



Northern Ireland Ambulance Service
Health and Social Care Trust



TRUST BOARD

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



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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 24 March 2022
For Approval | TB05/05/2022/01 |
| 3 | Matters Arising | TB05/05/2022/02 |
| 4 | Chair's Update
For Noting | No paper |
| 5 | Chief Executive's Update
For Noting | No paper |
| 6 | Association of Ambulance Chief Executives (AACE) Proposed Workplan 2022-23
For Noting | TB05/05/2022/03 |
| 7 | Body Worn Video Project: <ul style="list-style-type: none">Public Consultation Phase 2 – Proposed Deployment Plan
For ApprovalSummary of Staff & Trade Union Consultation
For Noting | TB05/05/2022/04 |
| 8 | Interim Draft Corporate Plan 2022-23
For Noting | TB05/05/2022/05 |
| 9 | Performance Report & Covid-19 Update
For Noting | TB05/05/2022/06 |
| 10 | Finance Report (Month 12)
For Noting | TB05/05/2022/07 |
| 11 | Application of Trust Board Seal
For Noting | No paper |



- 12 Committee Business: TB05/05/2022/08
- People Committee – minutes of meeting on 17 February 2022 and report of meeting on 28 April 2022;
 - Audit & Risk Assurance Committee – minutes of meeting on 3 February and report of meeting on 14 April 2022;
 - Safety Committee – report of meeting on 7 April 2022.
- For Noting**
- 13 Date & venue of next meeting:
Thursday 23 June 2022 at 2pm. Arrangements to be confirmed.
- 14 Any Other Business

TB/05/05/2022/01



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

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

1 **Welcome, Introduction & Apologies**

The Chair noted that apologies had been received from Mr Ashford, Ms Lemon and Ms O'Hara and reminded those present that they should declare any conflicts of interest at the outset or as the meeting progressed.

The meeting was declared as quorate.

The Chair said that she had hoped to be able to hold the Board meeting face-to-face but had decided against this given the context of the continued high incidence of Covid-19 infections.

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

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

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

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

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

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

4 **Chair's Update**

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

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

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

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

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

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

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

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

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

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

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

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

5 **Chief Executive's Update**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Continuing, Ms Charlton drew members' attention to page 82 of the report which set out a summary of SAls. She reminded members that they continued to receive notifications of SAls associated with death and said that family/service user engagement continued. She

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

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

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

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

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

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

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

The Chair welcomed this and commended all involved.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 **Committee Business:**

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

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

13 **Date of Next Meeting**

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

14 **Any Other Business**

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

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

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

SIGNED: _____

DATE: _____

DRAFT

TB/05/05/2022/02



TRUST BOARD – 24 MARCH 2022

		INDIVIDUAL ACTIONING	UPDATE
	PUBLIC		
1	Keep Board updated on NIAS/ NIFRS initiative	MB	Ongoing
2	Update members on plans for graduation ceremonies	MB	Members to be advised when detail is available
3	Prince of Wales Nursing Cadet Scheme – bring a more detailed presentation to future Board meeting	MB	This will be brought to a future Board meeting when more detail is available
4	2021/22 End Year Governance and Accountability Arrangements and Restart of ALB Sponsorship/Governance Activities from 2022/23 – share copy of correspondence with members	CM	e-mailed to members 24/3/22
5	Body Worn Video – further update to be brought to Trust Board in summer 2022	MP	Listed for August Trust Board
6	Corporate Plan: <ul style="list-style-type: none"> determine if any objectives from 2019-20 have been rolled forward into subsequent years and advise Trust Board accordingly; progress Directorate budgets for presentation to future PFOD meeting with a view to describing how budgets are developed; 	MP PN	Update to be provided under agenda item 8 'Draft Corporate Plan 2022- 23' Ongoing
7	Portfolio Delivery Report: <ul style="list-style-type: none"> update on Strategic Workforce Planning programme to be provided to next Board meeting 	MP	Update will be included in the next Portfolio report to come to the June Trust Board



8	Performance report & Covid-19 update: - bring figures to next Trust Board showing rates of re-infection in NIAS against national benchmarking	LC	Update to be provided under Matters Arising
9	Finance report: - issue re the risk of fuel price fluctuation and the impact on budgets – provide update to ARAC Chair if change in position	PN	Position being monitored

TB/05/05/2022/03



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	5 May 2022
Title of paper:	AACE Proposed Workplan 2022/23
Brief summary:	<p>Members will be aware that the Trust has been receiving support from the Association of Ambulance Chief Executives (AACE) for a number of years as we build capacity internally.</p> <p>Martin Flaherty, Managing Director, AACE, will attend the Board meeting to highlight the areas of support provided to NIAS during 2021/22 and outline the proposed areas of support for 2022/23.</p>
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	n/a
Prepared and presented by: Date:	Martin Flaherty, Managing Director, Association of Ambulance Chief Executives 29 April 2022

AACE Proposed Workplan 2022/23

Martin Flaherty OBE, QAM

AACE MD

NIAS Board Meeting

5th May 2022



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES



Northern Ireland Ambulance Service
Health and Social Care Trust



Content

- Provide context and overview of 2021/22 AACE support to NIAS
- Outline proposed support in 2022/23

2021/22 support to NIAS - Overall Context

- 2021/22 was another year dominated by the Covid 19 Pandemic.
- This had a significant impact on the ability to move planned initiatives forward.
- Limited opportunity to visit – majority of support was provided virtually.
- NIAS colleagues were understandably required to focus on the direct day to day challenges for much of the year.
- AACE provided ongoing mentoring support and assisted with planning and delivery as required.

Review of 2021/22

Brief overview of what was achieved

- The work to support NIAS during the 2021/22 year was of a more facilitative and supportive nature as the Trust built internal capacity

Areas where support was provided:

- Field Ops
- Control Services
- HR Directorate
- Education & Training
- PCS Review (additional support agreed during 2021/22)

Overall costs in 2021/22

- Anticipated costs of agreed 2021/22 proposal **£255,000**
- Actual cost for 2021/22 **£236,737**
- The above total includes additional PCS support agreed in-year

Proposed Workplan for 2022/23

- Draft proposal for AACE support in 2022/23 considered by the Trust's SMT.
- Greater emphasis on supporting NIAS colleagues as internal capacity increases.

Areas of proposed support for 2022/23

- Operational Management Restructure
- Operational Performance Improvement
- Review of Emergency Planning function
- EAC and Control Services
- CAD Replacement Project
- PCS review and related change programme
- Other support areas

Anticipated AACE support costs in 2022/23

- We anticipate total costs to be £227,500 plus expenses
- AACE will only charge for the actual time spent on the contract so if the input is reduced, we will adjust the costs accordingly.

Questions

TB/05/05/2022/04



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	5 May 2022
Title of paper:	<p>Body Worn Video Project:</p> <ul style="list-style-type: none"> Public Consultation Phase 2 – Proposed Deployment Plan
Brief summary:	<p>Following a positive response to the first consultation on the 'Principle of the Implementation of Body Worn Video' (summary response provided to Trust Board on the 24th March 2022) the Trust now intends to consult for a second time on how it would proposed to pilot and ultimately deploy the technology. This paper sets out the following:</p> <ul style="list-style-type: none"> Strategic background. Modification of business processes. Assumptions, dependencies, constraints & risks. Planning and design. Communication strategy. Policy, procedures and governance. Pilot and test. Move to business as usual.
Recommendation:	<p>For Approval <input checked="" type="checkbox"/> For Noting <input type="checkbox"/></p>
Previous forum:	<p><i>Equality & PPI Team oversight during March 2022</i> <i>Senior Management Team (SMT) 29 March 2022</i></p>
Prepared and presented by:	<p>Katrina Keating, Risk Manager Maxine Paterson, Director PP&CS</p>
Date:	28 April 2022



Northern Ireland Ambulance Service
Health and Social Care Trust



BODY WORN VIDEO (BWV) PILOT DEPLOYMENT PLAN

1.0 OVERVIEW:

1.1 Purpose:

From 6th December 2021 until the 14th February 2022, the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) consulted on the '*Principle of Introducing Body Worn Video (BWV) for violence prevention and reduction purposes*'. This initial consultation was the first of two phases of the Body Worn Video (BWV) consultation exercise. This first phase of the consultation is now closed and a full summary document can be found on the NIAS website. The Trust is extremely grateful to all of those who took the time to respond.

This second document forms phase two of the consultation, i.e. the Body Worn Video Pilot Deployment Plan. This second phase will once again take ten (10) weeks. The purpose of this document is to set out in more detail, the staged approach by which the Trust will pilot fully functional Body Worn Video Cameras along with the associated hardware, software and ancillaries. The Trust will then make the necessary improvements prior to full implementation. During this second consultation phase piloting, testing and improvement will take place. This plan outlines assumptions, dependencies and constraints along with structures, resources and requirements. It will take a risk management approach throughout.

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) is committed to consult with and engage service users on its plan to implement Body Worn Video Camera (BWV).

1.2 Strategic Background:

In 2020, NIAS launched its Strategy to Transform 2020-2026, which identified a number of key priorities, and how the Trust intends to transform its service to deliver these and improve the care provided for patients.

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

Over the past year, the Trusts' Violence Prevention and Reduction Group has been developing a supporting strategy to provide the organisation with a range of specific projects and reviews which will drive improvement in staff safety. **One of these projects is the implementation of Body Worn Video (BWV).**

1.3 Business Context:

On average in Northern Ireland there are around 12 acts of aggression against ambulance staff per week (2021/22). These incidents result in members of the organisation being absent through sickness every day of the year, which clearly affects the community as it limits the service that can be provided

The Introduction of Body Worn Video (BWV) intends to address this significant and ever increasing risk to staff from violence and aggression by members of the public by the following:

- The presence of a highly visible camera which acts as a deterrent in itself.
- Through use of the technology, increasing the availability of evidence which could increase more formal interventions such as cautions, fines, community sentences and orders. This in turn should lead to a reduction in the number of assaults on staff.

1.4 Modification of Business Processes:

It is proposed that the following modifications to existing Trust processes are made as part of the Body Worn Video (BWV) pilot:

- Wearing of Body Worn Video Cameras on the uniform of a restricted number of emergency crews.
- Implementation of a software package to manage cameras / footage from the pilot.
- Redesign of incident reporting procedures to include deployment during the pilot.
- Implementation of draft BWV Policy and Standard Operating Procedures (will be refined as the pilot progresses).
- New body worn video camera risk, governance and assurance arrangements (further refined as the pilot progresses).
- Implementation of a communication strategy around BWV (setting out pilot phase and movement towards implementation as appropriate).
- Development of single points of contact for PSNI / PPS etc.
- Introduction of resources associated with the project (ICT, system admin etc.)
- Revised privacy and data protection arrangements (notices and SARs).
- Introduction of associated training packages for all staff (further refined as pilot progresses).
- In due course, the movement of BWV to 'business as usual' arrangements.

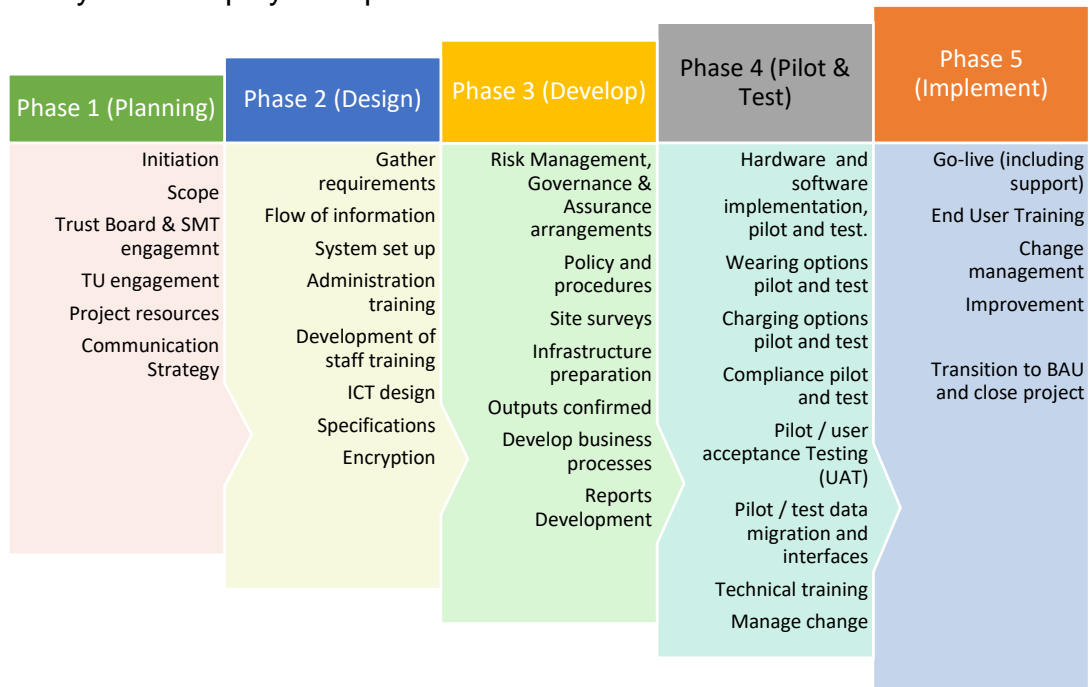
1.5 Project Management Methodology:

PRINCE2 project management methodology will be applied where appropriate in managing the risks and benefits associated with the project, and to date the following documentation is in place:

- A Project Initiation Document (PID).
- Project structure (including Project Board and Project Management Team).
- Project meetings (agenda, notes and action logs available).
- ICT product flow mapping.
- Change management process.
- Risk register and issue log.
- Action logs / timelines etc.

1.6 Summary:

A summary of the deployment plan is as follows:



2.0 ASSUMPTIONS, DEPENDENCIES, CONSTRAINTS & RISKS:

2.1 Assumptions:

- No significant new developments in technology (market research).
- No significant change in direction nationally (monitoring ambulance services).
- No significant change in actual need (monitoring of aggression data).
- No significant change in cost of hardware / software (ongoing market research).

2.2 Dependencies:

- Ongoing Executive and Non-Executive Director support (Strategy agreed).
- Ongoing support from Operational Management structure (ongoing engagement).
- Support from Operational staff to willingly deploy new technology (consultation).
- Operational pressures (release of staff for engagement and training).
- Availability of job descriptions for project roles (under development).
- Suitability of facilities for installation (headquarters and stations)
- Suitability of infrastructure (information and communications technology).
- Supply chain / delivery dates (global supply concerns, global instability etc.).
- Move to business as usual (potentially delivered during Conflict Resolution Training).

2.3 Constraints:

The following constraints have been identified:

- Funding / financial approvals (budget is available up until March 2022).
- Recruitment timelines (Project Lead, Administrative Support and ICT support).
- Technology (ability to integrate BWV technology into NIAS ICT systems).
- Procurement timeline (current well publicised supply chain concerns).
- Demands on Risk Management Team.
- Demands on procurement partners (Procurement Manager, BSO, Finance etc.).
- Compliance with data protection and privacy requirements (DPIA).
- Compliance with statutory requirements (risk assessments / policy development).
- Compliance with contracts and licensing agreements (contract management).

2.4 Risks:

- Service User privacy concerns (policy, procedures, SOPs and training).
- User acceptance / staff privacy concerns (policy, procedures, SOPs and training).
- Function creep (defined scope of use, action taken if outside of scope).
- Evidential data accidentally deleted (policy, procedures, SOPs and training).
- Loss of information / device (encryption in place).
- Timely access requests (Information Team established arrangements in place).
- Failure to adhere to data protection requirements (Trust governance).

A full data protection privacy risk assessment is available within the Data Protection Impact Assessment (available at <http://www.nias.hscni.net>).

3.0 PLANNING:

3.1 Trust Board & Senior Management Engagement:

NIAS Trust Board and Senior Management Team (SMT) have been involved throughout the project. In May 2021 NIAS Senior Management Team (SMT) and Trust Board agreed the Corporate Violence Prevention and Reduction Strategy. In November 2021 SMT and Trust Board were further consulted on the Body Worn Video Public Consultation and were content. In March 2022 SMT and Trust Board will be provided with a consultation summary and proposed BWV Pilot Deployment Plan. Senior Operational Services staff, ICT staff and Information Governance staff are members of the Project Team, and additional Operational Services senior management were provided with a project overview in early March 2022.

3.2 Trade Union Consultation:

NIAS Trade Unions / Staff Representatives etc. have been involved in all stages of the process. NIAS Trade Unions are members of the Violence Prevention & Reduction Group, and were invited to nominate members for the Project Team. Trade Union colleagues are working in partnership with NIAS management on the implementation of BWV in NIAS.

3.3 Project Resources:

The project manager is the Trust Risk Manager. The project is being operationalised by the Trusts newly appointed Violence Reduction Officer. Information and Communications (ICT) support is in place from the ICT Department and project administration is being undertaken by support staff from the Risk Management Team (until the appointment of a project support administrator).

3.4 Communication Strategy:

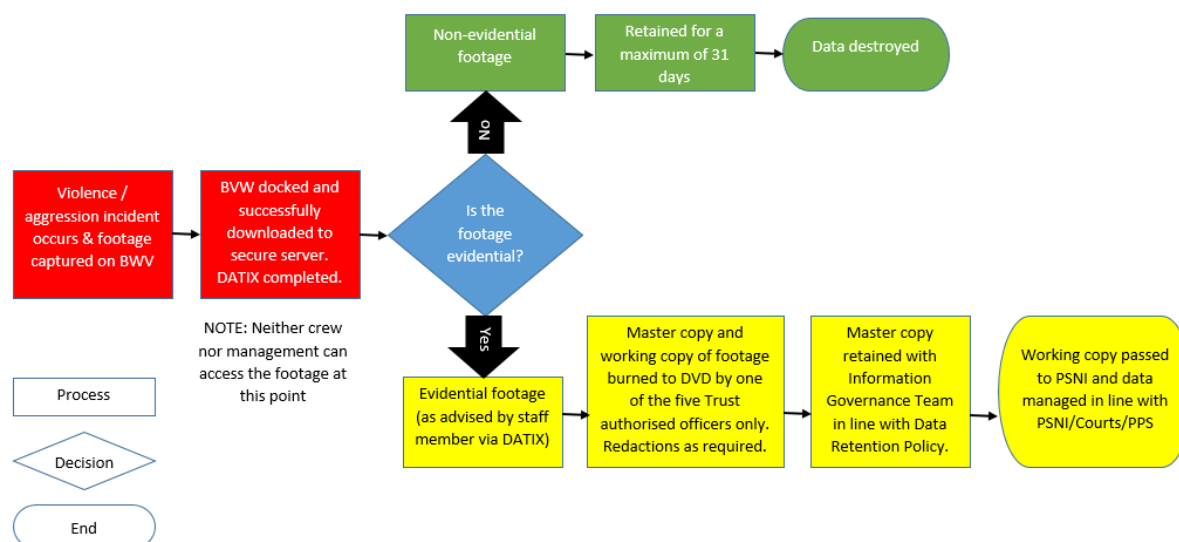
The Body Worn Video Communication Strategy as follows:

- Development of internal webpages (SharePoint).
- Inclusion of associated documentation on JRCALC (app for clinical staff).
- Regular internal email communications.
- Corporate WhatsApp (all staff have been invited to participate).
- Posters for stations (coloured / laminated).
- MDT for short messaging (advising that areas are live etc.).
- Sharing of information from ongoing monthly meetings (agenda, minutes etc.).
- TU consultation at all stages (members of project team).
- Area Manager / Line Management (presentations to Ops Meetings).
- A central BWV email will be set up / monitored by the Risk Management Team.

4.0 DESIGN:

4.1 Flow of Information – Data Captured By Body Worn Video Following An Incident Of Violence / Aggression

Information flow has been considered and agreed as follows.



Please note the following:

- Each device will remain allocated to the staff member for the full duration of the shift and must not be shared with other staff members during this time.
- The device will **only be operated by the staff member if there is a threat of violence and aggression, or actual violence or aggression**, and the situation warrants the activation of the device to start recording.

4.2 System Setup & System Administration Training (Supplier Led):

System Setup and System Administration Training for back office staff including Information Governance and Risk Management staff is planned for March 2022. Training will include the following:

- Introduction to body worn video camera systems software and hardware (overview, login, help etc.).
- Manage video and create incidents (find and review videos, share video, create an incident, find and edit, clip, redact, annotate etc.).
- Manage users (create roles, create groups, create users, assign RFID, disable users, passwords etc.).
- Manage devices (create device profiles, customise charging, remove cameras, update cameras, dock controllers etc.).
- Manage systems (data, storage, bandwidth rules, deletion etc.).
- System reporting (audit logs, system reports and functions).
- Routine maintenance (cleaning, inspection of cameras and docking stations and battery health).

- Troubleshooting (unexpected camera behaviour, errors, swipe failures, space warnings, escalation).

4.3 Design / Pilot / Test of Training Package For Operational Staff (Trust Led):

An eLearning training package has been developed and is being tested at this time by operational staff, Regional Ambulance Clinical Training Centre staff and health and safety colleagues (March 2022). The package includes the following:

- Project background.
- Impact on staff and our community.
- Violence Reduction Group, Strategy and 'Stop the Abuse Now' campaign.
- National and regional arrangements.
- Benefits of body worn video.
- Legal framework.
- General principles.
- How to use the camera (fitting, functions, recording, lights and sounds)
- Health and safety.
- Personal protective equipment (PPE).
- When to record.
- Flow of information.
- How to dock and upload footage.
- Incident reporting.
- Objections or requests to record.
- Digital Evidence Management System (DEMS).
- Loss / theft of device.
- Complaints.

The training will be piloted with a small group of staff April / May 2022 and any required updates made. A copy of the draft training package can be provided on request as it remains under development and is subject to change at this time.

4.4 Camera Specification:

Motorola VB400	
Dimension	68 x 89 x 25 mm
Weight	160g (incl Mount)
Memory Size	64 GB
Video Quality	Full HD recording capability (1920x1080, 25fps) High Resolution (720p, 30fps) currently configured
Battery Life	Up to 12 Hours (less with X-100 attached)
IP rating	IP 67 MIL-STD-810G
Field of view (H)	120 deg horizontal, 65° vertical, 140° diagonal
Secure Footage	AES 256 encryption

4.5 Encryption:

The video will be encrypted during capture on the device to AES 256 standard using a paired key with the Video Manager server (advanced encryption standard). The traffic will then be encrypted in transit to the server over SSL TLS1.2 (secure internet connection with cryptographic protocols). The Video Manager will then decrypt the video upon download (assuming a matched paired key). The video will then subsequently be re-encrypted during transfer to the storage to AES256 in the database.

5.0 DEVELOPMENT:

5.1 Policy, Procedures & Operational Risk Assessment:

A suite of documents have been drafted to be tested during the pilot covering the following areas:

- Purpose and scope, including proportionality, legitimacy and legal basis.
- Roles and responsibilities (including Information Asset Owner).
- Key principles such as:
 - Arrangements for legislative compliance (data protection).

- Governance arrangements (Assurance Groups, Audit & Risk Committee).
- Provision of information, instruction and training.
- Device issue.
- Operational use.
- Signage.
- Incident reporting (use of BWV fields in DATIX).
- Objections to recording.
- Docking / upload.
- Transfer of information.
- Software systems.
- Loss / theft / security.
- Subject access requests and freedom of information.
- Health and safety risks and mitigations.

Drafts of these documents can be provided on request as they remain under development and test and are subject to regular change at this time.

5.2 Governance & Assurance:

Governance around the implementation of body worn video will be as follows:

- Policy, procedures and training prior to issue of BWV devices.
- Staff will be required to sign in agreement with the terms and conditions of use as detailed within this policy and confirm training on the devices.
- On completion of training, each member of staff will be allocated a unique ID card, which will be used to access the radio frequency identification (RFID) reader on the BWV Digital Evidence Management System (DEMS) which will automatically assign a specific BWV device to them (no sharing permitted).
- The DEMS retains an audit trail for each BWV device, recording who it has been assigned to and when the device was returned to the docking station.
- Authorised staff will only be able to access and use the DEMS once they have been trained and setup with a login / password.
- Incidents and arrangements for the management of violence and aggression are overseen by the Violence Prevention & Reduction Group and the Health and Safety Committee (statutory requirement).
- During the pilot phase, arrangements with regards to data protection and privacy will have strict oversight from the Information Governance Group and Informatics Assurance Group. Statistics and information access requests for all of the incidents occurring during the course of the pilot will be presented and reported upon by the Project Manager to ensure adherence to information governance and data protection requirements; improvements will be made as necessary. During the pilot phase each incident will be individually reviewed by the Project Manager and Project Lead, with support from Information Governance as necessary before release.
- Reports will be provide to Audit and Risk Assurance Committee and Trust Board as directed by the agreed committee cycle framework.

5.3 Site Surveys:

With regards to the pilot site, a survey will be conducted of the ambulance station / site to ensure suitable space and ICT infrastructure. The suitability of the following will be assessed:

- Space.
- Storage / shelving etc.
- Data points.
- Electrical outlets.
- Requirement for changes (additional services / ducting etc.).

A proposed layout will be developed and discussed / agreed with local operational management and ICT.

In the event of the successful completion of the pilot phase, further surveys will take place.

5.4 Infrastructure Preparation:

Arrangements will be made centrally to build the necessary server space with specifications define by suppliers.

A review of ID badges will be undertaken to determine suitability with regards to the implementation of RFID / Programmable ID Badges.

Installation of pilot equipment and associated software is planned for March 2022. In the event of the successful completion of the pilot phase, further infrastructure preparation will take place.

5.5 Anticipated Outputs (Pilot & Full Implementation):

The pilot phase of the body worn video implementation will require around 21 cameras with stickers and fixings, two docking stations, two dock controllers and one RFID reader.

For the full implementation of the cameras the outputs will likely be as follows:

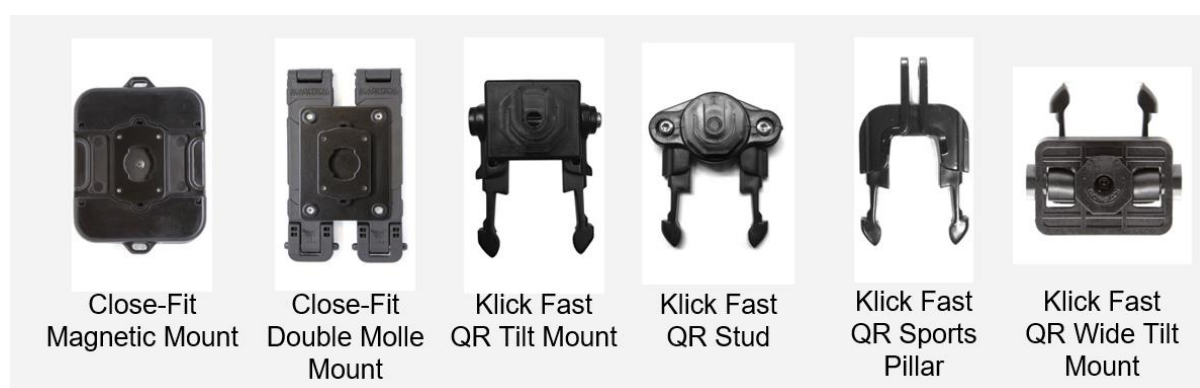
- 450 Body Worn Video devices (portable, lightweight, record audio etc.).
- 33 Docking Stations (to house / charge / dock cameras).
- 33 Dock Controllers (Ethernet connection to communicate with the server).
- 44 RFID Readers (for camera assignment – connects to Dock Controller).
- Digital Evidence and Asset Management Software and associated licensing.
- 450 ancillary items (fixings and harnesses for mounting cameras to uniforms).
- Stickers to affix to cameras (advise others of the potential for recording).

6.0 **TEST:**

6.1 Evaluation of Wearing Options:

There are a number of ways to attach the camera to the body / uniform. A selection of these attachments will be procured for the pilot and for ongoing user acceptance testing. Options are as follows:

- Magnetic mounts.
- Radio loops.
- Epaulette doc.
- Shoulder harness.
- 4 point chest harness.
- Belt loop.
- Crocodile clip (see picture below for further information).



6.2 Evaluation of Charging Options:

The pilot will consider battery life. Testing will take place with charging options under evaluation as follows:

- In vehicle.
- On site.

6.3 Evaluation of Adherence to Policy / Procedures:

During the pilot, adherence to policy, procedures and training will be assessed. Information governance audits will be conducted (with the support of the Information Governance Team) and any remedial action taken.

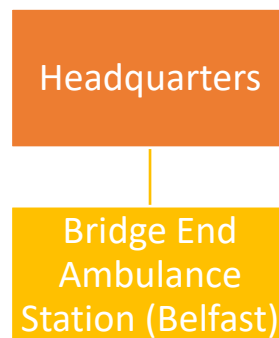
Action will be taken by the Risk Management Team / Information Team to ensure learning for staff either not deploying cameras correctly and / or gathering footage inappropriately. Policies / procedures will be reviewed / updated as necessary.

6.4 Proposed Deployment for Pilot & User Acceptance Testing (UAT):

Proposed deployment for pilot and user acceptance will be as follows:

- Pilot User Acceptance Testing Phase 1 – NIAS Headquarters (March 2022).

- Pilot User Acceptance Testing Phase 2 – One Belfast Area Ambulance Station (Bridge End). During the course of the second phase of the consultation, i.e. April / May 2022.



6.4.1 *Deployment Rationale for Pilot & User Acceptance Testing (UAT):*

Pilot User Acceptance Testing Phase 1 – NIAS Headquarters – initial piloting and testing will take place in Trust Headquarters in order to ensure all hardware and software has been installed and is working correctly (March 2022).

Pilot User Acceptance Testing Phase 2 – One Belfast Area Ambulance Station (Bridge End) – a review has taken place with regards to the best location for a pilot to be conducted (during the course of the second phase of the consultation, i.e. April / May 2022).

The Bridge Ambulance Station in Belfast has been selected for the following reasons:

- Staff are engaged and have asked to be involved.
- Station management are engaged and are keen to lead the way due to the current levels of violence and aggression in their division.
- 60% off incidents of violence and aggression occur in Belfast which will enable incidents to be captured and learning to take place quickly (use of other stations / divisions may delay the project).
- Suitable infrastructure already in place.
- Geographically favourable with regards to support from the Information Communications and Technology Team and the Risk Management Team.

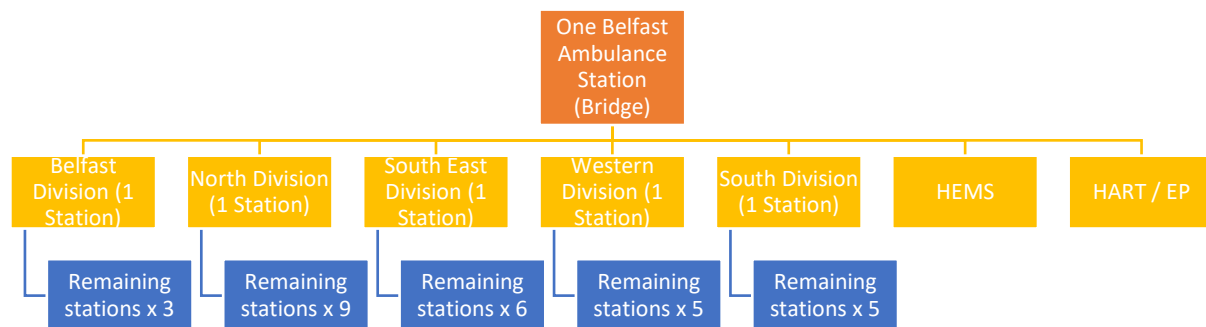
7.0 **IMPLEMENTATION:**

7.1 Go Live Decision:

A decision on 'go live' will be taken on completion of this second consultation phase (i.e. end of May 2022). This will involve a positive affirmation of the above two phases of user acceptance testing, along with confirmation of suitability of, and compliance with, data protection and privacy arrangements. Updates / improvements will be made to policies, procedures and training as necessary during the consultation.

Further deployment will then be as follows:

1. One station in each division
2. Across five divisions, 4-10 stations in each division.



Cameras and docking stations will be allocated at station level.

A review of emergency crew staffing levels will take place to ensure appropriate allocation. Peripatetic staff will be allocated to the nearest station (for example Hospital Ambulance Liaison Officers).

7.2 Contract Management:

Equipment / supplier performance will be monitored through regular contract management meetings with suppliers.

Additional work will be undertaken to establish the necessary schedules dealing with supplier Key Performance Indicators (KPIs).

7.3 Business As Usual:

Movement of training to business as usual (presentation of requirements during Trust Education Learning and Development Meeting in March 2022). Assistant Director of Education Learning & Development present.



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	5 May 2022
Title of paper:	Body Worn Video Project – Summary of Staff & Trade Union Consultation
Brief summary:	<p>To complement the previous paper (Body Worn Video Consultation Phase 2 – Proposed Deployment Plan), this paper sets out in detail a summary of staff and Trade Union consultation. Consultation on health and safety is as statutory requirement; this paper sets out the following:</p> <ul style="list-style-type: none">• Legal basis for consultation.• How NIAS has complied with the requirements.• Recognised Trade Unions.• Statutory Safety Committees.• Staff not covered by Trade Unions.• Development of Policy, Procedures & Training.• BWV Staff Advocates.• Communication Strategy.
Recommendation:	For Approval <input type="checkbox"/> For Noting <input checked="" type="checkbox"/>
Previous forum:	<i>Senior Management Team (SMT) via email 28 April 2022</i>
Prepared and presented by: Date:	Katrina Keating, Risk Manager Maxine Paterson, Director PP&CS 28 April 2022



Northern Ireland Ambulance Service
Health and Social Care Trust



BODY WORN VIDEO (BWV) PROJECT

SUMMARY OF STAFF & TRADE UNION CONSULTATION

1.0 INTRODUCTION:

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) has a legal duty to consult with employees, or their representatives, on health and safety matters.

NIAS has been working in partnership with Trade Union colleagues and staff across the organisation for more than three years on the Violence Prevention & Reduction Strategy and its associated projects (awareness / media campaign, body armour, body worn video project etc.).

Sadly incidents of violence and aggression towards staff have risen once again during 2021/22 to 688 incidents (up from 629 incidents in 2020/21). The Trust has seen a doubling of incidents involving weapons since 2018 and increasing incidents of an extremely sexually aggressive nature.

2.0 LEGAL REQUIREMENT FOR CONSULTATION:

By law, NIAS as an employer must consult its employees on health and safety matters. The applicable legislation is as follows:

- The Safety Representatives and Safety Committees Regulations (Northern Ireland) (SRSCR) 1979.
- The Health and Safety (Consultation with Employees) Regulations (Northern Ireland) (HSCER) 1996.

Consultation involves NIAS not only giving information to employees but also listening to and taking account of what employees say before they make any health and safety decisions. Consultation with employees must be carried out on matters to do with their health and safety at work, including:

- Any change which may substantially affect their health and safety at work, for example in procedures, equipment or ways of working.
- The Trust's arrangements for getting competent people to help him or her satisfy health and safety laws.
- The information that employees must be given on the likely risks and dangers arising from their work, measures to reduce or get rid of these risks and what they should do if they have to deal with a risk or danger.
- The planning of health and safety training.
- The health and safety consequences of introducing new technology.



Consulting employees on health and safety

A brief guide to the law



This is a web-friendly version of leaflet HSG205rev2, published 04/13

Introduction

Employers have a duty to consult with their employees, or their representatives, on health and safety matters. This leaflet is aimed at employers and discusses what they need to do to ensure they are complying with the law.

The law sets out how employees must be consulted in different situations and the different choices employers have to make. There are two different regulations that require employers to consult their workforce about health and safety:

- the Safety Representatives and Safety Committees Regulations 1977 (as amended); and
- the Health and Safety (Consultation with Employees) Regulations 1996 (as amended).

These regulations will apply to most workplaces.

In workplaces where the **employer recognises trade unions and trade unions are recognised for collective bargaining purposes**, the Safety Representatives and Safety Committees Regulations 1977 (as amended) will apply.

In workplaces where **employees are not in a trade union and/or the employer does not recognise the trade union, or the trade union does not represent those employees not in the trade union**, the Health and Safety (Consultation with Employees) Regulations 1996 (as amended) will apply.

How the regulations apply

Key to colour-coded material

References to the regulations are colour coded to help you find the parts that are most relevant to you.

- The Safety Representatives and Safety Committees Regulations 1977.
- The Health and Safety (Consultation with Employees) Regulations 1996.

Depending on the circumstances within your workplace, you may only have to consult under one set of regulations, or you may have to consult under both.

Where you already have existing consultation arrangements that satisfy health and safety law, there is no requirement to change them. However, you may want to review your arrangements on a regular basis to make sure that they continue to work for your organisation.

This leaflet uses the term "health and safety representative" to apply to representatives under both sets of regulations.

3.0 HOW HAS NIAS COMPLIED WITH THE LEGAL REQUIREMENT FOR CONSULTATION?

3.1. The Safety Representatives and Safety Committees Regulations (Northern Ireland) (SRSCR) 1979:

In compliance with the above legislation, NIAS recognises a total of four Trade Unions (UNISON, NIPSA, UNITE and GMB). These Trade Unions have appointed, safety representatives under the SRSCR who participate in the various committee meetings (a full list of named representatives and committee memberships is available from the Risk Manager).

NIAS must consult those safety representatives on matters affecting the group or groups of employees they represent. Representatives receive the necessary training, pay, time off and appropriate help and facilities so they can carry out their role. Under the SRSCR the roles of Trade Union safety representatives are:

- To investigate possible dangers at work, the causes of accidents there and general complaints by employees on health and safety and welfare issues and to take these matters up with the employer.
- To carry out inspections of the workplace particularly following accidents, diseases or other events.
- To represent employees in discussions with health and safety inspectors and to receive information from those inspectors.
- To go to meetings of safety committees.

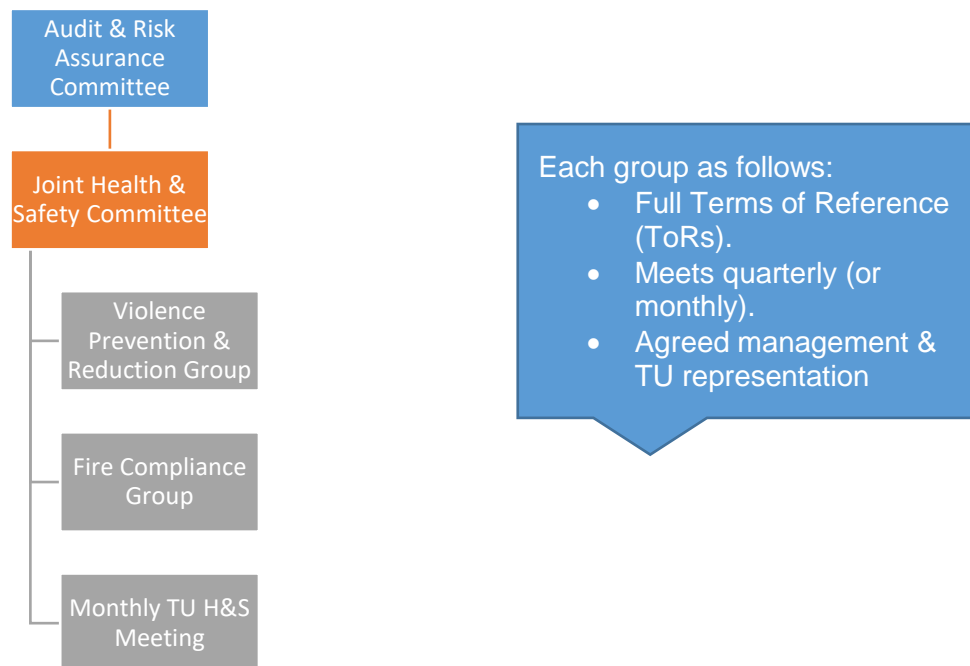
Also under the SRSCR, Safety Committees are required to keep under review any measures taken to ensure the health and safety at work of all employees and the promotion of cooperation between employers and employees. Particular functions include:

- The study of accidents and notifiable disease statistics and trends; so that reports can be made to management on unsafe and unhealthy conditions and practices, together with recommendations for corrective actions.
- Examination of safety audit reports on a similar basis.
- Consideration of reports and factual information provided by inspectors of the enforcing authority appointed under the Order of 1978.
- Consideration of reports which safety representatives may wish to submit.
- Assistance in the development of works safety rules and safe systems of work.
- A watch on the effectiveness of the safety content of employee training.
- A watch on the adequacy of safety and health communication and publicity in the workplace.
- The provision of a link with the appropriate enforcing authority (HSENI).

3.1.1 *NIAS Arrangements Under the SRSCR:*

Under the SRSCR NIAS has established a Joint Health and Safety Committee and a number of subcommittees, one of which deals specifically with Violence Prevention &

Reduction. Recognised Trade Unions (UNISON, NIPSA, UNITE and GMB) are members of all of these committees.



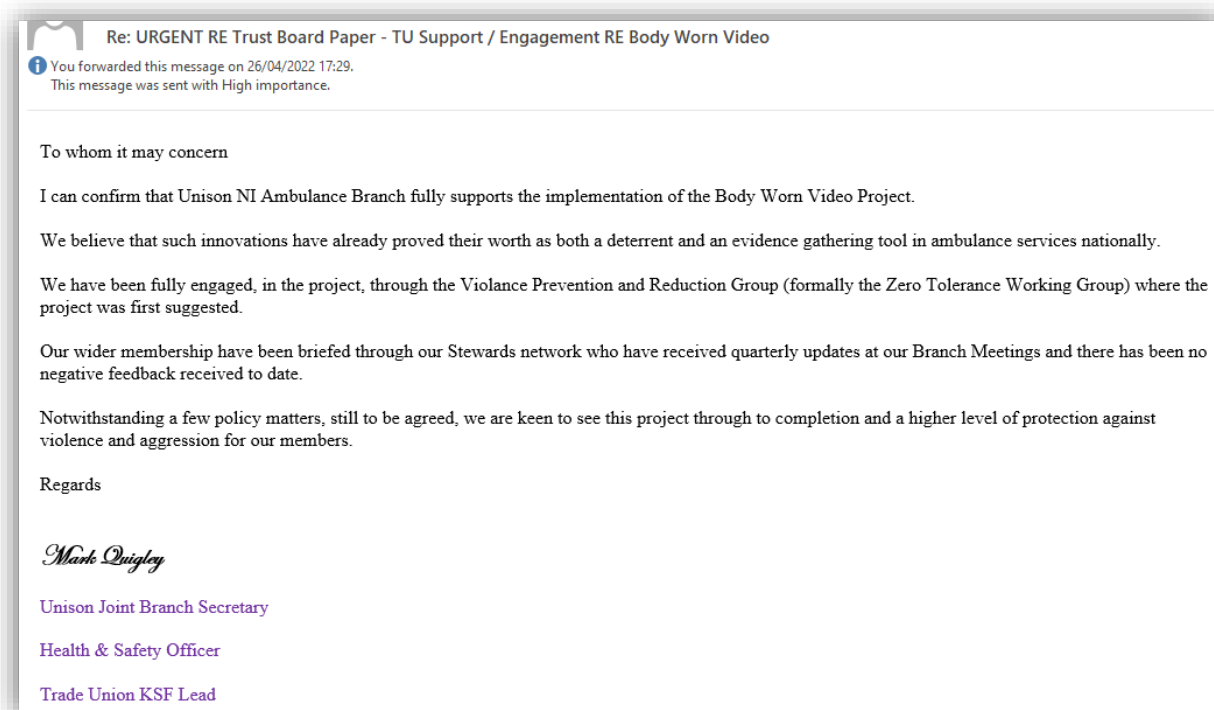
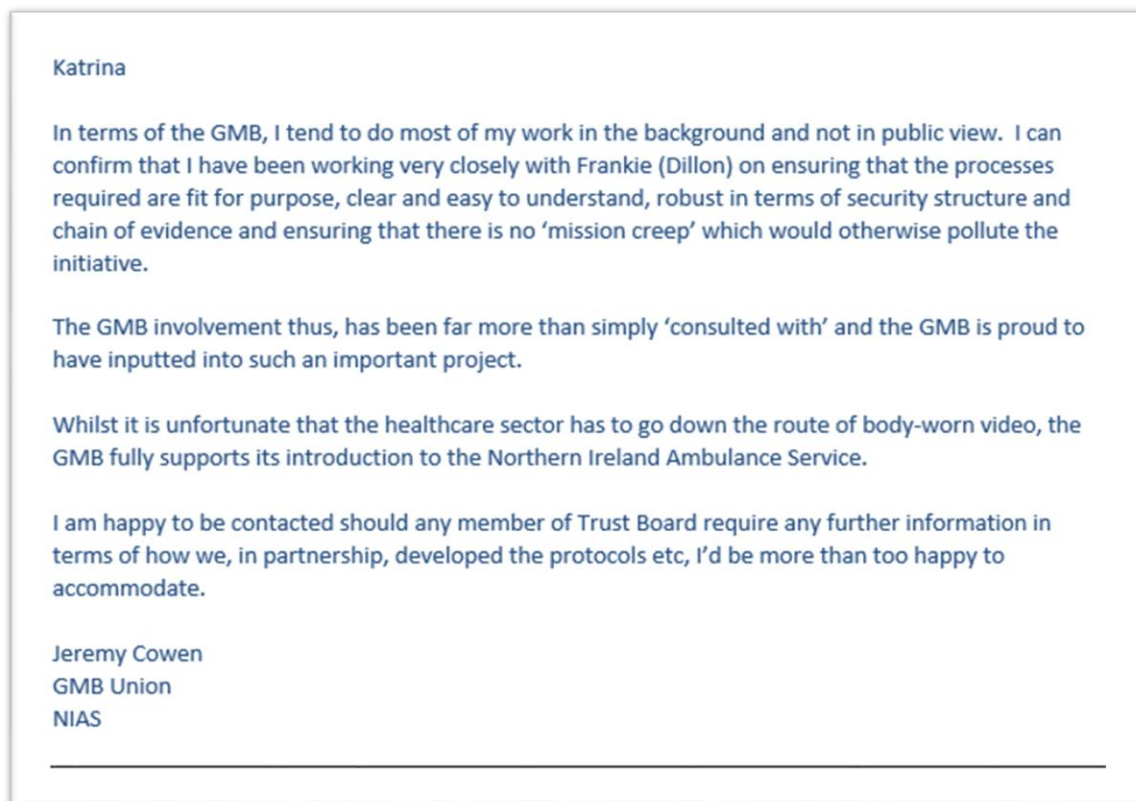
The Risk Management Team also holds monthly TU Health and Safety meetings to review in detail operational documents such as risk assessments and standard operating procedures (including those associated with violence reduction). On the 14th April 2022 a single item agenda meeting was held with Trade Unions regarding the draft Body Worn Video Policy for example.

One to one meetings have also been set up for Trade Union Representatives who are not able to attend scheduled meetings and / or those who are not formal group members as per the relevant terms of reference (GMB 11th February 2022, UNITE 30th March 2022). All Trade Union Representatives have recently been invited to attend a demonstration of the Video Manager System used to manage the imagery captured by the Body Worn video cameras (14th April 2022). For further information please see:

- Appendix 1 for a sample Violence Prevention & Reduction Group Meeting Agenda.
- Appendix 2 for a sample Joint Health & Safety Committee Agenda (demonstrating agenda items pertaining to the management of violence and aggression and associated projects including the Body Worn Video Project).
- Appendix 3 for a photograph of Violence Prevention & Reduction Group Members.
- Appendix 4 for a screen shot from Video Manager.

3.1.2 Trade Union Supporting Emails:

Trade Union colleagues are working in partnership with NIAS on the Body Worn Video Project, please see screenshots below of recent emails from UNISON and GMB.



3.2 The Health and Safety (Consultation with Employees) Regulations (Northern Ireland) (HSCER) 1996:

NIAS must also consider any employees not in the groups covered by Trade Union safety representatives; these persons must be consulted by the Trust under the HSCER 1996.

3.2.1 *NIAS Arrangements Under HSCER:*

Under the HSCER NIAS has carried out the following:

- All staff were emailed 10th July 2020 to advise that the Trust was establishing a Body Worn Video Project Team and to ask for expressions of interest to join the Project Team.
- On the 17th July 2020 the BWV Project Team was established to include three frontline staff, an Emergency Medical Technician, a Paramedic and a Station Supervisor (along with TUs, relevant management etc.).
- In June 2021 monthly Body Worn Video Project Team meetings commenced.
- All new members of staff receive a day and a half of health, safety, risk and governance training. During this training programme the prevention and reduction of violence is discussed, including the Strategy and projects such as BWV (this usually generates quite a bit of debate!).
- All staff were emailed 9th December 2021 to advise that the BWV Consultation had been launched and were encouraged to respond (staff did indeed respond).
- On the 4th February 2022 an email was sent to all the staff who had previously expressed an interest in participating in the BWV Project Team (21 staff in total). This list covered a broad range of disciplines, covering posts from Ambulance Care Attendant to Station Officers. It included staff from all five divisions, Headquarters and RACTC. Of this list 14 staff replied that they would be interested in assisting with the project. This group of willing staff have now been appointed as BWV Project Advocates.
- On the 25th February 2022 BWV Project Advocates were engaged on the draft BWV Policy. Comments received and amendments made.
- The eLearning package send to BWV Project Advocates on the 3rd March 2022. Responses were received from five members of staff and the eLearning package was further developed in accordance with comments.
- The eLearning package was sent to RACTC senior management and the Risk Management Team for review on the 3rd March 2022. This brought a number of responses assisting greatly with the wording and sequence of the subjects contained in the pack
- The eLearning package was sent to RACTC staff responsible for the delivery of in house Conflict Resolution and Personal Safety Training, again positive and constructive comments received and updates made.
- 04/03/22 – Email to BWV Project Advocates requesting assistance in formulating a series of 'Frequently Asked Questions' (having already reviewed the draft Policy and eLearning package). Again the group were most forthcoming and forwarded a number of questions which are now on the list.

3.2.2 *A word from Frankie Dillon, Violence Reduction Lead (Risk Management):*

“Over the course of the last number of months I have been engaging staff at every opportunity presented to me. I have carried out three ride-outs with crews from Bridge End Station. These duties have given me a great opportunity to talk to crew members when they have been queued outside the EDs in the Belfast area. This has given me time to discuss the deployment of the cameras, storage of data, and the access to the data stored. I have also made a number of station visits. These have been primarily to speak with Station Officers and Area Managers. However on each occasion there has also been an opportunity to engage with staff from across the various disciplines – Patient Care, A&E Response, RRV, HART, and HALO – who have been on duty in the stations during my visits. These discussions have been on the whole very positive, with the majority of staff I spoke to welcoming the introduction of BWV, or at least being prepared to engage the project. They have allowed me to personally answer questions and concerns, but more importantly to debunk any misconceptions which exist regarding the introduction of the system”.

3.2.3 Summary of Station Visits (Frankie Dillon, Violence Reduction Lead):

- 10th December 2021 – Daytime duty with A&E crew, Bridge End station. This allowed opportunity to discuss BWV project with staff at RVH and Ulster Hospitals whilst waiting for patients to be brought in to ED.
- 29th December 2021 – Ulster Hospital HALO office – spoke with HALOs on duty – as well as staff taking breaks in the Welfare Room.
- 18th January 2022 – Meeting with ASAM at Broadway Station – again spread out to speak to staff on duty at station.
- 18th January 2022 – Meeting with BC – paramedic who was recently assaulted whilst attending a call in Belfast City Centre. BC very much an advocate of the BWV system.
- 18th January 2022 – Meeting with Station Supervisor and staff at Carrickfergus Station.
- 19th January 2022 – Meeting with Station Officer, Altnagelvin. Again this developed in to a general conversation with staff on duty re BWV.
- 20th January 2022 – Night duty with crew from Bridge End Station. Opportunity to discuss project with staff on duty at station and also talk to staff from all over Belfast whilst at RVH and Ulster Hospital ED's.
- 24th January 2022 – Meeting with ASAM at Ballymena Station. Again this developed into a discussion with staff on duty around BWV.
- 25th January 2022 – Meeting with Station Officer at Ardoyne Station – again developed into general conversation with staff on duty.
- 27th January 2022 – Meeting with Station Officer Bangor station. Yet again this allowed me the opportunity to discuss project with staff on duty.
- 28th January 2022 – Meeting with Complex Case Team, NIAS Headquarters. Although an initial discussion around their work, we quickly moved to BWV project and the potential it would have for some of their more challenging clients.
- 1st February 2022 – Meeting with ASAM Craigavon Station. Again this allowed an opportunity to discuss project with staff on duty.
- 3rd February 2022 – Meeting with ASAM at Bangor Station. A second opportunity to discuss project with staff on duty.

- 21st February 2022 – Meeting with B7 HART, Lissue. Discussed the potential for use of BWV with regard to his discipline. Good conversation with staff on duty.
- 24th February 2022 – Meeting with DCM in EAC. Discussed the impact of BWV deployment on staff at EAC. Also discussed with staff on duty who could spare a minute to chat.
- 11th March 2022 – Meeting at Broadway which again allowed opportunity to engage with staff on the project.
- 17th March 2022 – Night duty with crew from Bridge End Station. Again allowed conversation with staff on duty, at station – along with staff at RVH, Ulster and Mater EDs.
- 30th March 2022 – Meeting with staff DC and LR at Lisburn station. Good discussion with staff on V&A related issues, with quite some time spent on BWV. Invited back to speak at CPD day which LR hosts for staff at the station.
- 31st March 2022 – Meeting with Station Officer at Enniskillen Station. Great discussion on BWV project which again was carried on with staff on duty at station.
- 1st April 2022 – Another meeting at Ardoyne station which allowed a very engaging discussion with staff on the subject of BWV.

3.2.4 Assistance From Bridge End Ambulance Station:

Bridge End Station has been identified as the station from which it is hoped that the BWV pilot will take place. The Violence Reduction Lead has been visiting the station on a weekly basis since the beginning of March 2022. The Area Manager, Station Officer and Station Supervisor have been very welcoming and have been of invaluable assistance in helping with the development of the eLearning programme, policy and the practicalities of the project – such as the deployment of the cameras themselves and the solving of wearing solutions. The staff at the station have been very welcoming and have assisted greatly with honest and objective feedback on all aspects of the project.

3.2.5 Trust Board & Senior Management Engagement:

NIAS Trust Board and Senior Management Team (SMT) have been involved throughout the project. In May 2021 NIAS Senior Management Team (SMT) and Trust Board agreed the Corporate Violence Prevention and Reduction Strategy. In November 2021 SMT and Trust Board were further consulted on the Body Worn Video Public Consultation and were content. In March 2022 SMT and Trust Board were provided with a consultation summary and BWV Pilot Deployment Plan for phase two of the consultation. Senior Operational Services staff, ICT staff and Information Governance staff are members of the Project Team. Operational Services senior management were provided with a project overview via Zoom in early March 2022.

4.0 COMMUNICATION STRATEGY:

During the second phase of the Body Worn Video consultation the Communication Strategy will be further developed to include the following:

- Development of internal webpages (SharePoint).

- Inclusion of associated documentation on JRCALC (app for clinical staff).
- Regular internal email communications.
- Corporate WhatsApp (all staff have been invited to participate).
- Posters for stations (coloured / laminated).
- MDT for short messaging (advising that areas are live etc.).
- Sharing of information from ongoing monthly meetings (agenda, minutes etc.).
- TU consultation at all stages (members of project team).
- Area Manager / Line Management (ongoing presentations to Ops Meetings).
- A central BWV email will be set up / monitored by the Risk Management Team.
- Ongoing liaison with Trust experts regarding engagement and communication such as the E&PPI, Equality Teams and Communications Team (a number of meetings have already taken place).

5.0 PILOT:

As outlined in the proposed deployment plan, the following matters will be piloted / tested / improved during the pilot:

- Design / test of eLearning training package (operational staff) including suitability, usability etc.
- Policy, procedures & operational risk assessment including accessibility, usability, understanding, adherence, audit requirements etc.
- Evaluation of wearing options for user acceptance:
- Evaluation of charging options for acceptability and user acceptance:

6.0 IMPLEMENTATION / GO LIVE:

A decision on 'go live' will be taken on completion of the second consultation phase. This will involve a positive affirmation of the above two phases of user acceptance testing, along with confirmation of suitability of, and compliance with, data protection and privacy arrangements. Updates / improvements will be made to policies, procedures and training as necessary during the consultation.

APPENDIX 1 – SAMPLE VIOLENCE PREVENTION AND REDUCTION GROUP MEETING AGENDA:



Northern Ireland Ambulance Service
Health and Social Care Trust



Violence Prevention Reduction Group Meeting Tuesday 12th April 2022 2pm Via Zoom

AGENDA

1. Apologies.
2. Notes of last meeting.
3. Matters Arising / Action Log.
4. Incident data.
5. Project Update.
6. Regional Group Update.
7. National Group Update.
8. Any Other Business (All).
9. Dates of next meetings:
 - Tuesday 19th July 2022 at 2pm.
 - Tuesday 18th October 2022 at 2pm.
 - Tuesday 17th January 2023 at 2pm.

APPENDIX 2 – SAMPLE JOINT HEALTH & SAFETY COMMITTEE AGENDA:



Northern Ireland Ambulance Service
Health and Social Care Trust



A meeting of the Health & Safety Committee

Thursday 28th April 2022 @ 2.30pm

(Via Zoom)

AGENDA

		<u>Papers Attached</u>
1	Welcome & Apologies	
2	Previous Minutes – 20 January 2022 For Approval	2.0
3	Matters Arising / Action Log	3.0
4	Standing Items	
4.1	Health & Safety Policies For Approval	4.1
4.2	Health & Safety Procedures / SOPs For Approval	4.2
4.3	Risk Assessments For Approval	4.3
4.4	Fit Testing For Noting	4.4
4.5	Health & Safety Score Card & COVID RIDDOR Update For Noting	4.5
4.6	Health & Safety KPIs For Noting	4.6
4.7	HSENI Update For Noting	Verbal update
4.8	Safety Alerts For Noting	No paper
4.9	Violence Prevention & Reduction Group Update For Noting	4.9
4.10	Fire Compliance Group Update For Noting	4.10
4.11	Terms of Reference For Noting	4.11
6	<u>Items to be referred to Audit & Risk Assurance Committee (ARAC)</u>	
7	<u>Any Other Business (AOB)</u>	
8	<u>Next meetings</u>	
	Thursday 28 July 2022 – 2.30pm	
	Thursday 27 th October 2022 – 2.30pm	
	Thursday 26 th January 2022 – 2.30pm	
	Thursday 28 th April 2022 – 2.30pm	

APPENDIX 3 – MEMBERS OF THE VIOLENCE PREVENTION & REDUCTION GROUP (GMB, UNISON & NIPSA):



APPENDIX 4 – SCREEN SHOT FROM VIDEO MANAGER:

frankie.dillon@nias.hscni.net

Videos Incidents Devices Status Admin

Recent videos

21/04/2022 13:15:43 - 279217

21/04/2022 10:03:47 - 434219

15/04/2022 13:34:38 - 435073

15/04/2022 12:34:47 - 434304

15/04/2022 12:22:41 - 434304

15/04/2022 12:04:06 - 434304

Show more

Recently edited incidents

Reference code	Title	Incident time
NIAS 22/22	Bridge bright day	21/04/2022 13:27:54

Devices

You have no assigned devices.

User-specific WiFi networks

No WiFi networks found.

Notifications

1

Your licence will expire on this date: 18 May 2022 16:07

Last login: 26 April 2022 11:50

System information

frankie.dillon@nias.hscni.net

Videos Incidents Devices Status Admin

Search Devices DockControllers

Filter

Found 16 matching devices

List options: Pause Bulk edit

Device	Operator	Location	Status	Battery
006565		Headquarters	Unassigned	
279217		DOCKCONTROLLER	Unassigned	
433869		Headquarters	Unassigned	
434219		Headquarters	Unassigned	
434226		Headquarters	Unassigned	
434238		Headquarters	Unassigned	
434260		Headquarters	Unassigned	
434294		Headquarters	Unassigned	
434304		Headquarters	Unassigned	
434309		Headquarters	Unassigned	
434322		Headquarters	Unassigned	
434326		DOCKCONTROLLER	Unassigned	
434333		Headquarters	Unassigned	
434671		Headquarters	Unassigned	
435073		Headquarters	Unassigned	
497585		Headquarters	Unassigned	

TB/05/05/2022/05



TRUST BOARD

PRESENTATION OF PAPER

Date of Trust Board:	5 May 2022
Title of paper:	Interim Draft Corporate Plan 2022-23
Brief summary:	<p>The draft Corporate Plan has been provided to Trust Board to provide an opportunity to seek their feedback and views prior to producing the final Corporate Plan that will be implemented in 2022-23</p> <p>The final version presented on 23 June 2022 will incorporate those strategic and operational priorities coupled with any mitigating and remedial actions required to manage service and corporate risks and issues that have been identified.</p> <p>To complete this plan, the following internal work will be progressed;</p> <ul style="list-style-type: none">• Extracting and developing the milestones from the strategic implementation plans for inclusion i.e. HR Transformation Programme• Views and feedback sought from Trust Board to ensure the totality of the plan remains in line with leadership expectations• Specific additional actions as directed by CEX to each Directorate lead• Final contributions from each Director <p>The Corporate Plan will be monitored in 2022-23 as in previous years with milestones and dates assessed for progress and rag status applied for ease of scrutiny by Trust Board.</p>

	Within the 2022-23 Plan, there are 15 objectives that have been rolled forward from the 2020-21 financial year.
Recommendation:	<div> <div> For Approval <input type="checkbox"/> </div> <div> For Noting <input checked="" type="checkbox"/> </div> </div>
Previous forum:	SMT
Prepared and presented by: Date:	Prepared: Maxine Paterson and Neil Walker Presented: Neil Walker 25 April 2022



NIAS Draft 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 above areas to assess our progress against the key deliverables.

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 against our progress against each of the above themes. This will mean that corporate plan update reports throughout the year will outline progress against each of the above transformation priorities.

Appendix A contains the draft 2022-23 corporate plan that is in draft and a finalised version will be presented at the next trust board meeting for approval in June 2022.

Next Steps

To develop the Corporate Plan for 2022-23, the Trust will be conducting sessions with key stakeholders within directorates to develop their objectives and deliverables for the year ahead. These sessions will outline all the work that will progress the implementation of our corporate strategy, the pertinent internal audit recommendations and the deliverables to successfully implement our programme of work to delivery key organisational transformation.

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

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

All Trust board updates will be summarised using the above rating as we did throughout the last financial 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: Draft Corporate Plan

Key Outcome	Objective	Lead Directorate	Timeframe
Delivering Care	We will develop an Improvement Plan to deliver the best possible response times to patients within existing resources.	Operations	March 2023
	We will deliver a Patient Care Service Improvement Programme to improve the quality of our service for this important group of service users.	Operations	March 2023
	We will commence a coordinated and phased return of PCS resources to NEAC Control and reduce usage of Voluntary and Private Ambulances.	Operations	March 2023
	We will deliver a Patient Safety Plan within EAC to assist in managing periods of high demand.	Operations	March 2023
	We will continue to embed our Appropriate 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	June 2023
	We will increase the capacity and skillset of CSD clinicians.	Medical	March 2023
	We will improve the governance around medical equipment.	Medical	March 2023
	We will improve cardiac arrest survival rates across Northern Ireland	Medical	March 2023



Key Outcome	Objective	Lead Directorate	Timeframe
Our Workforce	We will develop a comprehensive workforce plan for the whole organisation designed to support our strategy and to ensure our quality of service meets the performance trajectory requirements in terms of time and quality.	Human Resources	March 2023
	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	March 2023
	We will continue to secure reductions in sickness absence.	Human Resources	March 2023
	To design and deliver a Health and Wellbeing strategy and action plan that delivers outcome focused HWB initiatives and improvements.	Human Resources	March 2023
	To develop new operating models and systems of HR Governance to ensure full assurance, statutory compliance and delivery of best practice and effective governance arrangements	Human Resources	June 2023
	Deliver the organisation's workforce work streams to support the Trust response to COVID	Human Resources	March 2023
	We will continue to work with HSCB and Primary Care to develop a model for training Advanced Paramedics to work on a rotational basis in Primary Care.	Medical	March 2023



Key Outcome	Objective	Lead Directorate	Timeframe
Organisational Health	We will develop a revised HR delivery model to support and empower staff	Human Resources	March 2023
	We will deliver an organisational culture programme.	Human Resources	March 2023
	Achieve an overall satisfactory internal audit opinion for the organisation for 2021-23.	Human Resources	March 2023
Quality Improvement	We will continue to develop capacity and capability in providing timely and accurate information across AQIs, CQI and KPIs for the management and operational performance and clinical quality reporting.	Planning, Performance and 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 and Corporate Services	
	Ensure effective management and oversight arrangements of delegated budgets to deliver breakeven position in support of overall organisational financial responsibilities.	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	
	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	



Key Outcome	Objective	Lead Directorate	Timeframe
	We will improve our response to calls related to falls who are aged over 65.	Quality, Safety & Improvement	March 2023
	We will maintain high standards of vehicle and station cleanliness.	Quality, Safety & Improvement	March 2023
	We will provide assurances of the appropriate infrastructure, training and protection of staff of the Hazardous Area Response Team (HART).	Quality, Safety & Improvement	March 2023
Digital Enablers	We will consolidate and refresh our technology infrastructure (for example our telephony and dispatch systems) to maintain the service, reduce risk and improve resilience.	Planning , Performance & Corporate Services	March 2023
	We will continue the implementation of the REACH programme building connectivity across HSC in the mobile environment.	Planning , Performance & Corporate Services	March 2023
Our Infrastructure	Develop Trust Estates Strategy	CRM, Fleet and Estates	March 2023
	We will develop a sustainability strategy for the organisation.	CRM, Fleet and Estates	March 2023
	Our Infrastructure - Develop plans for the maintenance and upgrade of current NIAS Estate.	CRM, Fleet and Estates	March 2023
	Finalise the Trusts' Fleet strategy for Trust Board approval.	CRM, Fleet and Estates	March 2023



Key Outcome	Objective	Lead Directorate	Timeframe
Engagement and Communication	We will ensure an ongoing effective programme of engagement with staff across the organisation.	All Directorates	March 2023
	We will develop a communication and social media strategy to engage with the public and service users.	Planning , Performance & Corporate Services	March 2023
	We will develop the range of ways Service users can give us feedback and be involved in service development.	Quality, Safety & Improvement	March 2023
	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.	Human Resources	March 2023
	Ensure implementation of a NIAS Appraisal System, that includes a KSF Refresh as part of the revised PDPR Policy, Procedure and Practice	Human Resources	March 2023
	Lead the Communication with NIAS staff in relation to the revised Organisational Structure to ensure roles and responsibilities are understood	Human Resources	March 2023

Ends

TB/05/05/2022/06

PERFORMANCE REPORT AND COVID UPDATE

TRUST BOARD

NORTHERN IRELAND AMBULANCE SERVICE

May 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. The sustained period of REAP 4 is reflective of a number of national ambulance Trusts.

Clinical Safety Plan (CSP)

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

NIAS Changes To Operational Actions To Support Pressures

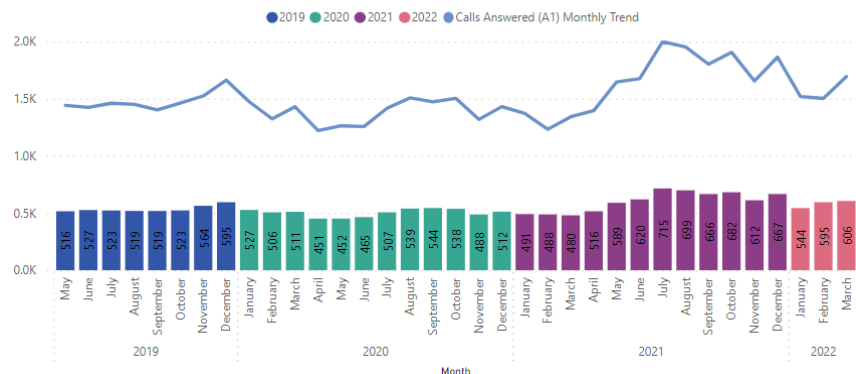
NIAS Silver currently operates each day in a shadow format.

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

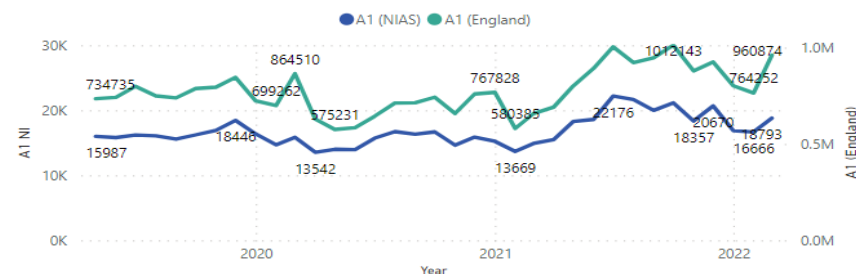
- Improved and extended operational management cover
- Increased support for operational staff and managers who are currently on a rota
- Increased support for Control colleagues in dealing with operational issues outside of normal office hours
- Sustaining service delivery
- Complementing the application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

Current Pressures – Volume of 999 Calls

Monthly Trend & Daily Average



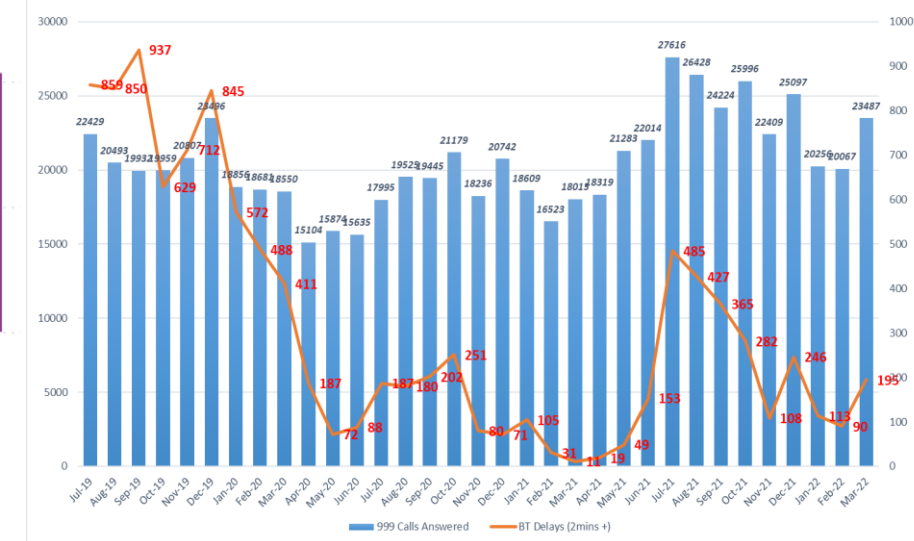
Monthly Trend (NIAS & England)



Monthly Comparison



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

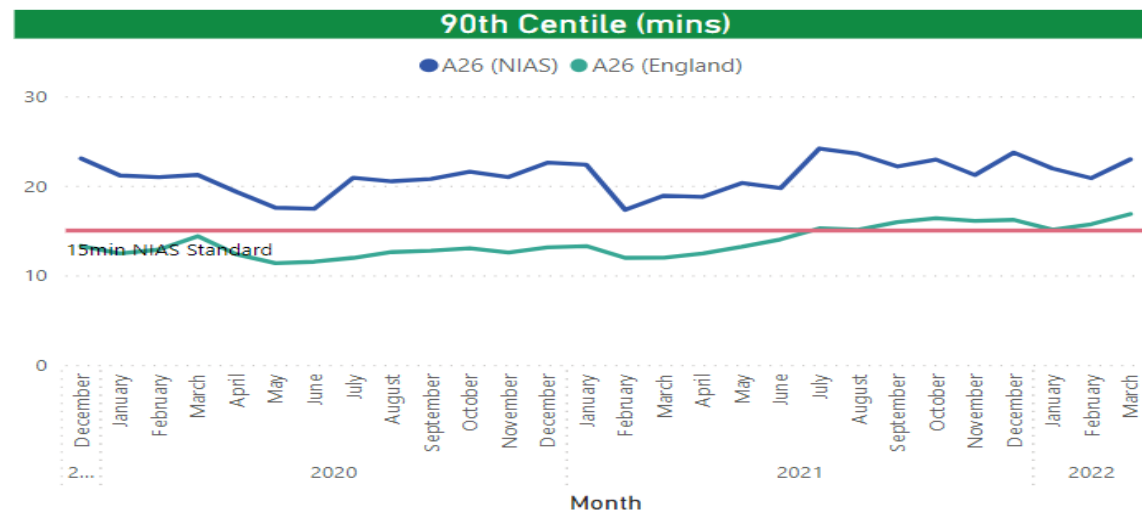
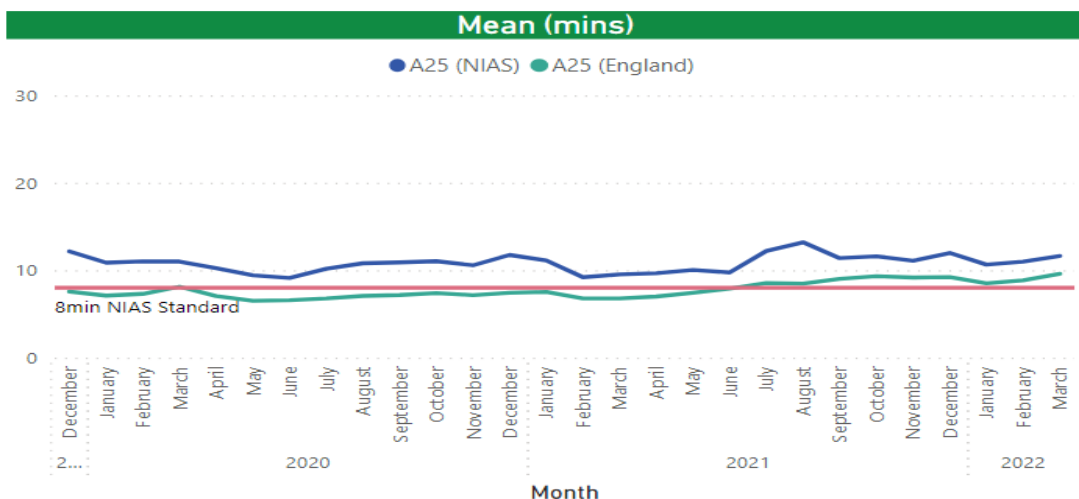


- **FY 2021/22** has seen an **increase** in Demand by **26% on FY 2020/21** and March 2022 has seen the highest level of call demand experienced in the past 3 years **March 2022** has saw an **increase** of **26% on March 2021**. However, in the same time period **incidents** have **increased** by **7%** from FY 2020/21 to FY 2021/22
- **The Demand Profile** being experienced by **NIAS** is **tightly aligned** to that being experienced across **England** with a significant step change in Demand being experienced from July 2021 that is continuing into 2022. March 22 saw an uptick in demand not only for NIAS but also across the trusts in England.
- EAC continue to avail of the regionally agreed availability for Critical Shift Payments to address shortfall in staff to maximise cover and maintain performance
- March 22 has seen an upturn in the number of BT connection delays at 2min, with 195 calls experiencing delays. This is an increase of 105 delays from February 2022, whilst call demand rose by 17% from February 2022 to March 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
March 21 (mins)	6:47	9:31
March 22 (mins)	09:35	11:38
21/22 Change (+/-)	+02:48mins	+02:07mins
Deviation from Target (Mar 22)		+03:38mins

- Category 1 Mean Response time has increased by 2min 7secs from March 21 – in line with English trusts
- Our deviation from Target was Over 3mins for March 22

90 th Centile Category 1	National	NIAS
March 21 (mins)	11:58	18:54
March 22 (mins)	16:50	22:57
21/22 Change (+/-)	+04:52mins	+04:03mins
Deviation from Target (Mar 22)		+07:57mins

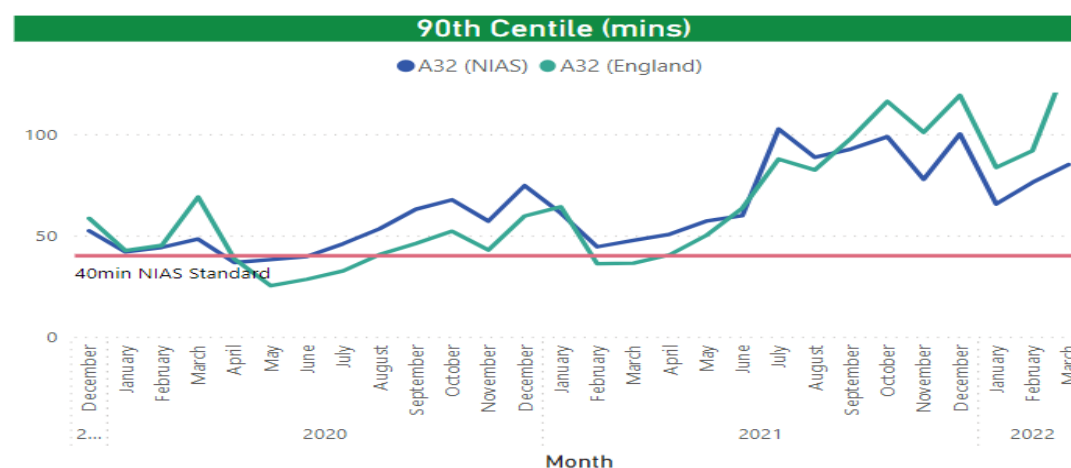
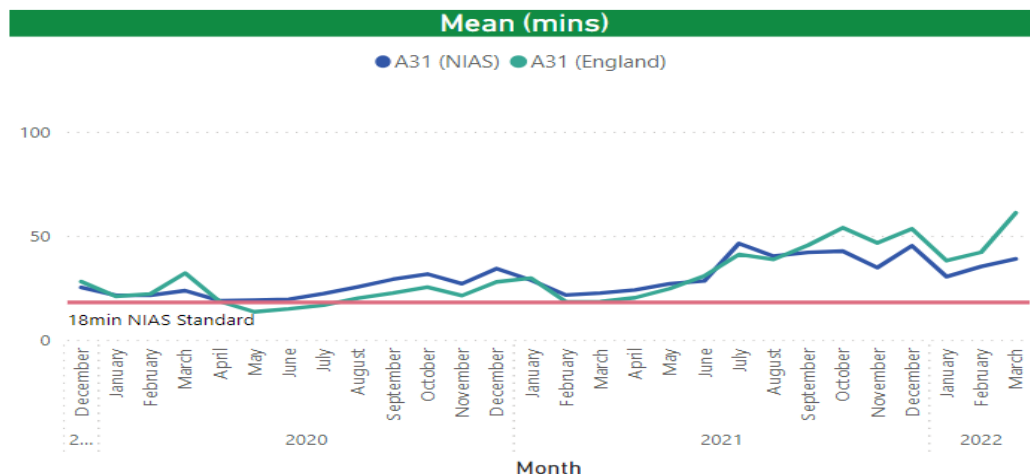
- Category 1 90th Centile Response time has increased by over 4mins from March 21 – in line with English trusts
- Our deviation from Target was over 7mins for March 22

* 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 has experienced less of a deterioration in its Category 2 target in comparison to the English Trusts. NIAS performance has been better since August 2021 and continues into 2022

Demand: C2 Response Times (Measures A31 & A32)



Mean Category 2	National	NIAS
March 21 (mins)	18:26	22:32
March 22 (mins)	01:01:03	38:55
21/22 Change (+/-)	+42:37	+16:23
Deviation from Target (Mar 22)		+20:55

- Category 2 Mean Response time has increased by 16mins 23 secs from Mar 21 – significantly less than England
- Our deviation from Target was significant at over 20mins for March 22

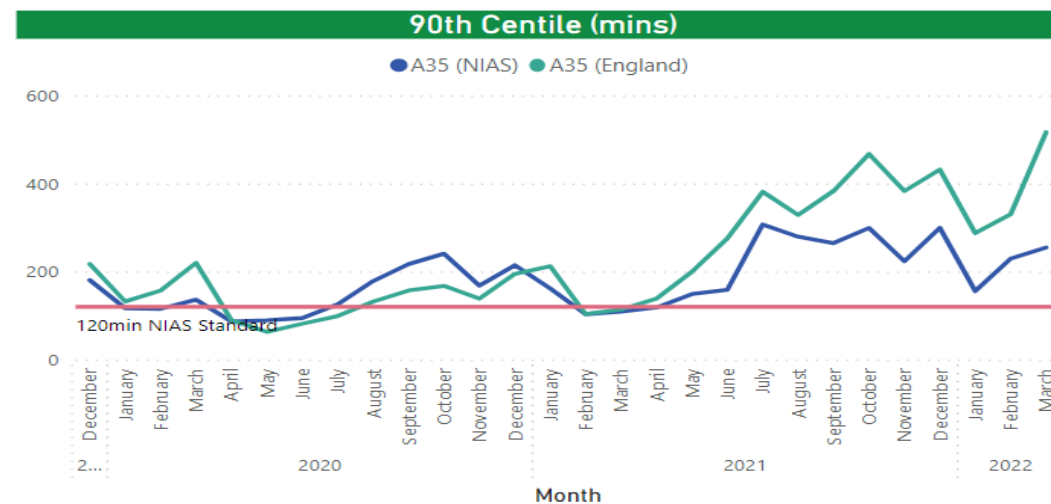
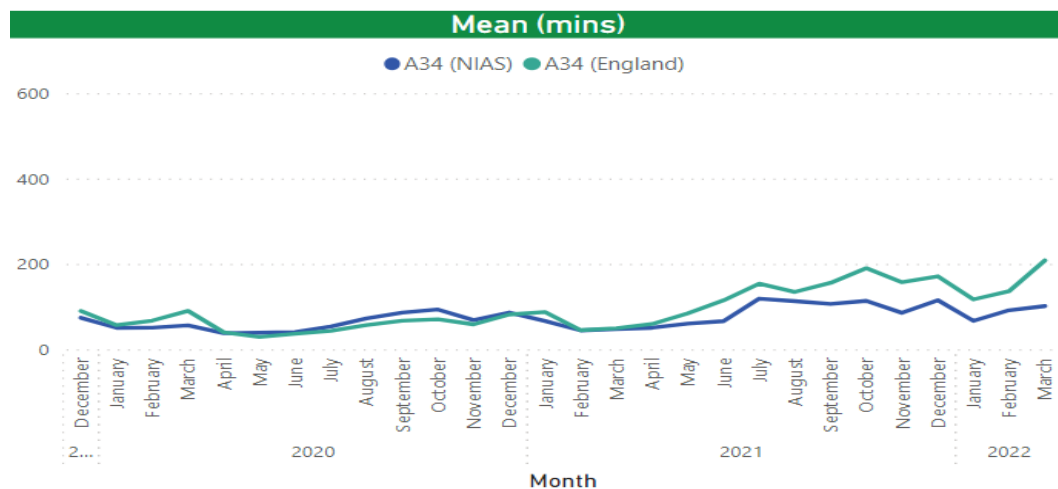
90 th Centile Category 2	National	NIAS
March 21 (mins)	36:21	47:36
March 22 (mins)	02:17:10	1:25:03
21/22 Change (+/-)	+01:40:10	+37:27
Deviation from Target (Mar 22)		+45:03

- Category 2 90th Centile Response time has increased by over 37mins from Mar 21 – significantly less than England
- Our deviation from Target was significant at over 45mins 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
March 21 (mins)	49:25	47:10
March 22 (mins)	03:28:13	01:14:18
21/22 Change (+/-)	+02:38:48	+27:08
Deviation from Target (Mar 22)		

- Category 3 Mean Response time has increased by 27 mins from Mar 21
- This is a significantly better position than the English trusts that are experience mean performance for the March 22 over 2hrs

90 th Centile Category 3	National	NIAS
March 21 (mins)	01:53:45	01:49:27
March 22 (mins)	08:36:33	04:14:28
21/22 Change (+/-)	+06:42:48	+02:25:01
Deviation from Target (Mar 22)		+02:54:28

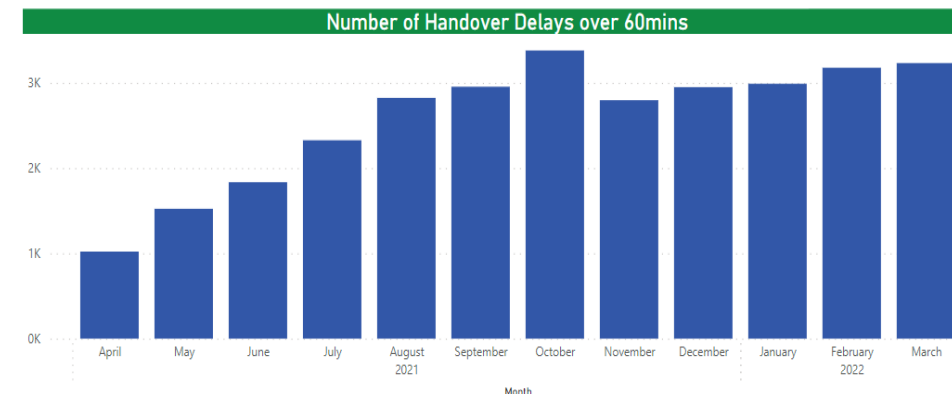
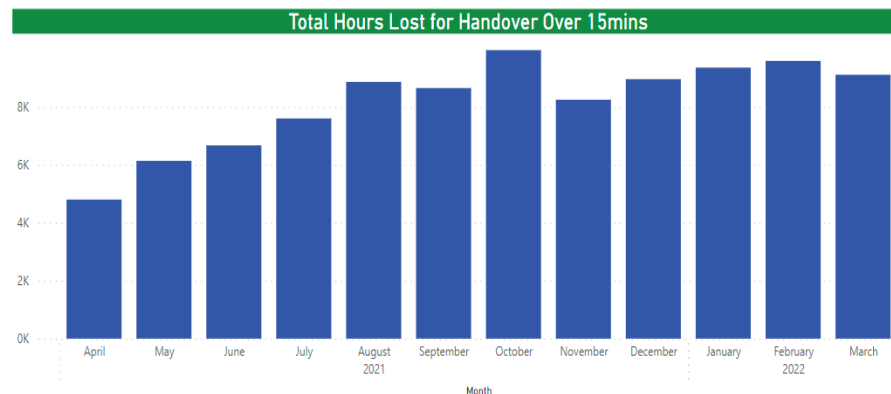
- Category 3 90th Centile Response time has increased by Over 2hrs from March 21
- Our deviation from Target was over 2hr 54mins for March 22
- NIAS performance for 90th Centile is significantly less than those being experienced in trusts in England

Current Pressures – Handover Times Acute Hospitals

HANDOVER TIMES

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

In March 2022, NIAS experienced a total of 9,103 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 9,971 instances where our crews waited longer than 15mins to handover their patient at ED. 3,211 of these delays were over 60mins in length. The longer waits being experienced can mean that crews answer 1 to 2 calls per shift and on average crews are responding to 3 to 4 calls per shift which is around 50% less than in 2019.



Number of Handover Delays over 15mins

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

Number of Handover Delays over 60mins

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

In the last 12 months (April 21 – March 22) 86% of the Handovers exceeded the 15min target at our Acute EDs, resulting in in circa 98k hours lost.

In March 2022, 88% of Handovers exceeded 15 minutes and 9.1k hours lost (eq. to 759 12-hours shifts per month or 24 12h shifts per day). The number of handover delays in excess of 60mins was at the second highest level ever recorded with 3232 occurrences during the 31 days of March resulting in over 104, 60 minute delays per day during the month. This is an increase on February 22 and the 4th consecutive increase in the number of 60min delays.

Current Pressures – Handover Delays

HANDOVER TIMES

The challenges with delayed handover times experienced by NIAS is not an isolated issue to Northern Ireland. The challenges are replicated across Ambulance Services throughout England. In March 2022.

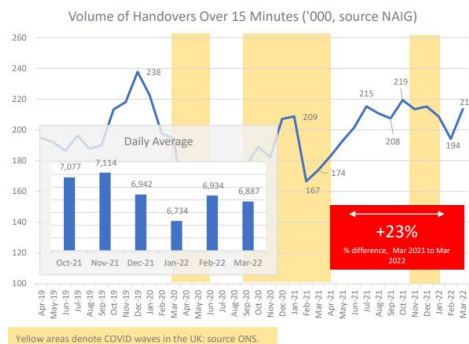
The English Ambulance Services recorded 213,000 instances of handover delays exceeding 15mins, an increase of 23% from March 21 to March 22. This equated to 152,000 operational hours being lost to these delays, an increase of 256% from March 21 to March 22.

The lost hours recorded in March 22 to delay is the highest ever on recorded by AACE reporting.

23. Handover Delays over 15 Minutes (source, NAIG)

The volume of handover delays exceeding 15 minutes accounted for around 68% of handovers in March, with the monthly volume increasing to 213k (from 194k in February). At a daily level this represented a slight drop in volume, due to the greater number of days in the month. Nonetheless, hours lost due to these delays increased by 38k to reach 152k, a series-high which exceeds the previous series-high (116k in October) by some margin.

1. Delays over 15 Minutes



2. Hours lost for Handovers Over 15 Minutes



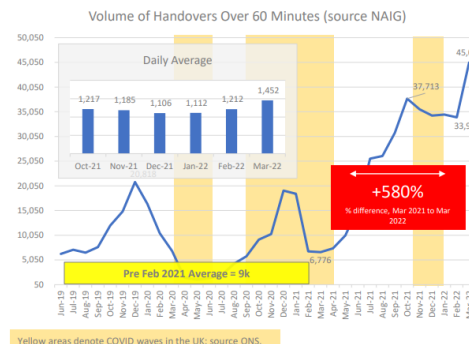
March 22, saw an additional 19k delays over 15mins across England, of which, 12k of those delays were recorded as over 60mins. 60min delays have risen sharply across England throughout 2021-22, with March 22 recording the highest number of 60min delays on recorded.

In March 2022, the daily average for number of delays over 60mins within NIAS was 104, each trust in England experienced 132 delays over 60mins per day.

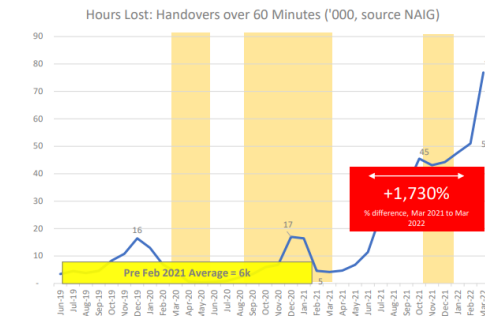
24. Handover Delays over 60 Minutes (source, NAIG)

There was an increase of over 11k delays exceeding 60 minutes in March 2022, with the total increasing to 45k (considerably higher than the previous series high of 37k). The daily volume also increased by over 200 incidents per day. Hours lost increased to 77k – up 26k on the previous month, and a difference of +1,730% compared with March 2021.

1. Delays over 60 Minutes



2. Hours lost for Handovers Over 60 Minutes



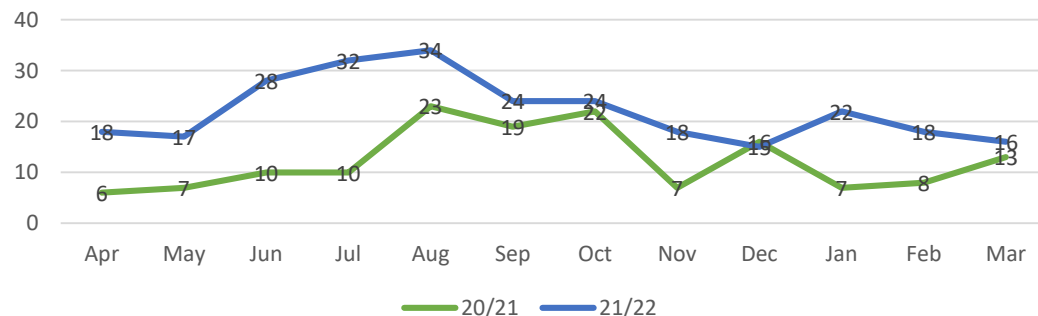
*Note: This slide is for information only at this point. NIAS are continuing to validate this data with colleagues in England and data capturing changes may account for some of these increases expressed in this slide.

Current Pressures – Complaints and SAIs

Complaints

During the period April 2020 to March 2021 148 complaints were reported to the Trust. During the period April 2021 to March 2022, 266 complaints were reported to the Trust. This is a **80% increase** on the same timeframe as the previous year.

Complaints Opened April to March (20/21 vs 21/22)



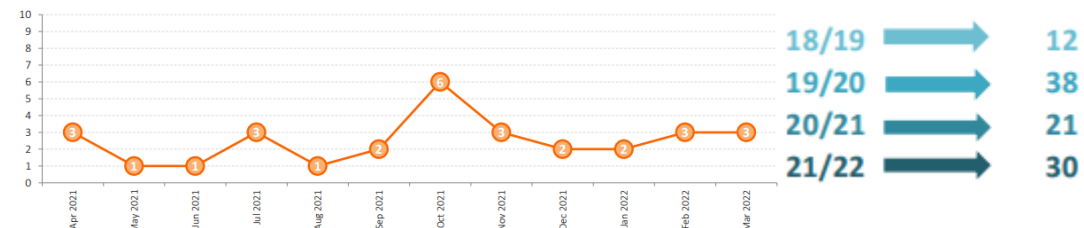
Delayed response remains the top theme accounting for 45% of all complaints closed during 2021/22. These complaints describe the resulting poor and unacceptable experience for patients and their families/carers as they await an ambulance response and raise concerns regarding clinical outcomes as well as management of pain and maintenance of long lies on the ground.

Complaints relating to staff attitude accounted for 27% of all closed complaints during this time, and 14% related to the quality of treatment and care received.

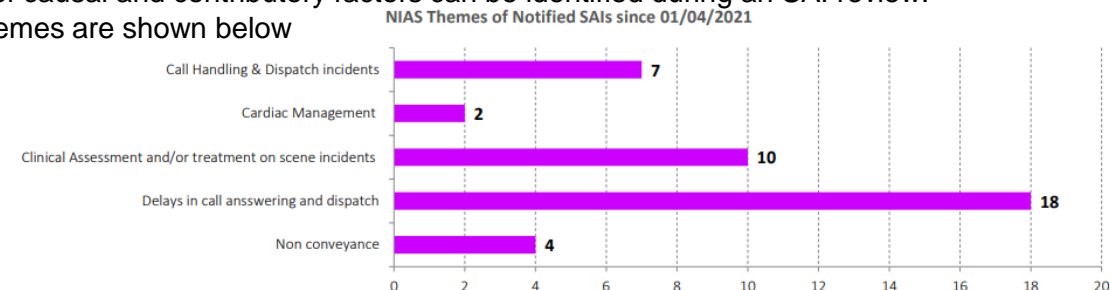
Whilst there has been an improvement in the number of complaints closed April 21 – March 22 (96% increase for the same period during 20/21) challenges with performance (currently 25%) against the regional KPI of closure within 20 working days, remain in the context of sustained REAP 4.

Serious Adverse Incidents (SAIs)

During the period April 21 to March 22 the Trust notified 30 SAIs to HSCB, this is an increase on the 21 notifications in 20/21.



A number of causal and contributory factors can be identified during an SAI review. The key themes are shown below



A number of actions have been delivered or commenced to address the learning identified within the reviews including:

- Clinical Documentation Update
- Review of Duplicate Call & Meal Break Procedures
- Review of policy EAC
- Quality Improvement work relating to falls response as well as early detection & escalation of deteriorating patients
- Engagement with regional colleagues regarding hospital handover delays

There are challenges meeting the defined timeframes for submission of final report to HSCB. The reasons for delay result from a number of factors including the challenges with release of operational staff to engage in the review in the context of sustained REAP and effective family engagement

Current Pressures - Staffing

STAFF ABSTRACTIONS

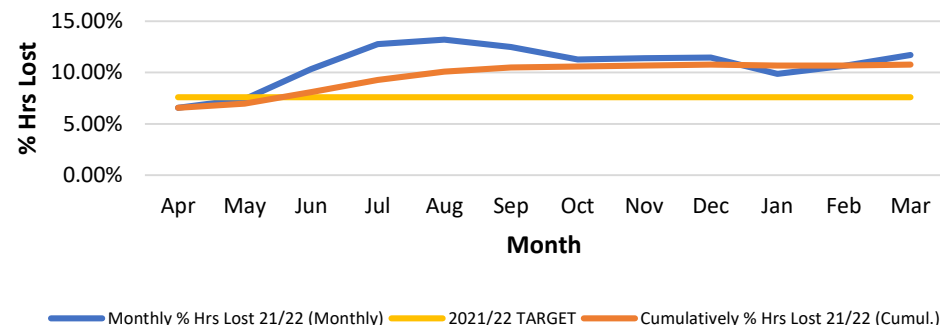
Figures demonstrate that monthly and cumulative sickness absence levels between 2020/2021 are significantly higher than figures in the same period in 2021/2022. Cumulative figures in the last three months have remained steady Jan 22 10.7% (vs. 8.3 2021), Feb 22 10.7% (vs. 8.17 2021) and Mar 22 10.8% (vs. 7.95 2021).

This is reflective of the monthly figures for the last three months being 9.86% Jan 22 (vs. 7.7% in Jan 21) rising to 10.7% Feb 22 (vs. 6.97% in Feb 21) then rising again to 11.7% in Mar 22 (vs. 5.81% Mar 21).

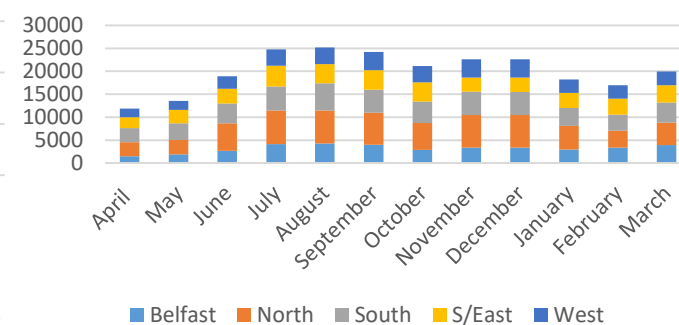
Despite improved absence management and health & wellbeing initiatives being in place to support staff to return to work, ongoing extreme pressures within the working environment e.g. increased demand; reduced frontline operational cover in a number of Divisions; staff abstractions due to COVID-19 and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

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

Comparison of % Hrs Lost due to Sickness Absence



All staff Abstractions (Sickness)



2021/22 Monthly Sickness Absence including Comparators to Previous Reporting Year (2020/21)												
MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ABSENCE TARGET (2021/22)	7.55%											
Cumulative % hrs lost (20/21)	6.8	6.9	7.2	7.5	7.8	8	8.1	8.1	8.4	8.3	8.17	7.95
Monthly % hrs lost (20/21)	6.8	6.9	7.9	8.2	9.2	8.9	8.9	8.9	10.3	7.7	6.97	5.81
Cumulative % hrs lost (21/22)	6.56	6.97	8.09	9.28	10.08	10.5	10.6	10.7	10.8	10.7	10.7	10.8
Monthly % hrs lost (21/22)	6.56	7.41	10.3	12.8	13.19	12.5	11.3	11.4	11.5	9.86	10.7	11.7
Monthly % hrs lost (S/T)	1.47	1.5	1.84	2.1	2.25	2.24	1.82	2.09	2.15	1.86	1.95	2.35
Monthly % hrs lost (L/T)	5.09	5.91	8.5	10.7	10.94	10.2	9.46	9.3	9.3	8	8.71	9.36
Monthly % hrs lost COVID 19 (Sickness and self-isolation)	1.12	0.91	1.88	1.22	1.33	1.98	4.31	4.96	3.75	4.36	8.7	8.48
Av. days lost (7.5 hrs) per Employee per Mth	1.32	1.43	2.02	2.58	2.67	2.51	2.17	2.29	2.3	1.9	1.76	2
Av. Estimated costs (£'000)	£347	£399	£570	£758	£1,535	£759	£671	£684	£669	£586	£553	£553
Cumulative % Hrs Lost 2021/2022:	10.77%											

Actions Taken To Address Current Pressures & Support Staff

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

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

Clinical Performance

CHALLENGES

- Due to operational pressures, normal clinical audit processes remain suspended. This includes review of Patient Report Forms and reporting on historical clinical performance indicators (e.g. stroke, myocardial infarction, hypoglycaemia). Internal Audit have been advised of this but NIAS has shared details of the new approach facilitated by REACH.
- Key staff involved in audit (clinical support officers) have been working to support operation cover and focussing on development of students in training in order to improve frontline availability of staff.
- Training programmes have twice been paused due to COVID pressures but are now running at full capacity. The NIAS Training Team remains challenged by capacity issues.
- The third cohort of Foundation Degree Paramedics completed their course on 14 January 2022 and the final outcome of the Exam Board is expected mid-March, releasing 30 to 40 qualified Paramedics into service.
- The fourth and final cohort of the Foundation Degree Programme commenced on 7 March 2022.
- NIAS has not received any funding for Paramedic Education Leads for the BSc Paramedic Science Programme run by UU, even though NIAS will have the largest commitment to these students of any organisation; the other five Trusts have been funded for these posts and it is likely that these will attract a number of the NIAS Clinical Training Team.
- NIAS is engaging with the Medicines Regulatory Group of the Department of Health in relation to governance of controlled drugs.
- The final report of the recent clinical audit by BSO has been received. This indicates that there is satisfactory assurance around the areas of infection prevention and control, and clinical education, but limited assurance in the areas of management of medicines, management of medical equipment and clinical audit. An action plan is being developed for all of these areas. No Priority 1 findings were made within the clinical audit.

Clinical Performance

PROGRESS

- The recruitment of Critical Care Paramedics has commenced with selection scheduled for Q4 2021/22.
- The strategic review of the delivery of clinical education within NIAS is ongoing with progress reports being made to the NIAS Safety, Quality, Patient Experience and Performance Committee. Further positive feedback has been received from the external examiner for the Foundation Degree Programme.
- A proposal for restructuring of the Clinical Education Team has been presented to the Programme Board and approved by the Senior Management Team.
- Draft reports have been received from Internal Audit indicating satisfactory assurance in the realms of controlled drugs management and clinical education.
- NIAS has developed a co-responder arrangement with NIFRS with the aim of improving response to cardiac arrests in the community. The first NIFRS station providing this went live at the end of February 2022. The Fire Brigades Union has raised concerns about NIFRS process.
- Recruitment to the Year 2 BSc in Paramedic Science degree for NIAS EMTs has commenced with interviews scheduled for the first week of May.
- NIAS has received multiple applications from paramedics across the UK for NQP posts within the Service.
- Following the conclusion of a PSNI Ombudsman review, PSNI is now engaging with NIAS to enhance joint protocols for the management of patients where there is a lack of clarity over primacy.



- End Of Report -

TB/05/05/2022/07

Trust Board Finance Report

Year Ended 31 March 2022 (Month 12)



Northern Ireland Ambulance Service
Health and Social Care Trust



Contents

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

Executive Summary

Statutory financial performance targets

The position outlined in this report, and the associated RAG status, is subject to a number of assumptions, the completion of Final Accounts and review by External Audit.

**RAG
status**

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

The Trust is reporting a small surplus of £50k (0.04% of turnover) for the year ended 31 March 2022.

Manage within allocated Capital Resource Limit (CRL)

The Trust has received a Capital Resource Limit (CRL) allocation of £9.455m. This includes allocations for Fleet & Estate, ICT and Backlog Maintenance. Provisional figures for expenditure at March 2022 (Month 12) is £9.278m against this allocation which represents an underspend against the CRL of £177k (1.9% of CRL).

Prompt payment target-95% of suppliers within 30 days

Cumulative performance at 97.2% for year ended 31 March 2022 at (Month 12).

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

The Trust is currently reporting a small surplus of £50k (0.04% of turnover) for the year ending 31 March 2022 (Month 12). This is subject to a number of assumptions, the completion of Final Accounts and review by External Audit.

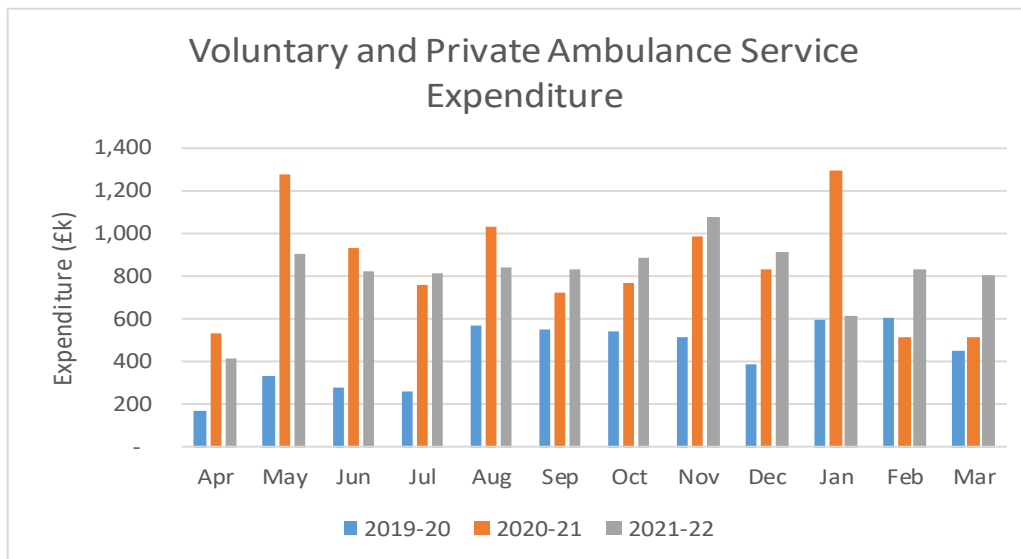
There are a number of assumptions and key factors underlying this position, specifically:

- * The agreed RRL at Month 12 is £119.268m of which £87.786m is recurrent (Previously £113.259m of which £87.786m is recurrent).
- * Covid-19 Costs – Costs of £14.395m (previously £12.89m) of Covid-19 costs have been fully funded across the areas of Workforce, Service Delivery, Equipment & Supply and Cleaning.
- * Efficiency Savings – The Trust had been set a target of £2.602m for the 2021-22 year. Initial estimates were that only £1m of this target would be met, and this will only be on a non recurrent basis. Additional non recurrent support has been provided and further measures have been identified to achieve the balance of savings required in 2021-22. This same level of savings will be a minimum requirement in 2022-23.
- * Agenda for Change – The costs of regrading, pay awards and holiday pay have been fully funded.
- * Investment – Clinical Response Model (£2.5m) and NIAS Training (£3.5m). The business case process for CRM continues, however affordability in the current climate is an issue. The Trust has been advised of funding in 2021-22 for the Cohort 4 Paramedic Course which commenced in March 2022. This course will run well into the 2022-23 with associated costs of circa £2.65m for this cohort alone which will be an issue in the new financial year.
- * The Trust continues to work through a process of review with the Strategic Planning and Performance Group (SPPG – previously the Health and Social Care Board - HSCB) which from 1 April 2022 is part of the Department of Health (DoH) to finalise the position in relation to the year end and plan for 2022-23.
- * Accounting Treatment - There will be no major in year changes to accounting treatment, no issues identified as part of the production of Final Accounts or review by External Audit and no post balance sheet events.

Voluntary & Private Ambulance Services

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

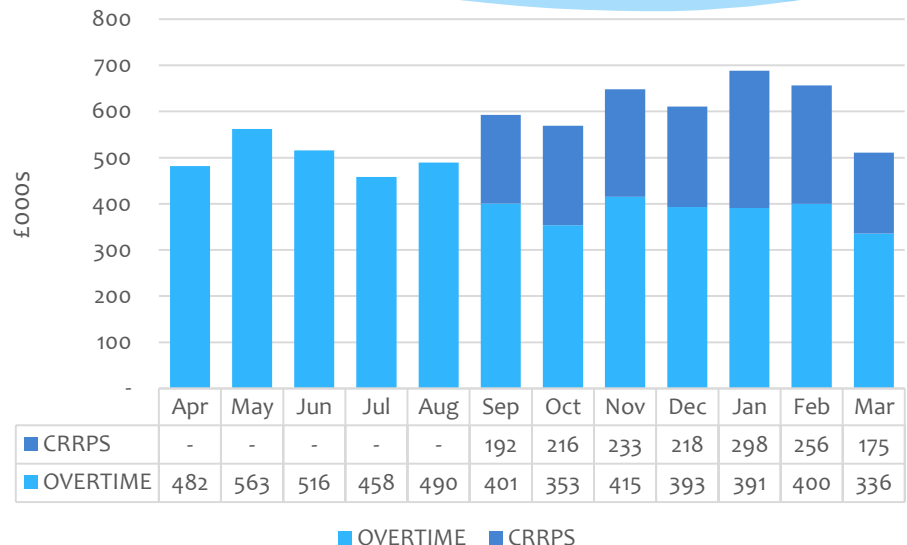
- * Expenditure on VAS/PAS in 2019-20 was £5.2m and £10.1m in 2020-21. Expenditure in 2021-22 was £9.7m. Expenditure by month across each year is shown below. This level of expenditure has been affordable given operational vacancies within the Trust and also with the additional resources provided in response to the pandemic. As the output of the training school fills vacancies and the impact of the pandemic recedes, levels of expenditure should reduce.
- * The sustained impact of Covid-19 has resulted in the continued reliance on VAS/PAS to maintain services in the current year. While expenditure has reduced marginally overall compared to last year, the Trust remains at the highest level of escalation and VAS/PAS spend remains significant. The reduced spend is primarily due to a reduction in available VAS/PAS as they are also impacted by Covid-19 and are beginning a return to their core business areas, for example sporting and other events.



Overtime Expenditure

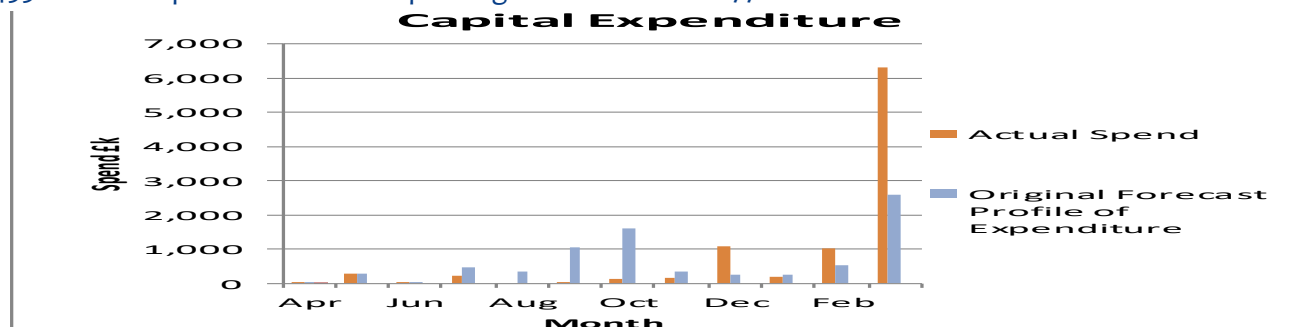
- The Trust relies significantly on the use of overtime for the provision of services, predominantly for the provision of Ambulance cover. This reliance is for a number of reasons including vacancies, planned and unplanned absences and additional cover or programmes of work.
- * Overtime is payable to staff in pay bands 1-7 under Agenda for Change (AfC) terms and conditions at a rate of time plus one half, with the exception of public holidays which are paid a double time.
- * Overtime is paid monthly in arrears and claims should routinely be submitted within three months of the work being carried out. Staff also have the option of taking time off in lieu as an alternative to an overtime payment.
- * Given the varying requirements for overtime, expenditure can vary significantly at different times in the year. However, even with this variability, overtime has been remarkably consistent between years averaging circa £6m per annum.
- * The Trust has instigated a programme of work to recruit substantively to positions and rotas that have historically been filled with overtime. There is however a significant lead time for the recruitment and training of these staff.
- * Regionally, additional enhancements have been introduced to encourage staff to undertake additional shifts. Costs under this Covid Rapid Response Payment Scheme (CRRPS) are now included in this graphical analysis. This has increased the level of costs.
- * The continuance of the Covid Rapid Response Payment and Band 8 Overtime are issues that are being considered on a regional basis. The discontinuance of these schemes have the potential to significantly impact on service delivery, particularly in the short term.

NIAS OVERTIME COST 2021-22
(excluding employers NIC)



Manage within allocated Capital Resource Limit (CRL)

- * The Trust has received a Capital Resource Limit (CRL) allocation of £9.455m (previously £8.432m). This includes allocations for Fleet & Estate (£6.164m), ICT (£3.041m) and Backlog Maintenance (£0.250m).
- * Expenditure has traditionally been profiled towards the end of the financial year due to a number of factors, including business case approval, the availability of funds, procurement timescales, supplier capacity, internal capacity, project risks and lead times. Significantly, expenditure on fleet is profiled to the end of the financial year to maintain a smooth fleet age profile.
- * These risks have been compounded recently due to a number of factors including EU exit, the global movement of goods, the global availability of raw materials and also associated costs of materials, production and delivery. The Trust continually reviews capital schemes to understand and mitigate against these risks.
- * In an effort to bring forward expenditure from the end of the financial year, the Trust has recently entered into tenders for accident and emergency vehicles beyond the traditional one year cycle. This option is also being explored for other vehicle procurements. This should allow orders to be placed earlier in the annual replacement cycle and has provided some certainty in relation to pricing. Capacity with suppliers is also being explored to purchase additional vehicles should further funding become available.
- * Provisional figures for expenditure at year ended 31 March 2022 (Month 12) is £9.278m against this allocation of £9.455m which represents an underspend against the CRL of £177k.



Prompt Payment of Invoices

- The Trust is required to pay non HSC trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, whichever is the latter. A further regional target to pay 70% (increased from 60%) of invoices within 10 working days (14 calendar days) has also been set.
- * Performance by number of invoices paid for each of these measures is shown below. A range of plans are in place to improve and maintain performance in this area. As aged invoices are cleared and paid, performance between months can vary.
- * In 2020-21, both the 70% and 95% targets were achieved for the first time in a number of years. This performance and achievement has been maintained in the 2021-22 financial year. The Trust will continue with efforts to maintain this level of performance in 2022-23.

Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Cum	Target
Total bills paid	2,644	2,969	3,217	2,441	3,035	2,907	2,750	3,261	2,234	2,582	2,868	3,070	33,978	
Total bills paid within 30 calendar days of receipt of undisputed invoice	2,616	2,907	3,177	2,274	2,887	2,824	2,687	3,181	2,206	2,487	2,793	2,995	33,034	
% bills paid on time 30 days	98.9%	97.9%	98.8%	93.2%	95.1%	97.1%	97.7%	97.5%	98.7%	96.3%	97.4%	97.6%	97.2%	>95%
Total bills paid within 10 working days (14 calendar days)	2,196	2,447	2,846	1,934	2,551	2,564	2,437	2,712	1,929	1,794	2,328	2,424	28,162	
% bills paid on time 10 days	83.1%	82.4%	88.5%	79.2%	84.1%	88.2%	88.6%	83.2%	86.3%	69.5%	81.2%	79.0%	82.9%	>70%
Targets														
30 days	>95%	>90%	<90%											

End of Report



TB/05/05/2022/08



**MINUTES OF THE PEOPLE, FINANCE AND ORGANISATIONAL
DEVELOPMENT COMMITTEE HELD AT 9.30AM ON THURSDAY
17 FEBRUARY 2022 (VIA ZOOM DUE TO COVID-19)**

PRESENT: Mr T Haslett Committee Chair
Ms N Lappin Non-Executive Director
Mr J Dennison Non-Executive Director (joined the meeting at 9.40am)

IN

ATTENDANCE: Ms R Byrne Director of Operations
Mr P Nicholson Interim Director of Finance
Ms M Lemon Interim Director of Human Resources
Ms M Paterson Director of Planning, Performance & Corporate Services
Mrs C Mooney Board Secretary
Mr C Carlin Boardroom Apprentice
Ms AM McStocker Health & Wellbeing Project Manager (for item 4)
Ms R O'Hara Programme Director – Strategic Workforce Planning
Mr G Plant Senior HR Business Partner Workforce Planning

APOLOGIES: Mr M Bloomfield Chief Executive

1 Apologies & Opening Remarks

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

2 **Procedure**

2.1 **Declaration of Potential Conflicts of Interest**

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

2.2 **Quorum**

The Committee Chair confirmed the Committee as quorate.

2.3 **Confidentiality of Information**

The Committee Chair emphasised the confidentiality of information.

3 **Previous Minutes (PC17/02/22/01)**

The minutes of the previous meeting held on 9 December 2021 had been approved by e-mail and would be presented to the March Trust Board.

4 **Matters Arising (PC17/02/22/02)**

Ms Lemon advised that a number of actions from the February meeting would be discussed at a HR focussed workshop. She explained that the workshop would focus on outcomes and map the challenges and priorities to be taken forward. She said that she would be meeting with Mr Dennison to discuss the workshop in more detail.

The Matters Arising were **NOTED** by the Committee.

- NIAS Health and Wellbeing Strategy (PC17/02/22/03)

The Committee Chair welcomed Ms Ann Marie McStocker to the meeting and reminded members that the draft NIAS Health and Wellbeing Strategy had been presented at the December meeting. At the Committee Chair's request, Ms McStocker provided a detailed update on the expected outcomes and measurement methodology to be used in the implementation of the Strategy.

Referring to the disappointing results of 2018 staff survey, the Committee Chair alluded to the intention to repeat the survey in 2023 and asked Ms McStocker if she believed there would be an improvement.

Ms McStocker indicated that she was hopeful that this would be the case but discussed the significance of increased efforts to improve health and wellbeing to assist in this regard. However she acknowledged that one area where she would expect to see marked improvement was around colleagues reporting mental ill-health/illness. Ms McStocker added that, in the survey, 61% had experienced adverse behavioural, physical and/or psychological symptoms due to work and 9% coped with stress by talking to their manager, with 38% stating that they felt comfortable doing so. She said that, with the development of peer support services and the planned work being undertaken with Dr Meekin, she would like to see an increase in colleagues reporting that they felt comfortable talking to their line manager about mental health and stress.

Ms Lemon said that she hoped to see improvement around the outputs delivered and which had made a difference for staff. She acknowledged the results of the 2018 survey were difficult to read and staff had made it clear that they did not feel valued or cared for. Ms Lemon said that she very much hoped this aspect of the survey would improve as a consequence of increased engagement with staff, the peer support programme, the psychological support/recognition and the culture programme among other things. She acknowledged the societal issues around mental health and system pressures.

Mr Dennison referred to the outcome around staff absence being maintained to pre-Covid-19 levels. He said that, when he joined the Trust as a Non-Executive Director before the pandemic, sickness absence was impacting significantly on the Trust and asked if the target of returning to pre-Covid-19 levels was sufficiently ambitious.

Ms McStocker acknowledged that, while she would like to have pushed the target to 1-2%, there was evidence to suggest that there would be increased absence in the coming months and the target to return to staff absence levels pre-Covid-19 was more realistic, given the resources available.

Ms Lemon reminded members that, at the December meeting, Dr Meekin had referred to the potential impact of psychological support which could result in increased absence.

Mr Dennison asked whether, if additional resources were available, the staff absence target might be more ambitious.

Ms McStocker pointed out that NIAS was the only Trust which had not introduced the 20-minute care spaces to allow managers to undertake self-care and compassionate leadership. She acknowledged that, while there had been some improvements, additional resources would result in more outcomes at a faster pace.

Mr Dennison asked whether it was possible to identify metrics against the fact that staff were reporting mental health and increased levels of job satisfaction.

Responding, Ms McStocker said that any improvement in these areas would be welcome. She said she had been surprised that, in the 2018 survey, individuals were reporting good physical health and added that the HSC and population data were showing evidence that BMIs would be higher in NIAS than in other sectors. Ms McStocker added that she would like to see an improvement in this.

The Committee Chair agreed with the comments around setting targets and acknowledged any improvements, even if small, would be welcome.

Ms Paterson agreed with the view expressed by Mr Dennison around the need to be more ambitious when setting targets and believed that the vocabulary used did not promote the idea that the Trust was striving to achieve an improvement. She suggested that it might be helpful to revisit the wording.

Ms Lappin was of the view that there was a compelling case for additional resources for health and wellbeing. She suggested that this might be an issue which the Committee would wish to reflect on and said she suspected this might become a significant challenge for the Trust moving forward.

Continuing, Ms Lappin said she had been struck by Dr Meekin's comments at the December meeting when she had commented on the expectation that Trust sickness levels would increase. Ms Lappin welcomed Ms Paterson's comments about this this might be monitored.

Ms Lappin welcomed the focus on improvements from the 2018 survey. She acknowledged that, while it might not be possible to see improvement in some of the more health related areas, the Trust had an important role to play in supporting individuals' mental health as well as ensuring they felt valued and cared for. Ms Lappin believed that the work being taken forward should lead to improvement and she expected to see this in the survey to be repeated in 2023.

Ms McStocker commented that the work around psychological support overlapped with the culture work being progressed. She acknowledged that staff were struggling and did not feel safe to share their feelings.

Continuing, Ms McStocker said that, perhaps one of the unintended consequences of peer support was the willingness of colleagues to be open and seek help and support when needed.

Ms Byrne said that it was important to recognise the value of peer support and the critical role they played albeit with limited resources. She acknowledged the need to focus on progressing the review of the Operations Management Structure which had been paused before Christmas due to operational pressures and said that 24/7 support for staff on the ground could only be of benefit to staff.

Mr Dennison referred to the slide around low mental health and high stress and sought confirmation that there were no particular issues identified around physical health.

Ms McStocker advised that, in the 2018 survey, staff had reported they were feeling physically well and yet the Trust had higher BMIs than other sectors.

The Committee **NOTED** the update.

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

5 **NIAS Personal Development Performance Review Policy (PC17/02/22/03)**

The Committee Chair welcomed Ms Roisin O'Hara and Mr Gavin Plant to the meeting and asked them to take the Committee through the detail of the Personal Development Performance Review Policy.

Ms Lappin welcomed the fact that the Policy was concise and had undergone significant engagement with a number of staff groupings. She referred in particular to para 5.3 which stated that *'All Directors have the responsibility to ensure that all staff within their responsibility are aware of and comply with this Policy...'* as well as para 6 around performance indicators, eg *'90% of staff have undertaken a PDPR with their nominated reviewer in a 12 month period and 90% of staff have a Personal Development Plan in place..'* and asked how compliance would be monitored. She also queried whether the 90% target was a best practice standard.

Ms O'Hara explained that the DoH NI requirement for PDPR was 90% and had been replicated in the Trust's Policy. She referred to the implementation plan, ensuring PDPR was rolled-out in practice and said that it may be that the timescale for implementation would be extended to ensure meaningful appraisal while at the same time ensuring the delivery of frontline services. She added that the targets set could be reviewed but that it would be important to work through the implementation plan in the first instance. Ms O'Hara pointed out that staff would need time to prepare for their appraisal as well as ensuring the twice yearly leadership discussions could place in a structured manner.

In terms of monitoring compliance, Ms O'Hara explained that other ambulance services had Organisational Development Departments which would take the lead in supporting PDPR and the associated governance. She advised that the Policy had an evaluation summary report which would be completed and returned by managers and which would capture compliance. Ms O'Hara said that this would come to SMT and the Committee for consideration.

Mr Plant indicated that, within the PDPR toolkit, there was a governance tracker and said the intention would be to engage with staff on a Directorate basis with a view to determining how PDPR

would best be implemented within respective Directorates. He acknowledged that there would be different challenges within each area.

Mr Dennison referred to the fact that the Policy clearly set out responsibility across a range of individuals. He believed that the majority of the work lay with the appraisee but that the Policy was light on the responsibility of the appraiser. Mr Dennison stated that it should be a collegiate approach.

Responding, Ms O'Hara advised that the procedure and toolkit provided managers with suggestions on how to provide positive and effective feedback. She undertook to give consideration to transferring this detail to the Policy.

Mr Plant added that the toolkit contained further information in relation to appraiser and appraisee responsibilities. He added that it was a collaborative discussion and both parties had clear responsibilities in this regard.

Ms Lemon welcomed the PDPR policy and referred to the linkages with the Health and Wellbeing Strategy presented earlier in the meeting. She said that the workshop would further examine performance management within Directorates and also consider what form an improvement trajectory might take.

Ms Lemon was of the view that, while the mechanisms to enable the appraisal to take place were important, what was more important was the manner in which the appraisal was carried out. She said it would be important to consider the other mechanisms which should be put in place in order to achieve the 90% target amongst frontline staff.

Agreeing with the comments made by Ms Lemon, Ms O'Hara also stressed the need for care to be taken around the language used in the Policy, procedure and toolkit and said this needed to be meaningful and supportive. She acknowledged that the Trust would be starting the process from a low baseline.

Ms Lappin welcomed the ambitious nature of the plan. She sought clarification around what additional support might be available for managers to carry out appraisals appropriately. Ms Lappin was of the view that ensuring effective implementation should lead to

improvements in staff views as to how they feel supported by managers.

Mr Plant advised that the coaching sessions with staff would cover this and suggested it might be helpful to identify a 'champion' within Operations. He explained that such an individual could provide others with the necessary skills to become a coach within their own Directorate. Mr Plant indicated that additional training would be made available should an individual be willing to undertake such a role.

Ms O'Hara pointed out that the HR business partners would work well in that circumstance and welcomed the partnership approach. She suggested that it might be helpful, when undertaking appraisals, to have the HR business partner observe and then provide feedback with a view to improving the experience for both the appraiser and appraisee.

Ms Lappin said that she would also welcome feedback from individuals being appraised. She queried whether there were plans in place to provide the coaching and training referred to by Mr Plant as well as training and the dissemination of the appraisal system to managers.

Mr Plant described the process envisaged as 'train the trainer' and was of the view that such an approach would work well within the Trust.

The Committee Chair referred to the principles listed within the Policy and noted that the PDPR process was not '... the forum for disciplinary or grievances issues...'. He enquired whether there was a policy within the toolkit for this.

In response, Ms O'Hara advised that there were separate HR policies covering disciplinary and grievance issues.

Following this discussion, the Committee **APPROVED** the NIAS Personal Development and Performance Review Policy on a proposal from Ms Lappin which was seconded by Mr Dennison.

The Committee Chair thanked Ms O'Hara and Mr Plant for their attendance and they withdrew from the meeting.

6 **Finance:**

- **Financial Plan 2021-22 Update**
- **Use of Voluntary & Private Ambulance Providers**
- **Use of HSC Leadership Centre Associates**
- **Use of Staff Substitution**
- **Use of Overtime**
- **Capital Programme 2021-22 (PC17/02/22/05)**

Mr Nicholson commented that he was taking the papers as read but wished to highlight a number of salient points for members.

• **Financial Plan 2021-22 Update**

Mr Nicholson said he wished to draw two areas to the Committee's attention. He referred to the assumed income of £5.8 million and noted that this was across two specific areas, namely the pay award and the training programme for Paramedic Cohort 4.

Mr Nicholson advised that staff had received the pay award in January salaries and referred to the significant amount of work which had been involved in implementing this across the HSC. He added that the pay award had totalled just over £4 million for NIAS. He pointed out that the Trust had not yet received the Revenue Resource Limit (RRL) for this as it was only issued once per month. However he confirmed that the Trust had received e-mail confirmation that it would receive £4.16 million at the end of the month.

Mr Nicholson reported that the Trust had also received an allocation of £1.65 million in relation to the Paramedic Cohort 4 training to allow the Trust commence the Cohort 4 training in March. He said it would be important for the Committee to be aware of the revenue tail of £2.65 million into the 2022-23 and said that this remained an issue under discussion between the Trust, the HSCB and the DoH.

Continuing, Mr Nicholson pointed out that there were a number of other allocations to be received by the end of the year and which would increase the Trust's final RRL and added that untaken annual leave was one of these. He referred to earlier discussions around the importance of health and wellbeing and said he believed this issue would continue for some time for NIAS and would impact on the Trust financially as well as impacting on staff not being able to

avail of leave. Mr Nicholson said that the financial impact to the Trust was in the region of £4 million and this would increase as the amount of untaken annual leave increased. He pointed out that this had been recognised as a financial liability in Trust accounts.

Mr Nicholson reminded members that, in the past, it had been possible for staff to buy back annual leave and said that, although yet to be confirmed, there was a proposal that a similar scheme would operate this year.

The Committee Chair referred to the assurances received by the Trust in relation to the assumed allocations.

Ms Lappin stated that the Trust would not receive the remaining assumed allocations until the end of March and that uncertainty remained around the £2.6 million required for the cohort 4 paramedic training. She sought confirmation that, if the Trust did not factor in the assumed allocations, it would not breakeven at the end of the financial year. Ms Lappin also expressed concern at the significant amount of untaken annual leave and the potential impact on staff health and wellbeing.

Responding to Ms Lappin's comments, Mr Nicholson explained that the pay award was implemented in January and had been based on estimated costs. He advised that those estimates would then be revised with actual costs by the Trusts, HSCB and DoH. He said that he had been assured that the Trust would receive the full £4.61 million in respect of the pay award and added that he had received similar assurances around the background training work undertaken to allow cohort 4 to proceed. Mr Nicholson reiterated that there would be a revenue tail into the next financial year and pointed out that this would be the last cohort of paramedics delivered by the Trust. He indicated that it was essential that this training commenced by 31 March in order for the Trust to be accredited and added that it would be important that the risks associated with this were clearly understood by all concerned.

Ms Lappin welcomed the assurances provided by Mr Nicholson in relation to receiving the funding. She queried whether the potential £5 million in respect of untaken annual leave had been taken into account in terms of the Trust having to breakeven. Ms Lappin expressed concern at staff not being able to take annual leave and asked what steps were being taken to encourage staff to do so.

In response, Ms Lemon explained that, at the outset of the pandemic, the DoH had recognised that staff may not be able to take annual leave as planned and had therefore removed the cap around carrying over annual leave to the next leave year. She said that the Trust continued to encourage staff to take leave and were endeavouring to allow them to do so.

Ms Lemon referred to the scheme which allowed staff to sell some of their annual leave and clarified that this did not include the statutory leave entitlement included within terms and conditions. She stressed that it was important to encourage and enable staff to use their annual leave.

Responding to Ms Lappin's query re the Trust's ability to breakeven, Mr Nicholson explained that the annual leave accrual would be calculated on 31 March 2022 when the Trust would look at the untaken annual leave of each member of staff. He reminded the meeting that the figure in the 2021-22 accounts was £3.6 million. Mr Nicholson acknowledged that the issue of untaken annual leave was an issue across the HSC and said that this would take a number of years to allow staff to take leave and the Trust's ability to provide backfill would be reduced.

Ms Lappin acknowledged the financial impact on the Trust but more importantly the impact on members of staff.

- **2022-23 Budget position**

Moving to the 2022-23 budget position, Mr Nicholson acknowledged that there was considerable uncertainty around this and that any spending over and above existing commitments would not be expected. He indicated that it was likely that the Trust's baseline position would be the same as the previous year's including unrealised savings. Mr Nicholson said that Trusts were currently identifying developing pressures for the next year and he referred to pressures around AfC with the potential for a further £3 million to be added to the savings target.

Mr Nicholson advised that, while the NIAS position was relatively manageable, the wider financial outlook would have implications for the Trust and he cited the example of CRM.

Ms Lappin expressed her disappointment around the uncertainty of the budget and said it was likely that there would be a negative impact on the Trust as well as on the rest of the public sector. She said that she was somewhat encouraged by the work carried out by Mr McNeill who continued to press the DoH on the importance of funding the CRM. Ms Lappin acknowledged the complexity of resolving the budget position and believed it was prudent that the Committee recognised this.

Mr Nicholson referred to the additional granular detail which had been provided within the report and said he would be happy to examine particular areas of interest to the Committee moving forward.

- **Use of Voluntary & Private Ambulance Services 2021-22**

Mr Nicholson acknowledged that the Trust's reliance on voluntary and private ambulance providers over the Covid-19 pandemic had been significant. He advised that, while the expenditure had started to reduce in the current financial year against the same period in the previous year, this had not been the case over the last four months.

Mr Nicholson drew members' attention to page 46 of the Committee papers and pointed out that expenditure averaged £1 million per month. Referring to page 47, he alluded to the review of VAS/PAS in the context of the overall review of PCS and advised that significant work had been carried out around performance management and effective governance arrangements around the Trust's use of VAS/PAS.

Mr Haslett referred to the increased expenditure in the use of VAS/PAS and sought confirmation that these increased costs would be covered by the Covid-19 allocations received by the Trust.

Mr Nicholson confirmed that the vast majority of the increased expenditure was indeed covered by Covid-19 allocations. He further explained that a large number of vacancies had created an underspend and the Trust had used this for VAS/PAS support. Mr Nicholson acknowledged that the Trust's internal ability to fund this type of resource had reduced.

Mr Nicholson indicated that, as part of the financial planning, he had forecasted that the Trust would require additional resources around cover, cleaning and PPE.

Ms Lappin pointed out that the expenditure on VAS/PAS in 2019/20 had been £5.2 million and, while this had doubled in the 2020/21 year, the expenditure had been covered by Covid-19 allocations. She assumed that the Trust would continue to require similar VAS/PAS support in the 2022-23 year and reminded the meeting that the Trust Board had been keen to see a reduction in expenditure. Ms Lappin expressed concern at the potential for neither Covid-19 monies nor an uplift in the budget being available and the Trust continuing to maintain its usage of VAS/PAS. She asked what steps would be taken by the Trust to begin to reduce the expenditure on VAS/PAS to its original level.

Mr Nicholson acknowledged that there was a need to look at the Trust's use of VAS/PAS and said that any decisions to reduce usage would be taken in consultation with Ms Byrne as Director of Operations.

Ms Lappin referred to monitoring VAS/PAS expenditure and sought confirmation that, as the Trust moved to managing Directorate budgets, Ms Byrne would be responsible for any decisions relating to VAS/PAS.

Responding, Mr Nicholson pointed out that all decisions made by the Operations Directorate had a financial impact and said the primary approach adopted had been to ensure cover with consideration then being given to the subsequent financial impact. He added that he was grateful for the support of the Board in terms of the approach adopted. He indicated that there had been a much more dynamic use of resources across all Directorates.

Ms Byrne explained that the focus had very much been on maximising the Trust resources and identifying the gaps. She referred to the work which was being progressed at pace by the PCS Improvement Team and said she hoped that this would begin to allow the Trust to reduce its reliance on VAS/PAS. Ms Byrne reiterated that the Trust focus was now on ensuring the maximum use of its own resources before approaching VAS/PAS.

Continuing, Ms Byrne acknowledged that this transition would take time and she advised that, although some progress had already been made, service pressures had impacted on the Trust's ability to maintain this progress.

- **Use of HSC Leadership Centre Associates**

The Committee Chair noted that expenditure on HSC Associates to 31 December 2021 (Month 9) had totalled £89,503.

Ms Lemon reminded members that there had been an IA recommendation around the use of the HSC Leadership Centre (HSCLC) and the associated governance arrangements. She said that this had been discussed at the Audit and Risk Assurance Committee meeting on 2 December when the Committee had received a brief update on the arrangements put into place. Ms Lemon advised that the engagement of an Associate required agreement within the Trust and an outline of the assignment was provided to HSCLC for consideration with a view to the Centre identifying potential Associates to the Trust for selection.

The Committee Chair noted that the IA recommendation had mentioned the presentation of a database on the use of HSCLC Associates to the Trust Board.

Mr Nicholson acknowledged this but said that, in his view, detailed discussion should take place at Committee level and believed that this would meet that particular element of the IA recommendation.

The Committee Chair said that he would support this and sought confirmation from Ms Lappin, as Trust Chair, that she would be in agreement.

Ms Lappin said she would be happy with this arrangement.

- **Use of Staff Substitution**

Mr Nicholson drew the Committee's attention to this section of the report and reminded members that the Trust utilised staff substitution to support specific work streams. He explained that this was generally in situations where expertise should normally be available in-house but capacity was insufficient.

Mr Nicholson indicated that the support provided to NIAS by the Association of Ambulance Chief Executives was classified as staff substitution. He said that both the People Committee and Trust Board had received updates on the utilisation of AACE and a further update would be provided to the People Committee at its April meeting.

Ms Lappin welcomed the fact that the Committee would be looking at this in detail in April. She said she expected to receive an acknowledgement from AACE that the Trust's in-house expertise and experience had developed, thereby starting to reduce the Trust's reliance on AACE support.

- **Use of Overtime**

Mr Nicholson reminded the meeting that the Trust relied significantly on the use of overtime for the provision of services, in particular for the provision of ambulance cover. He pointed out that, while expenditure could vary at different times of the year, it had remained consistent between years averaging approximately £6 million per year.

Mr Nicholson explained that, while there had been increased staff absences due to Covid-19, the Trust's reliance on available staff to undertake overtime shifts to provide cover had increased. He pointed out that, in order to fill more overtime shifts, a Covid-19 Rapid Response payment scheme had been introduced and had been covered by additional Covid-19 allocations.

Mr Nicholson said it would also be important for members to remain aware of the Band 8 overtime issue and he reminded members that senior staff paid in pay Bands 8 or 9 were not entitled to overtime payments. However, while regional initiatives had been introduced to allow the payment of overtime to these staff, Mr Nicholson advised that such initiatives were only in specific circumstances and were time limited.

Continuing, Mr Nicholson noted that the NIAS historical practice had been inconsistent with the rest of HSC and AfC terms and conditions and said that this had been reinforced in a recent IA recommendation. He added that the Trust would address this recommendation going forward in the context of the current regional

approvals for the payment of these staff which would likely cease on 31 March 2022.

The Committee Chair commented that it seemed harsh that Bands 8 and 9 were not eligible for overtime payments.

Agreeing with the comments made by Mr Nicholson, Ms Lemon advised that the issue had been discussed at SMT and the view expressed had been that the Trust was not yet ready to put those staff affected on notice due to the fact that the Trust was relying heavily on the same staff to ensure continuity of services. She pointed out that the necessary arrangements were in place should the decision be taken to proceed.

Ms Byrne commented that it would not have been possible for Silver Command to operate without the availability of overtime and said that it had been invaluable at times of extreme pressure. She advised that Silver Command had been stood down to shadow form but would be ready to re-engage should there be further surges or incidents.

The Committee Chair suggested that, should the Trust determine that overtime was essential for Bands 8 and 9, consideration could be given to approaching the DoH to outline the potential difficulties withdrawing overtime could pose for the Trust.

Ms Lemon explained that a regional approach was being taken to this issue and said all Trusts were of the view that the continuation of significant pressures within the system warranted the extension of the scheme. She said that it would be important to present a case to the DoH but also important to give sufficient notice to staff should that be required.

- **Capital Programme 2021-22**

Mr Nicholson alluded to the detail within the report and advised that there had been a slight increase in the Capital Revenue Limit (CRL) from £8.4 million to £8.9 million with expenditure to the end of December totalling £1.905 million. He acknowledged that there had been some movements since first finalising the report and pointed out that he was confident, having received broad assurances from responsible managers across fleet, estates and IT, that spend on projects would be achieved.

Mr Nicholson referred to the number of schemes within the Capital Plan and the range of projects to be managed and delivered and said that this went some way to reducing the Trust's financial risk.

Ms Lappin commented that the report provided a detailed breakdown and referred in particular to funding of £494,000 for bodycam.

Mr Nicholson explained that this funding related to the purchase of Body Worn Video (BWV) equipment. He pointed out that the consultation on the principle of introducing BWV had closed on 14 February and said that there had been overarching support for its introduction both from staff and consultees. Mr Nicholson said that nothing had been received which would stop the Trust from purchasing the necessary equipment and said he was in the process of raising the procurement order to do so.

Ms Lappin welcomed the fact that the purchase of the equipment would take place within the current financial year.

Responding to a query from Ms Lappin as to the number of ambulances procured, Mr Nicholson explained that the Trust had not increased the size of its fleet and clarified that the fleet replacement had straddled two financial years, for example, procuring the required number of chassis in one year but not converting them until the following year.

Ms Lemon referred to the BWV consultation and said the Trust had been monitoring responses received during the consultation period with a view to purchasing the equipment before the year-end. She reminded the meeting that the consultation process had two phases – the first focusing on the principle of using BWV equipment and the second on how the equipment would be used. Ms Lemon emphasised the importance of information governance and referred to helpful comments that had been received from the Information Commissioner's office in this regard.

Mr Nicholson pointed out that, over the last year, the Trust had engaged on a partnership with the Northern Ireland Specialist and Retrieval (NISTAR), and two charities – the Children's Heartbeat Trust and the Saoirse Foundation - for a donated specialist children's ambulance – Bumbleance. He explained that this would

be a specialist vehicle which would meet the holistic needs of children having to travel for treatment.

The Committee Chair referred to the capital programme for the 2022-23 year and asked whether, in light of recent political developments, funding for this might now be at risk.

Responding, Mr Nicholson advised that the Trust had been asked to identify the impact on the Trust should capital schemes not proceed. He said that NIAS had been fortunate over the last four years in that the DoH had topsliced £4 million from the capital budget for NIAS replacement fleet. Mr Nicholson said that this had given the Trust the ability to plan across financial years, knowing that the necessary resources would be available. He indicated that, whilst this arrangement had been in place for over five years, the financial requirement had now increased for £4.7 million in respect of the vehicles. He confirmed that the Trust was currently examining both its capital and revenue resources.

The Committee Chair thanked Mr Nicholson for his report which was **NOTED** by the Committee.

7 Date of next meeting

The next meeting of the People Committee will take place on Thursday 28 April 2022 at 9.30am (arrangements to be confirmed).

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

8 Any Other Business

(i) Business Case Scrutiny

Mr Nicholson referred to the significant level of detail provided to the Committee at today's meeting and acknowledged that some of this had originated from recent IA recommendations. He cited the examples of papers around DACs, HSCLC Associates and staff substitution which had originated from IA findings. However, he said, there was one further outstanding recommendation in relation to business case oversight.

Mr Nicholson reminded members of the IA recommendation, ie 'Spend incurred against appropriately approved DACs and business

cases should be regularly monitored and reported. Spend must not exceed DAC or business case value without appropriate additional DAC/business case approval.'

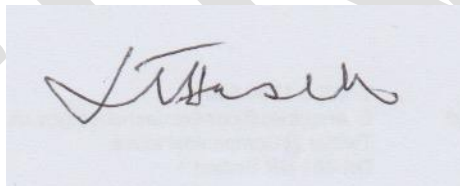
He further reminded members of discussion at the December Audit and Risk Assurance Committee where it had been agreed that the scrutiny of business cases should be undertaken by the People Committee.

The importance of the Committee having oversight and assurance was noted.

Following brief discussion as to what detail members might wish to consider, it was agreed that Ms Paterson and Mr Nicholson would liaise to develop a proposal for the Committee's consideration with a view to testing it to ensure the process met the IA requirements.

THIS BEING ALL THE BUSINESS, THE CHAIR DECLARED THE MEETING CLOSED AT 12.15PM.

SIGNED:

A rectangular box containing a handwritten signature in dark ink, which appears to be 'J. Paterson'.

(electronically signed due to Covid-19)

DATE: 21 April 2022



'PEOPLE' COMMITTEE REPORT TO TRUST BOARD 5/5/22

The People, Finance and Organisational Development Committee met on Thursday 28 April 2022.

Issues discussed included:

1 Finance:

The Committee received updates on the following areas:

- ✓ Financial Plan 2021-22
- ✓ Use of Voluntary & Private Ambulance Services 2021-22
- ✓ Use of Staff Substitution
- ✓ Use of Overtime
- ✓ Capital programme 2021-22

2 Clinical Response Model Update, Demand and Capacity Review and Staffing Levels

The Committee received a detailed update from Mr McNeill on the above and noted that the Outline Business Case (OBC) had been submitted to the DoH on 15 December 2021. It was hoped that feedback on the OBC would be received in the coming weeks to allow the Trust finalise the detail required for submission to the Department of Finance for consideration.

3 Action points from PFOD workshop on 31 March 2022:

a) Strategic Plan on a Page

Sets out the Vision and Mission of the HR Strategic Plan, the six strategic themes (Our Workforce; Organisational Development; Quality Improvement; Digital Enablers; Our Infrastructure; Communication & Engagement) as well as the strategic results and how these linked with the key HR functions.



b) Performance Report & Score Card KPIs

The Committee agreed the 15 KPIs which had been developed and noted that these would now be populated and brought back to the next meeting, noting the cadence of reporting.

c) HR & OD Programme Mandate

The Mandate Statement was approved by the Committee.

d) Single Improvement Plan

The Committee approved the Plan which focussed on what outcomes HR would seek to deliver. It was noted that this was a live document and would evolve over time as this work progressed.

e) Update on HR&OD Service Access Task & Finish Group – presentation

The Committee received an update on the work being taken forward to improve the current arrangements for managers and staff in access HR and OD information, advice and guidance.

f) Guiding Principles

The Committee noted that the framework of Guiding Principles would be used to support decision making on prioritisation of NIAS Transformation Programme projects and initiatives. It was advised that this 3-stage tool could be utilised at times where a Transformation Programme had conflicting priorities and lack of resources.



**MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE
(ARAC) HELD ON THURSDAY 3 FEBRUARY 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
Ms R Byrne Director of Operations
Ms L Charlton Director of Quality, Safety & Improvement (for agenda item 7.1 only)
Mr P Nicholson Interim Director of Finance
Ms M Paterson Director of Planning, Performance & Corporate Services
Mr A Phillips Assistant Director of Finance
Mr S Knox Northern Ireland Audit Office
Mr A Harbinson Northern Ireland Audit Office
Mrs J Shorthall ASM (External Auditors)
Mr D Charles Assistant Director, BSO Internal Audit
Mrs L Mitchell Independent Adviser to Committee
Ms K Keating Risk Manager
Mrs C Mooney NIAS Board Secretary

Welcome, introduction and format of meeting

The Chair welcomed everyone to the meeting and extended a particular welcome to Mr Andrew Harbison from the NIAO who had joined to observe the meeting.

1 Apologies

No apologies were received.

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 (AC03/02/22/01)**

It was noted that the minutes of the previous meeting held on Thursday 2 December 2021 had been **APPROVED** by e-mail. For the record, Mr Abraham proposed the approval of the minutes. This was seconded by Mr Ashford.

4 **Matters Arising (AC03/02/22/02)**

The Chair noted the actions arising from the meeting on 2 December and that a number of these had been deferred to the March meeting.

Mr Nicholson reminded the meeting that the action relating to the scrutiny of business cases to be undertaken by the People, Finance and Organisational Development Committee (People Committee) had come about from discussion at the ARAC meeting on 2 December. He indicated that the People Committee would have oversight of the business case process.

5 **Committee Chair's Business**

The Committee Chair acknowledged the inclusion of risk assurance within the remit of the Audit and Risk Assurance Committee (ARAC) and that this was the first meeting of ARAC where this new area of responsibility was relevant. He noted that ARAC would be relying upon Ms Paterson, Director of Planning, Performance and

Corporate Services, to assist ARAC in managing this new responsibility. The Committee Chair stressed the importance of ensuring this new responsibility was considered carefully to ensure there were no gaps in oversight, particularly during the transition to the new committee structure.

He highlighted that the role of the Audit and risk Assurance Committee is to examine whether all risk is being fully overseen by the committee structure and by the Trust and is not to drill down into each risk or to manage each risk.

The Committee Chair said he wished to take this opportunity to highlight discussions he had had with the Chair and Chief Executive around a number of Covid-19 related risk issues and whether these might need to be reflected in the organisation's risk response. These issues related to the duty to treat Covid-19; informed consent to Covid-19 vaccinations; vaccine injury; the potential of a vaccine mandate; and how these risks might impact on the risks recorded in the NIAS Risk Register.

The Committee Chair advised that Ms Paterson had undertaken to review these risks which he had further documented in a separate report. The Committee Chair noted that Non-Executive Directors had a responsibility to consider risks which, despite having a small probability, could potentially result in a high impact on the organisation.

Ms Paterson referred to the transition of risk management and assurance to ARAC and reminded those present that this had come about following discussion at the NIAS Committee workshop held in July 2020. She explained that other Trust Committees would have a role in scrutinising in more detail the level of mitigations and actions being taken across Directorates. For example, potential risks around patient safety were being considered at the Safety, Quality, Patient Experience and Performance Committee (Safety Committee) and financial risks were being considered at the People Committee.

Continuing, she advised that a number of specialist areas, for example cyber security and information governance would be considered at ARAC with a view to the Committee seeking further assurance if necessary in relation to the potential levels of risk. Ms Paterson said it would be important for ARAC to discuss its'

approach in terms of determining the checkpoints to ensure comprehensive monitoring and to consider best practice.

Ms Paterson said she appreciated the thought-provoking questions and concerns expressed by the Committee Chair.

With regard to duty of treatment, Ms Paterson explained that NIAS did not provide definitive care for Covid-19 but provided limited treatment (such as oxygen) to allow patients to be conveyed to hospital for decision-making on their symptoms. She added that, for this reason, she did not consider this to be a risk for the Trust.

Ms Paterson referred to the concern expressed by the Committee Chair in relation to informed consent to vaccinations and advised that the Trust did not administer Covid-19 vaccines to staff. She acknowledged that the Trust, in accordance with NHS guidance, had encouraged staff to receive the vaccines and had shared with them the details of vaccination clinics across the region. She added that communication had also been shared with staff on how they could access links to the data provided by the DoH and the PHA. Therefore, the risk, if any, was on other parties. Ms Paterson confirmed that, for this reason, she did not believe there was a risk to the organisation and added that this was in line with other Trust positions.

Continuing, Ms Paterson acknowledged that in relation to the Committee Chair's point re vaccine mandate and the potential imminent loss of service capacity, although recent events seemed to make this risk less relevant, the Trust could take some learning from this. She reminded the meeting of the dynamic nature of the Trust's Risk Register and said it was reviewed on a cyclical basis. Ms Paterson acknowledged that, while the Register had recorded risks and mitigation in relation to Covid-19 and the loss of service capacity, it had not recorded the potential mandate of vaccination to the workforce as a risk. She pointed out that the Trust had reported up to 20% of staff absent at one point in time and added that the associated mitigations had also been recorded.

Mr Ashford welcomed ARAC's role in relation to risk. He suggested that it should be included as a standing item on each Committee agenda and therefore assist in focussing Committees' attention on those relevant areas of risk pertaining to individual Committees. Mr Ashford added that he agreed with the Committee Chair's

suggestion to ask Mrs Mitchell to review best practice and further suggested that Mrs Mitchell could perhaps assist with the self-assessment and provide elements of independence. He referred to the risk around the vaccine uptake and asked if the Trust had any details in relation to the uptake.

Responding to Mr Ashford's query, Mr Bloomfield explained that, while the Trust had a sense of vaccine uptake amongst its staff, it did not have a definitive figure as the Trust did not provide the vaccination. He reminded the meeting that the Trust had signposted staff as to the Covid-19 vaccination centres and added that some staff may have received their vaccination through GPs or pharmacies. Mr Bloomfield said that he believed the uptake amongst staff to be relatively high but unfortunately the Trust would not be in a position to confirm a figure.

The Committee Chair thanked Ms Paterson in anticipation of her consideration of the concerns he had raised and acknowledged that, should the action of the organisation change, then the response would change in parallel.

Mr Bloomfield pointed out that the Trust would continue to act on the basis of the guidance and advice issued by the DoH.

In response, the Committee Chair commented that if there were any changes in the guidance or advice, it would be important to consider how the Trust would deal with this as the actions put in place by the Trust may no longer address the issues. He asked for the Committee to be kept informed if the guidance/advice changed as it may warrant further discussion at Committee or Board level.

Mr Bloomfield referred to Ms Paterson's responses earlier in the meeting to the questions posed by the Committee Chair. He acknowledged the learning around ensuring the Risk Register was to be agile and dynamic. Mr Bloomfield pointed out that, while the NHS England had taken the decision to introduce mandatory vaccination in England, the Minister for Health in Northern Ireland had indicated his intention, towards the end of last year, to bring forward consultation around mandatory vaccines. He advised that there had been no further announcements in relation to the consultation and said it was his view that the focus was more likely to be on newly recruited staff being vaccinated rather than the existing workforce. However Mr Bloomfield said it would be

important to wait to see the detail of the consultation and assured the Committee that any consultation response would come to Trust Board for consideration and members would have an opportunity to input at that point.

The Committee Chair said that he would welcome further discussion but that, in his view, the risk of losing between 10-20% of staff through this issue and the resultant impact on the organisation should be considered and weighted regardless of the direction from other parties. Further, it would be important to be cognisant of the related external factors and how these might impact on the organisation.

6 Standing Item

6.1 Direct Award Contract (DACs) (AC03/02/22/03)

Mr Nicholson drew ARAC's attention to the DAC report and acknowledged the high number within each category. He highlighted in particular the significant number of DACs relating to the provision of food and explained that, at the start of the pandemic, a decision had been taken to provide food to staff. Mr Nicholson said that it was hoped that, over the coming months, the Trust would be able to revert to business as usual.

The Committee Chair was of the view that reverting to business as usual post Covid-19 operations could present challenges and he sought further detail on the Trust's plans to do so.

Responding, Mr Nicholson reminded the meeting that the Trust had been at the highest escalation REAP level since July 2021 and had only recently reduced to REAP Level 3. He referred to a range of actions which had been put in place from the provision of food to the enhanced payments for overtime and said the Trust had begun to look at how it could now revert to business as usual or normal operations.

Mr Bloomfield agreed with the point made by the Committee Chair and said it would be important to ensure that consideration was given to ceasing these arrangements on a timely basis. He referred to the fact that the REAP level had only been recently reduced because operational cover had been good and explained that this cover was heavily reliant on

overtime which may be impacted upon when the enhanced payments ceased. He said that, as part of the Trust's overall planning and as it moved towards the end of the winter period, it would be important to revert to business as normal in terms of service provision. Mr Bloomfield said that there would be proactive communications with staff over the coming weeks and months in relation to this.

The Committee Chair sought further information on how Non-Executive Directors or committees would be informed of progress in this regard and whether this would be done through regular updates. He referred to the light-touch governance which had been adopted during the pandemic.

In response, Mr Bloomfield reminded members that, in the first year of Covid-19, the Trust Board was provided with regular assurance reports setting out how the Trust was managing surges and recovery. He advised that, while the Trust was in the latest surge, it had also considered the mitigations and improvements brought about by the surge with a view to embedding these into any learning.

Mr Bloomfield indicated that the Performance Report and Covid-19 update report to the February Trust Board would contain information around how the Trust was recovering and some of the actions it had taken.

The Committee Chair suggested that it would be helpful to include a standing agenda item around 'Recovery' where Ms Paterson could update the Committee on key areas with a view to the Committee monitoring these from a risk perspective. He added that this could then form part of the report to Trust Board.

Mr Ashford sought further information in relation to the mobile welfare unit.

Mr Nicholson explained that this had been purchased and had been sited at Antrim Area Hospital for crews to have somewhere to go for respite between calls.

Mr Bloomfield said that members would be aware of the welfare hubs put in place for staff at a number of other hospital sites

throughout the region. He explained that it had proved more difficult to site one at Antrim due to the lack of physical space and said there had been an urgency in putting one in place on the Antrim site before the winter period and the increase in pressures.

Both the Committee Chair and Mr Ashford welcomed this important development. The Committee Chair suggested that the inclusion of 'Recovery' as a standing agenda item would allow a focus and monitoring on important issues. He referred to turnaround times and was of the view that there had not been much progress in this regard.

Responding, Mr Bloomfield indicated that the issue was regularly discussed at committees and the Safety Committee had recently discussed it in detail. He said that Ms Charlton had shared with members the national benchmarking showing handover delays across the UK. Mr Bloomfield added that these had increased at a similar pace to those being experienced by NIAS.

Mr Bloomfield said that there continued to be focus on this area and acknowledged the significant impact on the Trust and those patients waiting in the community for a response. He indicated that many complaints received by the Trust related to delayed response and noted that some of these had escalated to Serious Adverse Incidents (SAIs).

The Committee Chair suggested that it might be helpful to monitor the position and for Ms Paterson to provide an update at each meeting.

Mr Ashford suggested that, given the significance of the issue and the fact that it straddled a number of Committee remits, it might be prudent to include this as a standing item on the Trust Board agenda rather than have Directors provide an update at various Committee meetings.

Ms Paterson clarified that the turnaround times constituted a risk to patients and staff and therefore the scrutiny at the Trust's Safety Committee and inclusion in the Trust's overarching Corporate Risk Register was appropriate. She agreed with the point made by Mr Ashford that the issue

straddled a number of Committee remits and suggested it would be important to understand how the Trust managed the risk and the reporting of that risk.

Taking these points on board, the Committee Chair asked Ms Paterson to consider this with a view to clarifying the position and avoiding duplication of reporting at committee level.

Mr Knox suggested that, as regards the DACS listings, it would be helpful to have the classification of DACS sub-category within the detail of the information rather than as a table at the end.

Mr Nicholson welcomed this suggestion and explained that the current format of the DAC report was similar to that submitted to the DoH.

Following this discussion, the Committee **NOTED** the DAC report.

6.2 Fraud Update – verbal update

At the Committee Chair's invitation, Mr Phillips updated the Committee on a fraud allegation currently under investigation.

The Committee **NOTED** the verbal Fraud Update.

7 Internal Audit

7.1 Internal Audit Progress Report (AC03/02/22/04)

Commencing his report, Mr Charles reminded the meeting of the Key Performance Indicators used by Internal Audit and summarised the progress made against the 2021-22 Internal Audit Plan. He also provided a detailed overview of the audit reports finalised since the last Committee meeting, namely the Financial Review including core HR, Management of Independent Ambulance Contractors and Board Effectiveness.

(i) Financial Review including core HR

With regard to the audit report in relation to the Financial Review including core HR, the Committee noted the

satisfactory level of assurance in respect of Core HR Processes for HRPTS; Non-Pay Expenditure; Travel and Subsistence; and Bank and Cash and the limited level of assurance in respect of Payments to Staff (Trust Control). Mr Charles provided a detailed overview of the findings and recommendations.

Mr Ashford welcomed the progress which had been made and noted that a number of recommendations from previous audits had not yet been progressed. He referred in particular to a finding around a contract change taking 23 weeks to be implemented and to the sample checking which he said appeared to be dependent on the availability of Station Officers.

Mr Bloomfield acknowledged that progress had been slower than expected due to the continued operational pressures and he referred to pages 6-7 of the report which set out the actions to be taken. Continuing, Mr Bloomfield said that he wished to comment on the checks to be carried out by Station Officers. He reminded the meeting that checks by Station Officers had been introduced due to the significant impact of Covid-19 and acknowledged the Internal Audit recommendation in 2020-21 that normal verification controls should resume when Covid-19 allowed. Mr Bloomfield referred to his long-standing view that a 100% check of overtime and travel claims was not the best use of clinical Station Officers' time and he pointed out that, on average, this could potentially take three days per month to complete. He advised that, since the onset of the Covid-19 pandemic, Station Officers worked a 7/7 rota, working up to 14 hours per day. He said that his priority was to have Station Officers supporting staff on difficult calls, assaults, managing absences and assisting at EDs trying to get crews turned around. Mr Bloomfield acknowledged that the Trust needed to examine this matter further with a view to exploring other options, including technical options, to ensure appropriate checking was carried out but not necessarily by Station Officers. He undertook to report back to the Committee on progress in relation to this finding.

(ii) Management of Independent Ambulance Contractors

Mr Charles reported that there had been a limited level of assurance in respect of the Management of Independent

Ambulance Contractors and provided the Committee with a detailed overview of the findings and recommendations.

Ms Charlton updated the Committee on the progress which had been made over the last six months in relation to the assurance regarding Quality and Safety aspects of the Non-Emergency Framework. She alluded to the extensive engagement with providers around the requirements of the specification and the arrangements put in place by the Trust to monitor this and added that providers had agreed to the arrangements put in place. She advised that a quarterly compliance template had been developed which referenced the quality and safety elements of the framework and which linked to an electronic auditing system.

Ms Charlton advised that the first round of unannounced inspections had taken place and indicated that these would take place twice a year and would be conducted by officers involved in health and safety, environmental cleanliness and IPC. She indicated that the Framework had recently been discussed at a Senior Management Team meeting and would be presented to the next meeting of the Safety Committee.

The Committee Chair sought clarification on how the Non-Emergency Framework linked to the Safety Committee.

Ms Paterson explained that the various linkages with other aspects of NIAS services, in particular the work being progressed in relation to Patient Care Services (PCS). She acknowledged the significant contribution made by independent ambulance contractors in supporting Non-Emergency Ambulance Control (NEAC) journeys. Ms Paterson referred to the progress which had been made in terms of data collection and said she would be confident that the Trust could provide the necessary information; was aware of what needed to be done in terms of improvement and provide assurance to Trust Board through the audit process from a risk and performance perspective.

Mr Ashford welcomed the progress which had been made. He referred to the finding in the report in relation to the allocation of work. He sought assurance that arrangements had been put in

place to ensure contractors were allocated work in order as per the framework.

Ms Paterson said it would be important to examine all processes being used and ensure there was clarity as to how contractors were selected from the framework, ensuring compliance with the framework.

Responding to the Committee Chair's reference to the Safety Committee, Ms Charlton explained that the safety and quality aspects of the monitoring of the framework specification would fall within the Safety Committee's remit. She indicated that discussion around the financial and utilisation aspects of the specification would take place at the relevant Committee.

Mrs Mitchell referred to a number of implementation dates which had passed and sought assurance that the related recommendations had indeed been implemented.

Mr Charles explained that the implementation dates would be retained and revisited as part of the year-end follow-up conducted by Internal Audit.

The Committee Chair welcomed the range of work ongoing to address the findings of this report and said it was clear that management and the Board were aware of the issues.

Mr Bloomfield said there were clear overlaps between the previous PCS report and this audit report. He reminded the meeting that most of the Trust's transformation projects were paused at the end of the November to allow a focus on operational service delivery. Mr Bloomfield said that NIAS had been able to secure support from the London Ambulance Service to assist with the PCS review. He indicated that SMT had recently received an update on progress in relation to the review and also around the outstanding IA recommendations and said that he was confident that progress was being made. Mr Bloomfield said that the review to date had confirmed the issues highlighted by the IA report around the quality of service and added that it would provide the Trust with robust information to enable monitoring to take place moving forward.

(iii) Board Effectiveness

Mr Charles reported that there had been a satisfactory level of assurance in relation to Board Effectiveness and he gave a detailed overview of the findings and recommendations, pointing out that a number of recommendations required actions which were outside the Trust's control.

The Committee Chair referred to the independent review report on the circumstances around the resignation of the RQIA Board and commended it to members.

Mr Bloomfield acknowledged Mr Charles' reference to some actions being outside the Trust's control. He alluded to the two Executive Directors currently being interim positions and explained that the Trust was currently awaiting DoH approval to proceed to recruit these posts. Mr Bloomfield said that the Trust was also in regular contact with the Public Appointments Unit in relation to the current Non-Executive Director vacancy. With regard to the independent report around the resignation of RQIA Board Members, Mr Bloomfield said that the Chair intended to look at this in more detail when circumstances permitted.

The Committee welcomed the positive report. Mr Ashford commended Mrs Mitchell and Mr Sowney's contributions to the work of the Audit and Risk Assurance and the Safety Committees respectively and believed their expertise and insight had assisted in maintaining a focus on the Committees' work.

The Committee Chair thanked Mr Charles for his detailed report and the IA Progress Report was **NOTED** by the Committee.

8 External Audit

8.1 NIAS: 2021-22 External Audit Strategy (AC03/02/22/05)

At the Committee Chair's invitation, Mrs Shorthall took members through the detail of the 2021-22 External Audit Strategy and explained that the purpose of the document was to highlight to the Trust:

- how the NIAO, on behalf of the Comptroller and Auditor General (C&AG), planned to audit the financial statements for the year ending 31 March 2022, including how the NIAO would be addressing significant risks of material misstatement to transactions and balances;
- the planned timetable, fees and audit team;
- relevant changes to financial reporting guidance;
- matters which the NIAO was required to communicate to the Trust under International Standards on Auditing (ISAs), including the scope of the audit, respective responsibilities and how the NIAO would maintain independence and objectivity; and
- Public Reporting work undertaken by the C&AG that was relevant to NIAS.

Mrs Shorthall also drew the Committee's attention to the points for discussion by the Committee on page 1 of the document.

Mr Knox advised that uncertainty remained over the holiday pay accrual issue and associated accounting treatment. He reminded the meeting that, while it was an issue for other Trusts, the fact that the NIAS' value of liability was above materiality had resulted in qualification of the Trust accounts. Mr Knox indicated that he was not aware of the issue having been resolved in the interim.

Mr Nicholson advised that the issue was the subject of regional discussion across the HSC and he hoped that there would be some movement towards the end of the year. He indicated that the issue had been compounded by Covid-19 as the Trust's reliance on overtime had increased significantly and therefore the liability had increased in parallel.

The Committee Chair was of the view that it was likely that the issue would recur this year. He explained that the important issue for him was the pragmatism of the Trust in ensuring it had the necessary funds earmarked for such use.

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.

The Committee Chair thanked Mrs Shorthall for her detailed presentation of the Strategy which was **NOTED** by the Committee.

9 **Joint Health and Safety Policy Statement (AC03/02/22/06)**

Mr Ashford questioned the absence of detail around arrangements or responsibilities within the Policy Statement.

Ms Keating explained that the Policy Statement represented a statement of commitment and advised that further papers would follow for consideration at the next meeting. She clarified that the Statement also set out the basic statutory requirements.

On this basis, the Joint Health and Safety Policy Statement was **APPROVED** on a proposal from Committee Chair. This proposal was seconded by Mr Ashford.

10 **Committee Terms of Reference (AC03/02/22/07)**

Mr Nicholson explained that the Committee Terms of Reference had been included with today's papers for completeness and reference purposes.

The Committee Chair referred in particular to para 1.4 of the Terms of Reference, ie 'The Committee will regularly review and reflect on best practice and adopt new learning as part of a commitment to continuous improvement.' He said that he had discussed this point with Mrs Mitchell and had asked her to review best practice and advise the Committee in due course. He advised that he had asked for this to become a Standing Item on the agenda, ie 'Review of Best Practice.'

Mrs Mitchell said she would be happy to look at this and would link with the Committee Chair and the Committee in due course.

The Committee **NOTED** the terms of reference.

11 **Board Assurance Framework (AC03/02/22/08)**

Ms Paterson referred to the Board Assurance workshop held in December. She explained that it was important for the Committee to note the Framework and to acknowledge that this would act as the baseline for the gap analysis work to be undertaken. She referred members to the cover paper and explained that Ms Keating had drawn attention to the changes which had been made to the Framework.

Ms Paterson said that, in subsequent meetings, the Committee would be briefed on risks and challenges around the Assurance Framework to allow the Committee to have oversight and assurance on what was being done to address those.

Ms Paterson said that, at the workshop, it was acknowledged that further work was required to improve upon Directorate Risk Registers and added that this work would be brought back to the Committee for consideration.

The Committee **NOTED** the Board Assurance Framework.

12 **Corporate Risk Register (AC03/02/22/09)**

Mr Nicholson advised that Ms Keating had provided a summary on the cover note in terms of the main changes to the Risk Register in relation to those risks which were new/escalated, closed or de-escalated.

Ms Paterson alluded to earlier discussion around the transition of the risk assurance processes to this Committee and to present them in such a way which allows easy scrutiny and assurance. She advised that efforts had been made to maintain the relevancy and timeliness of the updates to the Register. Ms Paterson emphasised the importance of considering best practice and how the Register could be enhanced over the coming months with guidance from the Committee and the work to be undertaken by Mrs Mitchell.

Mr Ashford was of the view that Committee agendas should be based on the risks relating to the remit of the respective Committees.

Ms Paterson welcomed this suggestion and said it would be important to agree an approach from a governance perspective.

At the Committee Chair's suggestion, it was agreed that Ms Paterson would meet with Mr Nicholson and Mrs Mitchell to discuss further the oversight role of the Committee in relation to risks and also to consider the role of other Committees with a view to bringing a proposal to the Committee for consideration.

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

13 **DoH correspondence re: Test Drilling of Business Cases (AC03/02/22/10)**

The Committee **NOTED** correspondence dated 21 December 2021 from Ms Brigitte Worth, Director of Finance, DoH, to the Chief Executive providing feedback on a test drilling exercise relating to business cases.

Mr Nicholson confirmed that there was no action for the Committee arising from the DoH correspondence. He advised that the Trust had recently undertaken work to improve its compliance with the development of business cases.

Ms Paterson acknowledged that there was learning around the development of business cases and said that the work recently undertaken would ensure staff were supported in producing business cases to an acceptable standard and quality.

14 **BSO correspondence re: BSO Annual Assurance for the 2020-21 year (AC03/02/22/11)**

The Committee **NOTED** the correspondence dated 7 October 2021 from Ms Karen Bailey, Interim Chief Executive, BSO.

15 **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 Committee Chair advised that there were no action points to be taken forward.

16 **Any Other Business**

There were no items of Any Other Business.

17 Date, time and venue of next meeting

The next meeting of the Audit Committee will take place on Thursday 31 March 2022 at 10am (venue and arrangements to be confirmed).

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

- Thursday 12 May 2022
- 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 12.30PM

SIGNED:

William Abraham

DATE:

14 April 2022



AUDIT AND RISK ASSURANCE COMMITTEE REPORT TO TRUST BOARD

The Audit and Risk Assurance Committee met on Thursday 14 April 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>Chairman's Business</u></p> <p>I have asked for a review of the management of Risk 357 on the Corporate Risk Register, which relates to hospital turnaround times. This risk was firstly identified in 2018 and is currently at risk level Extreme. As this is an on-going risk and with the current service difficulties, it is my view that it needs to be considered differently and hence I have requested this review. I will report back to Trust Board in due course.</p>
2.	<p><u>Internal Audit Progress Report</u></p> <p>Internal Audit has completed its work programme for 2021/22 by reporting on 3 audits.</p> <p>Internal Audit reported on an audit undertaken in relation to Management of Medical Devices. A Limited level of assurance has been provided and management have accepted all the recommendations.</p> <p>Internal Audit reported on an audit undertaken in relation to Cyber-Security, which received a Satisfactory level of assurance. The Committee was reassured by this assessment and commended management accordingly.</p> <p>Internal Audit reported on an audit undertaken in relation to Clinical Governance. Limited assurance was provided in relation to Raising Concerns, Clinical Audit and Medicines Management (Controlled Drugs) while Governance, Oversight of Infection Prevention/Control and Reporting on Clinical Education received a Satisfactory assurance. Management have accepted all the recommendations.</p>

3.	<p><u>Internal Audit Follow Up Report – Year End 2021/22</u></p> <p>Internal Audit presented its year-end report on the implementation of audit recommendations to the Committee. The report documented that there were 224 audit recommendations and that 174 (78%) were assessed as fully implemented, with 47 (21%) partially implemented and 3 (1%) not implemented. It was highlighted by Internal Audit that this is the highest percentage of fully implemented audit recommendations in the past 4 years.</p> <p>The Committee is of the view that the approach adopted on this issue during 2021/22 was successful and has decided to continue with the approach and will arrange a meeting in December to assess the mid year situation on implementation of audit recommendations.</p> <p>The Committee commended management on the work carried out during the year to achieve this significant improvement.</p> <p>The Head of Internal Audit advised the Committee that due to this improvement she will be able to give a Satisfactory assessment on controls operating within NIAS for 2021/22.</p>
4.	<p><u>Internal Audit Annual Plan 2022/23</u></p> <p>Internal Audit presented for approval its annual plan for 2022/23, which is the third year of its 3 year Internal Audit Strategy. The Committee agreed the following audits for 2022/23:</p> <ul style="list-style-type: none"> • Finance Review • Absence Management • Patient Care Services (Substantive Follow Up) • Risk Management • Performance Management • Resource Management and Rota Management <p>The Committee approved the Internal Audit Annual Plan for 2022/23.</p>
5.	<p><u>External Audit</u></p> <p>Last year's accounts received a qualified opinion from the Comptroller and Auditor General as a result of the accounting treatment of a holiday pay liability. The NI Audit Office advised that there has been no change in the status of this issue and that it is likely that the accounts for 2021/22 will also be qualified on this basis.</p> <p>It was also noted that a new Comptroller and Auditor General has been appointed who will take up post in the summer. Ms Una Carville replaces Mr Kieran Donnelly.</p>

6.	<p><u>Information Governance Strategy and Policies</u></p> <p>The Information Governance Strategy was approved by the Committee along with the following policies and Equality Impact Assessments:</p> <ul style="list-style-type: none"> • 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 Standing Operating Procedure • Retention and Disposal of Information Schedule • Safe Haven Policy
7.	<p><u>Corporate Risk Register</u></p> <p>The Corporate Risk Register was noted.</p>
8.	<p><u>Corporate Risk Management Policy and Strategy</u></p> <p>The Committee approved the Corporate Risk Management Policy and Strategy.</p>
9.	<p><u>Patient Care Services – Audit Update</u></p> <p>The Committee received an update on the implementation of the audit recommendations relating to an audit in 2019/20 on Patient Care Services. It was noted that Internal Audit has assessed that 13% of the recommendations had been implemented by 31 March 2022. The Committee were advised that it is expected that the remaining recommendations will be fully implemented by December 2022.</p>

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



'SAFETY' COMMITTEE REPORT TO TRUST BOARD 5/5/22

The Safety, Quality, Patient Experience and Performance Committee met on Thursday 7 April 2022.

1 Strategic Review of Clinical Education

The Committee received a detailed update in relation to this area of work and noted that the Review would now incorporate work relating to driver training with a view to ensure appropriate structures were in place. Concern was expressed in relation to the provision of funding to other Trusts, with the exception of NIAS, to recruit Placement Co-ordinator posts and the risk that this would cause to the provision of future paramedics.

2 Identification of Risk

This would now be included 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. An emerging risk identified at this meeting was that outlined above in relation to Placement Co-ordinators.

3 Framework Scope and Services Specification Assurances – Quality & Safety Aspects

The Committee received a detailed update on the processes in place to ensure compliance and assurance to the Trust in relation to Independent Ambulance Services compliance with the quality and safety aspects of the Non-Emergency Framework Scope and Services specification. This included details and examples of the audit and monitoring process including quarterly meetings and unannounced vehicle inspections of Independent Ambulance Services.

4 Update on PCS Review

The Committee noted the progress which had been made in relation to the PCS review. It further noted that, following the foundation work completed by Mr Wright, the improvement project had been initiated in February 2022 with a completion date of December 2022. The Committee was advised that this work had also addressed a number of Internal Audit recommendations.

5 Surge Response Late Finishes – Category 2 Calls Derogation List

The Committee was advised that the Cat 2 Calls Derogation List was a



NIAS specific approach with an aim to reduce late finishes, compensatory rests the following day and improve staff welfare at a time when the Trust is under extraordinary pressures such as the current extended period of REAP 4.

6 **Medicines Management - Root Cause Analysis (RCA) on NIAS Expired Drug Pack Reporting**

Ms Hanna, Lead Pharmacist, provided the Committee with a detailed overview of this report as well as the actions being taken by the Trust to improve on arrangements, including the development of a monitoring framework.

7 **Serious Adverse Incidents: current position & learning outcomes**

The Committee noted that, since April 2021, 29 incidents had been identified as SAls and notified to the HSCB. A presentation giving an overview of the performance against HSCB timelines was provided as well as a summary of deaths associated with SAls including key causal and contributory factors. Key findings of the AACE report – Delayed Hospital Handover and impact assessment – were highlighted along with learning and actions related to escalation of the deteriorating patient at ED.

8 **Complaints & Compliments: current position & learning outcomes**

The Committee noted the 78% increase in the number of complaints received. During the period April 2020-March 2021, 148 complaints were reported to the Trust while 263 complaints had been received during the same period in 2021-2022. Whilst an improvement in the number of complaints closed (96% increase for the same period during 2020/21) challenges with performance (25%) against the regional KPI of closure within 20 working days) remain in the context of sustained REAP 4. The top three themes remain as (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.

9 **Control Room Performance – Cat 1 and Cat 2 Improvement Group**

The Committee received an update from Mr Frank Rafferty in relation to this work

10 **Hygiene, Cleanliness and Infection Prevention and Control - Key Performance Indicators: Environmental and Vehicle: 1/4/21-28/2/22**

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



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