



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

A meeting of Trust Board to be held at 2pm on
Thursday 23 June 2022 in The Mount Conference Centre, 2 Woodstock Link,
Belfast BT6 8DD



A meeting of Trust Board to be held at 2pm on
Thursday 23 June 2022 in the Lagan Room, Mount Conference Centre,
2 Woodstock Link, Belfast BT6 8DD

AGENDA

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| 1 | Welcome, Apologies & Declarations of Conflict of Interest | Click on links to navigate: |
| 2 | Minutes of the previous meeting of the Trust Board held on 5 May 2022
For Approval | TB23/06/2022/01 |
| 3 | Matters Arising | TB23/06/2022/02 |
| 4 | Chair's Update
For Noting | No paper |
| 5 | Chief Executive's Update
For Noting | No paper |
| 6 | Transformation Portfolio Delivery Report - June 2022
For Noting | TB23/06/2022/03 |
| 7 | Clinical Plan to deliver NIAS Strategy to Transform
For Noting | TB23/06/2022/04 |
| 8 | NIAS Corporate Plan 2022-23
For Approval | TB23/06/2022/05 |
| 9 | Performance Report
For Noting | TB23/06/2022/06 |
| 10 | Committee Business:
- Audit & Risk Assurance Committee – minutes of meeting on 14 April and report of meeting on 12 May 2022;
- Safety Committee – minutes of meeting on 7 April 2022
For Noting | TB23/06/2022/07 |



- 11 Date & venue of next meeting:
Thursday 25 August 2022 at 10am.
Arrangements to be confirmed.
- 12 Any Other Business

TB/23/06/2022/01



**Minutes of NIAS Trust Board held on Thursday 5 May 2022 at 10am
via Zoom (due to Covid-19)**

Present:	Mrs N Lappin	Chair
	Mr W Abraham	Non Executive Director
	Mr D Ashford	Non Executive Director
	Mr J Dennison	Non Executive Director
	Mr T Haslett	Non Executive Director
	Mr M Bloomfield	Chief Executive
	Ms R Byrne	Director of Operations
	Ms M Lemon	Interim Director of HR
	Mr P Nicholson	Interim Director of Finance
	Dr N Ruddell	Medical Director
In Attendance:	Ms L Charlton	Director of Quality, Safety & Improvement
	Mrs C Mooney	Board Secretary
	Mr C Carlin	Boardroom Apprentice (joined the meeting at 11.45am)
	Mr N Walker	Interim Asst Director of Planning & Performance (for agenda item 6 only)
	Mr M Flaherty	Association of Ambulance Chief Executives (AACE) (for agenda item 6 only)
	Ms K Keating	Risk Manager (for agenda item 7 only)
	Mr M Cochrane	Area Manager (for agenda item 7 only)
	Mr J Kearney	Asst Director Human Resources (for agenda item 7 only)
Apologies:	Mr B McNeill	Programme Director - Clinical Response Model (CRM)
	Ms M Paterson	Director of Performance, Planning & Corporate Services

1 **Welcome, Introduction & Apologies**

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

The meeting was declared as quorate.

The Chair advised that she was aware of discussions ongoing throughout the HSC as to when it might be appropriate to resume face-to-face meetings and said she looked forward to the outcome of these discussions.

2 **Previous Minutes (TB05/05/2022/01)**

The minutes of the previous meeting held on 24 March 2022 were **APPROVED** on a proposal from Mr Haslett and seconded by Mr Dennison.

3 **Matters Arising (TB05/05/2022/02)**

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

The Chair invited Ms Charlton to provide an update around the rate of Covid-19 re-infection amongst staff.

Ms Charlton advised that, between August 2020 – April 2022, 1,037 NIAS staff had tested positive with 105 of these staff having been re-infected – therefore approximately 10%. She indicated that corresponding figures published by the DoH referred to a re-infection rate of approximately 6.2%. Ms Charlton pointed out that 8.3% of 20-39 years olds had been re-infected and 5.6% of 40-59 years olds had been re-infected.

However Ms Charlton cautioned against not taking assurances from such figures and pointed out that, in the reporting period, the general public was no longer required to take a PCR test and therefore it would be inappropriate to arrive at conclusions regarding comparisons in this context.

The Chair thanked Ms Charlton for her update.

In response to a question from Mr Ashford around the Joint Health and Safety Policy Statement, Mrs Mooney clarified that the Joint Statement had been approved by the Audit and Risk Assurance Committee (ARAC) at its meeting on 3 February 2022. She explained that it was the intention to bring further papers to the June ARAC setting out roles and responsibilities.

4 **Chair's Update**

Commencing her update, the Chair reflected on the fact that, due to the pandemic, the Trust had held its first virtual Staff Recognition Awards on 1 April. She explained that she had been unable to attend due to illness but hoped that the plans to hold a further face-to-face event later in the year would come to fruition.

The Chair conveyed her congratulations to all award recipients and said she was looking forward to meeting later this month with Mr Eddie Murphy who had received the Chair's Award.

The Chair advised that she had finally had the opportunity to meet with Mr Alan Cardwell, former Non-Executive Director, who had retired from his position in February 2021. She said that Mr Caldwell had asked her to pass on his best wishes to the Trust Board and staff at this challenging time.

Continuing, the Chair reported that, along with other Trust Chairs, she had had the opportunity to meet with Mr Peter May, who had recently been appointed as DoH Permanent Secretary. She said she was aware that Mr May had met with Trust representatives soon after his appointment and said that she looked forward to further engagement with him.

The Chair advised that she had attended a strategic planning event in her capacity as Chair of the Public Sector Chairs' Forum to look at ways in which Arms' Length Bodies (ALBs) could support the Head of the Civil Service as she brought forward a programme of work to address issues arising from the pandemic but also to ensure Northern Ireland moved forward as a region.

The Chair alluded to her series of meetings with Non-Executive Directors and Directors and asked for any Director yet to have a meeting to contact her office to arrange.

The Chair said that she wished to conclude her update by acknowledging the significant pressures facing the Trust over the last two years and in particular the recent media attention on the Trust following a number of tragic incidents. She acknowledged the deep impact not only on patients but on staff and said that the media had reported on the root causes and had alluded to the fact that these would not be resolved overnight.

The Chair was of the view that it had been important for the Trust, as a public service and accountable to the public, to respond to queries raised and she thanked those staff who had undertaken media interviews.

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

5 **Chief Executive's Update**

The Chief Executive indicated that the previous few weeks had been difficult for the Trust, with a high level of media attention on the service for several weeks following a number of distressing cases. He said that such circumstances were difficult to listen to and accepted that the service on occasions was not one which the Trust and its staff wished to provide and he offered his apologies to anyone who had not received a timely service.

Mr Bloomfield explained that the Trust received requests from the media on a regular basis to comment on individual cases and the Trust statements highlighted the main reasons for delayed responses which alluded to the underlying shortfall in capacity which existed before the pandemic and the Trust efforts to address this through the Clinical Response Model (CRM) business case; the number of staff not available due to Covid-19 and most significantly the amount of time lost due to delays in handing over patients to EDs.

He explained that the Trust had agreed that, rather than put forward a similar response to each media request received, it would do an in-depth interview with the BBC Nolan show where the Trust could explain more fully the issues in detail, the actions being taken and the further actions required.

Mr Bloomfield said that he and Dr Ruddell had attended for this interview with the Nolan Show on 6 April and spent considerable

time setting out the position in detail. He said that he believed both he and Dr Ruddell had been very open in describing the challenges faced by the Trust and the impact on patients as well as describing what needed to happen. He added that feedback to date had been positive.

Continuing, Mr Bloomfield explained that this initial interview had led to further media interviews on specific issues, in particular about the risk to patients and the number of deaths where a delayed response may have been a contributory factor. He said that individual cases continued to be reported, some of which were historic and he added that, while very regrettable, it had not been clear why some of the historic cases were being reported at this time.

Mr Bloomfield referred to the tragic death of Ms Jody Keenan in Newry in the early hours of 10 April. He explained that he would not normally refer to individual cases either in the media or at a Board meeting but he felt that, given the extent of the media coverage about the case, it had been necessary to do so at the time. He advised that Dr Ruddell had provided initial details about the reason for a delayed response and confirmed that the Trust had commenced a Serious Adverse Incident (SAI) review.

Mr Bloomfield reported that he and Dr Ruddell had also met with the Minister and DoH colleagues on 11 April to brief them on the circumstances that had led to the Trust's reduced cover in the Newry area that evening and the need for an ambulance to be dispatched from Belfast. He advised that the Trust had been in contact with Ms Keenan's family and said he would elaborate on this further during the In Committee session.

Continuing, Mr Bloomfield pointed out that this tragic incident had occurred the week before Easter. He said it was recognised that bank holiday weekends presented particular challenges both in relation to NIAS cover as staff were less keen to work overtime and due to the pressures across the wider system that led to even longer handover delays at EDs.

He commended those involved in planning for the Easter period and each weekend since, including the May Day bank holiday when NIAS operational cover had been good and importantly the level of senior manager oversight throughout the weekend had allowed the

service to respond very effectively and in a timely way to any drops in cover and other challenges that occurred out-of-hours.

Mr Bloomfield acknowledged that such arrangements continued to require the co-operation and goodwill of staff to work alternative patterns until such time as the investment to implement CRM was secured to enable the Trust to move to proper 24/7 management arrangements.

Mr Bloomfield advised that he had recently written to the Deputy Secretary of the Strategic Planning and Performance Group (SPPG) within the Department, formerly the Chief Executive of the Health and Social Care Board (HSCB), regarding the continued problem of delayed ambulance handovers, the risk to patients and the lack of progress on implementing Ambulance Handover Zones. He said that he had asked for a renewed focus on this issue and for regional discussions on how it could be addressed collectively. Mr Bloomfield said that he had also taken the opportunity in the correspondence to advise of the grave concerns which had been expressed at Trust Board and Committees and he asked Mrs Mooney to share the correspondence with members.

Mr Bloomfield advised that UTV had recently spent the day filming in NIAS HQ and explained that UTV intended to use the material over a three-day period the following week. He said that he hoped the articles would demonstrate the good work carried out by staff on a daily basis. Mr Bloomfield explained that the recent constant media attention risked damaging public confidence in the service as well as impacting on staff who did their best each day in difficult circumstances.

Continuing, Mr Bloomfield reported that the new Permanent Secretary, Mr Peter May, had visited NIAS HQ on 12 April to meet with the Trust's Senior Management Team. He said the Team had outlined some of the current challenges, including delayed patient handovers, as well as highlighting some of the positive developments in recent years and planned developments from which the whole system would benefit. Mr Bloomfield said that the Team also stressed the need for an early decision about CRM investment so as to improve response times and enable wider system transformation to take place. He added that the Trust looked forward to further engagement with him in the months ahead.

Mr Bloomfield said that, as had been alluded to by the Chair in her report, a highlight of the month had been the Staff Recognition Awards on 1 April. He explained that these awards had been postponed from 2020 and, while it had been hoped to be able to have a physical event, it had been decided to proceed with a virtual award ceremony to recognise the excellent work done by NIAS staff on a daily basis. He conveyed his thanks to those Board members who had been able to join the event and said it was very much hoped to be able to have a 2022 event in-person later in the year.

Continuing, Mr Bloomfield reported that the NIAS Service Delivery Plan covering the period April-June 2022 had been submitted to the DoH and said Mrs Mooney would circulate a copy to members.

He explained that the Plan set out how the Trust was rebuilding health and social care across all its services whilst managing the ongoing impact of Covid-19 with the purpose of the Plan being to show how the Trust would balance the on-going needs of people and communities affected during the pandemic and address the impact on all its services, particularly unscheduled care.

Concluding his report, Mr Bloomfield said that he was pleased to advise the Board that the Head of Internal Audit had confirmed an overall satisfactory audit opinion after two years of a limited opinion. He indicated that this was largely due to the progress made on the prior year Audit recommendations and he conveyed his thanks to colleagues and their teams who maintained a focus on these and delivered real progress during what had been a most challenging period.

Mr Bloomfield said that further work continued to be required to fully implement some recommendations and to keep up-to-date with new recommendations. He thanked Board members, and in particular the Audit and Risk Assurance Committee, for their support in the approach taken to identifying and addressing risks within the organisation and in helping maintain the necessary focus on making progress.

The Chair thanked Mr Bloomfield for his report and acknowledged the challenges around service delivery.

She welcomed the satisfactory level of assurance from Internal Audit and said, as Chair, she wished to convey her thanks to all involved for their efforts at a time when the Trust was also trying to deliver services. The Chair thanked members of the ARAC for their focus on this area of work.

Mr Ashford echoed the Chair's comments and congratulated all involved on achieving the satisfactory level of assurance. He stressed the need to maintain the focus on addressing the recommendations.

Mr Haslett reiterated the comments already made and commended all involved.

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

6 **Association of Ambulance Chief Executives (AACE) Proposed Workplan 2022-23 (TB05/05/2022/03)**

The Chair welcomed Mr Martin Flaherty, Association of Ambulance Chief Executives (AACE), to the meeting. At the Chair's invitation, Mr Flaherty provided a context and overview of the support given by AACE to NIAS in 2021-22 as well as outlining the proposed support in 2022-23.

The Chair acknowledged the support given by AACE and welcomed the fact that, despite the challenges, NIAS had made significant improvements in call answering in EAC.

Mr Abraham was of the view that the Trust's collaboration with AACE had proved to be extremely valuable in allowing the Trust to build internal capability.

Agreeing with Mr Abraham's comment, Mr Flaherty said that that had been the focus of AACE support over the last few years and added it was clear that the Trust had improved its internal capabilities with EAC being a clear example of such improvement. He pointed out that NIAS had performed much better than many English ambulance Trusts over the last year in terms of call answering but acknowledged that there was further work to do which would be linked to the review of the Operational Management Structure.

Mr Flaherty said that the Trust had transformed its structures in a number of areas and said he was confident that it would continue to improve. He alluded to the work to be progressed around the review of the Operational Management Structure and the transformational work around HR and said that AACE would continue to work with the Director of Operations and the Interim Director of HR in this regard.

Mr Flaherty advised that, while he expected the AACE support to the Trust to reduce in the coming year, AACE would be willing to support the Trust where needed.

Mr Abraham said that he had been encouraged by Mr Flaherty's comments. He referred to the issue of handover delays and his request that this risk was strengthened on the Corporate Risk Register. He commented that the Chief Executive had suggested that the Trust should liaise with other ambulance Trusts' Audit Committees with a view to articulating the risk in the context of other services.

Mr Flaherty advised that AACE had been the first organisation to publish a report into the harm associated with handover delays resulting in subsequent poor performance in the community and pointed out that said that the situation in Northern Ireland was no different to anywhere else in the UK. However he did point out that the report had not contained NIAS data.

Mr Flaherty advised that AACE was able to provide comprehensive data collated from ambulance Trusts throughout the UK on hospital handover delays and associated harm and said that Mr Walker had been liaising with AACE in terms of benchmarking NIAS against other ambulance Trusts.

Mr Ashford said it was encouraging to see the positive work ongoing. He alluded to Mr Flaherty's offer of support from AACE around the NIAS CAD replacement and he sought further detail around the timeline for the replacement and whether the system needed to be compatible with other systems in use across the UK.

Responding, Mr Flaherty clarified that Ms Paterson was managing the CAD replacement. He advised that there were 3-4 common CADs in use across other UK systems which were all compatible

with the mutual aid arrangements in place. He added that there was a need for the NIAS CAD system to be compliant with that used by the National Ambulance Service in the RoI.

In terms of AACE support, Mr Flaherty said that AACE had extensive knowledge and experience around the replacement of CAD systems and the significant planning required in the lead-up and said that such experience was not available within NIAS.

Responding to Mr Ashford's question around the timescales involved, Mr Bloomfield said it was his understanding that the Trust was seeking to procure the new CAD system towards the end of the year with a view to its implementation in 2023. He stressed the importance of ensuring the effective implementation of the new system and said it would be therefore appropriate for NIAS to avail of the AACE expertise.

Mr Haslett welcomed the support from AACE and asked how the Trust would ensure it received value for money.

Mr Bloomfield referred to the AACE benchmarking report which clearly demonstrated the functions for which NIAS did not have the required workforce. Mr Bloomfield explained that AACE had supported the Trust in developing its long-term strategic plan and had provided staff substitution as the Trust worked to increase its internal capability and capacity. He said that AACE was now transitioning to a supportive and advisory role.

Mr Bloomfield said that the Trust would demonstrate value for money based on the outcomes achieved by the Trust. He alluded to the process of revisiting the areas in which AACE provided support in the previous year as well as being able to identify those areas where AACE support had ceased and therefore the Trust did not incur any charges. Mr Bloomfield said that he was content that he could demonstrate that the support provided by AACE provided value for money.

Continuing, Mr Bloomfield noted that AACE had been providing support to the Trust for a number of years now and believed that 2022-23 would likely be the final year for this level of support. He pointed out that all ambulance Trusts would engage AACE for specific areas of work in order to avail of their knowledge and expertise. Mr Bloomfield alluded to the benchmarking report

completed by AACE a number of years previously and said that, while considerable work had been completed since then, the Trust was close to completing its restructuring of the Trust's corporate services functions as had been recommended by AACE.

Mr Bloomfield said that he wished to take this opportunity to thank Mr Flaherty and his team for the support and advice provided to him as Chief Executive over the last number of years.

The Chair said that she had noted the reducing spend in 2022-23 and welcomed the fact that the Trust was now reaping the benefits of AACE input over the last few years.

Referring to the CAD replacement, Ms Byrne confirmed that the Trust would be linking with AACE on this work. She advised that a commitment to this work had been received from the commissioners and the Outline Business Case had been signed off by the DHCNI and submitted to the DoH for consideration. Ms Byrne indicated that she expected the replacement CAD to be installed in the autumn of 2023.

Ms Byrne extended her thanks to Mr Flaherty and colleagues for their invaluable support and assistance. She said that, due to recent operational pressures, she had been unable to progress the review of the Operational Management Structure as she had wished and she welcomed the support from AACE to progress this in 2022-23.

Responding to a comment from Mr Nicholson, Mr Flaherty explained that he intended to stand down from his role as Managing Director in March 2023 but would remain involved in AACE.

Mr Dennison said that Northern Ireland tended to be quite insular and he emphasised the importance of working with AACE to ensure the Trust was provided with best practice examples as well as the ability to benchmark against other services. He suggested it would be important not to place emphasis on moving away from AACE but an emphasis in looking beyond AACE.

The Chair believed it had been helpful for the Board to receive this update. She acknowledged that Board members might wish to examine certain areas of work in more detail at various Trust Committees.

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

7 Body Worn Video Project:

- **Public Consultation Phase 2 – Proposed Deployment Plan**
- **Summary of Staff & Trade Union Consultation**
(TB05/05/2022/04)

The Chair welcomed Ms Keating, Mr Cochrane and Mr Kearney to the meeting and said that this was an important issue for the Trust

At the Chair's invitation, Ms Keating reiterated the background to this and updated members on the current position in relation to the consultation. She referred to the presentation made to the Trust Board in March and reported that the numbers of assaults on NIAS staff had increased since that time with an average of 13 staff being assaulted each month. Ms Keating clarified that no cameras were currently on the ground. However, she sought the Board's approval to conduct a BWV pilot in the Belfast area.

Ms Keating extended an invitation to members to take the opportunity to view the equipment and speak to any members of the team if this would help in their understanding.

The Chair said she would be very interested in doing so and asked members to contact Mrs Mooney if they wished to avail of Ms Keating's offer.

The Chair said she had been concerned that only one member of staff had responded to the consultation but said it was clear from the papers before the Board that a huge level of consultation had taken place. She extended her thanks to Ms Keating and colleagues for their significant contribution to this work to date.

Ms Lemon, agreeing with the Chair's comments, pointed out that ongoing engagement and involvement were key steps in the development of a final formal consultation document.

The Chair noted that Ms Paterson had given an undertaking to provide an update on progress on the BWV pilot in the summer.

Ms Charlton commended Ms Keating and Mr Cochrane on their leadership on this project and said their contribution had been impressive despite other competing demands. She referred to the appointment of Mr Neil Gillan as the Trust's Co-Production Partnership Lead, and said Mr Gillan's contribution in terms of the consultation and Public and Patient Involvement (PPI) elements would be important. Ms Charlton alluded to the recent publication by the PPI Forum around the PPI elements of consultation exercises and said that Mr Gillan would be working closely with Ms Keating, Mr Cochrane and Mr Kearney on how best to involve appropriate service users and those hard to reach groups. She said that she was delighted to have this support within the Trust to ensure the Trust met its statutory obligations around involvement.

Ms Lemon referred to the difficult working environments in which staff operated and said it was important to have Board support which would be a strong indicator to staff that the violence and aggression they faced on a daily basis was not acceptable. Ms Lemon acknowledged the complexity of the consultation process and reminded members that it was for this reason that the Trust had decided to adopt a phased approach to the consultation. She commended this approach and believed it had enabled the consultation to be accessible to stakeholders. Ms Lemon added that Mr Kearney had made considerable efforts to ensure statutory compliance.

Mr Ashford welcomed the progress which had been made. He alluded to the fact that most English ambulance services had had BWV for some time and he asked if they had reported reductions in sickness absence.

Responding, Ms Keating advised that one ambulance service had reported a 25% reduction in violent incidents and said that, as yet, the linkages to sickness absence had not been reported. She added that four prosecutions were being taken forward by an ambulance service as a result of BWV footage. Ms Keating undertook to share the report, when available, from the National Ambulance Security Group co-ordinating the outcomes of BWV in services.

Mr Ashford welcomed the statistics. He acknowledged that dealing with prosecutions tended to increase stress in the short-term and he asked whether staff had experienced difficulties in this regard. He

queried whether there was a danger that the Trust could potentially become involved in other incidents as a result of the availability of dashcam footage. Mr Ashford further queried whether this should be identified as a potential risk.

Ms Keating explained that the information flow was clear and advised that the Trust would be subject to the normal Subject Access Request procedures for data being held. She added that such requests were dealt with by the Information Governance Team.

Mr Haslett thanked Ms Keating for her update presentation. He referred to the fact that UTV had been filming in NIAS HQ and asked whether the Trust had taken the opportunity to refer to the increased incidence of violence and aggression against NIAS staff.

Responding, Mr Bloomfield explained he had advised UTV that, in 2016-17, the total number of incidents against staff was 451 and that this had increased to 688 in 2021-22. He said he was unsure to what extent UTV might reflect this information in their reports.

He reminded the meeting that he and Ms Byrne had met with the paramedics who had been seriously assaulted around Christmas time and had only recently returned to work. He said that they very much supported the introduction of the BWV.

Mr Haslett expressed his concern at the impact and level of violent assaults on staff that they would need months to recover from such attacks. He said he hoped that the UTV coverage would convey the seriousness of the situation and added that the BWV equipment needed to be introduced as quickly as possible.

Mr Kearney agreed that 'function creep' could be identified as a potential risk but said that it would be a managed and manageable risk. He suggested that this was an area where the Trust Board might wish to scrutinise as the project developed over the coming years. Mr Kearney indicated that part of the rationale for adopting a phased approach to the consultation, engagement and compliance with equality and HR duties was to allow sufficient time between each phase for consideration of issues.

Continuing, Mr Kearney acknowledged that the Trust could be approached by Court Order or Survey Order for access to particular

information it held. However, he said that this would not happen suddenly but would be on the basis of reasonable suspicion. He suggested that it would be important to keep this under ongoing scrutiny.

Mr Kearney acknowledged the dynamic nature of the procedures, policies, protocols and the deployment application and advised that these would be managed operationally with regular reports to the Senior Management Team.

Ms Lemon referred to the fact that the incidence of violence and aggression against staff was increasing and said that the introduction of the BWV would hopefully act as a deterrent to perpetrators. She alluded to the 25% reduction in violence against staff experienced by an English ambulance service and said that this would equate to four NIAS members of staff out of the 13, who were on average assaulted each month, not having been assaulted. She thanked the Board for its support and said she looked forward to BWV becoming operational very soon.

The Chair said that she would like this issue to remain on the Board's agenda. She added that she looked forward to hearing of a corresponding reduction in staff assaults as a result of the use of BWV as well as an increase in prosecutions following the deployment of BWV.

Following this discussion, the Board **APPROVED** the proposed Deployment Plan and **NOTED** the summary of staff and Trade Union consultation

The Chair thanked Ms Keating, Mr Cochrane and Mr Keating for their attendance and they withdrew from the meeting.

8 **Interim Draft Corporate Plan 2022-23 (TB05/05/2022/05)**

At the Chair's invitation, Mr Walker explained that the interim draft Corporate Plan had been shared with members to provide an opportunity to seek their feedback and views prior to producing the final Corporate Plan to be implemented in 2022-23 and which would come to the June Trust Board for consideration.

Mr Walker advised that the final version to be presented on 23 June 2022 would incorporate those strategic and operational priorities

coupled with any mitigating and remedial actions required to manage service and corporate risks and issues that had been identified.

He explained that, over the coming weeks, work would be undertaken to extract and develop the milestones from the strategic implementation plans, eg HR Transformation Programme, as well as seeking feedback from Board members to ensure the totality of the Plan remains in line with leadership expectations. Mr Walker added that the Plan would include specific additional actions as agreed between the Chief Executive and each Director as part of setting their objectives for the year.

Continuing, Mr Walker advised that the Corporate Plan would be monitored in 2022-23 as in previous years with milestones and dates assessed for progress and a RAG status applied for ease of scrutiny by Trust Board.

Mr Walker referred to an action arising from the March Trust Board meeting around the rolling forward of objectives from previous years. He confirmed that, within the 2022-23 Plan, there were 15 objectives which had been rolled forward from the 2020-21 financial year. He advised that, moving forward, most of these would be addressed within the ongoing improvement programmes.

The Chair invited members to consider the Plan and to provide any comments to Mr Walker. She asked Mr Walker to highlight the 15 objectives which had been rolled-forward at the June meeting and said that this would be helpful as the Trust Board monitored progress.

The Chair reminded the meeting that Directors based their personal objectives for the year on those within the Corporate Plan.

Mr Bloomfield agreed with the Chair's comment and said that it was hoped that the timing would be more streamlined in 2023-24.

The Chair acknowledged the current pressures and said she appreciated the interim draft Plan being brought to the Board in quarter one of the new financial year.

The Chair thanked Mr Walker for his presentation and members **NOTED** the draft interim Corporate Plan for 2022-23.

9 **Performance Report & Covid-19 Update (TB05/05/2022/06)**

At the Chair's invitation, Mr Walker highlighted the key points of the year-end Performance Report.

He referred to page 100 of the Board papers and reported that, in March 2022, the Trust had seen the highest level of call demand experienced in the past three years with an increase of 26% on March 2021. He indicated that this demand had been mirrored in other ambulance Trusts across the UK.

Continuing, Mr Walker reported that the Trust had experienced less of a deterioration in its Category 2 target in comparison to the English Trusts. He added that NIAS performance had improved since August 2021 and continued into 2022. However he said that further work was required in this area.

Ms Lemon referred to the fact that the report reflected the year-end position. However she clarified that the HR figures could change slightly due to receipt of information pertaining to the 2021-22 year being received in the first quarter of 2022-23.

Ms Lemon commented that the information within the Performance Report was high level and she referred to discussion at the April People Committee around the need for secondary indicators with a performance management approach to better understand the detail. She indicated that mental health and musculoskeletal remained the two main reasons for staff abstraction and she highlighted some work ongoing to address these issues.

Continuing, Ms Lemon said it would be important to consider other issues which impacted on staff wellbeing such as issues around the working environment and added that Trade Union colleagues would refer to issues such as late finishes, rest periods, inability to take annual leave, increased exposure to trauma. She said she intended to bring more detail to the People Committee in relation to secondary level reporting.

Ms Byrne referred to page 98 and reminded the meeting that the Trust had largely been in REAP 4 since July 2021, with the exception of a number of short periods in REAP 3. She added that

this sustained period of REAP 4 had been reflective of a number of other ambulance Trusts across the UK. She explained that the REAP level was influenced by abstraction levels and said that work was ongoing with the Resource Management Centre (RMC) to look at the levels of abstraction.

Ms Byrne alluded to the Clinical Safety Plan and assured the Board that the Plan was now embedded in Trust operations and would be used in situations of excessive call volume or reduction in staff numbers enabling the Trust to respond in a timely and appropriate manner to increased service pressure, enabling a NIAS-wide response as soon as identified triggers are met.

Ms Byrne indicated that the Area Managers continued to work an alternative rota on a pilot basis and had given a commitment to support at weekends when at REAP 4. She commented that their contribution had been invaluable.

Continuing, Ms Byrne advised that the Trust continued to avail of the Covid-19 Rapid Response Payment Scheme and alluded to the earlier discussion around the cessation of the scheme.

Dr Ruddell advised that he had been reporting on the progress of the Strategic Review of Clinical Education at Safety Committee. He commented that, in terms of recruitment, the Trust had received a significant number of applications from paramedics who had qualified elsewhere in the UK but wished to return to work in Northern Ireland. This was now being progressed through the normal HR processes.

Dr Ruddell reported that the Trust was interviewing EMTs this week who wished to secure a place on the BSc programme at the Ulster University. He reminded the meeting that successful candidates would join the second year of the degree programme.

Continuing, Dr Ruddell alluded to the challenges of hosting the large number of paramedic students. He explained that NIAS would receive a larger allocation of students than other Trusts and said that the Trust was working hard to address this issue with the University and to resolve the associated funding issues.

The Chair referred to applications to join NIAS from newly qualified paramedics and sought clarification on how many the Trust would be able to recruit with a view to workforce provision for the future.

In response, Dr Ruddell explained that there were a number of limiting factors. He advised that it would be important to consider the number of vacancies against the Trust's ability to support the newly qualified staff. He said that the Trust had developed a programme where there was increased merit in meeting with support officers on a regular basis to build confidence through the early days of the paramedic's career. Dr Ruddell advised that the Trust had received 36 applications but was only able to employ six additional newly qualified paramedics currently. He reminded the meeting that, running in parallel to this recruitment exercise, the Trust was supporting newly qualified staff and students through the foundation degree and BSc programmes.

Dr Ruddell clarified that there was a different process in respect of qualified paramedics wishing to join NIAS and said that these staff were required to undertake a familiarisation course. He pointed out that, once again, the Trust's ability to do this was limited by the availability of Clinical Support Officers who had been diverted to support frontline operations.

The Chair welcomed the update from Dr Ruddell and sought clarification that the Trust would be able to recruit to the vacancies as required under CRM once the necessary investment was received from the DoH. She also commented that it was important for the Trust Board to understand the Trust's ability to take advantage of opportunities to fill vacancies while acknowledging the challenges of the availability of Clinical Support Officers.

Mr Bloomfield clarified that the Trust had to include the need for an emergency driving qualification due to the fact that there were challenges in providing this for staff already employed by NIAS. He indicated that if it became necessary for the Trust to put in place additional resources to ensure the necessary training was provided, then it would do so. Mr Bloomfield agreed that the Trust would be able to backfill with staff on overtime and from the IAS. However he clarified that the Trust could not fund this beyond its funded establishment.

Continuing, Mr Bloomfield explained that, if funding were available, the Trust could explore the potential for international recruitment.

The Chair sought clarification that the DoH was aware that bringing in trained staff would prove to be more cost effective than the Trust using VAS/PAS services.

Agreeing with the Chair's comments, Mr Bloomfield explained that this was less of an issue for NIAS as the Trust did not employ frontline staff through an agency while other Trusts had to employ nurses through agencies. He noted that a significant proportion of these staff were funded through the availability of non-recurrent Covid-19 monies.

Mr Bloomfield alluded to the earlier reference to the Trust's performance in Cat 2 calls and acknowledged that, while further improvements were undoubtedly necessary, the improvement made should be commended. He advised that he had highlighted national comparisons in responses to elected representatives to highlight that the difficulties being experienced by NIAS were similar to those being experienced by other ambulance services.

The Chair said she wished to comment on the significant increase in the level of call demand. She noted that call demand reduced as a result of the pandemic but had been struck by the fact that the Trust was now experiencing its highest level of call demand in three years. The Chair expressed her concern that this could represent the start of an upward trend.

Ms Charlton referred to the number of duplicate calls being received and clarified that these may not necessarily represent additional demand but represented additional calls within the Emergency Ambulance Control (EAC). She explained that the EAC received duplicate calls from patients/families enquiring about the estimated time of arrival of the ambulance, for example, or from callers reporting a deteriorating condition. Ms Charlton said it would be important for members to recognise that such duplicate calls were not further 999 calls.

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

10 **Finance Report (Month 12) (TB05/05/2022/07)**

At the Chair's invitation, Mr Nicholson drew members' attention to the Finance Report which outlined the position at year end and added that he had provided an update to the recent meeting of the People Committee on 28 April while the next ARAC meeting on 12 May would receive the first set of the unaudited, uncertified Trust accounts.

Mr Nicholson referred to page 117 of the Board papers which advised that the Trust was reporting a small surplus of £50,000 or 0.04% of turnout at the year end. He indicated that the Trust had an underspend of £177,000 (1.9%) with expenditure of £9.278 million against a Capital Resource Limit of £9.455 million which included Fleet and Estate, ICT and Backlog Maintenance. Mr Nicholson reported that, in respect of prompt payment of invoices, the Trust's cumulative performance stood at 97.2% for the year ended 31 March 2022. He added that this was the second consecutive year in which the Trust had achieved this and he commended all involved. He reminded members that prompt payment had resulted in the Trust not incurring any interest charges but more importantly had resulted in suppliers receiving prompt payment which was particularly crucial in present times.

Mr Ashford congratulated Mr Nicholson on reporting a surplus at the end of what had been a very challenging year.

The Chair said it would remiss of her not to note the achievement of the prompt payment of invoices and echoed Mr Nicholson's comments in terms of commending those involved. She reiterated that prompt payment ensured that there was no direct impact on local suppliers.

Mr Haslett referred to the underspend of 1.9% on the Capital Resource Limit and suggested that this would not be considered material by audit. He congratulated Mr Nicholson and the Finance team on the positive outcome.

Referring to page 119 of the papers, Mr Nicholson reminded the meeting that the Trust relied significantly on the use of overtime for the provision of services, mainly for ambulance cover and advised

that the overtime expenditure remained consistent at £6 million per year.

He alluded to the Covid-19 Rapid Response Payment Scheme and reminded members that this had been in operation for approximately eight months. He pointed out that these costs had been included in the overtime graph within the papers.

Continuing, Mr Nicholson drew members' attention to page 121 and the Revenue Resource Limit and said, as reported earlier, the Trust was currently reporting a small surplus of £50,000 (0.04% of turnover) for the year end. He explained that this was subject to a number of assumptions, the completion of Final Accounts and review by External Audit. Mr Nicholson further explained that one of the contributing factors to this underspend related to Body Worn Video equipment and the fact that some equipment could not be procured in-year despite the Trust having the funds to do so.

Mr Nicholson advised that planning for the current financial year continued and said that meetings with the Strategic Planning and Performance Group (SPPG), formerly the Health and Social Care Board, were taking place. He indicated that, while the Trust expected an opening allocation at this point, there remained considerable uncertainty in relation to the 2022-23 budget position. Mr Nicholson pointed out that, as the financial planning process continued, the main messages were that increases in spending over and above existing commitments should not take place unless a source of funding has been clearly identified; Trusts would need to put forward proposals to balance deficits over the three year period and, in respect of capital, it was unlikely that all costs deemed inescapable would be met.

Mr Nicholson said that, as the Trust received clarity around the financial position, he would provide further updates to the Committee and Trust Board in due course.

The Chair drew the Board's attention to the fact that the continuance of the Covid-19 Rapid Response Payment Scheme and Band 8 overtime were being considered on a regional basis. She asked for a view on how likely it would be that this Rapid Response Payment Scheme would continue and noted that the Scheme had assisted the Trust in providing the overtime necessary to deliver the service.

Responding to the Chair's query, Mr Bloomfield advised that the issue relating to the Rapid Response Payment Scheme was currently under discussion by the Directors of Human Resources. He explained that all Trusts had highlighted their concerns to the DoH at the possibility of the cessation of this scheme. Mr Bloomfield said that the DoH had advised that it would continue to cover the cost of payment for the May Day Bank Holiday as well as the Platinum Jubilee holiday. He added that clarification was being sought from the DoH but it was his understanding that, while Trusts would be free to continue to pay, the DoH would not cover the costs other than for the holidays to which he had referred. Mr Bloomfield further added that such expenditure would not be considered as irregular spend.

Mr Bloomfield said that, at the recent Rebuilding Management Board meeting with Trust Chief Executives and DoH colleagues, he had taken the opportunity to highlight the pressures that the summer would bring, given that travel restrictions had now eased. He reminded the meeting that the summer period had always proved challenging for NIAS in terms of encouraging staff to work overtime and reverting from a Covid-19 enhanced payment to normal overtime payment would not encourage the required uptake of overtime.

He said that the Trust was already discerning in terms of the application of the Covid-19 Rapid Response Payment Scheme and reminded members that NIAS, unlike other Trusts, could not use agency staff as it tended to be more expensive using agency staff than paying NIAS staff enhanced rates. Mr Bloomfield clarified that, in using the independent sector, the Trust was not receiving 'like for like' in that the independent sector could only be dispatched to certain calls.

The Chair indicated that this would be an issue which the Trust Board would be keen to monitor in terms of the Trust's ability to deliver the service. She said that it had been an exceptionally difficult year and the Trust would undoubtedly face more challenges as the year progressed.

The Chair thanked Mr Nicholson for the Finance Report (Month 12) which was **NOTED** by members.

11 **Application of Trust Board Seal (TB24/03/2022/07)**

Members **NOTED** that the Trust Board Seal had been affixed to documentation relating a contract variation in respect of Units 4, 5 and 7 of Newmills Road, Coleraine.

12 **Committee Business:**

- **People, Finance & Organisational Development Committee**
 - **minutes of 17 February 2022 & report of meeting on 28 April 2022;**
- **Audit & Risk Assurance Committee – minutes of meeting on 3 February 2022 and report of meeting on 14 April 2022;**
- **Safety, Quality, Patient Experience and Performance Committee**
 - **Report of meeting on 7 April 2022 (TB05/05/2022/08)**

People Committee

Mr Dennison reported that the PFOD meeting on 28 April had been very productive and members had discussed how the Committee intended to monitor and report to Trust Board around the HR Strategic Plan and performance reporting.

Mr Haslett advised that Mr McNeill had given a useful update on the current position in relation to CRM and had indicated that, when considering the business case, the Department of Finance would examine investment on a three-year and five-year basis. Mr Haslett said that, from his experience, it was likely that, if funding were available, the Department might choose the three-year option.

Mr Bloomfield said he agreed with Mr Haslett's conclusion and acknowledged that the two scenarios clearly showed there was marginal benefit between the three-year and five-year investment. However he pointed out that the Trust had been asked to submit the business case for consideration and had not been asked, at this stage, to indicate its preferred option.

ARAC

Mr Abraham advised that the April meeting was the first meeting of the Committee where risk had been incorporated. He advised that he had requested a review of Risk 357 around handover delays with

a view to determining how best to address this risk which was outside NIAS' control.

Mr Abraham welcomed the overall satisfactory level of assurance from Internal Audit and conveyed his thanks to all concerned for the significant efforts made in addressing outstanding Internal Audit recommendations.

Mr Abraham reminded the meeting that, last year, the Trust accounts received a qualified audit opinion from the Comptroller and Auditor General relating to a holiday pay liability issue. He said that, as there had been no change in status, it was likely that the accounts for 2021-22 would also receive a qualified audit opinion.

Safety Committee

Mr Ashford drew the Board's attention to the Committee report and in particular the issue of Placement Co-ordinator posts. He explained the background to the issue and advised that this presented a risk to the Trust in that other Trusts had received funding for these posts but NIAS had not despite the NIAS' dependence on the posts.

The Chair thanked the Committee Chairs for their comments and the Board **NOTED** the Committee reports and minutes.

13 **Date of Next Meeting**

The next Trust Board meeting will take place on Thursday 23 June 2022 at 2pm. Arrangements to be confirmed.

14 **Any Other Business**

There were no items of Any Other Business.

**THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE
PUBLIC MEETING AT 1.00PM.**

SIGNED: _____

DATE: _____

TB/23/06/2022/02



TRUST BOARD – 5 MAY 2022

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	Copy of correspondence to Deputy Secretary, SPPG, re delayed ambulance handovers to be shared with members	CM	E-mailed to members on 5/5/22
2	NIAS Service Delivery Plan: April-June 2022: copy to be shared with members	CM	E-mailed to members on 5/5/22
3	Draft interim Corporate Plan: members to provide comments to Mr Walker	NEDs	None received
4	Members to contact Mrs Mooney if they wished to see the BWV equipment	NEDs	To be arranged

TB/23/06/2022/03



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	23 June 2022
Title of paper:	Transformation Team Portfolio Delivery Report – June 2022
Brief summary:	The purpose of the report is to present a progress update on the Transformation Programme Portfolio to the Trust Board on how we are delivering Our Strategy to Transform 2020-2026.
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	SMT – 14 June 2022
Prepared and presented by:	Charlie Thompson, Head of Strategic Transformation Maxine Paterson, Director Planning, Performance & Corporate Services
Date:	16 June 2022



TRANSFORMATION
TEAM

Transformation Portfolio Delivery Trust Board Report June 2022



Northern Ireland Ambulance Service
Health and Social Care Trust





Northern Ireland Ambulance Service
Health and Social Care Trust



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

1. Transformation Team Portfolio Plan & Developments
2. Our Strategy to Transform- 4 Year Road Map
3. Portfolio Delivery Summary Dashboard
4. Programme / Project Status and Rationale
5. Post Project Evaluation
6. Portfolio Issues
7. Portfolio Risks
8. Programme / Project RAG Status Reports



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



Northern Ireland Ambulance Service
Health and Social Care Trust

Transformation Team Portfolio Plan

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

Transformation Team

Portfolio Plan Developments

- Whilst the transformation portfolio encompasses all programmes / projects required to enable or implement the strategic objectives of 'Caring today, planning for tomorrow- Our Strategy to Transform 2020-2026'. It is important that we recognise SMT have a 4 year **road map** in development to deliver our strategic plan in totality, whilst the scale and pace of change will be impacted by resource capacity and funding, a significant effort is being undertaken to optimise the effectiveness of the service in line with our strategic goals.
- This road map or critical path is being collated from each Directorate's enabling strategies or improvement plans and will be used to prioritise and schedule change to ensure we maximise benefits realisation, strategic and most importantly patient outcomes. This seeks to address what can be achieved based on our current resources.
- It is anticipated that once finalised, the portfolio plan will report to Trust Board on delivery against our road map rather than individual programmes of work which were, at initial stages, necessary to get improvement, monitoring and assurance reporting underway

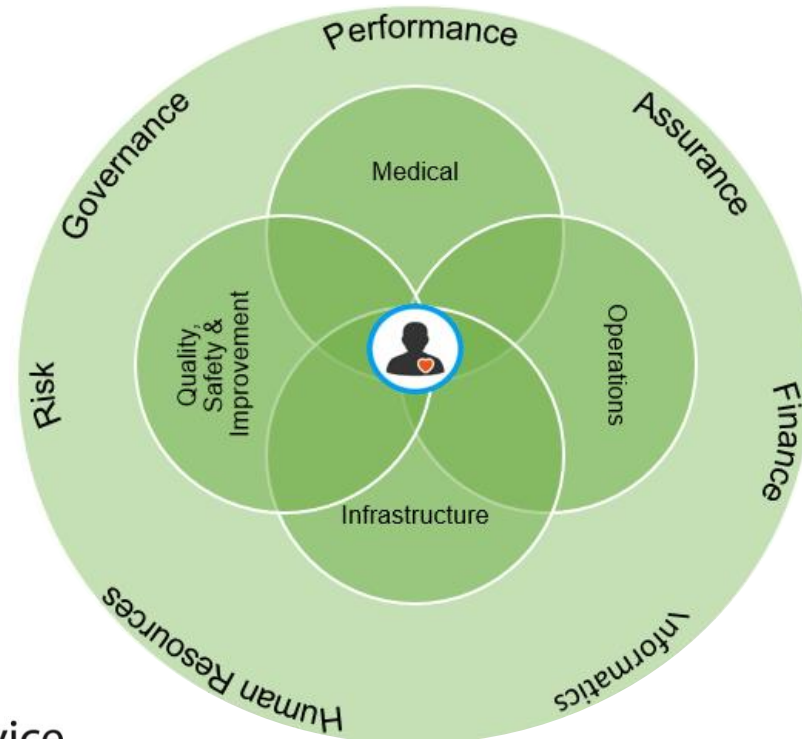
Caring Today, planning for tomorrow- Our Strategy to Transform- 4 Year Road Map



Caring Today, planning for tomorrow- Our Strategy to Transform- 4 Year Road Map

Organisational wide holistic approach will put our patients at the heart of all our transformation and change programmes

- **Clinical Outcomes:** We will understand where we are and what a safe future clinical model looks like for NIAS
- **Care Delivery:** We will design our operational structures to deliver quality services for the communities we care for
- **Supporting our care teams:** Deliver organisational support functions that deliver effective services to our frontline teams



Caring Today, planning for tomorrow- Our Strategy to Transform- 4 Year Road Map

- Complete programme of work for each directorate over the short, medium and long term
- Identify dependencies and focus efforts on strategic priorities which can be delivered within current and future resources
- An example of this type of planning has been presented via People and Finance Committee

Supporting our care teams: Deliver organisational **support functions** that deliver effective services to our frontline teams

Last Updated : 23.03.2022 Updated By: R Leonard		HR Programme Improvement Plan		
HR Workstreams	Initiative	Portfolio Area	Timescale	Owner
1. Recruitment & Selection	New Recruitment & Selection Strategy	Service Improvement	Medium Term (Year 2) Apr 23 - Mar 24	Verity Cochrane
		Service Improvement	Medium Term (Year 2) Apr 23 - Mar 24	Verity Cochrane
		Service Improvement	Short Term (Year 1) Apr 22 - Mar 23	Verity Cochrane
	CRM Delivery	Outside Scope	Long Term (Years 3&4) Apr 24 - Dec 26	Brian McNeill
	New Recruitment & Selection Strategy	Service Improvement	Medium Term (Year 2) Apr 23 - Mar 24	Verity Cochrane
	Stabilisation of temporary workforce	Business As Usual (BAU)	Short Term (Year 1) Apr 22 - Mar 23	Verity Cochrane
2. Training & Development	NIAS Learning and Development Plan	Business As Usual (BAU)	Short Term (Year 1) Apr 22 - Mar 23	Jarlath Kearney
	Onboarding Refresh	Business As Usual (BAU)	Short Term (Year 1) Apr 22 - Mar 23	Jarlath Kearney
	Transition workstream/Task & Finish Group - Appraisal, Organisation Development. Handover workshop	Transformation	Medium Term (Year 2) Apr 23 - Mar 24	Michelle Lemon
	Review of Policies and Procedures on student & placements	Service Improvement	Medium Term (Year 2) Apr 23 - Mar 24	Jarlath Kearney

Portfolio Delivery Summary Dashboard



10 Programmes / Projects have been reviewed

Programme / Project Overview

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

6



Risks Escalated

Portfolio Risk Overview

Within this Portfolio we have identified a total of 6 current risks.

3









Issues Escalated

Portfolio Issue Overview

Within this Portfolio we have identified 3 issues that are require to be escalated at a Portfolio level at this time but this will be kept under constant review.

Portfolio Delivery Summary Dashboard

No	Project Title	RAG Status	Risks & Issues
1	CAD Replacement Project	Green 	1 Risks – Issue
2	REACH	Amber 	2 Risks – 0 Issues
3	HR Transformation Programme	Amber 	1 Risk – 1 Issue
4	Strategic Review of Clinical Education	Amber 	1 Risk – 1 Issue
5	PCS Review & Improvement Programme	Green 	0 Risks – 1 Issue
6	IFT / HCP Project	Complete	N/A
7	Telephony ICCS Replacement Project	Red 	0 Risks – 0 Issues
8	CRM	Project Initiation Stage	N/A
9	Operations review	Project Initiation Stage	N/A
10	Strategic Workforce Planning Programme	This Programme is currently being re-scoped and will be incorporated into the wider CRM Programme under a new SRO with Programme Management arrangements provided by the Transformation Team	N/A



Programme / Project Status and Rationale



Portfolio RAG Levels

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



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

Portfolio RAG Summary Table


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

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

Programme/Project Status & Rationale

	Programme / Project Title	SRO	Current RAG Status	RAG Rationale
	CAD Replacement Project	Rosie Byrne		<p>Letter of Commitment from NIAS Commissioners has been received</p> <p>OBC has been signed off by DHCNI and has been forwarded to DOH</p> <p>A new Project Manager has been appointed and took up post on 1st April.</p> <p>Next project Team Meeting scheduled for 18 May 2022</p> <p>Focus Group for the development of NEAC Statement of Requirement has been set up and due to meet in early May.</p> <p>A NEAC representative has been sought to attend the CAD Replacement Working Group meetings.</p>
	REACH	Maxine Paterson		<p>706 Staff now trained in use of MOBIMED</p> <p>CWS license issued to Daisy Hill and IT test complete. License issued to Mater Hospital</p> <p>Walk through of Mater Hospital completed on to locate CWS</p> <p>New image being piloted</p> <p>Ortivirus engineer on site for 2 days to support new image and Resolution plan to support deployment of new image</p> <p>CCNs submitted to scope integration with EPIC/Encompass</p> <p>Test documents for EPIC/Encompass shared with Ortivirus</p> <p>Firewalls opened at BSO to allow EDT/Ortivirus testing</p> <p>Milestone 6 certificate issued</p> <p>Temporary IT Lead appointed.</p>



Programme/Project Status & Rationale

	Programme / Project Title	SRO	Current RAG Status	RAG Rationale
	HR Transformation Programme	Michelle Lemon		<ul style="list-style-type: none"> • PFOD Trust Board Workshop took place on 31 March 2022 and approved direction of travel. A Guiding Principles for Programme Delivery document developed in response to Workshop comments. • The Improvement Plan (2022-2026) now finalised. Across 7 HR Functions there are: 33 HR Processes and 44 Initiatives. These initiatives now have a lead officer and target date assigned. • 18 NIAS Internal Audit Recommendations were identified and these will be incorporated into the HR Improvement Programme of work. 10 of these recommendations have now been fully implemented. • A strategic plan has been developed and a HR performance scorecard with KPIs has been developed. • 16 out of 37 Actions have been closed out. A Communications and Engagement Action Plan now developed. Risks and Issues registers continue to be reviewed. • A Terms of Reference and HR&OD Services Directory has been developed. • Identifying suitable capacity to support the HR Transformation Programme in conjunction with delivering the BAU continues to be an issue. HR Director exploring solutions. 8A resource now in post since 3rd May.


Programme/Project Status & Rationale

Programme / Project Title	SRO	Current RAG Status	RAG Rationale
Strategic Review of Clinical Education	Dr Ruddell	●	<p>Programme Boards held on 17th January 1st March 2022, 11th April in order to maintain momentum of programme approach through continuing REAP4 conditions.</p> <p>Job Descriptions for the enhanced management structure for RATC have been submitted to HR for evaluation (target completion by 15-04-22) and recruitment will commence.</p> <p>Entry process to BSc Honours Degree for EMT, second phase of application closed on 1st June with a number of candidates through to interview stage. Dates TBC.</p> <p>Paramedic Band 6 Job Description is now in the process of being formalised. This will enhance the opportunity to increase the number of Paramedics to act as Practice Educators for paramedic students.</p> <p>Positive feedback in relation to recent student experience was received from:</p> <ul style="list-style-type: none"> • External Examiner for Cohort 3 of the FdSc programme • Survey of ACA18 • Survey of AAP13

Programme/Project Status & Rationale

	Programme / Project Title	SRO	Current RAG Status	RAG Rationale
	PCS Review & Improvement Programme	Rosie Byrne		<p>The order of Sprints has now changed to facilitate operational vacancies and completion of data gathering on demand and capacity before engaging with Commissioners and Healthcare Providers (Sprint 3 has now been moved to Sprint 5)</p> <p>Sprint 1 – Change through Data – Complete Sprint 2 - Commissioning & Finance – Complete with the exception of Cost Matrix due to pressure within Finance with year end accounts. Sprint 3 – Demand - commenced with 8 Activities out of 17 in progress Sprint 4 – Planning & Scheduling - due to commence in June. 7 PCS frontline staff to become directly involved in the implementation of the Activities in Sprint 4. <i>Activities have been agreed for Sprints 5 - 8</i> Sprint 5 – Health Care Engagement Sprint 6 – Performance & Management Sprint 7 – Good Governance Sprint 8 – A & E Support</p>
	Strategic Workforce Planning Programme	Brian McNeill	N/A	This Programme is currently being re-scoped and will be incorporated into the wider CRM Programme under a new SRO with Programme Management arrangements provided by the Transformation Team.
	IFT / HCP Project	Dr Ruddell		This project has been completed and a 6 month post project evaluation is in progress and all key lessons learned identified for consideration in delivering future projects/ programmes.

Programme/Project Status & Rationale

	Programme / Project Title	SRO	Current RAG Status	RAG Rationale
	Telephony ICCS Replacement Project	Maxine Paterson		<p>The project remains red to highlight the delay in delivery of key components of the solution build. BT have confirmed the delivery date on the DELL servers due 05-May are still on schedule for that date. BT continue to explore several areas with Cisco to improve on the Switch delivery date of 20-September, escalation continuing.</p> <p>Design stage ongoing. High Level Design signed off by NIAS on 14 April after issues identified by NIAS were actioned in the document. Work has commenced on the development of the low-level design. Project Plan is ready for sign-off at version 10 and has been issued for review and discussion. A recurring meeting has been setup up to plan progress on a weekly basis, utilising the latter half of the Technical meeting.</p> <p>Build and test stage ongoing with the Avaya and SVL hardware installation at Regional data Centre. ICCS build will be undertaken by Telent as sub-contractor to NEC.</p>
	Programme / Project Title	SRO	Current RAG Status	RAG Rationale
	Operations Review	Rosie Byrne	N/A	Project is currently at discovery, definition and scoping phase.
	CRM Transformation Support	Brian McNeil	N/A	<p>Project is currently at discovery, definition and scoping phase.</p> <p>SMT have formally agreed on a programme structure which encompasses Workforce Planning under the SRO with Programme Management assigned to the Transformation Team.</p>



TRANSFORMATION
TEAM

Portfolio Post Project Evaluation



Northern Ireland Ambulance Service
Health and Social Care Trust



IFT/HCP Post Project Evaluation

Key lessons:

- ❖ Structured approach, cross functional working and reporting to SIG enabled success and refinement of corporate governance arrangements
- ❖ Ensuring that all HCPs received, acknowledged and understand a new process
- ❖ Development and implementation of a Communication and Engagement Plan with the Media and Communications Team is vital
- ❖ Creation of cross-functional teams involving subject matter experts to deliver on objectives
- ❖ Securing Business Informatics support from the start to support appropriate data collecting, analysis and reporting.

Core recommendations:

- ❖ Adopt lessons learnt to enhance project delivery and governance methodologies
- ❖ Potential use of online Booking portal for non-emergency HCP/IFT bookings
- ❖ Consider changes to telephony in the New Telephony system to improve use of HCP line.



TRANSFORMATION
TEAM

Portfolio Issues




Northern Ireland Ambulance Service
Health and Social Care Trust



High Level Issue Status and Rationale

	Programme / Project Title	Issue Description	Raised By	Owner	Date Raised	Current RAG Status	Risk Mitigation Plan
	Strategic Review of Clinical Education	Lack of available capacity from RATC to deliver the improvement plan.	Neil Trelford	Dr Nigel Ruddell	01/12/21	●	<ol style="list-style-type: none"> 1. Majority of the improvement plan is best placed to be delivered by business as usual functions from within RATC – Given the capacity constraints within RATC, we are re-prioritising actions/activities and trying to seek alternative means to deliver in-house. 2. Continuing to seek Temporary contract Project Assistant to support work stream related to Practice Based Learning. Project Assistant now in post since 16th May. 3. Enhanced Management Structure currently in progress by HR.
	PCS Improvement Programme	Lack of management capacity within NEAC to continue to support the PCS Improvement programme on an ongoing basis.	Natasha Sheppey	Rosie Byrne	07/03/22	●	<p>Need to secure additional management level resource on an interim basis until the new PCS structure is developed and implemented.</p> <p>As of the 3rd May 2022, SMT gave approval to recruit an interim Band 7 post to provide additional capacity to support the PCS Improvement Programme. Interviews schedule 16th June 2022</p>



High Level Issue Status and Rationale

	Programme / Project Title	Issue Description	Raised By	Owner	Date Raised	Current RAG Status	Risk Mitigation Plan
	HR Transformation Programme	Issue 1 (People): Recruitment of HR Programme Lead. Delay in recruitment of dedicated HR Programme Lead post and this has impacted on capacity.	Rachel Leonard	Michelle Lemon			<p>As at 11 April, the recruitment for the new Band 8A post has been advertised and is now closed. Next stage is shortlisting of applicants and to arrange interview dates.</p> <p>As of 3rd May this post has been recruited and has started in NIAS.</p>




Portfolio Risks

Previous High Level Risks Status and Rationale

Programme / Project Title	Risk Description	Raised By	Owner	Date Raised	Current RAG Status	Risk Mitigation Plan
CAD Replacement Programme	In light of the current financial pressures facing Health at this time there is a potential risk that we may not secure the required funding to support the development of a new CAD replacement System.	Project SRO and Head of Strategic Transformation	SRO	Dec 2021		This issue was raised with the Chief Executive and it was agreed that he would raise the importance of securing this finance with the appropriate senior officials and that we should continue to ensure that we do everything in our power to get the Business Case approved.
Overarching Transformation Programme	As we are currently still in REAP 4 we continue to encounter some difficulties getting access to key operational staff to assist with the implementation of the Transformation Programme.	Director of PPCS & Head of Strategic Transformation	Director of PPCS	Dec 2021		The Transformation Team will continue to monitor the potential impact on a programme to programme basis and attempt to re-prioritise activities in line with agreed programme action plans and escalate any key risks /issues as required.

Current High Level Risk Status and Rationale

Programme / Project Title	Risk Description	Raised By	Owner	Date Raised	Current RAG Status	Risk Mitigation Plan
Strategic Review of Clinical Education	<p>HIGH: Risk 5: If there is inadequate NIAS driver training capacity to ensure NQPs are provided with driving assessments or emergency driving courses then this will result in qualified Paramedics being unable to be rostered for driving duties or fully qualified Paramedics having to perform driving duties leaving patients in the care of NQP, in turn resulting in a lack of available ambulances on shift or patients being cared for by not fully experienced NQP and potentially increasing the risk of not attending to patients on time; risk of serious adverse incidents and patient complaints.</p> <p>The lack of driver training capacity will also affect ACA, AAP training and any refresh training requirements for all staff required for Emergency Driving this would pose both operational issues and non-compliance with Health and Safety legislation</p> <p>The impact of this risk will: (i) affect operational staff provision for PCS and EA (ii) unable to effectively train future intake of NQP (iii) leave NIAS vulnerable to exposure of non-compliance against Health and Safety Legislation</p>	Neil Trelford	Dr Nigel Ruddell	Oct 21		<p>Workshop with AACE scheduled for Wednesday 11th May 2022 took place and briefing paper is being prepared to be reviewed by SMT.</p> <p>Briefing paper outlines the estimated costs for the next 5 years in relation to all driving instruction requirements which includes primarily legislated driver reassessments (Road Safety Act Sec 19- Emergency Drivers to be reassessed every 5 years) and new staff driver training (ACA, EMT,NQP).</p> <p>Briefing paper will suggest options to be further explored which include:</p> <ul style="list-style-type: none"> • Continuing with current arrangements (blend of in-house provision and external contractors) • Full use of external contractors • Full provision by NIAS

Current High Level Risk Status and Rationale

Programme / Project Title	Risk Description	Raised By	Owner	Date Raised	Current RAG Status	Risk Mitigation Plan
HR Transformation Programme	Risk 2 (People): Restructuring impacts on NIAS HR Directorate capacity – HIGH SEVERITY “If the NIAS restructuring work impacts the capacity of the NIAS HR Directorate even in the short term, this will delay the implementation of the HR Programme Improvement Plan, impacting business as usual and service improvement and transformation priorities.”	Rachel Leonard	Michelle Lemon		<div></div>	The Director of HR has been able to identify some interim HR capacity via an agency (8a band) and approval has also been given to recruit two further permanent senior HR staff to enhance the current capacity within the HR team to support the delivery of the HR Transformation Programme.
REACH	680: Staff side and Operational of the ePCR With the roll out of REACH, 706 staff members have been released on a CCE day and are now trained and Live on the system. There is a risk to operations that if a cut over deadline for use of ePCR is imposed, their Trade Union representative (Unison)has stated that staff will book sick if they are not confident in using the ePCR. 659: There is a risk that the time allocated to the clinical project lead is being impacted more and more by the demands of the CTM duties and the current deficit of staff in the training department, which was meant to be a short term interim position	Marianne Johnston	Maxine Paterson		<div></div> <div></div>	Discussion with union rep and offer to meet with all reps to provide further overview and demo of the ePCR. JD submitted to HR for evaluation. No timescales offered from HR. Continue to operate with risk to availability of clinical resource. Request decision support to escalate with HR.

TB/23/06/2022/04



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	23 June 2022
Title of paper:	Clinical Plan to deliver NIAS Strategy to Transform
Brief summary:	<p>This paper outlines NIAS' roadmap to implement the Strategy to Transform and the clinical plan that underpins the delivery of this Strategy. This presentation outlines the clinical developments ongoing and planned within the Directorate.</p> <p>Trust Board is asked to note this plan and provide feedback and views they may have as to the contents and developments included.</p> <p>Following feedback and views from Trust Board, and consultation with colleagues throughout the Trust, the plan will be developed further to a final state, at which point it will be brought back to Trust Board for approval and sign off.</p>
Recommendation:	<p>For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/></p>
Previous forum:	n/a
Prepared and presented by:	<p>Neil Walker, Asst Director Planning, Performance & Corporate Services</p> <p>Neil Sinclair, Asst Clinical Director</p> <p>Maxine Paterson, Director Planning, Performance & Corporate Services</p> <p>Dr Nigel Ruddell, Medical Director</p>
Date:	16 June 2022

Clinical Plan to deliver NIAS Strategy to Transform

Caring today planning for tomorrow
Our strategy to transform 2020-2026
June 2022

Introduction

- These slides set out the Road Map NIAS needs to complete over the next 4 years to deliver our strategy to transform.
- Key to the delivering the Strategy are the Clinical developments that will underpin how we deliver care to our patients in the future.
- Therefore these slides outline how the Clinical plans being developed are intrinsically linked to the delivery of the NIAS Transformation Strategy.

Strategy to Transform

Caring today planning for tomorrow

- The Road Map on the next slide sets out the key deliverables and developments that we need to make as an organisation to implement a transformed organisation that not only delivers for patients but also supports the wider HSC system in Northern Ireland.
- The activities outlined in the Road map will be drawn into a programme of work across all our directorates to support the implementation of the Strategy throughout the organisation.
- Critical to this Strategic programme of work is to ensure that the clinical developments to deliver Urgent Emergency Care in Northern Ireland are woven into the programme at all levels.
- Therefore the Clinical plan being developed has the end goals in mind that will see successful implementation of our Strategy.

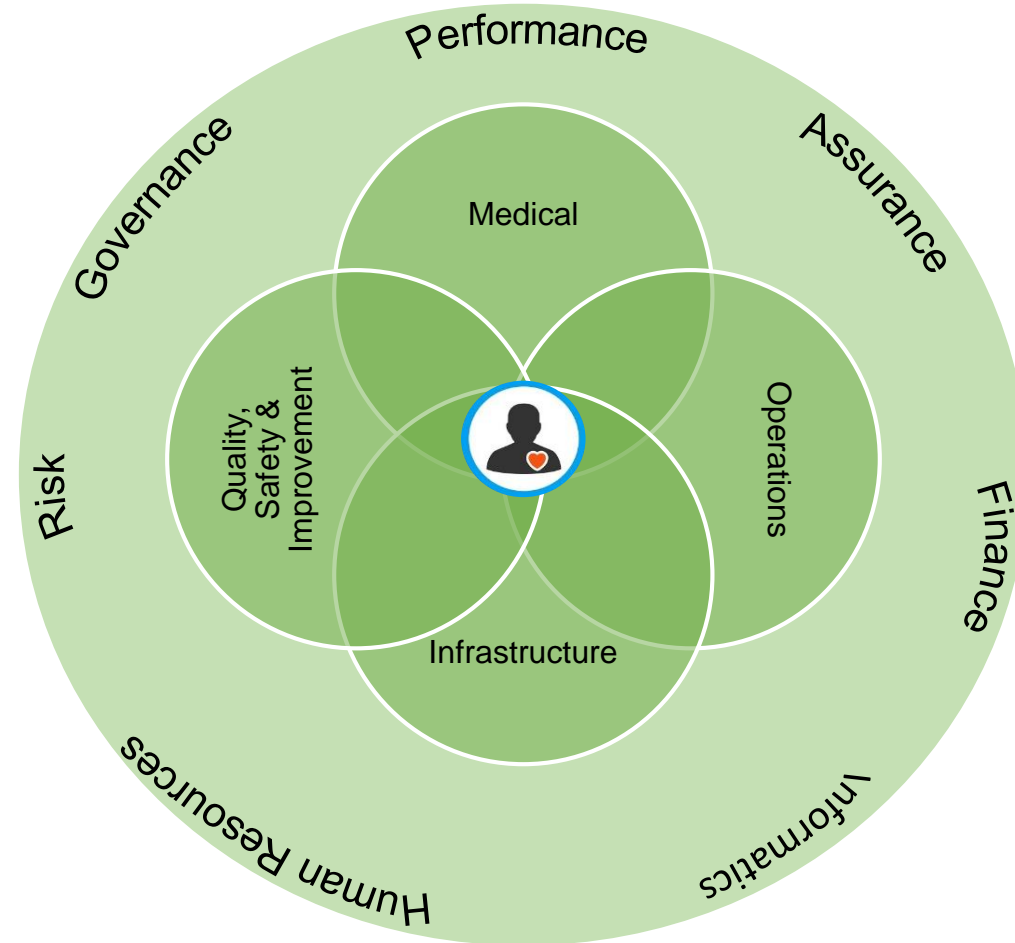
Strategy to Transform 4 Year Road Map



Transformation Strategy - whole organisation




- Organisational wide holistic approach to delivery:
 - The approach will put our patients at the heart of all our transformation and change programmes
 - **Clinical Outcomes:** We will understand where we are and what a **safe future clinical model** looks like for NIAS
 - **Care Delivery:** We will **design** our **operational structures** to **deliver quality services** for the communities we care for
 - **Supporting our care teams:** Deliver organisational **support functions** that deliver **effective services** to our **frontline teams**



Directorate Programmes of work

- Develop programmes of work for each directorate over the short, medium and long term
- Identify dependencies and focus efforts on the critical path for delivery

				
Last Updated : 23.03.2022 Updated By: R Leonard		HR Programme Improvement Plan		
HR Workstreams	Initiative	Portfolio Area	Timescale	Owner
1. Recruitment & Selection	New Recruitment & Selection Strategy	Service Improvement	Medium Term (Year 2) Apr 23 - Mar 24	Verity Cochrane
		Service Improvement	Medium Term (Year 2) Apr 23 - Mar 24	Verity Cochrane
		Service Improvement	Short Term (Year 1) Apr 22 - Mar 23	Verity Cochrane
	CRM Delivery	Outside Scope	Long Term (Years 3&4) Apr 24 - Dec 26	Brian McNeill
	New Recruitment & Selection Strategy	Service Improvement	Medium Term (Year 2) Apr 23 - Mar 24	Verity Cochrane
	Stabilisation of temporary workforce	Business As Usual (BAU)	Short Term (Year 1) Apr 22 - Mar 23	Verity Cochrane
2. Training & Development	NIAS Learning and Development Plan	Business As Usual (BAU)	Short Term (Year 1) Apr 22 - Mar 23	Jarlath Kearney
	Onboarding Refresh	Business As Usual (BAU)	Short Term (Year 1) Apr 22 - Mar 23	Jarlath Kearney
	Transition workstream/Task & Finish Group - Appraisal, Organisation Development. Handover workshop	Transformation	Medium Term (Year 2) Apr 23 - Mar 24	Michelle Lemon
	Review of Policies and Procedures on student & work placements	Service Improvement	Medium Term (Year 2) Apr 23 - Mar 24	Jarlath Kearney

Clinical Plan Strategic Themes

Pre hospital care and Paramedicine have developed a significant amount over the past 20 years and continue to develop at scale and pace. The landscape that we practice in has also changed in the background. Patients are increasing in greater numbers, with an increasing age profile and presenting with less acute more complex conditions. This is in contrast to the traditional ambulance education and operational model, where ambulance clinicians are educated to response to medical and traumatic emergencies. There is a clear need for modern ambulance services to be able to flex and evolve to meet the needs of their clinicians and patients. To support our staff to feel competent, safe and supported to respond to a diverse range of patient presentations. Ensuring that the Northern Ireland Ambulance Service (NIAS) has a clear strategy and plan to continue to remain current, forward facing and leading some elements of pre-hospital care and Paramedicine is essential.

These changes will be led by a developing medical/clinical directorate. NIAS has traditionally operated a lean central team of clinical leaders, this is now expanding with the creation of new senior paramedic posts. This team is key to develop and deliver change across the service.

Clinical Programme of Work



Delivering Care

Acute Pathway Care

Aim: consistently identify, diagnose, treat and triage acute pathway patients to definitive care.

Key patients within this group are defined by Acute Coronary Syndrome (ACS) patients who suffer ST elevation myocardial infarctions (STEMI) and stroke patients suffering hyper acute strokes. The response with the right resource to allow for effective treatment and triage of these patients is essential and the delivery of best clinical care which will be measured through care bundle compliance.

High Level Tangible Deliverables

2022/23	Appoint CSIL and CPL to lead. Development of a suite of care bundles to ensure consistent treatment for these patients.
2023/24	Through the measurement and feedback of care bundles. Continually improve and standardise the treatment of these patients in the pre-hospital environment in NI.
2024/25	Continue to work with HSC partners to scope pre hospital developments in care that NIAS could introduce.

Safe and Effective Alternative Pathway Care

Aim: continue to build a safe and reliable culture and system for use of alternative care pathways

As the capability of service clinicians has developed, so has the volume of alternative referral pathways available to clinicians. This can be demonstrated in face to face assessment and from clinician led additional telephone triage. NIAS has a suite of pathways options, we will continue to develop and improve these pathways working with the clinicians who use them on a daily basis to understand the success and challenges. We will appoint an additional team member to lead this development. The REACH data will also allow a new insight into clinical practice and support a greater understanding of referral practice across NIAS. We will continue to develop and enhance the EAC clinical support desk model, developing pathways, the use of technology and considering multi-disciplinary team to supplement the CSD paramedics.

High Level Tangible Deliverables

2022/23	Appoint pathways lead to lead. Develop data sets to gain accurate understanding of clinical practice. Develop data driven plans for safely and effectively increasing the availability and use of alternative pathway referrals from face to face assessment or clinician led telephone triage.
2023/24	Decision making education re alternative care pathways developed and delivered to all clinicians. Data driven divisional plans outlining how to optimise access and use of all alternative pathway care, H/T and S/T increased by, %TBC.
2024/25	Develop a framework for Advanced Paramedics (Urgent Care) to treat patients through face to face or telephone triage. Horizon scan national and international practice to innovate and optimise all options for alternative pathway care.

Clinical Programme of Work



Delivering Care

Prehospital Emergency Medicine Training

Aim: Develop or join a recognised prehospital emergency medicine training scheme

We aim to formalise the role of the NIAS clinical Fellows and develop this role into a recognised and funded training role. This will be mutually beneficial to trainees and NIAS in terms of clinical collaboration and networking. This also has the potential to prepare doctors for a career in PHEM or HEMs and assist in succession planning for the NIAS HEMS service.

High Level Tangible deliverables

2022/23	Establish a multispecialty project group to prepare IBTPHEM/ NIMDTA application.
2023/24	2 PHEM Training posts approved and selection process.
2024/25	PHEM trainees in post within NIAS scheme.

Recognition and treatment of Severe Sepsis.

Aim: through effective patient assessment, identify all patients with severe sepsis and treat appropriately

Sepsis is a recognised medical emergency and can be masked by other chief complaints in the traditional ambulance response system. The effective early identification and treatment of sepsis will save patients' lives. This will be supported through the measurement of patient's presentation and use of care bundles. This process will explore the use of antibiotics for prolonged transfer times to hospital.

High Level Tangible Deliverables

2022/23	Appoint CSIL and CPL to lead. Development of NIAS Sepsis care bundle to ensure consistent treatment. Ensure >95% of EPR's have a NEWS2 score calculated.
2023/24	Explore the benefit of pre-hospital antibiotics for Sepsis in NI.
2024/25	Continually improve and standardise the identification of pre-hospital Sepsis in NI and improve patient outcomes.

Clinical Programme of Work

Delivering Care

Non-Medical Prescribing (NMP) Framework

Aim: Introduce a NMP Trust Register and develop a process for registration and annual reaccreditation.

The enhanced role of Advanced Paramedics and Consultant Paramedic can include Non-Medical Prescribing. As these roles develop to include Non-Medical Prescribing, A Non-Medical Prescriber Trust register and accompanying Non-Medical Prescribing Framework will be developed to ensure prescribing undertaken is agreed, appropriate and within achieved and maintained competency levels.

High Level Tangible deliverables

2022/23	Establish NMP framework and register.
2023/24	Establish a route to qualification.
2024/25	Expand number of NMPs in NIAS.

Complex case and information marker management

Aim: To develop and strengthen the work of the complex case team.

The complex case team (frequent caller team) is a vital part of the NIAS clinical remit. Much of this work is unseen but has significant operational benefit. It is vital that this team is made permeant and has a clear vision with permanently resourced leadership.

High Level Tangible Deliverables

2022/23	Appoint Complex Case Service Manager/ Make team posts permanent/ expand team. Formalise the NIAS Frequent Caller Policy.
2023/24	Review and standardise all NIAS Information Markers and related process
2024/25	Develop a system for the early identification and support for Potential Frequent Callers at a threshold lower than current practice.

Clinical Programme of Work



Our Workforce

Education Review

Aim: Review and redesign how NIAS delivers and engages with Clinical Education.

The landscape of Paramedic education is changing due to the changes in Paramedic education and change to this being provided by Ulster University as a BSc (hons) programme. With this change in landscape there is an opportunity to review and develop all aspects of how NIAS delivers clinical education and supports and develops all patient facing members of staff throughout their careers.

High Level Tangible Deliverables

2022/23	Finalise Clinical Education structures.
2023/24	Deliver regular clinical workshops and updates to NIAS Clinicians.
2024/25	Establish a clinical appraisal process for all NIAS clinicians.

Career Framework

Aim: Introduce Advanced Paramedic and Consultant Paramedic roles into NIAS.

The College of Paramedics career framework aligns to the NI AHP Advanced Practice framework. These both support the development of Advanced Paramedic posts and Consultant Paramedic roles. We will develop Advanced Paramedic roles in Critical Care and Primary/Urgent care, with the aim to advertise for these posts 2022/23. These will develop with HSC partners and be delivered in a rotational model. We will develop further senior Consultant Paramedic posts to enhance senior clinical leadership in the Clinical Directorate.

High Level Tangible Deliverables

2022/23	Develop NIAS Advanced Paramedic framework. Deliver Advanced Paramedic Critical Care roles. Develop and deliver Consultant Paramedic posts.
2023/24	Develop and deliver further Advanced Paramedic roles.
2024/25	Evaluate and further develop Advanced Paramedic functionality to optimise the clinical use and patient benefit.

Clinical Programme of Work

Organisational Development

Professional Standards Programme

Aim: Develop a programme to support the continual evolution of professional standards.

Multi source programme focused on outlining and defining the professional standards expected by NIAS clinicians. To do this we will appoint a professional standards lead. This post and programme of work will aim to provide insight and consistency for professional issues, sharing case studies and setting standards and developing where required new policies and guidelines. Ensure consistent clinical engagement and understanding with partner agencies such as the HCPC. Continue to develop the just and learning culture in NIAS.

High Level Tangible Deliverables

2022/23	Appoint Head of Professional Practice. Develop professional standards framework.
2023/24	Support a tangible delivery to a more supported and professional workforce.
2024/25	Reduction in professional issues and related complaints, % TBC.

Research and Development (R&D)

Aim: Develop and deliver a R&D strategy for NIAS.

All modern ambulance services have some aspect of R+D capability and NIAS aspires to do the same. We will appoint an R+D manager to lead the development of an R+D strategy. The strategy will provide a framework outlining clinical governance arrangement, internal and external collaboration opportunities and 2 year plan for potential projects, publications and further developments. The NIAS clinical fellows will play a key part of this project.

High Level Tangible Deliverables

2022/23	Appoint NIAS R+D manager. Develop R+D strategy.
2023/24	Explore delivery of NIAS strategy. Build external partnership links. Develop publications for academic journals and poster presentations.
2024/25	Expand NIAS R+D capability, explore the feasibility of research paramedic posts.

Clinical Equipment and Medication Innovation

Aim: Develop a systematic review of all equipment and medication used by NIAS.

Developing all aspects to ensure the most current and evidence based equipment/medication is used. Horizon scanning UK and international ambulance services to identify new practices which could be adopted.

High Level Tangible Deliverables

2022/23	Appoint NIAS Pharmacist. Develop methodology for review and change. Introduce NIAS bespoke response bag.
2023/24	Systematic review of all equipment and medication to ensure it is as up to date and effective to patient care and to enable our clinicians. ⁸⁴
2024/25	Horizon scan equipment and drugs used in UK and internationally.

Clinical Programme of Work

Quality Improvement

Clinical Governance Framework

Aim: Develop a revised approach to Clinical Governance across NIAS.

A key element of clinical governance is audit, with REACH electronic clinical records going live we are progressing a new clinical measurement framework. This will allow us to look at process and outcome measures for multiple patient presentations and assess Electronic Patient Records (EPR's) for completion quality across a range of dashboards. The aim is that these will filter down to divisional levels, allowing for feedback to clinicians to allow for continual improvement. This new audit function will be the back bone of the new Clinical Governance framework where we will review clinical effectiveness and risk.

High Level Tangible Deliverables

2022/23	Develop framework and meeting structure. Build relevant clinical data sets from REACH data. Begin data driven review of clinical practice and develop improvement plans.
2023/24	Continue to develop a more co-ordinated approach to understanding and reacting to clinical standards and improvement.
2024/25	Develop a bespoke system for clinician level feedback on activity and clinical quality measures.

Regular Audit of Pain Management

Aim: Develop a quality assurance system that improves, sustains and monitors pain scoring and the management of severe pain in NIAS patients.

The recent introduction of Methoxyflurane and subsequent chart audit has shown a low compliance with regard to pain scoring. It anticipated that with the advent of REACH that there will be better information with regard to pain scoring and pain management and this will lend itself to a quality improvement strategy.

High Level Tangible Deliverables

2022/23	REACH Established with mandatory pain scoring fields.
2023/24	Undertake a pain score audit cycle for patient group 1 (fracture neck of femur).
2024/25	Undertake a pain score audit cycle for patient group 2 (paediatric injury).

Clinical Programme of Work



Quality Improvement

Resuscitation/Cardiac Arrest

Aim: design a system to save the lives of our most critically ill patients, aligning NIAS pre hospital cardiac arrest outcomes to world leading countries.

Historic ambulance response measurement frameworks only focused on a small area of the response time process and may miss key patient outcome goals. The chain of survival is a well-documented and evidence based process. NIAS has responsibility for the initial elements of the chain of survival. Developing a focused project, using the Global Resuscitation Alliance 10 key measures to improve cardiac arrest survival, we aim to support clinicians to optimise pre-hospital resuscitation through improved education and feedback. The NIAS needs to refine its response to cardiac arrest calls and develop a system for the targeted response of Community First Responders and specialist resources i.e. HEMS/HART. We will appoint two new posts in the clinical directorate to support the delivery of acute care developments.

High Level Tangible Deliverables

2022/23	Appoint Clinical Service Improvement Lead (CSIL) and Clinical Practice Lead (CPL) – to lead project. Develop project plan based on Global Resuscitation Alliance 10 steps to improving cardiac arrest survival. Develop cardiac arrest data base. Develop co-responding with NIFRS.
2023/24	Provide education to all clinicians re high performance CPR and enhanced background knowledge on cardiac arrest management. Further develop the 10 steps of improving cardiac arrest survival.
2024/25	Triple the current outcome measures; pre hospital Return of Spontaneous Circulation (ROSC) and patient survival to hospital discharge at 30 days.

Major Trauma

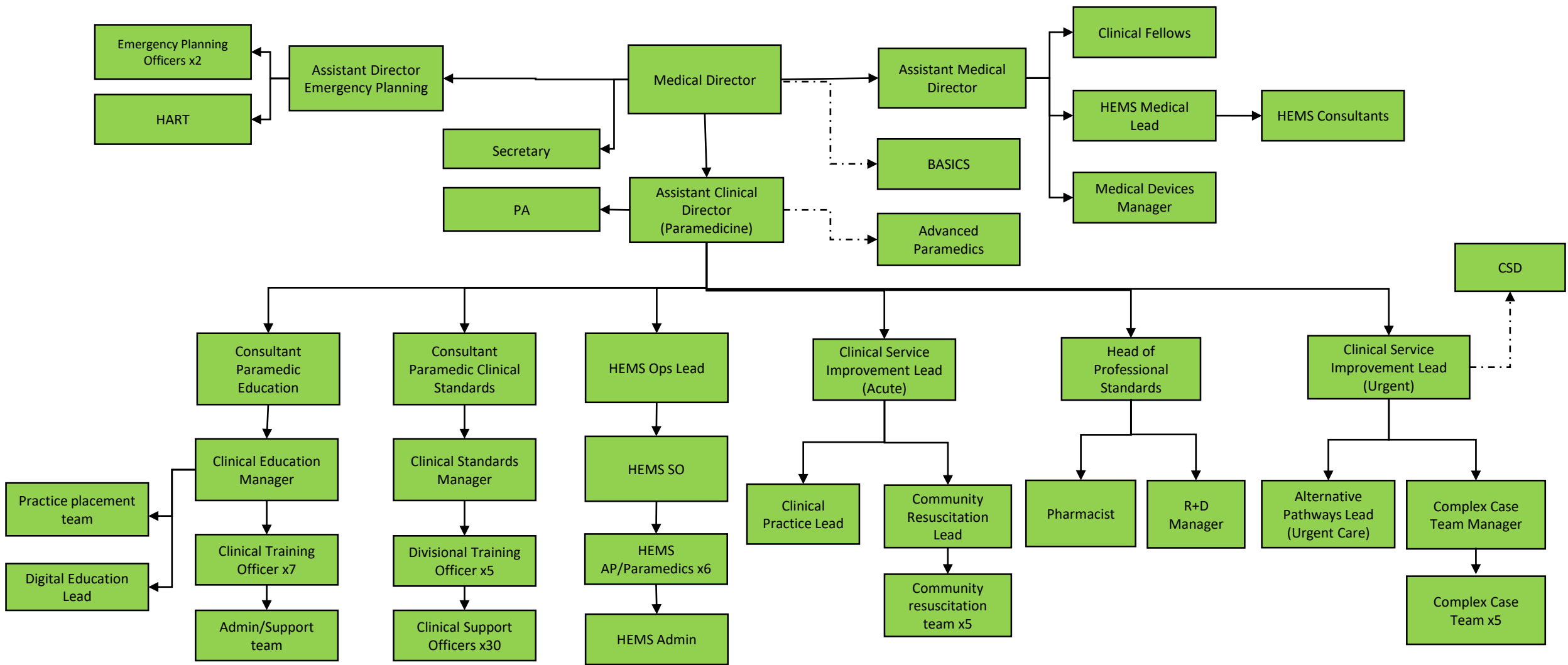
Aim: Delivery of consistent high quality trauma care across the region.

NI launched a major trauma hospital network in 2020. This has seen a significant change in triage practice for our most critically injured patients. NIAS plays a key part in the treatment and transport of the patients in the pre-hospital environment. Optimising the consistent delivery of clinical care and triage decisions across all NIAS clinicians through ongoing education and feedback, will support improved outcome for these patients. As part of this system we will continually develop how we utilise the Helicopter Emergency Medical Service (HEMS) team to the right patients across the region. Developing the additional clinician led assessment of the most critically ill and injured patients through the redesign of the Emergency Ambulance Control (EAC) air desk to a critical care desk, enhancing the scope and functionality. The development of Advanced Paramedics in Critical Care, using the HEMS team as a training and education base will be delivered in 2022/23.

High Level Tangible Deliverables

2022/23	Appoint CSIL and CPL to lead. Develop Advanced Paramedics (Critical Care) via HEMS team. Introduce critical care desk into EAC.
2023/24	Develop linked TARN outcome trauma data map of patients across NI. Deliver trauma education update training to all NIAS clinicians.
2024/25	Develop a data driven framework to improve the outcomes for pre-hospital trauma patients across NI.

Medical Directorate Structure



- Ends -

TB/23/06/2022/05



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	23 June 2022				
Title of paper:	NIAS Corporate Plan 2022-23				
Brief summary:	<p>The Corporate Plan is provided to Trust Board for approval for financial year 2022-23</p> <p>This paper outlines the objectives of the Trust to be delivered by March 2023, along with the approach we have taken and the plan for monitoring throughout the year.</p> <p>The Corporate Plan will be brought back to Trust Board on a three-monthly cycle to provide regular updates on progress being made against each of the objectives, providing Trust Board the opportunity to scrutinise delivery and progress being made.</p>				
Recommendation:	<table><tr><td>For Approval</td><td><input checked="" type="checkbox"/></td><td>For Noting</td><td><input type="checkbox"/></td></tr></table>	For Approval	<input checked="" type="checkbox"/>	For Noting	<input type="checkbox"/>
For Approval	<input checked="" type="checkbox"/>	For Noting	<input type="checkbox"/>		
Previous forum:	Trust Board – 5 May 2022 SMT – 14 June 2022				
Prepared and presented by:	Neil Walker, Assistant Director Planning, Performance & Corporate Services Maxine Paterson, Director Planning, Performance & Corporate Services				
Date:	16 June 2022				



NIAS Corporate plan 2022-23

Introduction

NIAS faces a range of significant challenges and major issues over the period covered by this plan. These include the need to deliver safe, high quality care and improving response times, whilst modernising our service in the context of the continued challenging environment. The Trust's frontline challenges are similar to those faced by Ambulance Services across the rest of the UK including:

- rising demand for our service from patients with more complex needs and co-morbidities
- workforce challenges limiting our ability to meet the rising demand
- delays in being able to transfer the care of patients at Hospitals are contributing heavily to keeping ambulance staff away from where they are needed most, with the associated risk to patient safety for those waiting for an ambulance response
- the need to modernise our model of care, with a workforce under unprecedented pressures.

These issues cannot be overcome by NIAS alone and require support from DoH, SPPG, Trusts and local providers.

The Corporate Plan for 2022-23 describes how we intend to address these challenges, building on the progress made to date, and sets out our ambition to deliver the best and most appropriate care to patients in Northern Ireland who require ambulance services, putting them at the heart of everything we do.

The Corporate Plan has been informed by our strategy, Caring Today, Planning for Tomorrow: Our Strategy to Transform 2020-2026. Along with our internal Audit recommendations and our internal transformation plans and programme objectives.

The Corporate Plan does not reflect everything that we do and NIAS staff are involved in many other areas of normal business that are not included but are no less important. Rather it highlights the key priorities for the year ahead that will contribute to the

implementation of our Strategy to 2026.

Approach

Our Corporate strategy set out 7 key transformation priorities that we need to implement across our organisation and our corporate plan is built around these key transformation priorities, namely:

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

Through the year, we will work with the directorates within the Trust to monitor and measure key objectives within the above areas, assessing progress via our Strategic Implementation Group (SIG) reporting structures and Directorate Performance reports. In each of the Key Objectives, the teams have identified deliverables that need to be achieved to realise the objective. We will monitor the progress of these deliverables with the teams in regular meetings and the reporting of the Corporate Plan will reflect the progress of achieving these deliverables throughout the year.

The outturn position for the Corporate Plan for 2021-22, resulted in the trust delivering 50% of its in year objectives. Therefore, the Corporate Plan for 2022-23, will include a roll forward of those unachieved objectives from 2021-22 and will be re-prioritised for delivery in year against the Trusts' delivery plans for 2022-23.

All the objectives rolled over from 2021-22 or new objectives identified to be delivered in 2022-23 will be grouped around the above 7 key transformation themes, so that throughout the year assurance can be provided on our progress against each of the above themes. Therefore, all corporate plan updates throughout the year will frame progress against each of the above transformation priorities.

Appendix A contains the 2022-23 NIAS corporate plan that has been built in conjunction with colleagues from across all directorates. The plan contains the objectives to implement our corporate strategy, the pertinent internal audit recommendations and the deliverables to successfully implement our programme of work to delivery key organisational transformation.

Next Steps

Through the year these plans will be closely monitored within directorate assurance meetings, to manage any risks or issues in their delivery and to identify key actions and tasks to successfully implement these in year objectives.

The Trust will utilise a percentage completion and a BRAG (Blue, Red, Amber, and Green) rating as the method to monitor progress against each Objective. The monitoring will reflect the completion of deliverables that have been outlined by the teams to achieve the Objectives outlined in the Corporate Plan.

All Trust board updates will be summarised using the above methodology which will provide additional scrutiny compared to last financial year and these updates will be provided to board on a three monthly cycle throughout the year.



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

Risks and Issues

It is recognised that there are still some significant challenges that lie ahead for the Health and Social Care sector in the coming year and as such there are a number of key risks and issue that we need to be mindful of as we look to the year ahead.

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

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

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

Appendix A: NIAS Corporate Plan for delivery through 2022.23

Key Outcome	Objective	Lead Directorate
Delivering Care	We will develop an Improvement Plan to deliver the best possible response times to patients within existing resources, through the improvement opportunities that have been identified.	Operations
	We will continue to work with Trusts to improve the process of handing patients over at Emergency Departments	Operations
	We will deliver a Patient Care Service Improvement Programme to improve the quality of our service for this important group of service users.	Operations
	We will deliver a Clinical Safety Plan within EAC to assist in managing periods of high demand.	Operations
	We will maintain the highest possible standards within EAC and become a reaccruited centre of excellence	Operations
	We will continue to embed our Patient Care Pathways developing safe alternatives to ED in order to reduce demand on frontline services increasing the levels of Hear and Treat and See and Treat practice.	Medical



	We will increase the capacity and skillset of CSD clinicians.	Medical
	We will improve the governance around medical equipment.	Medical
	We will improve cardiac arrest survival rates across Northern Ireland.	Medical
	We will develop co-responding schemes with our partner organisations	Medical
	We will continue to work with Trusts to improve the process of handing patients over at Emergency Departments	Quality, Safety & Improvement

Key Outcome	Objective	Lead Directorate
Our Workforce	We will develop a Recruitment and Selection Strategy, which will include the appropriate approach to support the delivery of a skilled and effective workforce.	Human Resources
	We will Reduce absence across the organisation.	Human Resources
	Design and deliver a Health and Wellbeing strategy and action plan that delivers outcome focused HWB initiatives and improvements.	Human Resources
	We will Develop HR Governance to ensure full assurance, statutory compliance and delivery of best practice and effective governance arrangements	Human Resources
	We will develop workstreams to support the organisations workforce in response to ongoing service pressures	Human Resources
	We will undertake a review of our Operations Structure to provide more effective support for staff.	Operations



	We will undertake a review of our Emergency Planning function to improve our operational resilience	Operations
	We will develop a culture of learning and development within our teams	Operations
	Deliver the objectives of Clinical Education strategic transformation programme	Medical
	Expansion of clinical career structure with introduction of new clinical posts to complement and enhance clinical care in line with "Vision for our Workforce objective in Strategy to Transform 2020-2026	Medical

Key Outcome	Objective	Lead Directorate
Organisational Development	We will develop the planning function within the organisation to support both internal effective planning and external within the wider HSC system.	Planning , Performance & Corporate Services
	We will develop the Performance function, to support the organisation in utilising information to draw insight and evidence to support effective decision-making across the organisation.	Planning , Performance & Corporate Services
	We will develop the Organisational Transformation function, along with processes and resources required to support the transformation agenda.	Planning , Performance & Corporate Services



	We will transition organisational governance, assurance and risk management to PPC Directorate with an aim of strengthening assurance and scrutiny to support the accountability mechanisms that are in place.	Planning , Performance & Corporate Services
	We will develop corporate team to ensure capacity and capability is in place to manage reconfigured service requirements.	Planning , Performance & Corporate Services
	Maintain an overall satisfactory internal audit opinion for the organisation for 2022/23.	Finance
	Ensure effective management and oversight arrangements of delegated budgets to deliver breakeven position in support of overall organisational financial responsibilities.	Finance
	Improve financial engagement at Board level through the implementation of new sub-committee. Work with Chairs of new committees to establish an appropriate oversight of financial issues	Finance
	To develop and improve arrangements in place in respect of business cases to improve oversight, governance and approvals.	Finance
	Support the achievement of breakeven through advice on income levels and the financial consequences of service delivery, service developments and the achievement of savings requirements.	Finance
	Review and agree strategy and procedures for the application of NIAS Charitable Trust Funds and grants.	Finance
	Continued contribution to the planning for and management of the NIAS recovery from COVID-19	Finance
	We will stabilise and strengthen the Directorate Management	Finance



	We will develop the HR delivery Model to support and deliver for a transformation organisation	Human Resources
	We will deliver an organisational culture programme.	Human Resources
	We will ensure effective management and oversight arrangements of delegated budget to deliver breakeven position in support of overall organisational financial responsibilities.	All Directorates

Key Outcome	Objective	Lead Directorate
Quality Improvement	We will provide assurances of the appropriate infrastructure, training and protection of staff of the Hazardous Area Response Team (HART).	Medical
	We will develop the appropriate Assurance and Governance within the Regional Ambulance Training Centre	Medical
	We will develop a clinical measurement framework to evidence safe and effective practices	Medical
	We will roll out an improved response bag for our staff	Medical
	We will Improve our Governance arrangements for our medical equipment and controlled drugs	Medical
	We will develop a new Quality and Safety strategy that focuses on continual improvement, measuring and evidencing the quality of our services for our patients.	Quality, Safety & Improvement



	We will introduce a robust quality improvement (QI) methodology and increase our QI capabilities	Quality, Safety & Improvement
	We will demonstrate an improvement in our measurement against Ambulance Quality Indicators to better evidence the safety and quality of our patient care.	Quality, Safety & Improvement
	We will implement an Improvement plan to develop in our processes in Safeguarding, in partnership, with social care services across HSC.	Quality, Safety & Improvement
	We will improve our response to calls related to falls who are aged over 65.	Quality, Safety & Improvement
	We will maintain high standards of vehicle and station cleanliness.	Quality, Safety & Improvement
	Provide direction, leadership and support to staff for Trust COVID-19 services	Quality, Safety & Improvement

Key Outcome	Objective	Lead Directorate
Digital Enablers	We will implement technology to facilitate integrated care. Allowing clinicians to share patient records across care providers	All Directorates
	Implementation of a New Computer Aided Despatch system with EAC and NEAC	Operations
	We will develop capacity and capability in providing timely and accurate information	Planning , Performance & Corporate Services



	We will develop the information governance team to ensure evidence of all aspects of Data Protection and UK GDPR have been implemented within the organisation.	Planning , Performance & Corporate Services
	We will Consolidate and modernise our technology infrastructure to maintain the service, reduce risk and improve resilience	Planning , Performance & Corporate Services
	We will explore the use of Technological solutions to support the delivery of our services	Directorate of HR and CRM

Key Outcome	Objective	Lead Directorate
Our Infrastructure	Develop Trust Estates Strategy	Directorate of CRM
	We will develop a sustainability strategy for the organisation.	Directorate of CRM
	Develop plans for the maintenance and upgrade of current NIAS Estate.	Directorate of CRM
	We will deliver our capital estates projects to enhance our facilities	Directorate of CRM
	We will ensure we get value for money from our commercial leases.	Directorate of CRM
	We will ensure the right type of vehicle to support the responses we provide.	Directorate of CRM
	We will plan for the introduction of more sustainable fleet throughout our organisation.	Directorate of CRM



	We will stabilise and strengthen the Directorate Management structures.	Directorate of CRM
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Key Outcome	Objective	Lead Directorate
Engagement and Communication	We will develop the range of ways Service users can give us feedback and be involved in service development.	Quality, Safety & Improvement
	Ensure a collective leadership approach, with meaningful and effective staff engagement to encourage staff to feel empowered to initiate improvements and collaborate in new ways of working.	Quality, Safety & Improvement
	We will ensure an ongoing effective programme of engagement with staff across the organisation.	All Directorates
	We will develop Communication Strategy for delivery of Strategic Plan to ensure partnership and service users are incorporated	Planning, Performance & Corporate Services

Ends

TB/23/06/2022/06



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	23 June 2022
Title of paper:	Trust Board Performance Report
Brief summary:	<p>This paper is presented to Trust Board for noting the key performance indicators for the Trust.</p> <p>The information contained in this paper applies to data where applicable up to and including 31 May 2022.</p>
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	SMT – 14 June 2022
Prepared and presented by:	Neil Walker, Assistant Director Planning, Performance & Corporate Services Maxine Paterson, Director Planning, Performance & Corporate Services
Date:	16 June 2022



Northern Ireland Ambulance Service
Health and Social Care Trust



PERFORMANCE REPORT

TRUST BOARD

NORTHERN IRELAND AMBULANCE SERVICE

June 2022



NIAS Changes To Operational Actions To Support Pressures

Resource Escalation Action Plan (REAP)

- Since July 2021 NIAS has been in REAP 4 for large periods and this continued to 17th January 2022 when we entered REAP 3 and continued in Major Pressure until we reverted to REAP 4 on 21st February 2022 where it remained for a further 13 weeks. On 23rd May 2022 the Trust returned to REAP 3. The sustained period of REAP 4 is reflective of a number of national ambulance Trusts.

Clinical Safety Plan (CSP)

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



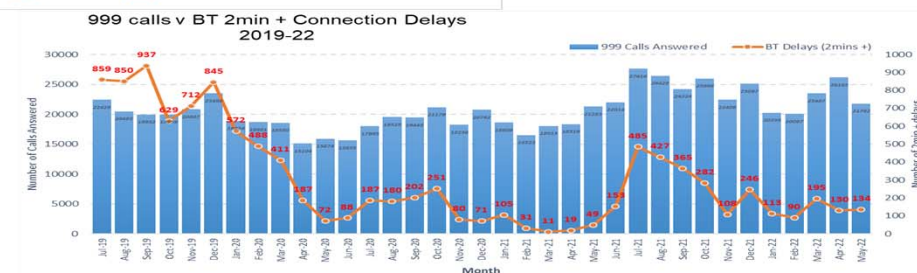
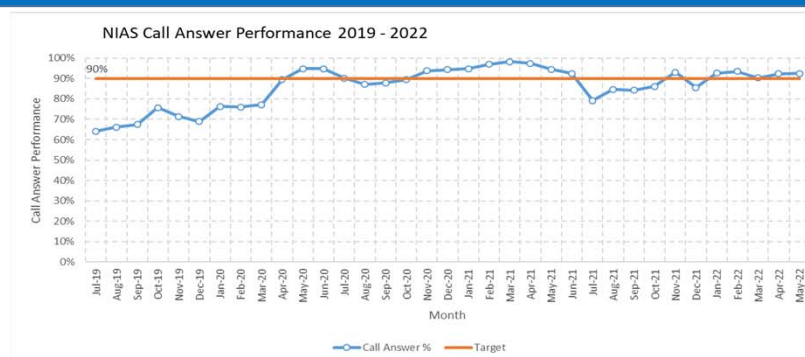
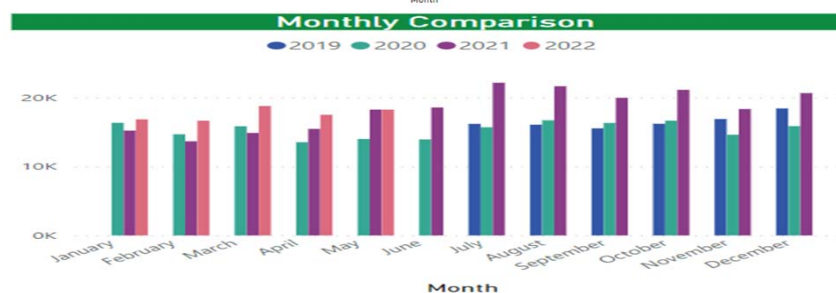
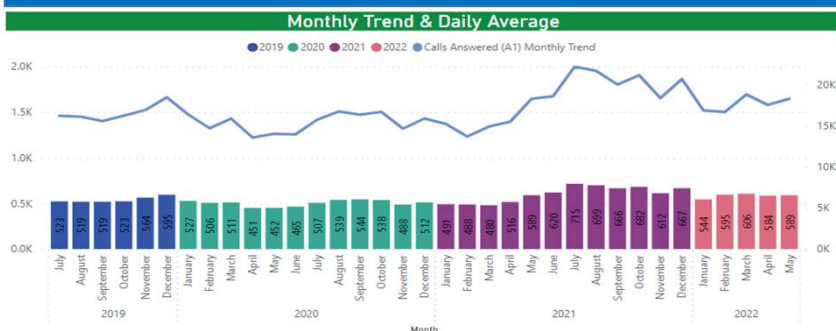
NIAS Changes To Operational Actions To Support Pressures

Area Managers currently work an alternative rota between 08:00 & 20:00hrs which has provided a number of benefits:

- Improved and extended operational management cover to include partial cover at weekends and public holidays
- Ability to “horizon scan” across the divisions and manage operational issues before they escalate to a greater pressure / potential impact
- Enhanced support for operational staff and managers who are currently on a rota
- Increased support for Control colleagues in dealing with operational issues outside of normal office hours
- Additional support to Director-on-Call
- Sustaining service delivery and supporting forward planning out of hours
- Complementing the application of the Clinical Safety Plan
- Provision of visible leadership
- Provision of a regional point of contact for COVID/Monkeypox issues
- Provision of managerial input & staff support when Emergency Departments are under excessive pressure and managerial conversations with Trusts and identification of swift actions

This arrangement has now been agreed for a further three months

Current Pressures – Volume of 999 Calls Answered

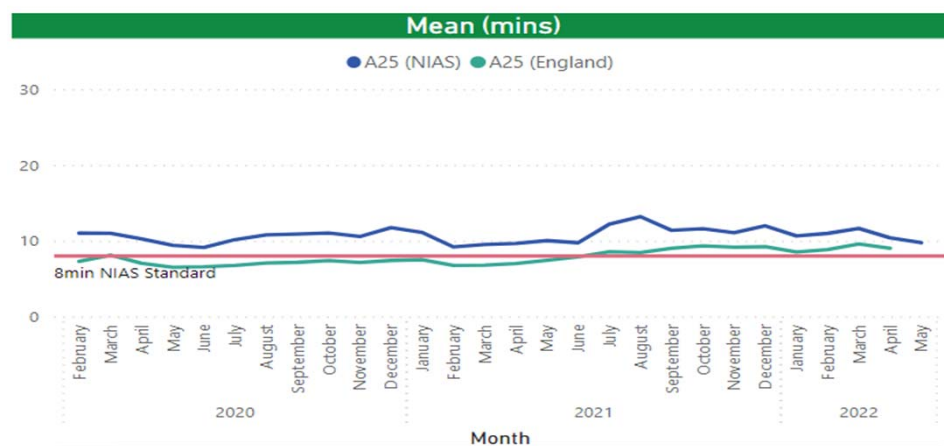


- **May 22** has seen Demand remain at the same level as May 21. YTD Demand is up 6% from FY 2020-21 to FY2021-22. However, in the same time period YTD incidents have **decreased** by 6% from FY 2020-21 to FY 2021-22
- **The Demand Profile** being experienced by **NIAS** is **tightly aligned** to that being experienced across the Trusts in **England**
- Despite the levels of **Demand** persisting, it is notable that our **call answer performance** has **exceeded** the **90%** target since January 2022 and continues in the 2022-23 financial year. **May 2022** saw call answer performance at **92.5%**
- **May 22** has seen a steady state in the number of BT connection delays at 2min, with **134 calls** experiencing delays. This is an increase of 4 delays from April 2022.

Current Pressures – Impact on Response Time Performance Category 1

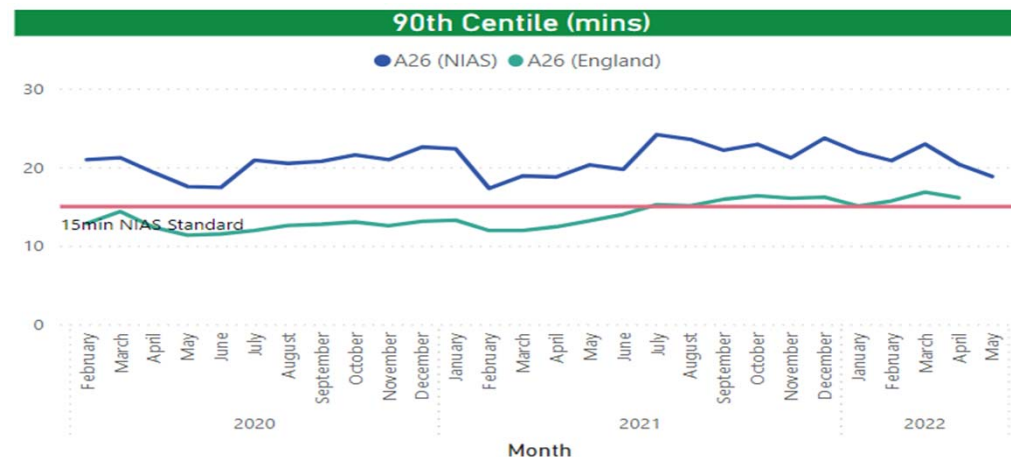
- Category 1 Mean and 90th percentile outturn positions demonstrate similar performance to trusts within England with the shape of the lines within the charts closely correlated
- Meeting the targets for Mean and 90th percentile, remain a challenge for NIAS as it does for trusts within England

Demand: C1 Response Times (Measures A25 & A26)



Mean Category 1	National	NIAS
May 21 (mins)	07:25	10:02
May 22 (mins)	09:18	09:45
21/22 Change (+/-)	+01:53mins	-00:17secs
Deviation from Target (Mar 22)		+01:45mins

- Category 1 Mean Response time has decreased by 17secs from May 21
- Our deviation from Target however persists at 1min 45secs for May 22



90 th Centile Category 1	National	NIAS
May 21 (mins)	13:18	20:19
May 22 (mins)	16:07	18:49
21/22 Change (+/-)	+02:49mins	-01:30mins
Deviation from Target (Mar 22)		+03:49mins

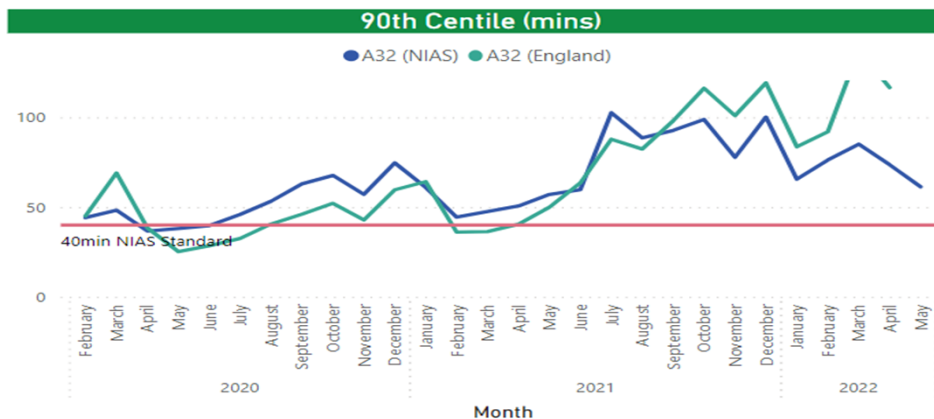
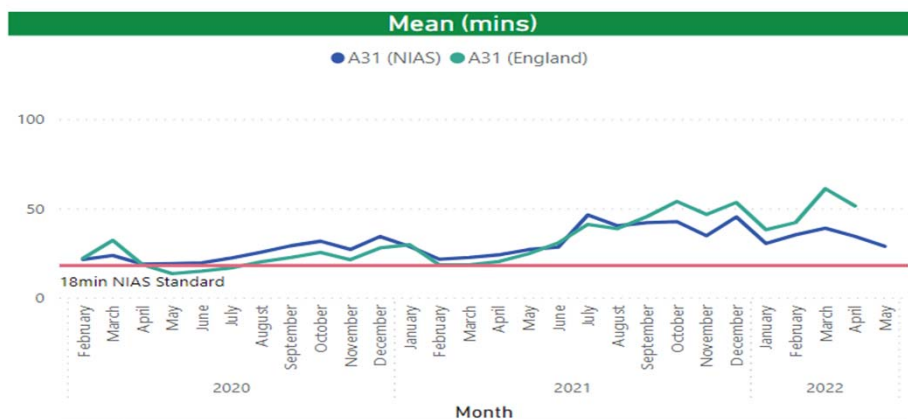
- Category 1 90th Centile Response time has decreased by over 1min from May 21
- Our deviation from Target however persists at over 3mins for May 22

* Note clock starts for NIAS Cat 1 and England Cat 1 target calls are different

Current Pressures – Impact on Response Time Performance Category 2

- Category 2 Mean and 90th percentile have seen a similar increase across the English Trusts to what has been experienced within NIAS
- NIAS performance has continued to improve since July 21 and demonstrates a decrease of 41mins in our 90th percentile response time to May 22

Demand: C2 Response Times (Measures A31 & A32)



Mean Category 2	National	NIAS
May 21 (mins)	24:58	26:25
May 22 (mins)	51:22	28:45
21/22 Change (+/-)	+26:24	+02:20
Deviation from Target (May 22)		+10:45

- Category 2 Mean Response time has increased by 2mins 20 secs from May 21 – significantly less than England
- Our deviation from target was significant at over 10mins for March 22

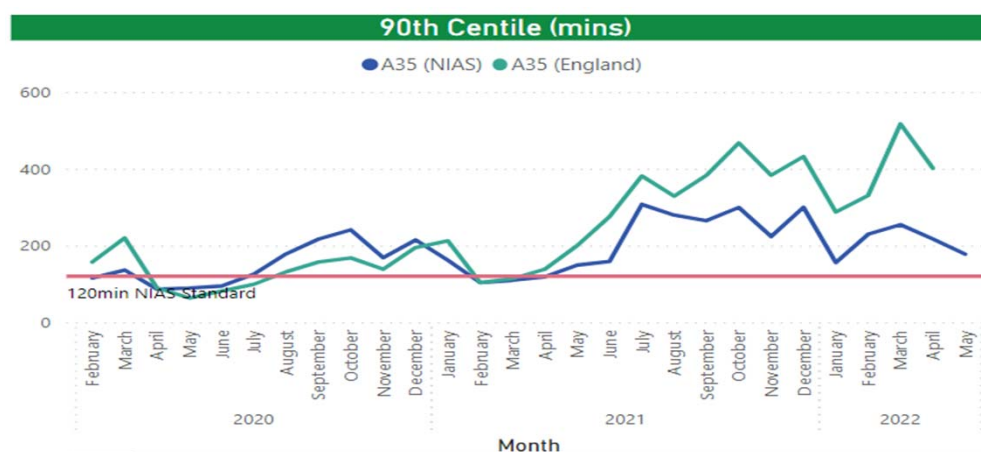
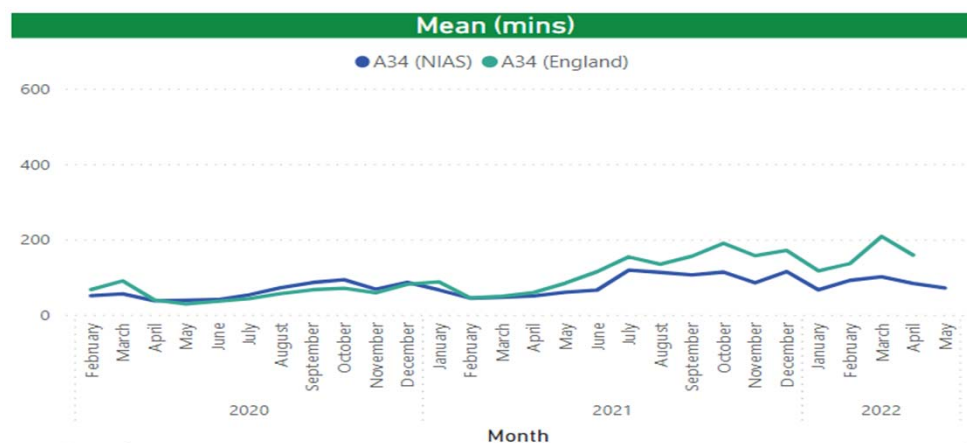
90 th Centile Category 2	National	NIAS
May 21 (mins)	49:58	57:05
May 22 (mins)	01:56:24	1:01:33
21/22 Change (+/-)	+01:06:26	+04:28
Deviation from Target (May 22)		+21:33

- Category 2 90th Centile Response time has increased by 4mins from May 21 -significantly less than England
- Our deviation from target was significant at over 21mins for March 22

Current Pressures – Impact on Response Time Performance Category 3

- Category 3 Mean and 90th percentiles within NIAS have very similar profiles to the English Trusts. However,
- NIAS continues to out performance our counterparts within the English Trusts significantly across both the mean and 90th Centile measures.

Demand: C3 Response Times (Measures A34 & A35)



Mean Category 3	National	NIAS
May 21 (mins)	01:24:22	01:00:20
May 22 (mins)	02:38:24	01:11:24
21/22 Change (+/-)	+01:14:02	+11:04
Deviation from Target (Mar 22)		

- Category 3 Mean Response time has increased by 11 mins from May 21
- This is a significantly better position than the English trusts that are experience mean performance for the May 22 over 2hrs

90 th Centile Category 3	National	NIAS
May 21 (mins)	03:19:50	01:49:27
May 22 (mins)	06:21:34	02:41:44
21/22 Change (+/-)	+03:42:48	+52:20
Deviation from Target (May 22)		+41:44

- Category 3 90th Centile Response time has increased by under 1hr from May 21
- Our deviation from target just over 40mins for May 22
- NIAS performance for 90th Centile is significantly less than those being experienced in Trusts in England



Current Pressures – Handover Times Acute Hospitals

HANDOVER TIMES

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

In May 2022, NIAS experienced a total of 9,000 lost hours, this is the equivalent of 24 shifts per day, with crews waiting with patients outside EDs, 22% of our planned capacity. These lost hours were experienced from 10,474 instances where our crews waited longer than 15mins to handover their patient at ED. 3,029 of these delays were over 60mins in length.

In May 2022, 70% of the 9,000 lost hours occurred at the 4 ED sites listed below in order of volume of hours lost:

Ulster Hospital

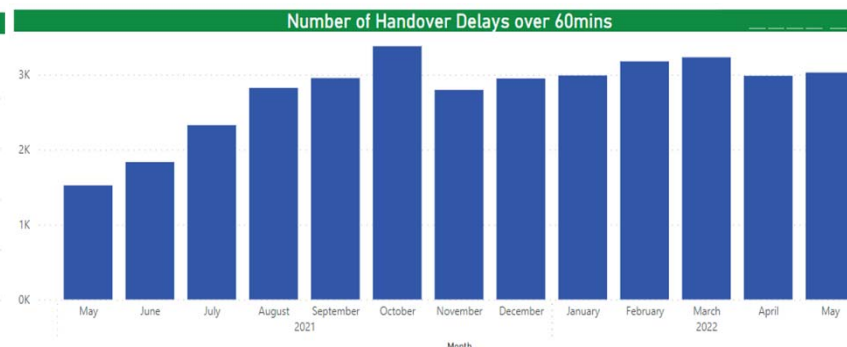
Royal Victoria

Antrim Area Hospital

Craigavon Hospital



Number of Handover Delays over 15mins					
Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 15mins	% Over 15mins	Total Time Lost (Hours)
ALTNAGELVIN HOSPITAL	15263	15263	12573	82.38%	7,928.74
ANTRIM AREA HOSPITAL	21670	21670	19488	89.93%	15,918.06
CAUSEWAY HOSPITAL	8224	8224	6962	84.65%	7,285.65
CRAIGAVON AREA HOSPITAL	18230	18230	16510	90.57%	16,013.43
DAISYHILL NEWRY	7565	7565	6954	91.92%	5,996.83
MATER INFIRMORUM	8228	8228	7247	88.08%	5,137.09
R/BELF FOR SICK CHILDREN	2110	2110	1221	57.87%	655.63
ROYAL VICTORIA	27910	27910	24741	88.65%	22,414.23
SOUTH WEST ACUTE HOSPITAL	8794	8794	6582	74.85%	3,872.32
ULSTER HOSPITAL	19478	19478	17914	91.97%	19,717.81
Total	137472	137472	120192	87.43%	104,939.79



Number of Handover Delays over 60mins					
Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 60mins	% Over 60mins	Total Time Lost (Hours)
ALTNAGELVIN HOSPITAL	15263	15263	1956	12.82%	3,400.82
ANTRIM AREA HOSPITAL	21670	21670	4901	22.62%	7,903.50
CAUSEWAY HOSPITAL	8224	8224	2612	31.76%	3,910.01
CRAIGAVON AREA HOSPITAL	18230	18230	5087	27.90%	8,467.30
DAISYHILL NEWRY	7565	7565	1932	25.54%	2,867.91
MATER INFIRMORUM	8228	8228	1760	21.39%	2,139.03
R/BELF FOR SICK CHILDREN	2110	2110	80	3.79%	358.13
ROYAL VICTORIA	27910	27910	8700	31.17%	10,299.64
SOUTH WEST ACUTE HOSPITAL	8794	8794	985	11.20%	1,548.88
ULSTER HOSPITAL	19478	19478	6286	32.27%	11,339.67
Total	137472	137472	34299	24.95%	52,234.89

In the last 12 months (June 21 – May 22), 87% of the handovers exceeded the 15min target at our acute EDs, resulting in circa 104k hours lost. The lost hours experienced in May 2022 is a 47% increase from May 2021

In May 2022, 89% of handovers exceeded 15 minutes resulting in 9,000 operational hours being lost (eq. to 750 12-hours shifts per month or 24 12h shifts per day).

The number of handover delays in excess of 60mins has recovered slightly since March 22 with 3,029 occurrences during the 31 days of May resulting in 97, 60 minute delays per day during the month.



Actions Taken by NIAS with particular focus on delayed ambulance handover at EDs

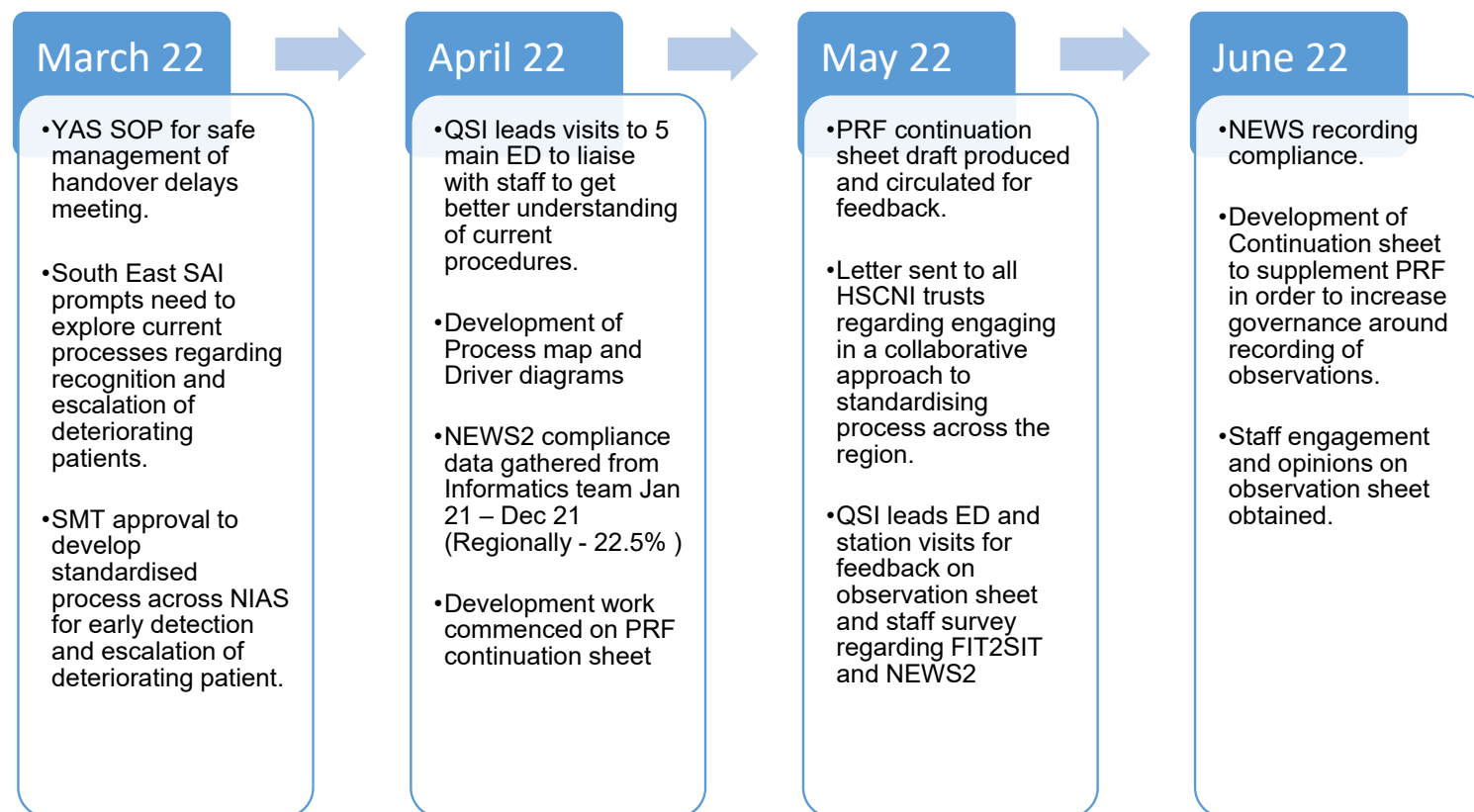
Ambulance handover delays are recognised regionally and nationally as a significant challenge. For NIAS, during 2021/22, there was a total of almost 128k hours spent waiting outside EDs to handover patients for longer than the 15 minute standard. This is the equivalent to 29% of our emergency ambulance operational capacity. This level of lost capacity has a significant impact on response times for patients waiting for an ambulance response in the community. NIAS continue to escalate these pressures and impacts across a variety of engagements in various fora including (but not exhaustively) Trusts, SPPG, PHA and Departmental colleagues.

Recent engagements include:

- NIAS Business Intelligence Group parallel analysis of handover data and response times which has demonstrated a strong correlation between both has been shared with SPPG at the most recent NIAS/SPPG Performance meeting, and will be an ongoing agenda item
- Chief Executive letter to SPPG Deputy Secretary April 2022 articulating the significant impact of delays in handover at EDs, and given the scale of this problem with associated risk to patients, highlighting the need for a renewed focus on actions to improve the position. This includes Trusts' progress with establishment of ambulance handover zones. SPPG have responded on 10 June 22 outlining new system leadership and management oversight arrangements for unscheduled care and the Trust will engage constructively with this once known.
- Quality Improvement work has commenced internally in relation to the early detection of the potentially deteriorating patient waiting outside Eds.
- Director of Quality, Safety & Improvement, Medical Director and Director of Operations have written to the Medical, Nursing and Operational Directors in all Trusts to raise our professional, clinical and operational concerns regarding the associated sustained risks associated with these delays. Trusts have been asked to nominate an ED lead to engage with NIAS clinical and improvement teams. The aim will be to agree a standardised collaborative approach to the establishment and implementation of rapid escalation pathways to ultimately mitigate risks, and contribute to an improved handover of patients

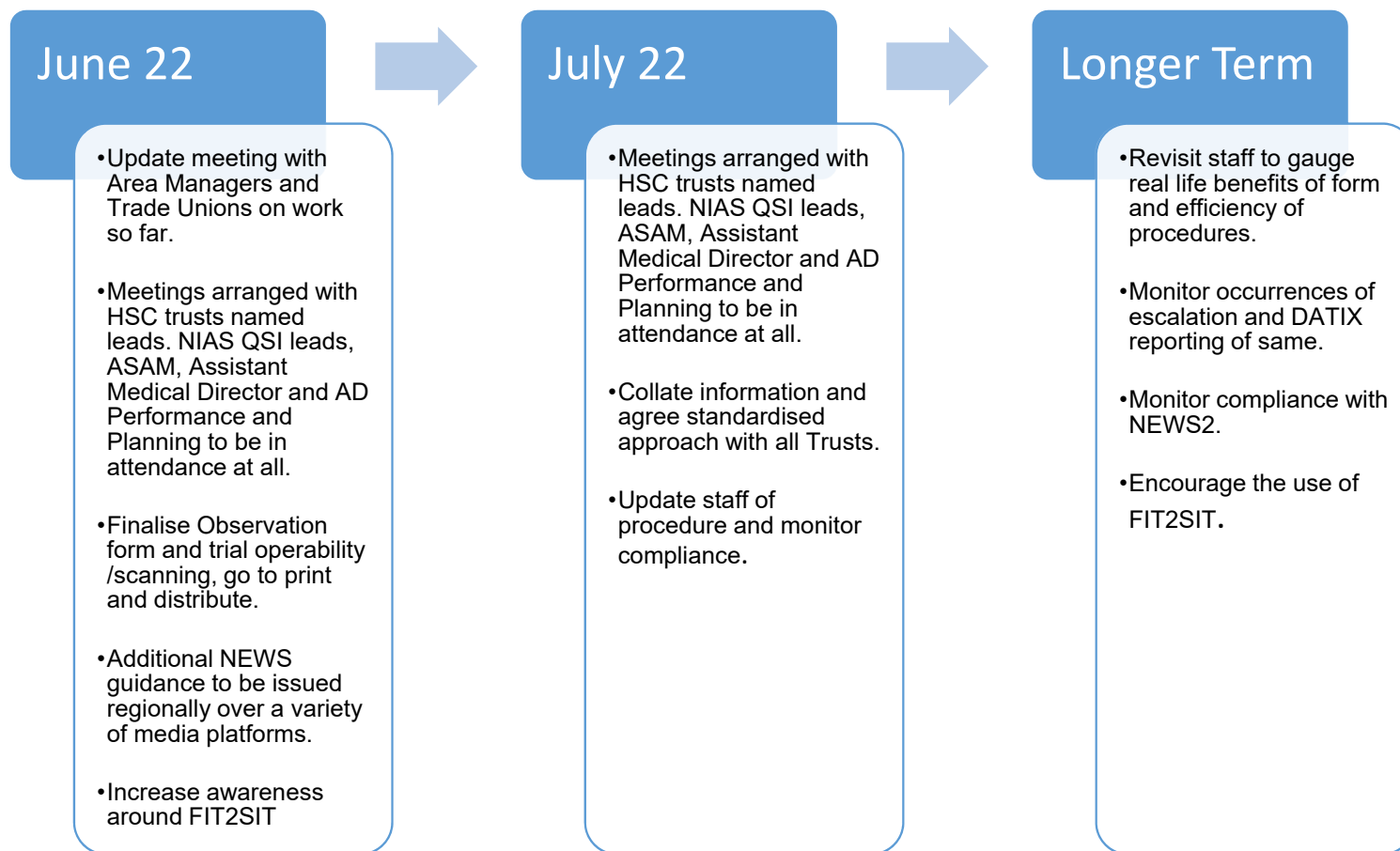
Hospital Handover – Early detection and escalation of deteriorating patients

Progress to date



Hospital Handover – Early detection and escalation of deteriorating patients

Next Steps





Actions Taken To Address Current Pressures & Support Staff

A range of activities are ongoing across Directorates involving a number of leads, to assist in addressing performance pressures and identifying service improvement initiatives including:

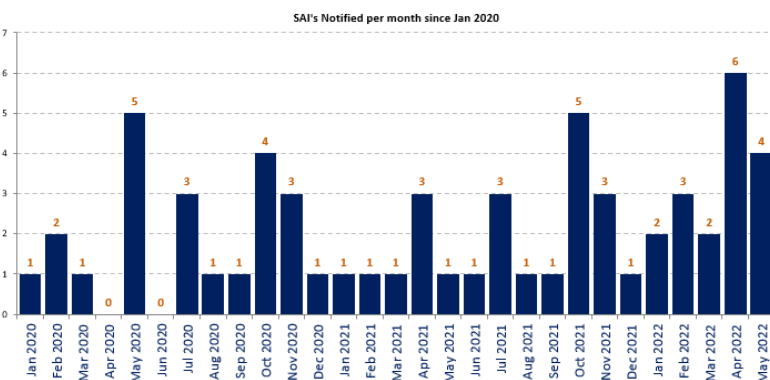
- On-going NIAS regional autonomy to direct NIAS arrivals to EDs based on agreed pressure triggers to equalise pressures and contribute to managing number of crews at EDs;
- Actions taken forward by frontline staff to reduce morning late finishes by ensuring appropriate fleet allocation and relieving night crews, alternative shift patterns, and the pilot of a Crew Relief Team to facilitate crews finishing as close to their shift end time as possible;
- Additional HALOs supported across 3 of the larger EDs with improved hours of operation & covering of rota gaps provided by Station Officers/Supervisors;
- Additional staff welfare support at EDs with ongoing provision of staff refreshments at Welfare points at EDs;
- Continued discussion between HSCB/NIAS colleagues to progress with dedicated ambulance handover areas, and discussions regarding alternatives to ED conveyance (including direct access to Urgent Care Centres/Phone First etc);
- A renewed focus on Appropriate Care Pathways to maximise opportunities, signpost patients appropriately, and contribute to reducing conveyance rates
- Exploring alternative conveyancing support for our crews. NIAS is working with BSO to enhance our capability to utilise taxis to convey the lower acuity patients to hospital and a trial is scheduled to begin shortly within the South East Division;
- PCS crews continue to support our A&E crews on a daily basis and we are working to increase the capacity the PCS crews can provide;
- Application of the Chief Medical Officer's guidance on the management of returning staff to work (COVID positive & close contact cases) following an appropriate risk assessment that meets the required criteria to safely do so;
- Ongoing Senior HR Attendance Manager support at Divisional level;
- Priority areas identified to direct all available resources to when the organisation is in periods of sustained pressure. Resourcing these areas as a priority will maximise the organisations ability to respond during times of sustained pressure;
- Establishment of an Operations Improvement Steering Group to coordinate a number of cross Directorate workstreams.



Service User Feedback & Serious Adverse Incidents

Serious Adverse Incidents

The Trust notified 6 SAIs in Apr and 4 in May. Currently we have 24 open SAIs - of which one is a Level 3 SAI, three are Level 2 and remainder are Level 1.



Themes

The 3 key National Ambulance Risk and Safety Forum themes in Q1 22 are:

- Delays in dispatch
- Clinical Assessment and or treatment
- Call handling and dispatch

Shared Learning

Learning from SAIs shared in Q1 22 includes:

- Oxygen clinical guideline
 - SOP for processing second or duplicate calls
- The Trust has also met with colleagues from PHA regarding regional learning relating to Hospital Handover delays.

Family Engagement

Family Engagement is an integral part of the SAI process early, supportive, open and honest communication is key and the SAI team is currently engaging staff involved in the SAI process to determine how they can best be supported to ensure effective family engagement.

Supporting staff involved with SAIs

When NIAS staff are involved and leading on Serious Adverse Incidents they can find this a very stressful experience. The SAI team is currently seeking to involve staff involved in SAIs to learn from their experience and put improvements in place to ensure that staff feel able to talk about any incident, are treated fairly, supported in making changes to their practice where identified and held to account where necessary.

Complaints, Compliments & Care Opinion

During the period March to May 2022, **52 complaints** were reported to the Trust. An **increase of 8%** on the same timeframe as the previous year.

Themes

The 3 key themes in Q1 22 are:

- Delay in Accident & Emergency Response
- Staff Attitude
- Concern regarding treatment

Learning

- Learning memo re process for transferring routine calls to NEAC
- Learning memo re downgrade considerations for the CSD
- Medicine Memo regarding patients own medications

Compliments

During the period March to May 2022, the Trust recorded 112 compliments outlining the compassionate care and highlighting reassurance as a key theme along with compassionate care high standards of clinical care.



Newsletter

The Trust have developed a Compliments newsletter which will be shared with our staff on a regular basis to demonstrate how much they are valued by our Service Users, their families and carers

Care Opinion

The Trust continue to learn from the much valued stories shared on the Care Opinion On Line User Feedback Platform with the majority of stories received Sharing very positive experiences. Where there are areas for learning identified they largely relate to delayed response.

10K More Voices

On 9th June the Trust launched our 10K More voices survey, seeking experiences from those who have required emergency or urgent care from NIAS. The survey is being carried out in partnership with PHA and will be open until 29th September.





Current Pressures - Staffing

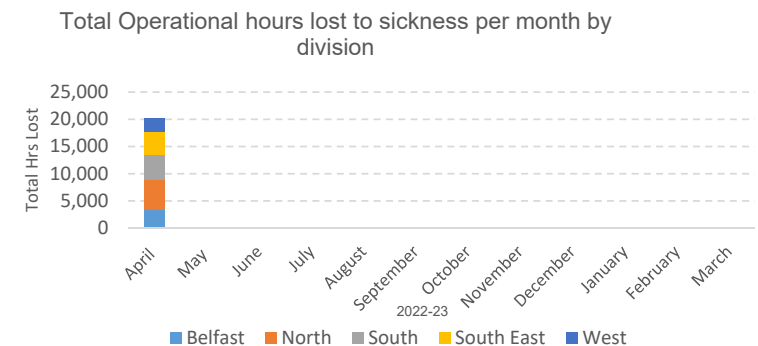
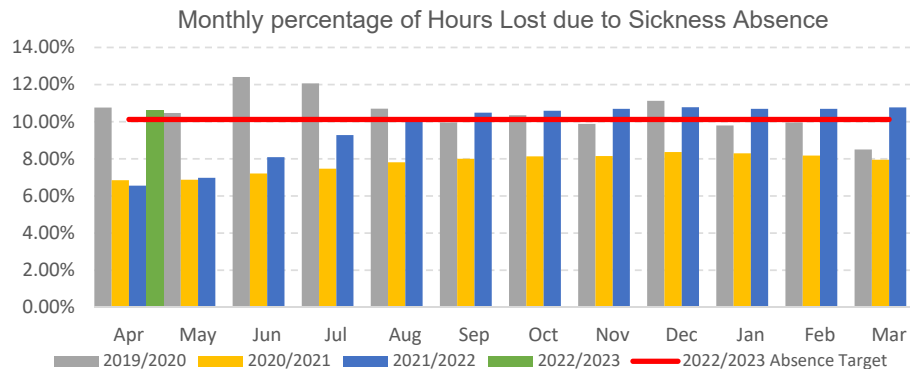
STAFF ABSTRACTIONS

Figures demonstrate that sickness absence levels (2022/23) continue to be significantly higher than figures for the same reporting period in 2021/22. Whilst the figure of 10.62% for the month of April 2022 is consistent with figures reported in Qtrs 3 & 4 of 2021/22, the figure of 10.62% for The month of April 2022 demonstrates a 65% increase in sickness absence on the 6.56% figure for April 2021.

Despite improved absence management and health & wellbeing initiatives being put in place to support staff to return to work, ongoing pressures within the working environment continue to undoubtedly contribute to the current higher than normal sickness absence levels.

Figures reported are for all staff (excluding bank staff and Non-Executive Directors) and demonstrate hours lost, with average days lost calculated on the basis of a standard 7.5 hour day, consistent with HSC reporting of sickness absence. HRPTS Figures are correct at time of reporting but may be subject to change.

2022/23 Monthly Sickness Absence including Comparators to Previous Reporting Year (2022/23)												
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ABSENCE TARGET (2022/23)	10.12% (Pending DOH confirmation- this is a 5% improvement on 2022 position)											
Cumulative % hrs lost (21/22)	6.56%	7.41%	10.34%	12.76%	13.19%	12.48%	11.28%	11.39%	11.45%	9.86%	10.66%	11.71%
Monthly % hrs lost (20/21)	6.56%	6.97%	8.09%	9.28%	10.08%	10.48%	10.59%	10.70%	10.78%	10.69%	10.69%	10.77%
Cumulative % hrs lost (22/23)	10.62%											
Monthly % hrs lost (22/23)	10.62%											
Monthly % hrs lost (S/T)	2.78%											
Monthly % hrs lost (L/T)	9.74%											
Monthly % hrs lost COVID 19 (Sickness and self-isolation)	4.31%											
Av. days lost (7.5 hrs) per Employee per Mth	2.18											
Av.Estimated costs (£'000)	413.8											
Cumulative % Hrs Lost 2022/2023:	10.77%											





Clinical Performance

CHALLENGES

- Due to operational pressures, normal clinical audit processes remain suspended. This includes review of Patient Report Forms and reporting on historical clinical performance indicators (e.g. stroke, myocardial infarction, hypoglycaemia). Internal Audit have been advised of this but NIAS has shared details of the new approach facilitated by REACH.
- Key staff involved in audit (clinical support officers) have been working to support operation cover and focussing on development of students in training in order to improve frontline availability of staff.
- NIAS has not received any funding for Paramedic Education Leads for the BSc Paramedic Science Programme run by UU, even though NIAS will have the largest commitment to these students of any organisation; the other five Trusts have been funded for these posts and it is likely that these will attract a number of the NIAS Clinical Training Team.
- Internal Audit has identified limited assurance in the areas of medicines management, management of medical devices and clinical audit. An action plan has been agreed within the Medical Directorate to address all of these. No priority 1 findings were made.



Clinical Performance

PROGRESS

- The recruitment of Critical Care Paramedics has completed with four successful candidates allocated.
- The restructured Clinical Education Team has been agreed, banded and is progressing through recruitment. This will significantly assist with the work of the Strategic Education Review.
- Internal Audit has noted satisfactory status in respect of the management of clinical education. The sole priority 2 finding is already being progressed.
- NIAS has developed a co-responder arrangement with NIFRS with the aim of improving response to cardiac arrests in the community. The first NIFRS station providing this went live at the end of February 2022. The Fire Brigades Union has raised concerns about NIFRS process.
- A number of NIAS AAPs have been successfully selected to join year 2 of the Ulster University BSc course.
- An external review of culture within the Emergency Planning and HART Teams has concluded with action being taken to address findings. Terms of Reference for a formal review of the Emergency Planning function within NIAS have been drafted in partnership with AACE.



Northern Ireland Ambulance Service
Health and Social Care Trust



- End Of Report -

TB/23/06/2022/07



**MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE
(ARAC) HELD ON THURSDAY 14 APRIL 2022 AT 10AM BY ZOOM
(DUE TO COVID-19 RESTRICTIONS)**

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

IN

ATTENDANCE: Mr M Bloomfield Chief Executive
Mr P Nicholson Interim Director of Finance
Ms M Paterson Director of Planning, Performance & Corporate Services
Dr N Ruddell Medical Director
Mr B McNeill Programme Director CRM and Strategic Infrastructure
Mr S Knox External Audit Northern Ireland Audit Office (left the meeting at 11.55am)
Ms C Hagan External Audit ASM
Ms C McKeown Head of Internal Audit, BSO (left the meeting at 11.55am)
Mr D Charles Assistant Director, Internal Audit, BSO
Mrs L Mitchell Independent Adviser to Committee
Ms K Keating Risk Manager
Mrs C Mooney NIAS Board Secretary
Mr C Carlin Boardroom Apprentice
Ms R Finn Interim Asst Director of QSI (rep Ms Charlton)
Mr C Thompson Head of Strategic Transformation (for agenda item 12)
Mr J McKeown DoH Sponsorship Branch (to observe)
Ms C Blee DoH Sponsorship Branch (to observe)

APOLOGIES: Ms R Byrne Director of Operations
Mr A Phillips Assistant Director of Finance (temp)
Mr I McCutcheon Financial Accounts Manager (temp)

Welcome, introduction and format of meeting

The Chair welcomed everyone and extended a particular welcome to Mr McKeown and Ms Blee from the DoH Sponsorship Branch who were in attendance to observe today's meeting.

1 Apologies

The apologies as stated were noted.

2 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 noted the fact that, in accordance with the Trust Standing Orders, the Non-Executive Director (NED) membership of the Audit Committee 'shall consist of not less than three members'. He advised that he had drawn this requirement to the Trust Chair's attention in the context of appointing additional NEDs when this was possible.

The Chair also stressed the confidentiality of information presented.

3 Previous Minutes (AC14/04/22/01)

The Chair noted that the draft minutes from the meeting on 3 February 2022 had been circulated for consideration.

He referred to a proposed amendment from Mr Knox around the presentation of the External Audit Strategy and suggested that the amendment should read as follows: *'The Committee considered the actions for the Audit and Risk Assurance Committee presented by the NIAO and was not aware of any breaches of laws and regulations nor any additional frauds other than those advised to the ARAC.'*

Mr Knox was content that the amendment captured his intent.

The minutes were **APPROVED** on a proposal from Mr Ashford and seconded by Mr Abraham.

4 **Matters Arising (AC14/04/22/02)**

The Committee **NOTED** the Matters Arising.

5 **Committee Chair's Business**

The Chair advised that he had asked Mrs Mitchell to liaise with Mr Sowney, Clinical Adviser to the Trust's Safety Committee, to review the management of Risk 357 'Hospital Turnaround Times' on the Corporate Risk Register which was currently at risk level Extreme. He added that the risk was initially identified in 2018.

The Chair said that the issue permeated all levels of the Board and Committee structure and was of the view that it appeared that NIAS was currently operating as the 'safety valve' for the overall HSC system. He indicated that this was an ongoing risk which did not appear to be reducing and, in light of the current service difficulties, he was of the view that it needed to be considered differently.

The Chair emphasised that his concern was from a risk perspective and asked how one might address such a risk which appeared to be embedded in the HSC system as it currently operates. He asked Mrs Mitchell to consider how a committee should deal with systemic risks where the solution appeared to be outside the control of the organisation - was this a new risk? What approaches could be taken to address it?

Mr Ashford said he very much agreed with the Chair's comments in that the situation could be not allowed to continue and suggested that the Trust Board might wish to consider this issue further. Mr Ashford expressed his appreciation for the efforts of the Senior Management Team to explore various solutions but acknowledged that a system-wide resolution was needed.

Continuing, Mr Ashford said he agreed with the Chair's reference to a 'safety valve' and was of the view that other Trusts had, in effect, transferred the risk to NIAS. He added that the impact on NIAS' performance had come about as a result of weaknesses in other parts of the HSC system.

The Chair said that he had expressed his concern at Trust Board on a number of occasions and suggested that, when Trusts came

under significant pressure, there was a realisation of there being additional waiting spaces in the back of ambulances outside EDs. He said that this position was no longer sustainable. The Chair said that, while the Trust did not necessarily have the solutions, the significant risk should be acknowledged.

Mr Bloomfield acknowledged the discussions on this issue at the various Trust Committees and Trust Board and reminded members that it had been agreed that the Trust Board would be the most appropriate forum for discussion. He said he appreciated the distinction being made by the Chair in terms of what the ARAC might seek around assurance of how the risk was being managed.

Mr Bloomfield alluded to the review to be undertaken by Mrs Mitchell and Mr Sowney and suggested that, as other UK ambulance services and the Rol National Ambulance Service were experiencing similar challenges, contact should be made with other Audit Committees to ascertain what actions were being taken.

Continuing, Mr Bloomfield alluded to the media attention on the ambulance service over the last number of weeks and was of the view that the focus necessarily reflected the extent of the challenges across the HSC system. He referred to the potential impact on public confidence and said it was clear from speaking to staff that there had been a huge impact on staff morale.

Mr Bloomfield pointed out that he and Dr Ruddell had appeared on the Nolan Show to explain the position and the extent to which the current challenges were outside NIAS' control.

Mr Bloomfield referred to the recent circumstances surrounding the tragic death of a patient and said 30% of NIAS capacity was lost through delays in hospital handovers.

Mrs Mitchell reiterated that the role of the ARAC was to ensure the risk was accurately described and ensure there were sufficient mitigating actions identified as well as assessing the risk in the current environment and ensuring it reflected practice on the ground. She welcomed Mr Bloomfield's suggestion to contact other Audit Committees with a view to determining how they were addressing this particular risk. Mrs Mitchell was of the view that it was timely for the Committee to focus on the risk.

Responding to a query from Mr Ashford as to the timescales for completion of the review by Mrs Mitchell and Mr Sowney, the Chair noted it was not the Committee's role to necessarily identify operational solutions. He queried how the Trust Board might escalate this matter and was of the view that it would be important for the Board to continue to maintain a focus on this issue.

Mr Bloomfield suggested that it would be important for the Committee to maintain its focus on escalation as opposed to what the organisation might do to address the issue. He pointed out that the challenges presented by ED handover delays were outside NIAS' control and the responsibility to resolve these sat with other Trusts.

Mrs Mitchell said that her support to the Committee would focus on the oversight of the risk and the review of that risk. She explained that it was for this reason she had suggested the involvement of Mr Sowney as well as Ms Paterson and Ms Keating. Mrs Mitchell said that she would be happy to co-ordinate this work and would link with Ms Paterson in the first instance on how the review might be progressed and report back to Committee members at the next meeting.

The Chair thanked everyone for their contribution to the discussion.

6. Standing Item

6.1 Progress on Achieving Business As Usual/Recovery Update

Ms Paterson advised that she intended to bring a written update on the current position to the June meeting.

6.2 Review of Best Practice

Ms Mitchell confirmed that she would present a paper to the May meeting.

7. Internal Audit

7.1 Internal Audit (IA) Progress Report (AC14/04/22/03)

At the Chair's invitation, Ms McKeown took members through the detail of the IA Progress Report and advised that all work had been completed for the 2021-22 year with all reports having been presented to the Committee.

She noted that two days had been set aside for IA attendance at the year-end stock-take but, with the continued restrictions, a decision had been taken that IA staff would not attend Stores for the physical count.

Ms McKeown took the Committee through the detail of findings in three IA reports, namely the Management of Medical Devices; IT Cyber Security and Clinical Audit.

(i) Management of Medical Devices

The Committee noted the limited level of assurance in this audit.

Referring to the Management of Medical Devices, Dr Ruddell advised that the Trust had recently appointed Mr Sean Moore as the Trust's Medical Devices Lead. He alluded to the challenges presented in term of tracking equipment for a mobile service such as NIAS and explained that, by its very nature, certain equipment was very often swapped between vehicles. Dr Ruddell explained that the Trust was investigating options for electronic systems for the tracking of equipment. However, he said it would be important to acknowledge the current pressures at station level which impacted upon station management's ability to put in place the necessary processes.

The Chair sought clarification on whether there was a danger that the Trust had equipment which would not be fit for purpose due to its inability to ensure robust tracking of equipment.

Responding, Dr Ruddell said that he had no reason to believe that this was the case.

Mr Ashford acknowledged the difficulties associated with a mobile service in terms of tracking equipment but said that he was concerned that there did not appear to be any tracking of new equipment coming into the Trust.

In response to Mr Ashford's comment re the tracking of newly procured equipment, Ms Keating confirmed that new equipment was already being asset tagged and monitored appropriately through the database. However the issues with keeping the database current remained as the equipment moved around the geography.

Dr Ruddell assured the meeting that the most critical piece of equipment used by crews was the defibrillator and he explained that a servicing schedule/database was in place and operated by the provider on an exchange basis. He was of the view that significant progress had been made since the appointment of the Medical Devices Lead. Dr Ruddell pointed out that the team had determined a plan to address the issue which should be resolved by March 2023 and said that the focus would be on the higher risk safety critical items in the first instance.

The Chair commended the Trust on Mr Moore's appointment and said it would be important to ensure the timeframe identified was sufficient to allow the work to be completed.

Dr Ruddell said that the timeframe identified should allow for completion of this work.

Ms Keating advised that Mr Moore was considering the options to support improvement in this area and had benchmarked this against other UK ambulance services and acute Trusts to understand what might be the optimum option. She added that Mr Moore had also liaised with Pharmacy, ICT, Stores and Fleet colleagues to ensure a joined-up solution.

(ii) IT Cyber Security

The Committee noted the satisfactory level of assurance in this audit.

The Chair commended those involved and welcomed this level of assurance in a difficult area.

Mr Ashford echoed the Chair's comments and noted that there was a need to improve the uptake on cyber security awareness training.

(iii) Clinical Audit

Dr Ruddell advised that he had reported to Trust Board the decision to divert Clinical Safety Officers (CSOs) to provide additional support to the Trust's operational response and thereby reduce the level of clinical audit carried out.

Dr Ruddell described how the implementation of the REACH system would be key and would assist in terms of making data available for clinical audit.

Referring to the management of Controlled Drugs, Dr Ruddell acknowledged that, while local checks were not being carried out on a regular basis, it was clear that the robust underlying processes in place had been successful. He said that he had discussed the issue of Controlled Drugs at length at the Safety Committee and an audit of the entire stock had shown that all Controlled Drugs had been accounted for. However, he said there was a need to make the system even more robust. Dr Ruddell said he hoped this system would reduce the burden on station management in tracking local stock and would reduce the possibility of error.

He said he had found it helpful that IA had identified the issue of tracking and believed that the processes to be introduced would prove beneficial for the organisation.

In response to a question from the Chair as to the timescale identified to address the recommendation, Dr Ruddell explained that a business case would be required. He said it would be important to identify an achievable target and was of the view to extend the timeframe any further might remove focus. Dr Ruddell said he was grateful for Mr Moore's experience in asset management with the NIFRS and acknowledged that it would be a significant project to deliver within the specified timeframe.

Mr Ashford sought further detail around the timeframe for the implementation of the REACH project.

Dr Ruddell explained that, although not fully implemented, REACH was already having an impact in terms of the ability to run limited audits with available data. He briefly summarised the aim of the REACH project and advised that approximately 900 NIAS staff had been trained to date in the use of REACH.

Dr Ruddell advised that the system operated through an electronic tablet used by frontline staff which allowed them to input the necessary patient information. These details are then uploaded at the end of each call. Dr Ruddell explained that the system also allowed crews to electronically refer patients to other services without the need to make telephone calls or write referral letters. The system also allowed staff to access background material in relation to drug management for example as well as providing the mechanism to push communications out to staff directly.

Responding to a question from Mr Ashford as to the timescale for full implementation, Dr Ruddell advised that the vast majority of frontline staff were now trained in its use.

Ms Paterson acknowledged that there were limited conditions by which the Trust was using REACH to record patients' information. She said there was a need to roll this out across all patient acuity levels to ensure the optimum use of the REACH system and said she hoped to overcome these in the next six months. Ms Paterson reminded members that Ms Johnston, REACH Project Manager, had provided an update to the December Trust Board and had given a commitment to return to a future Board meeting to provide members with a further update on its implementation.

The Chair asked that the Committee would revisit this in the autumn with a view to receiving an update on progress against implementation of these recommendations.

Dr Ruddell said that he wished to highlight the work of the Trust's Lead Pharmacist, Ms Catherine Hanna, in addressing a number of IA recommendations. The Chair recognised the value of the introduction of a number of specialist roles whose

subject expertise providing significant assurance to the organisation.

The Internal Audit Progress Report was **NOTED** by the Committee.

7.2 Internal Audit Follow-up Report Year end 2021-22 (AC14/04/22/04)

Mr Charles drew the Committee's attention to the IA Follow-up Report Year end 2021-22 and reminded the meeting that IA undertook an exercise twice each year, ie at mid-year and year end, to follow up on the implementation of accepted outstanding Priority 1 and Priority 2 recommendations where the implementation date had now passed.

At mid-year 2021-22, Internal Audit identified 50 significant recommendations between 2015-16 and 2020-21 that related to findings which resulted in either limited or unacceptable audit assurance. At mid-year follow up, Internal Audit confirmed that 21 of these recommendations were fully implemented. Of the remaining 29 recommendations, Internal Audit confirmed at year end follow up that a further 12 of these had now been implemented (33 in total across the year) with 17 partially implemented. Action remained to be taken in respect of these recommendations, in particular those specific to Patient Care Service, IT Cyber Security and Financial Reviews. Four of these 17 recommendations related to IT Cyber Security and required regional input from across the wider health and social care system.

Mr Charles indicated that action remained to be taken in respect of these recommendations, in particular those specific to Patient Care Services, IT Cyber Security and Financial Reviews.

Mr Charles explained that pages 3-5 of the report set out the status of the recommendations while page 6 provided the current position against those recommendations not yet fully implemented.

Mr Charles took the Committee through the detail of the recommendations as well as the progress update as at March 2022.

The Chair commended the work done by IA colleagues and said the report was comprehensive and informative. He also commended the Chief Executive, Directors and their teams for driving the implementation of the IA recommendations at a time of such pressures on the service.

Mr Bloomfield acknowledged the comprehensive nature of the report and recognised the progress which had been made with 174 (78%) of the outstanding 224 recommendations examined having now been fully implemented; a further 47 (21%) had been partially implemented with three (1%) not yet implemented. He referred to the fact that 78% had been the highest level of implementation in a single year for the Trust and believed this clearly demonstrated the commitment and determination of all involved, particularly given the most difficult operational pressures experienced by the Trust over the last 12 months.

Mr Bloomfield thanked IA colleagues for their willingness to work with Trust officers over the last number of months to implement recommendations. He also thanked the ARAC for the constructive manner in which they had approached this issue.

Mr Ashford welcomed the significant progress made and suggested efforts should now be made to address the small number of long-standing recommendations.

Mr Bloomfield agreed with Mr Ashford's comments and assured the Committee that the Trust would maintain its focus on implementing the recommendations over the coming months. He said that he hoped, by mid-year follow-up, the outstanding recommendations would be fully implemented.

Ms McKeown said that she was conscious the Trust had received a limited assurance over the last two years. However, she said, taking into account performance and follow-up, as well as seeing how the focus in implementing the recommendations had been embedded within the organisation,

she was pleased to advise it was her intention to provide an overall satisfactory level of assurance on the organisation's risk control and governance arrangements for 2021-22.

The Chair was of the view that the constructive approach adopted had proved beneficial and the process had fed into and had justified the satisfactory level of assurance provided by IA. He said that it was his intention to embed some of this best practice into how the Committee operated moving forward.

He asked Mrs Mooney to identify a tentative date in December when the Committee would meet to consider outstanding IA recommendations and said the meeting could be cancelled if not required.

Mr Bloomfield said he very much welcomed Ms McKeown's confirmation of a satisfactory level of assurance and acknowledged that further work was required to maintain momentum in 2022-23.

The Committee **NOTED** the IA Follow-Up Year End Report 2021-22.

7.3 Internal Audit Strategy incorporating the proposed Internal Audit Plan 2020-21 to 2022-23 (AC14/04/22/05)

Ms McKeown presented the IA Audit Plan for 2022-23. She reminded the meeting that, while the Strategy remained unchanged, the Audit Plan was reviewed and refreshed in line with the Trust's Risk Register and discussions at Senior Management Team level. Ms McKeown drew the Committee's attention to page 24 of the Plan which set out the proposed IA assignments for the year and sought the Committee's approval.

Mr Ashford sought assurance from Ms McKeown that she was content the Plan accurately reflected the risk profile of the Trust.

Responding, Ms McKeown confirmed that the cyclical nature of the Plan over a three-year period reflected the risk profile and said she was confident there was appropriate coverage.

The Committee **APPROVED** the IA Plan for 2022-23 on a proposal from Mr Ashford which was seconded by the Committee Chair.

Ms McKeown noted that an element of the process was to have an annual meeting with the DoH Sponsorship Branch and welcomed the opportunity to work through the proposal.

8 External Audit

8.1 To advise on key issues

Mr Knox reminded the Committee that the Trust had received a qualified audit opinion on last year's accounts in relation to the clarification around the liability for unpaid elements of annual leave. He clarified that NIAO had not received any communication from the DoH in relation to this point and he was of the view that it was likely that a similar position would occur in respect of the 2021-22 accounts. He indicated that this position would also apply to other Trusts.

Mr Nicholson advised that there had been regional discussions across the HSC as well as with the DoH. He indicated his opinion that the position would not change and said this had been compounded by the Trust's reliance on overtime with costs increasing in parallel. Mr Nicholson advised that there would be a significant increase on last year's costs.

The Chair reminded the Committee that the issue of materiality had come about as a result of the size of the Trust's budget and said it appeared that the Committee would find itself in a similar position this year.

The Chair referred to the written briefings prepared for the Committee in the previous year setting out the issue as well as the DoH's position on the matter and asked for similar documentation to be provided to the Committee to assist in its decision-making.

Mr Ashford agreed with the Chair's suggestion and said it would be helpful to have this at an early stage.

Mr Knox advised that the current Comptroller and Auditor General would remain in post until July and would consider the qualification of Trust accounts after having taken account of all available information.

The Committee Chair thanked Mr Knox for his update.

9 Information Governance Strategy and Policies (AC14/04/22/06)

At the Chair's invitation, Ms Paterson explained to the meeting that the Policies had been presented to the Trust Board last year and had been subsequently reviewed and enhanced to ensure NIAS was compliant with Data Protection and Information Governance legislation.

She advised that an Information Governance Strategy had been produced to set out the framework to ensure the organisation met its objectives in relation to all Information Governance matters. She added that the Strategy had a supporting action plan from strategic and assurance perspectives and that this plan would be monitored by the Information Governance Assurance Monitoring Group. Ms Paterson indicated that the ARAC would receive regular reports and assurance that the policies had been implemented and how they were being managed within the Trust.

Mr Ashford highlighted a formatting issue within the Confidentiality Code of Conduct policy and Ms Paterson agreed to revisit this. He referred to the specialist elements of the Policy and asked whether the Trust would find it difficult to implement. Mr Ashford also alluded to the potential introduction of Body Worn Video (BWV) and enquired whether this had been taken into account.

Responding, Ms Paterson noted that the Policy had been in existence for some time and said it would be important to review policies and ensure they were in line with best practice. She pointed out that implementation of the policy would be monitored and reported through to the ARAC to demonstrate that the policy was being delivered. Ms Paterson explained that the Key Performance Indicators (KPIs), evidence, assurance and monitoring would allow members to have a holistic view of the approach being taken to implementation.

Ms Paterson reminded the meeting that the Trust was currently undertaking consultation in relation to the introduction of BWV and had just completed a public consultation which had agreed the principle of introducing such equipment. She added that the implications, impact and the risk were now being assessed and work had been taken forward in relation to best practice and procedures adopted by other agencies who used similar equipment.

Ms Paterson advised that, without prejudicing the outcome, the Trust still intended to continue with the next phase of the consultation process around consulting with the public on their views on what was appropriate for the Trust in terms of using cameras to record incidents. She added that, while hopefully this would mitigate against the violence and aggression being perpetrated against staff, it would be important to balance this against the rights of the public as to how their data was used. Ms Paterson acknowledged that, while there were overarching policies, it would be important to allow the consultation processes to take place before associated policies might be reviewed.

The Chair noted the reference in relation to the non-legality of 'common law rights' and said it was his understanding that common law rights were legal but superseded by legislation and Ms Paterson agreed to review this reference.

The following were **APPROVED** on a proposal from the Chair and seconded by Mr Ashford:

- Information Governance Strategy
- Confidentiality Code of Conduct
- Data Protection Impact Assessment Policy
- Data Protection Policy
- Data Protection Rights Procedure
- Data Quality Policy
- Freedom of Information Policy
- Information Asset Policy
- Information Disclosure and Transfer Policy
- Information Governance Policy
- Information Lifecycle Management Policy
- Information Risk Management Policy
- Information Sharing Policy
- PRF Storage Standard Operating Procedure
- Retention and Disposal of Information Schedule

- Safe Haven Policy

10 **Corporate Risk Register (AC14/03/22/07)**

Ms Paterson reminded the meeting that the Corporate Risk Register would be presented at the ARAC to ensure updates were reflected and she invited Ms Keating to present the key points.

Drawing members' attention to the Register, Ms Keating pointed out that there were 24 risks in total, two of which had been categorised as 'Extreme' and three new risks were being presented.

Ms Keating explained that Risk 357 'Hospital Turnaround Times' had initially been contained within risk 453 around the operational impact of Covid-19 and added that consideration had recently been given to escalating this risk to the Corporate Risk Register.

Continuing, Ms Keating advised that a further new risk related to the expiration of the cleaning service contract on 6 May with another new risk relating to the practice placements of BSc (Hons) Paramedic Students from the Ulster University.

Dr Ruddell reminded the meeting that the Ulster University would shortly be the sole route of local training for paramedics with 50 students each year being trained to paramedic level. He said that the BSc course was now the responsibility of the Ulster University to operate and to organise practice placements for students. Dr Ruddell advised that other Trusts had been provided with funding to host students while undertaking hospital and community care placements. However, NIAS had not been provided with any such funding. He said he could only imagine an assumption had been made inaccurately that the Trust's Training Department undertook practice placements. Dr Ruddell clarified that funding for the Training Department had been made on a temporary basis.

Dr Ruddell said that he had flagged the issue to the Ulster University and had also raised it with the DoH. He pointed out that there would be up to 150 paramedic students progressing through training over the next number of years.

Mr Ashford advised that the Safety Committee had discussed this issue at length at its recent meeting and reiterated the fact that other Trusts had received funding to host practice placements while

NIAS, as the organisation hosting a significant proportion of the placements, had not. Mr Ashford emphasised the huge risk attached with this and was of the view that it needed to be addressed. He said that the Trust had no choice in that it was imperative that paramedic training continued in order to provide the workforce required.

Continuing, Mr Ashford agreed that hospital turnaround times should be escalated to the Corporate Risk Register. He said it appeared that a number of handover zones would not be completed until December and was of the view that this Committee or Trust Board could not accept such a delay in the resolution of this issue. He said he would like to see mitigation taking place more quickly.

Mr Bloomfield reminded the meeting that each of the five Trusts had been required to establish handover zones and he clarified that the completion date of December had been set by other Trusts.

Mr Ashford accepted this but suggested that NIAS should express its view that this was not sufficient and progress should be accelerated.

Mr Bloomfield said that he had made it clear at recent Rebuilding Management Board (RMB) meetings that progress had not been effective and a number of handover zones were not yet in place. He explained that the December date reflected the revised date put forward by three Trusts for implementation.

Continuing, Mr Bloomfield advised that Ms Byrne had recently concluded her visits to all Trusts' handover zones and reminded the meeting that HSCB and DoH colleagues had accompanied her on these visits to identify issues on each site. He said that the DoH would now consider the information collated to determine necessary follow-up or action.

Mr Ashford said that he would like the minutes to record his view that it would not be acceptable to wait eight months for the completion of the Trust handover zones.

The Chair suggested that the descriptor of the risk should be elaborated to reflect the fact that hospital turnaround times had been in existence for some time and had had a significant impact. He was of the view that expanding the description would serve to

provide further information as to why the risk had been classified as 'Extreme'. The Chair also suggested including how the risk was being addressed at Committee and Trust Board level.

Ms Paterson agreed with the proposed amendment put forward by the Chair and said there was a need to be more explicit as to the mitigation in place. She pointed out that the risk had initially been opened in May 2018 and agreed it would be important to provide a context.

Ms Keating advised that she would be recommencing Directorate workshops over the coming weeks.

The Committee **NOTED** the Corporate Risk Register.

11 **Corporate Risk Management Policy and Strategy**
(AC14/04/22/08)

At the Chair's invitation, Ms Keating explained that the Corporate Risk Management Policy set out the Trust's approach to the management of risk across the organisation while the Corporate Risk Management Strategy established a framework for the effective and systematic management of risk across NIAS. She added that both the Policy and Strategy formed part of the Trust's internal control and corporate governance arrangements.

Continuing, Ms Keating advised that the documentation had been scheduled for review 2022 with both documents having been updated to reflect the new HM Treasury Orange Book as well as addressing an audit finding around risk appetite and reflecting new governance structures.

Ms Keating took members through the detail of the proposed changes.

Ms Paterson alluded to the offline discussions around best practice and how the ARAC would manage the governance of risk in its totality across the organisation. She said that the discussions with Mr Nicholson, Mrs Mitchell and Ms Keating would consider best practice opportunities with a view to implementing these in practical terms.

The Chair said that, through monitoring, this would feed into his Annual Report.

In response to a question from Mr Ashford in relation to the need to urgently escalate high and extreme risks, Ms Keating drew the Committee's attention to Appendix 2 of the Strategy which set out a flowchart around the recording and escalation of risks.

The Corporate Risk Management Policy and Strategy were **APPROVED** on a proposal from Mr Ashford and seconded by the Chair.

12 **Patient Care Services - update (AC14/04/22/09)**

At the Chair's invitation, Mr Thompson provided a detailed update on the Patient Care Services (PCS) review.

Ms Paterson said that it was hoped that the IA recommendation relating to the review would be closed by December 2022.

In terms of the level of assurance to the ARAC and Trust Board, Mr Thompson undertook to bring a balanced performance scorecard relating to the KPIs so the Committee could be fully briefed on progress.

Mr Ashford thanked Mr Thompson for his comprehensive review and commended all involved in the efforts being made to progress this work. He emphasised the importance of the review and said he looked forward to further updates at the next Committee meeting.

The Chair agreed with Mr Ashford's comments and also commended the progress being made.

Ms Paterson reminded those present that the ARAC was discharged to consider risks and control and ensure these were incorporated into the plan. She referred to the synergy between various pieces of work and said that the work being taken forward also sought to address the recommendations around the Independent Ambulance Service which had received a limited assurance from Internal Audit.

Mr Bloomfield said that the update and papers provided by Mr Thompson clearly supported the approach taken by the Trust in

requesting Internal Audit to undertake a review of PCS. He reminded members of the very specific audit recommendations and suggested that, while the Trust could have addressed each of the recommendations quite quickly, it was more important to ensure the service was transformed. Mr Bloomfield said that he very much hoped the work carried out to date would address the audit recommendations as well as ensuring a more effective and efficient service moving forward.

The Chair commended the approach taken by the Trust and said he looked forward to further updates.

The Committee **NOTED** the PCS update.

13 **Closed Meeting**

At this point in the meeting, NIAS officers withdrew from the meeting to allow Audit Committee members to meet independently with the Internal and External Auditors in a closed session.

Upon return, the Chair advised that there were no action points to be taken forward.

14 **Any Other Business**

There were no items of Any Other Business.

15 **Date, time and venue of next meeting**

The next meeting of the Audit Committee will take place on Thursday 12 May 2022 at 10am (venue and arrangements to be confirmed).

The Committee noted the ARAC dates for 2022-23 as follows:

- Thursday 23 June 2022 (am)
- Thursday 6 October 2022
- Thursday 19 January 2023
- Thursday 30 March 2023

THIS BEING ALL THE BUSINESS, THE CHAIR CLOSED THE MEETING AT 12.55PM

SIGNED: William Abraham

DATE: 12 May 2022



AUDIT AND RISK ASSURANCE COMMITTEE REPORT TO TRUST BOARD

The Audit and Risk Assurance Committee (ARAC) met on Thursday 12 May 2022 and I would like to bring the following issues to the attention of the Board in advance of the formal minutes.

1.	<p><u>Matters Arising From Previous Meeting</u></p> <p>At the Trust Board meeting held on 24 March 2022, I raised a query about the rise of fuel prices and the impact on budgets. This had been a topic of discussion year prior and the responses did not appear to be aligned. As a result, at the Trust Board meeting it was agreed to follow-up the fuel price issue, mitigation strategies, and potential hedging opportunities in the next ARAC meeting etc. Mr Nicholson, Interim Director of Finance, summarised the way fuel was procured by NIAS. Other than some preferential pricing, no fuel hedging or mitigation strategy was in place. It was not clear if this could be considered by NIAS, if NIAS could put in place such a financial hedging instrument, or whether this would be cost effective. It was agreed that Mr Nicholson, would explore if hedging strategies are available with the Department of Health and report back to ARAC with a response as to the availability of fuel hedging generally, whether NIAS could even engage in such, If not who could, and whether there was a cost-benefit at NIAS volumes. It was acknowledged that this would likely be a point for future consideration given the rapid increase in fuel price over the last 12 months.</p>
2.	<p><u>Review of ARAC Best Practice</u></p> <p>ARAC had requested a review of best practice for ARAC to be conducted by Ms Lesley Mitchell, ARAC's Independent Advisor, in order to fulfil the Committee's Terms of Reference in respect of continuous improvement. A review of ARAC best practice within the public sector paper was presented by Ms Mitchell. A number of recommendations for improvement to the functioning of ARAC were made and considered by ARAC. ARAC discussed and implemented many of the recommendations. It was agreed that this review would be conducted on an annual process.</p>



3.	<p><u>Head of Internal Audit (IA) Annual Report for the Year Ended 31 March 2022</u></p> <p>The Head of IA presented her annual report for the year ended 31 March 2022 and advised, among other things, that she had given a Satisfactory Assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.</p> <p>This is an excellent result and ARAC thanked the Internal Audit team for their work and support during the year. ARAC also thanked the NIAS team who worked collaboratively during the year to achieve this result.</p> <p>The Head of Internal Audit conveyed her thanks to the management and staff of NIAS for their high-level engagement with Internal Audit during a very challenging year. The work done by ARAC in achieving this result was also recognised by IA and the Chief Executive.</p>
4.	<p><u>BSO Internal Audit: Shared Services Audit</u></p> <p>The Head of Internal Audit brought a summary of the audit relating to the BSO Shared Services Centres and reported the following assessments:</p> <ul style="list-style-type: none">• Accounts Receivable Shared Services Centre – Satisfactory Assurance;• Payroll Shared Services Centre – Satisfactory Assurance for elementary payroll process and Limited Assurance for a range of issue such as holiday pay and overpayments; and• Recruitment Shared Services Centre – Satisfactory Assurance for processing activity and Limited Assurance for HSC recruitment processes.
5.	<p><u>External Audit</u></p> <p>External Audit advised that the audit on the draft annual report and accounts for the year ended 31 March 2022 has commenced and they noted that the position regarding the treatment of the holiday pay liability by the Trust may become a qualification issue again this year.</p>



6.	<p><u>Draft, Unaudited, Uncertified Consolidated Annual Report and Accounts for the Year Ended 31 March 2022</u></p> <p>The Director of Finance presented the draft annual report and accounts for 2021/22 to the Committee. The Committee noted that it had been a challenging process to complete the annual report and accounts within the agreed timescales given the staffing difficulties within the Finance Directorate. The Committee commended this achievement. The Director of Finance highlighted a number of issues to the Committee as follows:</p> <p>The Trust is reporting a breakeven position of £50k surplus; The Trust is reporting an underspend of £177k against its Capital Resource Limit; The Prompt Payment Target of 95% of invoices to be processed within 30 days was exceeded for the second year running; and The Chief Executive in his role as Accounting Officer has drafted his Governance Statement, however it was noted that this might change during the audit period.</p> <p>The Committee at its next meeting on 23 June 2022 will consider the audit outcome and in due course recommend approval of the annual report and accounts to the Trust Board.</p>
7.	<p><u>Draft, Unaudited, Uncertified Charitable Trust Funds Trustees Annual Report for the Year Ended 31 March 2022</u></p> <p>The Director of Finance presented the draft Charitable Trust Funds Trustees Annual Report and Accounts for 2021/22 to the Committee. It was noted that myself as Chair of the Audit and Risk Assurance Committee would formally sign these accounts once approved by the Board given the Chair of the Trust Board's role on the Charity Commission for NI.</p>
8.	<p><u>Corporate Risk 357 – Ambulance Turnaround Times at Emergency Departments</u></p> <p>An updated Corporate Risk 357 was presented to the Committee and it was agreed that more work is required to scope how other organisations are handling this risk and also how to represent the political aspect of this risk. ARAC requested Lesley Mitchell to prepare a report on this issue in liaison with other stakeholders to present to ARAC at a later meeting.</p>
9.	<p><u>Website and Access</u></p> <p>Work is to be undertaken to update the Trust website.</p>



10. **Feedback from Auditors**

In accordance with best practice, the closed session of the meeting asked the Internal and External Auditors to provide some feedback on the functioning of the Committee over the past year. There is a closed session between the Committee and auditors after each meeting and it was recognised that this was a good initiative and exceeded best practice requirements. It agreed that the closed meetings were useful and were an important opportunity for the Committee to speak independently to the auditors.

Other comments included the noticeable improvement in the attendance of Directors at ARAC meetings and the approach of ARAC during the year to assess progress in respect of implementation of internal audit recommendations.

Submitted By:
William Abraham
Chair of Audit and Risk Assurance Committee



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

PRESENT: Mr D Ashford - Committee Chair
Mr W Abraham - Non Executive Director
Mr T Haslett - Non Executive Director

IN

ATTENDANCE: Mr M Bloomfield - Chief Executive
Ms R Byrne - Director of Operations (joined the meeting at 9.50am)
Ms L Charlton - Director of Quality, Safety & Improvement
Ms M Paterson - Director of Planning, Performance & Corporate Services
Dr N Ruddell - Medical Director
Mr R Sowney - Senior Clinical Adviser
Mrs S Beggs - Office Manager, Chair & Chief Executive's Office
Ms R Finn - Asst Director QSI (Interim)
Mr F Rafferty - EAC Continuous Improvement Manager (for agenda item 12)
Mr C McCracken - Quality & Service Improvement Lead
Ms C Hanna - NIAS Pharmacist (for agenda item 9)

APOLOGIES: Mr P Nicholson - Interim Director of Finance
Mr C Carlin - Boardroom Apprentice

1 Apologies & Opening Remarks

Apologies were noted as above.

The Chair welcomed those present to the meeting and explained that, in Mrs Mooney's absence, the meeting would be recorded to

allow the minutes to be drafted, after which the recording would then be destroyed.

2 **Procedure**

2.1 **Declaration of Potential Conflicts of Interest**

There were no declaration of conflicts of interest.

2.2 **Quorum**

The Chair confirmed the Committee as quorate.

2.3 **Confidentiality of Information**

The Chair emphasised the confidentiality of information.

3 **Previous Minutes (SC07/04/22/01)**

The minutes of the previous meeting on 27 January 2022 had been **APPROVED** by e-mail and presented to the Trust Board meeting on 24 March 2022.

4 **Matters Arising (SC07/04/21/02)**

Members **NOTED** the action list.

The Chair referred to an action seeking clarification on whether the number of staff calls had reduced following the introduction of a new script and invited Mr Sowney to comment.

Mr Sowney referred to the target to reduce routine call volume by 50% and sought further detail on what proportion of the target had been achieved. He asked whether the target was unrealistic or too ambitious and suggested there may have been an opportunity to reset a more realistic target.

Ms Charlton advised that Ms Byrne would be in a position to offer further explanation when she joined the meeting.

The Chair explained that, while he had been unable to meet with other Committee members in relation to the agenda format, they

had had the opportunity to speak by phone to confirm the new format.

The Chair noted that Ms Byrne had joined the meeting and invited her to respond to Mr Sowney's earlier query.

Responding, Ms Byrne advised that she had recently appointed a new temporary Assistant Director within the Control Room and that would be one of the objectives to be set for the year. She indicated that work was being taken forward, in conjunction with Business Intelligence colleagues, in relation to performance, the number of duplicate calls and how these are being managed.

Ms Byrne acknowledged that the 50% target was ambitious and was unsure as to what would be achievable as it would be important to base the target on performance data. She advised that a further meeting had been planned for the coming week to agree the improvement trajectory and said undertook to provide an update at the next meeting.

Mr Sowney advised that he had a number of further queries and would be happy for Ms Byrne to respond to him following the meeting, allowing her the opportunity to gather the information.

The first, he said, related to the allocation by NIAS of Personal Devices to Independent Ambulance providers allowing for calls to be passed electronically throughout the shift, similar to a Digital Trunk Radio (DTR) on a NIAS vehicle and he sought further information around the reduction in the number of calls.

Mr Sowney referred to the Mobile Data Terminal (MDT) which was used on an ad hoc basis during high volume calls and suggested that this might send mixed messages to staff. He suggested that, while staff may experience pressures operationally, they may not necessarily be aware of the pressures being experienced within the Control Room and he queried whether staff could be encouraged to use MDT continuously.

Ms Byrne undertook to respond to Mr Sowney separately on the points he had raised.

The Chair sought further explanation as to why staff should not use MDTs continuously as opposed to only at times of high volume calls.

Ms Byrne acknowledged that there was an education piece to be undertaken with staff to encourage the use of MDT rather than phone lines.

The Chair referred to the new agenda format and said that it now reflected a plan for the year so members would be aware of what would be coming to various meetings. He acknowledged that there would also be scope for other agenda items to be included when required and the new agenda format would provide assurance that the Committee was addressing issues within its remit. The Chair extended his thanks to those involved.

5 **Standing Items:**

(i) **Strategic Review of Clinical Education Update (SC07/04/21/03)**

At the Chair's invitation, Dr Ruddell provided an update on the Strategic Review of Clinical Education. He acknowledged the challenges associated with resourcing the various workstreams but said that progress was still being made. Dr Ruddell explained that there were areas of work which would require permanent appointments. He advised of the new structure for the Education Team and said that job descriptions for key posts within the structure were going through the necessary HR processes for final agreement and recruitment.

Continuing, Dr Ruddell referred to the challenges within the team in terms of delivering training on a day-to-day basis whilst low in numbers.

Dr Ruddell alluded to the formal feedback from AACE on a number of courses run by the Training Team and added that over 700 comments had been received from staff during the recent engagement process. He advised that the Trust had recently received further feedback from an external assessor of the Foundation Degree programme. Dr Ruddell acknowledged that the Trust was already aware of a number of issues, for example ensuring consistency in terms of training, examining and marking

and said that, whilst these had been highlighted in the external assessor's report, the external assessor had also indicated that significant progress had been made in this regard.

Dr Ruddell indicated that there had also been positive feedback from students on recent courses and said that the Chief Executive had also received positive feedback from students. He said that it was clear that culture change and the strategic review were inextricably linked and that a change was starting to permeate through the organisation. Dr Ruddell said he had been encouraged by the positive feedback from courses and the approach of the trainers to students.

Continuing, Dr Ruddell said that, in terms of resourcing, the Trust was at risk of losing people to other posts, for example the Ulster University and other hospitals had been recruiting lecturers and practice placement co-ordinators and were drawing from the NIAS pool of staff in terms of recruitment. He expressed his frustration that hospital Trusts had received funding for these posts while NIAS had not received any funding.

He was of the view that there was a mistaken belief that NIAS had staff to dedicate to the BSc programme in the future when in reality the Trust had only received temporary funding for the Degree courses.

Dr Ruddell reminded the meeting that one of the aims of the project was to be able to recruit Newly Qualified Paramedics (NQPs) and a recruitment exercise was currently underway. He added that these were qualified paramedics who had undertaken their training elsewhere. Dr Ruddell advised that the Trust would not be able to take all applicants as it would not be in a position to mentor them all within current resources. He welcomed the fact that there had been such positive interest in joining NIAS.

Dr Ruddell commented on the direct entry to the BSc programme from the EMT cohort and said he expected the recruitment exercise to commence in the coming weeks. He explained that successful applicants would be allowed to join the second year of the BSc programme currently underway, to have their course fees paid as well as continuing to receive NIAS remuneration. Dr Ruddell advised that, as it was a University course, the Ulster University was operating the selection process with interviews taking place around

the start of May. He added that NIAS would also be represented in the selection process.

Concluding his update, Dr Ruddell pointed out that, while the approach to the Strategic Review had included managing some issues on a 'fix it as you find it' basis, the most significant challenge remained one of capacity to address the longer term plans. He acknowledged that having permanent resources would assist significantly.

The Chair thanked Dr Ruddell for his update. He alluded to the risk identified around the driving instructors and said that the mitigation was unclear. A further issue raised by the Chair related to the potential for EMTs to join the second year of the BSc programme and the possibility that this would leave the Trust with a shortfall in EMTs.

Responding to the issues raised by the Chair, Dr Ruddell clarified that it had not been intended to include driving within the original remit of the Education Review but that the need to do so had been identified in the early stages of the Review. He acknowledged the importance of ensuring the appropriate driver training structures were in place.

Dr Ruddell also alluded to the scheduling of this type of training and to the potential introduction of legislation already introduced in the rest of the UK relating to emergency driving requirements and the need to ensure skills were valid and updated on an ongoing basis. Dr Ruddell was of the view that this would become a significant piece of work in its own right which would likely require a significant business case to be developed and implemented. He added that the Trust had already engaged with AACE to progress this work.

Responding to the Chair's query around a potential shortfall of EMTs due to moving to the BSc programme, Dr Ruddell advised that only ten places were available. He said it would be important for staff to have this route of development and welcomed this gateway for EMTs to train to become paramedics. He clarified that ten places were available to EMTs to join the existing 40 students on the second year of the current BSc course and said that funding for this had been developed with the DoH to allow it to be ongoing. Dr Ruddell acknowledged that there would be a need to backfill the ten successful EMT posts.

The Chair invited other questions from attendees.

Mr Sowney thanked Dr Ruddell for the additional information which had been shared with the Committee and said he had found this helpful.

Mr Sowney commented on the positive and helpful responses to the stakeholder survey which, he believed, would assist in identifying the issues as well as assisting in steering the review.

Mr Sowney asked whether any target start dates or completion dates had been identified in relation to Workstreams 1 and 2.

In response, Dr Ruddell clarified that changes had already been made in terms of the feedback received from recent courses in terms of, for example, consistency between different people delivering sessions and the assessment.

Dr Ruddell said it was intended that the feedback would be examined in detail with a view to distilling this into themes, thus allowing a comprehensive analysis of the comments received. He accepted that it would take time and resources to deliver on all. He cited the example of the Digital Co-ordinator who would be responsible for managing all the digital training materials which will be used to make the training more accessible and said that this post was funded on a temporary basis.

Dr Ruddell said that, in recent meetings with the Trust's Finance Team, it had been possible to identify funding which would allow this work to commence but acknowledged that, until the team structure had been put in place, challenges would continue.

Mr Sowney referred to the objective to formalise an action plan and commence delivery and acknowledged that, while aspects of the review could be commenced, there was no date identified for the formalisation of a plan.

Dr Ruddell confirmed that there was an action plan which was challenging to deliver upon in light of the lack of resources. He undertook to bring this to the next meeting and forward it to members in the interim. He said that he had been encouraged that the feedback had not differed significantly from the changes that the

Trust had wished to make in terms of the accessibility of training and the consistency of training for example.

Mr Sowney referred to the Practice Placement Co-ordinator post and asked whether the post had been filled. He also sought clarification around the linkages with this role and the Practice Educators in each of the five Trusts.

Responding, Dr Ruddell confirmed that the Trust had a temporary Practice Placement Co-ordinator. He referred to the potential for other Trusts or the University to attract NIAS staff to the Practice Educator posts. He reminded the meeting that, with the exception of NIAS, Trusts had received funding to put in place Practice Placement Co-ordinators and he expressed his frustration at the fact that NIAS had not received any funding.

Dr Ruddell said that it had been made clear in recent meetings with the DoH that the NIAS Training Team was temporarily funded and was dedicated to the Degree programmes. He pointed out that it would be important for the Clinical Safety Officers (CSOs) to revert to their original duties.

The Chair acknowledged Dr Ruddell's frustration and asked whether there were any steps the Trust could take to resolve this matter.

Dr Ruddell referred to discussions with DoH representatives and said he had taken the opportunity to challenge the misconception that NIAS had a huge team of staff to support this area of work. He said that Mr Sinclair, Assistant Clinical Director, had also continued to meet with DoH and AHP representatives to discuss the matter. Dr Ruddell added that Mr Bloomfield had also offered to raise the issue with the DoH Chief Nursing Officer.

Mr Bloomfield pointed out that the Chief Nursing Officer had only recently taken up post and he was of the view that she would rely on the views of those DoH officials with whom Dr Ruddell and Mr Sinclair were currently liaising. However, he said that he still intended to write to the Chief Nursing Officer to set out the NIAS position on this matter.

Continuing, Mr Bloomfield referred to the meeting with the Permanent Secretary and said that, while Directors had identified a

number of issues for discussion, the future of the workforce and the training of the workforce were very much linked to the issue of CRM funding and an issue which warranted discussion with the Permanent Secretary.

Mr Bloomfield referred to the risk to the Trust in not being able to deliver the practice placements to the level of quality required and said that that could potentially threaten the BSc programme which would be unacceptable. He said he imagined the DoH response would focus on the fact that there was no funding available and believed that the onus would be on NIAS to identify a pragmatic solution.

Dr Ruddell commented that the Trust was due to have the first students joining PCS in May and he clarified that students would not be on emergency ambulances until later in the BSc programme but said it would be important to have the processes in place. Dr Ruddell informed the Committee of recent correspondence from the Belfast Trust advising the Ulster University that it intended to appoint a Practice Placement but would not be in a position to do so until September. He acknowledged that, while this was a matter between the Belfast Trust and the University, he again expressed his frustration that funding had been made available to other Trusts for these posts. Dr Ruddell referred to the fact that NIAS would ultimately benefit from these posts and indicated his agreement with Mr Bloomfield's earlier reference to the need for a pragmatic solution.

The Chair explained that he had requested the inclusion of 'identification of risk' as a Standing Item on the agenda as good practice and to ensure that any risks applicable to the work of this Committee were identified. He suggested that the issue of funding for practice placements would be identified as an emerging risk with a view to an update being provided to the next meeting.

Mr Sowney referred to the Section 3 of the update which set out the key risks in relation to inadequate NIAS driver training capacity and suggested that there were a number of issues highlighted there as opposed to mitigations.

Dr Ruddell explained that it would be necessary to explore this area as a completely new project and, as such, work was now ongoing to identify potential mitigations. He outlined the current practice of

hiring in vehicles for driver training and said his preference would be to develop in-house training rather than rely on bringing in external instructors. However, he acknowledged the need for financial resourcing to be able to do so. Dr Ruddell said that some benchmarking work had been carried out with other services in terms of developing an in-house training fleet. He added that there was time now within the training timelines to develop in-house driving instructors and AACE would also provide support and guidance in this regard.

Continuing, Mr Sowney referred to page 5 of the AACE report and asked if the Learning Development Plan had been approved by the Trust.

In response, Dr Ruddell explained that the Learning Development Plan set out the Trust's intention for training over the subsequent year. He advised that Internal Audit had recently reviewed the education element and had considered the Learning Development Plan as well as the training plan for the year. Dr Ruddell said that, while Internal Audit had felt the plans were comprehensive, Internal Audit had been keen to present the plan in a different way in terms of Key Performance Indicators and RAG rating.

Dr Ruddell explained that the Learning Development Plan set out the training intentions around the Foundation Degree, AAP and ACA training. He pointed out that what had been known previously as Post Proficiency Training was now referred to as Continuing Medical Education and meetings of the Education and Learning Team were held on a monthly basis. Dr Ruddell explained that, at these meetings, stakeholders were given the opportunity to put forward what they felt needed to be included within training going forward.

In response to a question from the Chair, Mr Sowney confirmed that he had a few more queries for Dr Ruddell but said that he would be happy to share these with him offline.

The Chair thanked Dr Ruddell for his detailed update.

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

(ii) Identification of Risk

As referred to earlier, the Chair said that he would like to record the funding of practice placement co-ordinators as an emerging risk and reminded the meeting that an update would be provided at the next meeting.

No other risks were identified at this point in the meeting.

6 Framework Scope and Services Specification Assurances – Quality & Safety Aspects (SC07/04/21/04)

Ms Charlton said she was delighted to advise that, following an expression of interest process for the post of Assistant Director of Quality, Safety and Improvement, Ms Ruth Finn had been appointed on an interim basis and would take up post in the coming days.

She also introduced Mr Conor McCracken, Quality and Service Improvement Lead, to the Committee and explained that Mr McCracken and Mr Sean Maguire would alternate their attendance at the Committee as part of the Trust's Quality and Safety Team.

Ms Charlton provided the Committee with a detailed update on the actions taken to strengthen Trust assurances taking account of compliance, monitoring and assurance of the quality and safety aspects of the Non-Emergency Framework for Independent Ambulance Services.

Referring to the Framework, Ms Charlton confirmed that it was a regional Framework where all Trusts were clients. She added that the Framework should be reviewed two years from its commencement date, however there was a discretionary extension of 24 months which was now being explored in further detail by the Regional Working Group, on which NIAS was represented, with a view to refreshing the Framework.

Ms Charlton advised that there were seven contractors on the Framework which the Trust could engage with during the duration of the Framework. She said the Trust wished to work with contractors collaboratively and support them and outlined to the Committee the various aspects of the Framework review. These included

performance in relation to KPIs; total value/volume of business transacted; utilisation and cancellations and safety and quality.

Ms Charlton indicated that, while she would focus today on the safety and quality aspects within the remit of the Safety Committee, it was worth noting that there were KPIs which would be reviewed for the next contract or Framework arrangement as well as performance indicators which looked at areas such as volume, utilisation and cancellation and financial aspects looking at areas such as transactions, price and price amendment, invoicing and unpaid invoice. She added that this information would be considered by other Trust Committees.

Continuing, Ms Charlton described the areas which would be examined as part of the regular review meetings held with contractors. She said that these were clearly delineated within the Framework so contractors were aware of what would be expected in terms of monitoring. Ms Charlton explained that the regular review meetings would monitor performance against the Framework as well as discussing what actions and corrective actions might be required.

Ms Charlton pointed out that the Framework also referred to announced and unannounced inspections. She said that the Trust had been able to take significant learning from the Care Quality Commission (CQC) which regulated independent ambulance services in England and which had undertaken a series of 70 inspections.

Continuing, Ms Charlton said that, on the basis of the CQC report, she had requested a meeting with colleagues in the Regulation Quality and Improvement Authority (RQIA) to discuss a perceived regulatory gap. She clarified that the RQIA did not regulate independent ambulance services either in health or outside of health in Northern Ireland due to the legislation that was extant. She advised that RQIA was giving this matter consideration.

Ms Charlton referred to the Internal Audit of the Management of Independent Contractors which had received a limited level of assurance, in particular 'a lack of assurance processes over Independent Ambulance Service contractors in relation to staff and vehicle compliance to required standards...'.

Ms Charlton said that, through collaborative working across many Trust Directorates, an assurance framework had been developed in response to the IA findings. She advised that there had been extensive engagement with independent ambulance service providers and added that the Framework had been shared with them in detail as well as the monitoring templates which would be used at quarterly meetings and during unannounced inspections. Ms Charlton said that providers had had opportunities to comment on the documentation which was in line with the specification.

Referring to the levels of defence, Ms Charlton explained that the Trust wished to have two levels of defence. One where providers would be asked to complete a quarterly assurance template which would provide sign off and it would be recorded electronically as the provider's assurance that they had met the aspects of the Framework. The second level of defence would take the form of unannounced inspections twice a year when Trust officers would complete the monitoring template in respect of safety and quality as well as health and safety aspects to provide assurance that what was confirmed in the quarterly meetings reflected what was found on an unannounced inspection.

Ms Charlton advised that the quarterly monitoring meetings had commenced in December and had been positive to date. She said that the Trust had also taken time to share with providers areas of good practice as well as sharing any tools which providers might find helpful.

She commented that the Trust had also arranged for Mr Des Flannagan, Head of Safeguarding, speak to providers on the expectations of the specification in relation to safeguarding. However, she said it was important to understand the role of the commissioner and pointed out that each provider organisation should have their own expertise internally.

Ms Charlton explained that, at the quarterly meetings, if the Trust identified learning from any independent ambulance service, the Trust would provide the organisation with a learning letter as well as sharing it with all providers in order to share learning.

Ms Charlton advised that the Trust had undertaken one round of unannounced vehicle audits in mid-January and said the findings had been shared with the provider as well as identifying areas for

improvement and a follow-up meeting had taken in place in February. She pointed out that, in respect of one audit, the Trust had been sufficiently concerned to request the provider to remove the vehicle from operation and to make the improvements required in order to meet the standards of care to patients.

Ms Charlton referred to the corrective action template within the Committee papers which set out the actions to be taken in such circumstances.

Ms Charlton alluded to the RQIA Improvement Notice served on the Trust which referred to the Trust having structures and processes to support, review and action the Trust's governance arrangements and undertaking risk assessments. She said that, in developing the specification and Framework, the Trust had been very mindful of some of the learning from RQIA inspections.

She explained that all audits were uploaded onto DOCWorks which had the functionality to send electronic action plans directly to the service provider as well as storing objective evidence such as photographs. Ms Charlton indicated that the findings were shared with subject experts within NIAS and the team comprising health and safety as well as IPC and NEAC colleagues would undertake the inspections.

Ms Charlton advised that the DOCWorks platform provided a corporate dashboard to allow the Trust strengthen its governance and assurance arrangements. She added that the action plans were reviewed on a quarterly basis or sooner depending on the level of risk and said a further round of unannounced inspections would take place over the coming weeks.

Ms Charlton reported that the Trust had also considered variations to the extant contract and consideration was being given to improvements around wording used. However, she reminded the Committee that this was a regional contract so all clients and Trusts would have to be in agreement with any proposed changes.

She said that it had been helpful to review the processes involved because, as the Trust approached a new contract award process, the wording within the Framework would be explicit so the expectations set out would be very clear.

Ms Charlton clarified that there was the ability within the Framework for independent ambulance providers to sub-contract at times of pressure and staff shortages and said the Trust needed to be very mindful of this. She pointed out that any sub-contracting could only be done with the approval of NIAS or another client so the Trust needed to ensure there were processes in place for providers to seek approval in the first instance.

Ms Charlton said that feedback from providers to date had been positive and she commended Ms Caroline McCabe and Mr Gareth Tumelty who had led on the development of the Framework with assistance from a number of Trust Directorates.

Continuing, Ms Charlton said it would be important to ensure that NIAS was allocated independent ambulance services to calls which were clinically appropriate. She said that she, Dr Ruddell and Ms Audrey Murdoch, SAI Officer, had reviewed an initial sample of the calls being allocated to independent ambulance service providers to ensure there was clinical oversight and acknowledged that further work was needed in this area.

The Chair thanked Ms Charlton for her update and invited questions from members.

The Chair referred to the two levels of defence and the fact that the Trust worked on the 'three levels of defence' and he sought clarification on what the third level might be.

Responding, Ms Charlton explained that ordinarily, the third level of defence would be the regulator. She said it was for this reason that the Trust had met with RQIA to discuss the regulatory gap in Northern Ireland compared to England where the CQC regulated independent ambulance service providers.

The Chair questioned whether Internal Audit could be used in this circumstance.

In response, Ms Charlton pointed out that providers were not a HSC service and therefore would not be covered by Internal Audit. She said that there had been significant learning around independent hospitals and regional frameworks and added that one of the challenges for the independent services was that there would be six clients, ie Trusts.

Ms Charlton indicated that, whilst NIAS was doing what was necessary in terms of assuring quality and safety, other clients using independent ambulance service providers should be doing the same and she was of the view that it would be prudent to adopt a collective approach across the region.

Ms Paterson commented that her colleague Directors of Performance had signposted her to Trust officers who were responsible for the Framework with a view to understanding how the Trusts could collectively optimise and make more effective the overall contract monitoring.

Continuing, she said that Ms Charlton had described the robust approach adopted to the elements of the contract within her remit. She alluded to the aspects of the contract which focussed on clinical safety and said she expected NIAS would triangulate all the various aspects of the contract, including performance and finance, into a more composite approach. Ms Paterson commended the work by Ms Charlton to address the high risk areas in such a short timeframe and stressed the importance of ensuring an organisational approach to the contract and identifying dedication contract management in terms of the third party suppliers.

Mr Sowney thanked Ms Charlton for her comprehensive overview and the information within the papers. He welcomed the quarterly monitoring meetings and unannounced inspections and asked whether they presented a challenges in terms of available resources.

Responding, Ms Charlton acknowledged the learning gained from the first round of inspections. She explained that, due to the comprehensive range of quality and safety aspects, it was considered important to have representation from health and safety, IPC and NEAC involved in the visits and added that a Graduate Intern had also accompanied Mr Tumelty on a number of visits.

She said that, while it was important to ensure the correct expertise within the inspection team, she had taken on board the feedback from providers who felt that the number of those attending the inspection had been extensive. Ms Charlton acknowledged that there were five individuals involved in the last audit and accepted

that this could present challenges as it was not possible to audit every provider in one day.

Ms Charlton advised that NIAS had recently been contacted by the regulator about concerns relating to independent ambulance service providers which had been raised with them and they had asked NIAS to undertake an inspection. She added that this placed additional resource pressures on the Trust and reinforced the regulatory gap as, in normal circumstances, the regulator would carry out an inspection. Ms Charlton said she very much hoped that the process would become more streamlined moving forward and reiterated the fact that DOCWorks allowed the action plan to be developed in an automated way and sent the plan directly to the provider.

Ms Charlton stressed the importance of the quarterly monitoring meetings and said it was likely that further resources would be required.

The Chair welcomed the additional assurances being provided for the Trust through this work.

Mr Sowney asked whether there were any circumstances when Ms Charlton would envisage the Trust agreeing to sub-contracting independent ambulance services.

In response, Ms Charlton confirmed that she was aware of the Trust agreement recently to sub-contracting the service. She acknowledged that one area where the Trust had had to strengthen arrangements was its oversight in ensuring that the sub-contractor met the specification. She explained that, while the specification stated that the contractor who is sub-contracting must ensure the sub-contractor met the specification, she would suggest that the Trust needed to inspect the vehicle/s to be used. Ms Charlton suggested that, on occasions, the organisations being sub-contracted may be much smaller organisations and it would be important to ensure that they had all the arrangements in place.

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

7 Update on the Patient Care Service (PCS) Review
(SC07/04/22/05)

At the Chair's invitation, Ms Byrne drew the Committee's attention to the update on the implementation of the PCS improvement project which was initiated in early February, following the PCS review.

Ms Byrne acknowledged that there had challenges but said that Mr Charlie Thompson, Head of Strategic Transformation, working alongside Mr Nic Daw from the London Ambulance Service, had made great progress on the improvement project which aimed to deliver the key strategic objectives. She pointed out that the project also addressed a number of Internal Audit recommendations.

Ms Byrne referred to the paper which set out the methodology used and said she believed this had given the work real structure and focus. She alluded to the Gant chart within the papers which set out the various phases that would be progressed between February and December 2022.

Continuing, Ms Byrne advised that one risk had been identified within the work relating to access to operational staff to facilitate the improvement project. She explained that the PCS and NEAC were 'lean' structures in terms of staffing and, working with Mr Thompson and Mr Daw to identify the gaps and what would be best placed to provide that additional support.

Ms Byrne reminded the Committee that NEAC was based in the West and efforts had been made to ensure they felt part of the core business. She acknowledged the fast pace of the work and recognised there were some dependencies, for example, in relation to the ongoing CAD procurement work and the HR improvement programme. Ms Byrne said that the summary paper also set out how the Trust would move forward in relation to communication and engagement.

The Chair thanked Ms Byrne for her update. He alluded to the work initially carried out by Mr Wright and sought clarification on how this had informed the work currently underway. The Chair also asked whether consideration had ever been given to privatising the service and what the rationale might be for not doing so.

In response, Ms Byrne explained that the work taken forward by Mr Wright had formed the foundations for the improvement work to be progressed. She advised that Mr Daw, who was currently supporting the project, had been involved in a similar project in the London Ambulance Service so the Trust had been able to avail of learning from that work.

In relation to the Chair's question about privatising the service, Mr Bloomfield clarified that this had not been considered. He reminded the meeting that the PCS review had come about following his request for Internal Audit to audit the service. Mr Bloomfield pointed out that the decision to cease provision of the PCS was not within NIAS' gift and would require a policy decision from the DoH. He said there had been no appetite from either the DoH or the HSCB to change the status quo and he believed that that continued to be the case.

Continuing, Mr Bloomfield said that the Trust's priority should be to make PCS as effective and efficient as possible. He pointed out that the Trust was funded to deliver PCS and said it was his belief and preference that NIAS should continue to do so. He commented that PCS was an intrinsic part of providing necessary transport to hospital for people with needs.

The Chair said that, while the Chief Executive had articulated the reasons as to why privatisation had not been considered, such an explanation appeared to be missing from the documentation. He suggested it would be prudent to have this included as part of the documentation as it was an issue likely to be raised in the future.

Mr Bloomfield agreed with the Chair's suggestion and Ms Byrne undertook to ensure this was reflected in the paperwork moving forward.

Mr Sowney asked whether the review took account of the current dependency on PCS by the A&E service.

Ms Byrne confirmed that this will be reflected. She acknowledged the support provided by PCS to A&E and said that some of this had already moved back to PCS where demand continued.

Mr Haslett commended the ongoing work. He referred to the expected completion date of December 2022 and asked whether the timescale would satisfy Internal Audit.

Responding, Ms Byrne advised that a significant level of information had been provided to Internal Audit to explain the process and the timelines involved. She acknowledged that, while trying to be ambitious, it was also important to be realistic and said that feedback from Internal Audit had been positive. Ms Byrne said she was unsure as to whether Internal Audit would revise the current level of assurance.

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

8 **Surge Response Late Finishes – Category 2 Calls Derogation List (SC07/04/22/06)**

At the Chair's invitation, Dr Ruddell advised that this was one of measures the Trust was taking to try to mitigate against pressures on our crews, particularly those crews who have to wait considerable periods of time at EDs and working many hours past the end of their shift. Dr Ruddell explained that, as well as these crews being retained beyond their end of shift, they were lost to the service the following day due to the need for compensatory rest, resulting in dropped cover.

Dr Ruddell said that the Trust had examined the calls an oncoming crew might be dispatched to as there were very often calls waiting when crews booked on for shift in the morning to determine what the potential was for crews to relieve their colleagues at ED. He said that he had been clear at Trust Board that there was clinical risk associated with this approach.

In determining this approach, Dr Ruddell pointed out that all Cat 1 calls were protected and that crews would be dispatched to these immediately. However, he said that the Trust had examined all Cat 2 calls to determine whether there were time critical/time sensitive elements and he cited the example of a patient who had suffered a heart attack and needed to be taken to the cath lab within 90 minutes or a patient who had suffered a stroke and needed to receive blood clot busting treatment.

Continuing, Dr Ruddell explained that a protected list of Category 2 calls had been produced for which it would not be possible to delay a response and oncoming crews would be dispatched to these calls and crews at ED would have to wait to be relieved.

Dr Ruddell acknowledged that the situation was not ideal and reiterated his comments made at Trust Board that there was potential for medico legal challenge if a response to a Cat 2 call was delayed knowingly and there was a poor outcome for that patient.

Dr Ruddell acknowledged that the introduction of the derogation list had resulted in better cover and the Trust's overall response to calls had improved as a result, notwithstanding the staff welfare issues.

Dr Ruddell said that, from an assurance perspective, every call to which this process had been applied had been reviewed on a weekly basis. He advised that there had not been any adverse outcomes or effects on patients as a result and added that the numbers involved were not huge with the maximum numbers of calls being subjected to this process being 11 in one week. He said that the call delays had ranged from a few minutes to an excess of an hour.

Dr Ruddell also pointed out that there had been no suggestion of any adverse effect either from the notes of the calls or the computer system nor had any of them been flagged up as an Untoward Incident or a Serious Adverse Incident.

Dr Ruddell expressed his continuing concern at having to use this process and knowingly delaying the response to certain Cat 2 calls. However he said that the process had been introduced with a view to improving the community response.

Continuing, Dr Ruddell advised that other ambulance services in England were experiencing longer delays to Cat 2 calls due to the pressures caused by delays outside EDs.

He said that he hoped he had provided some assurance to the Committee about the management and review of the process with a focus on safety. He advised that, on reflection, the process had been amended to remove the delay in response to calls about children as well as revising very slightly the code set which was used to delay calls.

The Chair welcomed Dr Ruddell's explanation of the process and said he understood why it had been introduced. He sought clarification on whether the Trust was legally obliged to respond as quickly as possible to calls.

Dr Ruddell said it was his understanding that the Trust had a statutory duty to respond but that there was nothing legally binding in terms of the timescales involved. However there were national standards for anticipated response times against which the Trust could be measured. He pointed out that those crews delayed at EDs were in reality not on duty as they had gone past their finishing time by four hours and, in some cases, in excess of this.

Dr Ruddell pointed out that the Trust did have the ability to release staff from EDs to respond to Cat 1 calls and worked with other Trusts to ensure this was the case.

Mr Bloomfield said he very much appreciated the concern expressed by Dr Ruddell around the necessity to introduce such a process. He acknowledged the recent media coverage relating to NIAS' delays to calls and said that the Trust currently had delayed responses to Cat 2 on a continuing basis. Mr Bloomfield also acknowledged the potential of medical legal cases in the event a patient did not get the response he/she could have otherwise had.

However, he drew the Committee's attention to page 1 of the paper which alluded to the fact that crews were very often working hours past the end of their shift. He said that this was the overwhelming justification for the introduction of this process in that staff had fulfilled their shift and were entitled to go home. Mr Bloomfield also pointed out that it was important that staff rested after busy shifts as the longer they remained on duty, the greater the risk to patients and themselves. He added that, on a longer term basis, the repeated incidence of delayed shift after shift could have a significant detrimental effect on staff health and wellbeing.

Mr Bloomfield stressed the importance of continuing to review those calls for which there had been a delayed response.

Mr Haslett commented that the general public tended not to distinguish between Cat 1 and Cat 2 calls. He referred to the derogation list and sought clarification around the point at which

Emergency Ambulance Control (EAC) would suggest the need for family to transport a patient directly to hospital rather than wait an ambulance response.

At Dr Ruddell's request, Mr Rafferty reminded the meeting that the call-takers in EAC were non-clinical staff and he explained in the detail the scripts used to prioritise calls. He advised that, at times of demand, there were a number of Medical Director approved scripts to advise the caller that there would be a delay in response and asking whether they could make their own way to hospital. Mr Rafferty advised that the Trust could not insist on a patient making their own way to hospital but could only advise the patient of the Estimated Time of Arrival for the ambulance for the category of call.

Continuing, Mr Rafferty explained that there were clinicians present in the EAC in terms of the Clinical Safety Desk as well as paramedics and hopefully nurses moving forward. He said that these individuals could use their clinical autonomy to advise the patient to make their own way to ED given the non-availability of ambulance resources.

Mr Haslett thanked Mr Rafferty for his explanation and emphasised the complexity involved. He said he was aware of the scripts and algorithms used by the call-takers but added that the allocation of the call also depended very much on the information being given by the caller who were often in panic.

Dr Ruddell said that the service recognised the likelihood that those calling for an ambulance were often upset and explained that huge effort had been made in ensuring the questions posed by the call-takers were straightforward. He clarified that there was a separate process for medical professionals who called. Dr Ruddell commended the call-takers who guided callers through the process to get the right answers to allow them determine the condition of the patient.

Mr Sowney suggested that it would be helpful to compare the amount of compensatory rest 'saved' against the Trust's ability to respond to calls which would assist in setting out the Trust's rationale in introducing the derogation list. He acknowledged Dr Ruddell's position as the Trust's Medical Director and his fundamental desire not to have had to introduce a derogation list in

the first instance. However, he said that he would view the crews delayed at EDs as being replaced by crews on active calls.

Responding to Mr Sowney's suggestion, Dr Ruddell commended the Information Team on the development of a monitoring dashboard for late finishes – Cat 2 Held Calls which he shared with members showing each call that had been subject to the derogation list by Division. He acknowledged that further work was required to refine the information even further.

Mr Sowney sought clarification on whether the derogation had been rolled out to all areas and whether there was scope for further areas to be included on the derogation list.

In response, Dr Ruddell confirmed that, while derogation was operational across all Divisions, it was variable in that some Divisions were more effective in turning ambulances around at EDs. He advised that some Divisions were trialling other initiatives to improve turnaround times such as changing shift change-over times.

Continuing, Dr Ruddell advised that the derogation list was constantly under review. He indicated that the Trust had actually reduced the number of areas where responses would be delayed and said that he did not envisage an expansion of the derogation list.

Mr Bloomfield suggested that it would be helpful for the Committee to see the impact of the derogation list on the number and duration of late finishes for staff and said that the Trust's Information Team might be able to produce this.

The Committee **NOTED** the Surge Response Late Finishes – Category 2 Calls Derogation List as presented by Dr Ruddell.

9 **Medicines Management – Root Cause Analysis (RCA) on NIAS Expired Drug Pack Reporting (SC07/04/22/07)**

Dr Ruddell reminded the Committee of the background to this issue and said that the paper was the Root Cause Analysis the Trust had produced at the request of the DoH Medicines Regulator. He commended Ms Hanna, Lead Pharmacist, on leading this work and

for her work to date in reviewing the Trust's medicines arrangements.

Continuing, Dr Ruddell said that this work had shown that, whilst there were pressures on staff to undertake regular checks and audits, there was a system in place which demonstrated that individual drug packs could be tracked.

Ms Hanna highlighted the key points from the report. She advised that the Trust had a number of expired drug packs in the system and said that this issue had originated from the inability to undertake checks at station level because the Trust was continually at REAP Level 4 as well as station supervisors' time being reduced to allow them undertake frontline operational duties.

She advised the Committee of the Trust's plans to electronically tag all drug packs and the electronic system would flag up any untoward diversions.

Ms Hanna highlighted a risk in that a number of errors had been identified in the drug spreadsheet and acknowledged that further work was required around the management of this spreadsheet in terms of ensuring it was maintained on an ongoing basis.

Ms Hanna confirmed that the DoH had authorised her to be a witness to the destruction of controlled drugs which meant that the Trust could legally destroy drugs if a pack was contaminated. She advised that work was ongoing to put in place procedures around contaminated packs with a view to disseminating these to staff to mitigate against that risk.

Ms Hanna advised that she had also progressed work in relation to establishing a monitoring framework with the Trust's pharmacy provider to monitor the service being received with a view to improvements being made.

The Chair commended Ms Hanna on the comprehensive nature of the report and suggested it would be helpful for any reports coming to the Committee to have numbered paragraphs to assist in the navigation of the documentation.

Mr Bloomfield commended the report and said the detail showed the value of having a Lead Pharmacist in the Trust. He referred to

the proposed actions and sought assurance from Ms Hanna that the pharmacy provider arrangements were sufficiently robust.

Ms Hanna explained that the monitoring arrangements now in place would assist in this regard and the provider would be held to account where necessary. She referred to the Service Level Agreement in place and suggested that this could be revisited should it become necessary.

Ms Charlton extended her thanks to Ms Hanna and said that it was clear from staff on the ground that her work to date was very much appreciated.

Ms Paterson referred to the spreadsheets around the quality and data issues highlighted by Ms Hanna and enquired whether there was any assistance the Trust's Information Team could give in terms of automating the necessary checks around drug packs.

In response, Ms Hanna explained that there would certainly be a role in terms of the paperwork currently used as well as the data collated from REACH as the system moved to a more electronic based system. However she referred to the complexity of the spreadsheets used and the fact that further work was required on the part of the pharmacy provider to ensure they were kept updated. She stressed the importance of looking at a digital solution.

Ms Paterson agreed that there was potential for this work to be supported from a digital and information perspective with a view to making the information more robust from an assurance point of view.

Mr Sowney welcomed Ms Hanna's appointment as Lead Pharmacist and said her appointment had been beneficial to the organisation. He alluded to a number of existing controls, in particular commentary around matching drug records to existing Patient Report Forms (PRFs) and commented that there were occasions on which PRFs could not be located or had been incomplete so it would be prudent not to be assured by this. Mr Sowney also raised an issue relating to handwritten expiry dates.

He said that he had been reassured by the work taken forward by Ms Hanna in relation to establishing a monitoring framework to review the work undertaken by the pharmacy provider and to hold

them to account where necessary through the Service Level Agreement.

Dr Ruddell clarified that the report had been provided to the Medicines Regulator and had been shared with the pharmacy provider. He indicated that the report had identified a number of areas for improvement within the Trust as well as setting out the Trust's plans for improvement.

Referring to the point raised by Mr Sowney in relation to PRFs, Dr Ruddell alluded to the REACH system and said that the move to electronic bag tracking would remove the potential for human error. He said that he looked forward to the full implementation of REACH and indicated that he was keen to move to the technological solution for tracking bags. Dr Ruddell said that Mr Sean Moore, Medical Devices Manager, had had previous experience in this area in terms of asset tracking which potentially had benefits for not just drugs but for equipment across the service.

The Chair welcomed the progress which had been made to date and thanked Ms Hanna for her attendance.

The report was **NOTED** by the Committee.

10 **Serious Adverse Incidents: current position and learning outcomes (SC07/04/22/08)**

Ms Charlton drew the Committee's attention to the SAI report and advised that the position regarding the SAI submission dates had improved slightly with a number of reports now awaiting Director approval before submission to the HSCB within the next week.

Ms Charlton acknowledged the challenges as a result of the continued REAP 4 status and the ability of staff to provide the report and to engage appropriately with families and colleagues.

Ms Charlton referred to Mr Bloomfield and Dr Ruddell's appearance on the Nolan Show on 6 April and said they had articulated very well the challenges being experienced by the service.

The Committee noted that, since April 2021, 29 incidents had been identified as SAIs and notified to the HSCB.

Ms Charlton's presentation provided an overview of the performance against HSCB timelines as well as a summary of deaths associated with SAls including key causal and contributory factors. She outlined the processes followed within the Trust in the consideration of incidents to determine whether they met the SAI criteria. Ms Charlton explained that consideration was also given as to whether incidents met the criteria for Early Alert. She advised that the purpose of an Early Alert notification was to ensure the DoH (and thus the Minister) received prompt and timely details of events which may include potential SAls which may require urgent attention or possible action by the DoH including those of media interest.

She took the Committee through the details of a number of SAls and the learning identified through the review.

Continuing, Ms Charlton highlighted the key findings of the AACE report – Delayed Hospital Handover and Impact Assessment – and said that the Trust was working on an improvement project around the learning and actions related to escalation of the deteriorating patient at EDs.

Ms Charlton referred to work being undertaken with colleagues in EDs around a standardised approach to identifying the most clinically urgent patients on arrival/handover at ED as well as undertaking some work with NIAS staff around the early identification and reporting of the deteriorating patient. This work would also look at the development of a robust standardised process around the escalation processes.

Mr Sowney sought clarification on whether there were any recurring patterns within the SAI themes identified.

In response, Ms Charlton confirmed that there were and explained that further work was planned by the QSI and Risk teams to better understand that was being done around those clinical areas was making a difference. She also pointed out that consideration was being given to how to measure those instances and commented that, while they were few in number, it was clear that there was a theme.

Ms Charlton added that improvements had been made to the reporting processes to the Education and Learning Development Group chaired by Dr Ruddell to better summarise the key themes and where training should focus.

Mr Bloomfield advised that, following the Nolan Show, the DoH had sought confirmation that the Trust Board was aware of the SAls. He said that he intended to advise the DoH that the Trust's Safety Committee regularly received updates on SAls and on those SAls where the outcome is death. He asked if the Committee would be content that such a response would be agreeable.

Committee members agreed to the Chief Executive's proposed response.

Ms Charlton pointed out that, following the IHRD recommendations, Board members would receive a copy of the notification where there is a death associated with a SAI.

The Committee **NOTED** the report.

11 **Complaints and Compliments: current position and learning outcomes (SC07/04/22/09)**

Ms Charlton noted that, while improvements had been made, work remained to be done.

She advised the Committee of the 78% increase in the number of complaints received by the Trust and said that, during the period April 2020-March 2021, 148 complaints had been reported to the Trust while 263 complaints had been received during the same period in 2021-2022.

Ms Charlton indicated that, although there had been an improvement in the number of complaints closed (96% increase for the same period during 2020/21), the Trust continued to experience challenges with performance (25%) against the regional KPI of closure within 20 working days in the context of sustained REAP 4. She reported that the top three themes, as reported to the Committee and Trust Board, remained unchanged and she advised that these were (1) delayed response, (2) staff attitude and behaviour and (3) quality of treatment and care. A 77% increase of recorded compliment for the same period of

2020/21 was noted.

Mr Sowney referred to staff learning from complaints and acknowledged the challenges for such learning to be disseminated given the fact that Clinical Training Officers were supporting frontline operations. He asked if there was any potential for mitigation.

Responding, Ms Charlton advised that, despite the REAP 4 context, the dissemination of learning continued to take place but the issue was around the timeliness of how that took place. She alluded to the anxiety felt by staff during the investigation and review of complaints and SAls. Ms Charlton alluded to the appointment of Mr Johnny Noble as Head of Professional Standards and was of the view that this role would be invaluable in moving forward.

Ms Charlton advised that, given the sustained REAP Level 4, Directorates were currently reviewing the REAP action cards. She said that while REAP 4 dictated that all focus should be placed on the operational response, the Trust had not received any dispensation from the DoH or the HSCB around complaints and SAls.

Ms Charlton said that, while it was important to bear this in mind, what was more important was the need to engage sooner with families. She indicated that the Trust was going to explore this further to ensure engagement was taking place in a more timely way with a view to having thorough and robust family engagement while supporting staff at the same time.

Dr Ruddell said that he wished to recognise the work carried out by Ms Charlton and staff from both her Directorate and the Operations Directorate in relation to family engagement.

The Committee **NOTED** the report.

12 **Control Room Performance – Cat 1 and Cat 2 Improvement Group (SC07/04/22/10)**

At the Chair's invitation, Mr Rafferty provided a comprehensive update around the work being progressed to improve Cat 1 and Cat 2 performance.

Mr Sowney referred to the increase in calls and sought clarification on how much of that increase was due to multiple calls in relation to the same call. He pointed out that the increase in calls was not necessarily transferring in an increase in conveyance to EDs as the activity at EDs from an ambulance perspective had not increased.

Mr Rafferty advised that duplicate calls received by the EAC accounted for approximately one third of the total calls in any given day and he acknowledged the need that, when cancelling duplicate calls, the call back to cancel the call was also counted. He clarified that account was also taken of those calls received to advise EAC that the patient was making their own way to ED.

Mr Sowney said it appeared that the South Eastern Division was the worst performing in terms of Cat 1 and Cat 2 performance and he queried how much of this was due to high levels of sickness and absenteeism which then translated into poor cover or whether it related to the delays experienced at the Ulster Hospital. He noted that the West had the best coverage despite its rurality.

Mr Rafferty said that the West was nearly in line with the ORH projections. He pointed out that cover in the West was generally at 100% or above and advised that this correlated directly to response times in that Division.

Ms Byrne referred to the coterminous pressures between the South Eastern and Belfast Divisions. She advised of a number of work-life balance arrangements which had been put in place on a permanent basis and said that these, alongside the dropped cover, contributed to the challenges cover in the SE Division presented. Ms Byrne emphasised that the Trust did wish to be an employer of choice and said that the focus of work currently being taken forward was to triangulate with a view to ensuring additional resources for that Division.

The Committee **NOTED** the update on Cat 1 and Cat 2 Improvement Group.

13 **Hygiene, Cleanliness and Infection Prevention and Control – Key Performance Indicators: Environmental and Vehicle: 1/4/21 – 28/2/22 (SC07/04/22/11)**

The Committee noted the most recent report as well as the arrangements being put in place for strengthening assurances.

Ms Finn said there was a need to look at aspects of the environmental and vehicle cleanliness in terms of how the Trust wished to deliver this service moving forward. She advised that the Trust was currently developing an Options Appraisal to consider these areas of work.

Ms Finn pointed out that, following approval by the Senior Management Team, work was underway to move the facilities management aspect of work in-house and she referred to the significant complexity of this work which would form part of the overarching Options Appraisal.

The Chair acknowledged that there was still work to do, significant progress had been made in relation to IPC since he had joined the Board.

Ms Charlton referred to the Trust's intention to strengthen the assurance arrangements in this area. She noted the high aggregated compliance levels but said that, when one looked at this at individual station levels, it was clear that further work was required to ensure individual stations met the required compliance levels. Ms Charlton also advised of the intention to introduce independent audit whereby it strengthens the assurance of the audit carried out within individual stations.

Mr Sowney alluded to the reference within the report to the difficulties around the completion of audits in the SE Division and was of the view that there was a trend developing.

Mr Haslett commended the progress made in the area of IPC.

The Committee **NOTED** the Hygiene, Cleanliness and Infection Prevention and Control – Key Performance Indicators:
Environmental and Vehicle: 1/4/21 – 28/2/22.

14 **Date of next meeting**

The next meeting of the Safety Committee will take place on Thursday 9 June 2022 at 9.30am (arrangements to be confirmed).

15 **Any Other Business**

There were no items of Any Other Business.

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



SIGNED: _____

DATE: 28 May 2022

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