author(s):	Katrina Keating, Risk Manager		
Ownership:	Dr Nigel Ruddell, Medical Director Lynne Charlton, Director of Quality, Safety & Improvement		
Date of SQEP Committee Approval:	25 th March 2021	Date of Trust Board Approval:	6 th May 2021
Operational Date:	6 th May 2021	Review Date:	May 2024
Version No:	1.0	Supercedes:	N/A NEW
Key Words:	Occupational Dermatitis, Skin Care, handwashing, hazardous substances, Occupational Health, health surveillance, Incidents, Learning, Investigation, DATIX, Risk Management, RIDDOR		
Links to Other Policies / Procedures:	Health and Safety Policy and Procedures, Control of Substances Hazardous to Health Procedure, Learning From Incidents Policy, Procedure for the Reporting and Management of Adverse Incidents, RIDDOR Policy, Corporate Risk Management Policy & Procedures, Claims Management Policy.		

Version Control:			
Date:	Version:	Author:	Comments:
May 2021	1.0	Risk Manager	New Policy

1.0 INTRODUCTION:

Health is wealth.

1.1 Background:

The Northern Ireland Ambulance Service (NIAS) recognises that skin conditions caused by substances at work are one of the most common occupational health issues. The Trust recognises that a comprehensive and effective skin care programme can help prevent occupational health complaints, such as dermatitis. When work related skin problems do occur, early recognition and appropriate treatment can improve the prospects of resolution or successful control of the condition, allowing the member of staff to remain at work.

1.2 Purpose:

The main function of the skin is to act as a barrier against infection however this is dependent upon the skin remaining intact. Broken, dry, cracked and blistered skin increases the risk of infection to employees and potentially even service users. Employees with pre-existing skin complaints may be particularly susceptible to work-related skin problems. It is therefore essential that an effective skin care programme is maintained in order to reduce the incidence of skin problems.

1.3 Aims & Objectives:

The Trust is committed to protecting and improving the health, safety and well-being of its staff and ensuring a safe working environment in accordance with Health and Safety legislation as far as is reasonably practicable to do so.

The core objective of this policy is to describe how the Trust intends to prevent or minimise the risk of staff developing a skin complaint a result of their work by:

- Increasing the awareness of managers and staff of the importance of good skin care.
- Providing guidance on, and ensuring there is consistency in the selection, use and quality of gloves.
- Establishing systems for the early identification and referral of staff to the Occupational Health Service who may have, or be at risk of, developing a work related skin complaint.

This will be achieved by:

- Completing and implementing risk assessments which will identify activities or substances which create the potential to cause or worsen pre-existing skin conditions and measures needed to prevent or adequately control the risks to staff involved.
- Providing guidance, information and advice on practices or measures which promote good skin care and reduce the risk of developing or worsening a skin complaint.
- Promoting consistency in the selection and use of gloves within the Trust.

Reference should be made to the Trusts IPC policies, procedures and guidelines relevant to hand hygiene.

2.0 SCOPE OF PROCEDURE:

This Policy is applicable to all NIAS staff who potentially may be exposed to health hazards at work (physical, chemical or biological) at any site where NIAS has a duty of care and responsibility.

3.0 ROLES AND RESPONSIBILITIES:

3.1 Chief Executive, Trust Board & Trust Directors:

The Chief Executive, Trust Board & Trust Directors have overall responsibility for workplace health and safety and infection control in the workplace. The Senior Management Team are responsible for ensuring that this policy is implemented as appropriate and the undertakings outlined are adhered to throughout the Trust.

3.2 Human Resources – Contracted Occupational Health Service:

The Occupational Health Service will:

- Undertake pre-employment health assessments and identify people who have a history of existing skin conditions particularly eczema and dermatitis or who have known allergies; or who, by being employed for work which may include work with hazardous substances, water etc. may be at increased risk of developing skin conditions.
- Provide general skin care advice to Trust staff prior to commencing employment.
- Provide specific skin care advice:
 - to any member of staff presenting with skin complaints.
 - to any manager / supervisor who has queries about work practices or the use of gloves or creams.
- Maintain accurate records of staff presenting with skin complaints.
- Support line management with investigations and recommendations following reported incidents of work related skin complaints and identify issues requiring further attention.
- Work with the IPC Team / Risk Management Team as necessary in order to prevent and reduce incidents of occupational ill health relating to the skin.
- Regularly review the effectiveness of the Trust's arrangements for promoting good skin care practice.
- Report incidents of staff confirmed or suspected of having developed an Natural Rubber Latex (NRL) sensitisation to the Risk Management Team who will report to the Northern Ireland Adverse Incident Centre when required.
- Report notifiable skin complaints as specified under RIDDOR Regulations to the Risk Management Team who will then process the RIDDOR Report and inform the Health and Safety Executive for Northern Ireland (HSENI) where relevant.

3.3 The Infection Prevention & Control Team:

The Infection Prevention and Control Team are the competent persons accountable to the Director of Quality, Safety and Improvement to advise the Trust in respect of Infection Prevention and Control Policy formulation and development. In the context of skin care their duties include the provision of advice and training on all aspects of infection prevention and control including:

- The selection and use of gloves to prevent the spread of infection (clinical).

- Effective hand decontamination technique.
- Carrying out observational audits of hand hygiene within clinical areas and feedback to staff /managers.

3.4 Line Managers:

Line Managers will ensure that:

- This policy is brought to the attention of all relevant staff.
- Good skin care practices are regularly promoted and monitored.
- Staff use the appropriate gloves and take other preventive measures indicated as being needed following a risk assessment.
- Where possible, work practices are mechanised to eliminate or reduce the risk of skin complaints developing.
- Activities assessed as presenting the highest level of risk which cannot be eliminated or carried out by alternative means are rotated amongst as many staff as possible.
- Any member of staff engaged in activities which may create risks to their skin are provided with a copy of the trust's guidance (Appendix 1: Skin care – what you need to know (guidance for staff)).
- All incidences of work related skin complaints are reported immediately and thoroughly investigated in accordance with the Trust's reporting procedures (DATIX). With support from the Trusts IPC Team and Risk Management Team as necessary. See Appendix 4 for a flow chart to assist.
- All incidences of work related skin complaints are referred promptly to the Occupational Health Service.
- Notices on proper hand hygiene technique and good skin care practice are displayed near hand washing facilities, where appropriate.
- Emollient hand cream is available for all staff.
- Skin surveillance / monitoring is undertaken where identified as being required.

3.5 All Staff:

3.5 Staff will ensure that they:

- Comply with this policy.
- Apply good skin care practices and techniques (Appendix 2 - Top ten tips for tip top skin).
- Adhere to safe systems of work as identified through assessments.
- Use equipment and substances in accordance with training and instructions.
- Wear appropriate gloves / PPE and follow instructions given.
- Inform their manager immediately of any skin problem, however minor, being experienced.
- Ensure all incidences of work related skin complaints are reported immediately in accordance with the Trust's reporting procedures (DATIX) so that they can be referred promptly to the Occupational Health Service.
- Participate in skin surveillance monitoring where identified as being required.

4.0 KEY PRINCIPLES:

4.1 Definition:

Dermatitis means inflammation of the skin usually characterised initially by irritation and redness. Contact dermatitis is a rash which usually develops as a response to a substance in contact with the skin. (see Appendix 4: Dermatitis: Definition & Guidelines for prevention).

4.2 Policy Principles:

The Trust in complying with the requirements of the Health & Safety at Work (NI) Order 1978, the Management of Health and Safety at Work Regulations (NI) 2000, other relevant legislation, codes of practice and guidance has produced this Skin Care Policy for the information and guidance of all staff.

5.0 IMPLEMENTATION:

5.1 Dissemination:

This policy is required to be implemented by all Directorates. All managers and staff are required to comply with this policy, in particular those individuals and Departments with specific responsibilities, as detailed in Section 3. All Trust staff should be provided with access to this Policy. The latest version of this procedure (and related documents) is available on SharePoint (Corporate Documents and Medical Directorate).

5.2 Resources:

Control of Substances Hazardous to Health (CoSHH) Risk Assessment and awareness training is arranged / delivered by the Risk Management Team and is available to all staff. The Infection Prevention & Control Team delivers mandatory hand hygiene training in which staff are referred to the Trust Skincare Policy, encouraged to use emollients and report any issues regarding hand hygiene to their respective line manager and via DATIX. At the pre-employment stage for all staff deemed to at risk and those existing staff moving to a role that is considered to increase risk, the Occupational Health Service will highlight the need for vigilance and good skincare to all new staff.

5.3 Exceptions:

There are no exceptions to this Policy and to the organisation's commitment to protect staff health and safety.

6.0 MONITORING:

It is the responsibility of line managers to monitor the completion and review of relevant risk assessments, incidents reporting and investigation and the completion of audit tools. Other specific monitoring responsibilities will be a measurement of compliance with the Controls Assurance Standards / replacement processes, Internal / External Audit and by other external parties such as the Health and Safety Executive for Northern Ireland.

7.0 EVIDENCE BASE / REFERENCES:

- Health & Safety at Work (NI) Order 1978.
- Management of Health & Safety at Work Regulations (NI) 2000.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997.
- Personal Protective Equipment at Work Regulations (NI) 1993.

- Control of Substances Hazardous to Health Regulations (NI) 2003.
- Management risk from skin exposure at work. HSG262.
<https://www.hse.gov.uk/pubns/books/hsg262.htm>
- Health and Safety Executive Guidance <https://www.hse.gov.uk/skin/index.htm>

8.0 CONSULTATION PROCESS:

This policy was developed by the Risk Manager taking into consideration a number of Policies and Procedures in place across HSC (regionally). Consultation took place with Human Resources, Occupational Health, Trade Unions, Senior Managers, Assistant Directors and Directors within the organisation. The final content of the document was agreed at Health and Safety Committee, before SMT approval on recommendation by the Health and Safety Committee. It was then given final approval by Trust Board.

9.0 APPENDICES:

- Appendix 1 – Skin Care: What You Need To Know (Guidance For Staff).
- Appendix 2 – Top Ten Tips For Tip Top Skin.
- Appendix 3 – Dermatitis: Definition & Guidelines For Prevention.
- Appendix 4 – Skin Concern / Report – Management Process:

10.0 EQUALITY STATEMENT:

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this procedure should be subject to a full impact assessment was carried out on the 15th March 2021. The outcome of the Equality screening for this procedure is:

- | | |
|---------------------|-------------------------------------|
| Major impact | <input type="checkbox"/> |
| Minor impact | <input type="checkbox"/> |
| No impact. | <input checked="" type="checkbox"/> |



Katrina Keating

Date: 6th May 2021

Lead Author



Dr Nigel Ruddell

Date: 6th May 2021

Lead Director

APPENDIX 1 - SKIN CARE: WHAT YOU NEED TO KNOW (GUIDANCE FOR STAFF):

Introduction:

The skin provides a natural protection for the body as long as it is not damaged by cuts or injury or subjected to irritation by everyday substances such as water or cleaning products. Because of this the skin must be cared for and protected from irritants both at home and at work.

Greatest care needs to be taken with the parts of the body where the skin is most often exposed, i.e. the hands, wrists, arms, face and neck.

Staff with sensitive skin or pre-existing skin conditions such as eczema need to take special care of their skin. Such staff may wish to obtain personal advice from the Occupational Health Service regarding any special precautions to be taken.

If recognised and treated early many skin complaints can be managed. Left untreated they may become more serious. If you notice problems with your skin such as:

- Reddening / cracking / blistering.
- Swelling.
- Very dry skin.
- Rashes.

Immediately tell your manager. Referral for Occupational Health Service advice can then be arranged.

Using detergents and cleaning products / hazardous substances:

All products/substances are labelled to show if they could cause harm. Some may be harmful and others are irritant or corrosive.

Only products/substances provided by the Trust should be used.

You must familiarise yourself with the CoSHH assessment before you start to use the product and follow the instructions given about:

- Using the product safely.
- What to do if some accidentally splashes onto your skin or into your eyes.

All product and substance containers should be kept clean from content spillage to avoid contact with the skin when handling.

Hand washing:

Not washing your hands properly increases the risk of infections being passed on. Proper hand washing and thorough drying is important to avoid leaving substances on the skin and the skin damp.

Always:

- Use lukewarm water and a small amount of soap as provided;
- Rinse the hands thoroughly to remove the substances with which the skin may have had contact and also to remove traces of soap.

- Dry carefully paying particular attention between the fingers (and under a plain band if worn).
- Hands should also be washed after the removal of gloves even if the gloves worn appear intact.

Creams:

An aqueous emollient hand cream should be used from time to time throughout the day in the work place. For example apply after washing and drying the hands before going for a meal break or at the end of a shift. You should also use an emollient cream at home.

Barrier Creams are NOT a substitute for good skin care or gloves. They should only be used where directed by the Occupational Health Service.

Gloves:

Over-use of gloves can cause as many problems as under use. Gloves should only be worn when identified by a risk assessment as being needed for the task to be undertaken, and / or for clinical purposes, and only:

- For the specific task they have been provided for.
- By the person they were issued to.
- For the shortest possible periods.

When providing gloves consider the:

- Individual needs of the member of staff.
- Percentage of working time during which gloves must be worn.
- Work environment, e.g. if washing is done in a deep sink with very warm water gloves should have a long cuff and cotton liners.
- Tasks being undertaken.

Specialist advice on glove selection is available from the Occupational Health Service, Risk Management Team or Infection Control Team.

Infection Prevention and Control

If you are undertaking clinical procedures or personal care tasks you must reduce the possibility of transferring infection by:

- Applying proper clinical practice or following any instructions given by your line manager or member of the clinical training team.
- Washing and drying your hands thoroughly after you finish with each services user.
- Changing gloves where required.

Failure to use protective equipment or not using it for the purpose intended, i.e. for your safety and that of those people you come into contact with, may warrant action under the Trusts disciplinary process.

APPENDIX 2 – TOP TEN TIPS FOR TIP TOP SKIN:

1. Always read the label on a product before you use it.
2. Avoid skin contact with substances which may be harmful as much as possible.
3. Wear the correct gloves for the task and as instructed by your line manager or a member of the clinical training team.
4. Never wear gloves which are torn or share gloves with another person.
5. Never let liquids come in over the top of your gloves.
6. Wash hands after removing gloves.
7. Report immediately to your line manager any:
 - o Skin irritation; or
 - o Puncture wounds, cuts or abrasions which occur at work and obtain first aid if necessary.
8. Cover any cuts and wounds with waterproof self-adhesive plasters when at work and change at least daily.
9. Keep your skin clean but do not use abrasives to clean your skin. Wash or replace cotton liners if worn frequently.
10. Use the hand cream provided several times a day to keep your skin moisturised and avoid the use of shared hand cream / emollient as the container may be a vector of infection.

Staff experiencing adverse effects using any of the available skin cleansing products, creams or gloves products should contact their line manager for advice.

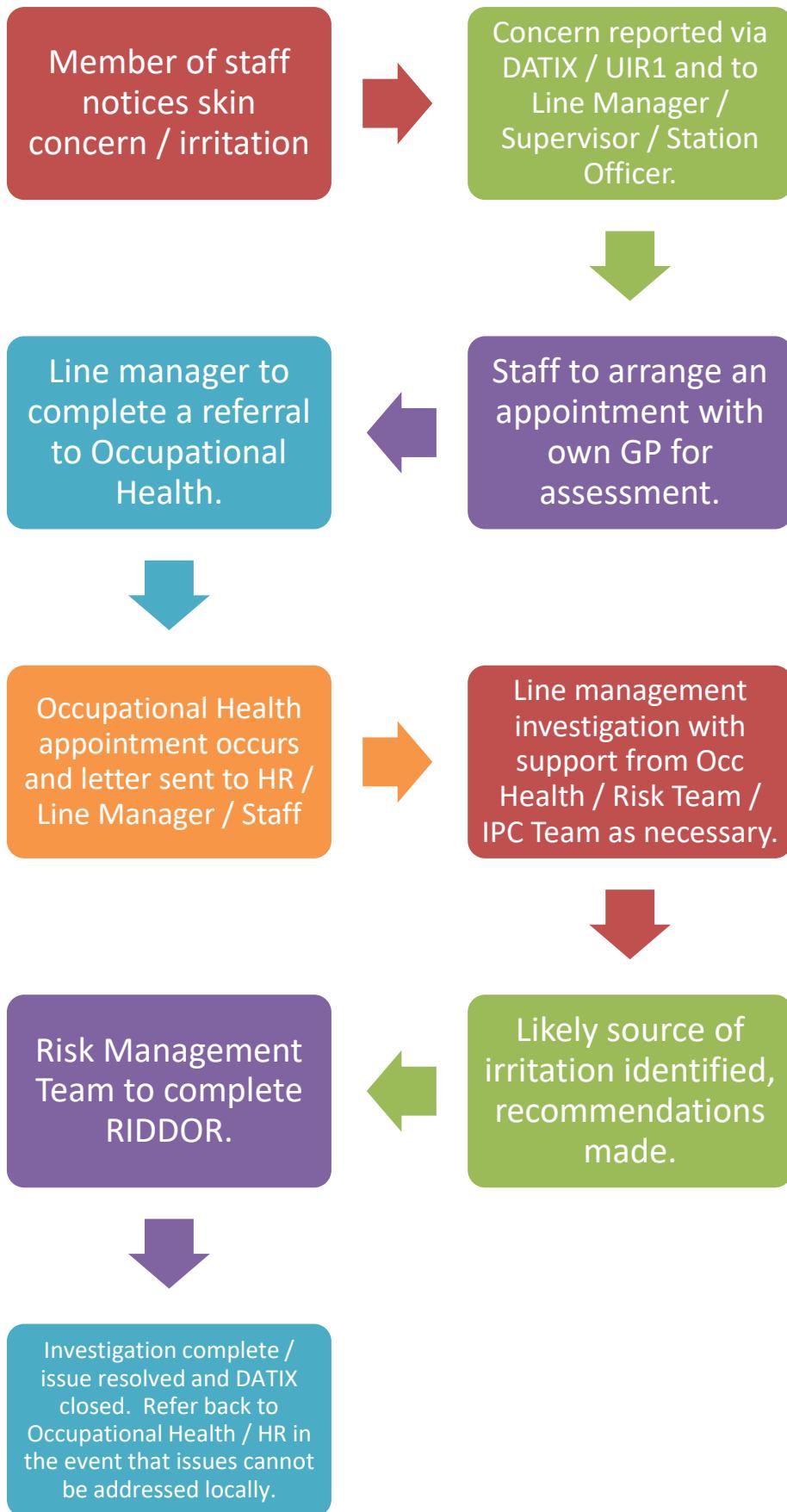
APPENDIX 3 – DERMATITIS: DEFINITION & GUIDELINES FOR PREVENTION:

Dermatitis means inflammation of the skin usually characterised initially by irritation and redness. Contact dermatitis is a rash which usually develops as a response to a substance in contact with the skin. Normally, early identification of the condition and the implementation of appropriate management (possibly including removal from the substance causing the condition) results in the condition resolving. Prolonged exposure may however cause the rash to become chronic, even if the causative substance is removed. Early recognition and management of the condition is therefore of key importance.

Dermatitis can be prevented by following some simple rules:

- Almost any substance can damage your skin, even water.
- Skin protection applies to everyone.
- Do not wait for skin damage to occur. Prevention is better than cure. It is important to remember that the presence of dermatitis or other chronic skin condition increases skin scale shedding and thus increases the risk of shedding colonising or transient organisms from areas affected by dermatitis.
- The following are some substances which may irritate healthy skin: polishes, abrasive, hot water, detergents, disinfectants, bleach. Even having hands damp for long periods can contribute to dermatitis. Always rinse off skin contaminants, including soap promptly, and dry thoroughly.
- Protective gloves should be worn if using any of the above substances or where the job is wet in nature. If perspiration is a problem or where the gloves are worn for a long time, cotton liners should be worn inside the gloves if possible.
- Where water or other substances ingress over the cuff and into the glove, or if they are defective in any way, a fresh pair of gloves should be obtained immediately. Hands should be washed and dried well after the removal of gloves. If contamination occurs regularly, consideration should be given to the appropriateness of the glove. Gloves should be removed carefully to avoid contamination of the skin.
- Skin should be wet before soap or other hand washing solution is applied.
- The use of emollient cream is important to keep the skin in good condition. The cream should be applied at convenient times during the day and at the end of every working shift.
- With regards to rings, care should be taken when washing and drying hands to ensure that no soap is left under the ring and that the skin under the ring is well dried.
- Only the substances provided specifically for skin cleaning should be used.
- Hand towels should be non-abrasive, dye fast and with a maximum degree of absorbency.
- Any skin irritation or rashes must be reported immediately to line management who will contact Occupational Health.

APPENDIX 4 – SKIN CONCERN / REPORT – MANAGEMENT PROCESS:



TB/06/05/2021/12



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	6 May 2021
Title of paper:	Sponsorship, Governance and Commissioning
Brief summary:	<p>The Department of Health (DoH) is responsible for the Sponsorship and Governance oversight of Trusts. This includes a range of activities around how the Trust is held to account for its performance.</p> <p>The Health and Social Care Board (HSCB) is responsible for the Commissioning of services including the establishment of a Service and Budget Agreement (SBA). This sets out the service and activity and outcomes to be delivered within the Revenue Resource Limit provided to Trusts.</p> <p>The arrangements for both DoH and HSCB have been impacted by Covid-19 activities and paused in a number of areas. The attached documents outline the current position for both DoH and HSCB.</p>
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	Senior Management Team
Prepared and presented by:	Paul Nicholson, Interim Director of Finance
Date:	29 April 2021

From the Director of Corporate Management
La'Verne Montgomery



To: ALB Chairs
ALB Chief Executives

Castle Buildings
Upper Newtownards Road
BELFAST
BT4 3SQ

Tel: 028 9052 0501

Email:
laverne.montgomery@healthni.gov.uk

Date: 23 March 2021

Dear Colleagues,

COVID-19 – Pause to Sponsorship and Governance Activities Update

Further to my last correspondence on 14 October 2020 explaining the need to pause a range of Sponsorship and Governance activities, I wish to provide an update on this position.

There continues to be a requirement to prioritise work and focus on maintaining critical business and HSC services therefore I can confirm the following:

- Accounting Officer Responsibilities remain unchanged;
- ALB End-Year Ground Clearing and Accountability meetings will not proceed;
- Sponsor Branch Checklists will not require to be completed for 2020/21;
- There is no requirement to provide the Department with sight of a draft 2020/21 Governance Statement in advance of presentation to NIAO; and
- Replacement of Management Statements/Financial Memorandums (MSFMs) with Partnership Agreements remains on hold; and
- No readout from the Department of Finance (DoF) Review of Arm's Length Bodies has yet been received.

However having considered minimum requirements in terms of End Year assurance and requirements which should be in place for the 2021/22 financial year. It has been agreed that:

- End Year Governance Statements will be submitted to the Department as part of the draft annual report. This request will issue shortly from Departmental Finance with the manual of accounts guidance. The Departmental review process has been revised and further guidance will issue to Sponsor Branches in due course; and
- ALBs should conduct a light touch review and roll forward current 2020/21 Business Plans and Corporate plans 2017/2021. There will be no formal Departmental approval process, this correspondence confers Departmental approval. ALBs should share revised plans with Sponsor Branches for information.

The Departmental intention at this stage with regard to business planning will be normal engagement with ALBs for 2022/23 Annual Business Plans. Engagement will also take place in due course in respect of Corporate Plans to align with the next Assembly mandate and revised Programme for Government.

I trust that you will understand the practical approach being taken in the circumstances. These arrangements should facilitate everyone to focus resources as required. The Department and individual Sponsor Branches remain committed to work closely with ALB colleagues to minimise the impacts where possible.

If you have any queries, please contact your usual Sponsor Branch contact in the first instance.

Yours sincerely



La'Verne Montgomery

cc: Permanent Secretary
 DOH Board Members
 ALB Governance Leads
 Head Internal Audit
 DOH Sponsor Branches
 DOH Governance Unit
 DOH Press Office

TO: Seamus McGoran

By email

Directorate of Commissioning
HSC Board headquarters
12-22 Linenhall Street
BELFAST
BT2 8BS

Tel : 0300 555 0115

Website :
www.hscboard.hscni.net

Our ref: PC/PT

10 March 2020

Dear Seamus

SERVICE AND BUDGET AGREEMENT 2019/20

Thank you for your letter of the 17 February 2021 to Sharon Gallagher in regard to the SBA 2019/20 and the position going forward with next year's document.

The letter from the Permanent Secretary of the 9 June 2020 in respect of amendments to the HSC Framework Document provides confirmation of the changed arrangements effective from June 2020 for the period of two years. The accompanying Memorandum to the Permanent Secretary's letter, at section 2.38 confirmed the suspension of the formal commissioning processes and in regard to SBAs clarified that the 2019/20 documents should be rolled forward into 2020/21 and 2021/22, with updates to reflect the Departmental budget allocations.

While the health and social care system has been totally focused on the pandemic response this year, the Board will work with Trusts to ensure that all the allocations made in 2020/21 are appropriately recorded, including the associated activity, and that this approach is replicated in 2021/22.

The Board will continue to work with Trusts to ensure that the Departmental requirement for TDPs is also satisfied as this relates to the reference in the Memorandum to prioritise activity to stabilise and restore service delivery as quickly as possible.

I will raise this matter at the next meeting with Trust Directors of Operations/Planning to follow up on required now actions.

Yours sincerely



Paul Cavanagh
Interim Director of Planning & Commissioning

Copies to:
Sharon Gallagher
Trust CX x 4
CX NIAS
Tracey McCaig, DoF HSCB



TB/06/05/2021/13



AUDIT COMMITTEE REPORT TO TRUST BOARD

The Audit Committee met on Thursday 18 March 2021 and I would like to bring the following issues to the attention of the Board.

1	<u>Committee Terms of Reference</u> <ul style="list-style-type: none">The Committee Terms of Reference are in the process of being reviewed and will be expanded to include the remit of risk assurance. The redrafted Terms of Reference will be presented to the Board in due course.
2	<u>Committee Annual Report</u> <ul style="list-style-type: none">The format and content of the Committee Annual Report is being reviewed and the new report will be presented to the Board in due course.
3	<u>Direct Award Contracts</u> <ul style="list-style-type: none">The Committee received for the first time an analysis of the Direct Award Contracts (DACs) issued during 2020-21. It was noted that the volume of DACs issued during the year were unusually high (35) and that a number had been approved retrospectively as a result of Covid19.
4	<u>BSO Counter Fraud Services Report 2019-20</u> <ul style="list-style-type: none">The Committee noted this report.
5	<u>NI Audit Office – National Fraud Initiative Self Assessment Tool</u> <ul style="list-style-type: none">The Committee noted this new requirement and reviewed the self-assessment response provided by management. Further self-assessment questionnaires will be completed and presented at Audit Committee as required.
6	<u>Internal Audit Reports</u> <ul style="list-style-type: none">No Internal Audit Reports were presented at the meeting however there are four to be presented at the next meeting.
7	<u>External Audit Strategy 2020/21</u> <ul style="list-style-type: none">The primary item of business was the consideration and approval of the External Audit Strategy in relation to the audit of the annual report and accounts for public and charitable funds. The NI Audit Office highlighted that they had factored into their Strategy three significant risks – these being: Management of override of controls; Risk of fraud in revenue recognition; and Completeness of payroll related provisions and accruals. The Committee approved the Strategy.
8	<u>Covid19</u> <ul style="list-style-type: none">The Committee reviewed the response from management in respect of two key documents relating to the control environment operating in public bodies during Covid19. The two documents were:



- National Audit Office – Guide for Audit and Risk Committees on Financial Reporting and Management during Covid19;
- NI Audit Office – Covid19 Fraud Risks.

The Committee were reassured by management consideration of the issues raised in these two reports.

Submitted By:

William Abraham
Chair of Audit Committee



MINUTES OF THE AUDIT COMMITTEE HELD ON
THURSDAY 18 MARCH 2021 AT 2PM BY ZOOM
(DUE TO COVID-19)

PRESENT: Mr W Abraham Non-Executive Director (Chair)
Mr D Ashford Non-Executive Director

IN

ATTENDANCE: Mr N Gray Northern Ireland Audit Office
Ms C Hagan ASM (External Auditors)
Ms C McKeown Head of Internal Audit, BSO Internal Audit
Mr M Bloomfield Chief Executive
Mr P Nicholson Interim Director of Finance
Ms M Paterson Director of Planning, Performance & Corporate Services
Mr A Phillips Assistant Director of Finance
Ms F Slevin Financial Accounts Manager
Mrs L Mitchell Independent Adviser to Committee
Mrs C Mooney NIAS Board Secretary

APOLOGIES: Mr S Knox Northern Ireland Audit Office

Welcome, introduction and format of meeting

The Chair welcomed everyone to the meeting and thanked them for facilitating the rearranged meeting.

1/21 Apologies

Apologies were noted from Mr Knox.

2/21 Declaration of Potential Conflict of Interest & Confirmation of Quorum

The Chair confirmed that the meeting was quorate and asked those present to declare any conflicts of interest now or as the meeting progressed.

The Chair also stressed the confidentiality of information presented.

3/21 Previous Minutes (AC01/18/03/21)

It was noted that the minutes of the previous meeting held on Thursday 29 October 2020 had been **APPROVED** by e-mail and reported to Trust Board on 4 March 2021.

4/21 Matters Arising (AC02/18/03/21)

The Chair advised that the Committee Terms of Reference would be reviewed with a view to expanding the remit of Committee to become an Audit and Risk Committee.

Mr Nicholson indicated that the Terms of Reference would normally be reviewed on an annual basis to adhere to best practice. He reminded that all Terms of Reference for Trust Committees were being reviewed and the Audit Committee Terms of Reference would form part of this.

Mr Ashford agreed that the development of Committee Terms of Reference would be an iterative process and he agreed with the development of an Audit and Risk Committee.

5/21 Committee Chair's Business

The Chair informed the meeting that he had asked Mrs Mitchell to review the format and content of the Committee Annual Report as well as looking at a report from the Committee to Trust Board.

The Committee noted that a similar report was in place for the Safety Committee in order to highlight to Trust Board the key issues discussed at meetings.

6/21 Standing Items

6.1 Direct Award Contract (AC03/18/03/21)

The Chair invited Mr Nicholson to take members through the detail of this paper and in particular explain the RAG rating process and how that impacted upon the list.

Mr Nicholson explained that historically Direct Award Contracts (DACs), also known as Single Tender Actions (STAs), had been few in number and had been presented to the Committee on an annual basis. However, he said that there had been an increase in DACs as a result of Covid-19.

Mr Nicholson advised that DACs were part of the procurement process but represented purchases which had not followed the normal competitive tendering process. The reasons for this were contained within the sub category of Award which are broadly around Sole Source, Preferred Supplier or Contract Extension.

Mr Nicholson explained that the documentation to support a DAC included a case produced by the relevant manager, signed off at Assistant or Director level and then reviewed by BSO PaLS with subsequent approval by the Chief Executive. He said that, in some instances, Departmental Accounting Officer approval was also required depending on the expected value of the contract. He pointed out that the BSO PaLS review would attribute the award a RAG status.

Mr Nicholson drew the Committee's attention to the fact that some of the awards had been classified as retrospective and explained that, in such instances, awards had been made ahead of the relevant paperwork being completed. He acknowledged that this had been more of an issue in the current year due to Covid-19.

Referring to the values contained in the register, Mr Nicholson advised that one-off purchases were more easily defined than goods or services over a period of time. He explained that, should there be any uncertainty over the value or duration of the award, estimates would be at the higher end to avoid exceeding the DAC value and the rating and level of authorisation.

Mr Nicholson asked the Committee to note the contents of the register and said he would be happy to provide any further information or points of clarification required.

Responding to a question from the Chair on the DAC for natural gas and why this had not been subject to normal tendering process, Mr Nicholson explained that there was a regional tender in process which had been impacted by the Covid-19 pandemic.

The Chair referred to the tender for an ambulance training vehicle and sought further detail around this.

Mr Nicholson advised that generally the Trust used its own vehicles as part of the driver training for students. However, he said, due to additional pressures being placed on the fleet as a result of Covid-19, a decision had been taken to provide a dedicated suite of vehicles for a period of four weeks to allow students to undertake the necessary driver training.

Mr Ashford referred to the contracts with the Association of Ambulance Chief Executives (AACE) and sought clarification on why a number of contracts had been categorised as retrospective.

Responding, Mr Nicholson explained that AACE was included as it was the only provider with the ability to provide the breadth of skills, expertise and networks across the UK to be able to support the Trust before, during and as it came out of the pandemic.

Mr Nicholson acknowledged that the AACE contract had been identified as an Internal Audit finding in that the Trust had exceeded the value of the DAC. He said that the Trust reviewed the detail and produced additional documentation hence the reason for the retrospective element recorded.

Referring to the AACE contract, Mr Bloomfield clarified that this had been in place since 1 April 2019 and had Departmental approval. He explained that, rather than agree work areas on an annual basis, the approach taken by the Trust was to agree a three-year contract to be used on a flexible basis as the Trust commenced its restructuring and increased its own capacity and capability with a view to reducing the usage of AACE over time. Mr Bloomfield said that AACE had provided the Trust with support across a number of areas and he acknowledged that no other

organisation had the same breadth of knowledge and expertise. He pointed out that the Trust was currently finalising its work plan for 2021-22 and added that this would be on a reducing scale.

Mr Bloomfield accepted that, during the past year, it had not always been possible for the Trust to follow the necessary procurement processes.

The Chair acknowledged this and confirmed that the Chief Executive had advised Non-Executives at the start of the Covid-19 pandemic that there would likely be instances where normal processes could not be followed due to the impact of the pandemic.

Mr Nicholson advised that BSO PaLs had completed DACs on behalf of HSCNI.

Mr Ashford alluded to the fact that as the Trust recovered from the pandemic and asked whether Mr Nicholson would expect to see a reduction in the use of DACs as well as a reduction in retrospective DACs.

Mr Nicholson explained that there were certainly elements within the DAC list which he would not expect to continue. He cited the example of the provision of food to staff impacted by the pandemic and said that, moving forward, the Trust did not expect that level of food provision to be required.

The Chair enquired about the refurbishment of the heating system at Ballymena Station and the additional expenditure incurred by the Trust. He said he would welcome an explanation from Estates on why the Trust had paid for the refurbishment in a relatively new facility. Mr Nicholson acknowledged that some difficulties relating to the heating had occurred shortly after construction. He said that it had not been possible to resolve these under the initial contract and therefore new remedial work had been required.

Mr Ashford sought further clarification around the fact that a number of the sub-categories in relation to the rating of DACs had not been completed by BSO. In response, Mr

Phillips explained that those DACs had not yet been submitted to BSO for consideration.

The Committee **NOTED** the Direct Award Contract register.

6.2 Fraud Update:

- **2019-20 Counter Fraud Services Report (AC04/18/02/21)**

Mr Nicholson advised that this Report had been provided for members' information and awareness as to the nature of the cases, investigations and responses by the BSO Counter Fraud Services.

- **National Fraud Initiative (NFI) Self-Assessment Fraud Case Update (AC05/18/03/21)**

Mr Nicholson pointed out that members would note that much of the advice and guidance accompanied the Self Assessment exercise. He added that Paper 5 was the first of three such exercises in members' papers for today's meeting and was in relation to the National Fraud Initiative. Mr Nicholson explained that this assessment comprised of two Parts – Part A was to assist Audit Committee members as part of NIAS participation in the NFI while Part B contained more detail to support organisations to get the most out of the process.

Mr Nicholson advised that, every other year, a significant data matching exercise was conducted and he confirmed that such an exercise was taking place in the 2020-21 year.

The Chair suggested that the self-assessment referred less to NIAS than to other Trusts.

Mr Nicholson indicated that in the past the Trust had a significant number of matches and had invested resources in investigation. He acknowledged that there were few areas in which the Trust had assumed the lead in the investigation.

Agreeing with the comments made, Mr Phillips acknowledged that there had been minor issues identified in NIAS.

Ms Paterson commented that BSO Shared Services would undertake a significant number of investigations for example payroll and salary checks. She pointed out that other checks took place outside of HSCNI and added that such self-assessments helped the Trust understand the value of the processes involved.

Responding to a question from Mr Ashford as to whether the Trust would continue its participation in the NFI, Mr Nicholson said that he would recommend the Trust's continued participation.

The Committee noted that the matches for the seventh NFI exercise had now been released. Mr Phillips pointed out that previously the Trust had approximately 250 matches, while this year there were approximately 500 matches. He advised that BSO had examined the matches in detail and had clarified that there were over 400 in which no issues had been identified. Mr Phillips said that the Trust continued to work closely with BSO colleagues in this regard.

Mr Nicholson said that he would welcome the Committee's endorsement of the self-assessment provided by management and its support in its continued completion.

The Committee endorsed the management self-assessment.

- Fraud Cases

Mr Phillips provided an update on ongoing fraud cases and undertook to keep members apprised.

Members **NOTED** the agenda items relating to Fraud.

7/21 Internal Audit

7.1 Internal Audit Progress Report (AC06/18/03/21)

The Chair invited Ms McKeown to provide an update on Internal Audit.

Ms McKeown drew members' attention to page 4 of the Progress Report which set out the current position. She advised that three draft Internal Audit reports, namely Financial Review, Governance during Covid-19 and IT Procurement and Contract Management, were currently with management for consideration. She pointed out that Internal Audit was in the process of concluding the fieldwork relating to the Information Governance assignment. With regard to the previous Internal Audit recommendations, Ms McKeown said that work was ongoing to close these by year-end.

The Chair referred to the context of Covid-19 and asked what the experience of Internal Audit had been during this period.

Ms McKeown acknowledged that it had been challenging and said that the Trust had co-operated and co-ordinated well with Internal Audit. She said that, despite the Internal Audit team largely working remotely, the Department had been able to deliver its annual audit assignments with a view to delivering the annual assurance by the year-end deadline.

The Chair referred to the practice of working remotely and its impact on team-working asked whether this might become an issue for the Trust.

Responding, Mr Bloomfield suggested that, moving forward, elements of home working would remain. He reminded the meeting that the official Executive advice was to work from home where possible. Mr Bloomfield acknowledged that there were benefits of meeting face-to-face in terms of building relationships, for example. He said that it was hoped that, with the vaccination programme and the reduction in infections, there would be some return to normal working in the near future.

Mr Ashford suggested that it might be helpful to get an overview of the outstanding Internal Audit recommendations.

Ms McKeown confirmed that this would be provided at the next Audit Committee.

Mr Bloomfield said that he particularly regretted that the second and third surges of Covid-19 had undoubtedly impacted on the Trust's ability to further progress the outstanding Internal Audit recommendations. He said that members would recall that, while the Trust had received an overall limited assurance finding, there had been an acknowledgement of the progress being made at that time. However he assured the Committee that the Trust was doing everything possible to make some progress by the year-end.

The Chair recognised the challenges faced by the Trust in the last number of months and accepted that work continued to address the outstanding Internal Audit recommendations.

The Chair thanked Ms McKeown for her update which was **NOTED** by the Committee.

8/21 External Audit

8.1 NIAS: 2020-21 External Audit Strategy (AC07/18/03/21)

The Chair invited Mr Gray to present the 2020-21 External Audit Strategy to the meeting.

Mr Gray said that members would be familiar with the format of the Strategy. He drew members' attention to the 'Actions for the Audit Committee' on page 1 of the Strategy which set out a number of questions for the Committee's consideration.

Mr Gray introduced Ms Christine Hagan who had taken over from Mr Clerkin as the contracted External Audit Director for the audit and asked her to take members through the detail.

Following Ms Hagan's detailed presentation of the Strategy, the Chair invited question from those present.

The Chair referred to the impact of change in Discount Rates and sought further detail on this from Ms Hagan.

Ms Hagan explained that, for a number of years, the Discount Rate in NI had been set at 2.5%. However, she said, England, Scotland and Wales had changed the Discount Rate in March 2019. Ms Hagan said that, in the absence of a sitting Assembly in NI, no change had been made. She pointed out that the Department of Justice had recommended in October 2020 that a new legal framework for setting the personal injury discount rate should be adopted and should be similar to the model in Scotland which had a current rate of -0.75%. She explained that this rate would be used for the calculation in clinical negligence claims.

The Chair said he would welcome further clarity on understanding the impact of the discount rate and sought clarification on whether this would have a negative impact on the Trust.

In response, Ms Hagan clarified that it would likely result in an increase in accounts.

Ms Hagan reminded the meeting of the requirement placed upon the Trust to achieve a break-even position within 0.25%.

Referring to the timetable for annual accounts, Ms Hagan advised that final audit testing would commence on 4 May 2021 with a view to submitting the draft annual report and final accounts to NIAO on 7 May 2021. She added that the overall signing of the accounts would take place week commencing 20 June 2021.

She said that External Audit was planning to undertake a remote audit similar to the previous year and would engage with NIAS staff to ensure full information sharing.

The Committee noted that there had been no changes in the audit team and that Ms Hagan would be responsible for progression of the NIAS audit for the remainder of the contract duration.

Mr Ashford referred to significant risk 3 relating to the completeness of payroll related provisions or accruals and

asked if there was an understanding of the magnitude facing the Trust in relation to the outworkings of the PSNI case.

Mr Nicholson explained that there were two distinct payroll related risks, namely the level of outstanding annual leave at 31 March and the payment of overtime during holiday periods. He reminded the meeting that, due to NIAS' reliance on overtime, the Trust would be disproportionately impacted by this compared to other Trusts. Mr Nicholson said that the other issue to be taken into consideration was the period of time over which the liability may extend. He said that the Trust continued to work with colleagues from the DoH, HSCB and other Trusts to quantify the impact in the current year. Mr Nicholson added that a further issue to be considered by year-end was that of the Staff Recognition Payment to all HSC staff.

The Chair referred to the banding issue and enquired whether this had been resolved.

Mr Nicholson advised that the position would be reviewed by Internal and External Audit and said he very much hoped that the financial elements, which had been with the Trust since 2004, had now been addressed with remaining elements transitioning to normal business to be addressed moving forward.

The Chair thanked Mr Gray and Ms Hagan for presenting the 2020-21 External Audit Strategy which was **NOTED** by the Committee and said he looked forward to working with them in the coming year.

9/21 For Noting

9.1 **NIAS response to ‘Guide for Audit and Risk Committees on financial reporting and management during Covid-19 – National Audit Office’ (AC08/18/03/21)**

Mr Nicholson drew members' attention to this guide in relation to financial reporting and management. He explained that the report was issued in June 2020 and some consideration had been taken of the report in the 2019-20 financial reporting process. Mr Nicholson confirmed that the

report would still have relevance for the Trust and advised that its content would be taken into consideration during the current financial year.

He alluded to the challenging timescale for the production and completion of the annual report and final accounts by 7 May and said that the Trust would use this guide to pre-empt the challenges of that process.

The Committee **NOTED** the NIAS response to ‘Guide for Audit and Risk Committees on financial reporting and management during Covid-19 – National Audit Office’ to members.

9.2 NIAS response to ‘Covid-19 Fraud Risks – NI Audit Office’ (AC09/18/03/21)

Mr Nicholson advised that ‘Covid-19 Fraud Risks’ had been produced in August 2020 and he drew members’ attention to the management response. He indicated that the response covered six areas, namely, governance; Covid-19 funding; procurement; IT/cyber/data security; payroll/recruitment and staffing.

Members **NOTED** the NIAS responses to the above.

10/21 Closed Meeting

The Chair advised there was no need to have a Closed Meeting on this occasion.

11/21 Any Other Business

- HFMA Annual Accounts workshop

Mr Nicholson undertook to share with members details of a HFMA Annual Accounts workshop on 22 March.

12/21 Date, time and venue of next meeting

The next meeting of the Audit Committee would take place on Thursday 13 May 2021 at 10am (venue and arrangements to be confirmed)

The Committee noted the dates for future meetings.

SIGNED: William Abraham

DATE: 29 April 2021

AUDIT COMMITTEE – 18 MARCH 2021
ACTION LIST

		INDIVIDUAL ACTIONING	UPDATE
1	Committee Terms of Reference – to be reviewed	PN/LM	Ongoing
2	Format of Committee annual report – to be reviewed	LM	Ongoing
3	Format of Committee report to Trust Board – to be reviewed	LM	Actioned 19/3/21
4	Direct Award Contract: - explanation from Estates as to why the Trust met the costs associated with the heating refurbishment	PN	To be provided at May meeting
5	Report on outstanding IA recommendations to be provided to next Cttee meeting	CMcK	Listed for agenda for 13/5/21
6	HFMA – workshop details to be shared with members	PN	Actioned 18/3/21



'SAFETY' COMMITTEE REPORT TO TRUST BOARD 6/5/21

The Safety, Quality, Patient Experience and Performance Committee met on Thursday 25 March 2021. Issues discussed included:

1	<ul style="list-style-type: none">• <u>Safeguarding Quality Improvement Plan (QIP)</u> The Committee received and noted an update on the QIP in relation to safeguarding processes, governance and assurance.
2	<ul style="list-style-type: none">• <u>Risk Management Progress Report including Corporate Risk Register (CRR)</u> The Committee approved the Risk Register which had a number of amendments, namely the addition of a risk relating to attracting and retaining suitably qualified staff as well as the de-escalation of two risks – one relating to the Operational impact of Covid-19 and the other around the outbreak of Covid-19 with emphasis on Emergency Ambulance Control.
3	<ul style="list-style-type: none">• <u>Board Assurance Framework (BAF)</u> Workshop to be organised to look at the BAF in detail and examine the linkages between it and the CRR.
4	<ul style="list-style-type: none">• <u>Skin Care Policy</u> The Committee approved this policy which described how the Trust intended to prevent or minimise the risk of staff developing a skin complaint a result of their work.
5	<ul style="list-style-type: none">• <u>Covid-19 Related Incidents</u> This paper provided the Committee with an overview of incidents relating to Covid-19 which had been reported via the Trust's Incident Reporting System (DATIX).
6	<ul style="list-style-type: none">• <u>Complaints and Compliments – position report</u> Trust's Complaints Department remained open during the pandemic. Work continues to address the backlog of complaints although significant progress has been made. The Trust continues to receive more compliments than complaints.
7	<ul style="list-style-type: none">• <u>Regional Policy supporting staff involved in Incidents, Complaints, Claims & Coroner's Inquests</u> The focus of the policy is on ensuring a just culture and, whilst emphasising the importance of supporting staff, reference is also made to holding staff to account when appropriate. A number of minor amendments were suggested to the Policy.
8	<ul style="list-style-type: none">• <u>Hygiene, Cleanliness and Infection Prevention Control – Key Performance Indicators: April 2020 – March 2021</u> The Committee received a paper summarising Hand Hygiene (HH), IPC E-Learning, IPC face-to-face training, and Aseptic Non-Touch Technique (ANTT) key performance indicators from 1 April 2020 to 15 March 2021.



'PEOPLE' COMMITTEE REPORT TO TRUST BOARD 6/5/21

The People, Finance and Organisational Development Committee met on Thursday 2 December 2020. Issues discussed included:

1	<ul style="list-style-type: none">• <u>Committee Terms of Reference</u> Approved by Committee. The Trust Board at its meeting on 4 March 2021 subsequently approved these.
2	<ul style="list-style-type: none">• <u>Financial Plan update 2020-21</u> The Committee received an update in relation to the Financial Plan for 2020-21 which had been approved by the Trust Board on 27 August 2020.
3	<ul style="list-style-type: none">• <u>Clinical Education, Learning and Development – Mid-Year Update</u> Mr Frank Orr, Assistant Director of HR, Training, Learning & Development, presented the Mid Year Update and advised that, while Covid-19 had impacted significantly on training activity, the Trust had continued to deliver the majority of its training, with the exception of post-proficiency for A&E staff which had been postponed and some Divisional work.
4	<ul style="list-style-type: none">• <u>HR Directorate Review & HR Directorate Strategy & Improvement Plan</u> The Committee received a presentation from Ms Lemon setting out the way forward for the HR Directorate.



**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL
DEVELOPMENT COMMITTEE HELD AT 10AM ON THURSDAY
2 DECEMBER 2020 (VIA ZOOM DUE TO COVID-19)**

PRESENT: Mr J Dennison - Committee Chair
Ms N Lappin - Non Executive Director

IN

ATTENDANCE: Mr M Bloomfield - Chief Executive
Ms L Charlton - Director of Quality, Safety & Improvement (left the meeting at 12.30pm)
Ms M Lemon - Interim Director of Human Resources
Mr P Nicholson - Interim Director of Finance
Ms M Paterson - Director of Planning, Performance & Corporate Services
Mrs C Mooney - Board Secretary
Mr F Orr - Assistant Director of HR, Training, Learning & Development

APOLOGIES: Mr A Cardwell - Non Executive Director
Ms R Byrne - Director of Operations
Mr B McNeill - Programme Director – CRM
Ms R O'Hara - Programme Director – Workforce Planning
Dr N Ruddell - Medical Director

1 Apologies & Opening Remarks

Apologies were noted from Mr Cardwell, Ms Byrne, Mr McNeill, Ms O'Hara and Dr Ruddell.

The Chair welcomed members to the first meeting of the People, Finance and Organisational Development Committee and

expressed the Committee's sympathies to Dr Ruddell on the recent death of his father.

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 **Committee Terms of Reference (PC02/12/20/01)**

The Chair thanked Mr Nicholson and Ms Lemon for developing the draft Terms of Reference and noted that this was an iterative process. He said that he would be meeting with Ms Paterson to discuss how best to include performance.

A number of suggested amendments to the draft ToR were put forward and it was agreed that these would be incorporated into a final draft to be shared with members prior to Christmas with a view to seeking approval to these at the February meeting.

The Committee noted that it would be important to consider all Committees' ToR to ensure there was a complete map in terms of governance and assurance.

It was also acknowledged that the above work would involve a revision of the current Standing Orders, Scheme of Delegation and Standing Financial Instructions.

Ms Lemon made the point that it would be important for the Committee to receive qualitative as well as quantitative information and she suggested that it would be helpful for members to hear from staff about their experiences.

Ms Charlton agreed with this approach. She said that there had been discussions around whether risk sat specifically within the remit of one particular Committee as well as whether every Director should attend each Committee or attend for specific agenda items relating to their remit in order to provide the necessary assurance.

Ms Charlton said it was her personal view that her remit of quality, safety and improvement permeated through the whole organisation and she considered it important to attend each Committee regardless of whether there was a specific agenda item relating to her remit.

Ms Lappin stressed the importance of using Directors' time wisely and said she did not want Directors to feel it necessary to attend every meeting but to attend when they felt it would add value or benefit the discussion. She suggested that it might be prudent for all meetings to be included in Directors' diaries and the Committee Chair then decide upon attendance.

The Committee **APPROVED** the first draft of the Committee Terms of Reference subject to any amendments which may be received following further circulation.

4 Financial Plan 2020-21 Update (PC02/12/20/02)

Mr Nicholson explained that, as part of the financial planning process, the Trust Board was asked to approve the Financial Plan for submission to the HSCB and the DoH on an annual basis. He reminded members that the draft Financial Plan had been approved by the Trust Board in August 2020.

Mr Nicholson advised that a critical element of that Plan was the assumed income levels contained within it in terms of their reasonableness and accuracy.

Continuing, Mr Nicholson drew members' attention to the paper before them and highlighted the July position in terms of the assumptions across each of the various elements of income received from the HSCB. He referred to the third column which set out an update in November 2020 and indicated how realistic the Trust's income assumptions had been and whether they had materialised in line with the Trust's expectations and the indicative allocations agreed with the HSCB as part of the financial process.

Mr Nicholson pointed out that, while these remained estimates and assumptions, the Trust's assumptions had proved realistic.

He indicated that, in July, the forecasted assumed income was approximately £19 million, and the revised estimate figure was now £22 million. He said that the increases were exclusively related to Covid-19 costs from initial estimates and he referred members to the narrative within the report which provided further detail.

Mr Nicholson advised that much of the original elements of forecasting had already been received. He further advised that, since writing the report, the Trust had received formal notification of demography funding allocations of £382,000 and £320,000 in 2019-20 in 2020-21 respectively. Mr Nicholson said that the Trust still awaited formal approval of the confirmation of costs relating to Covid-19 and added that these were subject to business case approval process. He added that Trust officers continued to work with HSCB colleagues in this regard.

Mr Nicholson said that, whilst the total of these assumed income levels may not be significant, it would be important for members to understand the requirements that the Trust operated under and the potential impact on service delivery if such assumptions were not realistic. He pointed out that, in purest terms, there was a requirement upon the Trust not to incur any expenditure in advance of approved business cases and resources were not confirmed to the Trust until a full and final business case had been approved.

Mr Nicholson cited the example of clinical education and said that it had been a challenging year in terms of the complexity and training that had been delivered. He said that, within the income assumptions, there had been £5 million of assumed income to support that programme and added that the resources for this programme had only been finally confirmed in November 2020. Mr Nicholson said that such arrangements made planning for such a complex programme as clinical education more difficult and said it would be important for members to understand the potential implications if the assumptions made were incorrect.

Mr Nicholson explained that, had the resources for clinical education not materialised, the Trust would have been required to cease the programme of expenditure or identify alternative cash releasing measures to support the programme.

Mr Nicholson said that he was pleased to advise that the planning was largely in line with the assumption and expectations of the Trust with the significant elements outstanding being that of Covid-19 costs and costs relating to AfC. He pointed out that the Trust had received £0.5 million additional support from the HSCB which had not been included within the original Trust plan.

Ms Lappin said that she had found the narrative within the report helpful and self-explanatory. Referring to the business case approvals required for Covid-19 costs and the fact that, at the onset of the pandemic, the HSC had been told to spend whatever necessary, Ms Lappin asked Mr Nicholson whether he had been taken aback at the level of detail required and whether this would present difficulties.

Responding, Mr Nicholson highlighted the complexity of the Covid-19 business case approval process. He indicated that Trusts were also required to break expenditure down further into periods which covered the initial surge; remainder of the year; second surge and an element of rebuilding services. Mr Nicholson explained that Trusts were taking a pragmatic approach and were working together to develop one business case setting out expenditure for each required element.

In response to a further question from Ms Lappin as to the Trust's ability to respond to the level of detail required by the DoH, Mr Nicholson acknowledged that events were progressing at pace. He reminded the meeting that, at the start of the year, the Trust's estimates had changed by over £2 million in that the expectation that the Trust would return to 'business as usual' had not materialised.

Mr Nicholson referred to reports in the English media in terms of 'middle men' around the procurement and quality of equipment. He said that questions were being asked around the increased market prices paid for PPE and added he was aware that some increased prices had been paid, but no 'middle men' had been identified in Northern Ireland procurement.

Ms Lappin suggested that, given the next meeting of Committee was due to take place before the end of the financial year, it might be helpful for the Committee to receive a paper around the

increased prices. She explained that it would also be helpful in ensuring an audit trail as to why certain decisions were taken and for the Committee to be mindful of the circumstances in which they were taken at the time.

Mr Bloomfield said it would be important to be mindful of the context in which the Trust had operated at that time and acknowledged that there was a number of occasions on which the Trust had deviated from normal procurement routes.

The Chair agreed that it was important to place the decisions taken in context and agreed with Ms Lappin's suggestion of a paper being brought to the next meeting. He said that it was important to be mindful that staff were doing everything possible to maintain a service.

The Chair sought further clarification around a potential overspend of £1 million which had been reported by Mr Nicholson at the November Board meeting and asked whether that had been reflected in the paper before the Committee.

Responding, Mr Nicholson explained that one of the first elements confirmed to the Trust was the extent of cash releasing savings required and he referred members to the 2020-21 recurrent savings of £965,000 identified in the paper. He indicated that £1.6 million, representing the savings required from the previous year, had already been removed from the opening RRL and explained that this, together with the current year's savings required, totalled £2.6 million removed from the Trust's baseline. Mr Nicholson said that this figure had largely been made up of vacancies within non-frontline service and had resulted in a shortfall of savings, totalling a £1 million overspend.

Mr Nicholson advised that the Trust had since received additional support of £0.5 million from the HSCB and the fact that the Trust had not been able to continue its post-proficiency training for frontline staff had enabled further resources to be released, allowing the Trust to achieve its £2.6 million savings plan.

The Chair acknowledged that, while it was positive that the Trust had been able to make such savings, it was likely that there would be implications later in the year.

Mr Nicholson advised that the usual finance processes would commence again in January with the development of the Trust's Delivery Plan. He pointed out that the usual processes had been changed this year to take account of Covid-19.

The Chair suggested that it might be timely to bring some financial planning assumptions to the next meeting for consideration. Mr Nicholson undertook to bring an update to the next meeting but suggested that the July meeting would be more appropriate as the Trust transitioned from the current financial year and looked forward to the new financial year in terms of its planning assumptions.

The Chair thanked Mr Nicholson for his Financial Plan 2020-21 Update which was **NOTED** by the Committee.

5 Clinical Education, Learning and Development – Mid-Year Update (PC02/12/20/03)

The Chair welcomed Mr Frank Orr to the meeting and invited him to present the Mid-Year Update.

Mr Orr acknowledged that it had been a very challenging year to date and he described in detail the training which had been provided and the arrangements which had been put in place because of Covid-19. He said that, while these had impacted significantly on training activity, the Trust had continued to deliver the majority of its training with the exception of post-proficiency for A&E staff which had been postponed and some Divisional work.

The Chair thanked Mr Orr for his comprehensive overview and referred to the demands being placed on staff. He asked how the Trust was supporting staff to ensure they were able to continue working and complete their training/courses.

In response, Mr Orr advised that, when training had moved online early in the pandemic, a survey had been conducted of those staff undertaking training and he acknowledged that there had been a mixed response. He indicated that every student on the paramedic course had an adviser as well as a facilitator to look after student welfare, needs and support.

Mr Orr acknowledged that staff were under pressure, particularly when, during the first wave of the pandemic, staff had been asked

to take on other roles. However, he stressed that training aimed to deliver new staff to the frontline by ensuring qualified EMTs, paramedics and ACAs. Mr Orr said that the training team were trying to alleviate any pressure on staff by incorporating breaks into the programme.

He advised that, although a number of tutors had had to self-isolate, arrangements had been put in place to allow them to continue to tutor students by remote access. Mr Orr also pointed out that Inspire and peer support were available to staff should they wish to use these services.

Ms Charlton thanked Mr Orr for his update and said that she would like to acknowledge the tremendous efforts made by the training team in this context. She said that it was regrettable that post-proficiency training had to be postponed and explained that this was a key element of the RQIA Improvement Plan around IPC. Ms Charlton advised that she understood the context and the operational challenges in releasing staff to undertake training as well as the need for the continual development of those experienced staff out on the road who were not part of an academic course.

Referring to the Quality Improvement Plan around safeguarding, Ms Charlton commented that, having reviewed referrals, she was struck by the issues facing staff as they provided care and she reiterated the need for further safeguarding training. Ms Charlton said that this also reinforced the obvious impact on quality and safety, staff experience and patient experience in terms of how invaluable post-proficiency training was. She assured the Committee that the Trust would continue to review the position regarding post-proficiency training with a view to reinstating this as soon as was practicably possible.

Ms Lappin echoed Ms Charlton's comments and said that she had heard at first-hand from training officers about the amount of work that had been undertaken to ensure courses were successfully delivered. She said that she had been struck by the significant efforts made by the training team to ensure training was available and delivered in different contexts in order to ensure the Trust had appropriately trained and qualified staff providing care. She pointed out that, as a Committee member, it would also be important to take account of the additional pressures placed on trainers and asked Mr

Orr to feedback her appreciation, as Trust Board Chair, to all involved.

Ms Lappin alluded to the potential risk posed by the postponement of post-proficiency training and, whilst accepting Ms Charlton's assurance that this would be kept this under review, suggested that updates on the provision of training might be better placed within the Safety Committee. Ms Lappin advised that she had discussed with Mr Sinclair, Assistant Clinical Director, his vision around enhanced clinical and professional leadership and she questioned how this would best link with the ongoing training. Ms Lappin said that she would be interested in a strategic approach to ensure that training was developed and delivered on behalf of the Trust to meet people's needs as well as identifying the needs of the organisation in terms of training not just for frontline but to support staff to deliver the service.

Ms Lemon clarified that learning and development related more to the general education and development as opposed to clinical education and she agreed that the clinical focus around clinical educational needs might be better placed within the Safety Committee.

Referring to the risk associated with not providing training, Ms Lappin said that references had been made to this at Trust Board meetings. She acknowledged the inherent risks in not being able to release staff from frontline duties to undertake training and suggested it would be important to consider this further.

Mr Orr indicated that he would be happy to provide updates to the appropriate Committee and said his focus was on the clinical education element, notwithstanding the other aspects of leadership development. He advised that he and Mr Sinclair had already met to discuss how best to progress these issues. Mr Orr stressed the importance of ensuring there was a good foundation and quality being delivered by staff and said that Mr Sinclair and he would be liaising in relation to the development of the content of post-proficiency training. He pointed out that consideration was being given to changing the post-proficiency training to a rolling programme due to the number of topics to be covered.

Mr Orr advised, should approval be forthcoming from the HCPC to permit a fifth course, it would allow the Trust to commence courses

by March 2022 rather than the current September 2021 deadline. He acknowledged that there would be an overlap in courses and expressed concern at the capacity to deliver the necessary training.

Alluding to future staffing, Mr Orr expressed concern at how the Trust would ensure training roles were attractive to prospective candidates.

Ms Lappin welcomed HCPC's consideration of allowing a fifth course. She said Trust Board would find it helpful to receive an update on plans around the current cohort of training officers and how their skills might be best utilised as well as an indication of how the training strategic plan in terms of future plans for training linked in with the Trust's 'Strategy To Transform'.

Ms Paterson reminded the meeting that she was responsible for bringing strategic assurance to the Committee and providing an overview. She explained that her intention would be to set out the goal and strategic objectives as articulated by Mr Orr and Mr Sinclair. She acknowledged that the strategic goals permeated across the organisation, hence the discussions as to which Committee would be appropriate to consider such issues.

Ms Paterson suggested that there would be an opportunity to discuss the risk within an Audit and Risk Committee for example, thus providing assurance within the governance structure the Trust intended to implement.

Mr Bloomfield conveyed his appreciation to everyone involved in the training team. He acknowledged the pressures on the training team to ensure staff were appropriately trained to deliver the service and emphasised that staff were key to service delivery and to addressing many of the challenges faced by the Trust.

Continuing, Mr Bloomfield indicated that the past year had been one of the busiest for the Trust. He said that the single biggest investment from transformation funding was £5 million in respect of NIAS training. Mr Bloomfield pointed out that, when one took account of the challenges presented by Covid-19, the volume of training delivered by the training team had been significant. He said that the Senior Management Team had already commenced discussions in relation to how the Trust might start to see real change in terms of the increased professionalisation of the

workforce. Mr Bloomfield referred to the academic routes available and stressed the importance of ensuring all staff were supported appropriately. He acknowledged the reality that training posts may not be as attractive due to the recent rebanding of EMTs and paramedics and accepted the need to consider this and plan for it. He said that discussions would continue with a view to bringing the outcome to a future meeting of the Committee.

Ms Lemon referred to the implementation of the Trust's recent pay agreement with Trade Unions and said that she had had some discussions with Mr Orr in relation to this issue. She pointed out the agreement had recommended that, in paramedics moving to a Band 6, consideration should be given to the potential impact on supervisory posts in that pay band and committed the organisation to review this. Ms Lemon said that this would not necessarily result in a change in pay band but she acknowledged the need to consider the scope of practice and, where appropriate, develop new job descriptions. She pointed out that this would be considered within the Operations structure review for station supervisor posts for example.

The Chair thanked Mr Orr for his comprehensive update and said he looked forward to receiving further updates at future meetings.

Mr Orr withdrew from the meeting.

6 HR Directorate Review (PC0212/20/04)

7 HR Directorate Strategy & Improvement Plan - presentation (PC02/12/20/05)

Ms Lemon explained that she would take agenda items 6 and 7 together as she believed both were inextricably linked.

Referring to the Review, Ms Lemon reminded members that the Trust had asked the Association of Ambulance Chief Executives (AACE) to undertake a review of its Human Resources (HR) function and delivery model. She said it was generally felt that the Trust had not received adequate HR services for a variety of reasons and added that this was supported by a benchmarking study in 2019 which had indicated a need to review and revise HR resources and service provision.

Ms Lemon acknowledged that, while the report had made for difficult reading, she did not disagree with the findings and recommendations. However, she stressed the importance of using the report as a platform for improvement and advised the Committee that some steps had already been taken.

The Chair agreed with the comments made by Ms Lemon and said that the report clearly articulated the issues around culture, processes and resources.

Mr Bloomfield explained that the review had emanated from a previous benchmarking exercise across all corporate support functions carried out at his request by AACE. He agreed with the comments already made around the content of the report and he paid tribute to Ms Lemon in terms of her positive response and determination to use the report as a means to improve the services provided by the HR Directorate. Mr Bloomfield also thanked those staff who had contributed to the report. He acknowledged that the report had been direct in its findings and said that Ms Lemon was discussing the report constructively with her team.

Ms Lappin commented that, as Trust Board Chair, she had been keen for the review to take place and said that the Trust Board had first been made aware of the need for a review in June 2019. She acknowledged the journey to reach this point and believed that the People, Finance & Organisational Development Committee had a role in monitoring and ensuring the recommendations from the review were delivered. Ms Lappin said that she recognised the particular pressures being experienced by the HR Directorate and added that, whilst it would be important to see progress made, there was a need to remain mindful of such pressures and to understand the context in which the Trust would deliver on the review.

Ms Lemon thanked the Committee for their comments and said there were helpful drivers in terms of ensuring momentum was maintained.

By way of a presentation, Ms Lemon set out the detail of her plan for improvement and achievement. She highlighted the key themes for action and the various workstreams to progress the recommendations. Ms Lemon also presented the success of initiatives which had already been put in place and reiterated that

the report was important in setting out what the Trust recognised needed to be done.

The Chair acknowledged the extent of the task ahead.

Ms Lappin said that, while she was familiar with the plans for improvement, she would be interested to hear Ms Lemon's view on how the Committee and Trust Board could assist. She added that the Committee would also be interested to hear where improvement had already taken place, where progress might be delayed and how Covid-19 had impacted on the Directorate.

Responding, Ms Lemon explained that Covid-19 had created a different working environment and associated issues around terms and conditions for example and she described the arrangements in place as a result. These included new arrangements required for occupational health and risk assessment for staff who were considered to be clinically extremely vulnerable in a COVID context. She also described the work that was undertaken to support a regional HSC HR cell and related regional working groups, NIAS Trade Union engagement and temporary changes to some terms and conditions to reflect this context.

In relation to successes, Ms Lemon referred to the implementation of the recent pay agreement and the work undertaken to ensure staff received their payments before Christmas. She reminded members of the presentation given to the March Trust Board meeting on peer support and said that Covid-19 had now become the new trauma faced by staff. As a result, she added, peer support had been increasingly used by staff over the last number of months. Ms Lemon also advised that HR had achieved Key Performance Indicators (KPIs).

The Chair was of the view that the strategy represented the start of the work while the implementation plan would focus on identifying the work to be done and ensuring strategic direction. He sought clarification from Ms Lemon as to her ambitions for the development of the plan and suggested that the Committee could initially be updated on progress with a view to Trust Board using the plan to assess progress.

Ms Lemon emphasised the importance of the strategy remaining live and dynamic while the implementation plan was the framework

for the development and delivery of the strategy. She stressed her intention to engage with the team to inform the development of KPIs, thus ensuring they were realistic and deliverable.

Ms Lemon said that she hoped to be in a position by the next meeting to bring a plan for consideration which had been discussed with the team, Trade Union colleagues and customers. She pointed out that the Operations Directorate would be key in its development and said that the plan should not be developed in isolation.

The Chair welcomed the fact that Ms Lemon intended to use a co-production approach to the development of the implementation plan and said he looked forward to its consideration at the February meeting. He added that he was of the view that the plan represented ‘the right direction of travel’.

Mr Bloomfield agreed with the Chair’s comments. He indicated that one of the recommendations within the report related to the need for stability in the Directorate and moving to appoint a substantive Director post. He confirmed that he was progressing this issue and had written to the DoH to seek approval to the post. Mr Bloomfield undertook to keep the Committee apprised.

Ms Lappin said that it was encouraging to hear how Ms Lemon intended to progress the development of the implementation plan and believed that the involvement of the team would result in them being more determined to deliver upon it. She suggested that, if Ms Lemon would consider it helpful, she would be willing as a Committee member, or as Trust Board Chair, to link in with the HR team via Zoom to convey support for the approach adopted.

The Chair thanked Ms Lemon for her presentation and said he very much looked forward to receiving updates on progress.

8 **Key Issues and Timelines**

The Chair asked those present to give some thought as to the issues to be considered by the Committee at certain times throughout the year.

Ms Lappin commented that, having observed the recent Safety, Quality, Patient Experience and Performance Committee, she was of the view that all issues considered had appropriately fallen within

the remit of that Committee and she suggested that more frequent meetings might negate the need for prolonged meetings. However, she acknowledged the additional pressures placed on Directors as a result of Covid-19 and said it would be important to work with Directors to ensure Trust Board received the necessary assurances.

Mr Bloomfield indicated that his preference would be more frequent meetings and added that he considered it to be a joint approach between Non-Executive and Executive Director colleagues. He cautioned that the next number of months would likely prove challenging in terms of normal winter pressures in addition to the pressures presented by Covid-19.

The Chair agreed with the points made by Ms Lappin and Mr Bloomfield

Ms Lemon referred to the information needs of the Committee and asked members to give consideration to this. She alluded to the issue of Whistleblowing and said it would be helpful to have some offline discussion in relation to this.

The Chair thanked those present for their contributions.

9 Date of next meeting

The next meeting of the People Committee will take place on Wednesday 10 February 2021 at 10am (arrangements to be confirmed).

It was suggested that, if social distancing guidelines could be met, consideration should be given to holding the next meeting face-to-face.

10 Any Other Business

The Chair thanked those present for ensuring the inaugural meeting of the Committee had been a positive one.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.30PM.

SIGNED: 

DATE: 22 April 2021



ACTION - PEOPLE COMMITTEE – 2 DECEMBER 2020

		INDIVIDUAL ACTIONING	UPDATE
1	Terms of Reference: <ul style="list-style-type: none">- Ms Paterson to arrange to discuss with Chair;- To be considered against other Committee ToRs to ensure all governance and assurance aspects are covered;- Points raised by Ms Lappin to be examined.	MP CM CM	8/4/21 Ongoing Ongoing
2	Finance paper to be brought to next meeting setting out Trust position re increased market prices relating to Covid-19 costs	PN	Included within Finance paper on agenda for 22/4/21 meeting
3	Financial planning assumptions: <ul style="list-style-type: none">- update to be brought to February (April) meeting with a view to bringing planning assumptions for 2021-22 to July meeting	PN	On agenda for 22/4/21 meeting
4	Clinical, Learning and Development Plan – Mid Year Update: <ul style="list-style-type: none">- consideration to be given to risk of not being able to deliver training and not being able to release frontline staff to undertake training;- Trust Board to be advised of the future direction of training in terms of how the	NR	Update to be provided to April meeting

	<p>training strategic plan links with Trust Strategy to Transform;</p> <ul style="list-style-type: none"> - Trust Board to be updated on plans for current cohort of training officers and how their skills might best be utilised; - update to be provided to Cttee on risk associated with postponement of PP training and when might that be reviewed. 		
5	HR Implementation Plan to be brought to Feb (April) meeting	ML	Listed for April meeting
6	Appointment of substantive Director of HR – Committee to be kept apprised of progress	MB	Ongoing
7	Consideration to be given to the information needs/regular reports to the Committee, for example Whistleblowing.	ALL	Ongoing
8	Next meeting – consideration to be given to holding the February meeting face-to-face	CM	Feb mtg canc. Face-to-face meetings to be kept under review.



'PEOPLE' COMMITTEE REPORT TO TRUST BOARD 6/5/21

The People, Finance and Organisational Development Committee met on Thursday 22 April 2021. Issues discussed included:

1	<ul style="list-style-type: none">• <u>Financial Plan 2021-22</u> Mr Nicholson provided the Committee with an initial assessment of the opening financial position, savings requirements and assumed income levels. Mr Nicholson also gave a verbal update on the PPE market prices.
2	<ul style="list-style-type: none">• <u>Human Resources Strategic Plan 2021-22</u> Ms Lemon presented the HR Strategic Plan for the year 2021-22 to reflect strategic HR objectives to remodel the Directorate, deliver improved outcomes and deliver a new People Strategy for the organisation.



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